

# WONCA News

An International Forum for Family Doctors



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## From the President – September 2013

### Follow Michael:

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WONCA works through our member organisations, to support nations around the world as they strengthen their systems of family medicine to better meet the health care needs of their populations.



*Family medicine residents and Associate Professor Marina Ohanian*

This month I was invited to visit Yerevan in the Republic of Armenia. I met with the Minister of Health, Dr Derenik Dumanyan, and had the opportunity to learn about the progress that is being made in the developments to strengthen primary care through family medicine in Armenia.



*Photo: Republic Square, Yerevan*

Armenia introduced training in family medicine in 1992, and this has since been strengthened through the introduction of a two-year postgraduate residency in family medicine for

recent medical graduates, and a one-year training course for experienced primary care doctors.

Armenia has adopted a “train-the-trainer” approach with the first cohorts of graduates actively engaged in training the subsequent groups of residents, and now has a growing workforce of 1500 family medicine doctors working in rural and urban clinics. A similar program has resulted in a workforce of 2000 family medicine nurses.

It was great to learn about the support that other WONCA member organisations have provided over the years to our colleagues in Armenia as they develop their family medicine training programs.

The Government of Armenia has also shown strong commitment by supporting the training of family doctors and nurses, and building a network of new family medicine clinics, especially in rural villages, and renovating existing clinics.

The Government also has a commitment to preventative care and has introduced screening programs with incentives to increase the detection and management of cardiovascular disease and diabetes and for screening for cervical cancer. The Government has also committed to reducing the size of each family doctor's list to allow more comprehensive care to be provided to each doctor's patient population, and the aim of providing one family doctor for every 1800 people.



*Photo: Professor Samvel Hovhannisyan and members of Armenian Association of Family Physicians*

I met with the President of the Armenian Association of Family Physicians, Professor

Samvel Hovhannisyian, and family doctors from rural villages and cities in Armenia to learn about the progress that has been made to strengthen family medicine and the formal training programs for family medicine residents and the development of national clinical guidelines. I also met with current family medicine residents to learn about their training experiences.

I visited family doctor, Dr Armine Tadevosyan, and her primary care team at their family medicine clinic in the rural village of Agarak. Dr Tadevosyan is a specialist in family medicine, and leads a team of four family medicine nurses and a midwife, and also supervises the work of two community nurses based in more remote villages, and a driver who is responsible for the clinic ambulance. Together Dr Tadevosyan and her team provide comprehensive primary care to 3,500 people in their rural region.



*Photo: Dr Armine Tadevoysan and her team*

I had been invited to visit Armenia by the Armenian Psychiatric Association and Armenian Medical Association which was hosting a World Psychiatric Association conference on "Mental Health and Mental Illness, focusing on Eurasia." I was invited to speak about Mental Health and Primary Care and the work of WONCA. A copy of my speech will soon be available on the WONCA website at

<http://www.globalfamilydoctor.com/AboutWonca/PresidentsBlog.aspx>

WONCA has been working for several years with the World Health Organization (WHO) on strengthening the integration of mental health into primary care, led by the indefatigable members of our WONCA Working Party on Mental Health. I shared with our psychiatry colleagues the key components of this work and our recommendations for improving the prevention and management of mental health problems through family medicine.

In Armenia, I signed the "Yerevan Declaration" along with the leaders of the World Psychiatric Association and three other global mental health professional associations. This declaration commits our organisations to working together to promote continuing improvement of the mental health of all people in the world through ensuring that affordable mental health services are available to all people, tackling stigma and discrimination associated with mental illness, strengthening the focus on mental health in the training of medical students and continuing professional development of experienced doctors, enhancing advocacy work with governments and civil societies, and promoting the development of additional mental health services, especially through primary care. Watch out for it on the WONCA website.

This was my first visit to the Republic of Armenia and I didn't really know what to expect. What I found was dedicated family doctors and nurses, a sophisticated family medicine training program, and some really positive health care reforms.

Michael Kidd  
President  
[President@WONCA.net](mailto:President@WONCA.net)

Asia Pacific Regional Conference of the World  
Organization of Family Doctors (WONCA) 2014  
*Nurturing Tomorrow's Family Doctors*

21 - 24 May 2014

Borneo Convention Centre Kuching  
Sarawak, Malaysia



## Del Presidente – septiembre 2013

Para más información, por favor, [visita su blog:](#)



*Los residentes de Medicina de Familia y Profesor Asociado Marina Ohanian.*

WONCA trabaja, a través de sus organizaciones miembro, en el apoyo a las naciones de todo el mundo para que refuercen sus sistemas de medicina familiar, de forma que satisfagan mejor las necesidades de salud de sus poblaciones.



*Foto: Plaza de la República en Yerevan.*

Este mes me invitaron a visitar Ereván, en la República de Armenia. Me reuní con el Ministro de Salud, el Dr. Derenik Dumanyan, y tuve la oportunidad de conocer los avances que se están realizando en el fortalecimiento de la atención primaria a través de la medicina de familia en Armenia.

Armenia introdujo la formación en medicina de familia en 1992 y se ha hecho más fuerte a través de la introducción de una residencia de dos años de postgrado en medicina familiar para médicos graduados recientes y un curso de capacitación de un año para médicos de

atención primaria con experiencia.

Armenia ha adoptado una estrategia de "formación de formadores", que cuenta con el compromiso activo de las primeras promociones de graduados en la formación de los grupos siguientes de residentes, y ahora tienen una fuerza de trabajo creciente de 1.500 médicos de familia que trabajan en las clínicas rurales y urbanas. Un programa similar ha dado lugar a una plantilla de 2.000 enfermeras de medicina familiar.

Fue genial observar del apoyo que otras organizaciones miembro de WONCA han proporcionado en los últimos años a nuestros colegas de Armenia, a medida que han ido desarrollando sus programas de formación de medicina de familia.

El Gobierno de Armenia también ha demostrado un fuerte compromiso de apoyo a la formación de los médicos de familia y enfermeras y a la construcción de una red de nuevas unidades de medicina familiar, especialmente en las aldeas rurales, así como a la renovación de las clínicas existentes.

Además, el Gobierno tiene un compromiso con el cuidado preventivo y ha introducido programas de cribado con incentivos para aumentar la detección y el tratamiento de la enfermedad cardiovascular, la diabetes y el cribado de cáncer de cuello uterino. El Gobierno también se ha comprometido a reducir el tamaño de los cupos de cada médico de familia para permitir una atención más integral a la población de pacientes que atiende cada profesional, con el objetivo marcado de proporcionar un médico de familia por cada 1.800 personas.

Me reuní con la Presidenta de la Asociación Armenia de Médicos de Familia, Profesor Samvel Hovhannisyán, y con médicos de familia de los pueblos rurales y ciudades de Armenia para conocer el progreso que se ha hecho para fortalecer la medicina familiar y los programas de capacitación oficial de residentes de medicina de familia, así como la



elaboración de guías de práctica clínica nacionales. También me reuní con los actuales residentes de medicina de familia para conocer sus experiencias de formación.



*foto: Profesor Samvel Hovhannisyan y miembros de la Asociación Armenia de Médicos de Familia.*

Visité a la médica de familia Dra. Armine Tadevosyan y a su equipo de atención primaria en su clínica de medicina familiar en el pueblo rural de Agarak. La Dra. Tadevosyan es una especialista en medicina familiar que dirige un equipo de cuatro enfermeras de medicina de familia y una comadrona, pero también supervisa el trabajo de dos enfermeras de la comunidad situadas en las aldeas más remotas y el de un conductor que es responsable de la ambulancia. Juntos, la Dra. Tadevosyan y su equipo ofrecen atención primaria integral a 3.500 personas de su región rural.



*Foto: Dra. Armine Tadevoysan y su equipo.*

Había sido invitado a visitar Armenia por la Asociación Psiquiátrica de Armenia y la Asociación Médica de Armenia, que fueron anfitrionas de una conferencia de la Asociación Mundial de Psiquiatría sobre "Salud Mental y Enfermedades Mentales", que se centraba en Eurasia. Me invitaron a hablar sobre Salud Mental y Atención Primaria y el trabajo de WONCA. Una copia de mi discurso

estará disponible en el sitio web de WONCA <http://www.globalfamilydoctor.com/AboutWonca/PresidentsBlog.aspx>.

WONCA ha estado trabajando durante varios años con la Organización Mundial de la Salud (OMS) en el fortalecimiento de la integración de la salud mental en atención primaria, con el liderazgo de los miembros incansables de nuestro Grupo de Trabajo de Salud Mental de WONCA. Compartí con nuestros colegas de psiquiatría los componentes clave de este trabajo y nuestras recomendaciones para mejorar la prevención y el tratamiento de problemas de salud mental a través de la medicina de familia.

En Armenia, he firmado la "Declaración de Yerevan" junto con los dirigentes de la Asociación Mundial de Psiquiatría y otras tres asociaciones profesionales de salud mental mundial. Esta declaración nos compromete a las organizaciones a trabajar juntas para promover la mejora continua de la salud mental de todas las personas en el mundo, mediante la garantía de servicios de salud mental asequibles y disponibles para todos, a través de la lucha contra el estigma y la discriminación asociados a la enfermedad mental y por el fortalecimiento de la atención en salud mental en la formación de los estudiantes de medicina, así como a favor del desarrollo profesional continuo de médicos experimentados, que permitan mejorar la labor de promoción con los gobiernos y la sociedad civil y promover el desarrollo de los servicios adicionales de salud mental, especialmente a través de la atención primaria. Una copia de la declaración estará disponible en el sitio web de WONCA [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com)

Esta fue mi primera visita a la República de Armenia y realmente no sabía qué podía esperar. Encontré a médicos de familia y enfermeras muy entregados, un programa de formación de medicina familiar sofisticado y algunas reformas muy positivas en salud. Profesor Michael Kidd

*Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director*

## From the CEO's Desk – Membership, meetings and money!



Greetings again from Bangkok; it's hard to believe that yet another month has slipped by.

With Prague still fresh in our memories it may seem premature to start thinking about other conferences and meetings, but plans are already well advanced for a series of events in 2014.

In May 2014 the Asia Pacific Region will hold its regional conference in Kuching, Malaysia from 21 to 24 May. This promises to be an exciting and busy conference, in what is WONCA's biggest region geographically – it extends from the southern tips of New Zealand and Australia right up to the northernmost point of China. There are huge developments in family medicine in the region, not least in China, and Michael Kidd, Donald Li and I witnessed this first hand when we attended meetings and round table discussions in Shanghai in July. Michael has already reported on this in a [recent blog](#).

Our colleagues in the rural groups are also busy and their next major meeting is scheduled for Gramado, Brazil from 21 to 25 May. Rather unfortunately, this clashes with the Asia Pacific conference, and our hope is that dates future conferences and events can be coordinated rather more effectively, to try to promote better attendances for everyone.

Finally – for now at least – the WONCA Europe conference is scheduled for Lisbon, from 2 to 5 July. I know that João Carlos and the Host Organising Committee have put together a stimulating programme, so we hope that lots of people turn up.

More details about these and other WONCA conferences can be found [on the website](#):

As ever, a limited number of scholarships and bursaries will be available to assist several doctors to attend these meetings. One such scholarship is the Montegut Scholarship Programme (MGSP) established by a generous donation from Dr Alain Montegut who was North America Regional President from 2007 to 2010. Funds are available to support one doctor from each region to attend their regional meeting each year – or, if their own region is not holding a meeting in that year, to attend a meeting in another region. More [details are on the website](#), but in coming weeks each region will be deciding on selection criteria and confirming application process for their own region, so keep looking out for that.

Finally this month I'd like to return to the topic of Direct Membership of WONCA. This is a way for individuals to join and support WONCA and its activities directly, rather than more indirectly through their Member Organisation. WONCA World Council, at its Prague meeting in June, agreed to a simplification of the application and fee process and also endorsed the establishment of a new category of membership – Life Direct Membership - where for a one-off fee individuals can support the work of WONCA with a waiver of all other Direct Member payments. Direct Membership is especially relevant since I've been talking about WONCA meetings and conferences, as Direct Members benefit from discounts on conference registration, which is a very popular benefit. I'll write more about membership categories and opportunities in next month's news.

Until next month the Secretariat staff and I send our greetings to all of the WONCA family.

Dr Garth Manning

CEO



## Feature Stories

### Policy bites with Amanda Howe - President-Elect



Professor Amanda Howe, our new President–Elect, said in her speech at the WONCA Council that she would “help with policy messages. In WONCA .... we know what we want to say. I'd work on how we say it – getting accurate clear briefing documents out, so you can adapt them for use in your place”. So now we are inviting her to take up that challenge. Here is Amanda's first offering, and she will do this regularly.

We are also inviting you to send us similar material - an important piece of policy from your own organisation or setting that relates to family medicine developments and that might be helpful to others. Please send a summary, a link, and make it short - its not Twitter, we shall allow up to 500 words! Each piece will be reviewed to check it is appropriate to publish it on the public part of the website - you can also log in to the members' forum to discuss reactions and related issues.

**The policy:** *The 2022 GP – a Vision for General Practice in the future NHS* (London;RCGP: 2013<sup>1</sup>).

#### The problem

- Family medicine needs to do more - because people are living longer with more health problems and more treatment and health care options that we need to manage effectively
- Money and resources are less than the needs, and often the poorest get the least good deal.

*To make family medicine desirable for government and patients by 2022, we need to offer:*

- An expanded, skilled, resilient and adaptable family medicine and primary care workforce
- A positive experience for patients, carers and families: patients and carers need to feel respected as people and included in decisions
- An accessible, high-quality, comprehensive healthcare service to all communities
- Investment in suitable community-based premises for delivering care, teaching, training and research
- Greater use of information and technology to improve health and care

*This should result in:*

- Coordination and collaboration of care for individuals, with less fragmentation
- Reduced health inequalities and increased community self-sufficiency
- Improved understanding and management of inappropriate variability in quality
- More community-led research, development and quality improvement

*To do this we need to:*

- See expansion of the family medicine workforce to meet population and service needs
- promote a greater understanding of the value of generalist care, and demonstrate its value to the national health service
- develop new generalist-led primary care services that deliver personalised, cost-effective care
- enhance the skills and flexibility of the general practice workforce to provide complex care
- support the organisational development of community-based practices, teams and networks
- increase community-based academic activity to improve effectiveness, research and quality

*Our expectations of others:*

To achieve these goals a shifting of resources within the health service will be necessary, and family medicine needs to be valued as a central resource of any cost –effective health care system.

Specifically, investment is needed, to allow expansion in the capacity of the family medicine and community-based workforce; enhanced generalist training for GPs and other health professionals expected to work in community settings; and investment in the service infrastructure and premises, technology and resources for delivering care.

#### There is the argument – does it apply to your setting?

To give your views login or join the WONCA forum

#### References

1. This is adapted from the *2022 Vision report* – with grateful thanks to Clare Gerada, Nigel Mathers et al.

You can read the whole document in English on the [Royal College of GPs' policy pages](#)

[Login to the WONCA discussion forum](#)

[Join the WONCA discussion forum](#)

send your own "policy bite" to  
[editor@WONCA.net](mailto:editor@WONCA.net)

## WONCA awards in Prague

*Professor Richard Roberts presents Professor Chris van Weel (past president) with his WONCA Fellowship award.*



### WONCA Fellowship

The Fellowship of WONCA is WONCA's most prestigious award. It is awarded to individuals who have rendered outstanding service to the WONCA organization. It is awarded every three years at meetings of the WONCA World Council, but only if a suitably qualified candidate is identified. [Find out more about the WONCA Fellowship and the winners.](#)

This year in Prague the following people were awarded a WONCA Fellowship:



Prof John Beasley  
USA



Dr Alfred Loh  
Singapore



Dr Javier Dominguez del Olmo  
Mexico



Dr Tony Mathie  
UK



Prof Bruce Sparks  
South Africa



Prof Barbara Starfield  
USA



Dr Arno Timmermans  
The Netherlands



Prof Chris van Weel  
The Netherlands

### Honorary Life Direct Membership

Honorary Life Direct Membership is awarded in recognition of contributions to the work of the WONCA organization and/or to general practice/family medicine on a world basis. [Find out more about Honorary Life Direct Membership.](#)

This year in Prague the following people were awarded a WONCA Honorary Life Direct Membership to our immediate past president and the staff of the Singapore secretariat:



Prof Richard Roberts (USA)



Yvonne Chung (Singapore)



Gillian Tan (Singapore)



## Dr Lucy Candib - WONCA Five Star Doctor

Dr Lucy Candib of the USA is WONCA's Five-Star doctor for 2013-16. She received the award at the WONCA Prague conference from Professor Rich Roberts (picture)

She was nominated by colleague, Dr Cheryl Levitt. In her letter of nomination, Dr Levitt said "Lucy is a 5 Star doctor, a serving physician who has practiced for 35 years and who in addition to providing regular family physician comprehensive service including obstetrics, also provides innovative services to her community, to her colleagues in other countries such as Ecuador and through WONCA, and performs academic work (teaching, research, quality assurance) of exceptional quality and relevance. Lucy serves as a role model to family physicians throughout the world and her work extends well beyond Worcester, Massachusetts."

Dr Candib addresses the attributes of a five star doctor as follows:

### \* A care provider

Dr Candib is a family physician who has taught and practiced family medicine, including obstetrics, at the Family Health Center of Worcester since 1976. She works three days a week at the health center and spends two days on other academic pursuits. She works with a vulnerable population in a community health centre environment, she practices comprehensive family medicine including obstetrics, she is passionate about patient-centred care and continuity of care, she teaches medical students and residents, and she mentors a following of young physicians. Also, Dr Candib integrates regular scholarship and writing into her busy routine and she writes about a broad range of topics raising issues well before they became commonly discussed in family medicine.

Although Dr Candib's interests cover deeply theoretical perspectives of feminism and family medicine, her clinical expertise extends well beyond this topic. She has implemented innovative group visits for English and Spanish speaking patients with diabetes at the Family Health Center, and researched the use of massage therapy for low income women in chronic pain. She has developed novel exercise programs for health center patients at the YWCA and YMCA of Worcester, and continues working in community activities around the issues of obesity and exercise for low income and Latino families.

### \* A decision maker



Dr Lucy Candib, MD, is Professor of Family and Community Medicine at the University of Massachusetts Medical School and a faculty family physician at the Family Health and Social Service Center in Worcester, MA, USA. This community health center is a residency training site within the University of Massachusetts Family Practice Residency Program.

Dr Candib's paper "*Ways of knowing in family medicine: contributions from a feminist perspective*" in *Family Medicine* 1988; 20:133-136, and later her book called *Medicine and the Family: Feminist Theory and Family Medicine* are seminal influences on scores of family doctors. She is a pioneer in family medicine, she simply and effectively described the plight of women and helped generations of family doctors understand the unique contribution that women make to the discipline by integrating feminist theory with modern concepts of family medicine.

She has lectured widely on the topics of sexual abuse and violence against women. Over her career, she has also focused attention on the concerns of women trainees and practitioners in her work with family practice residents. Dr Candib has delineated thirteen principles she calls the "Tenets of Women's Health." for the Women's Health Project at the University of Massachusetts residency program.

Dr Candib has recently co-authored, with Dr Sara Shields, a new text on *Woman-Centered Care of Pregnancy and Birth* (Radcliffe Medical Press, 2010). It applies the powerful, proven model of patient-centered care to pregnancy and birth - an expansion beyond

previous applications to various chronic illnesses.

**\* A communicator**

Dr Candib has written dozens of peer reviewed papers, two well regarded books and taught many students and residents. She is a highly sought after speaker on topics such as women's health, feminism and family medicine, cross cultural medicine and family medicine in developing nations, rape, sexual abuse and domestic violence, contraception, depression screening, post-traumatic stress disorder, somatization, sexual problems, incest, exercise, and working in cross disciplinary setting with physiotherapy

**\* A community leader**

Dr Candib is the recipient of numerous honors and awards including an Honorary Doctorate of Humane Letters, from Worcester State College in 2006, and the Community Health Center Physician of the Year Award from the Massachusetts League of Community Health Centers in 2006.

In 1995, Dr Candib received a Fulbright grant to teach family medicine in Ecuador and spent a year as a visiting professor at Pontificia Catholic University.

In 1993 she received the Society of Teachers of Family Medicine (STFM) Excellence in Education Award, which recognizes leadership within STFM in support of teaching, teaching,

research, curriculum development, or other aspects of medical student or resident education. Dr Candib also received the Outstanding Primary Care Research, Generalist Physician Initiative Award in 1997, from the University of Massachusetts Medical School.

Dr Candib won the Fulbright Senior Specialist Award to consult at the National University of Loja, Ecuador, in 2004 and 2005; and was selected in 2003 as one of forty six generalist physicians in the National Library of Medicine exhibit: Changing the Face of Medicine - Celebrating America's Women Physicians.

**\* A team member**

Dr Candib is a wonderful team player, reliable, responsive and supportive. She has excellent inter-professional relationships with her colleagues, and is admired by them enormously for mentoring, teaching and leadership. As attested by her colleague, Suzanne Cashman, a public health practitioner and academic, Dr Candib is a role model, who walks the talk, engages with colleagues and has built a team that has gained notoriety as a model for health care centres.

Dr Candib lives with her life partner, Richard Schmitt, with whom she has raised her now adult children Addie and Eli.

WONCA congratulates Dr Lucy Candib on her award as WONCA Five Star doctor.

## An amazing global learning experience



*Dr Omneya Ezzat Elsherif is the Egypt MRCGP [INT] FM Accreditation Team Coordinator and a board member of the Egyptian Family Medicine Association. She writes of her experiences at the recent WONCA World conference in Prague as the only Egyptian delegate.*

Following a strong and challenging competition based on individual accomplishments, and from among 69 applicants to the WONCA Working Party for Women in Family Medicine (WWPWFM) bursaries, I was awarded a bursary to attend the WWPWF Preconference "Gender Equity" workshop and the WONCA world conference, in Prague. It was my first face to face participation with the

WWPWFM, a hard working group and strong advocates of women's health.

In 2011, I presented at the WONCA East Mediterranean region conference in Dubai, UAE. However, the WONCA Prague experience was a fantastic and different one. The preconference preparations carried out by the WWPWF executive committee and the conference host organising committee showed mindedness by every single detail to make the 3600 participants at comfort .. and the event was intellectually stimulating.

Before travelling, I was anxious, but Professor Amanda Barnard's support to the bursary winners paved an excellent path for a comfortable trip. She had kept the WWPWF updated on the events happening before and during the conference and exerted efforts to solve any obstacles. (Note at the time Amanda Barnard was chair of WWPWF)



*Photo: Omneya and Val Wass of the UK, with WONCA CEO Garth Manning in background*

Once I entered the preconference workshop, where I met Professor Amanda as well as incoming chair of the WWPWFM, Professor Zorayda 'Dada' Leopando and the rest of the WWPWFM; I got comfortable and self confident due to their friendly attitude. The warm atmosphere reflected a long history of enormous efforts, commitment, and dedication to gender health issues, irrespective of the long distances and cultural diversities. This encouraged me to take the lead in coordinating the first group discussions at the preconference, following the presentations. When we broke into small groups to discuss the future triennial action plan domains, each in her area of interest, it was clear that we all face the same challenges, but to varied degrees. We reflected on our commonalities and differences and it was impressive how these women exert efforts to overcome immovable organisational change.

The scientific program of the world conference, was so rich and necessitated planning ahead. I learnt about non addressed topics in my home country. The combined family violence workshops were special and professional. Building teams to collate efforts and establish a new special interest group added to my learning experiences. Through workshops, contributing to the discussions was beneficial as it addressed inquiries

and clarified aims. Interactivity and feedback invited ideas for cooperative work plans in addition to its high educational impact.

I had the opportunity to network internationally with colleagues. I felt empowered to plan for and convey this experience to my national and regional colleagues.

There were touching and teaching moments. We, as family doctors, all over the world share the same human feelings; our diversities and new experiences make life enjoyable. It drives us to strive for more development towards positively directed ambition. It reflects highly on our attitude towards a better way of life for us and others.

I returned back as an elected education group representative and lead representative for the East Mediterranean Region at the WWPWFM. The conference indirectly delivered a message of capacity building, enthusiasm, involvement, power and ambition to its delegates.

During my visit, I felt so grateful to my late father, may his soul rest in peace, for educating me to be a successful person. Thanks Dad, I really miss all your wisdom and before all your smiling face.

Special tribute to WWPWFM and all the donors for such fascinating learning experience.

Dr Omneya Ezzat Elsherif MRCGP [Int], MD FM, DTQM, IBCLC

*Photo: Omneya with WONCA leaders (l to r) 'Dada' Leopando, Amanda Howe, Michael Kidd, Amanda Barnard.*





## Regional News

### WONCA Africa - busy since Prague!

*Dr Shabir Moosa reports on WONCA Africa's activities*

#### Website

The WONCA Africa website is up and running - [WONCAAfrica.org](http://WONCAAfrica.org) - with details on Africa and WONCA Africa. We have an active social media presence on Twitter (alerts), Facebook (light stuff) and Linked-In (serious stuff). Join us, there is lots happening!

- WONCA Africa President's visit to Ghana and outreach to many new African countries for membership
- [AfriWon](#) teleconference 4th August with 14 participants from Nigeria, South Africa, Ghana, Uganda, Malawi & Kenya. Very inspired! See more here.
- We are busy with setting exchanges for Africa students/young family doctors - help us host them in Africa. Go here and sign up as a host and also help us raise funds for deserving students to participate.
- WONCA Women in Africa are also busy - [see here](#). There is lots of development work (research / training) going on and we hope to share more here.

#### Ghana 2015

The WONCA Africa Regional Conference in Ghana is planned for 18-20th February 2015 with the Afriwon Preconference on 18th and Primafamed Conference on African FM Education 15-17th February. Make your plans for an outstanding meeting in Ghana. It is 18 months away!! It is likely to be a key part of a research / policy development process with the WHO on Primary Care / Family Medicine in Africa. Watch out for announcements on other conferences in Africa on [WONCAAfrica.org](http://WONCAAfrica.org) / Twitter.

- We are also building up resources for clinicians and patients. [See here for some useful links](#).
- WONCA Africa Executive had a teleconference 14th August with 17 out of 24 people managing to participate! Nigeria-4,

Ghana-1, Zimbabwe-2, SA-3, Uganda-1, Lesotho-1, Sierra Leone-1, Cameroon-1, Botswana-1, The Gambia-1, Rwanda-1. Lots of enthusiasm and camaraderie.

- Africans are beginning to participate in various WONCA working parties etc. [Join them directly](#).

#### WICC meeting

The WONCA International Classification Committee (WICC) will be having its Annual Meeting in Johannesburg 20-25th Sept 2013. There is a great seminar on "*Managing information for primary care under NHI in SA*" planned at Wits for 3-9pm Friday 20th September 2013. For more information contact us at [info@WONCAAfrica.org](mailto:info@WONCAAfrica.org)

There is some really useful clinical stuff for PHC at [www.WONCAAfrica.org](http://www.WONCAAfrica.org)

Keep tabs on Twitter. See a few posts below.

- BMJ: An introduction to patient decision aids
- Essential Health Links
- Remember Barbara Starfield: primary care is the health system's bedrock
- Essential Skills for mental health care' manual
- Wits Family Medicine Seminar: "*Managing information for primary care under National Health Insurance in South Africa*"

Please urge colleagues to join this list [here](#).

Put "Afriwon" and/or "WONCA Africa Women" in notes if you are interested in their activities.

regards

Shabir

Dr Shabir Moosa

Secretary

WONCA Africa

[www.WONCAAfrica.org](http://www.WONCAAfrica.org)

Link up with me here: [www.drmoosa.co.za](http://www.drmoosa.co.za)



## Working Party News

### Rural Round-up - September 13



*Dr Jo Scott-Jones (pictured) is a rural GP from Opotiki, in the North Island of New Zealand. He is the public relations person for the WONCA Working party on Rural Practice and this month the author of the new monthly WONCA Rural Round-up.*

WONCA leader Michael Kidd wants to be known as the President who called for a fair go for every person in the world <sup>(1)</sup>.

The [WONCA Working Party on Rural Practice](#) applauds him and through our support, resources and leadership want to help work towards a fair go at [Health for All Rural People](#) <sup>(2)</sup>.

My Dad sang a song to me as I was growing up:

*It's the same the whole world over, isn't it a bloomin' shame,*

*It's the rich what gets the pleasure, and the poor what gets the blame.*

When you look at the state of healthcare around the world, it's the "poor what gets the blame alright", and the rural poor even more so.

Driven by the four horsemen of the rural apocalypse - distance, poverty, workforce statistics, and stoicism; rural health statistics across the globe are appalling.

Rural communities by definition are distant from the services available in urban areas, it takes longer for people to access care. Rural communities tend to be poor communities, people live a hand to mouth existence at the mercy of weather and crops. It can be hard to attract people with health care skills to work in rural places, and the "she'll be right, mate" attitude of many people who live and work close to the land can add to delays in accessing healthcare. <sup>(3)</sup>

These problems are compounded by the Inverse Care Law which states "The

availability of good medical care tends to vary inversely with the need for it." <sup>(4)</sup>

Rural people, even in a sophisticated country like New Zealand, have worse expected outcomes for their health than people who live in an urban environment - worse outcomes for cardiovascular disease, malignancy, renal and respiratory diseases and other preventable illness <sup>(5)</sup>.

Rural communities and the governments that serve them would do well to listen to the voices of the health professionals who work in rural areas. Often the people who are living and working within a resource poor environment are the ones who have worked out the best, most pragmatic solutions to deal with the challenges they are facing.

At the WONCA World Rural Health Conferences rural providers get the opportunity to share their stories. In Thunder Bay, in 2012, we developed another statement reiterating the need for communities to be engaged in their health care systems. Perhaps more importantly we had an opportunity to listen to one another's stories.

Listen to the story of the Australian outback town where an aboriginal health worker, trained in a classical apprenticeship model, developed the skills to perform effective and safe general anaesthetics and surgery under supervision without ever seeing the inside of a surgical OSCE.

Listen to the story of the medical school that takes illiterate sons and daughters of fishermen and gradually trains them through midwifery, nursing and medicine into dedicated rural generalists capable of providing medical care in extremely resource poor environments.

Listen to the story of the medical students on elective charged with providing immunisations to a poor village, seeing the bigger picture and spending their time building boats to get the children from the village they lived in across the lake to the school, saving a two hour round trip through forests. <sup>(6)</sup>

The WONCA Working Party on Rural Practice has over its 21 years of life developed an amazing resource of such stories translated into pragmatic and evidence based solutions to the issues that face rural communities. Over the next year we will be revisiting many of

these documents and thinking about what needs to be done to make sure that those stories are effectively heard.<sup>(7)</sup>

As members of WONCA, we should all aspire to be expert "Five Star Doctors" - care providers, decision makers, communicators, team members and community leaders.<sup>(8)</sup> Look at the [Health for All Rural People statement](#), think about the role of women in a rural provider community, consider how best to support and develop effective teams of health care workers in rural communities.

If you have an interest in health for all rural communities remember you are not alone. We need to share our expertise globally and connect with doctors and health care workers who have no one to connect with in their own regions, countries areas. We can use modern communications technology to share and disseminate good practice worldwide.

- join in the conversations on twitter using #WONCARural, start a thread on the WONCA General Forums page, come to the [WONCA Rural conference](#), in May 2014, in Gramado Brazil, if you can<sup>(9)</sup> – and watch out for more opportunities to join with your rural colleagues

around the world through the WONCA Working Party on Rural Practice.

Dr Jo Scott-Jones (New Zealand)

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## WONCA Working Party on Mental Health new leaders

At the recent WONCA World conference in Prague, the WONCA Working Party on Mental Health elected new leaders to take them forward. Dr Luis Gálvez-Alcaraz, of Spain is the new chair of the working party and Dr Abdullah Al-Khatami of Saudi Arabia is the new deputy chair.

Dr Luis Gálvez-Alcaraz is a family and community physician who has worked in El Palo Health Center in Málaga, Spain, from 1985 to the present. In recent years, he has been involved in several projects and PhD thesis dealing with the Mental Health problems treated in Primary Care setting. Conference papers and book chapters on mental health and primary care are his current research interest.

Dr Abdullah Dukhail Al-Khathami is a consultant family and community physician working, since 2002, as supervisor of the Primary and Community Mental Health Program and the Director of Postgraduate Family Medicine program in the Eastern Province of Saudi Arabia (Ministry of Health).

### Dr Luis Gálvez-Alcaraz (Spain) - chair

Dr Luis Gálvez-Alcaraz is a family and community physician who has worked in El Palo Health Center in Málaga, Spain, from 1985 to the present. He has had previous experience in rural practice for nearly two years (Medical Health Ministry



official). At the WONCA Prague conference in 2013 he was elected chair of the WONCA Working Party on Mental Health

He studied in the University of Granada and did his training in Primary Care (specialist in Family and Community Medicine) and Occupational Health (specialist in Occupational Medicine). There he got his PhD degree on epidemiological research. To complete his training he got a Master Degree in epidemiology and clinical research at Andalusian School of Public Health.

He has been responsible for the training of medical interns and residents from 1990 to the present. During this period he has actively collaborated with the family and community medicine teaching unit of Malaga as well as several research groups at the University of Málaga.

He was Vice President of the Spanish Society of Family and Community Medicine (SemFYC) from 2003-2007 and a member of the Ethic Committee of Clinical Trials in Carlos Haya Teaching Hospital in Málaga from 2001 to 2005.

He has experience in organizing medical congresses:

- Member of the organizing committee of the WPA-WONCA Thematic Conference on Depression and other common Mental Health Disorders in primary care. Granada, Spain. 2008
- Vicechair of the organizing committee of the WPA-WONCA World Thematic Conference on Mental Health and Primary Care working together. Granada, Spain. 2012
- Chair of the organizing committee of WONCA Europe Conference, on Family Medicine into the future, blending Health and Cultures. Málaga, Spain. 2010

In recent years, he has been involved in several projects and PhD thesis dealing with the Mental Health problems treated in Primary Care setting. Conference papers and book chapters on mental health and primary care are his current research interest.

### Dr Abdullah Al-Khatami (Saudi Arabia)

#### Vice Chair

Dr Abdullah Dukhail Al-Khathami is a consultant family and community physician working, since 2002, as supervisor of the Primary and Community Mental Health Program and the Director of Postgraduate Family Medicine program in the Eastern Province of Saudi Arabia (Ministry of Health).



He started his career by joining residency training at King Faisal University (KFU), Dammam and obtained both Arab Boards and Fellowship in Family and Community Medicine, in 1999 and 2001 respectively.

Dr Al-Khathami's main research work addresses mental health issues and family medicine teaching in the Kingdom. He has published in indexed journals and also has made many presentations at national and international conferences. His interest in mental health not only led him to be member of Saudi Psychiatric Association but also involved in editorial work for WONCA's *Journal of Mental Health in Family Medicine*.

Dr Khathami's dedication to improve family medicine in the Kingdom of Saudi Arabia, led him to work as coordinator between health provider sectors, in Eastern Province and also the trainer KFU, Dammam. To reinforce his commitment further, he obtained Masters in Medical Education, from Cardiff University, UK, in 2009. He is involved as an organizer and the principle trainer in the TOT course (Effective teaching skills) at a national level. Dr Khathami's leadership skills have directed his team members to work effectively to develop educational strategies and different tactics to achieve the program goals.

## Integrating Mental Health and Primary Care: Lessons Learned in Different Countries

### Report on a workshop held at WONCA Prague

After positioning the workshop into ongoing work of WONCA and the World Health Organization, presenters illustrated efforts to improve the care and health of people with emotional and behavioral problems with contemporary examples from the Czech Republic, the Netherlands, Australia, Hong Kong, New Zealand, and the United States. These examples spanned policy and practice

and ranged from screening systems and information exchange strategies to redesigned practice systems with revised roles and business models. Some 40 participants from many countries then energetically shared additional actions underway and their thinking about them. The workshop organisers subsequently individually listed important themes and together distilled them into the

following summary. The purpose of this summary is not to be exhaustive or prescriptive, but rather to (1) remove from consideration mistaken notions that these problems are unimportant and of little interest to family doctors and (2) further stimulate continuing worldwide efforts to help people with prevalent emotional and behavioral problems get proper care.

**Theme 1: Mental and physical health are inseparable in family medicine and a very big deal everywhere.**

Across the world, family doctors' days are filled with patients with emotional and behavioral issues of varying intensity and variable amenity to achievable interventions in local communities. While the exact ways people present and experience these problems to their health care systems differ, there seem to be many commonalities across countries and cultures.

Proper classification of patients and their problems remains a very big problem for family doctors and merits much more attention as foundational, intellectual work essential to more rapid progress. The present classification and coding procedures seem to both over and under "diagnose" patients' problems. Substance misuse seems to "run with it all." Patients with emotional and behavioral problems need to be looked at as "one whole person" rather than as a sum of distinctive ailments.

There is a need to move away from an emphasis on patients' and practices' limitations to their potential, acknowledging that life is often complicated; and health, emotional and social problems often combine into very complex situations that require adjustments to practices and to individuals' needs, preferences, and capacities. This entire situation is ripe for world-wide attention by family doctors in community and academic settings.

**Theme 2: There is a disturbing mismatch between the resources needed to help patients with emotional and behavioral problems, and what is available in routine frontline practice across the world in both richer and poorer countries.**

One reason for a mismatch is the over-medicalisation of some problems and the failure to "normalise" the ebb and flow of a lifespan. De-medicalisation of some mental symptoms appears to be an explicit task of family physicians and primary care more generally. There is also a plethora of screening

and detection tools for use by family doctors, and a deficiency of capacity to respond properly to what is found. Nurses and other clinically trained staff who are co-located within family practices can increase efficiency and enhance services as part of a practice team that focuses on patient centered care and shared decision-making, rather than "my terrain" and "my protocol."

In general medical practice, it is important for the doctor to devote enough time for listening to patients' stories concerning their mental state and knowing their personal narrative, not just various people asking questions again and again. It is the story that creates shared understanding among patients, families, the health care system, and communities—and this is often more important than diagnosis and treatment.

The business models of family doctors worldwide do not support and sustain the provision of care needed, especially if there is not a major problem present – for example low mood, acute stress, anxiety related to hard life conditions. Reimbursement mechanisms and prescribing drive labeling, e.g. low mood becomes depression; and a change in local payment mechanisms can erase or create an epidemic. There is a "tyranny of payment models" that seems to be holding back progress. Community-based systems are viewed by many as "better" than hospital-based models. The proper use of "lower-cost" labor is a promising strategy to make care for emotional and behavioral problems affordable. Given the inseparability of mental and physical problems, it seems the claim that family doctors are not paid to treat emotional and behavioral problems is "oxymoronic." There is consensus that redesigned care for people with emotional and behavioral problems requires revised, enabling payment systems.

**Theme 3: Stigmatisation of people with emotional and behavioral problems seems to be universal, though expressed in different ways and intensity in different settings.**

Across countries and cultures, people who have emotional and behavioral problems are too often seen as "different," in a way that reduces them as persons.

Often, seeking care from the family doctor in a primary care setting is more acceptable to patients and their families than attending a designated mental health clinic of some sort. Careful use of terms and codes can avoid labeling people in ways that can do harm. Neuroscience supports viewing some



conditions as brain problems, just as other science views things as kidney or lung problems; and brain problems merit the attention of your family doctor. People with emotional and behavioral problems often have other conditions that benefit from a comprehensive approach that is seen as “regular” health care. Integration of care in the primary care setting can be an antidote to stigmatization.

**Theme 4: While health is a community affair and health care a team sport, patients desire, expect, and need someone to be an authoritative, organizing force—responsive and responsible to them as they deal with their problems.**

Family doctors can be such a person because they retain a focus on over-all health, not just a particular disease; and this distinguishes in many instances family doctors’ thinking and approaches from psychiatrists’ and other clinical specialists’. Stratification of care according to severity makes sense in many situations and prompts consideration of information exchange and linkages between primary, secondary, and tertiary care.

Continuity of care across these levels is a big challenge, and emerging information systems and inter-professional willingness to collaborate make improvements possible.

It is typically not easy to unite various and often useful perspectives into a proper, achievable approach to helping people with emotional and behavioral problems. In too many cases, it is no one’s job to do the “uniting.” However, as exemplified by presentations and commentary at this WONCA workshop, there are many examples of progress. This situation represents an immediate, important, practical opportunity for family doctors worldwide to make a further difference in the lives of their patients and communities.

Chris van Weel  
Felicity Goodyear-Smith  
Albert Lee  
Joachim Sturmberg  
Evelyn van Weel - Baumgarten  
Jaroslava Lankova  
Larry A Green

## Featured Doctor

### OBAZEE, Dr Matie

#### WONCA Africa region president 2013-16



Dr Ehimatie Mathew ‘Matie’ Obazee MBBS (Ibadan), MBA (Benin), FMCGP, FWACP (GP) is a 1980 graduate of the University of Ibadan Medical School. He holds the Fellowship of the National Postgraduate

Medical College of Nigeria (NPMCN) and that of the West Africa College of Physicians (WACP) in Family Medicine. He also holds a Masters degree in Business Administration of the University of Benin, Nigeria.

He is the Medical Director/Chief Executive Officer of Echos Hospital Limited, a Multi-Specialist Group Hospital in Benin City, Edo state of Nigeria where he practices as a Consultant Family Physician attending to both in-patient and out-patients (including Surgical and Obstetric cases).

He is a Visiting Consultant to the University of Benin Teaching Hospital and Federal Medical Centre, Asaba, Delta State of Nigeria. He also serves as part-time Director of Postgraduate Training of Faith Mediplex Hospital, Benin City, Nigeria.

Dr Matie Obazee was formerly;

- Chairman of the Faculty of Family Medicine, NPMCN
- President, Society of Family Physicians of Nigeria (SOFPON)
- Director of Training, Faculty of Family Medicine, WACP.

He has played a strategic role in the development of family medicine in Nigeria/West Africa. He was chairman, International Conference on Curriculum Review which was jointly hosted by the Faculty of Family Medicine of NPMCN and WACP in

1998. The conference which had the participation of WONCA laid the foundation for the transformation of the faculty from general medical practice to family medicine - a move which helped to resolve the identity crisis of family physicians in West Africa and put the specialty in a leading position in attracting postgraduate residents.

The conference culminated in the formation of the Society of Family Physicians of Nigeria (SOFPON).

During his tenure as chairman, the faculty accomplished several landmark achievements such as:

- Streamlining of the curriculum from general medical practice to family medicine.
- Change of name of the faculty to family medicine in both colleges.
- Review of the examination process to enhance objectivity of both the theory and clinical examinations.
- Establishment of international linkages including promotion of international participation in the examinations.
- Laying a foundation for a strong sustainable financial base to make the faculty the most financially viable in the college.

- Securing approval for and commencing the process of the Diploma in Family Medicine programme to enhance production of a critical mass of skilled primary care physicians for the national health system in Nigeria.

He has been involved in training and examining candidates for both the NPMCN and the WACP since 1992. He is also an external examiner to the Department of Family Medicine, University of Calabar, Nigeria.

He is a member of the WONCA Working Party on Quality and Safety and a founding member of WONCA Working Party on Mental Health.

His areas of research interest are Mental Health, Lifestyle Medicine and Medical Entrepreneurship. He was the 2009 Sir Manuwa Lecturer of the West Africa College of Physicians, Nigeria Chapter.

He is married to a consultant ophthalmologist, a partner at Echos Hospital Limited, and they have three children, two of whom are doctors.

His hobbies are gardening, golf and motivational speaking.

## Dr Sanaa Alkaisi (Montegut Scholar) Iraq

*Dr Sanaa Alkaisi was one recipient of a [Montegut Scholarship](#) to attend the WONCA world conference in Prague, in June 2013*

### Please introduce yourself to the WONCA readers



My name is Sanaa Alkaisi, I'm Senior Specialist Family Physician working in Iraq. I have MB ChB degree and FIBMS/FM degree (Fellow of Iraqi Board of Medical Specializations /Family medicine).

Now I'm working in Bab-Almuadham training and specialised health care center of family medicine, as a senior specialist family physician and & as a supervisor in the residency training program of the Arab Board of Family Medicine. I'm also a trainer in many national primary health care programs and strategies, with the collaboration of many international health organisations

including WHO, UNICEF, USAID, UNFPA, and IMC.

### Other things you have done?

I'm a member in the committees of many national working party to perform and improve national Primary health care guidelines and protocols.

I was a manager of continuing professional development (CPD)\ continuing medical education (CME) in Alresafa District of Primary Health Care in Baghdad for four years.

I'm working to improve the concept of Family Medicine and Family Health in Iraq which are still considered as new concepts in in our country this improvement is achieved mainly by training and supervision in the family medicine residency programme and by working as a members in the executive committee of Iraqi Family Physicians Society (IFPS) which is a non-governmental

organisation acting to improve Family Medicine in Iraq.

**Can you inform our readers about your participation in the WONCA Prague conference?**

I did participate in the 20th WONCA World conference in Prague after having the great experience of my nomination to get the Montegut Scholarship being successful. From attending the conference:

1 I have now a world-wide network of communication with other family doctors which gives me opportunities to improve my knowledge, attitudes and skills in the field of Family Medicine.

2 I participated in many workshops and pre conference meetings.

3 Now I am a direct member (DM) of WONCA.

4 Now I am a member of the WONCA East Mediterranean region working party on research.

5 Now I am a member of the WONCA Working party on Women and Family Medicine (WWPWFM) - and in the administrative group.

6 As a result of my attendance I'm working to improve some national primary care guidelines to agree with the best world guidelines.

Dr Sanaa Alkaisi

Senior Specialist Family Physician

Iraq-Baghdad

If you want to communicate with Sanaa please email: [drsanaaalkaisi@yahoo.com](mailto:drsanaaalkaisi@yahoo.com)

## Resources added this month

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### PEARLS

395 ACE inhibitors prevent diabetic kidney disease

394 No evidence that breathing exercises effective for dysfunctional breathing/hyperventilation syndrome

393 Acupuncture may be effective for fibromyalgia

389 Computer-based self-management interventions effective in diabetes

From <<http://www.globalfamilydoctor.com/Resources/PEARLS.aspx>>



## 12<sup>th</sup> WONCA World Rural Health Conference

IV South Brazilian Congress of Family and Community Medicine

***Rural Health: an emerging need***

May 21 – 25, 2014

Expogramado | Gramado | RS | Brazil

## WONCA CONFERENCES 2014

May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor <a href="http://www.WONCA2014kuching.com.my">www.WONCA2014kuching.com.my</a>
May 21 – 24, 2014	WONCA World Rural Health Conference	Gramado BRAZIL	Rural health, an emerging need <a href="http://www.sbmfc.org.br/WONCARural/">http://www.sbmfc.org.br/WONCARural/</a>
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine <a href="http://www.WONCAeurope2014.org/">http://www.WONCAeurope2014.org/</a>

WONCA Direct Members enjoy *lower* conference registration fees. See WONCA Website [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com) for updates & membership information

## MEMBER ORGANIZATION MEETINGS

### European forum for primary care

Date: September 9-10, 2013

Venue: Istanbul, Turkey

Host: European forum for Primary care

Web:

<http://nvl007.nivel.nl/euprimarycare/efpc-conference-istanbul-9-10-september-2013>

Email: [dr\\_raman@hotmail.com](mailto:dr_raman@hotmail.com)

### AAFP annual scientific assembly

Host: American Academy of Family Physicians

Date: September 24–28, 2013

Venue: San Diego, USA

Web: [www.aafp.org](http://www.aafp.org)

### RCGP annual primary care conference

Host: Royal College of General Practitioners

Theme: Progressive Primary Care

Date: October 3–5, 2013

Venue: Harrogate, United Kingdom

Web: [www.rcgp.org.uk](http://www.rcgp.org.uk)

### RACGP GP '13 conference

Host: The Royal Australian College of GPs

Date: October 17-19, 2012

Venue: Darwin, Northern Territory, Australia

Web: [www.gp13.com.au/](http://www.gp13.com.au/)

### 2013 Family Medicine Global Health

Host: American Academy of Family Physicians (AAFP)

Date: October 10-12, 2013

Venue: Baltimore, Maryland, USA

Web: [www.aafp.org/intl/workshop](http://www.aafp.org/intl/workshop)

Email: [Rebecca Janssen](mailto:Rebecca.Janssen@aaafp.org) or [Alex Ivanov](mailto:Alex.Ivanov@aaafp.org)

### Family Medicine Forum 2012

Host: The College of Family Physicians of Canada.

Date: November 7-9, 2013

Venue: Vancouver, Canada

Web: <http://fmf.cfpc.ca>

### The Network: Towards Unity for Health annual conference

Host: TUFH

Theme: Rural and Community Based Health Care

Date: November 16-20, 2013

Venue: Ayutthaya, Thailand

Web: <http://www.the-networktufh.org/conferences/upcoming>