

WONCA News

An International Forum for Family Doctors/



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From the President: Family Medicine reforms in Central Asia



Photo: Michael Kidd, Amanda Howe and Job Metsemakers with family medicine leaders and young doctors from Kyrgyzstan at the first ever congress of general practitioners and family physicians of Kyrgyzstan

Dr Nazlulalum Gasanova is a family doctor working in the Family Medicine Centre in Marx Village in rural Kyrgyzstan. Originally trained as a paediatrician, Nazlulalum retrained as a family physician in the 1990s and now provides care to a community of 12,000 people, including 3,000 children aged under 14. She works alongside one family doctor colleague and a team of six primary care nurses. Services are provided free of charge to all people enrolled with the clinic. She lives in the village and is called on day and night for emergency care. Last year Nazlulalum provided antenatal care to 234 pregnant women in her village. No wonder she is called “Doctor Mama” by the people of her village.



Photo: Family doctor, Nazlulalum Gasanova, in her clinic in rural Kyrgyzstan

Kyrgyzstan, like many countries in Central Asia, is facing a new round of health system reform, based on family medicine and strengthening

primary health care. There is recognition that the health system is over reliant on consultant specialists, with five subspecialists to each family doctor. Like many of the nations of the former Soviet Union, family medicine specialization was introduced in the 1990s and there were efforts to train other specialists to become family doctors, yet family doctors remain undervalued in the health system and the pay differential means few medical graduates are prepared to work as a family doctor in the cities, let alone in rural areas. Many of those trained as family doctors in the 1990s have

migrated to neighbouring countries where conditions are better. Despite the challenges many medical students and recent graduates remain keen to become family doctors once the conditions are improved.

And improvement is underway. Not far from Nazlulalum’s village, the rural health centre in the village of Vasilyevka has recently been rebuilt, designed to meet the needs of delivering high quality primary care in a rural community, with an emergency ward, bright consulting rooms, pharmacy and point of care pathology testing. Husband and wife family doctor team, Dr Bazarkul Duishenaliev and Dr Sapura Mamatalieva, lead the small primary care team at the health centre. Yet both are beyond retirement age and nobody can be found to take their place. And so they continue to work knowing that if they stop, they leave the people of their region without access to medical care.



Photo: Husband and wife rural family doctor team, Dr Bazarkul Duishenaliev and Dr Sapura Mamatalieva

Bazarkul Duishenaliev is committed to population health. He is responsible for the medical care of the people of six small villages, and leads a team of community nurses and first access community health officers, called feldschers. To monitor the health of his population, Bazarkul has set up a

map on the wall of his clinic with a small light for each house in each of the six villages of the region. He has programmed in the details of each house with a person with diabetes, with tuberculosis, with heart disease, with cancer, with asthma, and with a flick of a switch the board lights up to show the location of his patients with each chronic condition allowing him to coordinate the care provided by his team of community nurses and community health officers. He is a modern day John Snow.

Without gas and oil reserves, Kyrgyzstan is one of the poorest countries of Central Asia, yet it is also very beautiful with high mountains, lakes and grassy plains. A former member of the Soviet Union, most of the population lived a nomadic existence until only two or three generations ago. Now most people live in the main cities of Bishkek and Osh, or in smaller rural farming communities. Pride in the people's nomadic heritage is strong and the roof opening of the traditional yurt (mobile home) features on the national flag.

I was in Kyrgyzstan, accompanied by WONCA president-elect Amanda Howe and WONCA Europe President Job Metsemakers, for the nation's first congress of general practitioners and family physicians, hosted by the Minister of Health and the leadership of the Kyrgyz State Medical Academy. There is a strong partnership between Switzerland and Kyrgyzstan and a Swiss

Government Foundation provided funding support for representatives of family doctor organisations from across Central Asian and CIS nations to attend the congress, and so we were joined by colleagues from many countries including Kazakhstan, Uzbekistan, Tajikistan, Mongolia, Russia, Ukraine, Lithuania and Belarus.

In a wonderful roundtable discussion, representatives of each nation of the region outlined the successes in primary care reform and the challenges faced by family doctors, and agreed to work together to advocate with governments for recognition of the specialty of family medicine, to support the development of postgraduate training in family medicine, to encourage medical students and recent graduates to train in family medicine, to promote research in primary care, and to ensure incentives are provided to encourage the best and brightest medical graduates to join us as family doctors.

WONCA is keen to continue to support our colleagues across Central Asia to strengthen family medicine in each nation and to ensure that all people have access to high quality medical care in their communities delivered by well-trained and well-supported family doctors.

Professor Michael Kidd
President
World Organization of Family Doctors

Image right: WONCA president speaking at family medicine congress in Bishkek, in front of the flag of Kyrgyzstan

Imagen derecha: El Presidente de WONCA hablando en el Congreso de Medicina de Familia en Bishkek, delante de la bandera de Kirguistán



Image left: Dr Bazarkul Duishenaliev with his map for monitoring chronic disease in each of the villages of his rural region

Imagen izquierda: El Dr Bazarkul Duishenaliev con su mapa para el seguimiento de las enfermedades crónicas en cada uno de los pueblos de su región rural.



Image: Roundtable participants from nations of Central Asia and the CIS meeting in Bishkek in Kyrgyzstan

Imagen: Participantes a la mesa redonda de los países de Asia Central y de la reunión del CEI en Bishkek, Kirguistán.

Image right: Downtown Bishkek, capital of Kyrgyzstan

Imagen derecha: Centro de la ciudad de Bishkek, capital de Kirguistán.



Image left: Monument to the struggles of the people of Kyrgyzstan

Imagen izquierda: Monumento en recuerdo de las luchas del pueblo de Kirguistán.



Image right: Rural life in Kyrgyzstan

Imagen derecha: La vida rural en Kirguistán.



Image left: WONCA president adopts the guise of an eagle handler. The beautiful bird is two years old and, in one year's time, when fully grown, will be used to hunt wolves

Imagen izquierda: El presidente WONCA adopta la apariencia de un entrenador de águilas. El hermoso pájaro tiene dos años y, en el plazo de un año, cuando ya haya crecido totalmente, será utilizada para cazar lobos

Del Presidente: Reformas en la Medicina de Familia en Asia Central



Imagen: Michael Kidd, Amanda Howe y Job Metsemakers con líderes de Medicina de Familia y médicos jóvenes de Kirguistán en el primer congreso de los médicos generalistas y médicos de familia Kirguistán.

El Doctor Nazluhalum Gasanova es un médico de familia que trabaja en el Centro de Medicina Familiar en la población de Marx en la región rural de Kirguistán. Formado en su momento como pediatra, Nazluhalum se formó después nuevamente como médico de familia en la década de 1990 y ahora atiende a una comunidad de 12.000 personas, en la cual hay 3.000 niños menores de 14 años. Ella trabaja conjuntamente con un colega médico de familia y un equipo de seis enfermeras de Atención Primaria. La asistencia se ofrece de forma gratuita a todas las personas inscritas en la clínica. Al vivir en el pueblo, la llaman tanto de día como de noche para la atender emergencias. El año pasado Nazluhalum proporcionó atención prenatal a 234 mujeres embarazadas en su pueblo. No me extraña que la gente del pueblo la llamen "Doctora Mama".

Imagen: Médico de cabecera, Nazluhalum Gasanova, en su clínica en la zona rural de Kirguistán.



Kirguistán, al igual que muchos otros países de Asia Central, se enfrenta a un nuevo proceso de reforma del sistema de salud, sobre la base de la Medicina de Familia y el fortalecimiento de la Atención Primaria de salud. Se ha llegado a la conclusión que el sistema de salud es excesivamente dependiente de los médicos especialistas, con cinco subespecialistas por cada médico de familia. Como en muchos de los países de la antigua Unión Soviética, la especialización de medicina familiar se introdujo en la década de 1990 y se hicieron

esfuerzos para formar a otros especialistas para que se convirtiesen en médicos de familia, sin embargo, los médicos de familia permanecen como profesionales infravalorados en el sistema de salud y la diferencia salarial provoca que pocos licenciados en medicina se formen para trabajar como médicos de familia en las ciudades, y aún menos en las zonas rurales. Muchos de los que se formaron en su día como médicos de familia en la década de 1990 han emigrado a países vecinos, donde las condiciones son mejores. A pesar de los retos, muchos estudiantes de medicina y recién graduados siguen dispuestos a convertirse en médicos de familia una vez las condiciones laborales mejoren.

Y la mejora está en marcha. No muy lejos del pueblo de Nazluhalum, el centro de salud rural del pueblo de Vasilyevka ha sido recientemente reconstruido, diseñado para satisfacer las necesidades en la prestación de Atención Primaria de alta calidad en una comunidad rural, con una sala de urgencias, consultorios recién estrenados, farmacia y punto de atención y realización de pruebas de patologías. El equipo y matrimonio de médicos de familia del Doctor Bazarkul Duishenaliev y la Doctora Saputa Mamatalieva dirigen el pequeño equipo de Atención Primaria en el centro de salud. Sin embargo, ambos han superado ya la edad de jubilación y no se ha encontrado ningún sustituto que les pueda reemplazar. Y así continúan trabajando sabiendo que si se detienen, dejan a la gente de su región sin acceso a la atención médica.



Imagen: El equipo de Medicina de Familia rural, marido y mujer, Dr Bazarkul Duishenaliev y el Dr Sapura Mamatalieva

Bazarkul

Duishenaliev está comprometido con la salud de la población. Es el responsable de la atención médica de las personas de seis pequeños pueblos, y dirige un equipo de enfermeras comunitarias y oficiales de salud de la comunidad, llamados feldschers. Para controlar la salud de su población, Bazarkul ha creado un mapa en la pared de su consultorio con una pequeña luz para cada casa en cada uno de los seis pueblos de la región. Ha programado el sistema con los datos de los hogares, con una luz por persona con diabetes, tuberculosis, enfermedad cardíaca, cáncer, asma, y basta con un simple accionamiento de un interruptor de las luces de mesa para mostrar la ubicación de sus pacientes que padezcan una situación crónica determinada, lo que le permite coordinar la atención dada por su equipo de enfermeras de la comunidad y los funcionarios comunitarios de salud. Él es un John Snow moderno.

Sin reservas de gas ni de petróleo, Kirguistán es uno de los países más pobres de Asia Central, pero es también muy hermoso, con montañas altas, lagos y llanuras cubiertas de hierba. Miembro fundador de la Unión Soviética, la mayoría de la población solía vivir una existencia nómada hasta hace sólo dos o tres generaciones. Ahora la mayoría de la gente vive en las principales ciudades de Bishkek y Osh, o en las comunidades agrícolas rurales más pequeñas. El orgullo de la herencia nómada del pueblo es fuerte y la abertura del techo de la yurtas tradicional (casa móvil) incluye ahora la bandera nacional.

Imagen: Participantes a la mesa redonda de los países de Asia Central y de la reunión del CEI en Bishkek, Kirguistán.

Yo estaba en Kirguistán, acompañado de la presidenta electa de WONCA Amanda Howe y del Presidente de WONCA Europa Job Metsemakers, en motivo del primer Congreso que se hacía en el país de profesionales y médicos generalistas, organizado por el Ministerio de Salud y la dirección de la Academia de Medicina del Gobierno de Kirguistán. Hay una fuerte colaboración entre Suiza y Kirguistán, de hecho una Fundación del Gobierno de Suiza proporcionó apoyo financiero a los representantes de las organizaciones de médicos de familia de toda Asia Central y a los países de la CEI para asistir al Congreso, por lo que se nos unieron colegas de muchos países, entre ellos Kazajstán, Uzbekistán, Tayikistán, Mongolia, Rusia, Ucrania, Lituania y Bielorrusia.

En una maravillosa mesa redonda, los representantes de cada país de la región expusieron los éxitos de la reforma de la Atención Primaria y los desafíos a los que se enfrentan los médicos de familia, y acordaron trabajar conjuntamente para exigir a los gobiernos el reconocimiento de la especialidad de Medicina de Familia y apoyar así el desarrollo de formación de postgrado en Medicina de Familia, para que los estudiantes de medicina y los recién graduados se formen en la especialidad familiar, para promover una investigación en Atención Primaria que asegure que se ofrecen incentivos para animar a los mejores y más brillantes médicos graduados a unirse a nosotros como médicos de familia.

WONCA está dispuesta a seguir apoyando a nuestros colegas de toda Asia Central para fortalecer la Medicina de Familia en cada país y para asegurar que todas las personas tengan acceso a una atención médica de alta calidad en sus comunidades impartida por médicos de familia bien formados y con recursos.

El profesor Michael Kidd
Presidente de WONCA

From the CEO's desk: WONCA executive meet



WONCA Executive in Istanbul:

(Back row from l to r): Matie Obazee (Africa); Pratap Prasad (South Asia); Job Metsemakers (Europe); Mohammed Tarawneh (East Mediterranean); JK Lee (Asia Pacific); Luisa Pettigrew (Member at large); Raman Kumar (young doctor); Amanda Howe (President Elect).

(Front row from l to r): Inez Padula (Iberoamericana); Garth Manning (CEO); Michael Kidd (President); Karen Flegg (Member at large); Ruth Wilson (North America). Not in photo- Donald Li (Member at large)

Greetings again from the WONCA Secretariat in Bangkok. This month I want to report back to everyone on the recent WONCA Executive meeting held in Istanbul on 18th and 19th October, just prior to the WONCA Europe conference.

Financial constraints mean that the WONCA Executive only manages to meet face to face about every nine months or so. It does meet via teleconference every 4 to 6 weeks, and this provides a useful forum to keep each other updated on activities and plans in the regions and among Executive members, but the face to face meetings are inevitably much more productive, offering a chance for genuine discussion and debate.

Executive meetings routine start with a session on strategy, looking in particular at the three overriding Key Performance Indicators (KPIs), which were agreed for the triennium. These three KPIs were:

- To encourage new Member Organizations in each of the WONCA regions
- To develop and support Young Doctor Movements (YDMs) in each of the WONCA regions.
- To encourage and develop greater collaboration between the regions and WHO regional offices.

Most regions have been working hard to recruit new member organizations to WONCA. Really the only exception is North America, where recruitment opportunities are very limited as the region already includes the main organizations in

USA and Canada, and supports the Caribbean College of Family Physicians in opening new Chapters in the territories and dependencies throughout the Caribbean. As will be seen below, WONCA's Eastern Mediterranean Region has been especially active in recruitment, and Africa Region is also proving very active.

Development of, and support to, Young Doctor Movements has been a particular success story in this triennium. At the time of Prague, in June 2013, only four regions could boast of a YDM (Europe, Iberoamericana, Asia Pacific and South Asia). However since then first Africa, then Eastern Mediterranean and finally North America have established YDMs, meaning that WONCA now has a Young Doctor Movement in all seven of its regions, as well as having a YDM representative on the WONCA Executive. We were especially pleased to be able to support the seven YDM leads, together with Raman Kumar, WONCA Executive YDM representative, to enable all of them to attend the Vasco da Gama pre-conference and the WONCA Europe conference in Istanbul, the first time that all YDM leads have been able to meet in person. We are now exploring how we might offer similar assistance to them all for Rio in 2016.

Collaboration with WHO is especially important to us, and we know from membership surveys that you also regard it as a key priority for WONCA. Luisa Pettigrew, our WHO WONCA Liaison, does an incredible job at working with WHO across several divisions, but we have also been endeavouring to enhance links at a regional level. This year Job Metsemakers and Anna Stավdal attended the WHO EURO Regional Council, and Mohammed Tarawneh the WHO EMRO meeting, whilst Matie Obazee will attend the WHO AFRO meeting in Benin. Unfortunately the WHO SEARO meeting was in Timor Leste, and the WHO WPRO meeting in Guam, both of which were logistically very challenging, but we hope that attendance at next year's events might be a little easier. The invitation to the PAHO meeting arrived at the last minute, and it was impossible for either Ruth Wilson or Inez Padula to attend at such short notice, but we hope that invitations for future years will arrive in a more timely manner.

Executive discussed WONCA's financial situation. Donald Li, WONCA's Hon Treasurer, reported that finances are stronger than for some time, but that the situation was still fragile, and the need to strengthen the reserve fund remained. He presented some minor revisions to the 2016 budget, which were endorsed by Executive.

Job Metsemakers reported as Chair of Membership Committee. The Committee had received applications from four Organizations for WONCA membership – Afghan Family Medicine Association; Algerian Society of General Medicine; Kuwaiti Association of Family Physicians and General Practitioners; and National Collective of General Practitioners of Morocco – and Executive was happy to endorse the recommendation that all four be admitted. Note that all four are in the Eastern Mediterranean Region, which is growing rapidly! Membership Committee also recommended granting Academic Membership to the Department of General Practice of University of Edinburgh and Organization in Collaborative Relationship (OCR) status to EACH (European Association for Communication in Healthcare) and Executive was happy to endorse these recommendations also.

A significant amount of time was devoted to proposed changes to Bylaws and Regulations. Karen Flegg, as Chair of the Committee, had canvassed opinions on a number of issues via on line surveys, and she presented a number of amendments to Executive for consideration. Needless to say there was considerable debate and discussion (there always is when Bylaws and Regulations get discussed), and Executive in turn made some suggestions and recommendations which Karen and her committee will now work on, before again presenting to Executive. Once Executive has agreed these then they will be sent out to Member Organizations well in advance of the next World Council meeting for their consideration.

Many other issues were discussed during the two days. I updated Executive on a number of measures being taken to enhance social media contact with our members and some consultancy opportunities which are being developed. We are creating a jobs portal on the WONCA website, and are also planning a mid-life update for the site itself. Executive also endorsed in principle the creation of a WONCA Global Health Award, to be awarded annually to the most successful country, in the view of Executive, in delivering Universal Health Coverage through family practice.

And that's about it for this month. I recently represented WONCA at two separate meetings at WHO HQ in Geneva. One meeting was looking at Cardiovascular Disease whilst the second was discussing the Global Action Plan on Ageing and Health, and I will report more fully on these meetings next month.

Best wishes to all.
Dr Garth Manning

Policy Bite: Migration & refugee health – new challenges



The recent situation of rapid and unplanned migration in Europe has raised my awareness of a situation which many other regions have already experienced. The WONCA Europe conference saw the launch of the '[Istanbul statement](#)' on refugee health, and much discussion both within workshops and plenaries about the needs and challenges for family doctors. The very active special interest group (SIG) on migrant care hosted two workshops on refugee and migrant child health, and Prof Jan de Maeseneer in his plenary challenged WONCA to add to these initiatives with policy and evidence on good practice. Another group launched at WONCA Europe was the '[WONCA SIG on Conflict and Catastrophe medicine](#)', whose remit also relates to this area.

I also spoke with many colleagues who had become involved in their local situation: doing shifts in temporary clinics as people passed through their countries - or became 'stuck in transit' due to border closures. So this is a theme that touches many, and those of us whose countries do not yet feel the force of large numbers of unexpected migrants will still empathise both with the people and the doctors who are helping them.

As clinicians, family doctors are well equipped to deal with the basic needs of migrants, but this work is challenging because of its urgency, the different work of doing triage (basic screening and urgent treatment, prioritisation and risk assessment), and the emotional distress and unpredictable situation. Also governments have different political positions and organisational capacities – some mobilising emergency plans in a very proactive manner, others aiming mainly for rapid transition or blocking of these large groups rather than any planned management.

The main risks for the people in transit include meeting basic needs of shelter, clean water and food, hygiene, and personal safety. Physical violence, accidental trauma, theft, and exploitation are all risks, as are increased rates of infective and acute illness due to proximity, exhaustion, lack of facilities, and stress. Doctors working with these groups are also at potential risk, especially if there is lack of protective equipment such as masks and gloves: and the strain of the situation can lead to aggressive reactions in the care setting, although also great gratitude and appreciation of care given.

So what is WONCA's role? At international level, to raise awareness and to advocate – the Istanbul statement makes nine recommendations for action, mostly at national level, all aiming to ensure appropriate care and avoidance of harm. This means that member organizations will be the main route by which action is taken, and through which both role modelling ('we care, we want to help') and practical advice on behalf of members can be given. As individual members, how we act depends on what we are faced with – long-term refugee settlement in countries such as Jordan, new migration across borders due to conflict or natural disasters, or 'awareness at a distance'. So, for me personally, I see the situation every day on the world news, but do not live close enough to any border to have groups of unplanned migrants in my area. I do meet people migrating for work or study, but this is usually planned and they have access to health care in my country, so this is different scenario. So my action can mainly be via others.

What needs to come out of this? WONCA should appreciate and recognise the work of our members who are directly supporting health care for refugees: promote awareness of the challenges, including those of witnessing and reporting potential human rights issues; develop evidence based guidance to support advocacy and practice; and try to participate where possible in any relevant initiative of health care support. We need to advocate for proper training and resourcing of services for migrants, including interpreter services which will be crucial. We also need to be realistic in terms of what family doctors can offer: engagement with civil emergency planning may avoid unrealistic expectations of the primary care workforce, and national membership organisations can have a role in this negotiation. Finally, as citizens, with our students, and with our colleagues, we can discuss what is needed to provide high quality compassionate care, reduce stigma, and minimise risk to the refugees, our own communities and ourselves. I congratulate all those who raised this formal motion at WONCA Europe Council, those family doctors who are actively championing this issue, and look forward to more work on this difficult area.

Amanda Howe, President Elect

1.. Full name is '[Migrant care, international health and travel medicine](#)'

Fragmentos de política: Migraciones y refugiados de la salud



Compartimos el artículo de Fragmentos de política de este noviembre de la presidenta electa de WONCA, Amanda Howe acerca de la situación que se vive por la crisis de los refugiados

La situación reciente de migración rápida y no planificada en Europa ha hecho crecer mi conciencia respecto a una situación que otras muchas regiones ya han experimentado. Durante la Conferencia de WONCA Europa se lanzó [la Declaración de Estambul](#) acerca de la salud de los refugiados, y se debatió mucho tanto dentro de los talleres y los plenarios sobre las necesidades y los retos para los médicos de familia. El muy activo [grupo y de interés especial \(SIG\) dedicado a la salud de los emigrantes](#) organizó dos talleres sobre los refugiados y la salud de la salud de los niños emigrantes, y en su plenario el Prof. Jan de Maeseneer desafió WONCA a que añadiese a estas iniciativas los principios y las evidencias de las buenas prácticas. Otra iniciativa que SIG lanzó en el Congreso de WONCA Europa fue la del [grupo Conflictos y Catástrofe](#) cuya plan de acción también hace referencia a este ámbito.

También hablé con muchos colegas que se habían involucrado en sus realidades locales: haciendo turnos en las clínicas temporales mientras las personas pasaban por sus países - o se vieron "atascados en el tránsito", debido a los cierres de fronteras. Así que este es un tema que afecta a muchos, y aquellos de nosotros en cuyos países aún no se está notando la fuerza de un gran número de inmigrantes inesperados debemos empatizar tanto con las personas como con los médicos que les están ayudando.

Como profesionales clínicos, los médicos de familia están bien preparados para hacer frente a las necesidades básicas de los inmigrantes, pero este trabajo constituye un reto debido a su urgencia, las diversas tareas para hacer el triaje (cribado básico y tratamiento urgente, priorización y evaluación de riesgos), además de la angustia emocional y la situación impredecible. También los gobiernos tienen diferentes posiciones políticas y capacidades organizacionales – algunos activan planes de emergencia de una manera muy proactiva, otros persiguen objetivos destinados principalmente a la transición rápida o al bloqueo de estos grandes grupos en lugar de cualquier gestión planificada.

Los riesgos principales para la población en tránsito son las más básicas, como el poder encontrar refugio, agua potable y comida, la higiene y o la seguridad personal. La violencia física, el traumatismo accidental, el robo y la explotación son otros riesgos que, con el aumento de las tasas de enfermedades infecciosas y agudas debidas al entorno, al cansancio, a la falta de instalaciones o al estrés pueden desencadenarse. Los médicos que trabajan en estos grupos también se encuentran ante un riesgo potencial, especialmente si no se encuentran equipados con material de protección como mascarillas y guantes y la propia tensión de la situación puede dar lugar a reacciones agresivas mientras se presta la atención, aunque también existe una gran gratitud y un reconocimiento de la atención recibida.

Entonces, ¿cuál es el papel de WONCA? A nivel internacional, para aumentar la toma de conciencia y para hacer de defensores - la Declaración de Estambul hace nueve recomendaciones para la acción, la mayoría a nivel nacional, y con el objetivo de garantizar la atención y la prevención del daño. Esto significa que las organizaciones miembro serán la principal vía a través de las cuales se adoptarán estas medidas, y mediante ellas se dará forma a su papel ('nos importa, queremos ayudar') y podemos dar consejos prácticos. Como personas individuales, nuestra forma de actuar depende de lo que nos encontremos enfrente - asentamiento de refugiados a largo plazo en países como Jordania, nuevos flujos migratorios que cruzan las fronteras debido a los conflictos o a los desastres naturales, o concienciación desde la distancia. Por ejemplo, yo, personalmente, veo la situación todos los días en las noticias del mundo, pero no vivo lo suficientemente cerca de una zona fronteriza para tener grupos de refugiados en mi área. Conozco gente inmigrante por razones de trabajo o estudios, pero estos son casos normalmente planeados y tienen acceso a la asistencia sanitaria en mi país, así que este es un escenario diferente. Por eso la mayor parte de mis actuaciones pueden ser a través de los demás.

¿Qué debe ocurrir para salir de esta situación? WONCA debería agradecer y reconocer el trabajo de nuestros miembros que están apoyando directamente la atención sanitaria a los refugiados: promover la toma de conciencia ante los retos que se presentan, incluyendo los de

atestiguar e informar de los posibles problemas de derechos humanos; desarrollar una guía basada en la evidencia para apoyar la promoción de la práctica médica y tratar de participar en lo posible en todas las iniciativas relevantes de apoyo a la atención sanitaria. Tenemos que comprometernos con una formación adecuada y con la dotación de recursos a los servicios para los inmigrantes que incluya servicios de intérpretes que son cruciales. También tenemos que ser realistas en términos de lo que los médicos de familia pueden ofrecer: La planificación de emergencias civiles pueden evitar expectativas poco realistas acerca del personal de Atención Primaria, y las organizaciones nacionales pueden tener un papel en esta negociación. Finalmente, como ciudadanos, con nuestros estudiantes y nuestros colegas, podemos hablar de lo que se necesita

para proporcionar un cuidado compasivo de alta calidad, reducir el estigma y minimizar los riesgos para los refugiados, para nuestras propias comunidades y para nosotros mismos. Felicito a todos aquellos que plantearon esta moción formal al Consejo de WONCA Europa, a todos aquellos médicos de familia que están defendiendo activamente en este ámbito, y espero trabajar más profundamente en esta difícil área.

Amanda Howe
Presidenta electa de WONCA

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

Fragmentos de Política: ¿Lo que se mide, se gestiona?



La Profesora Amanda Howe está de vacaciones, por lo que el artículo de Fragmentos de Política de este mes ha sido escrito por la autora invitada Doctora Luisa Pettigrew. Luisa es un miembro del Ejecutivo WONCA WORLD y es también nuestra persona de enlace con la OMS.

[English](#)

El cliché es, “*si no se mide no se gestiona*” – o simplemente puede no hacerse. Aunque existen numerosos riesgos asociados con querer medir cosas que no se pueden o no se deben medir, hay una cierta verdad en este dicho. El reto más grande es entonces el de medir lo que realmente importa, y diseñar formas factibles y apropiadas para hacerlo.

La salud y el bienestar de los pacientes y la población en general son los fines más importantes para cualquier sistema de salud, pero dependen de muchos factores y a menudo sus resultados solo se ven a largo plazo. Por esto el medir aspectos como la organización y los procesos que se usan para brindar los servicios de salud también son indicadores de calidad importantes y de su consistencia de acuerdo con la evidencia. Estas medidas son particularmente relevantes en la atención primaria, donde la evidencia sugiere que si se aplican metas enfocadas en ciertas enfermedades, esto puede resultar en detrimento de otras condiciones, el cuidado holístico y el fortalecimiento del sistema de salud.

Por lo tanto en agosto el comité ejecutivo de WONCA en una carta publicada por [El Lancet](#) subrayo la necesidad de disponer de indicadores globales del desarrollo de la atención primaria. La carta destaca que hay una necesidad de medir las dimensiones características, como la evidencia sugiere, que hacen la atención primaria efectiva. Estos aspectos incluyen la coordinación, la integralidad y la continuidad, además de otras medidas de la calidad y la integración de la atención primaria en el resto del sistema de salud. También es importante poder medir el gasto público en la atención primaria, la accesibilidad económica a la atención primaria y el desarrollo de los profesionales de salud.

Reconocemos que muchos de estos aspectos son muy difíciles de medir en una gran parte del mundo ya que los recursos y mecanismos para recoger la información aun no existen. Sin embargo existen ejemplos de cómo puede llevarse a cabo, y aunque estos ejemplos principalmente se presentan en países con ingresos per cápita más altos, ofrecen una base desde donde partir (1,2).

Las Naciones Unidas han fijado 17 objetivos para el desarrollo sostenible con la ambición de conseguirlos para el 2030. La atención primaria integral y de buena calidad es esencial para conseguir no solo el objetivo que principalmente se relaciona con la salud, sino también para contribuir con el resto de estos 16 objetivos. Por todo eso es que necesitamos ser ambiciosos

sobre medir lo que realmente importa, y la atención primaria importa.

Luisa Pettigrew
WONCA WHO Liaison

1. Johns Hopkins Primary Care Policy Centre. Primary care assessment tools. www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/pca_tools.html.

2. Dionne S. Kringos, Wienke G.W. Boerma, Allen Hutchinson, Richard B. Saltman. Building primary care in a changing Europe. European Observatory on Health Systems and Policies & NIVEL. www.euro.who.int/en/about-us/partners/observatory/publications/studies/building-primary-care-in-a-changing-europe

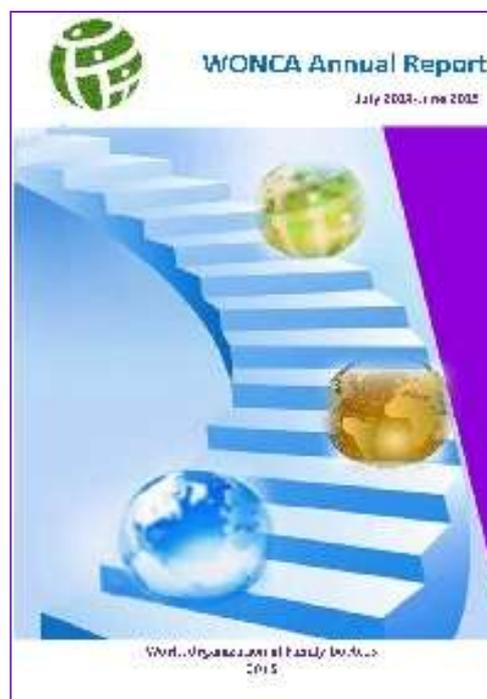
Traducción: Pere Vilanova y Eva Tudela, Spanish Society of Family and Community Medicine (semFYC)

WONCA Annual Report 2014-15

The **WONCA Annual Report 2014-15** is now available. It is a large and comprehensive document produced by our Secretariat (thanks to Nongluck and Arisa for their hard work in compiling over 80 pages of reports). Reports include:

- Messages from President, President-elect and CEO
- Reports on World Family Doctor Day, WONCA Finances, WONCA Membership, and various statutory committees including Organizational Equity.
- WONCA Regional Reports
 - Africa Region
 - Asia Pacific Region
 - Eastern Mediterranean Region
 - Europe Region
 - Iberoamericana- CIMF Region
 - North America Region
 - South Asia Region
- WONCA Working Parties
 - Education
 - Indigenous and Minority Groups Health Issues
 - Mental Health
 - Research
 - Rural Practice
 - WONCA International Classification Committee (WICC)
 - Women and Family Medicine
- WONCA Special Interest Group (SIG) Report
 - Complexities in Health
 - Conflict & Catastrophe Medicine
 - Elderly Care
 - Health Equity
 - Migrant Care, Int Health & Travel Medicine
 - Point of care testing

- WONCA Young Doctor Movements
 - YDM Rep WONCA World



- AfriWON
- Al Razi
- Polaris
- Rajakumar
- Spice Route
- Vasco da Gama
- Waynakay
- WONCA 360 FM Program

[Download report](#)

WONCA - WHO NEWS

East Mediterranean Region president reports on WHO meeting

Subject: The 62nd session of WHO regional Committee for East Mediterranean Region

Date: October 5-8 2015

Venue: Kuwait



Dr Mohammed Tarawneh WONCA EMR president and Dr Huda Al-Dwuesn, WONCA EMR Executive member and Kuwait FM/GP association president, attended the WHO Regional Committee in Kuwait from 5-8 October 2015. (both pictured right)

The meeting was attended by health ministers and high ranking delegates from the 23 EMRO countries and other NGOs. The meeting covered different issues which represents high priority to WHO EMR

- Health Technology assessment (HTS), where about 52% of the EMRO countries implied HTS activity, during the discussion the General Director of WHO Dr Margret Chan pointed and focused on three elements; the technology, high expectation of the clients, and aging process, Dr Alwan EMRO RD strengthen on the suggestion raised by Prof

Khoja GCC health CEO to create a committee at the region level for further assessment for the HTS

- Food safety prospective; assessment was done in 15 countries of the EMR, it shows big gaps between the surveyed countries, challenges such as countries do not refer to the international, the WHO raised a slogan safe food from the farm to the table

- UHC, the presentation focused mainly on the financial issues, examples from Singapore, USA, Thailand shows different output to the UHC, example from Singapore conclude that people pay direct and better results are achieved where in US the government pay and has less benefit, alternatives from direct payment; donors, health insurance, social security , the emphasis on the private sector participation,

- Other important issues discussed are: the Sustainable Developmental Goals, global health security, review of medical educations, scaling up mental health care, global vaccine action plan, implementation of IHR, emergencies and others

WONCA EMR president, Mohammed Tarawneh, emphasized the importance of family practice as an essential component of PHC, where strong PHC is essential for achieving UHC, WONCA believes that PHC which depend essentially on well trained manpower which include family physicians and other health worker members are an important path to reach UHC, WONCA also believes that shortages of FP is due to different reasons, however the important factor is the political commitment and decision makers have to expand FP in their countries, because of its comprehensiveness in providing essential health services, WONCA believes that optimal and strong health services the percentage of FP should be 50% from the nations physicians.

During the Medical education session WONCA EMR president highlighted that one of the WONCA objectives is to provide technical support to Academic members or when asked to assist technically, and might provide accreditation upon request.

WONCA EMR was keen to submit the following statement and thanked WHO EMRO for its

continuous invitations to participate in the regional committees

The World Organization of Family Doctors (WONCA) is a not-for-profit organization and was founded in 1972 by member organizations in 18 countries. WONCA now has 118 Member Organizations in 131 countries and territories representing 500,000 family doctors and covering more than 90 per cent of the world's population.

On this occasion of 62nd WHO-Regional Committee for Eastern Mediterranean meeting, it is my privilege to make WONCA statement on Regional strategy and to highlight the work of WONCA with the WHO EMRO, where our actual active engagement for scaling up family practice approach (program) in the region to achieve Universal Health Coverage is an important example for our joint collaboration,

WONCA would like to highlight its desire to work with each nation in the region on supporting the role of family medicine in strengthening their primary health care delivery, and support the training and continuing professional development of family doctors, and the member of primary care team, in each country in the region.

"Strong primary health care systems are where people turn in their communities to stay healthy and get care when they fall sick. When primary health care works, it can meet the vast majority of people's health needs," says Dr Margaret Chan, Director-General of the World Health Organization

The World Organization of Family Doctors would like to focus on the importance of family medicine role on strengthening primary health care and the whole health system.

Last month WONCA president Prof Michael Kidd invited to attend the launch of primary health care performance initiative in New York where this initiative was supported by Bill & Melinda Gates Foundation, World Bank Group, and WHO launch collaboration to strengthen primary health care, advance progress toward Sustainable Development Goals through the primary health care performance indicators

I would like to thank WHO-EMRO for giving me the opportunity to make WONCA statement on this prestigious gathering.

WONCA EMR president
Mohammed Tarawneh

WHO mental health guidelines updated

The World Health Organisation has recently updated its mhGAP guidelines for the management of common mental health problems in low and middle income countries. WONCA members Gabriel Ivbijaro and Christopher Dowrick took part in the Guideline Review Committee which informed this update. It includes important new recommendations on the primary care management of depression, alcohol dependence and dementia, and strategies for suicide prevention.

The mhGAP Evidence Resource Centre contains the background material, process documents, and the evidence profiles and recommendations in electronic format for mhGAP guidelines for mental, neurological, and substance use (MNS) disorders. The evidence resource centre is organized around the mhGAP priority conditions.

The evidence-based mhGAP guidelines are the basis of the *mhGAP Intervention Guide* for Mental,



Neurological and Substance use disorders in Non-Specialized Settings.

The full revised guidelines *mhGAP Intervention Guide (mhGAP-IG)* can be found [here](#) and are available in Arabic, English, French, Japanese, Portuguese and Spanish

WONCA works closely with WHO and offers consultancy services in support of mhGAP. Our primary care experts are available to provide a range of supports to low-income and middle-income countries wishing to maximise the integration of primary and mental health care within the mhGAP framework. For more information, see our website on www.globalfamilydoctor.com/mhconsult

WONCA EUROPE REGION FEATURE



Wonca
World family doctors. Caring for people.
EUROPE

Items in November WONCA News on WONCA Europe activities and people:

Main stories

- *The Istanbul Statement* on the refugee crisis. [English & Portuguese](#)
- *The Istanbul Statement* - [Policy Bite comment from Amanda Howe](#)
- *The Istanbul Statement* - [comment from WONCA SIG on migrant care, international health and travel medicine activities](#)
- *The World Book of Family Medicine* [launch](#)

People

- 5 star doctor, [Ali Cerrahoğlu, of Turkey](#)
- Montegut scholar, [Patrick O'Donnell of Ireland](#)
- Featured doctor, [Toine Lagro-Janssen, of The Netherlands](#)

Other stories

- [The III Balearic Meeting of European Residents & Young GPs](#)
- WONCA's leaders including WONCA Europe President, Job FM Metsemakers, visit Kyrgyzstan and [Michael Kidd tells us more](#).
- Roar Maagaard talks of [Copenhagen 2016](#)

[WONCA Europe website](#)

Istanbul conference, awards and more



Photo: WONCA Europe council meeting led by Job FM Metsemakers (right) and Anna Stavdal (left)

WONCA Europe region held its annual conference in Istanbul during October and as a result WONCA News for November sees a focus on WONCA Europe. Harris Lygidakis, WONCA Europe Hon Secretary, reports on the conference.

Returning from the WONCA Europe conference in Istanbul, we look back at an amazing organizational feat, led by Okay Basak, Dilek

Guldal, Mehmet Ungan and Resat Dabak, which saw the participation of more than 3,600 colleagues, more than 1,000 of whom being junior doctors or trainees. Despite the dreadful terror attack of a few weeks before, family doctors from all over the world met and celebrated the 20th Anniversary of WONCA Europe and the 25th Anniversary of the Turkish Association of Family

Doctors (TAHUD).

Photo: Dilek Guldal, Mehmet Ungan on the Bosphorus cruise with most of the work over!



On such a special occasion, the "World Book of Family Medicine - the European Edition" was launched, edited by Carl Steylaerts and Mehmet Ungan and featuring 100 essays on topics that were presented in conferences of the last 20 years. All contributions are now freely available from the WONCA Europe website.

Photo: WONCA Europe Treasurer, Carl Steylaerts with WONCA Europe Adm. Secretary, Barbara Toplek, at the WONCA Europe booth.



The current refugee crisis, which represents the biggest humanitarian emergency in Europe since the Second World War, was in the spotlight during the conference. Member Organizations from 26 countries collaborated and published a statement that urges actions to be taken so that refugees have access to equitable, affordable and high-quality health care services in all Europe. It also reaffirms the significant role that family doctors can play in the provision of such services for the entire current and future European population. Most importantly, the message that the statement reverberates is the cry for peace around the world.

Preceding the conference, trainees and junior family doctors participated in an intense and inspirational day of ideas exchange at the the Vasco da Gama Movement (VdGM) Preconference. This was- a unique opportunity to become acquainted with the WONCA family; meet peers; share knowledge, experiences and dreams, while learning about different healthcare systems and cultures in Europe. The participation this year was phenomenal and reached nearly 200 attendees.

But the young spirit permeated the main conference too. For the very first time, a dedicated session saw all the leaders of the WONCA young doctors' movements from the seven WONCA regions (Kayode Alao, Nagwa Nashat, Kyle Hoedebecke, Shin Yoshida, Bhavna Matta, Peter Sloane and Andrea de Angulo), as well as the Young Doctors' representative on the WONCA executive (Raman Kumar), joining forces in an interactive discussion conducted by Anna Stavdal and Canan Tuz. They addressed such issues as the current problems of the young family doctors and their role within the medical community.

Twitter also got big - with nearly 5,000 tweets being sent throughout the week of the conference from more than 400 attendees, as well as people who were not physically in Istanbul. Some panels accepted questions from tweets, some conversations were projected -all this encouraging more comments and interaction. For the first time, some sessions were broadcasted live on Periscope by enthusiastic attendees, paving the way for even more "socially-enabled" conferences with a global audience.

The WONCA Europe awards were presented in the closing ceremony. The Montegut scholar was Patrick O'Donnell from Ireland, while Ali Cerrahoglu from Turkey was honored with the 2015 WONCA Europe 5-star doctor for his career achievements.

Photo: WONCA Europe President, Job FM Metsemakers, speaks at the conference



The VdGM presented the 2015 Junior Research Award to Katarzyna Nessler from Poland, with the finalists being Jessica Watson from the UK and Patrick Redmond from Ireland. The Hippokrates Prize for the best exchange was awarded to Hugo André Malheiro Rodrigues from Portugal and the Claudio Carosino Prize for the best exchange in a rural setting was granted to Ana Catarina Henriques de Carvalho from Portugal.

Finally, this year's VdGM fund bursaries were awarded to Vera Cristina de Jesus Pires da Silva from Portugal and Yelena Khegay from Kazakhstan, supporting their participation in the conference. The Fund was launched in 2012 by

VdGM's Past Chair Sven Streit, has distributed more than 7,000€ to young colleagues thanks to the generous donations of national associations and individual doctors.

As the very successful Istanbul conference fades into the history of WONCA Europe, we are looking

forward, with head and heart, to the next big date; the 2016 conference in Copenhagen!

Harris Lygidakis

Photo (below): Young doctors' Movements leaders with some WONCA World exec members



WONCA Europe launches Istanbul Statement **Refugees should have access to equitable, affordable and high-quality health care services in all Europe.**

On behalf of our colleagues across our region, WONCA Europe and the Turkish association of Family Doctors (TAHUD) have published a statement on the refugee crisis, wishing to reaffirm that European family doctors are prepared to play a significant role in the provision of high quality and affordable health services to the current and future European population.

The statement has been launched at the WONCA Europe conference, held in Istanbul.

In 2015 TAHUD, celebrates its 25 year anniversary and WONCA Europe its 20 year anniversary. Through these years we have been promoting family medicine care for every family and community in Turkey and throughout Europe. As the position of the family doctors is increasingly recognised in many countries, we appreciate that more citizens are getting the quality care they need, near their homes. Family doctors provide services to people and societies unconditionally,

which is based on a set of core values, regardless of gender, age, ethnicity, nationality, sexual preference or religion.

Now, the world and Europe face another dire challenge: the current refugee crisis represents the biggest humanitarian emergency on our continent since the Second World War. Its effects on the health of these individuals may be devastating, and primary care services and workforce are challenged to react to new priorities in public health.

We firmly believe that every single human being has the right to peace and we plead for action for its achievement in our region and the whole world.

[Read WONCA Istanbul Statement here](#)

[Português: Declaração de Istanbul](#)

World Book of Family Medicine -European Edition 2015

On the occasion of the 20th Anniversary of WONCA Europe, WONCA Europe's Executive Board presents a gift to all general practitioners and family physicians all over the world: *The World Book of Family Medicine!*

The 'World Book' is a series of short stories, reflecting the best of what has been presented at WONCA conferences over the last 20 years, but also with views for the future – updated!

The 'World Book' has several inspirational aspects. First the topics were chosen from about 20,000 abstracts. After selecting a short list of 275 titles best representing the daily work of a family doctor, from abstracts from conferences of the last 20 years, a panel from WONCA World Executive and WONCA Europe Executive chose the best 100. The authors had to prepare a contribution in 1000 words or less, with five or less take home messages and eight or less references.

However, since 80% of contributions came from authors that presented at a WONCA Europe Conference and only 20% from WONCA World Conferences, the Editors of the book, Mehmet Ugan and Carl Steylaerts decided to name it "*The World Book of Family Medicine - the European Edition*".

Some authors were unable to be contacted (through death, retirement or otherwise), so the Editors selected a few stand-ins, mainly young colleagues who had to tackle a title they weren't familiar with. They did splendidly!

More inspirational aspects? The content of the contribution – with room for a lot of discussion! And finally, that we hope the 'World Book' is the first of a series, culminating in 2022 with the ultimate World Book on the occasion of the 50th Anniversary of WONCA.

Interested?

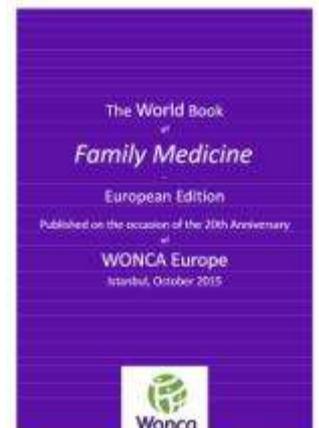
take a look at the [Prologue](#)

take a look at the [Epilogue](#)

Want the whole package? Then tune in on October 21 when the World Book will be launched at this year's WONCA Europe conference in Istanbul –

[Download individual chapters or full document](#)

Carl Steylaerts & Mehmet Ugan



Roar Maagaard talks about Copenhagen 2016

Roar Maagaard was a WONCA Featured Doctor in October 2015. He is the Host organising Committee President for the WONCA Europe conference coming to Copenhagen in June 2016.



What you hope to achieve for the 2016 WONCA

Europe conference in Copenhagen?

As you can imagine we are busy preparing the WONCA Europe 2016 Conference which will be held in Copenhagen from 15-18 June 2016. All

practicalities have to be arranged and the process of reviewing the abstracts has started.

The Copenhagen conference will be the first of its kind in two ways:

- all five Nordic Colleges are responsible for the conference (Iceland, Finland, Sweden, Norway and Denmark). The Danish College is the practical organiser of the conference.
- it will be the first WONCA conference completely without sponsorship from the pharmaceutical industry

Sponsor free GP meetings are now the norm in the Nordic countries – and it has been important for the five Nordic Colleges to show that international conferences also can be run "the Nordic way", which means completely

independent of pharmaceutical companies. It is important to our patients and to our societies that they can trust in our credibility - and know that our treatment suggestions are not influenced by "big pharma". On the other hand the fact of no pharma sponsors is giving us some fierce economical challenges.

And the Scientific Program?

As president of Host Organising Committee I work closely together with Prof Peter Vedsted who is president of Scientific Committee and we are both convinced that the Copenhagen Conference will be a high quality conference and it will present scientific material from all of Europe and abroad - and in particular papers from the Nordic countries that are known for their general practice. We will focus very much on our seven keynote speakers and they have been chosen very carefully. We think we have absolutely top quality speakers that can "set the scene". After each keynote there will be parallel sessions that address the keynote topic - seen from different perspectives (education, research, quality). We are sure that this will give a very coherent conference.

Our keynote topics will be:

- The ageing Europe
- Making healthcare affordable
- The future consultation
- Diagnosing - a vital task for family medicine
- Inequality in health and specific patient groups

Inequality in health and healthcare for specific patient groups are very burning issues in many European countries and the terrible situation for the millions of refugees and migrants in Europe right now necessitates that we put focus on this - also in GP/FM.

The Copenhagen conference will be a young conference with many young GPs and trainee

doctors as participants - they are the future and the hope for our discipline.

The conference will take place in the middle of June, and this means all participants will experience long days with "Nordic light" and short nights - perfect timing for also experiencing and enjoying Copenhagen.

We are proud to welcome colleagues to Copenhagen: a safe city with lots of cyclists, fewer cars and clean air and water (you can actually go swimming in the harbour).

The theme of the conference will be: *"Family Doctors with Heads and Hearts"* - see: www.woncaeurope2016.com



PS! We hope our patron, HRH Crown Princess Mary of Denmark, will attend the opening on June 15 2016.



WONCA Europe 5 star doctor: Dr Ali Cerrahoğlu

WONCA Europe has announced its 5 Star doctor for 2015 : Dr Ali Cerrahoğlu MD, family physician of Turkey. Dr Ali satisfies the 5 stars as below (note this is the edited version). He is married with two children and interested in computer programming, masters track and field (attends national and Balkanian high jumping competitions in his age group) and tennis.



(WONCA/SIMG Congress; The Hague, the Netherlands, June 1993)

As the director of the 'Mother and Children Care and Family Planning Health Center' he recognized the physical limitations of the center and facilitate the move of the center to a larger facility equipped with a laboratory and ultrasound services. By collaborating with non-governmental organizations he raised funds to start a 'Mobile Health Clinic Project' that included gynecological examination services and application of IUDs. With this vehicle, he brought health care services to women and children in the parts of the city and villages which were underprivileged in terms of access to health services for a period of ten years voluntarily. The two-day per week mobile service also included providing healthy life style conferences and training to the community.

* A care provider

Dr Ali Cerrahoğlu graduated from Hacettepe University Medical Faculty in Ankara in 1984. After graduation, he practiced rural medicine as the only doctor at the Kavaklıdere Health Center in Yatağan, Muğla for three years. Together with a nurse and a medical assistant, he served a population of 10,000 in 11 villages.

During these years, as part of the national vaccination campaign, he implemented the childhood vaccination program and made sure that all of the children in the population were vaccinated. In 1985, he established a system - a first-ever in a health center in Turkey - which tracks patient visits and vaccination records electronically. Besides his routine patient care, he screened the population for endemic goiter.

Following his rural medicine practice, he completed his specialty training in Family Medicine at Ankara Numune Hospital (1987-1990). For the next two years, he served in the Turkish Army as military doctor. He returned to civilian life as a family doctor at the Mother and Children Care and Family Planning Health Center in Tarsus. Soon after joining the center, he assumed the head physician role and directed the center that served a population of 300,000 in the Tarsus district for 18 years.

In parallel to his work at the 'Mother and Children Care and Family Planning Health Center', he also ran a private office practice on part time basis and served as school doctor responsible for providing health services to students, staff and teachers at an international boarding school (Tarsus American College). He continues to practice as school doctor at Tarsus American College.

* A decision maker

He is the first family physician in Turkey to attend an international family medicine world congress.

In 2007, once again through funds raised with the contribution of non-governmental organizations, he initiated a collaboration between 'Mother and Children Care and Family Planning Health Center' and Çukurova University, Obstetrics and Gynecology and Pathology departments for cervical cancer screening and follow up of women who could not otherwise financially afford this service. One thousand women were examined and cervical smears were analyzed at the university pathology clinic for cervical cancer screening. Patients who needed further testing and procedures were referred to ob/gyn clinic of the university.

Since 2004, one of Dr Cerrahoğlu's core areas of interest has been to promote healthy lifestyle and prevention of obesity in childhood and adulthood. He organized the project "Screening Overweight / Obesity rates in Tarsus schools" which included height and weight measurement of a sample of 1500 students in 12 schools in Tarsus. Volunteer 'city council health commission' members were trained to conduct the field work.

* A communicator

Dr Ali Cerrahoğlu has organized numerous meetings, conferences through collaborations with non-governmental organizations and the local administrations on preventive medicine, obesity, healthy lifestyle, reproductive health and addictions. He provided education sessions for adults and students at homes, schools, and other venues. These sessions were typically organized by non-profit organizations such as city council, Rotary, Lions, and women's associations.

Dr Cerrahoğlu also acted as the volunteer producer and host of the weekly TV program on health ([Güney TV](#)) between 2004 – 2014. The aim of the program was to educate the public about healthy lifestyle and preventive medicine. A total of 280 programs were aired. While in some programs he interviewed specialists from different branches on specific health issues, in others he conducted solo programs on general health topics with live telephone questions from the viewers. [List of programs.](#)

Since 2013, he is a columnist in the local newspaper, "Yeni Mersin", where he [writes](#) on general health topics once a week. He also contributes to the [Turkish Family Doctors Association web page](#); and [Association of Mersin Family Doctors web page](#) with his health related articles.

*** A community leader**

DrAli Cerrahoğlu was awarded the "Doctor of the Year" award in 2006. He received his award from the Prime Minister of Turkey for his Professional contributions.

He was the health sector representative of the Rotary Exchange Turkish delegation during a visit to the USA in 1996, and was awarded the 'Kentucky Colonel Award' by the governor of Kentucky. In 1999, he was awarded the "Occupational Service Award" presented by the Tarsus Rotary Club for his Mobile Clinic Project and community health services. In 2005, he received the second place in UNDP, Coca Cola and Habitat Youth Association Contest in

recognition of his one-year project educating high school students on reproductive health in Tarsus.

Dr Ali Cerrahoğlu continues his volunteering endeavours as the President of the Tarsus Urban Council (city council). The members are composed of representatives from government, local administration (municipality) and NGOs.

INNOVATIVE PROJECTS: one example only

He is the founder of a scholarship oriented fund raising campaign named 'Brick Fund Project'. The aim of this campaign is to support successful and economically disadvantaged students. In this fund, contributors donate "virtual bricks" of the walls of a Tarsus American College school building. As can be seen in the website created for this campaign (www.birtugladasenkoy.com), based on the number of bricks donated by each contributor, the contributor's name takes up an area on the school wall proportional to the amount of money he/she donates. Contributions made to date reached 1.8 million dollars.

*** A team member**

Dr Ali Cerrahoğlu has been a role model as a team member in all of his pursuits. With his positive energy, he was able to mobilize team members as a school doctor and in projects involving family planning, mobile health services, as well as in community services. As an effective and motivating leader, he has succeeded in making all parties an active and contributing participant of these activities.



Date: March 17-19, 2016

Venue: Le Meridien Hotel, Dubai UAE

WORKING PARTY & SPECIAL INTEREST GROUP

Rural Round-up: Rural Medical Generalism in Tasmania, Australia

– a different model may be required.

This month's rural round-up is written by a trio of Australians working in Tasmania, an oft forgotten part of Australia due to it being a separate island to the mainland. (Map sourced on Wikipedia)



Tasmania is the Island State of Australia, lying in the Southern Ocean about 400 km south of Melbourne, between latitude 41 and 42. With a land mass of 91,000 km², it is the smallest State, with a relatively static population of about 500,000, about half of them in the south in or near Hobart, the base for the State Government. Under the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) system, the whole State is regarded as regional, rural or remote, but the ASGA-RA system probably does not serve well the rather unusual Tasmanian context. Much of the land mass is rugged mountain terrain that is classified as a National Park, and there are both many scattered, small rural communities and genuinely remote communities, where access is restricted due to transport issues such as difficult road conditions (particularly in winter) and a lack of all-weather airports.

These smaller communities struggle to support resident medical practitioners, who often must work in sole practice situations. There are almost no acute hospital beds outside of the three major population centres and an entirely consultant-led hospital health service model. Rural general

practitioners provide virtually no procedural care services. The peculiar demographics of the State make it difficult to develop a State-wide health system that provides equitable health care access for all residents.

As a result, the popular Rural Medical Generalist (RMG) pathway that originated in Queensland is difficult to translate into the Tasmanian context. While the local medical program at the University of Tasmania produces some graduates who want to be rural doctors, the well-developed Queensland RMG pathway is more attractive than the poorly coordinated approach in Tasmania. With no local employment opportunities, industrial awards or career structures for RMGs with additional procedural skills in anaesthetics, surgery and obstetrics, it is difficult to see how Tasmania can compete with the training pathways and career structures elsewhere in Australia.

This is not to say that Tasmania does not need RMG doctors with additional skills; the State clearly does. However, the additional skills need to be in other areas that are better aligned to the health care delivery model adopted by the State. There are many services that are under-represented in rural communities and could be incorporated into specific RMG training pathways and roles in the health care system. These include:

- Mental health;
- Palliative care;
- Chronic pain management;
- Care of the elderly;
- Child and adolescent health; and
- Emergency medicine in local community health facilities.

There is also potential to develop a different workforce model in the North-West of the State, where there are two hospitals serving about 100,000 people living along a 150 km coastal strip. The current consultant-led model is struggling, because the population cannot support many consultants, who then become isolated and overworked, resulting in challenges in recruitment and retention. It may be more sustainable to employ a small number of consultants who act as

resources to larger, self-supporting pools of RMGs with relevant procedural and other skills. This may produce a more stable and better supported group of practitioners who balance primary care roles with part-time specialist services, under the clinical supervision of consultants. In particular, the smaller of the two hospitals in the North-West – the Mersey general Hospital – may be an ideal location to establish RMG services, based on a small emergency department and a strong focus on elective surgery. Should this model be adopted, it would open up opportunities for RMGs with procedural skills to be both trained and employed in Tasmania as part of a State-wide health care system.

Tasmania has recently adopted a new model of health care delivery, based on a single, whole-of-State approach. A different model for the North West was included in discussions and consultations, but at this stage has not been adopted. There are community concerns about perceptions of reduced quality of such a model and political concerns about change management. However, we will try to keep the discussion alive, as there is no evidence to support concerns about quality and workforce challenges will continue in region. In the meantime, more work needs to be done to better define the non-procedural RMG roles and training pathways, better aligning the rural workforce to health care needs. It is possible that adoption of the Modified Monash model of

rural classification will help by clearly separating the two major centres – Hobart and Launceston – from the rest of the State.



Photo: Tasmania - sometimes it snows .. one of the authors Dennis Pashen

Richard Hays, Professor of Medical Education and Dean of Medicine, University of Tasmania
Dennis Pashen, President, Rural Doctors Association of Tasmania
Paul Fitzgerald, RMG Training Director

To read more about Rural Medical Generalism see the [Cairns Consensus 2013](#) or visit the website of the [Australian College of Rural and Remote Medicine](#)

Working Party on Women in Family Medicine (WWPWFM) report



Photo The WONCA Working Party on Women in Family Medicine (WWPWFM) together with University of the Philippines Manila Chancellor, Dr Carmencita D Padilla, at the Alvir Hall, University Of the Philippines Manila

Fourth Interim Meeting in Manila

Manila, Philippines June 15-19, 2015 - Amidst the hustle and bustle of Manila, the esteemed women visionaries and leaders of the WONCA Working Party on Women in Family Medicine (WWPWFM) from around the globe convened at the Alvir Hall, College of Medicine University of the Philippines Manila (UPM) last June 15-19. The theme of the fourth interim meeting was "Towards Sustainable Advocacy for Gender Equity".

WWPWFM Chair, Professor Zorayda 'Dada' E Leopando spearheaded the event, together with Dr Kate Anteyi, WWPWFM Chair Elect, and Dr Aileen Riel Espina, WWPWFM executive committee member and lead person for Asia-Pacific.

This event was co-hosted by the Philippine Academy of Family Physicians (PAFP) and the College of Medicine University of the Philippines Manila (UPM) through the Department of Family and Community Medicine.

On the first day of the meeting, the Guidebook for Gender Equity Standards (GES) for WONCA Scientific Meetings was discussed via Skype teleconference with Professor Barbara Lent from Canada and Professor Cheryl Levitt, WWPWFM founding chair and member of the advisory board. It was concurred that definitive recommendations based on implementation issues brought up by participants shall be assessed for possible modification to make it more user friendly. .



Photo: group work

Another significant activity during the meeting was the training for peer review of abstracts and websites using gender lens. This was followed by a sumptuous welcome dinner hosted by the Philippine Academy of Family Physicians (PAFP) and the Foundation of Family Medicine Educators (FAMED). Dr Leilanie Nicodemus FAMED President, and interim Meeting Secretary gave the welcome remarks while Dr Alex Bienvenido Alip Jr, PAFP President, gave a heart-warming introductory speech. Delegates and host attended wearing their national costumes.

One of the important key outcomes was the reformulation of the vision and mission of the WWPWFM in order to create a sustainable developmental plan. The newly devised vision is "To lead the advancement of gender equity as the cornerstone of 'health for all' by empowering women family physicians in WONCA and its member organizations, through the WWPWFM's activities in leadership, education, women's health, clinical care, scholarly work and research in FAMILY MEDICINE."

The newly developed mission agreed upon by attendees was: "The WWPWFM will be a champion for gender equity within and outside of WONCA through our engagements that empower women family physicians to succeed in the

improvement and advancement of Women's Health and Family Medicine as cornerstones for equitable Universal Health Care."

To establish viable plans and provide a road map for the efforts of the WWPWFM, participants engaged in a workshop exchanging views and utilized the SWOT matrix analysis and the TOWS matrix. The SWOT analysis is a tool that identifies Strengths, Weaknesses, Opportunities and Threats involved in trying to attain an objective of an organization. It is a straightforward model that identifies what an organization can and cannot attain as well as its potential opportunities and threats. The TOWS matrix on the other hand, is an effective and efficient way to determine specific strategies that address the results of the initial SWOT investigation.

After much brainstorming, participants came up with strategic goals that would serve as the party's working platform for sustainability and future endeavours. Finally, a walking tour was conducted at the grounds of the UP Manila/Philippine General Hospital, followed by an elegant welcome dinner at the Museum of Ideas of UP Manila hosted by the Department of Family and Community Medicine (DFCM) College of Medicine, UP Manila. The dinner was graced by UPM Chancellor, Dr Carmencita D Padilla; Dean College of Medicine, Dr Agnes D Mejia; DFCM Representative, Dr Anthony Cordero; and Dr Rafael Bondoc. The event master of ceremonies and coordinator was Dr Josephine Dizon.

Another important highlight of the event was the lecture of University of the Philippines Manila Chancellor, Dr Carmencita D Padilla, who spoke on "Tips on how to engage in sustainable advocacy work", and exemplifies her outstanding accomplishment of the introduction and continued expansion of newborn screening in the Philippines.

Preparation for the 2016 WONCA World Conference in Rio de Janeiro was also tackled during the meeting. Also discussed were topics ranging from the election of the next chair elect and succession of regional leads, agreement with the host scientific committee, nomination of women physicians for awards, financial supports, bursaries and the submission of abstracts of individuals or groups.

Several individuals or small groups volunteered to undertake specific tasks. This is a clear and positive indication of the firm commitment of the participants toward achieving the working party's objectives.

For most of the participants who visited Manila for the first time, a city tour was conducted and headed by Dr Josephine Dizon, coordinator for social activities. Attendees enjoyed the shopping at the Mall of Asia, acclaimed as one of the ten largest malls in the world. They also visited the exhibit at the Metropolitan Museum. A walking tour of the walled city of Intramuros and sunset watching at the renowned Manila Bay sunset were cancelled due to rain. Delegates who extended their stay went to see the walled city at another day. A pleasant dinner awaited the participants at the Bayleaf Nine Spoons Restaurant located also in Intramuros.

The fourth interim meeting of the WONCA Working Party on Women in Family Medicine (WWPWFM) was attended by 19 participants including the working party's triumvirate of leaders

composed of chair, chair-elect, immediate past chair, regional leads and emerging leaders coming from Australia, Nigeria, United States, Egypt, Turkey, Columbia, Pakistan, Uganda, Malawi, Indonesia, Myanmar, Malaysia and the Philippines.

Prof Zorayda 'Dada' Leopando (chair)

Photo: UP Manila Museum of History of Ideas. Front Row (L-R) Lucy, Dada, Amanda, Dean Agnes Mejia, Chancellor Carmencita Padilla, Kate, Anthony Cordero.

Back Row (L-R) Meena, Temi, Lanie, Aileen, Liliana, Omneya, Jane, Nil, Tin, Mahul, Maha, Martha, Pam



WONCA SIG on migrant care, international health and travel medicine activities

Dear colleagues,

It is my pleasure to inform you about some events during WONCA Europe in Istanbul, in October, where several initiatives were started regarding the health care for refugees.

First of all, WONCA Europe president Prof Job Metsemakers presented to the press [the Istanbul Statement](#), on behalf of all members of WONCA Europe: a statement on the importance of access to affordable and good quality primary care for all refugees. Our SIG was involved in the presentation of this statement which off course we support wholeheartedly. I urge all of you to take notice of it and look what possibilities you have to inform your government, your local college or colleagues of this, and to see what you can do to improve the access and quality of care for refugees.

In addition to this, during the symposium on war, immigrants and ethnicity, a proposal was made to translate the Istanbul statement to educational goals in vocational training; our SIG will work on this together with colleague Niels Kristian Kjaer from Denmark and John Yaphe from Portugal.

Prof Jan de Maeseneer in his key note lecture also addressed the topic of the responsibility of primary care regarding the refugees and called upon the WONCA SIG's on Health Equity, on Migrant care and on Conflict and catastrophe, together with the European Forum for Primary Care (EFPC), to build a platform where good practices of primary care for refugees could be documented.

Prof Christos Lionis, from, Crete and Prof Chris Dowrick, from Liverpool, also issued an initiative to

address politicians and inform them about existing scientific knowledge and experiences in good quality care for migrants including refugees.

Our SIG will be involved in all these initiatives and I call upon all of you to inform me if you wish to participate in any of these activities.

As you know, on behalf of our SIG we organised two workshops: one of the health of refugees children and one on migrant children. Both workshops were well attended, especially the workshop on refugee children was crowded!

I would like to thank our speakers Duygu Baser, Aral Surmeli, Rebecca Farrington, Anne Maynard and Guus Busser for their impressive and interesting lectures, and all participants for their active involvement.

You can find some impressions of the workshops at our [Facebook page](#):

For next year we plan to organise workshops during WONCA Europe in Copenhagen, in June and during the WONCA world conference, in November, in Rio the Janeiro. Our colleague Johanna Montalvo Vasquez from Ecuador already offered her participation as well as other colleagues; the deadline for submitting abstracts is postponed to February 1, 2016.

Finally, I would ask those among you who expressed their interest in our SIG during the last

workshops, to inform me in what way you would like to be involved, and about your working place, experience or special activities in the field of migrant care, international health and / or travel medicine.

I was impressed and moved by the massive engagement among our colleagues to include this extremely vulnerable group of refugees in our person centred community based care - care that as Niels told us not only involves our heads but even more our hearts. Thank you all.



Best regards,
Maria van den Muijsenbergh, (pictured in Istanbul)
Convener of the WONCA SIG on Migrant care,
international health and travel medicine.
M.vandenMuijsenbergh@elg.umcn.nl

One year of Occupational Health

A little over one year ago, WONCA News began a regular feature on the subject of Occupational



Health including useful resources for clinical practice. Peter Buijs (right) & Frank van Dijk (left) are the promoters and main authors. They are Dutch occupational

physicians and former family doctors, and for many years active in the International Commission on Occupational Health (ICOH). Here we review the items published so far.

Pledge on Workers' Health

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.

In July 2014 WONCA and ICOH made a pledge on Workers' Health - [see news item](#)

WONCA News items from Peter & Frank

[September 2014 - Primary Health Care & Workers' Health](#)

Peter and Frank discuss the joint WONCA-ICOH Statement on workers' health for the 85-90% of the workers world wide – and their families – who have no professional support and care regarding 'Work & Health'.

[December 2014 - Pledge on Worker's Health - a ten year incubation period](#)

Peter and Frank describe how 10 years of WONCA and ICOH collaboration led to the common Statement and Pledge.

[February 2015 - Common mental health disorders: what about work?](#)

Frank and Peter present reflections and recommendations for the GP when confronted with 'common mental disorders' related to work.

[April 2015 - Depressive patients, work is relevant](#)

Frank and co-author Karen Nieuwenhuijsen present reflections for the GP when confronted with depression or depressive disorders related to work

[June 2015 - What PHC can do regarding the health of workers - Alma Ata 1978 revisited](#)

Frank and Peter deal with a review, commissioned by the WHO, and written by them on interventions in Primary Health Care regarding the health of workers.

[August 2015 - China and Thailand](#)

In this edition, Peter and Frank tell about two good practices, described in the report (discussed in June 2015), where PHC is paying more attention to work issues, coming from two newly industrialized countries: China and Thailand.

WONCA SIG on Family Violence reports

We are proud to send you the first newsletter of the WONCA Special Interest Group on Family Violence.

We would in particular like to welcome delegates of colleges or academies who want to become involved in training and action against any type of family violence. On the 23th October we will also meet after the conference time to discuss formal statements on Family Violence (FV) and further activities. You are all warmly invited or can join the discussion online.

Since 2004, the issue of family violence has been raised by numerous researchers and practitioners from different backgrounds during WONCA conferences. At the WONCA World conference in Prague in 2013 representatives of Europrev, the WONCA Working Party on Women and Family Medicine, the Vasco da Gama Movement, and a core group of researchers from an informal interest group on Family Violence met to constitute the WONCA Special Interest Group on Family Violence (SIGFV), which was endorsed formally in January 2014 by the Executive of WONCA world.

Among the specific objectives of the group are: to update and disseminate available scientific evidence on family violence in general practice/family medicine and primary health care and to generate recommendations based on this evidence; if evidence is not sufficiently available we aim to establish a consensus based approach and to share and elaborate new evidence such as for preventive measures, care strategies and policy development worldwide. On these bases was inspired also this newsletter: to share activities, evidence and improve the communication in order to achieve the goals of the SIGFV.

We have been running in collaboration with the WONCA Working Party on Women and Family Medicine, the Vasco da Gama Movement and Europrev workshops in almost all WONCA Meetings since 2014 and prepare our first formal statements during the WONCA Istanbul conference.



Leo Pas (Belgium)

contact convenor: SIGfamilyviolence@wonca.net



and Raquel Gómez Bravo (Spain)

[Download newsletter here](#)

MEMBER ORGANIZATION NEWS

RCGP International Travel Scholarship and awards

Royal College of General Practitioners (RCGP) International Travel Scholarship and Eric Gambrill Memorial Awards

Apply now for the RCGP International Travel Scholarships and Eric Gambrill Memorial funded awards.

Awards can be used for:

- International exchange/study to increase the quality of education and delivery of general practice
- Overseas travel from the UK to study health care relevant to general practice in the UK
- Overseas doctors to visit the UK to study an aspect of primary care relevant to their own country's needs
- General practitioners from the UK to travel overseas and help other countries develop their primary health care systems

Any General Practitioner can apply for the awards (including RCGP members or non-members and, UK residents and international GPs at any career stage).

Awards range from £200-£2000

Applications due 1700 GMT, Friday 27 November 2015

[More information here](#)

For further information contact:

petra.wahr@rcgp.org.uk



Royal College of
General Practitioners

The III Balearic Meeting of European Residents & Young GPs



Photo: Residents and Young GPs member of Organizing and Scientific Committees.

On the 11th and 12th of September 2015, 100 Residents and Young GPs met at the Official Medical College of Balearic Islands (COMIB) in Palma de Mallorca (Spain), to take part in the III Balearic Meeting of European Residents & Young

GPs, organised by the Balearic Society of Family and Community Medicine, with the collaboration of the COMIB, the Spanish Society of Family and Community Medicine (semFYC) and the Vasco da Gama Movement.

Under the slogan "Treasure Island", adventurers from all Europe came to Mallorca to look for the long-awaited "treasure". For that, they assisted to different sessions about sexual transmitted diseases, diabetes mellitus update, chronic renal insufficiency management in Primary Care (PC), alcoholic detoxication in PC, how to

develop Community Medicine and symptoms management in palliative care. Also, they participated in workshops about minor surgical procedures, spirometry and respiratory therapies in pc, cardiopulmonary resuscitation (CPR) in adults and children, and Emergencies in Pediatrics. Finally, delegates were divided into small groups to play a Medical Trivial Quiz.

On the other hand, during the event delegates were able to exchange experiences and compare different health systems and GP training programs in the different countries from where delegates came from. It should be pointed out that 10 European residents, went into consultation rooms in the health centers of Palma de Mallorca during the week before the meeting as an exchange, thanks to the collaboration of the Vasco da Gama Movement (VdGM).



Photo: Prof. Per Kallestrup (Keynote Speaker, Denmark), Dr Enrique Álvarez (President of the Organizing Committee).

The most awaited moment was the Conference Opening, which was carried out by Prof Per Kallestrup (Denmark), founder of Hippokrates Program of VdGM, and whose address was titled The Dynamics of Balance, How "Fire in the Eyes" prevents burn-out: It's all about YOU - that left nobody indifferent.

It should also be pointed out that the event was organised without the participation of the pharmaceutical industry, and the official language was English.

Thirty scientific abstracts were received - six of them were selected to be oral presentation and seven posters with oral defence. Among them, the presentation winner was Dr Javier Calvo (young

GP, Spain) titled "B12 hipovitaminosis in elderly population", and who was awarded with two registrations to the III VdGM Forum (Jerusalem, September 2016), courtesy of semFYC. In the best poster category, the winner was Dr Cristina Mendoza (GP trainee, Spain), with her poster titled "Primary Care Research in Santa Ponça Health Center".

Dr Enrique Álvarez Porta, young GP and president of the Organizing Committee, said: "This third Balearic Meeting has definitely consolidated a special event, delivered fully in English, and without the participation of the pharmaceutical industry. We are offering a "low cost" format (70 euros, a commemorative present, coffee breaks, lunches and closing dinner included), which allows young GPs from around the world to attend, enjoying a very high level scientific program". And he concluded: "The key of the organisation is the strong support of semFYC, IBAMFIC, COMIB and VdGM, and the feedback we receive from our colleagues, who encourage us to continue organising this event".

Photo Opening Act (left to right): Dr Enrique Álvarez (President of Organizing Committee), Dr Alfonso Ballesteros (COMIB), Ms. Patricia Gómez (Regional Minister of Health of Balearic Islands), Dr Javier Castro (Secretary of semFYC), Dr Jesús Torres (President of Scientific Committee)



WONCA South Asia Region
Conference 2016
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Reaching across the shores to strengthen primary care
13-14 February 2016
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College of
General Practitioners
of Sri Lanka

Wonca
World Family Doctors. Caring for people.

FEATURED DOCTORS

Prof Toine LAGRO-JANSSEN: The Netherlands



Toine Lagro-Janssen holds a PhD in medicine and is Professor of Women's Studies Medicine, at the Radboud university medical centre, the Netherlands. In 2007 she received the Royal Honour as Officer of the Order of Orange-Nassau, for profiling the role of

women as patients and doctors, especially in an international perspective. [WONCA News September 2015](#) featured her comments about a publication called "Gender and Health Knowledge Agenda". She is a member of WONCA Working Party on Women and Family Medicine.

What work are you doing now?

Since 2012, we have been running the Nijmegen-based Centre for Sexual Abuse and Familial Violence, a collaboration of the Emergency Department, the Radboudumc, forensic medicine and the police for acute care and the Radboudumc's GP practice for aftercare. I lead this centre and I am also available for consultation and advice to care workers, victims and relatives. I feel very committed to the Centre because care for victims is fragmented and often not personalized or good-quality care. GPs are very important because most victims have good relations with their GPs and appreciate their questions about violence and abuse. The medical and psychological consequences, moreover, can play a role in the victims' lives for years.

The chair I held as a professor was in Gender and Women's Health, and this reflects my interest in raising the gender awareness of medical students and doctors and teaching them about clinically relevant gender differences in diseases and complaints. In 2014, our unit of Gender Studies in the Medical Sciences was commissioned by the Ministry of Education, Culture and Science to implement gender in all medical faculties, a very successful project that will be running until the end of 2016. We have formulated gender-sensitive criteria and, in close collaboration with the faculties, we have screened and adjusted teaching programmes in gender-sensitive ways. Teaching materials are documented and listed in a digital knowledge centre, called Gender and Diversity in Medical Education. I am the head of this knowledge centre, and with our staff we aim to disseminate up-to-date gender education

materials, some of which are also available in English.

In addition, I currently chair the scientific committee that is in charge of the annual conference of the Dutch College of General Practitioners, whose theme this year is on urogynaecological complaints and sexual health. An average of some 2,500 GPs each year attend this conference. This year it will take place in The Hague on 13 November. Finally, I am involved in supervising 15 PhD students who are expected to complete their projects in this or the next few years. Of course, I am also on various boards and have several advisory social roles to play, but that goes without saying.

What are your interests?

In medicine, I have always particularly valued the concept of integrated medicine, or the bio-psychosocial approach to complaints, paying a lot of attention to the narrative aspects. For more than 35 years, I enjoyed working with a steady practice population in an academic health centre in a medium-sized town. Several times I have served as a GP to three generations of patients and considered this a real privilege. As I was the first female GP when I started out in this town in 1977, many unhappy female patients came to my surgery, who felt they were not properly treated or helped by regular medicine. This aroused my interest in specifically female disorders and complaints: incest, sexual abuse, intimate partner violence, eating disorders, psychological problems and also physical pelvic floor issues, such as urinary incontinence, prolapse and sexual problems, and reproductive health issues, such as unwanted pregnancy, STDs and birth control. It is early medical termination of pregnancy by the GP that ranks high on the agenda now, as this is not yet legally permitted.

Outside medicine, I am a keen music lover and an avid reader, and I enjoy social gatherings (dinner parties with friends and family) and cultural events.

What other interesting things have you done?

I think it is very important for GPs to be sufficiently competent to deal with urological and gynaecological complaints appropriately. With the

right approach, GPs can discuss and treat 90% of these complaints. Time and again, patients indicate that they greatly value the relationship with their GP, which is based on trust and low-threshold access. Our knowledge of the patients' context means we can strike the right note, and because we also know their medical history, we can provide integrated care. These issues, in sum, more than deserve to be dealt with by the GP.

That is why I took the initiative in 2004 to develop a urogynaecological GP training programme, in collaboration with a working party of the Dutch College of General Practitioners. This programme was launched in 2008 and has meanwhile instructed over 60 GPs, who now take care of consultations and collaborative agreements with specialists and serve as an academic counterbalance to the pharmaceutical industry.

The Women and General Practice working party of the Dutch College of General Practitioners was founded in 2003, following the WONCA world conference in Dubai in 2001. This working party is still up and running and was an active participant in WONCA conferences up until 2010. The positions of female physicians and patients have always taken pride of place.

Dr Samar MUSMAR : USA/ Palestine



Samar Musmar is a family doctor who has worked in both the USA and her country of origin, Palestine.

What work do you do currently?

I have recently joined Central Florida Health Care (CFHC) to work as primary care physician in Lakeland, Florida /USA. It is a non for profit organization which provides quality, accessible primary healthcare that is culturally sensitive, affordable and responsive to the community's needs. I am proud to be part of a team who strives to provide high quality health care with strong attention to preventive care for the most needy and deprived people in this area despite language, cultural and financial barriers.

What other interesting activities that you have been involved in?

I have been working in academic primary care medicine for the past eighteen years in my home land/Palestine. I have established the first family medicine residency training program in Palestine in 2010 and successfully graduated the first family

What have you enjoyed about your involvement in the WONCA Working Party on Women?

The 2002 Durban conference was something of a revelation for me: the enthusiasm of this global community of female physicians and of feminism was completely contagious. I felt I had come home. With my colleague Sylvie Lo Fo Wong I returned to the Netherlands full of a fighting spirit and we at once set about founding a Female Physicians working party of the Dutch College of General Practitioners. For the European WONCA conference in Amsterdam in 2014 (I was a member on the Conference Committee), we organized a pre-conference, a fantastic event with 100 participants, who shared their experiences on female leadership and on the position of female physicians internationally, attempting to find solutions to problems. This led to the European study Europe through the Glass Ceiling and Leadership within General Practice in Europe, which was funded by the Dutch College of General Practitioners. A great result of women's international collaboration.

doctor group of fourteen in 2014. The program is thriving and recruiting more physicians to be trained, thanks to the support of a group of academics from UK and other parts of Europe who have been volunteering their time and expertise through an organization we formed together; the IDFMP (International Development of Family Medicine in Palestine).

I am also active in regulating the family medicine in Palestine and the region as the head of family medicine committee at the Palestinian board of family medicine, and a member of the exam committee for family medicine at the Arab Board of medical specialties.

I have been active in primary care research and have published in relevant peer-reviewed medical and health journals, in addition to authoring chapters in relevant books, also am on the editorial board of two international medical journals.

I have lead a project in cooperation with the Palestinian Ministry of health and the WHO to train doctors and nurses on implementing the PEN approach for Non Communicable Diseases (NCD's) in Palestine.

What are your interests as a family physician and also outside work?

As a family physician, I see myself as a good clinician, team player, community leader, teacher and researcher. Outside work am a wife who likes to share moments with my loving husband, enjoying cooking together. I am also a mom of two young men who started their lives with their wives in the USA; we get together on occasions and socialize.

In Palestine I was also active in supporting community organizations like the Palestinian society for women health and the Women Union Society.

Professional details

Dr Samar Ghazal/ Musmar was born in 1957 in Nablus/Palestine. She got an MBBCH in Medicine and Surgery in 1982 and American Board of Family Medicine in 1995. She became American Academy of Family Medicine Fellow in 2004.

Dr Musmar was appointed faculty member staff at the University of Florida / School of Medicine in 1995. In 1998 she started to work at An-Najah National University(NNU) as a faculty staff where she held several positions and helped in establishing several academic programs in health

sciences (examples are: nursing , optometry, medicine, higher specialization in Family medicine).

For the past six years, she held the position of Vice Dean at Faculty of Medicine and Health science ,the director of Family Medicine Residency Program at NNU(the first and only family medicine program in Palestine), and the chairman of the Institution Review Board (IRB).

In addition Dr Musmar served on important National Academic and professional organizations such as The Accreditation and Quality Assurance Commission (AQAC) and the Palestinian Medical Council (the head of scientific committee for family medicine) and member of the Scientific Committee of the Arab Board of Family Medicine.

She is also on the editorial board of the Journal of Human Lactation (JHL), the British Journal of General Practice (BJGP), and on AN-Najah University Medical and Health Science Journal (ANUMHSJ).

She has published dozens of research papers in recognized peer-reviewed journals and was a speaker in a large number of Professional and scientific conferences locally and internationally.

Montegut Scholars:

Shastri Motilal and Patrick O'Donnell

The Montegut Global Scholars Program (MGSP) was established by the American Board of Family Medicine Foundation (ABFM-F) in 2010. The MGSP was established to foster international education, research and collaboration, in the specialty of family medicine. It supports the attendance of one family physician from each of the seven regions of the international organisation of family physicians (WONCA) to their regional meetings or to the international meeting in the year when it is held.

In 2016 The MGSP will provide a USD3,250 scholarship for the selectee from each region to attend the WONCA world conference, in Rio, in 2016. More information [here](#)

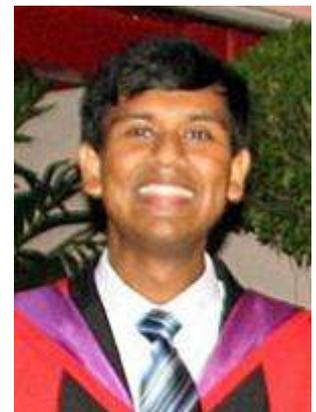
Recently two scholars have submitted their reports.

Dr Shastri Motilal of Trinidad

Dr Shastri Motilal MBBS (Hons), DM Fam-Med, from Trinidad, is the WONCA North America region (Caribbean College of Family Physicians) Montegut Scholar for 2015.

He is also the coordinator chosen by the CCFP for our Caribbean Polaris Group, the group of young and new family doctors that practice in the non-

Spanish speaking Caribbean. He is an Honours graduate of our local University of the West Indies, having completed the DM in Family Medicine.



Shastri participated in both the WONCA Polaris preconference and the AAFP Global Health Conference held in Denver, Colorado in October 2015.

His report lists his action points emerging out of participation:

- 1) To continue my collaboration with Polaris as the Caribbean representative focusing on ways of how to improve the image of family medicine in my setting. I plan to share information about FM and our young doctor's group, with all my undergraduate medical students as well as my postgraduate students involved in general practice.
- 2) To liaise online with the people I met at the FM Changemakers session to maintain links and keep our ideas going about how we can improve the image of family medicine
- 3) To contact key persons at the Canadian College concerning their alternate route to

Dr Patrick O' Donnell, Ireland

Dr Patrick O'Donnell is Clinical Fellow in Social Inclusion, Graduate Entry Medical School, at the University of Limerick in Limerick, Ireland. Patrick is the WONCA Europe Montegut Scholar for 2015. He recently returned from the WONCA Europe conference in Istanbul, Turkey. He writes "*I would describe the five days that I spent at the conference as inspiring, invigorating and definitely hectic. I had set myself the goal of trying to attend as many sessions as possible that would help me with my teaching, research and clinical work in the future.*"

His report lists his action points emerging out of participation:

- I have already written a blog for the Canadian Medical Association Journal on the Istanbul refugee health statement and its relevance to family medicine in Europe and beyond. At present countries like Canada and Australia are seeing debates nationally as to whether their health systems would be able to support many refugees with health needs. Having a statement of intent like this one from WONCA Europe can lead the way and encourage other regions to make similar declarations.
- I have disseminated the statement in my medical school and I have begun discussion on how we can train medical students and GPs better to care for these newly arriving refugees. Topics such as cultural competence, unfamiliar illnesses and

certification to get further details on how their process works. I will serve as a liaison with my local college accreditation committee, giving input on how we can set up certification appropriate for our setting

- 4) To propose to colleagues and other local academics the idea of using the Primary Care Assessment Tool in the Trinidadian setting, with the hope of such results being shared with the Ministry of Health and other stakeholders.

Shastri says to the ABFM "*I wish to again thank you for affording me the opportunity of attending this conference. It was an amazing experience meeting so many other Family Physicians and I know I have forged links that would last a lifetime. The information I gained from this conference would not only benefit me but also my patients, my students in training and the overall development of Family Medicine my region.*"

[Read Shastri's full report](#)



working with interpreters would all be relevant in this regard. I hope to incorporate some of these in to my teaching sessions in the coming months.

- I have decided I would like to become more involved in my own national GP organisation. I understand on a case by case basis we can make a difference for the patients we meet in clinic, but by looking at issues nationally and internationally we can make a difference for many patients. One powerful tool we have in GP is day to day contact with and detailed knowledge of the world our patients live in. We need to be able to identify the problems that our patients face and effectively research these to be able to better advocate on their behalf.

- I have decided I will engage in research on migrant and refugee health in my own country, and potentially across Europe. With that I intend to apply for the Vasco da Gama Junior Researcher Award in 2016.

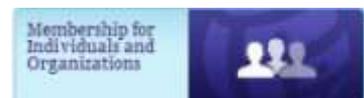
Patrick adds "*I would like to thank the American Board of Family Medicine Foundation's Montegut Global Scholars Program for giving me the opportunity to attend the WONCA Europe conference 2015.*"

[Read Patrick's full report](#)

WONCA CONFERENCES 2016

February 13-14, 2016	WONCA South Asia region conference	Colombo, SRI LANKA	http://wongasar2016.org/
March 17-19, 2016	WONCA East Mediterranean region conference	Dubai UAE	woncaemr2016.com
April 11-17, 2016	WONCA Iberoamericana-CIMF summit & Mesoamerican conference	San Jose COSTA RICA	Save the dates!
June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	www.woncaeurope2016.com
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

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



WONCA Rio workshop abstracts close Feb 1

Abstracts for workshops, panels and symposia for the WONCA World conference coming to Rio next year close on February 1, 2016. (New extension of time announced 24 October).

[Submit abstract](#)

For posters and oral presentations the deadline for abstracts is February 1, 2016

[Submit abstract](#)

The Host Organizing committee is also accepting abstracts for cultural activities, deadline February 1, 2016

[Submit activity](#)



Definition of panels, symposia and workshops.

- Panel (1-2 hours)

A panel discussion is a situation in which a group of people are gathered together to discuss an issue, often to provide feedback on something, to brainstorm solutions to a problem or to discuss an issue of public concern in front of an audience.

- Symposium (20-30 minutes)

A Symposium is a formal meeting at which experts discuss a particular topic. Information about different aspects of the topic considering the best evidence and state of art should be provided within the symposium. The speakers should prepare proper slides to assist their presentation within the specified time limits.

- Workshop (2-4 hours)

A meeting at which a group of people engage in intensive discussion and activity on a particular subject or project, by emphasizing on exchange of ideas and the demonstration, and application of techniques, skills, etc. Workshops may have a small presentation but most of the time should be used for group discussions.

[Conference website](#)

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

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

19 Nov - 22 Nov 2015	2nd National Conference FMPC 2015 
	IHC New Delhi, India
21 Nov - 22 Nov 2015	Family Medicine & Primary Care India 2015 
	New Delhi, India
04 Dec - 06 Dec 2015	5th Asia Pacific Research conference 
	Putrajaya, Malaysia
30 Apr - 04 May 2016	STFM Annual Spring Conference 
	Minneapolis, Minnesota, USA
20 May - 24 May 2016	EGPRN meeting 
	Tel Aviv, Israel
09 Jun - 11 Jun 2016	36 CONGRESO SEMFYC 
	La Coruña, Spain
28 Jul - 31 Jul 2016	RNZCGP conference for general practice 
	Auckland, New Zealand
20 Sep - 24 Sep 2016	AAFP Family Medicine Experience 
	Orlando, Florida, USA
29 Sep - 01 Oct 2016	RACGP GP 16 conference 
	Perth, Australia
20 Oct - 22 Oct 2016	Rural Medicine Australia 2016 
	Canberra, Australia

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