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Contents

From the President Pioneering Family Medicine Training in the South Pacific

Photo: Trainees in the Cook GP Fellowship program, Mareta Jacob and Nini Wynn, with WONCA President, Michael Kidd, Secretary of Health for the Cook Islands, Elizabeth Iro, and President of the Australian College of Rural and Remote Medicine, Lucie Walters.

The island nations of the South Pacific Ocean are among the most remote communities on earth.

Dr Mareta Jacob is a medical graduate family doctor trainee in the Cook Islands in the South Pacific. Mareta is changing health care in her nation as the first person to enrol in the new Cook Islands Fellowship in General Practice training program. Mareta is training to become the Cook Island's first family doctor.

Photo: Dr Mareta Jacob describes her work as a family doctor in the Cook Islands.

The Cook Islands comprise 15 islands with a population of 15,000 people, the majority living on the main island of Rarotonga. In the past medical services have been provided to the people of the Cook Islands by medical officers based in hospitals, rather than in the community. Medical practitioners in the Cook Islands face the challenges of geographic and professional isolation with limited resources to support their work.

The Cook Islands Fellowship in General Practice training program aims to create a workforce of well-trained family doctors to serve the future health care needs of the people of the Cook Islands, and is part of a wonderful collaboration between the Ministry of Health and the Ministry of Education in the Cook Islands, the Royal New Zealand College of General Practitioners (RNZCGP) and its Division of Rural Hospital Medicine, and New Zealand's University of Otago.

Mareta started her medical education as a medical student at the famous Fiji School of Medicine, which has been training health care professionals from the island nations of the South Pacific since its establishment in 1885. Since graduating as a doctor, and before enrolling in the new Cook Islands Fellowship in General Practice training program, Mareta has been working in the Cook Islands as a medical officer doing outpatient and emergency work.

The new training program comprises a one-year postgraduate diploma in rural hospital medicine and general practice with The University of Otago, followed by three years of supervised clinical training. As the first candidate, Mareta's training has involved six-month clinical attachments in New Zealand, first at the rural hospital in Hokianga, and then in rural general practice in Wellsford, where she is working with RNZCGP president, Dr Tim Malloy.

Two other doctors in the Cook Islands, Nini Wynn and Teariki Puni have also joined the Fellowship Training Program and will follow Mareta.

Members of the RNZCGP have also been providing support to the existing health services in the Cook Islands. Over the past five years, 30 New Zealand general

practitioners and rural hospital doctors have completed short-term visits to the Cook Islands to assist in building capacity and providing mentoring and clinical support to local doctors. A new family doctor registrar training post has been established at Rarotonga Hospital and Dr Joel Pirini is the first New Zealand doctor to take part in this six-month clinical placement.

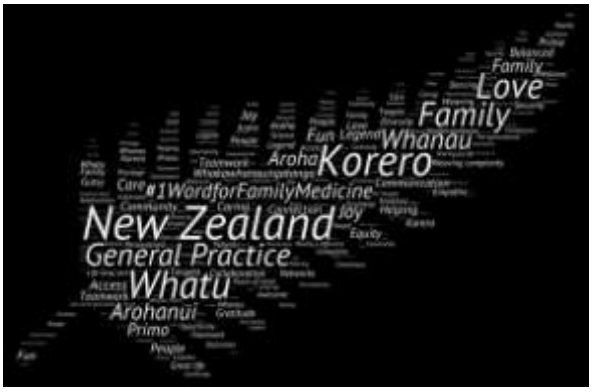
Photo: Cook Islands family doctor trainee, Dr Teariki Puni and New Zealand family doctor trainee, Dr Joel Pirini, joined the conference in Auckland by videolink from Rarotonga.

This is a wonderful initiative between the Cook Islands and New Zealand to develop a home-grown primary care medical workforce for Cook Islands. Mareta, Nini and Teariki are the pioneers of family medicine in their country.

I was in New Zealand last month as a guest of the Royal New Zealand College of General Practitioners at the college's annual conference, held in Auckland. New Zealand has long been a global leader in the development of the family medicine model in ensuring equitable and affordable health care for all people in this nation. New Zealand is also a world leader in the use of information technology to support our work in general practice.

At the conference, Dr Jo Scott Jones, a long-standing member of WONCA's working party on rural practice, unveiled New Zealand's contribution to the One Word for Family Medicine initiative of the young family doctor movements of WONCA. The family doctors in each country have been invited to develop an image from the words that describe the work of family doctors in their country. The New Zealand contribution has words in Maori and English, and features, the silver fern, the symbol of this nation, which reflects eternal renewal and replenishment, "when one frond dies, another frond rises to take its place", which is an appropriate symbol for our never-ending contributions as family doctors to each of our nations.

Michael Kidd
WONCA President



"One Word for Family Medicine" from New Zealand

Del Presidente : Liderando la Medicina de Familia en el Sur del Pacífico

Foto: Los estudiantes del programa Comunidad Cook GP Marieta Jacob y Nini Wynn, con el Presidente de WONCA, Michael Kidd, la Secretaria de Salud para las Islas Cook, Elizabeth Iro, y el Presidente del Colegio Australiano de Medicina Rural, Luccie Walters.

Los países del Sur del Océano Pacífico se encuentran entre las comunidades humanas más remotas de la Tierra.

La Doctora Mareta Jacob es una médica de familia formada en las Islas Cook en el Sur del Pacífico. Mareta está cambiando la Asistencia Sanitaria en su país siendo la primera persona a unirse al programa de formación de la nueva Comunidad de las Islas Cook de Práctica Generalista. Mareta se está formando para ser la primera Médica de Familia de las Islas Cook.

Foto: La Doctora Mareta Jacobs explica su trabajo como médica de familia en las Islas Cook.

Las Islas Cook son un conjunto de 15 de islas con una población de unas 15.000 personas, la mayoría viven en la isla mayor llamada Rarotonga. Anteriormente la asistencia médica se había proporcionado a las Islas mediante gerentes médicos instalados en hospitales, se trataba de una asistencia no dirigida especialmente al ámbito Comunitario. Los médicos de las Islas Cook tienen que enfrentarse a los retos del aislamiento geográfico y profesional y disponen unos recursos limitados para poder hacer su trabajo.

El programa formativo de la Comunidad de las Islas Cook de Práctica Generalista tiene la voluntad de crear un personal de médicos de familia con una buena formación para dar cobertura a las futuras necesidades de la Asistencia Sanitaria de la población de las Islas Cook, y forma parte de una estrecha colaboración entre el Ministerio de Sanidad y el Ministerio de Educación de las Islas Cook, el Real Colegio de Nueva Zelanda de Médicos Generalistas (Royal New Zealand College of General Practitioners), su División de Medicina Rural Hospitalaria, y la Universidad de Nueva Zelanda de Otago.

Mareta empezó su educación médica como estudiante en la famosa Escuela de Medicina de las Islas Fiyi, que ha estado formando los profesionales de la salud de los países isleños del Pacífico Sur desde su fundación en 1885. Desde que se graduó como médica y antes de unirse al programa formativo de la Comunidad de las Islas Cook de Práctica Generalista, Mareta ha estado trabajando en las Islas Cook como agente médico dando atención al paciente externo y trabajando en urgencias.

El nuevo programa formativo incluye un diploma de postgrado de un año en Medicina Rural Hospitalaria y Práctica Generalista en la Universidad de Otago, seguido de tres años de formación clínica supervisada. Como primera participante, en su formación, Mareta ha tenido que trabajar como adjunta durante seis meses en Nueva Zelanda, primero en un hospital rural en Hokianga y después en práctica generalista en Wellsford, donde ahora se encuentra trabajando con el Presidente de la RNZCGP, el Doctor Tim Malloy.

Dos otros médicos en las Islas Cook, Nini Wynn y Teariki Puni también se han unido al programa formativo de la Comunidad y seguirán a Mareta.

Miembros del RNZCGP también están asesorando y apoyando a los servicios sanitarios existentes de las Islas Cook. En los últimos 5 años, hasta 30 médicos generalistas y médicos rurales han hecho breves visitas a las Islas para reforzar la capacidad local y aconsejar a los médicos locales. En el hospital de Rarotonga se ha puesto en marcha una nueva formación en Medicina de Familia y el médico Joel Pirini se ha convertido en el primer médico de Nueva Zelanda a participar en ella durante seis meses.

Foto: Médico de familia de las Islas Cook, el Doctor Teariki Puni y de Nueva Zelanda, el Doctor Joel Pirini, que se unieron al Congreso vía teleconferencia desde Rarotonga.

Se trata de una fantástica iniciativa entre las Islas Cook y Nueva Zelanda para desarrollar un personal autóctono de Atención Primaria en las Islas Cook. Mareta, Nini y Teariki son pioneros de Medicina de Familia en su país.

Yo estuve en Nueva Zelanda el mes pasado como invitado por parte del Real Colegio de Médicos de Familia con motivo de la conferencia anual, que tuvo lugar en Auckland. Nueva Zelanda ha sido desde hace

tiempo un líder global en el desarrollo del modelo de la Medicina de Familia y a la hora de asegurar una asistencia sanitaria equitativa y asequible para toda la población en el país. Nueva Zelanda es también un líder mundial en el uso de la información tecnológica como apoyo de nuestro trabajo y nuestra práctica.

Durante el Congreso, el Doctor Jo Scott Jones, veterano miembro del departamento de WONCA en práctica rural, desveló las contribuciones de Nueva Zelanda en la iniciativa Un Mundo para la Medicina de Familia liderada por los movimientos de los jóvenes médicos de familia de WONCA. En ese sentido, se ha invitado a los médicos de familia de cada país a que desarrollen una imagen con palabras para describir cómo es el trabajo de los médicos de familia en su territorio. La contribución de Nueva Zelanda contiene palabras tanto en maorí como en inglés y rasgos distintivos, como el árbol de helecho plateado, símbolo de la nación que refleja la eterna renovación y rebastecimiento, “cuando una hoja muere, otra hoja nace y toma su lugar”, lo que representa un símbolo apropiado para nuestras contribuciones constantes como médicos de familia a cada uno de nuestros países.

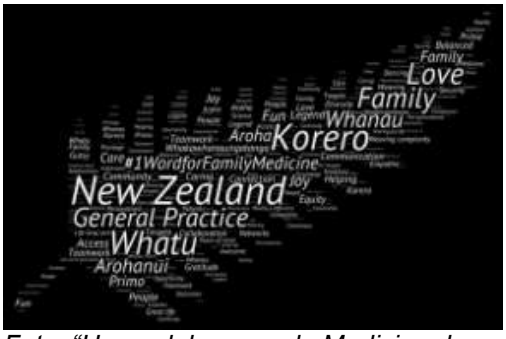


Foto: “Una palabra para la Medicina de Familia” desde Nueva Zelanda

Michael Kidd
Presidente de WONCA

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

Du président: Approche innovatrice de la formation en médecine familiale dans le Pacifique sud

Photo : Stagiaires du programme de l’Association des médecins de famille des Iles Cook, Mareta Jacob et Nini Wynn, avec le président de WONCA, Michael Kidd, la secrétaire d'Etat à la santé pour les Iles Cook, Elizabeth Iro, et Lucy Walters, présidente de l'Australian College of Rural and Remote Medicine.

Les nations des îles du Pacifique sud sont parmi les communautés les plus reculées sur terre.

Le docteur Mareta Jacob est stagiaire diplômée en médecine familiale aux Iles Cook dans le Pacifique sud. En tant que première inscrite au nouveau programme de formation proposé par l'Association de médecine générale des Iles Cook, Mareta est en train de changer les soins de santé dans son pays. Mareta est en formation pour devenir le premier médecin de famille des Iles Cook.

Photo : Dr Mareta Jacob décrit son travail comme médecin de famille aux Iles Cook.

Les Iles Cook comptent 15 îles ayant une population de 15 000 personnes dont la majorité vit sur l'île principale de Rarotonga. Par le passé, la prestation de services médicaux aux habitants des Iles Cook était assurée par un personnel médical basé dans les hôpitaux plutôt que dans la communauté. Les médecins des Iles Cook sont confrontés aux difficultés que présentent l'isolement géographique et l'isolement professionnel et ont des ressources limitées en soutien de leur travail.

Le programme de formation de l'Association de médecine générale des Iles Cook vise à

créer une main d'oeuvre de médecins de famille bien formés pour servir les futurs besoins en soins de santé des habitants des Iles Cook et représente une excellente collaboration entre le Ministère de la santé et le Ministère de l'éducation des Iles Cook, le Royal College of General Practitioners de Nouvelle Zélande (RNZCGP) et sa Division de médecine hospitalière rurale , ainsi que l'université néo-zélandaise d'Otago.

Mareta a commencé ses études de médecine à la célèbre école de médecine du Fiji qui a formé des professionnels de la santé des îles du Pacifique sud depuis sa fondation en 1885. Depuis l'obtention de son diplôme de médecin et avant de s'inscrire au nouveau programme de formation de l'Association des Iles Cook, Mareta a travaillé aux Iles Cook en tant qu'agent médical dans le secteur ambulatoire et dans les services d'urgence.

Le nouveau programme de formation comprend un diplôme universitaire supérieur d'une année en médecine hospitalière rurale et en médecine générale auprès de l'université d'Otago, suivi de trois ans de formation clinique supervisée. La formation de Mareta, comme première candidate, a inclus des attaches cliniques de six mois en Nouvelle Zélande, d'abord à l'hôpital rural de Hokianga, et puis en médecine générale rurale à Wellsford où elle travaille avec le Dr Tim Malloy, président du RNZCGP.

Deux autres médecins des Iles Cook, Nini Wynn et Teariki Puni, ont également joint le programme de formation de l'Association et suivront Mareta.

Les membres du RNZCGP apportent également leur soutien aux services de santé actuels des Iles Cook. Au cours des cinq dernières années, 30 médecins généralistes et médecins hospitaliers ruraux de Nouvelle Zélande ont accompli des visites de courte durée aux Iles Cook pour accroître la capacité et fournir des services de mentorat et de soutien clinique aux médecins locaux. Un nouveau poste de formation de spécialiste en médecine de famille a été établi à l'hôpital de Rarotonga et le Dr Joel Pirini est le premier médecin de Nouvelle Zélande à participer à ce placement clinique de six mois.

Photo : Dr Teariki Puni, médecin de famille stagiaire des Iles Cook et Dr Joel Pirini, médecin de famille stagiaire de Nouvelle Zélande, ont joint la conférence à Auckland par liaison vidéo de Rarotonga.

C'est une excellente initiative entre les Iles Cook et la Nouvelle Zélande qui vise à développer une main d'oeuvre médicale locale en soins primaires pour les Iles Cook. Mareta, Nini et Teariki sont les pionniers de la médecine familiale dans leur pays.

J'étais en Nouvelle Zélande le mois dernier en tant qu'invité du Royal New Zealand College of General Practitioners à la conférence annuelle de l'université, tenue à Auckland. La Nouvelle Zélande est depuis longtemps un leader mondial dans le développement du modèle du médecin de famille qui assure un accès équitable et abordable aux services de soins de santé pour tous dans le pays. La Nouvelle Zélande est également un leader mondial dans l'utilisation des technologies de l'information qui soutiennent notre travail en matière de médecine générale.

A la conférence, le Dr Jo Scott Jones, membre de longue date du groupe de travail de WONCA sur la médecine rurale, a dévoilé la contribution de la Nouvelle Zélande à One Word for Family Medicine, initiative du mouvement des jeunes médecins de famille de WONCA. Les médecins de famille de chaque pays ont été invités à produire une image à partir des mots qui décrivent le travail des médecins de famille dans leur pays. La contribution de la Nouvelle Zélande a présenté des mots en maori et en anglais, et des symboles, comme la fougère argentée qui représente la nation et reflète le renouveau et la régénératioin à l'infini, «lorsqu'une fronde meurt, une autre fronde naît en remplacement». C'est un symbole approprié pour nos contributions incessantes en tant que médecins de famille dans tous nos pays.

Michael Kidd
Président de WONCA

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

Policy Bite: Ideas into impacts

How can WONCA make the best of our communication networks?

Amanda Howe, President Elect writes:

Our modern world is full of information – we can follow friends and fellow professionals through multiple forms of social media, and could spend our whole day in Twitterland and virtual networks.

Rich resources exist on the Internet, whether we read them for educational, political, or practical purposes. And as an academic and a leader in family medicine, I am constantly trying to increase the impacts of our research and efforts on the views and actions of others. When we discuss how to do this, often the answer is 'write more', or 'make it more available'. My inbox at the clinic is full of emails drawing my attention to new products, guidelines, services, conferences, and publications. Well -meaning managers say "We told you…." (i.e. they put a message about the new pharmacy arrangements on page 11 of the daily staff bulletin). Often feeling overwhelmed myself, I want to know how best to use the wonderful opportunities of the global WONCA network to good effect.

Members will know our basic tools – the weekly e-updates, the monthly newsletter, the Global Family Doctor website, and the links to resources, talks, conference proceedings, and new publications. We rely on member organisations (MOs) and groups both to give us relevant material AND to disseminate our communications – hopefully many MOs pass WONCA links on to their members. We have had great outputs on best use of social media from groups such as Vasco da Gama[1] and Rural[2], and these are a really rich way of hearing about new outputs and asking questions – through blogs, Tweetchats, and the use of online meetings – as in the exciting Rural Cafés being led by Mayara Floss from Brasil.

But I am going to suggest we could do one thing better with the rich resources of our members. We could have more focused 'big conversations' on some of the key topics for our discipline. We have many policy experts in our community, and many of the MOs are writing papers and strategies regularly for use in their own country. I have been writing policy bites for three years now, and often get comments back, but we do not structure these conversations. We need to make this more 'two way' – to find ways to test ideas and get feedback, or to learn about differences between regions which might refine a policy and improve its applicability. As Don Berwick of the Institute of Health Improvement said in a recent interview[3]

"Great innovation has bi-directional kinetic energy: 'top-down' and 'bottom-up' at the same time. From the 'top' can come resources, clarified aims, permission, and assets for collective learning. From the 'bottom' can come great ideas, tested, de-bugged and exciting. …". The idea here is about learning from others, and passing that on.

So when I start as President in November, I shall stop doing my own policy bites, and start asking others to host these, bringing forward a different author each month and hopefully allowing them to host a social media debate in addition to the short column in the newsletter. Different member organizations can play a part, and this will get their work more visible as well as adding energy and insights. I hope this will add another dimension to our communications strategy and add value for members. @WoncaWorld #bigconversations. Watch this space!

1. See Navigating the Sea of Soci@l Media
2. Ewen McPhee (a rural GP in Australia) gave an excellent Masterclass on Social Media was showcased in the WONCA July newsletter.
3. Chris Ham in conversation with Don Berwick for the Kings Fund August 2016 – downloaded 22/8/16 hwww.kingsfund.org.uk/publications/articles/why-nhs-needs-quality-improvement-strategy

Fragmentos de política - Ideas acerca de los impactos

¿Cómo podemos WONCA sacar el máximo partido a nuestras redes de comunicación?

Nuestro mundo moderno está lleno de información – podemos seguir a amigos y a colegas profesionales a través de los múltiples canales de las redes sociales y podemos pasarnos todo el día en "Twitterland" y otros entornos virtuales- En Internet existen muchos recursos y muy interesantes, sea por la razón que sea por la que los leamos, didáctica, política o con fines prácticos. Y como a académica y persona con cierta responsabilidad dentro de la Medicina de Familia, me encuentro constantemente intentando aumentar el impacto de nuestras investigaciones y esfuerzos acerca de los puntos de vista y las acciones de otros.

Cuando debatimos sobre cómo hacerlo, a menudo la respuesta suele ser "escribe más", o "hazlo más comprensible". Mi buzón de entrada en el Centro de Salud está lleno de correos electrónicos que desvían mi atención hacia nuevos productos, directrices generales, servicios, congresos, conferencias y publicaciones. Pues bien – un responsable mal intencionado diría "Te avisé…" (por ejemplo, poniendo un anuncio acerca de los nuevos tratados farmacéuticos en la página 11 en el informe diario de personal), – a menudo, cuando me siento abrumada, quiero saber cómo utilizar las maravillosas oportunidades de las redes de WONCA para hacer una buena acción).

Todos los miembros de WONCA conocen las herramientas básicas – las actualizaciones semanales, los Newsletters mensuales, la página web de WONCA y los enlaces y recursos, las conferencias, los procedimientos para asistir a los Congresos, y las nuevas publicaciones. Confiamos tanto en nuestras organizaciones miembro (MOs) como en nuestros grupos para que nos proporcionen material relevante y para poder difundir nuestras comunicaciones – así como, afortunadamente, muchas Organizaciones Miembro difunden los enlaces de WONCA. Hemos tenido muy buenos resultados en el uso de las redes sociales por parte de grupos como Vasco da Gama y WONCA Rural, y estas son formas realmente eficaces de recopilación de resultados y para resolver dudas – tal y como pasa con los animados Cafés Rurales liderados por Mayar Floss de Brasil.

Pero también sugiero que podríamos hacer un mejor uso con la gran cantidad de recurso de nuestros miembros. Podríamos tener una mayor cantidad de "grandes conversaciones" focalizadas en algunos de los temas clave para nuestra disciplina. En nuestra comunidad tenemos una gran cantidad de expertos en política, y muchas de las organizaciones miembro son autoras de consensos y estrategias que publican regularmente para que sean utilizados en sus propios países. En mi caso, yo he estado escribiendo las columnas Fragmentos de Política desde hace tres años, y en ocasiones he recibido comentarios, aunque no en la mayoría de casos son de tipo informal. Deberíamos hacer que estos fueran de manera más recíproca, es decir, encontrando la forma de que las ideas se puedan probar y se consiga una respuesta, o aprendiendo acerca de las diferencias que existen entre las regiones en las que es necesario mejorar la política sanitaria y su aplicabilidad. Tal y como afirmó Don Berwick, del Instituto de Mejora de la Salud en una entrevista reciente;

La gran innovación tiene una energía cinética bidireccional: "de arriba abajo y de abajo a arriba al mismo tiempo. Desde arriba pueden llegar recursos, voluntad clarificadora, autorización y activos para el aprendizaje colectivo. Desde la base pueden llegar las grandes ideas, las comprobaciones, la pasión y la motivación…". Aquí la idea reside en cómo aprender de los otros y, también, en cómo transferir este conocimiento.

Así que, en cuando empiece como Presidenta en noviembre, ya no dejaré de escribir mis propios Fragmentos de política y pediré que sean otros los que los escriban, intentando que cada mes se publique un artículo de un autor diferente y con la esperanza de que se generen debates en las redes sociales a partir de la columna mensual y del Newsletter. Las diferentes organizaciones miembro podrán

tener su propio papel, y esto facilitará que su trabajo sea más visible así como a que aporten más energía y más puntos de vista. Espero que todo ello añada otra dimensión a la estrategia de nuestras comunicaciones, así como más valor a los miembros. @WoncaWorld #bigconversations. ¡Entrad en este espacio!

Amanda Howe
Presidenta Electa de WONCA

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

From the CEO's desk: WONCA Membership explained

WONCA was founded in 1972 with just 18 member organizations. Year on year the organization has grown, and we have been slightly surprised – and delighted – that in the last triennium we have received a huge number of new applications for WONCA membership. Our impressions that numbers would tail off were clearly misplaced!! WONCA now boasts over 130 Member Organizations in around 150 countries and territories and represents some 600,000 family doctors globally.

WONCA Membership categories
WONCA has a number of membership categories, which are detailed in the Bylaws:

Full Membership is open to:

National organizations or a group of national organizations which are representative of general practitioners/family physicians of that country or those countries and a majority of whose constituent voting membership consists of general practitioners/family physicians who are legally registered to practise within that country or those countries.

Full members have the right to vote at regional and world level.

Associate Membership is available to:

National Organizations or a group of national organizations whose missions and objectives are consistent with those of WONCA and not eligible or do not seek Full Membership and of which the majority of the constituent voting membership are members of the recognized health professions as defined in these Bylaws.

Associate Members have the right to attend Council and have the privileges of the floor, but have no voting rights.

Membership Pro Tem does not feature in the current Bylaws, but it has been agreed by Executive in 2014 and will be presented to Council for endorsement in Rio. It came about because in some countries not all Organizations interested in joining WONCA fit the current definitions above. WONCA aims to be inclusive of like-minded groups and organizations and so has established this new category of "Pro Tem" Member Organization for countries where there is no eligible organization to be a Full Member of WONCA but where there may be a Full Member Organization in the future.

Member Organizations Pro Tem have the same status and entitlement as Associate Member Organizations.

Academic Membership is open to Academic Departments or training programs of general practice/family medicine which are actively involved in teaching and research, support the Mission of the Organization, and desire affiliation with the Organization.

Organization in Collaborative Relationship status is open to international organizations whose missions and objectives are consistent with those of WONCA and who are not eligible for, or who do not seek, Full or Associate Membership.

Direct Individual Member. These are individual persons who are members of a recognized health profession and who support

the vision, mission and goals of WONCA, and who wish to belong to a worldwide network of family medicine/general practice professionals, educators, caregivers and advocates. Membership can be for a limited period, but since 2013 we have also offered Life Direct Membership to those individuals who wish to make a special gift to the World Organization of Family Doctors in return for waiver of annual direct membership renewal requirements. Note that this category of membership is open to all health professionals and not just family doctors.

More information for Organizations
More information for Individuals

New Organizational members 2013-2017
This may seem rather long-winded and bureaucratic, but I have included it as a preamble so that as I go on to list all the new members in this triennium readers might better understand the various distinctions. So, in this triennium the following have joined the WONCA family:

Full Membership
1. Faculty of Family Medicine of the National Postgraduate Medical College of Nigeria.
2. College de Medicine Generale, France (merger of two organizations)
3. The Afghan Family Medicine Association (AFMA)
4. Societé Algérienne de Medecin General (SAMG), Algeria
5. The National Collective of General Practitioners of Morocco (MG Maroc)
6. The Kuwaiti Association of Family Physicians and General Practitioners, Kuwait (a merger of two organisations)
7. Slovak Society of General Practice (upgrade from Associate Member)
8. Bulgarian General Practice Society for Research and Education
9. The Hungarian Research Organisation of Family Physicians (CSAKOSZ)
10. The Academy of Family Physicians of India (AFPI) – upgrade from Associate Member
11. The Bangladesh Academy of Family Physicians (BAFP) – upgrade from Associate Member
12. The Iranian GP association, Tehran, Iran
13. Cross-Straits Medicine Exchange Association-Committee of General Practice, Beijing, China

Membership Pro Tem
1. Qatar Primary Health Care Corporation

Academic Membership
1. Institute of General Practice, University of Erlangen-Nuremburg, Germany
2. The Department of General Practice, University of Edinburgh, United Kingdom
3. The Department of Family and Community Medicine, University of Gezira, Sudan
4. Department of Family, Community Medicine and Bioethics, Universitas Gadjah Mada, Yogjakarta, Indonesia
5. Department of Primary Care and Population Health, University of Nicosia Medical School, Nicosia, Cyprus
6. Department of Family and Community Medicine, Annajah University, Nablus- West Bank
7. National Republic Training and Clinical Medicine Center,Tajikistan

Organization in Collaborative Relationship
1. European Association for Communication in Healthcare (EACH)

There are simply too many Individual Direct Members to list, but in recognition of those who have very generously taken out Life Direct Membership we have listed them in the Annual Report which will be published next month.

This great boost in membership numbers is a great tribute to the hard work of the WONCA Executive – especially regional presidents – together with the Secretariat staff and the WONCA Membership Committee who have worked hard to process all these applications.

To all our new members – a very warm welcome to the WONCA family.

Until next month.
Dr Garth Manning
CEO

Feature Stories

Gabby Ivbijaro writes in Huffington Post about FGM

Well known WONCA identity and past chair of the Working Party on Mental Health, Prof Gabriel Ivbijaro MBE is now President of the World Federation for Mental Health, and has a new blog in the *Huffington Post.* His latest is reproduced here courtesy of the *Huffington Post.*

Read more of Gabby's blogs in the "Huffington Post"

Female Genital Mutilation Affects the Body and the Mind

Female genital mutilation (FGM) is a very difficult issue for me to consider and I suspect many of you will feel the same, because this involves respecting the autonomy of an individual's right to make an informed decision about a medical procedure and the doctor's duty to do good and to do no harm.

There are many medical procedures that have no clinical value and can lead to harm for the patient concerned. One such procedure is female genital mutilation.

As family doctors we see many people who suffer as a result of what appears to be a cultural practice. This can prevent people from discussing this topic because of the fear of being considered culturally insensitive. What we forget is that culture is not static; culture is dynamic and evolves over time.

So what is female genital mutilation?

Female genital mutilation is the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

According to the World Health Organization, more than 200 million women and girls alive today have been cut in this way, mainly in Africa, the Middle East and Asia. With globalisation, many more cases of females previously cut are being seen in general practice and obstetrics and gynaecology clinics in Europe and the USA.

Female genital mutilation is known to be associated with immediate and long term risks. The procedure itself can cause pain, fever, infections and, longer term, it is associated with an increased risk of caesarean section, increased bleeding following the delivery of a child, low birth weight babies and increased risk of babies dying during childbirth.

There are also psychological complications. It can lead to Post Traumatic Stress Disorder, anxiety, depression, low self-esteem and sexual problems.

Knowing about all these complications, why do people still choose to continue with this practice?

Often health care practitioners find it difficult to talk about female genital mutilation when they suspect it has happened, particularly as they do not want to offend those who have had the procedure and because they don't know what to say, or how to say it.

Women who have had the procedure may not want to talk about it because they do not want to be seen as a victim or a rebel, especially as in many cultures it is practiced to ensure premarital virginity and marital fidelity. If these are the reasons for carrying out the procedure, it must be very difficult to speak out or say no.

Many parents in traditional societies are unwilling to stop the practice because they are worried that, once other people find out, their daughters will never find a husband. From my understanding there are no religious scripts that support this practice so surely we can assist such families to stand up for their daughters' rights and abandon the practice of female genital mutilation. It is a matter of dignity.

Is this just an African, Middle Eastern and Asian phenomenon – what about female genital cosmetic surgery?

Just as female genital mutilation is common in

some cultures, there are also some surgical procedures in the female genital region carried out for non-medical reasons. Female genital cosmetic surgery (FGCS) is on the rise in the developed world, is aimed at making the genital area more attractive and can include procedures such as vaginal rejuvenation, vulval liposculpture and re-virgination.

Although many people undergoing these procedures are autonomous adults, in some people there may be an element of coercion because some say they are doing it to satisfy their partner's desires. Some studies have shown that this may be the case in approximately 30% of people undergoing this type of surgery. Others have unresolved emotional issues where 'cutting' seems a quicker fix than 'talking' only to find that this is not the right answer. So, for some people, cosmetic surgery may also become a form of female genital mutilation.

It is increasingly likely that family doctors, obstetricians, gynaecologists and sexologists will come across female genital cosmetic surgery as these procedures become more common in women in affluent societies who want to enhance their beauty. This is also a phenomenon rooted in culture, the culture of searching for physical perfection and the over-medicalisation of sex.

We shape our own culture. Education of professionals and the public has a role to play. Cutting may seem a quick fix to either satisfy your culture and the desires of others but, when done for a non-medical reasons, there is a high physical and psychological risk. Is this a risk worth taking, even for an autonomous individual?

We need an honest, open and respectful debate to find ways to move our thinking about genital cutting for non-medical reasons forward, wherever it is practiced in the world for whatever cultural reasons. It seems to me that society needs to work with those organisations that are actively engaged in supporting the abandonment of female genital mutilation in traditional cultures and society also needs to educate opinion leaders in cultures that practice female genital cosmetic surgery for non-medical reasons.

We know that female genital mutilation is happening. Being silent about it does not make it any less of a hazard. Cutting for non-medical reasons can lead to lasting psychological and physical damage – we must fight for the physical and psychological well-being of women worldwide.

references available online

Rural round up : Rural health success stories feature an Amanda Howe poem.

Have you heard about the "Rural Health Stories" set up by a partnership of WONCA Rural South Asia (WoRSA) and the World Rural Medicine Students Network (WRMSN)? The project "Rural Health Stories" creates a space to tell a story - about ways to care, or funny stories, patient experiences, doctor experiences, failures, mishaps. *WONCA News* has previously featured one story by Dr Sanam Shah of Pakistan.

This month we note that WONCA's President Elect, Prof Amanda Howe has submitted a very lovely poem "Human Kindness".

HUMAN KINDNESS

My friend walked down the lane
Was entranced by the green wood,
And the wet lushness,
And the long horizons,

And lost himself amid this English fervour.
He asked a working man for help,
Who sent him home.

We laughed, and ate,
And were glad of our time together.

I thanked my neighbour later -
He asked about my friend
"Nigeria" I answered.
He nodded wisely -
"I didn't think 'e cum from round 'ere"….

I would be glad
If more dark strangers met such kindness
In this land.

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Amanda describes her practice: "*My area of practice is in the edge of a city, with poor people and some better off, but the region (Norfolk) is very rural by English standards. Our students go to practices where the nearest hospital can be 40km away. The epidemiology is typical, mostly NCDs of lifestyle and ageing, though with farming accidents commoner because of the local employment in that area. When I first came to Norfolk the non-white population was only 3% though it has risen in recent years., especially in the university and hospital areas in the city. As my poem suggests, foreigners can still be a novelty in some parts. I thought of this story when the UK voted to leave the EU, much of which was led by the press and rightwing politicians promoting the fear of immigration-hence the last part of my poem*."

Read more stories here.

Participate
To participate on the project "Rural Health Stories" the story should include SOAR: situation, obstacles, actions, resolution and also TLC: timing, location and character. However this could be flexible and respect different cultural stories and ways to tell it to others. It should be something that remarkable and inspired you in rural medicine and even family medicine or some story that you think it is valuable for share it with someone. Also, it could be in video or writing ones (or both!).

Guideline for submission are found on the blog

Do send your stories to Pratyush Kumar pratyush410@yahoo.co.in or Mayara Floss mayarafloss@hotmail.com
Resources for Family Doctors

WONCA WHO News

WHO Framework on integrated people-centred health services

Dear colleagues,

On 28 May 2016 at the Sixty-ninth World Health Assembly, WHO Member States officially adopted the Framework on integrated people-centred health services (IPCHS) and its resolution on "Strengthening integrated, people-centred health services", formally giving the WHO Secretariat the mandate to work on this new programmatic area.

During a high-level side event at the Assembly, WHO – and its Collaborating Centre the Andalusian School for Public Health – officially launched the IntegratedCare4People web platform. The platform is a global network for sharing knowledge and leading practices, and for joint learning on transforming health services to become more integrated and people-centred. Intended for practitioners and organizations, the platform aims to improve health service delivery by curating high quality knowledge products and resources that provide technical and operational insight into how health services can be transformed towards this vision.

As Member States emphasized during the WHA discussions, integrated people-centred health services are paramount to achieving universal health coverage, and Sustainable Development Goal 3. Member States further highlighted the importance of strengthening primary health care as a key strategy, of putting people and their needs at the centre of the focus, of combating fragmentation, and of making IPCHS one of the main pillars of a health model that will better deal with the challenges faced by today's health systems.

In the run-up to this important milestone, we have consulted with a large number of health providers, health care managers, policy-makers, advocates and community leaders and your feedback has been crucial in shaping the Framework on integrated people-centred health services and its associated web platform. We continue to invite and welcome your collaboration in building a truly global virtual network for moving towards integrated people-centred health services.

To help us spread the word about the Framework and the IntegratedCare4People web platform, we invite you to share this announcement with your colleagues and relevant partners. For those active on Twitter, we invite you to share the integratedcare4people.org link using the hashtag #IntegratedCare4People.

Thank you for your support and we look forward to continuing this important collaboration.

Kind regards,

Dr Hernan Montenegro
Coordinator, Services Organization and Clinical Interventions Unit
Service Delivery and Safety Department, World Health Organization

Statement to 66th Session of the WHO Afro Ministerial meeting

Dr Matie Obazee, Regional President of WONCA Africa writes:

I am pleased to inform you that WONCA Africa was given the opportunity to present a Statement to the delegates at the ongoing 66th Session of the WHO Afro Ministerial meeting holding in Addis Ababa, Ethiopia.

The statement was well received and has elicited a lot of interest among delegates who have promised to collaborate with WONCA Africa in several areas of mutual interest.

Statement
Statement of the World Organisation of Family Doctors, WONCA, Africa Region to the 66th Session of WHO Afro Regional Committee held in Addis Ababa, Ethiopia, 19th to 23rd August, 2016.

Mr Chairman, Distinguished Delegates,

I am grateful for the opportunity to bring the perspective of family doctors in Africa to the subject of "Health in the 2030 Agenda for Sustainable Development" to this august assembly.

The World Organisation of Family Doctors, WONCA, is an international organisation with over 500,000 members in about 130 countries and territories around the world. However, in the Africa Region, only Nigeria, South Africa, Ghana, Zimbabwe, Kenya, Uganda and Lesotho are currently members. Our mission is to assist member countries develop the content and delivery of good quality care by family doctors/primary care physicians around the world. WONCA has been in collaboration with WHO for several years now.

Evidence abounds that national health systems based on primary health care is the most cost effective way to deliver universally accessible health care to populations.

We believe the adoption the adoption and implementation of this is an attainable goal for all counties in Africa by 2030. However, this will require the political commitment and creative approach to harness available

resources. Such commitment would involve :

1. A paradigm shift in budgetary allocation that prioritise primary care. The management of the funds should target direct benefits to the end users and not bureaucratic services. This can be achieved through the implementation of a well designed national social health insurance scheme.

2. A commitment to an effective public-private partnership that utilises resources in the private sector, which in some countries provide as much as 65% of health care services, in a complementary way with those in the public sector. The public sector can concentrate more in providing secondary and tertiary care while the private sector is empowered to take care of primary care and decongest the government hospitals.

3. Human capacity development for primary health care. The WHA in its declaration on Primary Care: Now More than Ever in 2008, highlighted the need to develop human resources for the primary health care team. The ultimate goal for universal health coverage should be a system that guarantees the coverage of every family by a designated family doctor within a strong team. It is most critical to develop primary care physicians to lead such teams and bring high quality person-centred care to the population in Africa. There is the urgent need to pay attention to this call and align our medical education at both undergraduate and postgraduate levels to meet our need for more doctors in Africa by 2030.

WONCA has been partnering with Member Organisations around the world to enhance the contributions of family doctors to the national health service of their respective countries. We need the support of the distinguished delegates to this conference to encourage our respective countries to engage with their family doctors in developing primary health care in their countries and encourage them to benefit from WONCA through formal membership.

Thank you for listening.
Dr Ehimatie Obazee,
President, WONCA Africa Region.

WHO global survey on the use of CT in asymptomatic individuals

WHO is conducting a global survey on the use of computed tomography (CT) in asymptomatic individuals for individual health assessment to gather information on the current status of this practice, existing policies and regulations in different regions of the world. This survey on the use of CT in asymptomatic individuals aims to gain a better understanding of the use and issues of CT in individual health assessment and to identify means to encourage more appropriate use of medical exposure to improve population health and well-being.

Background

Constant innovation of health technology has expanded the applications of radiation in medical imaging and improved patient care. The justification of such exposures is based on the judgment that the clinical benefit of the medical imaging procedure will outweigh the radiation detriment.

The established scenario in many parts of the world for medical imaging involves a patient with signs and/or symptoms being referred to a radiological procedure. In this scenario, the healthcare service is provided for people with a clinical condition to determine the presence or absence of disease as a basis for making further treatment decisions. In this scenario, evidence-based imaging referral guidelines developed for a number of clinical conditions can support the justification process and enhance appropriateness of referrals by informing referrers and radiologists of the most appropriate examination.

The scenario is different when medical imaging is performed on apparently healthy people (i.e. asymptomatic people) to detect early disease or risk factors for disease. In this context, medical imaging may take place within a formal population screening program (e.g. national mammography screening programs) or as an individual health assessment.

The survey

The survey is designed in six sections and

should take no more than 10 minutes to complete at this link: https://extranet.who.int/dataform/433935?lang=en .

We highly appreciate your contribution to this WHO global survey. Please complete not later than 21st October 2016.

The workshops in Rio

The results of this survey will contribute to the development of a conceptual framework to support justification in this practice.

Results will also be presented and discussed with family doctors at a workshop on "Justification of medical imaging and role of family doctors" jointly organized by WONCA, WHO, ISR and IAEA to be held at the WONCA World Conference 2016, Rio de Janeiro, Brazil, on Saturday 05/11/2016 between 08:00h and 11:00h (Room 212).

A related workshop being held in Rio which you may also be interested in is: "Education and training in radiation protection of family doctors"

Dr María del Rosario PEREZ
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Resources

Goodfellow Gems - an educational resource for FPs

WONCA is pleased to announce a new partnership with the Goodfellow Unit of the University of Auckland in New Zealand. As a result we will be promoting an educational resource "GoodFellow Gems" which are produced by the Goodfellow Unit.

Goodfellow Gems are chosen by the Goodfellow Unit director Dr Bruce Arroll to be either practice changing or practice maintaining. The information is educational and not clinical advice. The Goodfellow Unit owns the copyright of the Gems.

Two examples of Goodfellow Gems are listed below. All "Gems" listed on the WONCA website link to the Goodfellow Unit website where the complete "Gem" can be read.

WONCA and the Goodfellow Unit hope you enjoy this new initiative.

GEM: LAMA/LABA better and safer than ICS/LABA for COPD

A trial with COPD patients with a history of at least one exacerbation in the past year found a LABA indacaterol (110 µg) plus the LAMA glycopyrronium (50 µg) once daily versus the LABA salmeterol (50 µg) plus the inhaled glucocorticoid fluticasone (ICS) (500 µg) twice daily was associated with an 11% reduction in exacerbations (3.59 vs. 4.03 p = 0.003).1 Adverse events and deaths were similar.

Prof John Kolbe comments "the advice that LAMA (+/- LABA) is the preferred treatment for most COPD patients2 is supported by this study, despite the fact that the study population was that which other guidelines recommend be treated with inhaled corticosteroids (ICS). There is likely to be a group who respond to ICS (? a long Hx of asthma) but responses were independent of the baseline blood eosinophil count. Studies are underway to identify such a sub-group.

This is further evidence of the increased rate of pneumonia in COPD patients using ICS 3.2% vs 4.8%.
This Gem has been checked by Professor John Kolbe a respiratory physician at Auckland City Hospital. References available here

GEM : Sodium and potassium issues with blood pressure medication
A recent Alberta Tools for Practice article reviewed the literature on how low can the Reference available here

potassium and sodium go with commonly prescribed blood pressure medications?1 They determined that moderate hyponatremia (Na <130 mmol/L) and hypokalemia (K <3.2 mmol/L) each occur in ~4% of thiazide users, and hyperkalemia (K >5.4 mmol/L) occurs in 4% of ACE inhibitor (and angiotensin receptor blocker) users. Limited evidence suggests checking electrolytes in the first 2–4 weeks after starting, and again after increasing doses of these agents, and at least annually thereafter.

PEARLS

PEARLS are an independent product of the Cochrane primary care group and are meant for educational use and not to guide clinical care. Next month we begin a relationship with the Goodfellow Unit of the University of Auckland which will see us promote their "Goodfellow Gems" another clinical resource.

489 Psychosocial interventions effective for smoking cessation in patients with coronary heart disease
488 Limited benefits from antivirals in Bell's palsy
487 Rivastigmine has a small effect in Alzheimer's disease
485 Psychological interventions may benefit non-specific chest pain management
484 Incentives effective for smoking cessation
483 Personalised care planning beneficial for adults with chronic or long-term health conditions
482 Chondroitin effective for osteoarthritis
481 CBT plus tapering dose reduces benzodiazepine use in short term
480 SSRIs and SNRIs ineffective for preventing tension-type headaches

Announcement

2017 AFMC Charles Boelen International Social Accountability Award

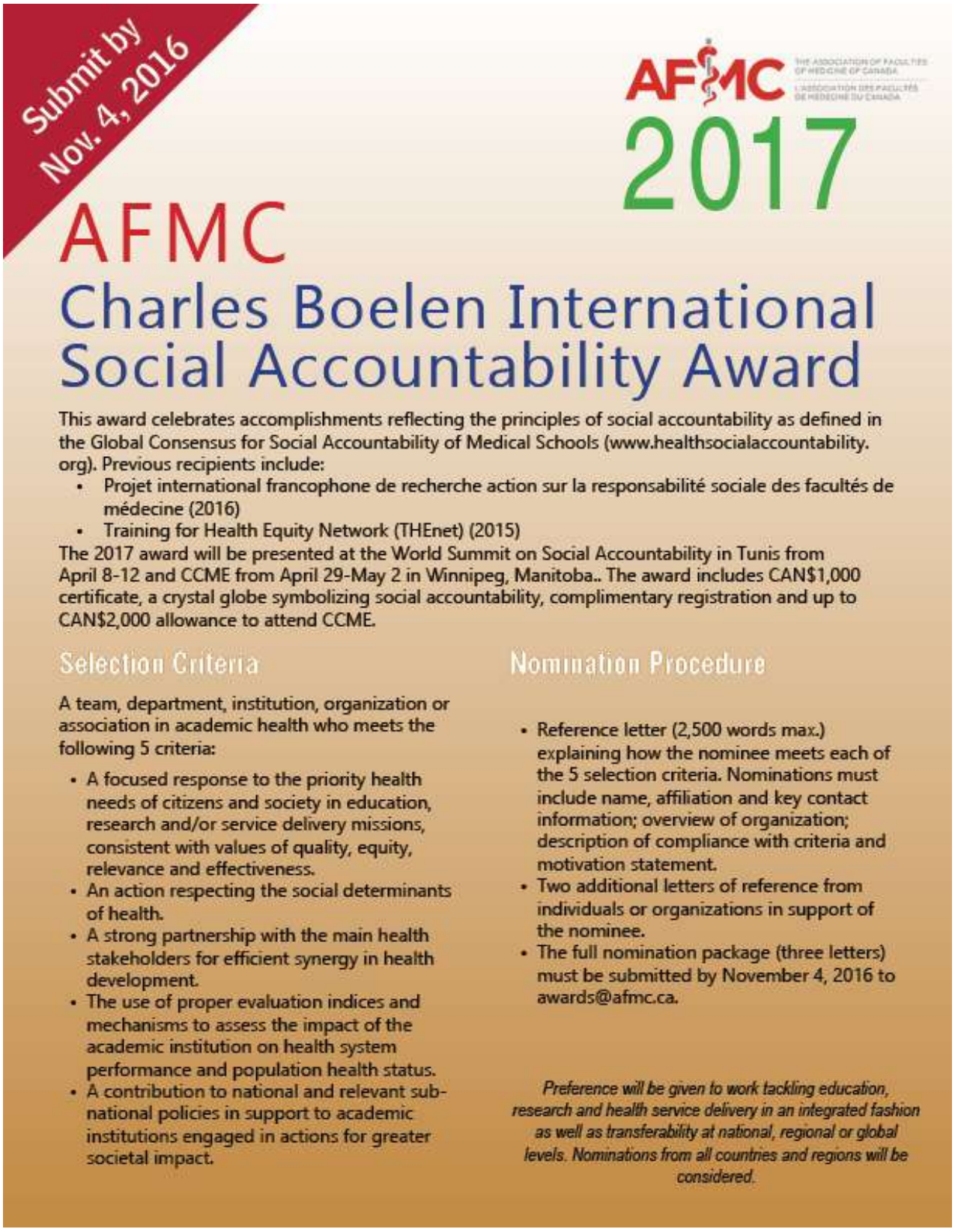
Applications close November 4, 2016
The Association of Faculties of Medicine of Canada (AFMC) last year announced a new award - the AFMC Charles Boelen International Social Accountability Award. Named after Dr Charles Boelen, a world leader in Social Accountability, it aims to celebrate people or organizations whose professional accomplishments are

An example of the principles of social accountability implemented as defined in the Global Consensus for Social Accountability of Medical Schools (www.healthsocialaccountability.org) and in internationally recognized references.

Nomination process
Nomination package details are detailed in the flyer below.
All enquiries to awards@afmc.ca

About Dr Charles Boelen
Charles Boelen is a Belgian born physician, specialized in public health, health system management and medical education, with a large experience in international health,

namely as staff member of the WHO for 30 years. His work focuses on partnership in health, social accountability of academic institutions and the development of health professions. The concept of the "5-star doctor" was an initiative of Charles' which WONCA continues in its 5-star doctor awards.



Member Organization News

Pakistan launches research cell to support primary care research

The College of Family Medicine Pakistan has initiated its research cell.

The College shall be training and supporting its members all over the country for primary care research projects. We feel that there is a dearth of data at the primary care level and who would be better than the family physicians to lead.

College has formed an IRB which is being chaired by Prof. Riaz Qureshi. We have had two monthly meetings of the IRB so far. Majority of the IRB members have finished their GCP training and obtained certifications; the remaining members are in the process of clearing their modules.

The College is launching a GCP certification course for the family physicians for research skill building. The formal launch of research cell would be taking place by the end of September.

The College presented its first paper in the free paper session at the International Diabetes & Endocrinology Congress, and the paper was awarded the best paper presented award. The data was generated by our members who are also participants of our Diabetes Certificate Course.

I shall be sending a detailed report with all the photographs and web-links after the formal launch.

Shehla Naseem (pictured centre among the general body of the College in 2014)
Secretary General
College of Family Medicine Pakistan

Health is Primary campaign in the USA

Family Medicine for America is a collaboration between the USA's eight leading family medicine organizations. It has launched a national three-year campaign, *Health is Primary*, to raise awareness of the role of primary care in the health care system and demonstrate its value in delivering on the Triple Aim of better health, better care and lower costs.

About the 'Health is Primary' campaign
Health is Primary is a communications campaign to advocate for the values of family medicine, demonstrate the benefits of primary care, and engage patients in our health care system. Our aim is to build a primary care system that reflects the values of family medicine, puts patients at the center of care, and improves the health of all Americans.

The campaign is showcasing the individuals, organizations, and communities that are making health primary so we can build on their success to ensure that everyone has access to the benefits of primary care.

At the recent American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students, health care leaders urged future

physicians to choose primary care specialties and advocate for primary care if they want to change the health care system and improve the health of all Americans.

The session included the premiere of a poignant new music video by physician /rapper ZDoggMD (also known as Zubin Damania, MD) that describes his journey through medical school and the impact caring for patients has had on his life. It's well worth a watch. https://youtu.be/jV9RyXQyQ7Q

Featured Doctors

Prof Felicity GOODYEAR-SMITH

Prof Felicity Goodyear-Smith takes over as Chair of the WONCA Working Party on Research in Rio in November 2016

What work you do now?
I am academic head of the Department of General Practice & Primary Health Care, University of Auckland. My role includes overseeing the general practice teaching of our medical students and ensuring they have high quality community placements (over 1200 a year), so that the next generation of young doctors are inspired to actively choose this as a career. My research interests are screening for, and intervening with, mental health and life-style issues; immunisation; and evaluating our educational initiatives. I am also Chair of the International Committee of the North American Primary Care Research Group (NAPCRG).

What other interesting things have you done?
General practice has provided me with many interesting roles including ship's surgeon, full-time GP, family planning and sexual health doctor, police and prison doctor, forensic physician, and founding editor (of the Journal of Primary Health Care). I have been able to work with disadvantaged people in Wales, Jamaica and New Zealand. It has given me the opportunity to write many papers and books and I am grateful for the many doors my career has opened for me.

What are your interests outside work?
I love exploring new places both in New Zealand and overseas, especially on foot or by kayak. My husband and I have a small campervan to travel around New Zealand, with our kayaks on the roof and bikes on the back. It is so comfortable I can even happily work in it, especially catching up on my writing.

What is your involvement in WONCA and your hopes as Chair of the WP on Research?
I am the incoming Chair of the WONCA Working Party on Research (WP-R). I recently co-edited a book (with Professor Bob Mash), International Perspectives of Primary Care Research, on behalf of WP-R. In 2013 I also instigated panel discussions on international comparison of primary care implementation in different nations, with the provision of a standardised format and templates at WONCA regional meetings. Eight of these now have taken place, and Prof Chris van Weel has also led two workshops at NAPCRG on international comparison on primary health care policy implementation. We will explore the continuation or modification and further development of this initiative at our Rio meeting. We will also explore the possibility of a further edited book.

I hope that my dual roles as Chair of WP-R and of the NAPCRG International Committee

with strengthen ties between the two organisations. I see the role of the WP-R as fostering primary care research and building research capacity, especially in resource-poor countries. One way to achieve this is provision of workshops on scientific writing, the basis of all research proposals and disseminations. I would like to provide opportunities for our diverse WP members to be actively engaged in achieving our goal.

Prof Leela de A KARUNARATNE
Sri Lanka- Family medicine leader

WONCA President elect, Prof Amanda Howe met Prof Leela in Sri Lanka this year and describes her as the 'grandmother' of Family Medicine in Sri Lanka. WONCA News thanks Dr Shyamale Samaranayaka for interviewing Prof Leela for this feature.

Brief description of my working life.
I graduated in April 1954 and spend an year of mandatory clinical training, there after I was employed in state hospitals up to April 1957, when I resigned and joined a group general practice in the private sector, where I worked up to 1965, where I established a single handed family Practice in Moratuwa. I have now completed 50 year as a Family Doctor and still continue to be of service to patients.

Interesting activities I have been involved in during my career
• I continued medical education obtaining postgraduate qualification in Sri Lanka and UK. (DCH-cey, -1970;MRCGP UK-1974;Elected FRCGP 1986;MD Family Medicine SL-1992)

• In 1974 I was admitted to the College of General Practitioners of Sri Lanka and later elected a fellow. Since then up-to-date I have been actively involved in college activities

• In 1980, I was in a group of pioneers who established Family Medicine as a discipline in the postgraduate Institute of Medicine , Colombo , and served for over 30 years.

• I pioneered the inclusion of Family Medicine in the undergraduate curriculum of the Faulty of Medical Sciences at the University of Sri Jayewardenepura and set up a model Family Practice Centre for service, teaching and research. Teaching undergraduate progressed steadily and now we have a Department of Family Medicine.

• I have participated as an invited speaker in other countries. The highlights were being invited as plenary speaker to the 11th WONCA world conference in UK in 1986 and to the 13th WONCA world conference in Vancouver, Canada in 1992.

• In 2016 I ventured to accept the role of being an advisor to the Steering Committee of WONCA SAR 2016 conference. My advisory role developed in to one of mentoring.

My retirement
I have not been given a chance to retire by my patients and my professional organization. I continue to be of service to patients, especially those who have been under my care for a long period, and I have become a ‘think tank’ to my professional colleagues.

I do not know whether I really want to retire.

My interests in Medicine
• To continue medical education and to learn the realities of life
• T o inspire professional colleagues and to let my mind be activated by the thinking of younger colleagues.
• To care for people both medically and personally, when they seek help, and guide them through the medical maze of the present day.

My interests in life
• Being methodical and organized in my work.
• Keeping the environment clean
• Gardening
• Culinary arts
• Reading
• Listening to music

Conference news

Rio preliminary program now available online

The preliminary program for the WONCA World conference being held in Rio in early November is now online. Program at a glance is listed below.

Preliminary program available here

PROGRAM AT A GLANCE

1 November, 2016, Tuesday

08:00 – 17:30 Registration and pick up material

09:00 – 17:30 Young Doctors Meeting
Encontro Nacional das Ligas de MFC

2 November, 2016, Wednesday

07:30 - 18:00 Registration and pick up material

09:00 - 12:00 Grupo de Certificación y Acreditación del CIMF

WONCA Working Parties / SIGs Workshops

12:00 - 13:00 Break

13:00 - 17:30 WONCA Working Parties / SIGs Workshops - BRITES

17:30 - 18:00 Cultural Activity

18:00 - 19:00 Opening Ceremony

19:00 - 19:45 Opening Conference

19:45 - 22:00 Welcome Cocktail with Music Presentation

3 November, 2016, Thursday

07:00 - 18:00 Registration and pick up material

09:00 - 11:00 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

11:00 - 11:15 Cultural Activity/Break

11:15 - 12:00 Plenary Lecture

12:00 - 13:00 Break

13:00 - 13:45 Plenary Lecture - PETER GOTZSCHE (DEN)

13:45 - 17:00 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions

Update in clinical Issues - Digital Poster

17:00 - 17:30 Barbara Starfield Memorial Lecture - KATHERINE ROULEAU (CAN)

17:30 - 22:00 Party: "Noite do Norte" - North Brazilian Typical Party

4 November, 2016, Friday

07:00 - 18:00 Registration and pick up material

09:00 - 11:00 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

11:00 - 11:15 Cultural Activity/Break

11:15 - 12:00 WONCA Awards Ceremony and Presidential Handover
Chair: Michael Kidd, WONCA President

12:00 - 13:00 Break

13:00 - 13:45 Plenary Lecture - DANIEL SORANZ (BRA)

13:45 - 17:00 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

17:00 - 17:30 Plenary Lecture:
KATE ANTEYI (NIG) and EHIMATIE MATTHEW OBAZEE (NIG)

17:30 - 22:00 Social Program: "Prescribing Music": The Festival.

5 November, 2016, Saturday

07:00 - 18:00 Registration and pick up material

09:00 - 11:00 Iberoamerican Program

Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

11:00 - 11:15 Cultural Activity/Break

11:15 - 12:00 Plenary Lecture: KEES VAN BOVEN (NED)

12:00 - 13:00 Break

13:00 - 13:45 Plenary Lecture: AMANDA HOWE (UK)

13:45 - 17:00 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

17:00 - 17:30 Brazilian Society of Family and Community Medicine AWARDS
Koreans presentation - WONCA 2018
Closing - Amanda Howe (UK) - WONCA President

6 November, 2016, Sunday

07:30 - 12:00 Registration and pick up material

08:00 - 10:30 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

10:30 - 11:00 Cultural Activity/Break

11:00 - 12:00 Iberoamerican Program
Oral Presentations - Workshops - BRITES - Parallel Sessions
Update in clinical Issues - Digital Poster

12:00 Closing

WONCA Europe 2017 call for abstracts

The Czech Society of General Practice will be the host organization for the 22nd WONCA Europe Conference, which will be held in Prague from 28th June to 1st July 2017, and they have informed us that abstract submission is now open. WONCA Europe conferences have become key influential events for general practitioners from Europe and elsewhere contributing to global awareness of the latest clinical primary care strategies and to the development of professional issues.

Welcome note
Dear Colleagues,

It is a great pleasure and honour for The Czech Society of General Practice to be a host organization for the 22nd WONCA Europe Conference, which will be held in Prague in the beginning of July 2017. WONCA Europe conferences have become the most influential events for general practitioners from Europe and elsewhere contributing to global awareness of the latest clinical primary care strategies and to the development of professional issues. We want to contribute to this tradition and even to push the quality and significance of the conference forward and to enhance the unique spirit of WONCA Europe.

'United in Diversity' is the official motto of the European Union. Having been already united in WONCA family we want to grow as a discipline in European diversity by learning from each other and exchanging experience and knowledge. This explains a theme of our Conference: "Growing together in Diversity". It allows us to open all dimensions of the discipline.

We plan to prepare a balanced programme based on original abstracts, contributions suggested by leading international scientific networks, committees and groups recognised by WONCA. The conference will use state of the art technologies. Together with top key note speakers we want to reach this way the high quality scientific content of the upcoming conference.

You may know that during the last twenty years Prague, beautiful, easily accessible and affordable city has become a proven conference destination and general practice friendly place.

Make your calendar for Prague WONCA 2017!
More information is available via the WONCA website. See Website

WONCA CONFERENCES 2016

www.wonca2016.com

- WONCA Direct Members enjoy *lower* conference registration fees.
- To join WONCA go to:
  http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx

WONCA CONFERENCES 2017

March 2 – 4, 2017	WONCA East Mediterranean region conference	Abu Dhabi, UAE	Save the dates!
April 30 – May 3, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	Save the dates!
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	Save the dates!
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	Save the dates!
August 23-26, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	Save the dates!

WONCA ENDORSED EVENTS

08 Apr - 12 Apr 2017 **World Summit on Social Accountability**
Hammamet, Tunisia

MEMBER ORGANIZATION EVENTS

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

05 Oct - 08 Oct 2016	**11th JSFM conference for family medicine** Amman, Jordan
06 Oct - 08 Oct 2016	**RCGP annual primary care conference** Harrogate, United Kingdom
13 Oct - 16 Oct 2016	**EGPRN meeting** Leipzig, Germany
20 Oct - 22 Oct 2016	**Rural Medicine Australia 2016** Canberra, Australia
09 Nov - 12 Nov 2016	**Family Medicine Forum / Forum en médicine familiale** Vancouver, Canada
30 Mar - 01 Apr 2017	**11th Congress of General Practice France** Paris, France
05 May - 09 May 2017	**STFM Spring conference** San Diego, California
21 May - 23 May 2017	**International conference on Trauma and Mental Health** Jerusalem, Israel