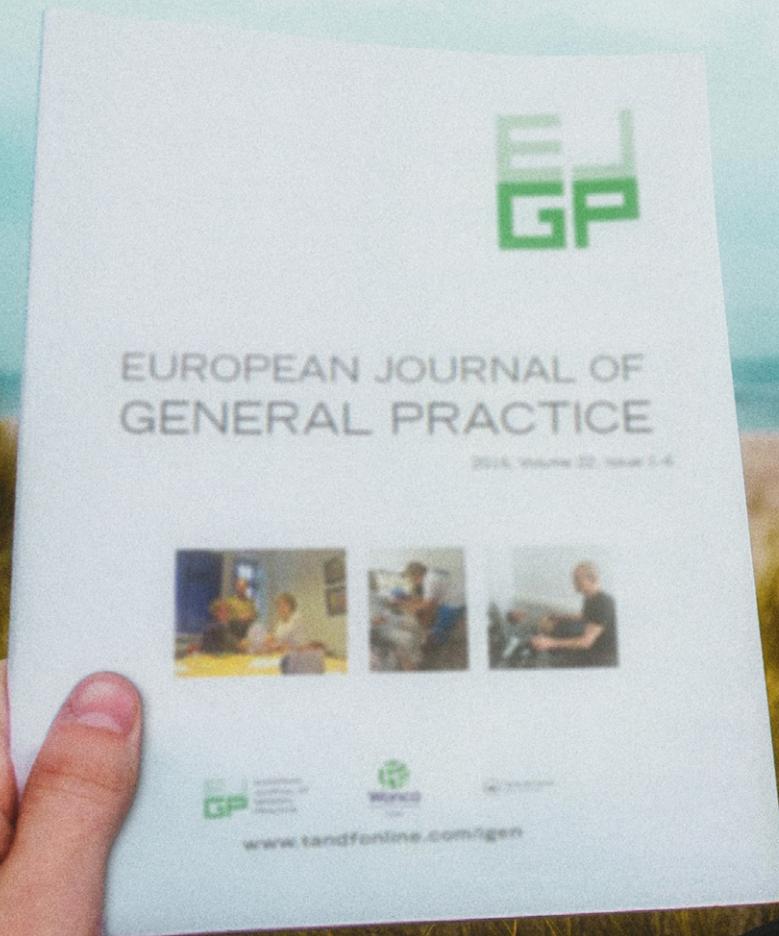


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// EJGP GOES
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ACCESS**



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By sending any material to us, you will be agreeing automatically that we can share them in the WONCA Europe newsletter and on our website and social media accounts. Make sure that your organisation is the copyright owner of all the material or that it is released under a public / open content license.

As there may be a high number of communications, only a selection of the received news may be published. Please consider including links for further reading.

For the next issues please send your contributions before 15th August (September issue).

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EDITORIAL // CONTINUITY OF CARE

Continuity of care has been highlighted as an exclusive hallmark of family medicine. Continuity of care implies the establishment of a personal relationship between patient and doctor over time. The doctor accompanying and bearing witness through important life events, diagnosing and treating disease in a tailor-to-the-individual-needs manner, and with an understanding of local cultural and social context.

We must make sure that continuity of care prevails as a key characteristic of the family doctor, as opposed to the instrumental disease-specific manual, the one-size-fits-all medicine offered by the evermore fragmented specialised services. We risk losing the very soul of family medicine if we set out to mimic fragmented medicine, thereby sacrificing continuity of care.

One major challenge in our time and age, in a Europe where doctors and patients are on the move, locally, nationally and internationally, is how to transfer and transform the concept of continuity of care to the future practice of family medicine. How can we safeguard the basic elements of continuity of care to a modern family practice?

Another important challenge is the emergence of consumerism fuelled and supported by a growing legislation, often securing public rights – not least rights pertaining

to the direct access to all kinds of health services: a popular kind of legislation for those politicians aiming to win upcoming elections.

How do we withstand the temptation of introducing new procedures under the presence of aiding the health of our patients, hiding the real motive of increasing our profits?

How do we ensure that the criteria we use to diagnose and label our patients are in accordance with sound evidence and the best practice; and that they are based on our knowledge and judgement of the individual patient in his/her context?

We need to scrutinise, reflect upon and discuss these basic questions continuously. They represent the very backdrop of our future work in WONCA, in accordance with the core ambition of our organisation: to lead the development of family medicine in Europe.



Anna Stavdal
WONCA Europe President

// ANNA STAVDAL PRESIDENT OF WONCA EUROPE

IMAGE CREDIT BOBBY STUDIO PHOTOGRAPHERS, DUBLIN

INVITATION PERSON-CENTRED CARE

POLICY MEETS PRACTICE IN PRAGUE

The Director of the Department of Health Systems and Public Health of the WHO Regional Office for Europe, Hans Kluge, and the WONCA Europe President, Anna Stavdal, invite you to an interactive session at the WONCA Europe Conference on Thursday 29th June.

To lead the development of family medicine in the region, WONCA Europe must exert influence where policies are made. The WHO Regional Office for Europe is a strong resource for states of the region which plan and tailor their national health care delivery. WONCA Europe is an organisation in collaboration with the WHO Regional Office.

Person-centred care is the bedrock of family medicine. The concept is fully adopted in the WHO policies for health care delivery.

The proof of the value of policies lies in the outcome for the individuals and the population. As family doctors, we have ears to the ground, and through the provision of continuity of care, we experience and observe how policies affect our patients and communities.

Can we achieve a better understanding between policy makers and health professionals through exploring the challenges of policies being operationalised to everyday practice?

Join us in the WONCA Europe Open Meeting in Prague! For more information visit: www.woncaeurope2017.eu



WE INSIDER // THE FUTURE OF THE WONCA EUROPE CONFERENCES

// ROAR MAAGAARD WONCA EUROPE EXECUTIVE BOARD

The annual conferences are important meeting places for European family doctors and young doctors heading for family medicine – up to 4000 participants come together for inspiration, exchange of ideas and research results, and for meeting old and new friends. The main focus for all participants should be: *how do I improve my clinical work or my research in such a way that it will benefit my patients – and for the researchers: benefit all European patients in family medicine?*

WONCA Europe (WE) recognizes the importance of these annual conferences in the development of family medicine in Europe – and this point of view is supported by both our Council and Executive Board (EB).

The conferences should not be “stand alone” events – but they should be seen as “pearls on a string”! There must be continuation from conference to conference, so to say a red thread from conference to conference. They should be the place where the European family doctors together create the future of family medicine in Europe – and where you can follow this development.

The conferences should be of high scientific quality – and there should also be clinical input to the family doctors who primarily work as clinicians every day. Hence a meeting place for researchers and clinicians.

To help the local conference organisers in this further development we have established a **Conference Committee (WECC)** with these specific tasks:

- Ongoing assessment of the current situation and determination of the future needs of the WONCA Europe conferences;
- The development of a framework for future conferences;
- Preparing, suggesting and later liaising with a Core Professional Conference Organiser (PCO) (that is a practical organiser of conferences from year to year);
- Evaluation of the work of such a Core PCO.

The WECC consists of members of WE EB, WE Council, representatives from past and upcoming conferences, and representatives from the WE Networks and Special Interest Groups. This is the current composition of the

WECC (in alphabetical order):

- Jana Bendova (WE 2019)
- Jose Miguel Bueno Ortiz (Member Organisation representative)
- Elena Klusova (Networks / WE Special Interest Groups representative)
- Harris Lygidakis (WE EB)
- Roar Maagaard (WE EB)
- Bohumil Seifert (Member Organisation & WE 2017 representative)
- Peter Vedsted (WE 2016)
- Adam Windak (WE 2018)

The WECC has started its work and one of the first tasks is to review and make suggestions for improvements in the bids for the 2020 conference. The bidders then will have a second try regarding their bids, if they wish so, and optimise their bids for the final “competition” with the other candidates. The choice of venue for the 2020 conference will be taken during the upcoming WE Council meeting in Prague preceding the conference there this June. 🌱

THE EUROPEAN JOURNAL OF GENERAL PRACTICE HAS 'GOLD' OPEN ACCESS NOW

// JELLE STOFFERS EDITOR-IN-CHIEF OF THE EUROPEAN JOURNAL OF GENERAL PRACTICE

ON BEHALF OF THE EDITORIAL BOARD: AN DE SUTTER (BELGIUM), CARL LLOR (SPAIN), MANFRED MAIER (AUSTRIA), IGOR ŠVAB (SLOVENIA), JOSÉ MARIA VALDERAS (UNITED KINGDOM), HENK VAN WEERT (THE NETHERLANDS), ADAM WINDAK (POLAND) AND MARIE-EVE ROUGÉ BUGAT (FRANCE)

Some of the readers of this newsletter will have noticed that since 1st January of this year, the European Journal of General Practice has 'open access' for all its readers. 'Open access' means that you not only can download the abstract, but also the full-text version of all articles published in this journal. For those of you who were not yet aware of this, try for yourself at www.tandfonline.com/toc/igen20/current or click/tap the tab 'Journal' of the WONCA Europe website. Then, click/tap on an article that raises your interest, and you will be able to read the full paper on your screen. Another click/tap, on PDF, and you have downloaded the article to your PC, laptop, tablet or smartphone.

I hope that many readers of the Wonca Europe website agree with me, that this is a historic step forward. Having started in 1995, the European Journal of General Practice was indexed in Index Medicus/Medline ('PubMed') in 2003 and in the Science Citation Index Expanded (and therefore its listing in the Journal Citation Reports with an 'impact factor') in 2012. The Journal is published online since 2006, and from this year on, 2017, the European Journal of General Practice provides open access to all its readers. Thanks to the generous investment of WONCA Europe, we are able to offer author groups with a corresponding author from a member country of WONCA Europe an Article Processing Charge (APC) of only €400. And for a short paper (1,500 or fewer words) the APC is even lower, only €200! For your information, the regular APCs for this Journal are €1000 and €500,

respectively. The arrangement between WONCA Europe and the Publisher of the European Journal of General Practice, which enables this substantially reduced fee is valid for the years 2017-2021.

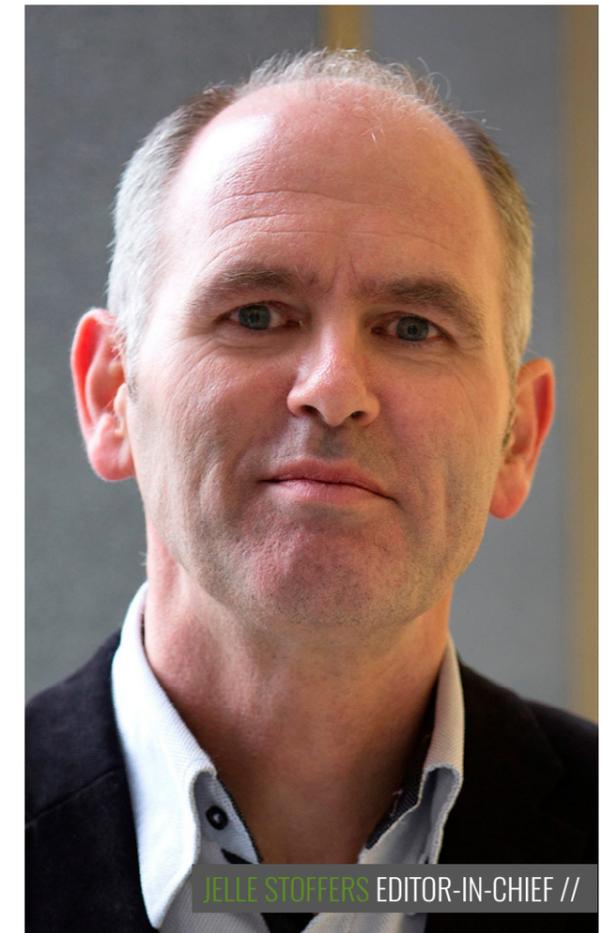
This favourable outcome is the fruit of many discussions and negotiations between the Publisher (Informa Healthcare, now Taylor and Frances), the WONCA Europe Executive (Job Metsemakers and Anna Stavdal), and the Editor-in-Chief (Jelle Stoffers), which started somewhere in 2013. We all hope that the low APC will attract many authors who want to publish their work in a peer-reviewed open access scientific journal on general practice, family medicine and primary healthcare.

Imagine: all colleagues in Europe - and the rest of the world - now can read and use your article in full-text format! Your work is available to all colleagues, students, vocational trainees, teachers, fellow researchers and even interested patients. Your complete article is at their fingertips, on their smartphones, tablets, laptops and office computers. Moreover, you can bring your message to the attention of your followers and friends, using Twitter and other social media; for them, your paper now is merely one click or tap away.

Thus, we hope that the intended readership of the European Journal of General Practice will soon discover that for them there are no barriers anymore for reading our articles. You, as practicing GP or family physician, teacher, vocational trainee, student or fellow researcher can now view, read, download, and forward - using e-mail, WhatsApp, or Twitter etcetera - our full-text articles.

Finally, we expect that the European colleges and societies of General Practice/Family Medicine will notify their members that they now can read the scientific articles of their European colleagues without obstacles. We also expect that the Wonca Europe member organisations will suggest their researchers to publish their work not only in their native language but also internationally, in the European Journal of General Practice.

The European Journal of General Practice now can try to achieve its ambition of becoming 'the' scientific medium connecting the worlds of researchers, teachers, and practitioners of family medicine in Europe. To this end, I would like to call on all colleague authors to submit your manuscripts to the European Journal of General Practice! Furthermore, I would like to call on all readers of our journal to tweet and like our published articles! Together, we can build that community of 'authors' and 'readers' in general practice/family medicine in Europe. 🌐



JELLE STOFFERS EDITOR-IN-CHIEF //

“ Imagine: **all colleagues** in Europe -and the rest of the world- now can read and use your article in full-text format! **Your complete article** is at their fingertips, on their smartphones, tablets, laptops and office computers.



THE BGPSRE SCIENTIFIC MEETING & WONCA EUROPE STRENGTHENING FAMILY PRACTICE IN BULGARIA

// RADOST ASENOVA PRESIDENT OF BGPSRE



The 6th Scientific meeting of the Bulgarian General Practice Society for Research and Education (BGPSRE) was held in RIU Pravec Resort, Bulgaria from 17 to 19 February.

The topic of the meeting was connected with the burning issues in medical practice, namely the endocrine disorders which demand long-term care and management in general practice.

It was a great privilege and honour for the BGPSRE to be a host for the WONCA Europe Executive Board who were among the special guests of the meeting. Besides the WONCA representatives, the meeting was honoured with the personal presence of members of the Ministry of Health, the Bulgarian Medical Association, the National consultant of General Practice and the managements of the Medical Universities and departments of General Practice in the country.

The very presence of the WONCA Executive Board members defines the meeting as unique because a similar event took place for the first time since the introduction of the health care reform and GPs in Bulgaria in 2000. Moreover, it happened soon after BGPSRE joined the WONCA in 2016.

The agenda enabled the participants to discuss our problems and issues, as well as to try to determine the necessary actions, policies and programs to overcome and solve them successfully.

The major aim was to share international experience by discussing topics connected with education and training in general practice, research and attitudes to expand the capacity of family practice specialty in Bulgaria.

Education was particularly emphasised at the round table, which was provoked by the fact that we as university professors of undergraduate and postgraduate students, believe that we must do our best to provide solid theoretical knowledge and practical skills if we want to motivate our young colleagues to remain in Bulgaria and work in the field of general practice. We are convinced that knowledge is crucial for achieving significant health results, which, in turn, will make the speciality rewarding and meaningful. If young specialists are well educated, if they possess a stable professional training and feel motivated to cope with the patients' problems, then both sides will feel satisfied, which is, definitely, the great aim of any general practitioner.

We firmly believe that the meeting provided a sound

basis for a long term collaboration which, undoubtedly, will have a long-lasting effect on the prosperity of Family Medicine in Bulgaria.

WONCA is world-widely recognised as an organisation with rich history and authority. Therefore, the experience and knowledge of the executive board members could be extremely beneficial for the Bulgarian policymakers to review their goals and priorities. The great capacity and expert support will undoubtedly facilitate the exchange of information and knowledge between the two organisations.

We believe the meeting will promote the representation of the policies and expansion of the participation of the Bulgarian colleagues in educational and research activities, as well as an institutional membership and communication with other networks.

We hope that the meeting will be of great importance for the development of our potential as

well as for the positive image of family medicine in Bulgaria. It will also assert the significant role that family doctors play in the health care system.

I would like to finish with a thought which, in my opinion is valid for general practice in Bulgaria. Very often new ideas are rejected without deeper consideration. Obviously, we need time to grow up and become more visible. I was really impressed by Michael Kidd's presentation at the Copenhagen WONCA conference, which was full of adequate examples from Anderson's fairy tales. So, I made association with the following sentence: *"That's not so bad to appear in this world in a duck's nest, if you have been hatched from a swan's egg!"*

So we are optimistic about the bright future ahead of us. However, we have to work hard to achieve our goals in close collaboration with WONCA. 🌍



WONCA FELLOWSHIPS 2016

FROM THE EUROPEAN REGION

// RALUCA ZOITANU WONCA EUROPE EXECUTIVE BOARD

During the WONCA World Council in Rio de Janeiro, a number of WONCA fellowships were awarded to individuals who have rendered outstanding service to the WONCA organisation. The Fellowship is WONCA's most prestigious award and is conferred every three years at meetings of the World Council. Here are the 2016 WONCA Fellowship recipients from the WONCA Europe region.



Dr Iona Heath accepting the Fellowship from Prof Michael Kidd

//DR IONA HEATH (UK)

Dr Iona Heath was a member of WONCA executive from 2007 to 2010 and in this role also served as the WHO liaison person.

Dr Iona Heath CBE FRCP PRCGP worked as a general practitioner from 1975 until 2010 in the UK and has been a nationally elected member of the Council of the Royal College of General Practitioners since 1989, chaired the College's Committee on Medical Ethics from 1998 to 2004 and the International Committee from 2006 to 2009 and was President of the RCGP between 2009-2012.

From 1993 to 2001, she was an editorial adviser for the British Medical Journal and chaired the journal's ethics committee from 2004 to 2009. She wrote for the British Medical Journal, has contributed essays to many other medical journals across the world and her book entitled 'Matters of Life and Death' was published by Radcliffe Publishing in 2007.

//PROF GABRIEL IVBIJARO (UK)

Professor Gabriel 'Gabby' Ivbijaro

MBE is the immediate past chair of the WONCA Working Party on Mental Health, Medical Director of The Wood Street Medical Centre, London UK, Visiting Assistant Professor, NOVA University, Lisbon, Portugal and President Elect WFMH (World Federation for Mental Health).

Professor Ivbijaro initially specialised in Psychiatry and Neurology and subsequently in General Practice. As a member of WONCA he championed the cause of mental health globally among family doctors by setting up the WONCA Special Interest Group (SIG) in Psychiatry & Neurology in 2001. He worked in collaboration with the WHO to produce a ground

breaking policy document published in 2008 entitled 'Integrating Mental Health Into Primary Care: A Global Perspective'. He recently edited a book entitled 'Companion to Primary Care Mental Health' to promote access to and delivery of primary care mental health globally and has contributed to the Mental Health Service Pack in the European Union (EU) which advocates for the development of mental health services in all member states of the EU.

Professor Ivbijaro was recently inducted as an American Psychiatric Association International Distinguished Fellow and his contribution to the National Health Service in the UK was recognised in 2012 when he was awarded an MBE (Member of the Order of the British Empire) by her Majesty the Queen.

//PROF JANKO KERSNIK (SI)

Janko Kersnik joined the Medical Faculty in Ljubljana, in 1996, as an assistant in the Department of Family Medicine. In 2007, he became professor of Family Medicine. When the Medical Faculty in Maribor was established, he became their first chair of the Department of Family Medicine. He attained the status of full professor at both Medical Faculties in Slovenia: in Maribor in 2012 and in Ljubljana in 2013.

Prof Kersnik was the president of the Slovenian Family Medicine Society from 1997 to 2013, and a member of the Medical Chamber of Slovenia. He organised numerous local courses and congresses in Slovenia. He was president of the organising committee of the 2003 WONCA Europe region conference, in Ljubljana.

On an international level, his career started in 1992, when he attended the first annual international course for teachers of family medicine, later known as "the Bled course". Since 2004, he had been its course director.



Prof Gabriel Ivbijaro accepting the Fellowship from Prof Michael Kidd

Prof Job Metsemakers accepting the Fellowship of **Prof Janko Kersnik**

He joined EQuIP to become the first Slovenian representative in the group, and later, a member of the executive committee. He also became a member of EURACT of which he became President, in 2010. As a rural doctor himself it was only naturally that he would serve on the board of EURIPA. In 2013, Janko was elected as Honorary Secretary of WONCA Europe, the European regional organisation of the World Organisation of Family Doctors.

Janko Kersnik passed away on May 20th 2015 at the age of 55 years, after a heart attack which left him fighting for his life for more than two weeks, surrounded by his family.

//PROF CHRISTOS LIONIS (GR)

Professor Christos Lionis is a Professor of General Practice and Primary Care and Director of the Clinic of Social and Family Medicine at the School of Medicine at the University of Crete

He is also a coordinator of a local GP Network, which engages in research activities and offers primary care services to people residing in rural areas. He provides services to a deprived population in inner Heraklion, at a Primary Health Care Centre jointly operated by the University Hospital of Heraklion and the Municipality of Heraklion in the island of Crete and to residents of isolated

mountainous areas on Crete, where access to health care is minimal, via the 'University of the Mountains', a non-profit organization and an initiative of the University of Crete.

Professor Christos Lionis served on the WONCA Europe and EGPRN Executive Board and is currently serving in WONCA Working Parties and Special Interest Groups. He is also a member of Editorial Boards of International and European Journals.

//PROF JOB METSEMAKERS (NL)

From 2008 until 2013, Professor Job Metsemakers was the Honor-

ary Secretary of WONCA Europe. From 2010-2013 he served on the WONCA membership committee. He succeeded Tony Mathie (UK), in June 2013, to become President of WONCA Europe 2013-2016. He is now a Member at Large on WONCA World executive and Honorary Treasurer.

Professor Metsemakers worked as a family doctor for more than 30 years, in a small community of 3000 inhabitants near Maastricht, concurrently holding a position as lecturer at the Department of Family Medicine, at Maastricht University. In 2002, he became professor and chair of the Department.

At the international level, he has been active as consultant in health care reform in Eastern European countries, and in development of family medicine in Indonesia. He has been on the executive board of The European Academy of Teachers in General Practice and Family Medicine (EURACT), and currently is on the Advisory Board of the European General Practice Research Network (EGPRN).

//DR GORAN SJONELL (SE)

Dr Goran Sjonell served as WONCA President between 1995-1998. He holds a PhD and is a Fellow of the Royal College of General Practitioners (UK). He worked as a family doctor and at the baby health clinic (BVC) at KvartersAkuten Matteus in Stockholm between 1979-2009. He actively promoted family medicine through his work at Radio Stockholm between 1983-1988 and the television channel TV4 between 1993-2005. Dr Sjonell has written several books, including two with Swedish journalist and TV show host Malou von Sivers. In addition to family medicine he is particularly focused on pediatric care and orthopedic medicine.

Source: <http://www.kvamorby.se/medarbetare/>



Prof Christos Lionis accepting the Fellowship from Prof Michael Kidd



Prof Job Metsemakers accepting the Fellowship from Prof Michael Kidd



FELLOWSHIPS FROM OTHER REGIONS //

The 2016 WONCA Fellowship recipients from other WONCA regions are:

- Prof Bob Higgins - USA
- Prof Nabil Kurashi - Kingdom of Saudi Arabia
- Dr Francine Lemire - Canada
- Dr Dan Ostergaard - USA
- Dr Ramnik Parekh - India
- Dr Marc Rivo - USA
- Prof Richard Roberts - USA
- Dr Preethi Wijegoonewardene - Sri Lanka

Prof Richard Roberts was one of the recipients of the WONCA Fellowship from the other regions

Dr Goran Sjonell accepting the Fellowship from Prof Michael Kidd

even more

REFLECTIONS FROM RIO

EXCERPTS FROM THE CONFERENCE REPORTS OF THE WONCA BURSARY RECIPIENTS

ANA LUISA NEVES (PORTUGAL) WONCA EUROPE BURSARY WINNER //

"The only true voyage of discovery (...) would be to behold the universe through the eyes of another, of a hundred others, to behold the hundred universes that each of them beholds", says an old quote of Marcel Proust. In medicine, as in life, the contact with other realities might be a starting point to question our medical practice - and a humbling experience that improves our empathy skills towards both our colleagues and patients.

My participation in WONCA Rio 2016 was possible thanks to a WONCA Europe Bursary Gran - and represented a learning opportunity, covering the above-mentioned aspects. For the purposes of this report, I will describe in further detail my participation in the panel "Social media: the dust settles, it's time for a reality check", in which we discussed the role of social media in health care and, specifically, the advantages and challenges of its meaningful use.

In my presentation, I focused on the use of social media to promote health literacy. Health literacy can be defined as the ability to make medically sound decisions - and is a consequence of having the tools to find, understand, evaluate, communicate and use health information. Building health literacy is a lifelong process, associated with lower health system costs and increased societal and health outcomes. Social media can potentially improve the users' capacity to obtain, process and understand health information; in this panel, this concept was exemplified by several case studies and examples (e.g. use of blogs, video and photo sites, Facebook pages and other means of online promotion). The use of social media to promote health literacy has a wider (and much faster) outreach compared to other communication

channels. As in everything, with great power comes great responsibility - and HCP must be aware of its partially uncontrollable and non-moderated nature, as well as of the risks of spreading misinformation and disinformation. As part of the discussion of this panel, we explored the areas for action to overcome these limitations. Amongst the emerging concepts, it was pointed out the need to educate our patients in order to be able to critically appraise online information - but also to create trustworthy social media channels, monitored and moderated and that actively involve representatives from the target audiences.

The use of social media in Family Medicine is a new tool - powerful and full of promises and opportunities, but it needs to be guided by clear ethical guidelines following the basic principles of non-maleficence, beneficence, autonomy and justice. Now that the dust settles - and the initial enthusiasm is converted into a pragmatic perspective - there is a need to openly discuss the actual challenges. Its discussion in international conferences is a privileged opportunity to identify the areas of action, in order to pave our way through a meaningful use of technology.

The full report of Dr Ana Luisa Neve is available [online](#).

JOANA GUERRA SILVA (PORTUGAL) WONCA EUROPE BURSARY WINNER //

The Brazilian healthcare system was reorganised in 2009 by Dr. Daniel Soranz, inspired by the Portuguese. It is based on teamwork, longitudinal care oriented by health indicators and variable wages according to the accomplished goals, being completely free. The primary healthcare model is the Health on Family strategy, which focuses on the patient.

I visited the Favela da Rocinha, the biggest one in Latin America, with roughly 100.000 inhabitants. It has the Clínica da Família Maria do Socorro Silva e Souza, the Psycho-social attention centre and the Fast-attention Unit (UPA), covering a total 30.000 inhabitants. The clinic has 11 family health teams, with 25 family doctors. Each team provides health to 3000 people and is constituted by a doctor, nurse, nurse assistant and six community agents, whose role is to be the connection between the patient and the health team. The Family Health Support Group has several professionals, as rehabilitation doctor, psychiatrist, psychologist, paediatrician, pulmonologist, nutritionist, pharmacist (prescribed drugs are free), social assistants and dentists (dental procedures are free). Work timetable has 40 hours/week, with 15-20 minutes appointments.

Patient reference to other specialities and complementary exams are scheduled by one doctor per clinic. Some complementary exams can be done in the clinic, such as the ultrasonography and quick tests (HIV, syphilis, hepatitis and pregnancy), whereas blood analysis and X-rays are done in the UPA. The Psycho-social care centre shows the mental health reorganisation by the Arts, with a daily individualized treatment program and a hospitalization field. Nearly 100 patients go there every day.

The other clinic José de Souza Herdy, Barra da Tijuca (one of the richest and safest neighbourhoods) opened in February/2016, arousing my interest about understanding the efforts of setting up a clinic. Covered people are workers more educated, whose lifestyle changed because of the economic crisis. Being richer, its Family Health Support Group has only psychiatry, psychology, nutrition and social assistants. It develops several external projects, as the October Pink (collaboration with a designer who tattooed nipples on mastectomized women). [...]

The 21st WONCA World 2016 was an unbelievable experience, due to the different attended events, and above all because of the direct contact with the extreme duality wealth/poverty in a population where healthcare is, in fact, truly free and universal. I realised about the need of a basic service provision, with healthcare, education, security and promotion opportunities that will allow





a constant growing of the society. It is very important the reflection about our work and our ability to influence the political systems. The Government politics determine good practice conditions and, unfortunately, they do not value a good horizontal base in healthcare systems, limiting the community changes. There is a need of knowledge systematisation to get universal abilities in formation and performance in Family Medicine, without forgetting the peculiarities of every region. The participation in international events improves social understanding of the individual variability, a class identification and, therefore, developments in healthcare.

The full report of Dr Joana Guerra Silva is available [online](#).

NANA KWAME AYISI-BOATENG (GHANA) WONCA BURSARY WINNER //

My first time participation in a WONCA World conference in Rio was a

privilege and an exciting experience. I had the opportunity to facilitate a workshop on International Partnerships in Family Medicine. I talked to an audience of approximately 60 young family physicians about the Grantham-KNUST Family Medicine Twinning Project. This is a Global Health partnership between my hospital in Ghana and a GP Practice in London, UK. It is aimed at supporting each other to undertake projects that will promote efficient delivery of primary care through family medicine. The workshop inspired and provided guidelines to participants on how to develop and sustain partnerships. My partner, Dr Vikesh Sharma, and I also used our meeting at the conference to evaluate the achievements of our 1-year old partnership and devised strategies to meet our goals.

In Rio, I was elected secretary of AfriWon Renaissance (the African network of the Young Doctors Movement). This will further boost my efforts at making a contribution to the growth of family medicine in Ghana, Africa and the world.

The full report of Dr Nana Kwame Ayisi-Boateng is available [online](#).

APURWA PRASAD (NEPAL) WONCA BURSARY WINNER //

The WONCA world conference started on 2nd November with beginning of the registration and the opening ceremony. The opening ceremony was a fantastic program in itself by the organizing committee with a fun filled cocktail party later. The next days were jam packed with presentations, workshops and talks. I learned so much about the women's working party, the young doctor's movement in my region as well as in other regions and rural development plans. I got to know about many opportunities that are available for young doctors and also got inspired by many young doctors who have done so much in their regions. In the conference I also got to meet a lot of doctors from my regional country like Bangladesh, India and Sri Lanka which gave me insight to how these doctors are working towards the

betterment of primary care in our region. I got to join the Spice Route Movement which is the young doctor's movement in the South Asia region. [...]

Being in the beautiful city of Rio De Janerio and to be a part of congress of enthusiastic family doctors was a lifetime experience.

The full report of Dr Apurwa Prasad is available [online](#).

LILIANA LARANJO (AUSTRALIA) WONCA BURSARY WINNER //

Wonca conferences are always a great opportunity to learn from high-level presentations and discussions, as well as to connect with highly motivated and inspiring family physicians and young trainees. It is also a wonderful chance to catch up with so many friends from all over the world, as well as hear about the stimulating work they are doing in their communities, or the original

research they are conducting in their institutions. [...]

For me personally, Wonca Rio also brought about a totally different, and unexpected, perspective. Indeed, I got to experience Brazil's health-care system first hand, and ended up spending a couple of days at Hospital Municipal Miguel Couto. In this under-resourced hospital, patients from lower socioeconomic backgrounds, unable to afford the health insurance that pays for private hospital care, were nevertheless receiving quality healthcare, for free. I guess, in the end, I was very lucky that this acute incident happened in a place where I could speak the language, and where I was surrounded by physician friends attending the Wonca conference. I cannot thank enough Tiago Villanueva, Ana Costa, and Thais Façanha, for all their help and support, trying to make sure I was receiving the best possible care.

The full report of Dr Liliana Laranjo is available [online](#).

More photos are available on the **Facebook** page of **WONCA Europe**:
<https://www.facebook.com/woncaeurope/>



DR VERONICA CASADO VICENTE

5STAR DOCTOR

WONCA Award of Excellence in Health Care: The 5-Star Doctor is an award conferred on physicians who have made a significant impact on the health of individual and communities, through personal contributions to health care and the profession. It is instituted in an attempt to increase the global development of Family Medicine, global networking and partnership.

Dr Veronica Casado Vicente from Spain is the winner of the award for 2017. She has been a Family doctor, member of the primary care team in the University Health Centre "Parquesol" in Valladolid since 1989. She provides care not only to patients with acute problems, but also to chronic patients.

Moreover, she is responsible for the Health Centre Education, research and community activities programmes. She leads the Parquesol Community activities health project 2014-2019: Health education in the adolescence. She has involved family doctors, family medicine trainees, medical students, family and community nurse trainees, paediatricians, social workers and key members of the community, and run workshops in the school.

She is also an advocate of person-centred medicine. Regardless of other business imperatives, she always thinks of her patients, and puts them first. Any one of her patients would declare his compassionate, holistic, sympathetic and judicious approach to their problems.

Finally she is a talented communicator. She has a gift for social skills and a great sense of humour very much appreciated not only by her patients but also by her medical students, her trainees and her colleagues in Spain and far beyond.

This year's committee consisted of: Anna Stavdal, Norway (Chair); Josep Vilaseca, Spain; Ilse Hellman, Austria; Jose Miguel Bueno Ortiz, Spain; Claire Thomas, UK (VdGM). The Award will be presented at the WONCA Europe Conference in Prague, June 28 – July 1, 2017.

Dr Casado will be one of the European candidates for the WONCA World 5-Star Doctor Award of 2018 in Seoul. 🌐

20TH

ANNIVERSARY

UPDATES FROM PCDE

22ND WONCA EUROPE CONFERENCE //

PCDE organises the Workshop titled "Workshop on GLP1R agonist use" chaired by Assoc. Prof. Xavier Cos and Dr. Sam Seidu.

EASD SYMPOSIUM DIABETES IN PRIMARY CARE IN EUROPE //

PCDE (Assoc. Prof. Xavier Cos and Prof. Kamlesh Khunti) will participate in the EASD Symposium "Diabetes in primary care in Europe" (Lisbon, 15th September 2017).

The proposed title of Assoc. Prof. Cos' lecture is "Prevention of diabetes in primary care: Is it feasible?"

The proposed other title of Prof. Khunti's symposium is "Diabetes research in primary care: fiction or reality?"

ANNIVERSARY CELEBRATION MEETING //

PCDE is organizing a celebration Meeting to reflect on 20 years continued commitment in supporting primary care professionals and people with diabetes, together with

the colleagues and partners who have been crucial for PCDE's development and growth.

PCDE's new Chairman Assoc. Prof. Xavier Cos will share future plans and current projects with the attendants.

ORGANISATIONAL CHANGES //

In September 2016 Dr. Samuel Seidu was appointed Chair of the EASD-PCDE Study Group. In February 2017 Chairman Prof. Johan Wens handed over his 8 year chairmanship to Assoc. Prof. Xavier Cos. In February 2017 Prof. Pinar Topsever was appointed Vice Chair of PCDE.

The PCDE Executive Board would like to thank Prof. Wens for his dedication and achievements in bringing PCDE to where it now stands, and welcome Assoc. Prof. Cos and Prof. Topsever, wishing them every success in their new roles.

2018 PCDE CONFERENCE //

The 15th PCDE conference will be held in April 2018 in Barcelona. More information is available [here](#). 🌐

The European Society for Quality and Safety in Family Practice (EQuIP) is WONCA Europe's network for Quality Improvement and Patient Safety. It has formally been in existence since 1991, initially founded and led by researcher Richard Grol from the Netherlands, with the aim of developing tools and methods for quality improvement in general practice in collaboration with leading European GP research institutions. In 2016, EQuIP celebrated its 25 Years of Service.

The organisational history of EQuIP can be divided into three major phases:

THE PRODUCT PHASE 1991-2006 //

The first phase lasted from 1991-2006, and the main interest was to develop 'one size fits all' tools to assess and improve quality in primary health care.

THE REFLECTING PHASE 2006-2011 //

The intermediate phase was from 2006-2011, where the focus for quality development switched from individual tools and an individualistic approach for decision making to health care systems and methods for planning and implementing change. A science of improvement emerged with measurement and feedback for small-scale tests of change using Plan-Do-Study-Act cycles.

When Tina Eriksson from Denmark became the 5th president of EQuIP in 2007, it marked the dawn of a new era. Teaching quality became the new issue for EQuIP in this second phase, and the EQuIP Summer Schools became a formalised concept and an established learning platform for teaching research in quality. It began in 2009 in Tuusula, Finland and continued through to 2011 in Ghent, Belgium, while two research courses (one in English and the other in French) were conducted in 2013. In 2014,

the English Summer School was held in Denmark, while yet another French Summer School was held near Paris. In 2015, another French Summer School proved that the initiative is a sustainable learning platform.

THE NETWORKING PHASE 2011-PRESENT //

The latest phase started in April 2011 and is still ongoing. During this period, the focal point shifted towards collaboration and involvement of stakeholders and networks rather than products.

From December 2010 to November 2012, EQuIP partnered the EU funded [inGPinQI project](#). Project outcomes included a contemporary theoretical framework, eGuidebook on implementation, new guidelines for management of arterial hypertension and diabetes mellitus, and e-learning courses etc.

as second victim syndrome as primary care patient safety issues, because this area currently lacks adequate recognition and appropriate response strategies in order to minimise the risk to patient safety from overloaded and tired general practitioners and practice staff.

EQuIP and ICGP hosted the European Patient Safety Conference 2017 from 3-4 March in Dublin. Four themes explored contemporary Patient Safety in general practice in Europe, including the framework for measuring and monitoring safety in primary care, making general practice a safer, healthier and more effective place to work within changing healthcare systems, involving health system stakeholders in transitional care and practice, and implementing patient safety using tools and methods for general practice, involving patients and the practice team.

In 2015, EQuIP established a new working group on Quality Circles, led by Adrian Rohrbasser. Dr Rohrbasser is

1991-2016:

In 2016, the European Society for Quality and Safety in Family Practice (EQuIP) celebrated its 25th anniversary, its achievements and the transformation into a fully fledged open network.

EQUIP IS 25



How can we spread the quality virus in primary care all over Europe by teaching, in CME and highlighting good practices? — Piet Vanden Bussche, EQuIP President

EUROPEP //

The firstborn brainchild of EQuIP was EUROPEP (EUROpean Patients Evaluates Patient care), an internationally validated standardised instrument for measuring patients' evaluations of general practice, which was developed in the years 1995-1999. The aspects of general practice included in the EUROPEP instrument should first of all reflect patients' priorities on the quality of care.

Read more [here](#).

MATURITY MATRIX //

The International Family Practice Maturity Matrix (IFPMM) is an organisational assessment tool aimed at stimulating practice-led quality improvement in primary care. Based on the UK Maturity Matrix, the tool consisted of a number of organisational dimensions, each set out along an incremental scale of organisational development.

Read more [here](#).

EPA //

The European Practice Assessment, a tool for assessing practice management in primary care practices, was developed between 2002 to 2005, and offered a system of accreditation using quality indicators to highlight good practice. The EPA tool was designed to close the gap between expert knowledge and routine daily practice, including identifying areas where improvement was possible.

A recent example is the [WONCA Europe's Anniversary Research Fund project](#), for which EQuIP won the bid on a project, developed from 2012-2015 and officially launched during the WONCA Europe 2015 conference in Istanbul as Patient Empowerment in Chronic Conditions - WONCA Europe (PECC-WE). A joint online repository has been produced.

Although patient safety is only one aspect of quality improvement in general practice, it has become the talk of the town and was highlighted as a core competency for general practitioners. This research field, developed by many former EQuIP delegates, has no longer an ambition to identify a single measure of safety, but to customise metrics to local settings and circumstances and to let clinicians develop such safety metrics. An aim for EQuIP is to advocate doctor and staff fatigue and burnout as well

trying to identify which contextual factors that promote and obstruct a quality circle in being perceived as both rewarding and worthwhile. There is not necessarily a need to develop new tools. There is a need for a comprehensive understanding of how we utilize the available tools, depending on the local context, history and tradition.

The EQuIP network will certainly play an important role in such value-based quality improvement in the future. As of December 2016, EQuIP has 95 active and dedicated members from 28 European countries. We urge you to explore our new website, to join the friendly family of quality and safety, and to become a member of the EQuIP network.

THE CHALLENGES & OPPORTUNITIES OF ALLERGY

// DERMOT RYAN CHAIR OF THE PCIG
// ELIZABETH ANGIER SECRETARY OF THE PCIG

Although nearly half of the population of Europe suffers from one or another manifestation of allergic disease (asthma, rhinitis, dermatitis, anaphylaxis, oral allergy syndrome, food allergy) it is a clinical area in which there has been little training at undergraduate or postgraduate level. A recent paper published in *Allergy* ([Results of an Allergy educational needs questionnaire for Primary Care](#)), reports the results of self-assessed knowledge and learning needs in allergy from nearly 700 primary health care professionals. It confirms what was already known: that although primary care is the first port of call for the majority of patients with allergy, it is poorly equipped to meet their needs.

The European Academy of Allergy and Clinical Immunology (EAACI) primary care interest group has been a specialist interest group within WONCA Europe for the past two years. One of the goals of EAACI is to act as an educational platform for allergy and primary care across Europe. We have already brought two allergy symposia to the WONCA Europe conferences, and last year had our first primary care morning at our main EAACI meeting.

This involved an innovative, mentored, computer simulation of case based histories facilitated by GPs in cooperation with specialist colleagues. We used peripheral anonymized work stations to generate discussions about allergy history taking, use of diagnostic tests and formulation of management plans. It was followed by practical demonstration of adrenaline devices, nasal sprays and interactive talks.

This year we are planning a similar primary care educational event at both the EAACI Annual Congress in Helsinki on Saturday 17th June and the WONCA Europe Conference in Prague.

It is fundamental to good medical practice to have a firm diagnosis prior to instituting treatment in order to select the right treatments for the right patients. The diagnosis of non-allergy is as important as a diagnosis of allergy. For example, the management of non-allergic rhinitis is as important as that of allergic rhinitis because the management of these disorders is very different. There is a considerable overlap between allergic and non-allergic disease which can be teased out by taking an allergy focused clinical history. It is important to have careful selection of appropriate tests directed by the history, and interpreted within the context of the history. This process will help to identify those that can be managed safely in primary care but also those who need referral to an allergy specialist.

Our current EAACI president Antonella Muraro has been very supportive of primary care initiatives. This year we will be merging with the allied health group in EAACI as we recognise that community allergy care is best delivered by multidisciplinary integrated working teams including GPs, health visitors, practice nurses, dieticians and pharmacists.

EAACI will be releasing the Allergy Immunotherapy guidelines later this year which will have an accompanying section about primary care. Further information on EAACI [can be found here](#). Membership for those under 35 is free.

We look forward to seeing you at the WONCA 2017 Europe conference in Prague, or at the EAACI 2017 annual conference in Helsinki. 🌍

WHO'S WHO

From left to right: Dr Dermot Ryan (Chair of the PCIG), Dr Elizabeth Angier (Secretary of the PCIG), Prof Antonella Muraro (President of the EAACI)



European Academy of
Allergy and Clinical Immunology
17 – 21 June 2017
Helsinki, Finland

EAACI Congress 2017

Save
the date!

DEVELOPING A SYLLABUS FOR LIFESTYLE MEDICINE TRAINING

// LILACH MALATSKY CHAIR OF THE ISRAELI SOCIETY OF LIFESTYLE MEDICINE



The programme for attaining the family medicine diploma in Israel traditionally includes a wide variety of general topics. Lifestyle Medicine (LM) was never part of them.

Three years ago we approached the head of the diploma programme and offered to introduce and coordinate a LM course into the programme. The course was based on two previous ones that we had implemented for family medicine specialists. We thought it would be more beneficial to start with younger doctors at the beginning of their professional career.

The course included lectures on nutrition, physical activity, sleep, sexuality and health, personal health, smoking cessation and stress reduction; workshops of behavioral change techniques, such as coaching and motivational interviewing, as well as yoga and exercise lessons, and; a practical clinical project - accompanying and supporting a patient in the process of lifestyle health behavior change



The syllabus is available [here](#).

Students reacted to the materials and workshops positively, as was reflected with high course scoring. At the end of the first course the head of the diploma programme declared that it will be integrated into their curriculum and we were asked to coordinate it from that moment and on. This semester we have successfully finished the 7th course in Tel Aviv and two more in the north of Israel.

During these courses we realised that there was a need to refine the learning goals and objectives. The need for developing a syllabus for LM teaching arose from many leaders in the field, as well as from the Israeli ministry of health. The syllabus has 9 chapters concentrating on the core essence of LM and is divided into 2 levels of study: medical students, and doctors, with an emphasis on responding to the particular needs of each level of

professional development. The materials integrate EBM lectures with experiential learning to promote healthy changes for physicians and their patients.

The syllabus has been recognized by the Israel Medical Association and is recommended as a basic tool for teaching LM to all Israeli doctors. It has been translated into English and has been adopted by the European LM association.

In closing, we believe that adding a LM course to a residency curriculum is crucially important in order to have the younger generation join the revolution from the start. It is also important to have medical students and mature practitioners do this course as well. We hope that the Syllabus we developed will help many other leaders in the field to implement these materials deeper and wider in the medical education system.

I invite you to contact me and am willing to share my experience and give any help needed to spread this hugely important issue.

ACKNOWLEDGEMENTS

The team of writers and editors of the syllabus: Executive Members of the Israeli Society of Lifestyle Medicine and the panel of experts consulting and support team. 



JORNADA DE SEGURIDAD DEL PACIENTE EN ATENCIÓN PRIMARIA

IX SPANISH CONFERENCE ON PATIENT SAFETY IN PRIMARY CARE

The IX Spanish Conference on Patient Safety in Primary Care took place in Hospital Clínico San Carlos in Madrid on May 13th 2016 with the theme "Challenges and Strategies in patient safety in primary care".

More than 150 primary care professionals met together to share patient safety activities, and to discuss and make new proposals to enhance patient safety in primary care.

As in previous years the Conference is organized jointly by, the Spanish Society for Family and Community Medicine (SEMFYC), the Spanish Society for Quality in Healthcare (SECA), the Federation of Community and Primary Care Nursing (FAECAP) and the Spanish Society for

Primary Care Pharmaceuticals (SEFAP). In addition, this year joined the organization, the regional association of those national societies as the Madrid Association for Healthcare Quality (AMCA), SoMaMFYC (Madrid Society of Family and Community Medicine) and the Regional Health Department and SERMAS (Madrid Healthcare Service) and the University Hospital San Carlos that provided us the venue free of charge. Finally, we also have the collaboration of the Ministry of Health, Social Policy and Equality through the General Directorate for Quality and Cohesion.

The aim of the conference is to maintain a specific discussion forum to share experience on addressing patient safety in primary care.

The Strategy for Patient Safety 2015-2020 in the Spanish National Health Service was approved by the Spanish Inter-territorial Council of the National Health Service (July 29, 2015 available [here](#)).

This Spanish National Strategy is being implemented in each one of the 17 Spanish regional health services. Therefore, we decided to run a panel to discuss with well-known experts their proposals for the deployment. Hence the logo of the conference was: "Challenges and Strategies on Spanish Patient Safety in Primary Care"

It was chaired by Dr. Yolanda Agra-Varela, Head of patient safety area in the Spanish Ministry of Health and Social Affairs and Chair of the technical group in charge of the review the Spanish National Strategy. She made a brief summary of the new strategy for 2015-2020 and introduced six different speakers who made a reflection on new challenges in different topics ([video](#)).

- Dr. Josep Miralles (General Subdirector of Organization and Quality and Healthcare Pharmaceuticals, Department of Health, Generalitat de Catalunya) talked about the way they work in its region regarding quality and accreditation-certification in primary care as a tool to improve patient safety ([video](#)).
- Dr. Beatriz Iglesias (Assistant to General Director of Citizens and Quality in Regional Healthcare Service of Galicia) shared the experience of Galicia regarding patients' participation in patient safety activities ([video](#)).
- Dr. Rafael Bravo (family doctor in Madrid Healthcare Service) is a very active social networking expert, and presented his vision on how to implement patient safety through social media ([video](#)).
- Dr. Sergio Minue (family doctor and professor of Health Systems and Services in Andalusian School of Public Health) spoke about the third leading cause of medical error, misdiagnosis ([video](#)).
- Dr María-del-Mar Fernández (Technical Director at Foundation for Accreditation and Healthcare Development (FAD) and chair of the technical department of SINASP - National Reporting and Learning System for Primary Care), informed us about the current

status of the National Reporting and Learning System for Primary Care and she gave us some keys to improve reporting among primary care professionals ([video](#)).

- Finally, Dr Alberto Pardo (Quality Assistant Director, Directorate on General Patient Care of the Madrid Health Department) told us how they are deploying the regional patient safety strategy in the autonomous community of Madrid ([video](#)).

After the panel discussion, we had the opportunity to attend the presentation of all contributions. 91 abstracts about primary care experiences were submitted to the conference. The main topics were medication safety (24%), reporting clinical cases to learn (18%), and detection and analysis tools (11%).

The scientific committee made careful assessment of all of them to give the "Dr. Fernando Palacio on Patient Safety improvement in Primary Care" awards to the best contributions:

- **First award:** "Teaching incidents: I have got a flu, what can I take?" Authors: Castelo-Jurado Marta, Alonso-Fernández Jesus et al. Federica Montseny Health Centre and Valdebernardo Health Centre. Servicio Madrileño de Salud (Spain).
- **Second award:** "Impact of adverse events on the second victims, valued by healthcare managers and quality coordinators." Authors: Marcos-Calvo, María-Pilar; Astier-Peña, María-Pilar on behalf of Second Victims Spanish National Research Project. Universidad Miguel Hernández Elche (Spain).
- **Third award:** "Late rejection after liver transplant medication error by changing formulation of Tacrolimus." Authors: Martínez-Sanz, Henar; Garcia-Amado García MJ et al. Health Centres of Valdebernardo, Angela Uriarte, Dr. Tamames and General Direction of Pharmacy. Servicio Madrileño de Salud (Spain). 🌐



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