

WONCA News

An International Forum for Family Doctors



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From the President: Innovation in family medicine



I was walking near my home in Sydney recently and I came across a statue of Prince Henry the Navigator. Henry was a 15th century Portuguese prince who was responsible for initiating the early development of

Portuguese exploration and maritime trade and sponsored the search for new trade routes. Although the ships sponsored by Prince Henry probably never got as far as Australia, the Portuguese community in Sydney has had a statue erected in his honour as an innovative thinker who changed the world.

As family doctors we are also innovative thinkers, and, like Prince Henry, we have the ability to change the world through our work and our influence.

Over the past month I have had the opportunity to visit family doctors in Portugal and also in Ireland and to hear about the challenges they have faced in delivering care to their patients during times of fiscal crisis. Over recent years both countries have experienced reduced government financial support for health care in response to the need for austerity measures. Yet family doctors and the members of their teams in both countries have continued to deliver high quality primary care to their patients and their communities.

The Government of Ireland has recognized the fundamental importance of family medicine and has adopted the innovation approach of appointing a Minister for Primary Care dedicated to ensuring community-based health care access for every person in Ireland.

Portugal has an impressive network of primary care clinics with teams of health care workers led by specialist family doctors. Outreach community nursing teams work alongside family doctors to provide services to marginalized communities that would otherwise have no access to health care at all.

Photo: Dr Carlos Canhota and Dr Helena Febra at the Aces West Lisbon and Oeiras Health Centre (Agrupamento Centros de Saude)



One of the major areas of WONCA's innovative work has been in mental health. Our work with the World Health Organization (WHO) is focusing attention in many countries on ways we can better integrate mental health into family medicine. The mental health impact of the financial crises and austerity measures has been a serious cause of concern for family doctors in Portugal, Ireland and other parts of Europe.

Professor Chris Dowrick from The University of Liverpool is a member of our WONCA mental health working party. Chris has recently described how primary care mental health is being squeezed between a rock and a hard place. "On the one hand mental health problems are increasing as a consequence of rising unemployment, poverty and debt; while on the other hand secondary mental health services are being scaled back as a result of government cuts - so primary care is left with an increased burden and reduced specialist support."

These challenges for our patients also test our own resilience. While we continue to innovate within our practices within our communities to ensure that our patients receive the highest possible standards of care, it is critical that we also continue to innovate to find ways to support each other as well.

One of the great recent innovations of WONCA has been the development of young doctor movements. The Vasco da Gama Movement was started by young family

doctors in Europe over a decade ago, and similar groups have since been established in the Asia Pacific, South Asia and South America. Over the last year we have seen members of our existing young doctor movements support the establishment of young family doctor movements in Africa and the Middle East, and just last month in North America. Thanks to the innovative thinking and leadership of WONCA's younger members we now have young doctor movements in every region of the world.



Photo: Shanghai accreditation ceremony

Another important innovation has been the development of WONCA's new global standards for postgraduate family medicine education. These standards, developed by our working party on education and endorsed by WONCA's world council last year in Prague, provide a benchmark for those developing training programs for family doctors around the world. Early this month I was in China with the Director-General of the World Health Organization, Dr Margaret Chan, and together we made a presentation to the Shanghai Medical College of Fudan University, which became the first family doctor training program in the world to receive accreditation against WONCA's Global Standards.

China is one of the countries taking family medicine development seriously and it is extraordinary to see the innovations underway in that country. The Chinese Government recognizes that one of the biggest challenges is training the family doctor workforce to meet the needs of both urban and rural China. China has embarked on a massive drive to train and recruit up to 400,000 general practitioners in the next seven years in order to reform the country's health system to meet the current and future needs of the population,

especially the 800,000,000 people living in rural areas. At the moment there are 85,000 specialist family doctors in training or recently graduated in China. The innovations underway in China should provide important lessons that will flow to many other parts of the world facing the same challenge of providing universal health coverage.



Photo: WONCA Asia Pacific region president, JK Lee; Prof Zhu Shanzhu, president of the Society of General Practice of the Chinese Medical Association; WONCA President, Michael Kidd; WONCA Executive member at large Donald Li.

Through innovations like these, family doctors working together have the power to transform our world for the better.

Michael Kidd
WONCA President



Photo: WONCA President, Michael Kidd presenting to Prof Zhu Shanzhu, president of the Society of General Practice of the Chinese Medical Association; in the presence of Dr Margaret Chan (second from right)

Del Presidente: La innovación en medicina de familia



Estaba caminando cerca de mi casa en Sydney hace poco y me encontré con una estatua del príncipe Enrique, el Navegante. Enrique era un príncipe portugués del siglo XV, que fue el responsable de poner en marcha el desarrollo temprano de la exploración portuguesa y el comercio marítimo y auspició la búsqueda de nuevas rutas comerciales. Aunque los barcos financiados por el príncipe Enrique probablemente nunca llegaron tan lejos como a Australia, la comunidad portuguesa en Sydney erigió una estatua en su honor, reconociéndole como un pensador innovador que cambió el mundo.

Como médicos de familia, nosotros también somos pensadores innovadores, y al igual que el príncipe Enrique, tenemos la capacidad de cambiar el mundo a través de nuestro trabajo y nuestra influencia.

Durante el último mes, he tenido la oportunidad de visitar a médicos de familia en Portugal y también en Irlanda y escuchar los desafíos que han afrontado en la prestación de atención a sus pacientes durante las épocas de crisis financiera. En los últimos años, ambos países han experimentado un apoyo económico reducido por parte del gobierno en el cuidado de la salud, en respuesta a la necesidad de adoptar medidas de austeridad. Sin embargo, los médicos de familia y los miembros de sus equipos de ambos países han seguido ofreciendo una atención primaria de alta calidad a sus pacientes y a sus comunidades.

El Gobierno de Irlanda ha reconocido la importancia fundamental de la medicina de familia y ha adoptado el enfoque de la innovación al designar un Ministro de Atención Primaria, dedicado a garantizar en Irlanda el acceso al cuidado de la salud basado en la comunidad para todas las personas.

Portugal tiene una impresionante red de centros de atención primaria con equipos de trabajadores sanitarios dirigidos por médicos de familia especializados. Equipos de enfermería comunitaria comprometidos trabajan junto a los médicos de familia para prestar servicios a las comunidades

marginadas, que de otra manera no tendrían acceso a una atención de salud para todos.

Una de las principales áreas de trabajo innovador de WONCA ha sido la de la salud mental. Nuestro trabajo con la Organización Mundial de la Salud (OMS) se está centrando en la atención en muchos países para estar más preparados hacia la integración de la salud mental en la medicina de familia. El impacto en la salud mental de las crisis financieras y las medidas de austeridad han sido una causa de gran preocupación para los médicos de familia en Portugal, Irlanda y otras partes de Europa.



Foto: El Dr. Carlos Canhota y la Dra. Helena Febra en el Centro de Salud Aces Oeiras (Agrupamiento de Centros de Salud).

El profesor Chris Dowrick, de la Universidad de Liverpool, es un miembro de nuestro grupo de trabajo de salud mental de WONCA. Chris ha descrito recientemente cómo se está situando la salud mental en atención primaria entre la espada y la pared. "Por un lado, los problemas de salud mental están aumentando como consecuencia del aumento del desempleo, la pobreza y la deuda; mientras que por otro lado, los servicios de salud mental secundarios se están reduciendo progresivamente como consecuencia de los recortes del gobierno: de esta manera, la atención primaria se queda con una carga mayor y con menor apoyo especializado".

Estos desafíos para nuestros pacientes también ponen a prueba nuestra propia capacidad de resistencia. Mientras seguimos innovando dentro de nuestra consulta en nuestras comunidades para asegurar que nuestros pacientes reciban los más altos estándares de atención, es fundamental que

además sigamos innovando para encontrar formas de apoyo recíproco.

Una de las grandes innovaciones recientes de WONCA ha sido el desarrollo de los movimientos de jóvenes doctores. El Movimiento Vasco da Gama fue iniciado por jóvenes médicos de familia en Europa hace más de una década, y grupos similares ya se han establecido en la región de Asia Pacífico, Asia meridional y América del Sur. Durante el último año, hemos visto a miembros de nuestros movimientos de jóvenes médicos ya existentes apoyando el establecimiento de pequeños movimientos de médicos de familia en África y el sur de Asia y el mes pasado, en América del Norte. Gracias al pensamiento innovador y el liderazgo de los miembros más jóvenes de la WONCA ahora tenemos movimientos de médicos jóvenes en todas las regiones del mundo.

Otra innovación importante ha sido el desarrollo de los nuevos estándares globales de WONCA para la educación de postgrado en medicina familiar. Estas normas, desarrolladas por nuestro grupo de trabajo sobre educación y con la aprobación del Consejo Mundial de WONCA el año pasado en Praga, sirven de referencia para los programas de capacitación que se están desarrollando para los médicos de familia de todo el mundo. A principios de este mes, estuve en China con la Directora General de la Organización Mundial de la Salud, Margaret Chan, y juntos hicimos una presentación ante el Colegio de Médicos de la Universidad Fudan de Shanghai, que se convirtió en el primer programa de formación de médicos de familia en el mundo en recibir su acreditación con estándares globales de WONCA.



Fotos de la acreditación de Shanghai, con Margaret Chan

China es uno de los países que toman en serio el desarrollo de la medicina de familia y es extraordinario ver las innovaciones que hay en curso en ese país. El Gobierno chino reconoce que uno de los mayores retos es la formación de la fuerza de trabajo de médicos de familia para satisfacer las necesidades tanto de las zonas urbanas como rurales de China. China se ha embarcado en una campaña masiva para formar y reclutar hasta 400 mil médicos generales en los próximos siete años, con el fin de reformar el sistema de salud del país para satisfacer las necesidades actuales y futuras de la población, especialmente de los 800 millones de personas que viven en las zonas rurales. En estos momentos, hay 85.000 especialistas médicos de familia en formación o recientemente graduados en China. Las innovaciones que hay en curso en China deben proporcionar lecciones importantes que se diseminarán a muchas otras partes del mundo que enfrentan el mismo reto de proporcionar cobertura de salud universal.

A través de innovaciones como estas, los médicos de familia que trabajan juntos tienen el poder de cambiar nuestro mundo a mejor.

Michael Kidd

Presidente
Organización Mundial de Médicos de Familia
(WONCA)

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



From the CEO's desk: WONCA happenings

As this edition of WONCA News is published many of us will be in Lisbon, attending the WONCA Europe Region conference. We will report on it more fully next month, and on the 10th anniversary Vasco da Gama pre-conference which preceded it on 1st and 2nd July. I'll also report on the WONCA Executive meeting on 2nd July just prior to the conference, and on [the launch of the book](#) by WONCA's Working Party on the Environment – "*Family doctors in the field: Environmental stories from across the globe*".

More from Sarawak

Michael Kidd reported last month on the Asia Pacific Region conference in Kuching, Malaysia. Karen Flegg has followed on from that with an article about her visit to some rural health clinics in Sarawak and the great people she met. I always find articles like this fascinating, as they give us at least a little insight into our colleagues and how they practice in a very different – and sometimes very challenging – environment. I strongly recommend it to you. [View online now](#)

World Health Assembly 2014

This month also features a great article from Luisa Pettigrew, WONCA's WHO Liaison, about the WONCA delegation's attendance at this year's World Health Assembly in Geneva. The annual visit to Geneva is immensely important for us, as an Organization in Collaborative Relationship (OCR), as it gives us an unmissable opportunity to meet with current and future WHO colleagues. As Luisa's report highlights, it was an extremely busy schedule, and on several occasions we had to separate to attend the many meetings which Luisa had organized, but it was very productive and reinforces the ever-stronger relationship between WONCA and WHO which our recent WHO Liaisons have helped to foster.

Links with Shanghai

Linked to this, Michael Kidd and I had to leave Lisbon slightly early, so that we could fly to Shanghai to attend an important conference of the Shanghai Medical Association. This event was important for several reasons, not least as Dr Margaret Chan, Director General of WHO, was also there, and it gave Michael and me a chance to meet again with her and to

update her on the ongoing activities between WONCA and WHO. It was also a significant occasion for Shanghai Medical College of Fudan University, as they received their certificate confirming accreditation of their training programme by WONCA, following an accreditation visit earlier this year. We will report more fully on all of these events in next month's news.

New members of the WONCA Family

I'd also like to acknowledge and welcome two new members to the WONCA Family – both of whom joined, rather appropriately, on World Family Doctor Day on 19th May.

Firstly we welcome the TOBAGO Chapter of the Caribbean College of Family Physicians (CCFP), which is the [newest Chapter to be formed within CCFP](#).

Secondly we welcome POLARIS – the Young Doctors Movement for the WONCA North America Region. [POLARIS was launched](#) with key support from the Caribbean, American, and Canadian professional family physician associations as well as the WONCA North America Regional President, Dr Ruth Wilson. The name was chosen as it represents the brightest stellar body in the celestial sky seen by all those within the Northern Hemisphere. This star has served to lead travelers and seafarers during their journeys for centuries.

Anyone interested in finding out more about POLARIS can go to the link above or contact Dr Kyle Hoedebecke on khoedebecke@gmail.com

And that's about it for this month. There is lots going on in WONCA around the world, so please do keep Karen Flegg, the WONCA Editor, informed of all your activities. I'll have much more to report next month – and of course we will be looking forward to the WONCA South Asia conference in Chennai on 16th and 17th August. Best wishes from all at the Secretariat for now.



Dr Garth Manning
CEO

Policy bite: Why celebrate young doctors?



Photo: Vasco da Gama Movement executive members (outgoing and incoming) at the recent Lisbon conference

The recent WONCA Europe conference in Lisbon marked the wonderful occasion of the 10th anniversary of the Vasco da Gama movement – the European young family doctors' organisation. The President, Michael Kidd, added his congratulations, and was also delighted to tell delegates that all seven WONCA regions now have an FM early careers network formally recognised by the membership organisations. And we have a young doctor's representative on WONCA Executive – Dr Raman Kumar, who was also at Lisbon to develop links and extend his own representative network.

But as an older doctor, chairing the WONCA Organizational Equity Committee (OEC), and as a past Chair of the WONCA Working Party on Women and Family Medicine, I found myself reflecting on why we should particularly single out doctors in the early stage of their careers? In the OEC, we have discussed a number of dimensions of equity which we perceive as relevant to our members – age is one, gender another, regional and ethnic mix a third: but we also have equity issues to address on the urban – rural axis, and in access to WONCA activities (language, visas, and costs may also be pertinent here).

So why prioritise younger doctors? This has been absolutely the right thing to do, because:

1. Having a growing number of active members in the early stages of their careers is hugely valuable because their commitment to family medicine is a change agent in their regions. Our young FM doctors are running against the status quo, where doctors choose hospital based careers because these are perceived as higher status or safer careers.

They are innovators, and where they go, others will notice and follow.

2. They are hugely energetic and inspiring – they bring a challenge and energy which I recognise but can no longer always reproduce!

3. They are open to being developed as leaders – by being active in WONCA and their member organisations, they are asking for help from us in their careers. This gives us a fantastic opportunity to do direct mentoring and shaping of their expertise and wisdom as the leaders of the future.

4. They are a resource for others – across regions, within their own networks, and also for others in WONCA who can draw on their ideas and abilities.

So I would encourage all WONCA members to think how they can help to bring more young doctors into our discipline – it is often a teaching or training placement, or meeting an FM doctor who they admire, that persuades someone to choose family medicine. Thanks to all of you who teach and train – please do as much of it as you can, so we can recruit more of these great young professionals.

There are also possibilities to support bursaries to ensure doctors at the start of their careers can attend meetings – some groups (such as Vasco da Gama) have funds where members can donate, others create options within their own regions or member organisations. Every little helps!

Finally, it is worth noting that the theme of next year's European conference (Istanbul, Turkey) is 'Being young, staying young'. The [website](#) notes that we can stay young as doctors by the challenges we accept to keep growing and developing as professionals – whether through contacts with our patients, our colleagues, those who share our interests, or through our shared mission to make family medicine effective everywhere in the world.

Well done on being 10 years old Vasco da Gama, and all who now sail with you will look forward to the next stage of the journey across the WONCA world.

Amanda Howe, President Elect

Rural Round-up:

Preparations for Dubrovnik 2015 - WONCA World Rural Health conference, by Jo Scott-Jones

Regular rural round-up contributor, Dr Jo Scott-Jones, of New Zealand, writes on preparations for next year's only WONCA world conference - the WONCA Working Party on Rural Practice 13th World Rural Health conference

John Wynn-Jones, chair of the Working Party on Rural Practice, recently visited the venue for next year's 13th WONCA World Rural Health Conference and met with the host organisation KoHOM and their conference organisers Conventus Credo, after attending a very successful and well attended annual conference at Sibenik, on the Dalmatian Coast.

We believe that the conference will highlight rural family medicine in Croatia and across the Balkans. There is already considerable interest in the region. John met with rural doctors from some of the other countries of the former Yugoslavia, who will promote the conference in their own organisations.

Host Organisation

KoHOM is the largest and most successful family medicine organisation in Croatia. It has grown considerably in recent years and is at the forefront of change in the Croatian health system, promoting family medicine and family doctors.

The Organising and Scientific Committees are gearing up nicely for next year's conference having regular meetings both face to face and online and they have wisely kept the organizing and scientific committees relatively small and workable, yet still representative of all the important sections of Croatian family medicine. An international advisory board is being established and the organisers are keen to learn from their colleagues around the world, especially those who have organized previous world conferences.

Host country

[Croatia](#) is a beautiful country with a long and glorious heritage. It covers 56,594 sq kilometres and has a population of 4.2 million. According to the United Nations, 46% of its population is rural.

It was the home of Andrijaš Stamer, father of the World Health Organisation and author of the WHO constitution. Andrijaš Stamer was a pioneer of rural health innovations in Croatia and China and wrote extensively on the subject. Croatia was a pioneer in family medicine and established the world's first health centres and the first family medicine training programmes at the Andrijaš Stamer University in Zagreb.

Croatia along with its neighbours in the former Yugoslavia was involved in a major conflict, which lasted from 1992-95. This war had a major impact on all the combatant countries but they have made great strides to recover and the region is gradually emerging from this nightmare. We hope to explore some of these issues during the conference, especially the impact of conflict, which has an impact on the lives of many rural people around the world

Location

[Dubrovnik](#) is a World Heritage Centre, which was badly damaged in the war. It has been restored and is rightly described as one of the jewels of the Mediterranean coast on a par with Venice. The old walled baroque city is set on the Dalmatian coast surrounded by many islands and a backdrop of high mountains. It is really a "not to be missed" opportunity to visit.

Venue

[The Valamar resort](#) is situated in the modern part of the city overlooking the Adriatic Sea and only a 10-15 minutes bus ride from the old city. The complex includes 3, 4, and 5 star hotels surrounding the conference facilities. It is built on a sloping hillside leading down to the sea. The organisers are also arranging cheaper affordable accommodation in the vicinity

It will provide an ideal venue for the conference and the modern conference facilities can accommodate over 1200 delegates. The venue has a large conference centre, which has hosted previous large medical conferences. Some of the breakout rooms are in the surrounding hotels which are a short walk from the main centre. It will be

important for organisers and delegates alike to include a small amount of time in their schedules to move across the resort campus.

Opportunities for activities and travel

Dubrovnik has its own airport that connects to some of the large European hubs. It is close to both Montenegro and Bosnia. The coastline is ideal for sailing, diving and other activities.

There are many ancient medieval and baroque towns along the coastline that can be visited. The organisers tell me that they can organize a host of extra activities which will be posted on the website

Conference details

- Pre and post meetings

We are in discussion with other organisations who are planning to hold pre-conference activities. The organisers are keen to discuss with any organisation that wishes to hold an event. John visited a very rural medical school at Foca in Bosnia and we are looking at

organizing a post conference tour to the medical school in Foca and on to Sarajevo.

- Dates
 - o Working party on rural practice meeting: April 14, 2015
 - o Main Conference: April 15-18, 2015
 - Registration
 - o Will be on line - watch this space!
 - o Concessions: The organisers are planning to provide bursary support for a number of delegates from low and middle income countries. They will be allocated preferentially to those who plan to present or provide posters and those wanting to apply should do so as soon as is possible as they will be limited.
 - Draft Programme
 - o Themes and sub-themes - *Breaking down barriers: Bringing people together*
 - o There will be a full scientific programme, social and cultural programme and it should be a great event!
 - Website: <http://woncarural2015.com>

WONCA at the World Health Assembly 2014



The 67th World Health Assembly took place in the Palais des Nations, Geneva the week beginning 19th May 2014, fittingly also World Family Doctor Day! Several thousand delegates participated in the Assembly representing 194 member states and over 100 non-governmental organisations in official relations with the World Health Organization (WHO), including WONCA.

The World Health Assembly (WHA) takes place annually. As the main decision making body of the WHO it determines the policies of the Organization, reviews and approves its finances and activity. Similar to recent years

there was a packed [agenda](#) discussing items ranging from Universal Health Coverage to the Eradication of Dracunculiasis. Margaret Chan's opening address, '[Health has an obligatory place on any post-2015 development agenda](#)', covered subjects including inequalities, climate change, infectious diseases, nutrition, NCDs, cancer and anti-microbial resistance. In particular she spoke about the importance of access to essential medicines and need for strong government led health policies to achieve universal health coverage.

Over the course of the 19th and 20th May WONCA's delegation participated in over a dozen meetings with WHO staff and other non-governmental organisations. These consisted of a mixture of establishing new contacts and discussing the progress of existing collaborative activities. In particular discussions took place in the areas of health workforce development and health service delivery policies, more specifically on current projects on delivering People-Centred and Integrated care, Classification systems, Leadership, Education, Quality and Safety. The work of several of WONCA's working

parties and special interest groups was discussed with WHO staff and other NGOs, in particular recent publications including the [Declaration of Quito](#), the [Rural Medical Education Guidebook](#) and the [Toolkit for the Development of Palliative Care in the Community](#) were highlighted. Meetings with the WHO's Eastern Mediterranean Regional Director and the Executive Manager of Strategic Partnerships from the WHO's European Regional office helped further strengthen WONCA's links at regional level.



Photo: In the non-governmental organisations' gallery. Left to right: Garth Manning (WONCA CEO), Amanda Howe (WONCA President Elect), Michael Kidd (WONCA President).

Of note significant work is currently being undertaken in the WHO's Eastern Mediterranean office to develop policies specifically aimed at strengthening Family Practice and the role of primary care in mental health. Attendance at the WHA also facilitated contact with key representatives from other health professional organisations with common objectives, including the International Council of Nursing (ICN), the International Association of Patient's Organizations (IAPO), the Medical Women's International Association (MWIA), the International Federation of Medical Students' Associations (IFMSA), World Medical Association (WMA) and a number of palliative care NGOs including the Worldwide Palliative Care Alliance (WPCA).

By the close of the Assembly 25 [resolutions](#) had been passed on a range of subjects. [Statements](#) with reference to the resolutions on Addressing the global challenge of violence in particular against women and girls and on Strengthening of palliative care as a component of integrated treatment throughout the life course were submitted to the assembly



Photo: Meeting with WHO's contact point for WONCA. Left to right: Michael Kidd (WONCA President), Hernan Montenegro (WHO), Garth Manning (WONCA CEO)

by the WONCA delegation in collaboration with the WMA, IFMSA and MWIA. Contribution to these had been informed thanks to prior input by WONCA's SIG on [Family Violence](#) and SIG on [Cancer and Palliative Care](#) respectively.

WONCA's relationship with the WHO continues to be strengthened in particular as a result of its official link through Dr Hernan Montenegro, Health Systems Advisor and recently appointed Coordinator for the Services Organization and Clinical Interventions team within the [Service Delivery and Safety Department](#). It is foreseen that this new department will become the primary locus for important work on primary care and family medicine over the coming years. This will be important for WONCA's ongoing collaboration with the WHO.



Photo: Amanda Howe (WONCA President Elect) addressing participants on the importance of strengthening Family Medicine during a side event on Person Centred and Integrated Health Care.

Dr Maria-Luisa M Pettigrew
WONCA Executive Board Member, WHO
Liaison 2013-2106

WONCA and ICOH statement and pledge on workers and their families

Pledge announced in Lisbon

In his keynote speech at the recent WONCA Europe conference in Lisbon, Prof Michael Kidd, WONCA President, announced a joint statement on workers health.

"In another innovation, WONCA has been working with the WHO and the International Commission on Occupational Health looking at the health of workers and their families, especially in developing parts of the world.

We recognise that health and safety are threatened by poor working conditions, which are a daily reality for many workers around the world. We are also aware of the poor health of many migrant workers based in countries where they have no access to health services. And we recognize that most health care and preventive services for workers and their families is provided in primary care settings by family doctors like you and me.

Today WONCA and the International Commission on Occupational Health are launching our joint statement on workers and their families and we pledge 'to work with our partner organizations (including the World Health Organization and the International Labour Organisation) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families."

Joint Statement

Introduction

Health and work are intimately linked. Work under good conditions can have positive effects on health and wellbeing. On the other hand, health and safety are threatened in poor working conditions, which are a daily reality for many workers around the world. Workers exposed to hazards at work suffer various work-related diseases. Failure to adapt working conditions to the capabilities of workers with chronic health problems may limit

their ability to work. Poor health, injuries and disabilities prevent many from working at all or at full capacity. Those who do not work frequently suffer worse health because of limited resources or social isolation. Yet, the health and safety of people at work are too often addressed separately from their health outside of work. Similarly, the health and safety of those at work are often viewed in isolation from the health and safety of their families and communities. Each of these affects the others. The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) recognize that most health care and preventive services for workers and their families in the formal and informal health system is provided in primary care settings along with variously organized occupational health services. A global challenge is to make more systematic use of the primary care setting and available occupational health services. It is essential to improve the health and productivity of workers by increasing the number, expertise and capacity of health professionals able to prevent and manage work-related health problems. In addition there is an urgent need to increase the number and capacity of occupational health experts and services. This is especially true for those working in low and medium resource countries, the informal economy, small businesses, and agriculture.

Pledge

The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

ILO = International Labour Organization

Region Activities

WONCA Europe's Lisbon Declaration

On July 6, 2014 at the closing ceremony of the WONCA Europe conference in Lisbon, the *Lisbon Declaration* was signed by WONCA Europe President, Prof Job F M Metsemakers (centre); President of the Portuguese Association of General Practice and Family Medicine, Prof João Sequeira Carlos (left); and Dr Peter Sloane (right), incoming President of the Vasco da Gama Movement.

In the statement the three institutions exhort all European governments to implement concrete measures to promote, defend and develop stronger and more sustainable primary care health services for all citizens, based on an inter-professional and trans-generational collaborative workforce.

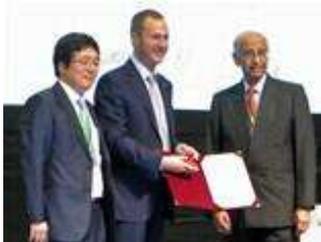


[Read full statement here](#)

WONCA Asia Pacific region conference photos

This year's WONCA Asia Pacific conference was held from May 21-24 in Kuching, Malaysia.

This is a small selection of photographs. A [large selection of photos](#) has been posted on Facebook by HOC Chair, Dr 'Husni' Jamal.



Michael Kidd with JK lee and Daniel Thuraiappah



Goh Lee Gan presents research prizes



Alfred Loh and Garth Manning



Wahid Khan (Fiji)



Shin Yoshida (Japan) and Naomi Harris (Australia)

Groups from Japan, Brunei and China respectively



Rural health clinic visits in Kuching, Malaysia



Photo: Privileged visitors with staff at the Klinik Kesihatan at Braang Bayur

At the recent WONCA Asia Pacific region conference, visits to rural health clinics were offered by the Host Organising Committee. The WONCA Editor joined another Australian colleague and four colleagues from Japan on one of the visit programs. Our local group leader was Dr Juslina Omar, who patiently dealt with our many questions on the local Health system.

At the first clinic, the Klinik Kesihatan at Braang Bayur, we met Dr Geng Yan LIM (photo at right), who not only served the main clinic but regularly made visits to remote clinics.



The Braang Bayur clinic is a Government primary care facility. The actual clinic premises were new, well equipped and spacious. Everything any patient could expect including basic laboratory tests and a dispensary was onsite. A dental clinic is proposed for the future. To be seen at the clinic a patient must pay 1 Malaysian Ringgit (about 30 US cents) and this covers the consult and medications. Children coming for routine child health visits and vaccination and those over 65 years old, as well as pregnant women are free.

Doctors stay for a minimum of one year. Dr Lim was enthusiastic about his work and was a wonderful host, responding fully to our questions and curiosity. Medically however, Dr Lim reports that the work is more challenging

than in the city and there are limited tertiary facilities. Patients are screened by Assistant Medical Officers, but Doctor Lim sees paediatric patient and all women for antenatal care. Common clinical issues are arthritis and NCDs. Difficulties are living in rural community in the week and going into town on weekend. Lack of entertainment is an issue as the clinic and the Doctor's house are not in a large village.

Our second clinic visit was to a Maternal and Child health clinic – a nurse led clinic run by 15 nurses led by the Clinic Matron Iya Ratu.

The clinic sees 80-100 patients daily. There is no doctor, no laboratory and no medications available (except haemactinics for pregnant women) as the focus really is antenatal and postnatal care and child health. The staff follow up all women rigorously in order to provide the best and recommended level of care. Immunisations for children are done.



Photo: WONCA Editor, Karen Flegg with two of the nursing staff at the clinic.

The clinic seemed an excellent example of the Government addressing the Millennium Development Goals by providing services that appeal to patients, in an environment that is friendly to them.

The third and final clinic visited on the day was a private medical practice of Dr LIM Meng Lang, namely the Siburan Union clinic. Dr Lim has worked here for 25 years as a solo GP.

He opens seven days per week, most days in the morning and afternoon. The local population is about 30,000 people. Also serving that population is one Government clinic, another private clinic and one Chinese practitioner clinic.



Photo: Dr Lim Meng Lang with Dr Kuni Shina from Japan playing the patient.

Dr Lim sees patient as they walk in - usually 30-40 per day. He dispenses his own medications and to cover the cost of that and the visit to him, patients usually pay 30 to 40 Malaysian Ringgit per visit (estimated as 1-3% of their monthly income). He does the occasional house call.

Dr Lim has collated data on his practice and has a PowerPoint presentation ready for his visitors. I notice the commonest presentations are respiratory (39%), mostly URTI, and the

most seen demographic are the under 5 year old age group.

As for the Government clinic, the practice is well set up with spacious consulting rooms and all necessary equipment. While the clinic is not in a new building, it is required that all aspects meet the Private Practice Facilities Act. Dr Lim's work is also bound by the Medical Act and Poisons Act, for dispensing.

It is a co-incidence that both doctors we met we Dr Lim – but they shared an enthusiasm and passion for their work and desire to do the best for their patients. Both provide a much needed service in places outside Kuching and where any patient needing the hospital must be sent the 30-60 minute drive into the city. We were impressed by the services we saw but our wonderful host doctors report that they were impressed by the questions our group asked and the understanding shown by members of the group who could identify with some of the challenges that are common to all GPs regardless of where they practise!

On behalf of the group of Japanese and Australian visitors (again a co-incidence), sincere thanks to all at the three clinics and to the two Drs Lim and our hostess Dr Omar. As one of our group said - the visits were the high point of the conference.

Dr Karen Flegg
WONCA Editor

WONCA Asia Pacific conference prizes.

At the recent WONCA Asia Pacific conference in Kuching prizes were presented for research, oral presentations and posters. Winners are announced below.

Photo: Dr Nagammai T, of Malaysia, receives the Rajakumar prize for best oral presentation from Prof Datuk Daniel Thuraiappah, President of the Academy of Family Physicians of Malaysia

Research Championship winner

Pre-conference, WONCA Asia-Pacific Conference 2014, 21 May 2014, Sarawak, Malaysia.

Nur Amani Natasha AT, Khasnur AM, Ilham AI. *Why unassisted home birth? Perspectives of Malaysian women.* [presenters from Malaysia]

Prize: USD800 and a book

Research prize winners

Oral presentation prizes:

Rajakumar Award:

1. Nagammai T, Lai PSM, Mohazmi M. *Validation of the Malay version of the quality of life questionnaire of the European*

Foundation for Osteoporosis (QUALEFFO-41) in Malaysia. [presenters from Malaysia]



Prize: USD1000 and a book

First Runner Up

2. Rafiq M, Rafiq A, Liu L, Flather E. *Going up in smoke: The rising prevalence of smoking in Indonesia – socioeconomic factors associated with smoking and development of culture-specific smoking cessation interventions*. [Presenters from United Kingdom]

Prize: USD500 and a book

Second Runner Up

3. Azizah MY, Zhang QYi, Ng LP, et al. *Factors influencing decision making in weaning diet: Asian mothers' perspectives*. [Presenters from Singapore]

Prize: USD300 and a book

Poster prizes

Inoue M. *Characteristics of Japanese physicians on remote islands – What affects their willingness to stay?* [Presenters from Japan]

Tong WT, Shireene V, Ng CJ. *Why do patients with type 2 diabetes have poor glycaemic control despite using insulin? A qualitative exploration of dietary influences*. [Presenters from Malaysia]

Liew SM, Lee PY, Abdullah N, et al. *Barriers to adherence of Malaysian clinical practice guidelines on management of hypertension*. [Presenters from Malaysia]

Prize: USD200 and a book for each winner -The book that winner gets is:

Teng CL, Khoo EM, Ng CJ (editors). *Family Medicine, Healthcare & Society: Essays By Dr MK Rajakumar*. Kuala Lumpur: Academy of Family Physicians of Malaysia, 2008.

South Asian Primary Care Research Network report



Dr Rukhsana Ansari receiving shield from Professor M Asalm along with Dr Noor Ahmad, Dr Tariq Aziz and Dr Usman Jawad

Research Methodology Workshop for Primary Care Physicians

[Download all photos of the event](#)

The research methodology workshop was organized by South Asian Primary Care Research Network (SAPCRN) and Department of Family Medicine University of Health Sciences Lahore on February 20-21, 2014 at University of Health Sciences Punjab Lahore Pakistan. This event was supported by Vice Chancellor University of Health Sciences Lahore Pakistan, all family medicine associations of Pakistan, Pakistan Medical Association and Department of Family Medicine Agha Khan University Karachi under kind supervision and support from Professor

Waris Qidwai Chair WONCA Working Party on Research.

The theme of the conference was *Promoting Primary Care Research through Family Doctors*.

This event comprised a two days' fulltime, hands-on workshop covering all important topics of research methodology; along with research proposal discussion before the panel of experts and speakers.

The opening ceremony started on Thursday 20 February 2014. After recitation of Holy Quran, the welcome address was from Dr Basharat Ali, chairperson of SAPCRN, who introduced the program of workshop and the facilitators. He also discussed the importance of research in family care in South Asia and Pakistan.

Research issues in Primary Care in Pakistan and South Asia and role of organizations in this regard was discussed by Dr Noor Ahmad, Dr Tariq Aziz, Dr Tariq Mian, Dr Shahid Shahab, Dr Sajida Naseem and Dr Asad Zaheer representing different organizations and universities. Dr Shahid Shahab discussed about, *Need of Research in Primary Care*.

Then Dr Basharat Ali gave talk about *Introduction to Research, Research types and Epidemiological Study Designs (Cross sectional, Case Control, Cohort, RCT)*. Dr Sajida Naseem presented how to deal with Sampling & calculate the Sample Size. Introduction to Biostatistics Type of Data was presented by Dr Usman Jawad. At the end of the first day session, Dr Nasir Mahmood discussed the Molecular Tools in research.

The 2nd day morning started with Dr Sajida presentation about, *Introduction to Research & Formulating a Research Question*. Dr Basharat Ali conducted online hand on workshop on *Literature Search & Referencing* workshop after which Dr Tariq Aziz presented *Reference Writing*. Dr Tabinda Ahfaq and Dr Sajida Naseem presented, *Descriptive &*

Inferential Data Analysis using SPSS version 19.0 and Working with SPSS in regard Variables & Data Entry. Research ethical issues were discussed by Dr Rukhsana Ansari and *Manuscript writing* by Dr Noor Ahmad. After reflection and feedback from the audience research proposals were discussed and in the end certificates and shields were presented to faculty and participants by Professor Dr General Muhammad Aslam V/C University of Health Sciences Lahore.

Dr Basharat Ali
Chair SAPCRN
Regional Member WONCA Working Party on Research
Ass. Professor (Adj) University of Health Sciences Lahore

Working Parties & SIGs

WONCA Environment Working Party - book launch

Family Doctors in The Field
- environmental stories from across the globe.

Along with my inspiring co-editors Alan Abelsohn, Karen Flegg and Margot Parkes, I am very excited to have participated in the creation of a new book called *Family Doctors in The Field*, was launched on 4 July in Lisbon Portugal at the WONCA conference.

It is a collection of inspiring stories from doctors from around the world who have combined working as a family doctor with some form of environmental work. The book has being divided into five sections:

- Part one: Leaders at the Coalface**
- Part two: Leaders by Example**
- Part three: Paradigm Shifters**
- Part four: Advocates for Change**
- Part five: Future Leaders**

A common theme which pervades the stories from the family doctors is their recognition that human health is ultimately dependent on a safe and sustainable environment and it is this insight, and an appreciation of the importance of the social determinants of health, that has been such a strong motivator for these doctors to engage in environmental issues within their countries.

The book itself was supported by the WONCA Working Party on the Environment and we very much see it as a living document and

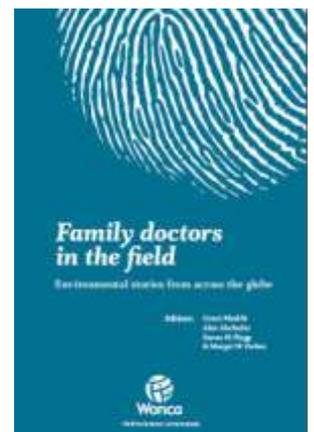
look forward to more doctors joining our working party and also perhaps contributing a profile about their work.

In the coming decades environmental issues are going to take centre stage more and more as we begin to reach some of the natural environmental limits of our planet, related to the atmosphere, forests, water, and air quality. It will be family doctors with their intimate understanding of the communities who will be an important voice in convincing policymakers, governments and communities that we need to protect the environment for future generations if we want them to experience the sort of improvements in global health that we have seen in our generation.

We hope that you will enjoy these wonderful stories and look forward to your involvement in our working party.

The book is free and can be downloaded [at the following link](#)

Grant Blashki
Chair WONCA Working Party on the Environment



Point-of-care testing workshop at WONCA Asia Pacific regional conference

A workshop titled 'How to Set Up and Manage Point-of-Care Testing in Your Family Practice' was presented by Prof Mark Shephard and Lara Motta on behalf of the [WONCA Special Interest Group on Global Point-of-Care Testing](#) at the recent WONCA Asia Pacific Regional Conference in Kuching, Malaysia. The workshop aimed to provide participants with an overview of the common key principles that should be applied when establishing and maintaining a point-of-care testing (POCT) service. Working together in small facilitated groups, participants had the opportunity to utilise these learnings to develop a framework for introducing POCT for a specific clinical need relevant to their family practice.

The workshop was attended by 30 participants from Malaysia, Indonesia, Brunei, Japan, Hong Kong, Australia and Nigeria. During the group activity, the four groups identified and then discussed the introduction of the following point-of-care tests HbA1c, CD4 count, malaria and light microscopy. Some participants already had good access to pathology testing through the local laboratory but believed that the introduction of POCT would reduce the turnaround time for pathology results which would mean added convenience for the patient and a reduction in the number of visits to the clinic. POCT may also encourage patient motivation and compliance with medication. Other participants who did not have access to good laboratory support felt that the introduction of POCT would give them access to much needed pathology testing to support their clinical judgement and allow them to better manage their patients. A lively discussion was had about the actual definition of POCT and what constitutes a point-of-care test. It was agreed that any test done near the patient with results available during the patient encounter could be considered point-of-care and all agreed that the implementation of POCT must

systematically follow key principles rather than just buying a device and beginning to test



patients.

During the conference, the SIG exhibited in the WONCA Village, inviting delegates to complete the SIG's survey on POCT. The booth was well attended over the 3 days and 34 new members joined the SIG during the conference. For more information or to join the SIG, visit the [WONCA SIG on Global Point-of-Care Testing](#). Please [click here](#) to access the short survey on POCT.



Professor Mark Shephard (Chair) and Lara Motta (Secretary)
WONCA Special Interest Group on Global Point-of-Care Testing



Young Doctors

Vasco da Gama Movement's twitter milestone.



On June 18 2014 the Twitter account of the Vasco da Gama Movement, @vdgmeu, reached its 1000th follower!

Just less than three years ago, on August 6 2011, the Twitter account of the Vasco da Gama Movement was created.

@vdgmeu has since shared with its followers 371 photos and videos and it also enriched Social Media conversations with 2036 of its own tweets and many more retweets, quotes and

favourite tweets !

Followed mostly by new and future General Practitioners / Family Physicians living in Europe, @vdgmeu reaches also senior GPs in Europe and junior, senior and future GPs from around the world. Other followers include medical students, other healthcare professionals, medical and non-medical organisations such as the International Federation of Medical Student's Associations (IFMSA), British Journal of General Practice, European Forum for Primary Care, national GP organizations, WONCA Europe networks and working groups but also patients and media outlets.

@vdgmeu inspired many conversations about the VdGM Preconferences, Forum and the WONCA Europe and World WONCA conferences since its creation in 2011. It has done so through a Twitter "How To" guide distributed to preconference and forum participants as part of the event e-booklet, through social media workshops and dedicated hashtags and also through the example of VdGM Executive members such as @lygidakis, @rgn_sr and @rqgb.

While #wonca2011vdgm started out with just little under 80,000 impressions and 149 tweets. By 2013 and the World WONCA Conference the #wonca2013 hashtag had created over 6,000,000 impressions and 1414 tweets !

The Facebook group of the Vasco da Gama Movement is very close to reach its 1000th member.

The Vasco Da Gama Movement is the WONCA Europe Working Group for New and Future General Practitioners / Family Physicians, created in 2004. [More details on VdGM.](#)

Member Organizations

Family Doctor day - more reports

Last month WONCA News featured a large range of activities from a variety of countries, that were held on World Family Doctor' day. [View report here.](#)

It seemed like there were so many reports and activities, there could hardly be more - but there are.

The Caribbean College of Family Physicians formed a new Chapter in Tobago. Reports from Bangladesh, Lebanon and Turkey are included on the final pages of this newsletter and [available online.](#)

The Caribbean College of Family Physicians launch the Tobago chapter on Family Doctor Day.



Photo: GP leaders from Tobago: Tiffany Hoyte, Maxwell Adeyemi, Rohan Maharaj, Stephanie Tam-Fraser, Fidelis Okali

The TOBAGO Chapter of the Caribbean College of Family Physicians (CCFP) is the newest Chapter to be formed within the Caribbean College of Family Physicians (CCFP) and its launch was timed to coincide with World Family Doctor Day- May 19, 2014.

The function was carded for the Mount Irvine Hotel, Tobago and attended by dignitaries from the Tobago House of Assembly, the Tobago Regional Health Authority and the University of the West Indies. Greetings have been sent from WONCA through the President of the Region North America, Professor Ruth Wilson from Canada; from the CCFP Regional President, Dr Andy Shillingford, practising in the Cayman Islands; from the Executive Director and Chairperson Committee on Membership within CCFP, Dr Sonia Roache; all being unable to attend the installation. Welcoming messages come also from the other Chapters within CCFP and from members of CCFP in Trinidad.

Twenty -one doctors practising as general practitioners in private practice and primary care doctors assigned to Health Centres in Tobago were installed as Charter Members by Dr Rohan Maharaj, BSc, MBBS, MHSc, DM,

FCCFP. He is a Senior Lecturer and the Head of the Department in Primary Care; Coordinator of the Postgraduate Programme in Family Medicine at UWI-St. Augustine, Eric Williams Medical Sciences Faculty at Mt. Hope; Coordinator of the CCFP Caribbean Primary Care Research Group (CAPRCG), Director representing Trinidad & Tobago on the Board of Directors of CCFP.

Most of these doctors have completed postgraduate family medicine training at UWI and so qualify to be treated as "Family Medicine Specialists".

The list of twenty one founder members follows:

Maxwell Taiwo Adeyemi - Chair
 Cornelius Agbeko
 Onochie Aghaegbuna
 Diandra Clinker
 Vivian Fernandes
 Kale Fergusson
 Fidel Gonzales
 Barbara Guevara
 Tiffany Hoyte - Secretary
 Sandeep Kumar
 Roxanne Mitchell - Asst. Secretary
 Samuel Nwokolo
 Steve Ogbu
 Fidelis Okali - Treasurer
 Chidi Okereke
 Onyeaka Okpalla
 Yasmin Rodriguez
 Kathleen Sangster-Singh
 Stephanie Tam-Fraser - Deputy Chair
 Sonia Telfer
 Randy Thomas



Featured Doctors

Prof Jinan USTA - Lebanon

What work do you do?

I practice family medicine in various settings: teaching as I have an academic position (Associate Professor) at the Family Medicine Department of the American University of Beirut (AUB) Medical Center; Practicing Physician at the University Health Services of the American University of Beirut, a managed care setup where medical services are provided to patients belonging to the Health Insurance Plan managed by AUB; school physician at the International College; and physician in my private clinic where patients usually do not belong to any insurance plan. This is the most challenging and demanding aspect of my practice but also the most rewarding psychologically; it feels good to have an increasing number of patients keep following up over years and refer others to the practice, just because they trust you and believe in you as a doctor and not because they are bound by the regulations of the insurance plan they belong to.



What other interesting activities that you have been involved in?

I recently became president of the Lebanese Society of Family Medicine, planning to work on some of issues that face the practice of family medicine in Lebanon. I am also active in the area of family violence. My interest in the field goes back to over 15 years when I started observing that there are many cases of family violence in my practice and that I was ignoring that part of their life which turned out to be an essential part of their health problems. I started reading about it and attended meetings and conferences in several places, to get more knowledge and connect with people working on the field and learn from their experiences. Some were very supportive, resourceful and helpful.

I am now working with UN agencies, International and local non-governmental organizations in doing research on violence against children and women child, training health care providers and frontline staff (educators, social workers) on recognizing and addressing survivors. My main goal is to get the health care in Lebanon (and hopefully in Arab world) involved in fighting against violence. An audiovisual toolkit is now being

developed in Arabic to help health care providers communicate with and assist survivors of family violence

What are your interests as a GP and also outside work?

As physician, I am interested in maternal child health, doing antenatal follow ups, deliveries and then following up the baby; I also enjoy listening to people which can be teaching too. I learnt from the elderly people how to go through life and survive it, and I learnt from the young how to live life and enjoy it. Besides medicine, I am a member of "science days society" that aims at trivializing science and make it an accessible knowledge for all. I do sports regularly, go movies, and get in touch with nature by hiking.

What is it like to be a family doctor in Lebanon?

The health care system in Lebanon is a bit complex. Most ambulatory clinic consultations are private with fee for service usually paid out pocket by the patient. Certain health plans cover ambulatory clinic visits: Some reimburse the patient with the clinic visit fee at a later date (for example, the national social security fund (NSSF) reimburses employees and their dependents only); others would give those enrollee in their care plan limited number of reimbursed clinic visits per year to be dispensed at the discretion of the enrollee.

On the other hand, there are around 11,000 physicians in Lebanon (Lebanese population is estimated to be 4 million), who are graduates of medical schools from more than 75 countries; making the practice of medicine very diverse; There is limited number of family physicians (around 120 only), abundance of Pediatricians and Obstetricians, and a large number (around 3000) of non specialized general practitioners (practicing physicians without going through specialty training). In addition, most medications can be dispensed without prescription in Lebanon, and there are an abundance of centers providing medical services (labs, radiology..), so an individual can have the tests and medications he thinks he needs or as advised by a relative, pharmacist...without having to consult with a physician.

In this situation, in the absence of an implemented national strategy for primary care, a family physician will feel unprotected in an open market, having to compete with medical professionals and non medical individuals since everyone is practicing primary care; family physicians would avoid going to private practice being costly and insecure, and prefer being in a managed care service to guarantee a stable income. Yet, most managed care plans do not approve

recognize some of the “costly” tests ordered by the family physician (like CT or MRI) and they request the approval of a “specialist”. This affects the way family physicians are perceived: a referral doctor, incompetent, and less knowledgeable. The Lebanese Society of Family Medicine and the Family Medicine training institutions are collaborating to secure privileges to the family physicians that are similar to other specialties and support their role in primary care.

Dr Munir Metassan - Brunei Darussalam

What work do you do now?

My name is Munir Metassan and I'm currently a GP registrar working in Sungai Assam clinic in Brunei Darussalam.

Sungai Assam is an underprivileged area of Brunei and has a catchment area of 22,000 people living in and around the historic Water Village (Kampung Ayer) despite its close proximity to the capital city. Coherent with Brunei's aim of providing accessible healthcare to all Bruneians this clinic was built in 1997 to accommodate these people who otherwise will need to get a boat ride to the mainland for basic medical care.

Interestingly so, there is stark contrast of attitudes towards health, expectations and general health literacy in the area largely related to their lower socioeconomic status. Hence working here provides unique challenges in areas such as communication, empowerment, management of chronic diseases and finally education.

In addition to my clinic work, I am also a volunteer doctor for Brunei Special Olympics athletes and recently travelled with the team to Newcastle, Australia for the Asia Pacific Special Olympic Games. There I was exposed to the “Healthy Athletes Program” which is a basic screening program for athletes which included oral care, sight and hearing. I was shocked to find out that many of our athletes had very poor oral care and some had hearing difficulties and refraction problems. Despite having a virtually free and accessible healthcare in Brunei, people with intellectual disabilities are still an under-served population.

Much work still needs to be done to reach out to them and their parents need to be educated as they may not realize their children needs medical attention. Currently we are trying to

set up a similar health screening program targeted for people with intellectual disabilities in the Bruneian community.



What other interesting activities that you have been involved in?

Primary Health Care is still a young department in Brunei and constantly evolving. As a GP joining from Internal Medicine I have realized the impact primary care physicians and how crucial their role is with regards to holistic management of a patient and as an individual.

In the recent WONCA 2014 held in Kuching I took the opportunity to learn more about the Primary Health Care set-up from our neighbouring countries. Listening to their struggles now and many years ago parallels with many difficulties we currently face in Brunei.

As a young doctor, I am also given the opportunity to participate in a Taskforce to improve the welfare of our Primary Healthcare doctors, implement changes to upgrade Primary Healthcare services and maximize our available resources to achieve the highest quality of service and patient management.

What are your interests as a GP and also outside work?

Professionally my interest lies in diabetes management. Diabetes is vastly an increasing problem in Brunei with significant impact on morbidity and mortality. Much stems from our sedentary lifestyle and attitudes towards healthy lifestyle choices. My approach to patients has very much changed from my time working in Hospital. I had to learn to be less technical and more engaging with my patients.

Sometimes the key to successful management with diabetes is not about utilising the latest medication but understanding the family dynamics and setting up realistic goals of each individual patient. I also found that working as a GP in Brunei requires very specific communication skills which are very different from those taught in Western medical schools. The concept of autonomy is almost alien, where patients rely heavily on other family members (especially elders) to decide on treatment options or undergo investigation. Hence engraining the concept of disease ownership and empowerment is a unique challenge but a very interesting one indeed!

Outside work my interest is mainly sports especially Basketball and Futsal (Five-a-side indoor soccer). It serves as an avenue to relax and unwind from the daily rigours of my work as well as maintaining both physical and mental health. I am also a licensed scuba diver and recently went to Cebu to dive with the ever-graceful whale sharks!

But my passion is actually menswear - anything from hand rolled seven-fold silk ties to Goodyear welted shoes and everything in between! I'm very much intrigued by the traditional values of menswear, its construction and the quality of materials. Unfortunately these ideals have all been sidelined in place of marketing, easy profits and mass production. I see similar values diminishing in medicine where the idea of a family doctor is replaced by a one-dimensional figure such as "gate-keepers" in a world where treatment "targets" are generalised, medical treatment being compartmentalised to primary, secondary and tertiary care and where specialities are becoming sub- and super- specialities.

What is it like to be a family doctor in Brunei?

The current primary healthcare set-up is mainly government-run GP practices (clinics). Private GPs make up less than 20 percent. Government clinics are set-up in predetermined localities to cover a certain catchment area. The size of each clinic and number of doctors working are determined by the population number of those areas. Doctors need not be from the same locality as Brunei is so small and otherwise very easy to travel.



photo: In Kuching, Munir (left) with other Brunei colleagues (from left to right): - Dr Azlan Jeludin (previous Head of Primary Healthcare), Dr Musjarina Mulok (Senior Medical Officer) and Dr Sia Ai Ting (Senior Medical Officer).

Over 95% of chronic disease seen in the community will be by government-run clinics and because of the virtually free healthcare in Brunei (patients pay only BND \$1 : USD \$0.80 for anything from six months' supply of anti-hypertensive medication to open heart surgery in a government tertiary centre), the burden both on manpower and the economy are explicable huge. This has undesirably led to very poor utilization and misuse of resources.

Government GPs are also responsible for many other non-GP related works such as medical cover for public gatherings, sports events, and international conferences and other occasions where a doctor's presence is deemed necessary. In addition, we have weekly rotation of out-of hours GP service and also carry out School Health screening which is a general health screening for all school children at certain time intervals.

With many responsibilities outside our core job, many government GPs have left to join the increasingly appealing private workforce. This has led to recent shortages of manpower which has triggered the formation of a Taskforce to probe into this multi-dimensional issue. Additionally, the ministry are taking the necessary steps to alleviate the burden on government GPs including piloting nurse practitioners for minor illnesses, negotiating Government to move towards self-certification for sick leave, and taking advantage of this new redistribution of doctors by providing incentives both for patients to see private GPs and private GPs to manage patients with chronic diseases.

Notices

Balearic meeting of Young Doctors Sept 13-14,2014



Palma de Mallorca, May 2014

Dear colleagues,

It is a great honor for us to invite you to the **II Balearic Meeting of European Residents and Young GPs of the Ibmamfic** (Balearic Society of Family and Community Medicine), which will be held in Palma de Mallorca on September 12th and 13th of 2014.

In this second edition, we want to get into the skin of the patient, find out their concerns, their fears and their passions, so that we will offer you a thrilling programme that will take us to browse their *Powerful Feelings*. The sessions will be taught mostly by GP experts in each of the subjects, and the official language of the Meeting will be English. Also, as novelty this year, you will be able to increase your participation in the event by sending scientific works (research, professional experiences, clinical cases...). In terms of capacity, we have a maximum of 120 places, and the registration fee is 65 euros, that will include the Meeting's inscription, lunches and the Friendship Dinner.

You can consult all the details about it and the registration form in the next website:
<http://sbmfic.wix.com/meeting>.

The Meeting has been organized without the participation of the pharmaceutical industry.

For the occasion, during that week we are also organizing a **Conference Exchange**, offering 12 places for our European visitors (residents or Young GPs), who will enjoy a rotation week in a Health Center of Palma de Mallorca. Their participation in the Meeting will be free and **the accommodation will be included**, being hosted by Spanish GP trainees. If you are interested in joining us, please send your application before July 30th to resis.mfyc.mallorca@gmail.com.

We are working with great enthusiasm so that you could enjoy a unique and unforgettable experience so the Balearic Society of Family and Community Medicine and Vasco da Gama Movement encourage you to participate in this Meeting & Conference Exchange; you will not be disappointed!

If you have any question or you need more information about anything, we are at your disposal at the following email address: resis.mfyc.mallorca@gmail.com.

Kind regards,

Enrique Álvarez Porta
President of the Organizing Committee
National Coordinator of GP Trainees of semFYC

EURACT International course in Bled in September

Theme: The Scope and Limits of General Family Medicine.

Date: September 23-27, 2014

The annual EURACT course for family medicine teachers at all levels will be held again at Bled in Slovenia 23rd – 27th September. This year's topic recognises that Family Medicine is facing many challenges as our population ages and there is a drive to move more medical care into our communities. There are ever increasing demands for Family Doctors to take on new and wider responsibilities in diagnosis treatment, prevention, education and administration in addition to our traditional roles. Within the profession there are some voices calling for a broader role for Family Doctors while other strive to set rational limits to the scope of the work. This course aims to address these issues.

The course is aimed at educators in primary care who are involved in teaching at the university or practice level. It will be of interest to educators at all stages of their careers and will offer the opportunity to experience working work in a small group of peers from across Europe.

The course takes place over 4.5 days, each day starts with a plenary session which consists of a plenary lecture on one aspect of the course theme, the rest of the day is spent in small groups during which the participants will have the opportunity to explore the theme in greater depth. A highlight of the course is the opportunity provided by Bled Health Centre to visit patients in their homes.

Each group will produce a teaching module by the end of the week which participants can then take back with them to their own setting. Feedback from the Bled course has been consistently positive the combination of the course content and an active social programme makes for a refreshing and interesting week.

If you are interested in finding out more the course details can be found on: <http://www.bled-course.org>

Jo Buchanan
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PEARLS added this month

More PEARLS have been added this month.

PEARLS are an independent product of the Cochrane primary care group and are meant for educational use and not to guide clinical care.

- [419 Interventions effective for preventing and treating pelvic and back pain in pregnancy](#)
- [418 No evidence of benefit of psychostimulants for amphetamine abuse or dependence](#)
- [417 Enhanced care may help people with functional somatic symptoms](#)
- [416 Some evidence of benefit in face-to-face interventions for promoting physical activity](#)
- [415 Beta 2 agonists effective for exercise-induced asthma](#)

WONCA CONFERENCES 2014

| | | | |
|--------------------|------------------------------------|----------------|--|
| August 16-17, 2014 | WONCA South Asia Region conference | Chennai, INDIA | Hope healing and healthy nation through family medicine. www.woncasar2014.com |
|--------------------|------------------------------------|----------------|--|



See [WONCA website conference page](#) for updates.

WONCA CONFERENCES 2015

| | | | |
|----------------------|--------------------------------------|--------------------|---|
| February 13-14, 2015 | WONCA South Asia Region conference | Dhaka, BANGLADESH | For more information on these conferences as it comes to hand go to the WONCA website conference page : |
| February 18-21, 2015 | WONCA Africa region conference | Accra, GHANA | |
| March 5-8, 2015 | WONCA Asia Pacific Region Conference | Taipei, TAIWAN | |
| April 15-18, 2015 | WONCA World Rural Health conference | Dubrovnik, CROATIA | |
| October 22-25, 2015 | WONCA Europe Region conference | Istanbul, TURKEY | |

WONCA Direct Members enjoy *lower* conference registration fees. To join WONCA go to:

<http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

Membership for
Individuals and
Organizations



WONCA ENDORSED EVENTS

For more information on WONCA endorsed events go to

<http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx>

April

Mental Health for All 

28-30

Lille, France

2015

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

| | |
|----------------------------|---|
| July 25-27 2014 | RNZCGP conference for general practice  |
| | Christchurch, New Zealand |
| August 16-16 2014 | SAAFP Mini Conference Cape Town 2014  |
| | Cape Town, South Africa |
| September 01-02 2014 | EFPC 2014 Bi-annual conference  |
| | Barcelona, Spain |
| September 12-13 2014 | II Balearic Meeting of European Residents & Young GPs of Ibamfic  |
| | Palma de Mallorca |
| September 23-27 2014 | EURACT - International course in Bled  |
| | Bled, Slovenia |
| October 02-04 2014 | RCGP annual primary care conference  |
| | Liverpool, United Kingdom |
| October 09-11 2014 | RACGP GP '14 conference  |
| | Adelaide, Australia |
| October 21-25 2014 | AAFP annual scientific assembly  |
| | Washington DC, USA |
| October 23-26 2014 | EGPRN Autumn meeting  |
| | Heraklion, Crete, Greece |
| November 13-15 2014 | Family Medicine Forum / Forum en médecine familiale  |
| | Québec, Canada |
| November 19-23 2014 | The Network: Towards Unity for Health conference  |
| | Fortaleza, Brazil |
| May 07-10 2015 | EGPRN Spring meeting  |
| | Timisoara, Romania |
| June 16-18 2015 | 19th Nordic Congress of General Practice  |
| | Gothenburg, Sweden |

World Family Doctor Day activities – part 2

Last month WONCA News featured a large range of activities from a variety of countries, that were held on World Family Doctor' day. [View report here.](#)

More activities submitted are from the following countries. New reports are found below.

| | | | | |
|------------|-----------|---------|--------|--|
| Bangladesh | Caribbean | Lebanon | Turkey | |
|------------|-----------|---------|--------|--|

Bangladesh

The Bangladesh Academy of Family Physicians

The Bangladesh Academy of Family Physicians has celebrated the World Family Doctors Day for the first time in Bangladesh. We observed the day in two phases:

WFDD 2014 Rally: Members of the Academy gathered in the early morning at Keraniganj, a suburban locality just on the other side of River Buriganga. There we joined a rally. Not only the members and doctors joined the rally, rather family members of the doctors and other local people also joined and enjoyed the rally [Picture BAFF 1]. People were very curious and they kept us busy with explaining the significance of the day. At the end of the rally we enjoyed food and discussed about the day. Dr. Ainul Islam Choudhury, President of the Academy and a senior Family Physicians lead the occasion.

WFDD 2014 Education Programme: Members joined an education programme where Dr. Kanu Bala made a power point presentation on the WFDD Day. Then Prof. Nazmul Ahsan, Professor of Psychiatry, delivered a lecture on 'Management of Depressive Illness in Family Practice'. A good number of Family Physicians joined the programme [Picture BAFF 2].



Caribbean

The TOBAGO Chapter of the Caribbean College of Family Physicians (CCFP) is the newest Chapter to be formed within the Caribbean College of Family Physicians (CCFP) and its launch was timed to coincide with World Family Doctor Day- May 19, 2014.

[Read separate news item here.](#)

Lebanon

The Lebanese Society of Family Medicine

The Lebanese Society of Family Medicine has conducted several activities to celebrate that day, some of the them were conducted on that day and others still to be done. I admit having done wrong in waiting for all the activities to be completed to submit the report.

As a society what was done so far :

1- Having posters issued for the occasion reading " who is better than your family doctors to care for you and your family". These were placed in public places like malls, supermarket, healthclubs, pharmacies.. and in some primary care centers.

2- Having health nut bags, bearing the logo of the family doctor day, distributed also in public places like malls, supermarket, healthclubs, pharmacies.. and in some Primary care centers, including the family medicine training center at University St Joseph. This was partially sponsored by Castania nuts.

3- Having family doctors participate in TV shows on several local and international channels to talk about the contribution of Family Medicine to the wellbeing of individuals and their families as well as to the health care system. Some of these interviews were broadcasted , others will be broadcasted shortly.

What is planned to be done:

4- Organizing an "open house" that will be conducted in June 11 with the Family Medicine department at the American University of Beirut. Residents in training will be manning health booths and answering questions raised by walk in community members.

5- Having a theme for the Family Doctor Day, for the following years, along the principles of Family Medicine. The theme will be announced during the annual meeting of the Society which is usually held in November. The Family Medicine training centers in Lebanon, the Society and volunteer family doctors already in practice will be planning and developing activities along this theme. These activities will be implemented on the following Family Doctor day.

Celebrating Family Doctors Day all over the world is an excellent idea; it gives the feeling of being united and supported.



Turkey

Since 1919, May 19th has been celebrated as "Commemoration of Atatürk, Youth and Sports Day" in Turkey. Since 2010 we have been celebrating both "Commemoration of Atatürk, Youth and Sports Day" and "World Family Doctors' Day" on the same day.

This year as "Dokuz Eylul University Faculty of Medicine Family Medicine Department" we organized a special activity with "Izmir Tepecik Education and Research Hospital Family Medicine Clinic", "Izmir Katip Celebi University Faculty of Medicine Family Medicine Department" with support of TAHUD Izmir (Turkish Association of Family Physicians). We aimed to celebrate this spectacular day all together and to organize a meeting to speak the future of our discipline.

In May 19th, 2014 we organized a bicycle tour and to improve the awareness of patients we printed posters with the name of our hospitals on white t-shirts. We announced the organization by using social media (Facebook, Twitter, Google groups,.etc). On the date we took a bicycle ride and took some photographs for the memories of the day.



While we were planning "World Family Doctors' Day" activities, it had been a disaster at a coal mine at Soma/ Manisa/ Turkey. Lots of people died in there and for 3 days national mourning days are declared. Our hearts were prayers for the lives lost in mine accident. For this reason, this year it was also a commemoration day for them for family physicians in Turkey.

We believe that our discipline is going to be in a better position for the next few years. We wish to celebrate this spectacular day with the organizations all over the country and we want to resume bicycle ride organizations every year and also we want to increase the number of participants each year. Thank you everyone who joined to our activity this year, we are looking forward to do it next year again. Happy world family doctors' day!



20th
Wonca Europe
Conference 2015
istanbul

October 22-25, 2015
Halic Congress Center
Istanbul / TURKEY
www.wonca2015.org

