

# WONCA News

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### WONCA President

Prof Amanda Howe  
United Kingdom  
Email: [President@WONCA.net](mailto:President@WONCA.net)  
Twitter @WONCApresident  
Facebook Amanda Howe - WONCA president

### WONCA Chief Executive Officer

Dr Garth Manning

### WONCA World Secretariat

World Organization of Family Doctors  
12A-05 Chartered Square Building,  
152 North Sathon Road,  
Silom, Bangrak, Bangkok 10500, THAILAND  
Phone: +66 2 637 9010  
Fax: +66 2 637 9011  
Email: [admin@WONCA.net](mailto:admin@WONCA.net)

### President-Elect

Dr Donald Li (Hong Kong, China)

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Prof Kanu Bala (Bangladesh)

### Young Doctor Representative

Dr Ana Nunes Barata (Portugal)

### Editor, WONCA News & Editorial Office

Dr Karen M Flegg  
Email [editor@WONCA.net](mailto:editor@WONCA.net)



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World family doctors. Caring for people.

## From the President – May 2018

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*Photo: Amanda Howe with the Presidents of the member organizations of WONCA IberoAmericana*

I am writing this from an intense energetic conference in Nigeria, hosted by one of our member organisations - the Association of General and Private Medical Practitioners of Nigeria (AGPMPN). This is my first visit to West Africa during my Presidency, having managed countries in North, South and East Africa already, and I have been to Ghana and Nigeria during this trip. I was very well received, and am grateful for Dr Frank Odafen and the AGPMPN for their invitation and hosting of the trip.



*Photo: Amanda with Dr Frank Odafen (to her right), and colleagues from the Association of General and Private Medical Practitioners of Nigeria, at the Ministry of Health in Abuija.*

Frank fixed some very high level visits to ministries, state and national representatives, including the wife of the President, who is a champion for maternal and child health issues – the visits were part of a clear advocacy campaign for the association, working closely with other WONCA Member Organizations with whom there is cross-representation.

I made Africa a priority of my term of office, because it has “24% of the global burden of disease, 3% of the workforce, and 1% of the global health expenditure”, and because of the many challenges the continent continues to face. Nigeria is a rich country by African standards, but – as colleagues repeatedly cited – it has high rates of maternal mortality, child malnutrition, and rapidly rising rates of non-communicable diseases (NCDs), as well as threats such as lassa fever. Government legislation has not yet translated into significant provision, with out of pocket expenses counting for almost 80% of the health spend, and less than 5% of the population covered by any insurance. Fragmented provision across public, private and faith based organisations, with very weak rural coverage and generally poor governance and infrastructure adds to a picture of a mismatch between availability (many providers, plenty of doctors) and effective systematic care.



*Photo: Amanda in Ghana with leaders of Family Medicine in Ghana - the Executives of Society of Family Physicians of Ghana*

The West Africa family doctors sit in the middle of this, with opportunities for public-

private partnership but no deal on the table as yet. It will take a strong and proactive push from the family doctor side to help the government to use them to build better community based primary care that delivers full universal health coverage. They are already using upskilling within their own community, and looking at group practice models to upscale, but it will be a huge step to see a national health system across Nigeria. Where government needs help, it is important that we provide the vision and the model which may work for the people and for us. I saw colleagues trying to develop these kinds of policies, and speaking 'truth to power' – and I was moved, as always, to see the efforts and passion and hard work of all involved. I hope it makes a difference, and am confident that WONCA's profile is helpful in these kinds of developments.

The other equally intense and impressive overseas experience was the IberoAmericana Cumbre and conference in Colombia. Talking of political effectiveness, this was an amazing model for two key reasons: first, six Ministers from across the region attended, spoke, and signed a Declaration committing themselves to working to increase family medicine and to engage other Ministers in the region! ([Ministerial declaration in Spanish](#)).



*Photo: Amanda (centre) with the Colombian Minister of Health (left)*

*and WONCA Iberoamericana-CIMF region president, Inez Padula (right)*

Also, the region has produced a model of working across all the countries on agreed work programmes, reporting back into the Cumbre and making further commitments for the next stage. The work was excellent intellectually, was engaging a large number of people including some of the young doctors,

and also providing the basis for conference presentations and new knowledge for the wider family doctor community. I intend to ask the regional President Dr Inez Padula to discuss with WONCA Executive how this has built up, as it seems a really good way of working. Well done to all, and thanks particularly to the Colombia team and their leads Dora Bernal and Liliana Arias Castillo for their hard work and personal hospitality.

*Photo: Dora Bernal speaks watched by Liliana Arias-Castillo, Inez Padula and Amanda Howe*



And then there is WHO and matters related – extra meetings and online consultations are burgeoning as they start the run-in to Almaty 40th celebrations, and to the World Health Assembly in May. I shall be in Geneva twice in a month, and I thank Viviana Martinez-Bianchi for her endless work as our WHO liaison person on WONCA Executive; also others who are responding to representation requests.

We also have World Family Doctor Day on May 19 – we shall celebrate and report your examples, and I shall follow this up in June ([more on World Family Doctor Day](#)). You deserve recognition – so whether it's a project report, a picture or a personal account, look forward to sharing the wonderful work you are doing as family doctors!

And HAPPY WORLD FAMILY DOCTOR DAY!

Amanda Howe

## De la presidenta – Mayo 2018

Estoy escribiendo este artículo desde un intenso y enérgico Congreso en Nigeria, organizado por parte de una de nuestras organizaciones miembro – la Asociación de Médicos Generalistas Públicos y Privados de Nigeria (Association of General and Private

Medical Practitioners of Nigeria, AGPMPN). Esta es la primera vez que visito el oeste de África durante mi Presidencia, tras haber visitado el Norte, Sur y Este de África, también he estado en Ghana y Nigeria durante ese mismo viaje. Fui muy bien

recibida, y estoy muy agradecida al Doctor Frank Odafen y a la Asociación de Médicos Generalista Públicos y Privados de Nigeria por su invitación y la organización de su viaje.



Foto: Amanda con el Doctor Frank Odafen (a su derecha), y los colegas de la Asociación de Médicos Generalistas Públicos y Privados de Nigeria, en el Ministerio de Salud en Abuja.

Frank acordó algunas visitas al más alto nivel, como las visitar a ministerios, a nivel de Estado y con representantes políticos nacionales, incluso tuve un encuentro con la mujer del Presidente, que es una auténtica líder en todas aquellas cuestiones relacionadas con la salud de la maternidad y del ámbito infantil – las visitas fueron parte de una campaña de defensa de la asociación, que trabajó de cerca con otras Organizaciones Miembro de WONCA con las cuales existe una representación mutua.

Hice de África una prioridad de mi mandato, ya que el continente carga con el “24% de las enfermedades a nivel mundial, un 3% de personal sanitario, y un 1% del gasto sanitario mundial”, y porque África continúa enfrentándose a nuevos desafíos de gran envergadura. Nigeria es un país rico comparado con los estándares africanos, pero – tal y como los colegas han citado repetidamente – tiene altos índices de mortalidad materna, malnutrición infantil, e indicadores de enfermedades no-transmisibles (NCDs, non-communicable diseases) que crecen rápidamente, así como amenazas como la fiebre de Lassa. La legislación del Gobierno todavía no se traducido en una inversión significativa de recursos, hasta el punto que en estos momentos el sistema funciona con gastos propios del bolsillo de los contribuyentes que llegan a un 80% del total del gasto sanitario, y con menos de un 5% de la población cubierta. A la inversión fragmentada entre gasto público, privado y organizaciones religiosas, con una cobertura muy débil en el ámbito rural y con una gestión más bien pobre en lo que respecta a la forma de gobernar y gestionar infraestructuras, se le añade un cuadro de

desajuste entre la disponibilidad (muchos proveedores, muchos médicos) y el sistema de asistencia sanitaria efectiva.

Los médicos de familia del Oeste de África se encuentran en medio de esta situación, con oportunidades para la colaboración público-privada, pero sin un acuerdo claro encima de la mesa. Todavía es necesario un impulso proactivo mayor por parte de los médicos de familia para ayudar al Gobierno a que se acostumbre a construir una mejor asistencia comunitaria basada en la Atención Primaria que ofrezca una cobertura sanitaria universal. En el Oeste de África, los médicos de familia ya están apostando por una mejora de las habilidades dentro de sus propias comunidades que tengan en cuenta los modelos de prácticas grupales, pero sin duda va a ser un gran paso adelante el hecho de ver como se establece todo un sistema nacional de salud en toda Nigeria desde el ámbito del Gobierno. Ahí donde el Gobierno necesita ayuda, es importante que nosotros podamos ofrecer una propuesta y un modelo que pueda funcionar para la gente y para nosotros. He visto a colegas intentando desarrollar este tipo de políticas, y diciendo cosas como “verdad al poder” – y me sentí muy conmovida, como siempre me pasa, al ver los esfuerzos y la pasión y el duro trabajo de todas aquellas personas involucradas. Espero que este hecho provoque un cambio, y estoy confiada en el hecho de que el perfil de WONCA es proclive a ayudar a este tipo de progresos.



Foto: Amanda en Ghana con los líderes de la Medicina de Familia en Ghana – los Ejecutivos de la Sociedad de Médicos de Familia de Ghana.

Las demás experiencias al otro lado del mar que también fueron intensas e impresionantes fueron la Cumbre y el Congreso Iberoamericano en Colombia. Hablando acerca de la efectividad política, este fue un modelo muy interesante por dos razones clave: la primera es que ¡hasta seis ministros de toda la región asistieron, hablaron y firmaron una Declaración asumiendo el

compromiso de trabajar para aumentar la Medicina de Familia e involucrar a otros ministros en la región! > [Declaración ministerial](#):



Foto: Amanda (centro) con el Ministro de Salud de Colombia (izquierda) y la Presidenta de la región WONCA

Iberoamérica CIMF, Inez Padula (derecha)

Asimismo, la región ha producido un modelo de trabajo a partir de las aportaciones de todos los países y de acuerdos de programas. Un modelo que ha sido explicado en la Cumbre y a partir del cual se han logrado más compromisos para las futuras fases. El trabajo hecho fue intelectualmente excelente, permitió que un gran número de personas, algunos jóvenes médicos incluidos, se sintiesen involucrados, y ofreció la base para las presentaciones congresuales y nuevos conocimientos para una comunidad de médicos de familia más amplia. Intenté preguntarle a la Presidenta regional, la Doctora Inez Padula, para que explicase al Ejecutivo de WONCA cómo se construyó todo esto, ya que parece una buena forma de trabajar. Muy bien hecho todos, y muchas gracias particularmente al equipo de Colombia y a sus líderes Dora Bernal y Liliana Arias Castilla por su duro trabajo y hospitalidad personal.

Y aquí es donde hay que mencionar los temas relacionados con la Organización Mundial de la Salud – las reuniones y consultas online están floreciendo mientras empieza el camino hacia las celebraciones del 40 Aniversario de

## De la présidente : Mai 2018

J'écris depuis la conférence du Nigeria, conférence intense et énergique présentée par l'une de nos organisations membres - Association of General and Private Medical Practitioners of Nigeria (AGPMPN). Ceci est ma première visite en Afrique occidentale au cours de mon mandat. J'ai par ailleurs visité des pays d'Afrique du nord, du sud et de l'est ainsi que le Ghana et le Nigeria durant ce voyage.

J'ai été très bien reçue et je remercie Dr Frank Odafen et AGPMPN de leur invitation et de

Alma Ata, y hacia la Asamblea Mundial de Salud en mayo. Estaré en Ginebra en dos ocasiones en un mismo mes, y doy las gracias a Vivian Martínez-Bianchi por su trabajo sin fin como nuestra persona de contacto con la Organización Mundial de la Salud en el Ejecutivo de WONCA. También hay otras personas que están respondiendo a las peticiones de representación.



Foto: Dora Bernal habla mientras Liliana Arias-Castillo, Inez Padula y Amanda Howe la miran.

Finalmente, tendremos el [Día Mundial del Médico de Familia](#) que será el próximo 19 de mayo – celebraremos y reseñaremos vuestros ejemplos, y seguiremos haciéndolo hasta junio. Todos vosotros y todas vosotras merecéis reconocimiento, así que – tanto si es un artículo personal, una foto o una actualización desde una cuenta personal, ¡Deseamos compartir el maravilloso trabajo que hacéis como médicos y médicas de familia!

¡Y que tengáis un feliz Día del Médico de Familia!

Amanda Howe, WONCA President

*Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación*

l'organisation du voyage. Frank a organisé des visites de haut niveau auprès de ministres, de représentants d'états et de représentants nationaux, y compris l'épouse du président qui s'intéresse aux questions de la santé maternelle et de l'enfance -les visites faisaient partie d'une campagne de sensibilisation pour l'association collaborant étroitement avec d'autres organisations membres de WONCA avec lesquelles il existe une représentation croisée.

J'ai fait de l'Afrique une priorité de mon

mandat parce qu'elle « représente 24% du poids international des maladies, 3% du personnel et 1% de la dépense de santé internationale », et du fait des nombreux défis que le continent continue à affronter. Le Nigeria est un pays riche dans le contexte de l'Afrique, mais -comme des collègues l'ont fait remarquer- il a des taux élevés de mortalité maternelle, de malnutrition infantile et un taux croissant de maladies non-infectieuses ainsi que des risques tels que la fièvre de Lassa. La législation gouvernementale ne se traduit pas encore par des dispositions significatives, avec des coûts non-remboursables s'élevant à près de 80% du total santé et moins de 5% de la population ayant une assurance-santé. Des dispositions fragmentées couvrant les organisations publiques, privées et religieuses, avec une couverture rurale très faible et une gouvernance et infrastructure généralement pauvres contribuent à un décalage entre la disponibilité (nombreux fournisseurs et médecins) et le niveau de soins systématique.

Les médecins de famille d'Afrique occidentale se trouvent dans cette situation, ayant des opportunités de partenariat public-privé mais pas d'accord réel pour le moment. Une action forte et proactive du côté des médecins de famille sera nécessaire pour que le gouvernement les utilise vers le développement d'un meilleur service de soins de santé communautaire qui fournirait une couverture universelle complète. Les médecins s'appliquent déjà à l'amélioration constante de leurs compétences au sein de leurs propres communautés et étudient l'amélioration des modèles de pratiques collectives, mais de voir un système de santé national dans tout le Nigeria serait un grand bond en avant. Là où le gouvernement a besoin d'aide, il est important de fournir une vision et un modèle qui pourraient répondre aux besoins de la population et aux nôtres. J'ai vu des collègues qui essaient de développer ce genre de politiques en disant la vérité, et j'ai été touchée comme toujours de voir les efforts, la passion et le travail soutenu que cela implique. J'espère que cela fera la différence et je suis certaine que le profil de WONCA est utile à ce genre de développement.

Le Cumbre ibero-américain et la conférence de Colombie ont été mon autre expérience, tout aussi intense et impressionnante. Parler d'efficacité politique, il s'agissait là d'un modèle remarquable pour deux raisons principales: premièrement, six ministres

régionaux étaient présents et ont prononcé un discours suivi de la signature d'une Déclaration par laquelle ils se sont engagés à améliorer la médecine familiale et à motiver d'autres ministres de la région! ([Déclaration ministérielle en espagnol](#)).

La région a également produit un modèle de travail sur tous les pays selon des programmes approuvés, rapportant au Cumbre et s'engageant au stade suivant. Intellectuellement, le travail a été excellent avec la participation d'un grand nombre de personnes, y compris certains des jeunes médecins, et également en donnant une base pour les présentations de la conférence et la diffusion de nouvelles connaissances pour la communauté générale des médecins de famille. J'ai l'intention de demander à Dr Inez Padula, présidente régionale, de discuter avec le comité directeur de WONCA de la façon dont ceci s'est développé car cette méthode de travail semble efficace. Beau travail et merci en particulier à l'équipe de Colombie et à ses leaders, Dora Bernal et Liliana Arias Castillo, pour leur travail assidu et pour leur accueil.

Et puis, il y a l'OMS et les questions connexes -réunions supplémentaires et consultations en ligne sont florissantes à l'approche des célébrations du 40e anniversaire à Almaty et de l'Assemblée mondiale de la santé en mai. Je serai à Genève deux fois en un mois et je remercie Viviana-Martinez Bianchi pour son travail incessant en tant qu'agent de liaison de l'OMS au comité de WONCA. Je remercie aussi ceux qui répondent aux demandes de représentation.

Nous fêterons aussi la Journée mondiale des médecins de famille le 19 mai -nous rapporterons vos exemples et j'y donnerai suite en juin ([Voir ici](#)). Vous méritez d'être reconnus -donc qu'il s'agisse d'un rapport de projet, d'une photo ou d'un récit personnel, réjouissez-vous de partager votre beau travail en tant que médecin de famille!

Bonne Journée mondiale des médecins de famille!

Amanda Howe, Présidente

*Traduit par Josette Liebeck  
Traductrice professionnelle anglais-français  
Accréditation NAATI No 75800*

## From the CEO's Desk: WONCA Standards and Accreditation

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*Photo: Garth Manning and Rich Roberts with some of the staff of the Beijing Eaton Medical Centre. Dr Kenny Kung, UMP's Medical director, is on the left of the photo.*

As I write this I have just returned from China after a very interesting week, together with Professor Rich Roberts, where we were carrying out practice accreditation visits on eight clinics in Beijing and Shanghai.

Most of you will be aware that WONCA Council, at its 2013 meeting in Prague, endorsed the [WONCA Global Standards for Postgraduate Family Medicine Education Programmes](#)

These global standards may be used in a variety of ways, always with the overall goal of quality improvement in Family Medicine Postgraduate Education, but including: self assessment and program quality improvement; new program development; and peer review; as well as more formal recognition and accreditation by WONCA.

WONCA's Working Party on Education then went on to develop the [WONCA Global Standards for Continuing Professional Development \(CPD\) for Family Doctors](#) which were presented to, and endorsed by, the 2016 WONCA Council:

Like the standards for medical education, these standards had several objectives in mind:

- To provide a resource for family doctors and/or groups of family doctors to design and structure a program of continuing professional development to reinforce lifelong learning.
- To optimize current CPD systems such that, through more effective program design and

delivery, family doctors are advancing the profession and patient care.

- To offer a set of globally recognized standards developed through a family medicine perspective to provide feedback on existing CPD programs and systems and encourage international recognition of CPD activities.

### Practice Accreditation

As a further addition to WONCA Standards, and to enhance quality standards and improvement in family medicine practice, the Secretariat developed a series of *Global Standards for Practice Accreditation*, which Executive endorsed late in 2017. These standards look at four key areas of practice:

1. **Practitioners** – assessing the qualifications, experience and training of the doctors, nurses and other health professional staff in the practice who are providing primary health care services.
2. **Patients** – ensuring that the patients in the practice are being offered respectful and culturally appropriate care, with due regard for informed choice and patient feedback.
3. **Provider activity** – evaluating the use of patient health records (ideally electronic), collection and use of health data, and ensuring that there are systems in place for follow-up of tests and results, practice information, health promotion and preventive care.
4. **Premises** – confirming that practice facilities meet the standards, that practice equipment meets basic minima and that there is safe and quality use and storage of medicines and vaccines.

Against this background we had been approached by a private healthcare provider, UMP Healthcare (UMP), with a chain of clinics in Hong Kong, to see whether we would consider accreditation visits to their newer clinics in Beijing and Shanghai. Other accreditation mechanisms (such as JCI – Joint Commission International) were too hospital-oriented, and they felt that WONCA accreditation would be much more appropriate for the primary care setting. By undertaking

accreditation, they also hoped to use the exercise as a way of providing staff with feedback on progress to date, and to gain pointers on ways to further improve their practices.

In advance of the visits the provider had to produce extensive documentation to report on how each clinic measured up to the global standards, which encouraged us to believe that these were sound practices trying hard to deliver quality healthcare. At the start of the visit in Beijing Felix Lee, Executive Director of Corporate Development and Strategy for UMP, together with Dr Kenny Kung, Chief Medical Officer for the China clinics (and a residency trained family doctor) delivered an extensive briefing to Rich Roberts and me on the ethos of the company, the steps taken in the establishment and operations of the clinics, the CPD training programmes which had been developed and which were being delivered to the doctors and an overview or profile of each of the five Beijing clinics to be assessed.



*Photo: Garth Manning in Tianamen Square and the Great Hall of the People.*

Five clinics in Beijing were then visited and formally inspected. For a comparison, we also visited one government community clinic – Liu Li Tun Community Health Service Centre in the Chaoyang District of Beijing.

The team then flew to Shanghai, together with Felix Lee and Dr Kenny Kung. Here the briefing was continued, with comparisons of the situation in Beijing and Shanghai, and then we undertook visits to the three clinics being considered for accreditation:

UMP Healthcare has developed a 52-week rolling programme of CPD called “GOLD” - **G**eneral Practice **O**riented **L**earning and **D**evelopment training programme – and this is

delivered to all doctors in UMP China every Thursday at 12 noon for one hour, via a weblink, and we had a chance to observe the weekly session in progress. We were also able to return to the last clinic on our schedule, for a Question and Answer session with a number of the doctors in Shanghai about issues relating to family medicine, and this was a very active and lively session.

Overall we were very impressed with the clinics we visited and with all of the health professionals that we met. We are now preparing our report which will go to the WONCA President for consideration and sign-off, and we hope that this will be the first of many such practice accreditation visits.

Some minor revisions of the standards are under way, and the revised version will be posted on the WONCA website in due course. In the meantime anyone interested in practice accreditation is welcome to contact the CEO ([ceo@wonca.net](mailto:ceo@wonca.net)) for further details.

### Programme Accreditation

Returning to the WONCA Global Standards for Postgraduate Family Medicine Education Programmes, readers may be aware that the first programme to receive WONCA accreditation against these standards was also in China – the programme of Shanghai Medical College of Fudan University. I'm pleased to report that in June I will lead a small team to the University of Toronto in Canada, to undertake accreditation of its family medicine residency program, and I will report back on that visit in due course.

### Forthcoming Activities

May is inevitably a busy month for WONCA Executive, and this May is even busier than usual. World Health Assembly will take place in Geneva, and as usual members of your Executive (Amanda Howe, Donald Li, Viviana Martinez Bianchi and me) will represent you at a series of meeting with WHO colleagues. WHA this year overlaps with the WONCA Europe conference in Krakow, which is followed swiftly by a full WONCA Executive meeting in Warsaw. Again, I'll report back on all these activities in forthcoming editions of WONCA News.

Until next month.  
Garth Manning, CEO



## Policy bite: Ways of working together – an example from Iberoamerica



*Amanda Howe writes:*

As family doctors, we often face challenges of 'scale'. Our clinics are local, we work in very different communities and circumstances, and our resources are often small compared

with big hospitals or universities. This challenge can be helped by joining a national member organisation, and by being part of WONCA – because it gives us bigger networks for sharing expertise, ideas, and advocacy. Many of our family doctors then join our Working Parties, Special Interest groups, or Young Doctor Movements, in order to extend their own learning and interests.

When I attended the WONCA Iberoamerica region conference in Colombia in March, I also saw a new idea – different countries in the region all working together on programmes of work, and reporting their work in to the regional conference. This was used to inform delegates, but also to help the leaders in the Executive and the national country leaders in making their policies – useful for discussing issues with stakeholders. The region was using six specific themes for this programme of work, though these can be altered over time according to different priorities.

The themes were:-

1. Forty years of Alma Ata: family medicine and family health, a path to peace;
2. Research applied to the territories;
3. Economic impact of family medicine on health systems;
4. Family and community medicine as a source of mental health care;

5. Quaternary prevention: how to do and how to teach it;

6. Family and community medicine and the health of migrants.

Firm recommendations were made, and signed off as the '[Cali letter](#)' (Cali is the city where the conference and political 'summit' were held). There was also substantial ministerial representation, with six different country level representatives, and a recommendation for further ministerial input.

As President, I was delighted to see the productivity, and in a region with more than 20 countries with formal membership there is both plenty of capacity but also a need for coordinated approaches. The six themes have people working on them from different countries, some of whom may also be active in WONCA Special Interest Groups (SIGs) - for example, the overdiagnosis theme. This adds value rather than competes, and the resources produced can be widely shared. I thought this was an exciting model, and congratulate those involved.

We always need to find ways of working better together – soon it will be the WHO annual assembly and we shall be liaising there with other stakeholders, both at country level and in terms of other non-governmental partners. I saw in Nigeria a discussion about the value of 'group practice' and the usefulness of joining forces to make both cost savings and be a stronger business player, while still keeping our own local face and contact with our patients. So there are many ways of working together!

Well done to all in WONCA who try new models, and make it work well for all.



## Fragmentos de política – mayo 2018

Como médicos y médicas de familia, a menudo nos enfrentamos a retos a diversos “niveles”. Nuestros centros de salud y clínicas son locales, trabajamos con comunidades muy diversas y con circunstancias muy diferentes, y nuestros recursos a menudo son pocos comparados con los de los grandes hospitales o las universidades. Este desafío puede ser resuelto mediante la unión con una organización miembro a nivel nacional, y siendo parte de WONCA – porque esto permite compartir experiencias, ideas e iniciativas y conseguir más apoyo. De este modo, muchos de nuestros médicos de familia se unen a nuestros Grupos de Trabajo, Grupos de Interés Especial WONCA o a los Movimientos de Jóvenes Médicos de Familia, para ampliar su propio aprendizaje e intereses.

Cuando asistí al Congreso Iberoamericano de la WONCA en Colombia en marzo, también presencié una idea muy novedosa: Diferentes países de la región están colaborando en programas de trabajo y explicando su actividad en el Congreso regional. Todas estas actividades se utilizaron para informar a los delegados, así como para ayudar a los líderes en el Ejecutivo y los líderes políticos nacionales del propio país a la hora de hacer sus políticas – útiles a la hora de debatir cuestiones con los gestores públicos. La región ha estado utilizando seis temas específicos para este programa de trabajo, a pesar de que estos pueden verse alterados a lo largo del tiempo de acuerdo con los cambios de prioridades.

Los temas que se trataron fueron:

1. 40 años de la Declaración de Alma Ata: Medicina de Familia y salud familiar, un camino hacia la paz
2. Investigación aplicada sobre los territorios
3. Impacto económico de la Medicina de Familia sobre los sistemas de salud
4. La Medicina de Familia y Comunitaria como fuente de la asistencia en salud mental
5. Prevención cuaternaria: Cómo hacerla y cómo enseñarla
6. La Medicina de Familia y Comunitaria y la salud de los migrantes

Se hicieron diversas recomendaciones que se incluyeron y firmaron en una declaración conjunta llamada “[Carta de Cali](#)” (Cali es la ciudad donde el Congreso y la Cumbre política tuvieron lugar). También hubo una representación ministerial substancial, con representantes a diversos niveles de 6 países diferentes, y una recomendación para futuras contribuciones entre ministerios.

Como Presidenta, tuve el placer de ver la gran productividad y, teniendo en cuenta que la región cuenta con más de 20 países que formalmente forman parte de WONCA es cierto que hay una gran capacidad de trabajo, pero esta capacidad requiere de una buena aproximación muy bien coordinada. Hay personas de diferentes países trabajando en estos seis ámbitos desde diferentes países, algunas de las cuales también son activas en los Grupos de Interés Especial de WONCA – por ejemplo en el tema del sobrediagnóstico. Este hecho añade valor y los resultados producidos pueden ser compartidos ampliamente. Al verlo pensé que este era un modelo muy estimulante, y felicité a todos aquellos que participan en él.

En nuestro ámbito, nosotros siempre necesitamos encontrar formas de trabajar mejor y de manera conjunta y coordinada. En ese sentido, pronto tendrá lugar la asamblea anual de la Organización Mundial de la Salud y estaremos cooperando con gestores y administradores, tanto a nivel de país como en el contexto de los otros compañeros no-gubernamentales. En Nigeria asistí a un debate sobre el valor del “grupo práctico” y la utilidad que tiene unir fuerzas para lograr tanto la eficiencia en los costes como la capacidad de fortalecer nuestro papel en el terreno de los negocios, mientras todavía mantenemos nuestra propia identidad local y el contacto con nuestros propios pacientes. Así que, ¡hay muchas formas de trabajar juntos! Bien hecho a todos aquellos que dentro de WONCA estáis probando nuevos modelos y que hacéis que funcionen para todos.

Amanda Howe

## World Family Doctor Day -May 19

**World Family Doctor Day comes again on May 19 - celebrate our special day this year.**



World Family Doctor Day (FDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors globally.

"World Family Doctor Day: May 19" has also now been translated into a number of different languages, including Spanish, Portuguese and Chinese:

Día Mundial del Médico de Familia: 19 de Mayo

Dia Mundial do Médico de Família: 19 de Maio  
519世界家庭醫師日

### [All information on World Family Doctor Day](#)

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. We're always happy for Member Organizations to develop their own theme for FDD, depending on local priorities. However this year – 2018 – we have chosen as the key theme "*Family doctors – leading the way to better health*". We would love to hear of examples of good practice globally. [Submit these to the WONCA president](#)

### **One example- Taiwan's proposal for 2018**

The Taiwan Academy of Family Medicine will celebrate Family Doctor Day on May 19 - activities will include a mini-concert, awards ceremony, as well as press conference. The theme this year will be "Excellent Family Medicine: Leading the Way to Better Health". Of course they will also address the issue "Universal Health Coverage". The 2018 poster is shown.



We look forward to getting reports from Member Organizations in due course with news and photos of the events held – whatever theme you choose. Many of these will be featured in future editions of WONCA News, though we regret that we now receive so many submissions on FDD that it's simply not possible to publish them all.

### **Send your Family Doctor Day reports and photos**

[Send your activities to the WONCA Editor](#)  
[Go to the Facebook page and post your individual stories](#)

## From Canada: Let's celebrate World Family Doctor Day



Guillaume Charbonneau, MD, President of the College of Family Physicians of Canada writes:



In 2010 the World Organization of Family Doctors, or WONCA, declared May 19th World Family Doctor Day. It presents a wonderful opportunity to remind ourselves of the important role family physicians play in and the contributions they make to health care systems both at home and abroad. This year's theme is: "Family doctors—leading the way to better health." Click [here](#) for the World Family Doctor Day logo and posters.

There are many reasons why we should be proud of being family physicians. We know that health care systems with strong primary care services generate better results in terms of population health, health equity, and cost-effectiveness.

It is equally important to remember that, in Canada, our contributions go beyond primary care. We are also important providers of emergency services, maternal and neonatal care, hospital care, home care, and long-term care.

Furthermore, we adapt our practices to the needs of our communities, and many of us develop an expertise in other domains to better address those needs. This level of flexibility can be demanding, but we do it to improve the availability of services locally and regionally.

We are experts in medical generalism. This expertise is difficult to acquire and maintain, but it is essential to respond more efficiently and cost-effectively to the needs of the population.

It is important to remember that approximately 19 per cent of the Canadian population lives in a rural area.[1] They are served by only 8 per cent of Canadian physicians, and most of those physicians are family doctors.[2]

Family medicine is almost non-existent in many countries. Through the Besroul Centre the College of Family Physicians of Canada seeks to create partnerships with physicians abroad, and supports them in developing our discipline in their countries by sharing our expertise and Canadian experiences. These relationships also allow us to learn from our partners so we may continue to advance our specialty in Canada.

Let us join our colleagues around the world in celebrating our specialty. Let us be proud of being family doctors and ensure that the true value of our discipline is recognized. We must also always strive to increase our value by improving the quality of care we provide and our accessibility.

1. Statistics Canada. Census Program website. 2015. [www12.statcan.gc.ca/census-recensement/2011/as-sa/98-310-x/98-310-x2011003\\_2-eng.cfm](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-310-x/98-310-x2011003_2-eng.cfm). Accessed 2018 Apr 26.
2. Canadian Institute for Health Information. *Supply, Distribution and Migration of Physicians in Canada 2015 – Data Tables*. Ottawa, ON: Canadian Institute for Health Information; 2016.

Français - [cliquez ici](#)



- [Send your organization's activities to the Editor](#)
- [Go to the Facebook page and post your individual stories](#)

## Working Parties

### Rural Round-up: Primary Care on Skye – Quintessential Healthcare



Photo: Portree Harbour

[RuralGP.com](http://RuralGP.com) aims to provide up-to-date information about key events, discussions and initiatives for UK rural general practice. Well known Member of the WONCA Working Party on Rural Practice, Dr David Hogg from the Isle of Arran is the editor of the website and chair of the Rural GP

Association of Scotland (RGPAS).

This month we reproduce a blog entry from

[RuralGP.com](http://RuralGP.com) written

by Dr Steve McCabe who works at the

Portree Medical Practice on the Isle of

Skye (see map) and giving his perspective on rural healthcare...



#### Who am I?

My name is Steve McCabe. I have been involved in rural health for nearly 30 years. But I grew up in Airdrie, a town in Scotland's industrial heartland and as a child I had no real connections to rural Scotland. The house I lived in stood on a hill. My bedroom was on the southwest corner of the house and it had two windows – one looking south, the other looking west. From the south window at night I could see the sky being "set alight" when the giant steel works at Ravenscraig opened their furnace doors. But from the west window on a clear day I could see the mountains of Arran.

#### Where am I?



I work as part of a group practice in Portree, the largest settlement on Scotland's second largest island, Skye. Skye is widely regarded as one of the most beautiful islands in the world. It is one of the few Scottish islands with a growing population and Portree is the hub of island life, a busy wee place.

We also look after the islands of Raasay (pop. 192) and Rona (pop. 2).



photo: The Wednesday commute to Raasay  
**Why am I here?**

I was brought up on the stories of James Herriot (and his idyllic life as a rural vet) and A. J. Cronin's heroic rural doctor, Dr Finlay. During school holidays my parents took me to rural areas – the East neuk of Fife, the Galloway hills, the Yorkshire dales. I knew from when I was 14 years old that I wanted to be a rural doctor. It is for this reason I went to medical school and nothing there changed my mind. While all my colleagues were jetting off to California or Queensland or Fiji for their electives I was living in an old dairy in the Scottish Borders experiencing rural GP life first hand. As a result I did my GP training in the Borders and subsequently worked as an Associate GP on Islay and Jura during 1995/96 before taking up my current partnership in Portree in May 1996.

#### Who is our population?

The island has three other practices but ours is by far the largest with 5500 patients – about half the island's population. On top of that we are currently also dealing with about 1000 visitors each year but these are only a tiny fraction of Skye's total number of visitors each

year which now exceeds three quarters of a million people.

### **Who do I work with locally?**

We have a full complement of primary care staff on the island (and a separate out-of-hours service) and we work very closely with all of them. Of course, just as with rural doctors, there is a fairly constant pressure on the recruitment and retention of community nurses, midwives and allied health professionals.



*Photo: The Cuillin of Skye*

### **What impact has the new GP contract negotiations had on me?**

In its 2004 iteration the GP contract, negotiated at a UK level, had a very negative impact on rural practice in Scotland. It withdrew at a stroke many of the had-fought concessions rural practice had achieved. So, no more distant island allowances, no more rural mileage payments, no more notional lists, etc. Literally overnight we saw our income fall by more than 20% and we have never recovered that deficit.

I worked hard for nearly 17 years on BMA Scotland's Scottish Council trying to highlight rural concerns and to rural proof BMA Scotland policy. I had hoped that, as a result, a new Scottish GP contract, negotiated in Scotland, would have had rural issues at its forefront. But instead we are told by BMA Scotland that rural is "too difficult to sort" and we have been kicked into a patch of long grass called phase 2.

RGPAS have been excellent at highlighting this iniquitous situation and we must give strength to their arm by supporting them as much and as often as we can.

### **What challenges do I face engaging in the political process?**

None really – it is something I have always done throughout my professional life, driven

as I am by a core belief that as GPs we have a fundamental role in local and national social activism. I have even managed to go so far as to have a debate on rural health issues held in the Scottish Parliament. I have over the years widely discussed rural health issues and concerns in national newspapers and on national radio and television. I continue to write a monthly article for a current affairs magazine in which I refuse to pull any punches.

### **What are my thoughts regarding the future?**

I try to live in the moment as much as I can. I absolutely love my job and look forward to going to work every day. I miss it when I am



on holiday. For me it has always been a vocational thing and that remains so now more than ever.

*Photo: Bluebell Wood, Portree*

But the reality is I will be 53 later this year and I cannot go on forever. I always said I would stop working as a doctor while I felt I

was still at the top of my game rather than fizzle out and fade away. I can see already I don't have the stamina I used to have and I am increasingly tired after busy days. My memory is also not as sharp as it was – the days of me never having a diary (which I didn't until my mid-40s – I kept it all in my head and never missed anything) are now gone. So my plan is to retire at 58. One of the main driving forces behind that decision is that I will do my next revalidation at 54 and it will be my last. I regard revalidation as one of the worst things to happen to our profession and I am still sad to this day that we allowed it to be thrust upon us and that we let go of the wonderful model of appraisal we previously had.

And when I do retire I don't know what I will do – but it will be something completely different...

[See all RuralGP blog entries](#) [Read "Waiting for news about the #gpcontract rural"](#)

## Mental Health Matters: April 2018



*Prof Chris Dowrick, Chair of the WONCA Working Party on Mental Health (WWPMH) writes:*

This month I have information to share with you about conferences and publications, relevant to our working party.

### Conferences

WONCA President, Amanda Howe, recently attended the IberoAmericana regional meeting in Colombia. The meeting had two parts - a more business and politically oriented 'Cumbre' ('Summit'), and a more clinical conference.

One of the region's six working themes is 'Family and Community Medicine as a source of Mental Health Care', and the working group for this theme reported progress and then made further recommendations, which were signed off by the meeting. Many of the presentations for other themes, including migrant health and quaternary prevention, also made clear reference to the psychological aspects of our work, and the different dimensions of supporting recovery with interventions that go beyond medication. The meeting as a whole was impressive, and the Minister for Health himself referenced the need for family medicine to be at the centre of personalised care that allows continuity, and a trusting / healing relationship between doctors and their patients. Amanda congratulated the

hosts and the active members of the Working Parties in the region, which includes WWPMH, and the full report should be available soon.

Christos Lionis, Vice-Chair of our working party, will chair a meeting for WWPMH members attending the WONCA Europe conference in Krakow next month (24 to 27 May). It will be a perfect opportunity to discuss our achievements and make proposals for new activities. I will let you know the exact time and place, nearer the time.

### Publications

A new version of our guidance on the first depression consultation is published this month in the *British Journal of General Practice*. I attach a copy for you to download and print - it is an excellent resource for you to use in your own practice, to share with your colleagues, and to use as a basis for training events. [Download publication](#). I also attach a fascinating [research paper](#) by Francisco Diez-Canseco and colleagues from Lima, Peru. This shows how it is possible - with a lot of hard work - to integrate mental health screening into routine primary care settings. I strongly recommend it as a fine example of how to reduce the mental health gap in primary care.

And if you are interested in how poetry may help us to care for our patients in distress, you may like to follow my current series of blog-posts, titled 'From Despair to Delight: a journey of six sonnets. You can find these [here](#).

## Movie: "Planetary Health? What is this?"

The young doctors and medical students of the WONCA Working Party on Rural Practice 'Rural Seeds' have worked together with young members of the Working Party on the Environment to make an innovative movie. The short movie "Planetary Health? What is this?" was selected for the FISFA "International Short Film & Arts Festival" hosted by the Academy of Family Physicians of India in association with the 15th WONCA World Rural Health Conference 2018 happening in India this month.

The movie is narrated by well known Rural Seeds member Mayara Floss from Brazil. The script was written by Enrique Barros, from Brazil (chair of the Working Party on the

Environment) and Alice McGushin from Australia who is also a member of that working



party.

Watch and enjoy!! Only 2 minutes 11 seconds. [https://youtu.be/t3\\_HTqjv04U](https://youtu.be/t3_HTqjv04U)

## Region News

### North America 5 Star Doctor award presented



Dr Guillaume Charbonneau, the new President of the College of Family Physicians of Canada, is pictured (left) here along with WONCA North America region president Dr Ruth Wilson (far right), and Drs James and Leslie Rourke (centre).

James and Leslie Rourke are the recipients of the WONCA North America Region 5 Star Doctor Award 2017 and Dr Wilson took the opportunity of visiting their province of Newfoundland, to present the award. A joint nomination for the WONCA North America 5-

Star Doctor may be unconventional, however, in addition to being partners in marriage, 'Jim' and Leslie Rourke have been practice partners throughout their careers, and have also taught alongside one another. Both exemplify the five pillars of the WONCA 5-Star Doctor, through their individual accomplishments and their collaborative work with one another.

Dr Charbonneau is a rural family physician from Maniwaki, Quebec.

Dr Leslie Rourke is the initiator of the [Rourke Baby Record](#), a widely used evidence-based checklist for tracking the development of children.

Dr Jim Rourke is the past Dean of Medicine, Memorial University, Newfoundland, Canada. He is also co-chair of the [Rural Road Map Implementation Committee](#), a joint initiative of the Society of Rural Physicians of Canada and the College of Family Physicians of Canada.

[Full details of 5 Star Doctor award to the Rourkes](#)

[More on the WONCA 5 Star doctor award](#)

### Jordan Minister of Health meeting with WONCA EMR delegation



*Photo from right to left: Dr Mariam AbdulMalik, Dr Oraib Alsmadi, Dr Jinan Usta, Prof Mahoud Al-Sheyyab, Dr Mohammed Tarawneh, Dr Mai AlHadidi, Dr Mohamed Rasoul Tarawneh*

WONCA East Mediterranean Region (EMR) has planned to meet different ministers of health in our region in order to promote and

seek more support to the family medicine specialty.

As the first step, delegates from WONCA EMR had a fruitful meeting with His Excellency Prof Mahmoud Al-Sheyyab, the Jordanian Minister of Health and Dr Mai Hadidi, head of family medicine specialty in Ministry of Health. The WONCA delegation was led by Dr Mohammed Tarawneh, WONCA EMR president; Dr Jinan Usta, WONCA EMR president-elect; Dr Mariam Abdulmalik, the general manager of the PHC corporation from Qatar, Dr Mohamed Rasoul Tarawneh, Jordan Society of Family Medicine president and the Health Higher Council general secretary; Dr Oraib Alsmadi, WONCA



EMR treasurer.

His Excellency, Dr Al-Sheyyab mentioned that the Jordanian Ministry of Health (MOH) is looking to the family medicine as the corner stone for PHC and importance of this specialty in improving primary health care services. The MOH in its five year strategic plan will produce more family physicians to cover most of its 400 comprehensive and PHC centers in the country. The EMR delegates appreciated Dr Al-Sheyyab's efforts and his support for more family physicians by increasing the number of family physicians trainees recruited into the residency programs and increasing the training health centers, as well the trainers.

The delegates discussed the cooperation with the MOH through providing technical support in training, related workshops, and holding regional and local conferences of family

medicine and PHC. The delegates also specified the importance of family medicine departments in all faculties of medicines; the bridging program initiated by the WHO in collaboration with the American University of Beirut was also discussed as one of the programs that could help in building the capacities of general practitioners working in the MOH. Dr Al-Sheyyab emphasized the importance of clinical guidelines and protocols to standardize clinical practices and asked about WONCA support related to this issue.

Dr Mohammed Tarawneh WONCA EMR president emphasised the necessity of communicating the support for the FM specialty to the ministers of health in the region in order to increase the recruited number of physicians in this specialty, mainly during the annual WHO regional committee meetings.

## Member Organization News

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### Cross Straits General Practice Society meets in China

President elect Dr Donald Li attended the 5th Cross Straits General Practice Society as officiating guest 30th March - 1st April 2018 in Nanning, China. The theme of the conference was "A New Era of General Practitioners". The conference was attended by over 2500 general practitioners and other VIPs were

WONCA APR Regional President Meng Chi Lee; Prof Young Sik Kim, chair of HOC of WONCA World Conference 2018. Overseas guests were among the invited guests, including from the USA, Prof Kurt Stange, Editor of Annals of Family Medicine. WONCA's President Amanda Howe, past president Michael Kidd, and CEO Garth

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Manning have attended this conference in previous years.

Dr Li also officiated at the newly formed Young Doctors' movement alliance of the three Society of General Practices of the Medical Associations of China: the Chinese Medical Association, the Chinese Medical Doctors Association and the Cross Straits Doctors Association.

Prof Kurt Stange was one of the plenary speakers and spoke on "Health care systems based on Primary Care".



*Photo: Kurt Stange seen with (from l to r) Cindy Lam, professor of family medicine from the University of Hong Kong; the President of the Hong Kong College of Family Physicians, Angus Chan; Donald Li; and translator Dr Wong.*

During the conference, Donald Li also presented his training scholarship to three family medicine trainees who spend a week in Hong Kong to receive training in Family Medicine.

Young Sik Kim also made a nice promotion of WONCA World Conference in Seoul 2018 during his plenary speech. There was a WONCA booth at the conference.

One of the highlights of the conference was a discussion forum chaired by Donald Li and Prof Zhu Zhanshu on "A new era of general

practitioners for China" where views from USA, Hong Kong, Taiwan, Beijing and Shanghai was shared. Participants agreed proper incentives and recognition of family doctors was most important and so was general practice research.



*Photo (l to r) Young Sik Kim, Donald Li, Lisa Seo (CEO Korean Academy of family medicine) at the WONCA Seoul booth*

During the conference, plans for celebrating Family Doctor Day on May 19th were also unveiled. There will be nationwide activities which will include films to promote patients signing contracts with a fixed family doctor to deliver their care; to promote the gate keeper role of family doctors – all supporting the WONCA theme of "Family Doctors - leading the way to better health. There will be a kickoff event in Shenzhen and Donald Li has promised to be officiating guest.



*Photo: Donald Li speaks with Prof Zhu at right.*

## Dr Larry Green delivers the Ian McWhinney Lecture

### "Will people have personal physicians anymore?"

Ian McWhinney was a family doctor from the UK who moved to Canada in 1967 to establish the Department of Family Medicine at Western University in Ontario. Ian influenced the careers and the attitudes of family doctors in many parts of the world, and he was one of the pioneer leaders of the development of the academic basis of our professional discipline. Ian died in 2012 at the age of 85.

The Department of Family Medicine at the Schulich School of Medicine in London, Ontario continues Dr McWhinney's legacy in many ways, including hosting a periodic memorial lecture.

Dr Green is a family physician living in Denver, Colorado, USA. His career has focused on family practice and developing family medicine educational and research programs.



The current chaotic environments in which many family physicians are working sometimes seems to focus on organizational and financing arrangements that do not attend to the powerful effects of personal, longitudinal relationships between family doctors and their patients, frequently resulting in disruptions and soul and trust-draining arrangements for patients and doctors. This unstable and rapidly shifting environment inspired the focus and content of the 2017 McWhinney Lecture.

This lecture was subsequently published by *Canadian*

*Family Physician* (Green LA. Will people have personal physicians anymore? *Can Fam Physician* 2017;63:909-912.)

The item has been generously translated into Spanish by another of Dr McWhinney's colleagues, Prof Julio Ceitlin, living in Buenos Aires, Argentina. With the permission of Dr Ceitlin, Dr Green, and *Canadian Family Physician*, we are pleased to make this lecture available to WONCA members and our friends.



Photo of Julio Ceitlin with Ian McWhinney in 2004.

[See CFP article: Will people have personal physicians anymore?](#)

[Traducción: ¿En el futuro la gente tendrá médicos personales?\\*](#)



## Family Medicine in Tajikistan



*Photo: Training new family doctors in Devastich Family Medicine centre - three family doctors who are trainers (standing in front) with six young residents in their 1st and 2nd year of training for the specialty of Family Medicine.*

*Dr Greta Ross (pictured) tells us more about the situation in Tajikistan.*

General Practice, or Family Medicine (FM), is one of the newer 'specialties' in the Republic of Tajikistan, but the take-up by graduates of a Family Medicine career remains low.

Tajikistan is amongst the poorest of the Central Asian countries formerly part of the Soviet Union. A combination of underfunding, a perceived low status of Family Medicine, and low income compared to potential earnings by so-called "narrow" specialists, has delayed the establishment of a thriving GP-led healthcare system. This said, Tajikistan's Ministry of Health and Social Protection (MoHSP) has made meaningful steps in the last few years, citing Family Medicine as a priority in its National Health Strategies.

Of the 3211 doctors originally trained in Family Medicine, 2813 of them are still actively working as family doctors with an almost equal spread between urban and rural centres. The challenge for Family Medicine in Tajikistan is how to persuade family doctors not to emigrate to other countries (notably Russia) where earnings are much higher, or to revert to working in narrow specialties. This is a problem faced not only by Tajikistan but many other countries.

The Association of Family Medicine of Tajikistan has recently applied to join WONCA and hopes this will help raise the profile of Family Medicine in the eyes of new graduates and the population. As of January 2018, there are 329 family doctors who are registered

members of the Association; others are becoming aware of the benefits of membership and may start to support the Association more strongly once it is part of WONCA.

The Swiss Agency for Development and Cooperation's Medical Education Reform Project (MEP) is implemented by the Swiss Tropical and Public Health Institute based in Basel, Switzerland. The MEP project started in 2009 and works at both the strategic level and the service level. It aims to raise the quality of health services provided by family doctors (general practitioners) and family nurses at the

Primary Health Care (PHC) level by supporting the country's undergraduate and postgraduate educational institutions and providing material support (renovating and outfitting clinics, training staff, providing literature, modernising the curricula for both medical and nursing students, and so on); the project at the same time works closely with the MoHSP (Ministry of Health and Social

Protection of the Population of the Republic of Tajikistan) and with various government agencies and other international development partners. This year the MEP is introducing an approved national programme of "master-apprentice" mentorship for all family doctors.

There are still problems with insufficient resources, patient acceptance and geographical isolation, but also these are being tackled. Facilitating change takes time, as all of us know who recall the difficult early years of promoting full understanding about general practice, and the eventual mature development of the specialty in Europe and the rest of the world.

**About Dr Greta Ross:** *Greta graduated in Australia and worked in Canada in paediatrics and then went into general practice in England. She has been working in international Primary Health Care (PHC) development projects, mainly in Eastern Europe and post-Soviet countries for the past 20 years, having retired from general practice work in the UK. In 2017, Greta joined the Swiss Agency for Development and Cooperation's Medical Education Reform project (MEP) in Tajikistan.*



## The Spice Route Sri Lanka CPD programme

A CPD programme was organized by the Spice Route Movement (Movement for Young Doctors) of Sri Lanka on February 17, 2018. The evening was attended by a large gathering of enthusiastic general practitioners, both young and young at heart, who were intrigued by the topics.

The event started with the welcome address by the National Chair, Dr Hiranthini De Silva, who after welcoming the guests, the speakers and all those present gave an overview of the Spice Route Sri Lanka Movement and also spoke about the activities that have been undertaken already and that are planned in the future.

The President of the College of General Practitioners of Sri Lanka, Dr Carmel Fernandopulle, addressed the gathering next and spoke about Spice Route Sri Lanka, the achievements so far and it's combined efforts with the College of General Practitioners of Sri Lanka, and motivated the young GPs in being involved in advancement of Family Medicine in Sri Lanka

The first speaker, Dr Maulee Arambewela, a senior registrar in Endocrinology, and currently a lecturer at the University of Sri Jayawardanapura was called upon to speak on 'Interpretation of a DEXA scan, and the pitfalls and management of osteoporosis'. It was a comprehensive lecture covering a variety of aspects. Through this lecture all present were enlightened on how to interpret a DEXA scan and many salient points were highlighted, including the importance of educating patients on when it needs to be performed. The management of osteoporosis and the current trends in treatment were also talked about and the role of the GP in prevention of falls was mentioned.

The second speaker Prof Shalini Sri Ranganathan,

professor of pharmacology, paediatrician and the head of the Department of Pharmacology at the Faculty of Medicine, University of Colombo was introduced and welcomed. She spoke on 'Rational antibiotic prescription for common infections encountered in General Practice' and her lecture was very inspiring and entertaining and kept the listeners at the edge of their seats throughout! Her way of communicating this important message was definitely an eye opener. She encouraged the Spice Route Sri Lanka committee to discuss the implementation of guidelines on prescribing antibiotics for use in general practice in Sri Lanka.

Following the lectures both speakers were awarded with tokens of appreciation by Dr Carmel Fernandopulle on behalf of the Spice Route Movement.

Finally the vote of thanks was delivered by Dr Sankha Randenikumara, the national chair elect of the Spice Route Sri Lanka.

The CPD programme ended with a sumptuous buffet at the rooftop of Asiri Surgical Hospital with a variety of wonderful dishes and fellowship among all those present.



## Featured Doctors

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### Dr Ernesto MOLA - Italy

#### What work do you do?



I've been family doctor in Southern Italy for 39 years and I'm still at work in Lecce, a historical city of 90,000 inhabitants, and in a rural practice near the city. After graduation I specialized in Public Health and Preventive Medicine in Bari.

Since 2000, I've been involved both as a teacher and as coordinator of the interdisciplinary theoretical activities in the Vocational Training of Family Doctors, in Lecce.

#### Other interesting things you have done

I have a long involvement with the Trade Union of doctors *Confederazione Unitaria dei Medici Italiani* (CUMI) as Secretary General from 1987 to 1994 and then from 1994 to 2004 as president.

From 2004 to 2008 I was the President of Interdisciplinary Scientific Association of both Family and Community Medicine – ASSIMEFAC, (affiliated with WONCA) and from 2008 until now I've been in ASSIMEFAC Coordinator of the Section Family and Community Medicine.

The over the past three years until 2017, I was the President of the Network of Italian Scientific Associations affiliated with WONCA.

I have an interest in overmedicalisation and medical harm. From 2010 to 2016 I took part as a representative of WONCA and a WHO consultant in some workshops and working groups with multidisciplinary panels on the topic of radiological risk from diagnostic radiation in patients. The last meeting held in Seoul concerned "CT in Asymptomatic People for Individual Health Assessment". In September 2017 I was on the Scientific Committee of the international conference in Lecce on Overmedicalization and Quaternary

Prevention. I have been involved in various research projects. In particular, I was the Project Leader of the Leonardo Project (about management of chronic conditions and patient empowerment), and one of the Coordinators of the Italian validation study of EUROPEP. I was also coordinator of several other Studies and surveys: "Interprofessional communication in health - CIS"; "Female Gender and Family Medicine"; "The educational needs of Italian doctors concerning radiologic risks"; "Hyper GP- Cross sectional study on arterial hypertension in the general practice setting"; "Comorbidity of the patients included in the Planned Home Care program"; "The perception of the over-medicalization issue by Italian doctors". Most of them have been published as papers.

#### You have had a long involvement in WONCA activities.

I have been a representative on WONCA Council since 2004, and I have tried to bring my professional and scientific experiences to WONCA.

In WONCA Europe I was appointed as coordinator of a commission for a minor revision of the European Definitions of General Practice in 2012. The Commission proposed to include in the definitions an additional characteristic "(General Practice) promotes patient empowerment". In 2015 I was a Special Advisor to the Project PECC-WE ("Patient Empowerment in Chronic Conditions - WONCA Europe") funded by WONCA Europe.

#### What is it like to be a family doctor in Italy?

In Italy, Family Practice is really adherent to the [WONCA Europe Definition of General practice /Family Medicine](#)

We are the front-line in the national health service, we deal with all health problems and have a holistic approach to the patients. Important differences with most other European countries are that children under six years old are cared for by paediatricians and that our post-graduate education in family medicine is a Vocational Training in family

medicine, not a university specialisation.

Family medicine in Italy should be more oriented to manage chronic conditions, better organized to answer the increasing demand of health and better integrated with other levels of care, but in the last years we find bureaucracy is increased without real advantages for patients.

**What are your interests outside work?**

In my life I have always maintained a civil commitment, in the student movement when I was young, in the union during part of my professional life and more recently in local political activity. I've been founder of a local civic movement and city councillor. I think that the family doctor has an important role in civil society and cannot avoid taking part in it actively.

## Dr Geoffrey LOPECILLO - Philippines

**What work do you do?**

For almost thirty years now, I have worked as a family physician in the Philippines. This entails seeing patients with various complaints/illnesses, physical, or otherwise. Of course includes common diseases in a tropical country like mine, such as dengue.



But what interests me most in practice, is the knowledge I impart to the patients regarding prevention of complications. My medical training gave me the skills to handle diabetic and hypertensive patients. As a family physician, I was overwhelmed when the Philippine Society of Hypertension awarded me the title of a certified specialist of the said society. This pushed me further to hone my skills as a family physician. I also work as a school physician in a college institution which is close to the place of my clinical practice. On top of these, I was given the privilege as a visiting consultant in family medicine in a secondary level hospital in our community.

**How did you end up as a family physician?**

When I arrived thirty three (33) years ago in this small municipality. There was just a handful of medical practitioners. But what I saw and observed was that, the community badly needed a doctor, who had the heart and mind of a total/complete family physician.

**What other interesting things you have done?**

Outside my practice as a family doctor, I am the chief executive officer (CEO) of our health cooperative. As the CEO I am responsible for the day to day operational activities of the four (4) branches of our diagnostic clinics/laboratories.



*Photo: The life of a rural doctor in Philippines - Island schools activity asking medical mission group for assistance of renovation of the school - Geoffrey at left of poster*

Also, recently I was elected as one of the Board of Directors of the Philippine Red Cross (Province of Albay chapter) and, as such we are given the task to raise funds and chart the direction of the Red Cross in our province. Our region by the way is one of the disaster prone places in the Philippines. Partly I am also involved in the training of safety officers in local industries. This is the BOSH and COSH which stands for basic occupational Safety and Health and Construction Occupational Safety and health. This is a very fulfilling task for me because I am able to apply medical issues in a much wider context. My work and background also gave me the chance to be a lecturer in legal medicine – lecturing to fourth year college level students in the field of Criminology.

I am also interested in medical volunteerism -

one volunteer work worth mentioning is my involvement in the worldwide mission of the Tzu Chi Compassionate Buddhist Foundation. This work helped me channel my expertise to the less fortunate, but more importantly, it has given me the bigger chance to develop deeper compassion and understanding for the victims of the tragedies as Tzu Chi workers visit victims of calamities worldwide.

### Your interests outside work?

I am into serious scuba diving. But then again much of my interest is working for uplifting the lives of marginalized members of the society. Since our country is a third world country, this stimulates my interest to work a little bit better and with more passion as a Family Physician



*Photo: Geoffrey (with roller brush) helps out with painting the local school*

## Obituary :

### Prof Michael (Micky) Weingarten : (1947-2018)



Micky Weingarten was Professor of Family Medicine at Tel Aviv University, a founder and Vice Dean of the Bar Ilan University Medical School in Safed and a leader in WONCA for two decades. As a family physician, academician, and researcher, Micky raised the profile of Family Medicine in Israel and its contributions to WONCA.

Micky was born in 1947 in London and met his future wife and lifelong partner, Sue, while studying at Oxford. The Weingartens immigrated to Israel in 1973, where he completed his Family Medicine residency. Micky joined the Sackler Faculty of Medicine at Tel Aviv University in 1976, where he became Chairman of both the Departments of Family Medicine and Behavioural Sciences. One of his main research areas was in the field of Bioethics, where he combined his deep

religious faith and compassion for others with a modern liberal outlook on the sanctity of life. In the 1990s, Micky was elected President of the Israel Association of Family Physicians, Chair of Israel's Family Medicine Research Network and Founding Editor of the Israel Journal of Family Medicine. In 2010, he received the Israeli Association of Family Physicians Award for Outstanding Lifetime Contribution to the profession.

Micky's involvement in WONCA spanned two decades. In 1989, he was a keynote speaker at the WONCA World Conference in Jerusalem. He served as a member of the WONCA Medical Education Committee. From 2003 -2010 he served as Co-Chair of the WONCA Europe Region's Ethics Committee. Micky attended his last Wonca meeting as a keynote speaker at the 2010 Wonca Europe Regional Conference in Spain.

Despite his national and international prominence, Micky would have chosen to be remembered for his clinical practice in Rosh HaAyin, one of the most disadvantaged neighbourhoods in the country, and home to Yemenite Jews who lived in poverty and struggled to adapt to their new Western way of life as refugees in the 1950s. Micky served as Rosh HaAyin Family Medicine Clinic Director from 1978 to 2011. He was loved and respected by his patients and community as a



compassionate family doctor and founder of a charitable fund to ensure that all necessary medications and health services were provided. Micky focused his research on the Yemenite community and published a book, *Changing Health and Changing Culture: The Yemenite Jews in Israel*, which received widespread recognition.

In 2009, the Israeli government decided to open a new medical school in Northern Israel to improve health care to more than 1.3 million Israelis, roughly half of whom are Muslim and Christian Arabs, and the other half Orthodox and Secular Jews. Micky helped lead Bar Ilan University's winning application. He and Sue moved to Safed where he led the medical school's development as Vice Dean for Medical Education. He established the Departments of Family Medicine and Population Health, became the first Chair of the Social Accountability Committee, and recommended that his close friend and family physician colleague, Dr Bishara Bisharat from Nazareth, serve as its second Chair upon his retirement. He was a founding member of the Citizens' Health Forum in the Galilee, which advocates for improved health and social services across the region.

\*Azrieli Faculty of Medicine in the Galil, Bar Ilan University, Israel

In 2016, he retired from the medical school and returned to his alma mater, Oxford, on sabbatical, to devote his time to writing about Bioethics and to be with his family in England. By this time, he knew he was seriously ill. In character, rather than bemoaning his circumstances, he encouraged others to see the remaining years as an opportunity to spend even more quality time together. On 23rd February 2018 he passed away in Jerusalem in the presence of his wife and family. Micky is survived by his wife, Sue, his five children, Nehama, Miri, Bitya, Amos and Milca, and 14 grandchildren. He was a "tsadik" – a righteous, compassionate person - a model of the WONCA family doctor who cares for all people, and is deeply missed by all who were blessed to know him.

Dr Marc Rivo, President, American Friends of Bar Ilan University, SE Region USA  
Prof Mary Rudolf, Head of the Department of Population Health\*  
Dr Bishara Bisharat, Chair of the Social Accountability Committee\*  
Dr Sophia Eilat-Tsanani Head of the Department of Family Medicine\*  
Dr. Michal Shani, Chair of the Israel Association of Family Physicians

## Resources loaded this month

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### 2018 Goodfellow Gems

[The triple whammy of \(ACE/ARB\) + \(diuretic\) + \(NSAID\) - a dangerous trio](#)

[New NZ CVD primary care guidelines](#)

[7 points for clinical diagnosis of gout without joint fluid analysis](#)

[Hydrolysed no different from conventional formula for infants at risk of type 1 diabetes](#)

[Two screening questions can rule out depression](#)

[Acute gout. Steroids as effective as NSAIDs but fewer side effects](#)

[Cold cabbage leaves may be as good as cold gel packs for breast engorgement & better than nothing](#)

### PEARLS

#### Practical Evidence About Real Life Situations

These are brief (minimalistic summaries) of Cochrane Primary care systematic reviews with the answer in the title (so you only read the ones you like).

[577 Individual behavioural counselling helps people to quit smoking](#)

[575 Antioxidant vitamin and mineral supplements may be beneficial in age-related macular degeneration](#)

[574 Oral antifungals effective for toenail onychomycosis](#)

[570 Decision aids beneficial for people facing health treatment or screening decisions](#)

[569 Computer-generated reminders on paper benefit quality of care](#)

[568 Chlorhexidine mouthrinse effective short-term adjunct for dental plaque reduction](#)

[567 No evidence of benefits from oral NSAIDs for fibromyalgia](#)

## WONCA CONFERENCES

### WONCA CONFERENCES 2018

April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	<a href="http://www.wrhc2018.com">www.wrhc2018.com</a>
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	<a href="http://www.woncaeurope2018.com">www.woncaeurope2018.com</a>
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	<a href="http://www.wonca2018.com/">www.wonca2018.com/</a>

WONCA Direct Members enjoy *lower* conference registration fees.

To join WONCA go to: <http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

### WONCA CONFERENCES 2019

May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	<a href="http://www.c-linkage.co.jp/woncaaprc2019kyoto">www.c-linkage.co.jp/woncaaprc2019kyoto</a>
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	Save the dates.
June 26-29 2019	WONCA Europe region conference	Bratislava, SLOVAK REPUBLIC	<a href="http://www.woncaeurope2019.com">www.woncaeurope2019.com</a>

### WONCA CONFERENCES 2020

March 24-28, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	Save the dates
June 17-20, 2020	WONCA Europe region conference	Berlin, GERMANY	Save the dates
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

[www.wonca2018.com](http://www.wonca2018.com)



# 22<sup>nd</sup> WONCA WORLD CONFERENCE

OCTOBER 17-21, 2018 SEOUL, KOREA

**Primary Care in the Future: Professional Excellence**



## MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to <http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

10 May - 13 May 2018	<b>EGPRN meeting</b> Lille, France	09 Oct - 13 Oct 2018	<b>AAFP Family Medicine Experience</b> New Orleans, USA
16 Jun - 18 Jun 2018	<b>9th Annual Conference of Japan Primary Care Association</b> Mie Prefecture, Japan	11 Oct - 14 Oct 2018	<b>EGPRN meeting</b> Sarajevo-Bosnia and Herzegovina
23 Jun - 24 Jun 2018	<b>8th Hong Kong Primary Care Conference</b> Aberdeen, Hong Kong	11 Oct - 13 Oct 2018	<b>RACGP GP18</b> Gold Coast, Queensland, Australia
26 Jul - 29 Jul 2018	<b>RNZCGP Conference for General Practice</b> Auckland, New Zealand	14 Nov - 17 Nov 2018	<b>Family Medicine Forum / Forum en médecine familiale</b> Toronto, Canada
16 Aug - 20 Aug 2018	<b>TUFH 2018: Community Empowerment for Health</b> Limerick, Ireland	14 Nov - 16 Nov 2018	<b>EURIPA Rural Health Forum</b> Maale Hachamisha, Israel
21 Sep - 22 Sep 2018	<b>EURACT Medical Education conference</b> Leuven, Belgium	15 Nov - 18 Nov 2018	<b>17th International Conference of Iraqi Family Physicians Society (IFPS)</b> Baghdad, Iraq
27 Sep - 30 Sep 2018	<b>VIII Congreso internacional de Medicina Familiar</b> Bayahibe, La Romana. República Dominicana	27 Nov - 30 Nov 2018	<b>XX Congreso Chileno de Medicina Familiar &amp; VIII Congreso Cono Sur CIMF-WONCA</b> Santiago, Chile
04 Oct - 06 Oct 2018	<b>RCGP annual primary care conference</b> Glasgow, United Kingdom		

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