



# Wonca NEWS

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MAY • 2021



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# FROM THE PRESIDENT

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WONCA's suite of accreditation and certification schemes have been developed, robustly tested, refined and implemented over a period of years. WONCA accreditation helps to raise the WONCA profile by setting global standards that people can follow.

They can self-check their own programmes or their own practices and can then opt to apply for accreditation, if they so wish. Having managed the development, testing and refinement of two of the accreditation processes, we have now established a formal Accreditation Committee, which I chair. Our recently retired CEO, Garth Manning, was persuaded to continue to advise on both programme accreditation and practice accreditation.

He works with a panel of WONCA members who act as assessors for the different accreditation schemes. Representatives of our Working Parties on Education and on Quality and Safety are fully involved in the development and testing processes and are involved in the assessments, as well as being members of the Accreditation Committee. Our Past Presidents Rich Roberts and Michael Kidd have also acted as assessors.

We now have two schemes which are fully operational and one in the final development and testing phase.

**Programme accreditation** is intended to assess the suitability and strength of post graduate residency training programmes. It was initially intended for countries which may still be at the early stages of development of post graduate programmes, to support Colleges and Ministries to implement programmes with standards which are globally acceptable. Interestingly, some programme directors from countries with well-established and very reputable post graduate programmes have found the programme accreditation process useful for advocacy and improvement. For example, the family medicine residency training programme in University of Toronto undertook WONCA Programme accreditation, as a precursor to undergoing their national reaccreditation process and found it very useful. (See [the main article](#) for further details).

**WONCA Practice Accreditation** is intended primarily for practices in countries that do not yet have national standards. As with Programme Accreditation, WONCA members can access the standards to be assessed online, free of charge. Some practices use the standards as a way of checking their own quality, without taking the process any further. Other practices use the standards to inform their in-house quality assurance and quality improvement programmes.



And some practices continue to the accreditation stages by engaging with our WONCA teams. As Dr Ling Qiu, Chief of Department of Family Medicine in Jiahui Health in Shanghai told us, the WONCA Practice accreditation process has helped to set international care standards in China for quality family medicine services.

For both Programme Accreditation and Practice Accreditation, WONCA teams are also available to support Ministries of Health and Colleges to develop appropriate national standards for post graduate programmes and for family medicine practices.

In response to growing demand from our members, WONCA Executive encouraged the Working Party on eHealth to develop a dedicated assessment framework to evaluate digital health solutions from a family medicine perspective. Having developed the assessment framework, it was then tested on the 'Ping An Good Doctors AI Consultation System' (PAGD), a large digital health platform, the Directors of which welcomed the evaluation. The assessment framework developed by WONCA has proven to be helpful in identifying digital solution benefits, risks and areas for improvement. [Digital Certification](#) is now available for members to access.

Through our Working Party on eHealth, we are helping to ensure that the latest developments in science and technology are suitable to support delivery of good quality family medicine and primary care. While we, as family doctors, recognise that nothing will ever replace the importance of the face-to-face consultation we know, from recent experience, that we have to rely on alternative means to consult with our patients at times. We want to ensure that whatever systems are developed truly reflect the interaction between family doctors and their patients. Being involved at the outset of AI consultation schemes helps to ensure that the systems being developed reflect the reality of family medicine rather than being a 'symptom checklist' leading to a diagnosis and treatment plan.

Please feel free to access and use our standards for Programme Accreditation and for Practice accreditation in your own academic departments and practices. The [feedback](#) we are getting from those who have already used them is very positive!

Dr Donald Li,  
WONCA President

# FROM THE EDITOR

## WELCOME TO THE 4TH EDITION

We have reached the fifth month of the year and the fourth edition of WONCA News. May has been a month of lots of planning and preparations.

One of our main topics this month is the upcoming World Family Doctor Day, under the theme “Building the Future with Family Doctors”. Since the launch of the 2021 campaign on April 19, we have been promoting everyone’s participation to support and acknowledge the central role of Family Doctor and Primary Care Teams in delivering personal and continuing health care for all. Discover all the details of this campaign and join this celebration next Wednesday, May 19!

## ABOUT THIS ISSUE

In the May edition, president Dr Donald Li dedicates [his column](#)

to [WONCA’s suite of accreditation and certification schemes](#) and the advantages and benefits they offer. Don’t miss out on [our special article WONCA Accreditation and Certification](#) to find all the information about the WONCA Program Accreditation, Practice accreditation and our Certification of Digital Health, along with interesting testimonials, including an article shared by the WONCA Working party on Education related to ‘[WONCA Accreditation supporting Family Medicine training](#)’.

In this issue, we also [welcome Prof Dr Shlomo Vinker](#) as a new member of the WONCA Executive Committee. Dr Vinker will serve as President of WONCA Europe, succeeding Prof. Dr Mehmet Ungan.

WONCA News May also includes information about the [Coalition of Global Health, Primary Care and Social Work Professionals](#), of which WONCA is part; the [WONCA Action Call for COP26](#), and the launch of [Planetary Health for Primary Care Course](#), created by the WONCA Working Party on the Environment.

We keep sharing valuable stories on our section “Ageing Lines” [from our WONCA Special Interest Group on Aging and Health](#), and we [honour the memory of Dr Anne Deborah Atai Omoruto](#) and her outstanding leadership in tackling the Ebola crisis in West Africa, after the 5th anniversary of her passing.

To close this edition, we bring you our guest feature by [Dr John Wynn-Jones with his last edition of Rural Miscellany titled “Goodbye, Farewell and the End”](#); along with WONCA Conference News and the most recent announcements and updates from the WONCA Family.

I hope you enjoy this issue, and please remember that you can drop me a line (or an article!) at [editor@wonca.net](mailto:editor@wonca.net)

Happy reading, and Stay Safe!

Sincerely,  
*Maria Dolores Zavala,*  
 WONCA Editor



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on Social Media



## WONCA CERTIFICATION AND ACCREDITATION

[WONCA accreditation](#) provides a professional, collegial context within which individual practices and postgraduate programmes can review their standards, improve them where necessary, and gain approval from our global organisation.

When [WONCA accreditation schemes](#) were being developed, with intense inputs from our Working Party (WWP) on Quality and Safety and our WWP on Education, they were originally intended to support practices and programmes which were being developed in countries which did not yet have their own formal standards or national templates for delivery of comprehensive primary care. In some countries the development of professional family medicine has depended on far-sighted clinicians and community-based professionals taking the lead to establish primary care teams. In these circumstances, there may be no formal standards available against which family medicine practices can be assessed.

Achieving specialty status for family medicine can take much longer in countries which are historically hospital oriented, or where there is a strong hospital doctor lobby which does not yet recognise or acknowledge the powerful role that providing comprehensive primary care in the community can play in improving the health status of the population.

The first post graduate programme to apply for WONCA Programme Accreditation, after the process was developed and thoroughly peer reviewed, was Shanghai Medical College in China, which was re-accredited this year, having been postponed from 2020 due to the pandemic. The formal title of programme accreditation is 'WONCA Global Standards for Postgraduate Family Medicine Education'. The standards are freely accessible on the [WONCA website](#).

### ACCREDITATION OF FAMILY MEDICINE PROGRAMS

### GLOBAL STANDARDS FOR PRACTICE ACCREDITATION

### DIGITAL CERTIFICATION PROGRAM

The original intention was for programme accreditation to be a support to those who were developing post graduate programmes for the first time. However, a number of Colleges and Departments which are subject to their own national standards, have used the WONCA standards to assist with their internal quality improvement programmes.

Professor Stuart Murdoch, Director of Post Graduate Education at Toronto, a well-established family medicine residency programme, said of their experience in 2019:



*WONCA accreditation is an amazing experience that provides constructive feedback in a very safe and positive environment. Programs that have their own accreditation standards within their country should consider WONCA as a means for an external review for continuous quality improvement*



In 2021 the Jiahui Department of Family Medicine (Shanghai) resident training programme undertook both the WONCA programme accreditation process and the WONCA practice accreditation process.

The programme accreditation team included Dr Garth Manning, Prof Doris Young and Prof Samuel WONG, while the practice accreditation team included Dr Garth Manning, and Dr Anna Stavdal. Dr Ling Qiu, Chief of the Department of Family Medicine, who led the process for Jiahui, said of programme accreditation,

“

*We had a great experience with WONCA accreditation... The process helped us to set a milestone for premium family medicine training in China. And it has helped Jiahui to be the leader in premium family medicine training.*

”

She pointed out that undertaking the process helped the faculty to revise the rotation and teaching schedule and helped to provide support for other specialists who contribute to teaching on the programme. Having WONCA accreditation is now helping Jiahui to recruit high quality fellows to the residency programme. Full formal accreditation is dependant on a satisfactory site visit, when circumstances permit. Dr Ling Qiu said

“

*We sincerely welcome the WONCA committee for the site visit next year after the pandemic*

”

The Yuma Regional Medical Center in Arizona, USA, which underwent the programme accreditation process in 2021, also reported having a really beneficial experience. The WONCA assessment team for Yuma Center included Dr Garth Manning, Prof Val Wass and Dr Victor Ng. Due to travel restrictions during the pandemic, the assessment visits were carried out over three days, virtually. Despite the lack of face-to-face meetings, the process was undertaken in exactly the same way as for face-to-face assessments.

The programme staff collated and submitted prescribed documentation, the documentation was reviewed by the assessment team and follow-up questions for the programme were issued. Following the desk review, a structured virtual visit took place, covering the full range of inputs, structures and personnel associated with the programme including, separately, residents themselves. As with Jiahui, the Yuma Regional Medical Center received provisional accreditation, until a successful in-person site visit can take place. When asked about the process of undertaking programme accreditation, Dr Natalia Galarza, Clinical Lead for Family Medicine, said

“

*WONCA accreditation highlighted how closely knit our team has become... The WONCA accreditation opportunity reaffirms the idea of who we are, what we represent and the culture that we have fostered. Taking the time to evaluate our program also allowed us to evaluate what it means to be a family doctor in Arizona and the USA. After going through this process, we can honestly say our residents / alumni and faculty can stand shoulder to shoulder with any FM physician in the world, with their heads held high, knowing they are meeting international standards’*

”

The Japan Primary Care Association (JPCA) undertook programme accreditation in late 2019 and they are proud to be the first to receive accreditation at national level for their post graduate programme.

Atsushi Igaki, on behalf of President Dr Teshu Kusaba, told us that JPCA was concerned that family medicine training programmes in Japan were not specifically tailored to the specialty of family medicine and there was concern about quality. As a result, JPCA, as the only academic organisation in the field of family medicine in Japan, developed their own post graduate programme.



*We made the decision to be certified by WONCA in order to prove that we provide an international-standard training program and to help us further improve its quality. It gave us great confidence that JPCA's efforts were officially recognized as meeting international standards throughout the certification process. Also, the improvements pointed out were very helpful for the future development of our programme'.*



Adapting the standards of the World Federation of Medical Education (WFME) to fit with the needs specific to family medicine training, the WWP on Education set out standards across nine areas and 38 sub-areas. The areas are defined as broad components in the structure, process and outcome of postgraduate medical education and training. They include:

- Mission and outcomes
- Training process
- Assessment of trainees
- Trainees
- Staffing
- Training settings and educational resources
- Evaluation of training process
- Governance and Administration and
- Continuous renewal

In developing and adapting the standards, the WWP on Education indicated that a variety of applications were possible, including self-assessment and programme quality improvement; new programme development; peer review; or recognition and accreditation.

It was not assumed that everyone who accessed the standards, which are freely available on the WONCA website, would proceed to the full accreditation process.

**Practice accreditation** standards were developed in response to demand from Member Organisations, under the aegis of the WWP on Quality and Safety and WWP on Education.

The standards were developed with technical inputs and support of a large number of individuals and Colleges, with ongoing peer review. Practice accreditation was originally intended for areas where formal standards have not yet been established or where practices are unregulated by any formal mechanism. For those practices which undergo WONCA Practice Accreditation, it is intended that the standards inherent in the accreditation process provide support to individual practices until such times as national standards and regulations are developed and implemented. Indeed, WONCA Practice Accreditation standards are reported as being used to help define national standards for family medicine practices. Achieving WONCA Practice Accreditation shows patients that the family medicine practice is serious about providing high quality, safe and effective care, in the context of the local environment, as measured against the standards determined by the family medicine profession.

The process of practice accreditation – from the expression of interest by a practice, through compilation and submission of documentation, assessment by WONCA professional colleagues, and awarding of accreditation - is intended to be a supportive tool to help individual family medicine practices to assert their achievements, and to provide clear indications for improvement to reach and maintain international standards.

It is acknowledged that health systems in each country can be markedly different; methods of delivery of care at all levels of the system and the financing of health care can vary enormously from one country to another and even within countries.

The delivery of family medicine in individual countries is entirely context specific and the accreditation process is sympathetic to those individual contexts.

Any practice may express an interest in being accredited. Practices are entitled to apply for accreditation irrespective of the financing process for delivery and providing care. They can apply if they are publicly funded, have co-payment systems in place, are privately run, are funded under a health insurance scheme or by a not-for-profit organisation, by an NGO, or by a mixture of any of these mechanisms. The role of WONCA accreditation is not to judge or overtly promote preferred systems: rather accreditation is a way to reflect the standards of care being delivered in context.

As with the standards for WONCA Programme Accreditation, the standards for WONCA practice Accreditation are available, freely, on the [WONCA website](#).

Practices are assessed against a range of criteria, under the general headings of:

- Practitioners (which refers to the professions providing care and their qualifications)
- Patients (services provided meet the needs, values and beliefs of their patients)
- Provider activity (scheduling of care, patient records, tests and follow up, referrals) and
- Premises (accessibility, privacy, accommodation, toilet facilities, equipment)

On completion of the assessment visit, the applicant is advised about the outcome and, where necessary, the improvements needed to achieve accreditation. A formal report is produced by the accreditation assessment team and sent to the applicant within two weeks of the accreditation visit, detailing the current situation and how it matches against WONCA criteria, and also suggests steps for further improvements, where needed, with a roadmap to re-accreditation.

Dr Ling Qiu said of the WONCA practice accreditation process in Jiahui, that it :



*recognised our care quality and helped us promote patient-centred care. It encouraged us to continually seek improvement. The accreditation will promote premium primary care coverage by national and commercial insurance organisations for patient care*



**Certification of digital health solutions** is a growing need in family medicine, as the use of technology and digital health applications become increasingly available. It is important that WONCA is involved early in their development so that applications specifically produced for family medicine are appropriate, that we help to define the standards, rather than letting standards be defined for us. For those applications and platforms which are already available, their evaluation is increasingly important to improve their quality, to ensure patient safety and to strengthen public and professional trust. WONCA is positioning itself to play a key role in developing standards for a certification programme and applying those standards to platforms which become available.

Development of standards has been undertaken by a group of experts and the WONCA Working Party on eHealth, and these standards and the assessment process have been piloted for robustness with one of the largest digital health platforms, Ping An Healthcare and Technology Company, based in China. Their 'Pin An Good Doctor' consultation system (PAGD), is a digital service with an artificial intelligence (AI) based consultation facility for the assistance of online doctors.

The assessment process consists of 11 domains which incorporate 112 free text questions. These 11 domains are:

- General
- Intended use
- Users
- Services
- Organisation and governance
- Ethical aspects
- Evidence
- Privacy and data protection
- Technology
- Financial aspects and
- Implementation

During the pilot, the ratings under each domain were then reported on in terms of (a) whether or not the PAGD systems was scalable to other settings, countries and healthcare systems; (b) the comprehensiveness of the services provided, and (c) the validity and available evidence of issues such as cost effectiveness.

Based on the learning from this successful pilot and testing of the assessment methods, WONCA continues to develop the digital health assessment framework with individual WONCA members with relevant expertise and with inputs from a range of WONCA Working Parties and Special Interest Groups. WONCA is playing a pivotal role in developing a certification programme to ensure that systems which are being contemplated for use in family medicine – or which are already being used - meet the service requirements and clinical needs of our family medicine colleagues.

For each of our accreditation and certification schemes there is a built-in system of peer review, ensuring that both the standards being applied and the implementation of the programmes are robust, realistic and reflect the profession of family medicine.

The President of WONCA, Dr Donald Li, established the Accreditation Committee, which he chairs. The Accreditation Committee oversees all processes, approves assessment teams and considers all reports for sign-off and approval.

The WONCA accreditation and certification schemes are available to any post-graduate programme, practice or clinic, and to any organisation developing systems and technology for application in primary care and family medicine. The schemes contribute to quality improvement, to expansion and improvement of services and, ultimately, to push towards the target of achieving universal health coverage.

If you are interested in either programme or practice accreditation, please contact [Special Adviser Garth Manning](#).

If you are interested in certification of a digital health solution or digital health platform for primary care or family medicine, please contact the [WONCA Secretariat](#).

## WONCA CERTIFICATION AND ACCREDITATION

- ✓ ACCREDITATION OF FAMILY MEDICINE PROGRAMS
- ✓ GLOBAL STANDARDS FOR PRACTICE ACCREDITATION
- ✓ DIGITAL CERTIFICATION PROGRAM

[DOWNLOAD OUR BROCHURE HERE](#)





# BUILDING THE FUTURE WITH FAMILY DOCTORS



#WorldFamilyDoctorDay



World Family Doctor Day (WFDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors and primary care teams in healthcare systems around the world.

This celebration is the perfect opportunity to acknowledge the central role of Family Doctors in the delivery of personal, comprehensive and continuing health care for all patients. It’s also a chance to celebrate the progress being made in family medicine and the special contributions of primary care teams globally.

Our 2021 theme, *Building the Future with Family Doctors*, is aligned with the Year of the Health and Care Workers 2021 declared by the World Health Organization (WHO), is based on four fundamental pillars with key elements to move forward and overcome the challenges towards a better future.



AND PRIMARY CARE TEAMS!



AND PATIENTS!



AND NEW TECHNOLOGIES!



AND YOU!



# #WorldFamilyDoctorDay

# #WFDD2021

# THE FOUR PILLARS OF WFDD CAMPAIGN 2021

- Building the Future with Family Doctors and Primary Care Teams** – We wish to highlight that family doctors working together with multidisciplinary teams of health and care professionals are key to strengthening health systems and delivering high quality and affordable care to all.
- Building the Future with Family Doctors and Patients** – Family Doctors adopt a people-centred approach, provide ongoing support to patients and communities, and ensure continuity of care over lifetime. Patients are at the centre of this celebration.
- Building the Future with Family Doctors and new technologies** – Amid the COVID-19 pandemic, new technologies have emerged as fundamental tools for healthcare professionals to continue their mission.
- Building the Future with Family Doctors and YOU!** – What are the building blocks that YOU consider key for the future? Get involved, raise your voice, share your activities and efforts, and contribute to building the future with family doctors!

[Español](#) [Français](#) [中文](#)

For more than a decade, we have been witnessing all the celebrations, events and activities that our colleagues around the world have shared on collaborations, reports and photographs from many countries. All of them represent an essential part of the history and memory of the WONCA family, registered in multiple editions of our WONCA News.

 **SEND YOUR ACTIVITIES** 



## TAKE A PIC!

Join the #WFDD2021 campaign by taking a photo with the hand sign shown in the image! With this sign, we try to represent building a house, a roof... a home, our future.

## Be part of #WFDD2021



## MEDIA KIT

In the 2021 edition, we have created a [Media Kit](#) with all the campaign elements, logos, graphic identity (posters, social media banners) and suggested messages to help you tailor your communication and simplify advocacy efforts on the road to 19 May and during the World Family Doctor Day!



## FEATURED STORIES

### WONCA PRESIDENT SENDS MESSAGE TO COLLEAGUES IN INDIA

As WONCA President, I would like to extend my thoughts and prayers to our colleagues in India, and to all the doctors, nurses and health care workers, who are fighting to save lives amid an unprecedented crisis. The entire WONCA community stands with you in solidarity and support in these challenging and difficult times.

To all of you on the front lines, we commend your strength.

Let us not forget that primary health care is central to health emergency risk management actions at local and national levels, which at the same time, is key for resilient primary health care.

### TOGETHER WE CAN OVERCOME COVID-19 LETTERS TO G7 & G20

On February 11, 2021, the World Federation of Public Health Associations hosted a historic meeting to initiate a coalition amongst leaders from international NGOs who share a common interest in equitable access for vaccines and treatment during COVID-19.

The organizations agreed to work together to build and sustain equity in global public health through increased advocacy for social protection and social development in vulnerable communities.

Moreover, leaders expressed the need for an environmentally conscious and safe way to develop, distribute, and deliver vaccines, as this will also help reduce inequity following the pandemic by ensuring we do not exacerbate adverse climate effects.

The Coalition, of which WONCA is part, is committed to engaging with other organizations,

At WONCA, we strongly advocate community disaster preparedness and response, as strong health systems are vital to protect people's lives from emergencies and disasters, including the current COVID-19 and any future pandemics.

To our colleagues in India, we wish to say: you are not alone. Work with resilience and determination. Stay strong!



©inkdrop

Dr Donald Li,  
WONCA President

governments, and key stakeholders to achieve a coordinated response to the pandemic.

The organizations will dedicate themselves to continue compiling resources, sharing evidence-based best practices, and using their collective voice to advocate for those who are disproportionately harmed by the pandemic, including chronically ill patients, individuals lacking access to health care services and medication, and marginalized communities.

On April 20, 2021, the coalition has sent an open letter to the Presidents of the 2021 G7 and G20 Summits to call on the [G7](#) and [G20 Summits](#) to engage with the representatives of the Coalition to work directly on the co-design and co-production of local, national, regional and international strategies to effectively combat the COVID-19 global pandemic.

## FEATURED STORIES

## IN MEMORIAM

DR ANNE  
ATAI-OMORUTO

This month we honour the memory and legacy of Dr Anne Deborah Atai Omoruto, better known to all as Atai, five years after her death, on May 5, 2016.

Dr Atai Omoruto, originally from Uganda, played a pivotal role when West Africa was in the midst of the Ebola epidemic. Thanks to crucial work carried out in her own country, Atai became one of the world's most experienced doctors managing Ebola outbreaks. In July 2014, she travelled to Liberia as the leader of a medical unit of 12 health workers brought by the World Health Organization to fight the Ebola crisis in the region.

Following her sudden death at age 59, after a short battle with pancreatic cancer, Dr Atai was designated our 2016 Global Five Star Doctor Award winner in recognition of her extraordinary service as a family medicine leader over many years, her service to the people of Uganda, and her outstanding leadership tackling the Ebola crisis in West Africa. The announcement was made by the then president of WONCA, Michael Kidd, who expressed his respect and admiration for whom he defined as a "global family medicine champion."



*Atai has shown us all the extraordinary contributions that family doctors can make, at a local level, at a national level, and at a global level. I admired Atai greatly before the Ebola crisis. She is now one of my personal all-time heroes of family medicine*

Michael Kidd., Former WONCA President



Dr Atai had a deep commitment and involvement with WONCA over many years. As the first President of the Association of Family Physicians of Uganda, she brought the association into WONCA as a member organisation. She also represented a strong voice for family medicine in Africa as a member of our WONCA Africa Regional Council and our global Working Party on Women and Family Medicine.

Her legacy continues to be present at WONCA to this day with the Dr Atai Anne Deborah Omoruto Scholarship Award, inspired by her dedication to the advancement of women physicians and women's health in family medicine, and in tribute to Atai's exceptional courage, selflessness, and commitment to her thousands of patients.

## WONCA REGIONAL NEWS

### DR SHLOMO VINKER, NEW PRESIDENT OF WONCA EUROPE

WONCA welcomes Prof Dr Shlomo Vinker as a new member of the Executive Committee. Dr Vinker will serve as President of WONCA Europe, succeeding Prof. Dr Mehmet Ungan.

Dr Shlomo Vinker is an active family physician, working in an urban clinic in Ashdod (the sixth-largest city and the largest port, on the Mediterranean coast), Israel.

He is a Full Professor in Family Medicine, Vice Dean for community teaching, and Chair of the Department of Family Medicine (2006-2011, 2016-) at the Faculty of Medicine, Tel Aviv University, Tel Aviv.

Prof Dr Vinker Published more than 200 research papers in peer reviewed medical journals cited in PubMed. His main research topics are chronic diseases management in primary care, quality and quality indicators in family medicine and preventive medicine.

In WONCA, he has served as WONCA EUROPE - Member at large (2016-2019), President Elect (2019-2021). Since 2015, he is also Executive board member at the EGPRN (European General Practice Research Network) , and head of the educational committee since 2018. With many partners, he created a web-based research course in family medicine with 25 modules, that is free of charge to EGPRN members and with a symbolic fee for others. They have hundreds of participants and more than 30 certificated graduates.

Dr Vinker is also an active member of the Israeli Association of Family Physicians (IAFP), where he has served as Honorary secretary (2007-2009), Chairman (2009-2018), honorary treasurer (2018-).

As chairman, he led a change in the residency program, shifting most of the residency time outside the hospital wards to family medicine and ambulatory setting. Under his leadership, IAFP founded a plan for research grants, which gave hundreds of thousands of dollars to encourage research in family medicine. He also founded an open Wiki like website with high quality medical information, with currently more than 6,200 articles.

Lastly, at Leumit Health Services, he serves as Chief Medical Officer of a nationwide healthcare organization serving 730,000 patients since 2015. He established a research institute in Leumit and chairing it from 2018, aiming to enhance research capacity in family medicine and primary care.

Dr Vinker is married with four children and three granddaughters.



## WONCA REGIONS NEWS

# WONCA CIMF LAUNCHED STATEMENT TO SUPPORT FAMILY DOCTORS IN COLOMBIA

WONCA CIMF. May 4th, 2021

The Ibero-American Confederation of Family Medicine (WONCA Iberoamericana-CIMF) expresses its support to the Colombian Society of Family Medicine (SOCMEF) in defending the right to health and its claims in favour of a better health system.

The organisation based on Primary Health Care and the leading participation of qualified specialists in Family Medicine for comprehensive, accessible and equitable care is decisive for these objectives.

The “inverse care law” (Hart T, 1971) can be verified in many of our countries: “the availability of good medical care tends to vary inversely with the need of the population served”. This inequity takes on its greatest expression when healthcare is more exposed to market forces and less so when such exposure is reduced. Insurance-mediated benefits that fragment and commercialise health services constitute a threat to health.

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Health systems are required to ensure universal and accessible coverage for all people, particularly those who need it most. The economic, technical, technological, and organisational conditions must be guaranteed from the structural levels of each society.

In Latin America, one of the most unequal region on the planet, equity in access to health is an ethical imperative. That is why WONCA Iberoamericana CIMF joins and supports SOCMEF in its demand for a health system genuinely based on accessible, comprehensive and quality health services; and we do not hesitate to commit our efforts as a professional group for its development. The solid training of specialists in Family Medicine is essential to ensure the quality of health systems.

- [Descargue la declaración aquí.](#)
- [Download the statement here](#)



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## WONCA WP & SIG NEWS

### EDUCATION

## WONCA ACCREDITATION SUPPORTING FAMILY MEDICINE TRAINING

The clinical Masters program in family medicine was launched by the Arabian Gulf University in April 2019 at the request of the government of Bahrain. It aims to: i) Develop the capabilities of physicians to deliver Primary Health Care (PHC) services in Bahrain; ii) Achieve the core objectives and standards of the health care systems in the Gulf Cooperation Council (GCC) countries and iii) Increase the ratio of skilled family physicians per patient in the GCC countries to the international recommended level. The program is family oriented and focused on balanced clinical training in the primary health care and secondary care settings. It is characterized by a hybrid educational contents and crowned by a quality improvement project to nurture a culture of critical appraisal and evidence-based clinical practice.

The challenge is to ensure the Masters program achieves competency standards for postgraduate training for unsupervised practice. Our aim is to achieve WONCA accreditation when our doctors graduate. But how to achieve the necessary standard? WONCA agreed for two experts to visit, review the proposed curriculum and primary care training sites with us and make recommendations on how to meet the Working Party on Education (WWPE) standards.

The curriculum was approved and endorsed with the WONCA logo as we launched the program for 40 trainees. But then came the COVID-19 pandemic with the challenges of safety, switching to online consultations for most chronic patients and limitations of face-to-face meetings.

The academic program committee found ways to adapt the implementation process without compromising the learning outcomes. A trainee to trainer ratio of 2 to 1 ensured deep learning with protected trainer time. We reduced the trainee group size for face-to-face meetings, integrated new online education technologies and structured all rotations on a Moodle learning platform in a standardized way. An electronic portfolio (e-portfolio) was developed to document the progress of a trainee's performance and ensure regular monitoring of learning progress and implementation of corrective actions when needed. At the same time, in line with WONCA recommendations, we developed assessment tools to harmonize the training and feedback from consultants in the workplace. A mentorship program identified trainees who were struggling allowing us to respond to their educational or socio-psychological needs.

We have just successfully finished the first year of training and assessment. A time to reflect on progress against WONCA standards. As the academic committee evaluates the first-year experience further consultation from the WONCA experts is planned in May to prepare the ground for a better performance and full accreditation in March 2022. The year 2 training of the first cohort will allow increased autonomy for the trainees to deal with more complex clinical situations and practice in a comprehensive manner under the supervision of their trainers.



The support from WONCA has been invaluable in helping us on our challenging journey to ensure we meet the Government requirements for a high standard of fully competent family medicine doctors to deliver primary care services in Bahrain.



*Prof Val Wass, Chair WONCA Working Party on Education, updates on the latest open access items in Education for Primary Care.*



*Professor Afif Ben Salah: Chairman of Family and Community Medicine Department, College of Medicine and Medical Sciences, Arabian Gulf University, Bahrain.*



## ENVIRONMENT

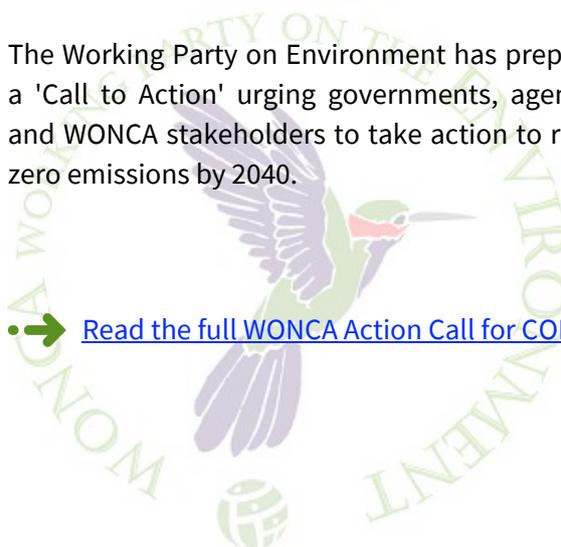
### WONCA WORKING PARTY ON ENVIRONMENT LAUNCHES CALL TO ACTION FOR COP26

COP (or ‘Conference of Parties’) is a yearly conference that brings together all countries which are party to the UN Framework Convention on Climate Change. The 26th meeting is due to go ahead in Glasgow from 1 – 12 November.

COP26 is a crucial opportunity to assess, reaffirm and strengthen existing commitments made by the international community to decarbonise. Specifically, it will be a chance to review commitments made under the Paris Climate Agreement in 2015.

The Working Party on Environment has prepared a 'Call to Action' urging governments, agencies and WONCA stakeholders to take action to reach zero emissions by 2040.

➔ [Read the full WONCA Action Call for COP26](#)



## NEW ONLINE COURSE

# Planetary Health for Primary Care



After the success of the Planetary Health Online Course, the WONCA Environment and TelessaúdeRS-UFRGS launched the Planetary Health course for Primary Care. With a focus on clinical practice and the reality of health professionals, the course is designed to introduce family doctors and other primary health care professionals and students, to the topic of Planetary Health; and to inspire and guide them to educate others or become advocates in various ways.

The course was written collaboratively by many authors, committed family doctors and other health professionals from all regions of the world, so there are different world perspectives united in this material.

The registration period is from 5 May 2021 to 19 December 2021. There is NO CHARGE for registration.

This online training course is organised in 7 modules on different topics, including Planetary Health & Climate Change, Air pollution, Heat Health, Climate-sensitive Infectious Diseases, Food and Planetary Health etc. Each module begins with related clinical cases and you will find the answers to unlock those cases as you progress through the respective modules. To bring an international perspective, these cases were taken from different parts of the world. Links to videos and related short articles are placed where relevant. In addition, links to videos and longer articles are also suggested for those who wish to delve deeper into the topics. Check out the course manual to learn more about its structure.

According to Jacqueline Ponzo, president of the Iberoamerican Confederation of Family Medicine (WONCA Iberoamericana-CIMF), Planetary Health is to understand that human life is linked to life on Earth.



*The Planetary Health Course for Primary Care allows us to explore the knowledge and deepen the reflection necessary to move towards a medical practice that takes the molecular biology of our cells as well as the planet's biodiversity. Everything is united*

Jacqueline Ponzo, president of WONCA Iberoamericana-CIMF



Therefore, the course objective is to offer strategies to identify and deal with global health issues. After completing the course, participants are expected to be able to understand and identify the concepts of planetary health and the intersections between citizen action and government, human health and a healthy planet. The course also aims to identify evidence-based policies for managing, mitigating and adapting to climate change and the environment.



*This course is particularly timely and relevant because it both describes the pervasive threats to health from environmental change and also gives practical, evidence-based guidance on how primary care practitioners can support their patients to address the challenges and work with colleagues to transform health systems. It will become a landmark course for family doctors worldwide, and has been developed by a diverse group of family doctors and other health professionals, from all of the continents besides Antarctica*

Sir Andy Haines, Professor Environmental Change and Public Health, Centre on Climate Change and Planetary Health, London School of Hygiene and Tropical Medicine.





*Primary health care clinicians are on the front lines in helping the world understand that protecting our planet’s natural systems is critical to safeguarding our own health and wellbeing into the future. They can do this in many ways: 1) through recognizing and communicating the role of environmental change in the patterns of disease they are treating; 2) through “greening” their practices, clinics, and hospitals; 3) through their roles as trusted messengers communicating the many ways that patients can protect their own health while simultaneously protecting planetary health; and 4) through movement building and organizing to bring their voices together with those of others to advocate for urgent structural change in how we live in order to protect humanity and the rest of life on Earth. This course is a wonderful contribution to the educational toolset to bring primary health care practitioners up to speed on the science of planetary health and prepare them to assume these critical roles in a world that urgently needs their commitment*

**ABOUT TELESSAÚDERS-UFRGS**

Created in 2007, TelessaúdeRS-UFRGS is a research center linked to the Post-Graduation Program in Epidemiology of the Medicine’s Faculty of the Federal University of Rio Grande do Sul (UFRGS). Since then, it has developed several projects and strategic actions aimed to attend to the main demands of the population, intending to improve health through telemedicine/telehealth.

The main actions consist of teleconsulting, telediagnosis, and tele-education use aimed at professionals working at Primary Health Care (PHC) and the PHC Support Centers within the scope of the Unified Health System (SUS). These actions focus on qualifying the teams’ work, assisting in clinical and managerial decision-making, as well as increasing PHC resolution. All the done work is guided by the principles of SUS and the best and most current scientific evidence.

Samuel Myers, Planetary Health Alliance (PHA) Director, Principal Research Scientist, Planetary Health Department of Environmental Health Harvard University.



**VIDEOS**

**PLANETARY HEALTH FOR PRIMARY CARE TEASER**



**PLANETARY HEALTH FOR PRIMARY CARE LAUNCH EVENT**



**PLANETARY HEALTH FOR FAMILY DOCTORS - FOREWORD**



**COURSE MANUAL**



**REGISTRATION**

## WONCA WP & SIG NEWS

### RURAL PRACTICE

## BECOME A RURAL SEEDS AMBASSADOR



In order to have a fair world with access for all we need to have more health professionals in rural areas. This idea provided the inspiration in 2015 to start the Rural Family Medicine Cafe project. This was followed by Rural Health Success Stories in 2016 and later we became the Rural Seeds Networking. Rural Seeds was launched in 2017. Since then, many projects and presentations on rural health have been done. We are a network composed mainly of students and young doctors with an interest in rural medicine. Many of us discovered rural by accident and our desire for rural health has turned us into passionate activists and advocates for rural health.

In 2021, the first ambassadors of this wonderful network are completing this journey in front of Rural Seeds. Our aim was to show those interested in rural health that anyone can be an advocate and that big changes often start with small steps and working together. We are really excited to say that even you can be an ambassador!

Applications are open until May 15th 2021. Results of the selection process will be announced in 30th June 2021.

It has been such a journey from a simple idea in 2015 to a world wide network today! The journey has sometimes been difficult but also filled with joy. We have built real connections through collaboration with our project coordinators and also the WONCA Working Party on Rural Practice with experienced rural doctors and health professionals in general.

•→ [Fill the form to be an ambassador!](#)



## WONCA WP & SIG NEWS

### AGEING & HEALTH

## AGEING LINES: STORIES FROM CAREGIVERS AND ELDERLY PATIENTS

This is a space dedicated to caregivers and elderly patients, created with anonymous collaborations from the WONCA Special Interest Group on Ageing and Health. This section includes inspiring anecdotes for the simple purpose of adding value and quality to older patient's lives.

#### THE GOLDEN ANGELS PLATFORM USING TECHNOLOGY FOR SOCIAL SUPPORT AND WELL-BEING OF OLDER ADULTS

*The uncertainty and fear of COVID-19 has had significant psychosocial impact on human life. Anxiety, insomnia, stress, depression, loss of interest, worrying about self and family are some of the major emotional responses world-wide and among them, the elderly are the most vulnerable. The elders who were independent prior to COVID-19 became dependent on others for their day-to-day needs. The required social distancing created further mental health*



*issues such as stress, anxiety, feeling of isolation, frustration and depression, sometimes resulting in erratic behavior.*

*To address these issues, a social welfare entity in Pakistan (the Aga Khan Social Welfare Board) launched an initiative titled the Golden Angels to address the issues of social isolation and concerns about physical health and mental wellbeing.*

*To this end, the team leveraged available technologies (e.g., Goto meetings, Zoom) to connect older adults from around the country. Starting April 2020, two-hour LIVE sessions were conducted on various topics from health & active living, book reviews, fun activities (Live musical performance and competitions).*

*Sessions started with five minutes of deep breathing and laughter therapy, followed by a moderated session with Q& A time. Family members, volunteers and caregivers, helped seniors use of mobile phones and various apps. The health sessions included stress management, home exercises and allowed participants to not only interact with experts but also socialize with each other. As the sessions progressed, a clear sense of camaraderie developed among the participants, some of whom attended sessions with family members, especially their grandchildren. Soon, the reach of the Golden Angel program grew to include community members residing in other regions like North America, Middle East, and Australia/New Zealand, who attending sessions despite the time difference.*

•  [Read all previous entries of Ageing Lines.](#)

## WONCA CONFERENCES

### SAVE YOUR SPOT FOR WONCA EUROPE 2021

Due to the international COVID-19 crisis the conference in 2021 will be fully virtual. We aim to keep the vibrant atmosphere of physical conferences and to inspire you with highly qualified speakers and an attractive scientific programme, exploring the latest developments in family medicine. The topic of this year's conference is "Practicing Person Centred Care", find out more about what you can expect here.

The scientific programme of the 26th WONCA Europe Conference is specifically designed to maximize the experience of every delegate. The Conference will have many different sessions formats and we are confident that everyone will be able to enjoy the stimulating content from the comfort of their home or workplace. Two of the session formats to watch out for are:

- **Plenary sessions** – with a strong focus on clinical practice, these lectures will be delivered by leading physicians, scientists, and other general practice professionals. They will cover the major topics of the Conference theme and have been developed in collaboration with Special Interest Groups and Networks of WONCA. Some of the confirmed speakers are: Glyn Elwyn, Carlos Martins, Cees Hertogh, Lieve Peremans and Henk van Weert.

- **Round table sessions** – large educational workshops involving 500 participants who are encouraged to learn and exchange knowledge in small break out rooms of max. 10 attendees.

The cohesive sessions will be built around clinical topics that are linked to non-clinical topics such as cardiovascular risk management and shared decision making, respiratory diseases and health skills, or elderly care and prevention of overdiagnosis. The impact of COVID-19 on GP health and primary care services will also receive ample attention.

Find out more about WONCA Europe 2021 Virtual Conference by visiting our website and make sure you save your spot for Europe's Top Conference for General Practitioners!



**EARLY REGISTRATION RATES CLOSE 20 MAY 2021.**



## WONCA CONFERENCES

### WONCA CIMF - 7º IBEROAMERICAN CONFERENCE / FIRST WORLD CONFERENCE OF PLANETARY HEALTH

From August 19 to 22, 2021, the Brazilian Society of Family and Community Medicine (SBMFC) and the Ibero-American Confederation of Family Medicine (CIMF) will host the 7th Iberoamerican Familiar Medicine Conference, 16th Brazilian Family and Community Medicine Conference and the 1st WONCA Planetary Health Conference.

The Ibero-American Conference slogan, created before the SARS COV-2 crisis, gained strength and importance, especially now, in the middle of the COVID-19 pandemic:

*"Health and sustainability: from the environmental to the health systems"* is a call to reflection and action.

In the XXI century, it is impossible to continue to think of health as an individual issue or isolated from the environment. Humans and Earth are part of the same ecosystem, our only ecosystem, our only house.

Now, Family Medicine has a unique opportunity to share worldwide, in and out of health systems, the possibilities of this speciality to improve care quality and ensure health for all.



**April 19th is the submission deadline.**  
**Registrations with special discount until May 15th**

WONCA CIMF invites you to be part of these joint events.

The program will focus on the central theme Health and Sustainability: From the environment to health systems.

The 100% online event allows people from all over the world to participate, without missing out on health teams when they are essential in serving the population in the context of the Covid-19 pandemic. All activities will also be available 40 days after the event to be revisited or for those who do not have the opportunity to participate simultaneously.

Some actions of the congress are guided by the UNITED NATIONS 17 Sustainable Development Goals. Therefore, for each new participant registered until May 15, it will be converted into a donation of one kilo of food to needy families in Brazil. As of April, 1.2 ton were already delivered, as a result of the first 1,200 participants already registered. Other actions, such as the donation of school supplies, are also planned as new registration are completed. Come with us to build a better world!

Register now!

The information available in English, Portuguese and Spanish [here!](#)

## ANNOUNCEMENTS AND UPDATES

### MCGILL FMER: INTERNATIONAL AWARDS IN FAMILY MEDICINE EDUCATION RESEARCH

The McGill Family Medicine Education Research Group (FMER) is proud to announce the sponsorship of 'The Pierre Pluye International Mixed Methods Thesis and Dissertations Awards in Family Medicine Education' to celebrate the original and influential contribution of Dr. Pierre Pluye, founding member of the FMER, to the advancement of mixed methods research and mixed studies reviews in general, and of the family medicine education field of inquiry in particular.

These awards are aimed to distinguish the work of promising new researchers committed to the advancement of science in family medicine education research around the world.

As of the academic year 2021-2022, two academic awards – one for the best MSc thesis, and one for the best PhD dissertation – will therefore be granted by an Award FMER Evaluation Committee chaired by Dr. Pluye.

The committee will include at least two other FMER researchers, and two FMER-affiliated graduate students (one MSc student and one PhD student or candidate).

#### ELIGIBILITY

Submission period: May 1st to August 31st, 2021. Candidates must have completed their thesis or dissertation no earlier than two academic years prior submission, i.e., before August 31st, 2019.

The thesis or dissertation must meet 3 criteria:  
 a) be related to research in family medicine education;  
 b) must use mixed methods in empirical research and/or literature review;  
 c) be written in English or French.



#### APPLICATION – PROCEDURE

Applications must include the five documents detailed below. Incomplete applications will be disregarded:

- A cover letter in which the candidate clearly indicates the award s/he is applying for (thesis or dissertation); introduces him/herself, the program and institution in which s/he graduated, as well as his/her research supervisors; and briefly describes the investigation conducted.
  - An abstract of maximum 500 words that summarizes the thesis/dissertation. Particular attention should be given to the description and justification of the mixed methods (empirical research and/or review) adopted in accordance with GRAMMS (Good Reporting of Mixed Methods Studies), and of the major theoretical, empirical, methodological, and practical contributions to the sciences of family medicine education.
  - A copy of the thesis/dissertation in a PDF format.
  - An updated version of the candidate's Curriculum Vitae.
  - A letter of support from the candidate's principal research supervisor.
- Read more [here](#).

## ANNOUNCEMENTS AND UPDATES

### HONG KONG PRIMARY CARE CONFERENCE 2021

The Hong Kong College of Family Physicians is delighted to invite you to the Hong Kong Primary Care Conference 2021, to be held online on 30 July – 1 August 2021 (Friday – Sunday).

The 2021 theme is "Our Finest Hour: Stride through the Storm" to highlight the need for resilient and strong primary health care systems to safeguard the health of people and communities worldwide.

After the HKPCC 2020 digital conference success, with over 700 participants from the primary care community, the 2021 edition will continue to provide an educational and inspiring experience for its delegates with a range of live and on-demand sessions with plenary and seminar

speakers, including evaluation of the challenges of COVID-19, clinical updates, research education and more.

Find more information at the [Hong Kong Primary Care Conference 2021](#) website and register [here](#).



### VIRTUAL EVENT: IMPLEMENTATION OF COVID-19 VACCINES IN PORTUGUESE-SPEAKING COUNTRIES

Since the early stages of the pandemic, governments have been striving to find ways to work together and control the outbreak of the COVID-19 virus. This crisis has challenged the global resilience of our systems and healthcare professionals, but it has also proved the crucial importance of international collaborative efforts and strategies to overcome this global crisis.

The International Hospital Federation (IHF) will host a virtual event on the 25th of May, about the implementation and distribution of COVID-19 vaccines in Portuguese-speaking countries across the world.

The event will bring together leaders from the health sector to assess the first six months of vaccine implementation and distribution, discuss challenges and successes, and explore prospects for the future.

The purpose of the event is to expand the dissemination of information to promote a more effective response to the pandemic and to promote information sharing and dialogue between the structures that are at the forefront of the fight against COVID-19.



• → [Register here!](#)

## FEATURED GUEST

### FAREWELL, GOODBYE AND THE END

As I announced last month this will be my last Covid-19 Rural Miscellany for the time being. It's been a difficult personal decision for me, especially as the pandemic continues to gather momentum and ravages countries such as Brazil and India. I have not decided whether it is the final posting, but I will continue to send out a Non-Covid

post every 2-3 weeks and I need your contributions to do so. I want to hear of rural papers, articles and news that you feel is relevant to rural family physicians, health care workers, academics and policy makers. It's an opportunity to disseminate your work or that of colleagues to the global rural health family.

The last 13 months has been a remarkable personal journey. I have discovered poets and poems that I would have otherwise never come across and I hope that you have enjoyed reading them also. I am aware that the majority of the work comes from the English-speaking world and I would have loved to have been able to diversify more. If any of you have a poet or a poem that you want to disseminate, I would be happy to help.

Looking back, it has been a labour of love. I can't believe that I have sent out 130 postings with well over a thousand poems and approximately Covid 6,000 links. Charles Darwin is quoted as saying "If I had my life to live over again, I would have made a rule to read some poetry and listen to some music at least once every week." I hope that I have encouraged you all to follow in the great man's footsteps. I still believe that science and technology will not conquer this dreadful disease on its own without a profound understanding of humanity, the arts and the magic that binds us all together in one big human family. I am reminded of a quote by arguably, the 20th Century's greatest scientist, Albert Einstein, "All religions, arts and sciences are branches of the same tree. All these aspirations are directed toward ennobling man's life, lifting it from the sphere of mere physical existence and leading the individual towards freedom." We will need to muster all this energy if we are to conquer the even bigger threat of climate change and the global pain that will accompany it.

### GUEST FEATURE BY JOHN WYNN-JONES: THE GARDEN



Dr John Wynn-Jones is well known in WONCA circles and immediate past chair of the WONCA Working Party on Rural Practice. During the COVID-19 crisis, he has been writing a 'Rural Miscellany' email with poems and resource ideas to help and divert us in this difficult time. In this, the last item of 'Rural Miscellany', we publish "Farewell, Goodbye and the End". Thank you for the valuable content you shared with the WONCA community!



There is a considerable volume of poetry around the theme of goodbye or farewell. Much of it concentrates on eulogies to the departed or the end of relationships, lost love and regret. We are also told that goodbye does not always mean what it might appear to be and that there is always hope.

The range of contributions covers two millennia, starting with the poet Horace (65-8 BCE) and finishing with JRR Tolkien (the author of “The Hobbit” and “Lord of the Rings”) with his poem, “Journey’s End”. I have however started with the Eulogy written by our Poet Laureate, Simon Armitage to mark the passing of Prince Philip, Duke of Edinburgh (consort to Her Majesty Queen Elizabeth, Queen of the United Kingdom & Head of the Commonwealth). The poem is a contemplation of a great man’s life and it reflects on the importance of duty and service to the community. I hope that you find it valuable

“Ars longa vita brevis” (“Art is long, life is short”) Hippocrates  
Very Best Wishes to you all and please stay safe.

John Wynn-Jones

### Simon Armitage (1963)

Simon Armitage is an English poet, playwright and novelist who was appointed Poet Laureate in 2019. He was born in West Yorkshire and is Professor of Poetry at the University of Leeds. A recipient of numerous prizes and awards, he has published twelve collections of poetry. He writes extensively for television & radio and is the author of two novels and three non-fiction bestsellers. His theatre works include *The Last Days of Troy*, performed at Shakespeare's Globe in 2014. In 2015 he was appointed Professor of Poetry at Oxford University and in 2018 he was awarded the Queen’s Gold Medal for Poetry. Simon Armitage is Poet Laureate.

The Poet Laureate is an honorary position appointed by the Queen. The role does not entail any specific duties, but there is an expectation that the holder will write verse for significant national occasions. The origins of the laureateship date back to 1616 when a pension was provided to Ben Jonson. Simon Armitage succeeded Carol Ann Duffy in May 2019.

Simon Armitage has written a poem to mark the death and passing of Prince Philip, Duke of Edinburgh (consort to Queen Elizabeth). I have posted this eulogy not only for those of us in the UK but for all the 54 nations of the Commonwealth of which the Queen is the nominal head.

It’s difficult to express our deep sadness and grief at his death and our thoughts are with the Queen at this difficult time.

Armitage said about Prince Philip that he “hated sycophancy – I didn’t want to write anything that would have sounded sycophantic in his ears”. The poem, titled “The Patriarchs – An Elegy”, the poem was published for on the day of the duke’s funeral. It opens on a snowy morning – “the weather is a peculiarly British obsession,” said Armitage – and expands into a dedication to the men of Prince Philip’s generation, “great-grandfathers from birth”. The poem reads “On such an occasion / to presume to eulogise one man is to pipe up / for a whole generation – that crew whose survival / was always the stuff of minor miracle, / who came ashore in orange-crate coracles, / fought ingenious wars, finagled triumphs at sea / with flaming decoy boats, and side-stepped torpedoes”.

“I didn’t want to presume to write a personal poem about somebody I didn’t know, so I took cues from various interesting facts about his life, and thinking of him as the last in that generation of patriarchs. So there are a lot of details in the poem which are directly about him, but I tried to broaden the point out into a generational one.”

Armitage said that he wanted the poem to address the duke's values and personality. "A lot of the commentary has been around duty and service – I saw it as a prompt for writing something dutiful, and in service of all people like him."

One line – "They were sons of a zodiac out of sync / with the solar year" – refers to Philip's birth in Greece in 1921, two years before the country switched from using the Julian calendar to Gregorian. I felt that this eulogy was a fitting start to illustrate the theme of this last post.

### **The Patriarchs – An Elegy**

*The weather in the window this morning  
is snow, unseasonal singular flakes,  
a slow winter's final shiver. On such an occasion  
to presume to eulogise one man is to pipe up  
for a whole generation – that crew whose survival  
was always the stuff of minor miracle,  
who came ashore in orange-crate coracles,  
fought ingenious wars, finagled triumphs at sea  
with flaming decoy boats, and side-stepped  
torpedoes.*

*Husbands to duty, they unrolled their plans  
across billiard tables and vehicle bonnets,  
regrouped at breakfast. What their secrets were  
was everyone's guess and nobody's business.  
Great-grandfathers from birth, in time they became  
both inner core and outer case  
in a family heirloom of nesting dolls.  
Like evidence of early man their boot-prints stand  
in the hardened earth of rose-beds and borders.*

*They were sons of a zodiac out of sync  
with the solar year, but turned their minds  
to the day's big science and heavy questions.  
To study their hands at rest was to picture maps  
showing hachured valleys and indigo streams,  
schemes  
of old campaigns and reconnaissance missions.  
Last of the great avuncular magicians  
they kept their best tricks for the grand finale:  
Disproving Immortality and Disappearing Entirely.*

*The major oaks in the wood start tuning up  
and skies to come will deliver their tributes.  
But for now, a cold April's closing moments  
parachute slowly home, so by mid-afternoon  
snow is recast as seed heads and thistledown.  
The falsehood of extremes! manes.  
ve can blossom in the space of the garden.*

### **Horace (65-8 BC)**

Quintus Horatius Flaccus, known in the English-speaking world as Horace, was the leading Roman lyric poet during the time of Augustus. In anticipating goodbyes and endings, Horace tells us that we should find ways to seize the day and enjoy the present moment. "Tu ne quaesieris" ("Do not ask") is the most famous of his odes published in 23 BC as Poem 11 in the first book of his collected "Odes" or "Carmina". The poem takes the form of a short rebuke to a woman, Leuconoë, who is worrying about the future, and uses agricultural metaphors to urge us to embrace the pleasures available in everyday life rather than relying on remote aspirations for the future. The poem is often also known as "Carpe Diem" for the famous phrase in the final line, or sometimes as "Ad Leuconoem" for its initial dedication.

### **Ode I. 11**

*Leucon, no one's allowed to know his fate,  
Not you, not me: don't ask, don't hunt for answers  
In tea leaves or palms. Be patient with whatever  
comes.  
This could be our last winter, it could be many  
More, pounding the Tuscan Sea on these rocks:  
Do what you must, be wise, cut your vines  
And forget about hope. Time goes running, even  
As we talk. Take the present, the future's no one's  
affair.*



### Michael Drayton (1563-1631)

Michael Drayton was an English poet who came to prominence in the Elizabethan era. He was a contemporary of William Shakespeare – he was born a year before Shakespeare, in 1563 – and, like the Bard, he was a Warwickshire lad. But although he wrote a great number of poems – including a long verse travelogue about England – Drayton’s poetry is not read much now. That is, with the notable exception of this one sonnet, beginning ‘Since there’s no help, come let us kiss and part’, which is widely anthologised and reasonably well-known.

His lengthy historical poems did not lend themselves to later reading and scholarship. By the end of his life, the didactic verse and historical epics upon which Drayton had lavished so much care no longer commanded an audience. The division between poetry and history had broadened, and that breach had undermined the great humanist tradition and its assumption that epic poetry grounded in the history of a nation towered over all other genres.

The poem is one of the greatest “breaking-up” poems in the English Language. The poet tells his erstwhile lover that the best thing for them to do is to end their relationship, shake hands, and walk away – though in the closing lines, he dares to dream that the relationship may yet be salvaged. The poem appeared towards the end of Drayton’s sonnet sequence *Idea’s Mirror* (1594).

#### *Since there’s no help, come let us kiss and part*

*Since there’s no help, come let us kiss and part.  
Nay, I have done, you get no more of me;  
And I am glad, yea glad with all my heart,  
That thus so cleanly I myself can free.  
Shake hands for ever, cancel all our vows,  
And when we meet at any time again,  
Be it not seen in either of our brows  
That we one jot of former love retain.*

*Now at the last gasp of Love’s latest breath,  
When, his pulse failing, Passion speechless lies;  
When Faith is kneeling by his bed of death,  
And Innocence is closing up his eyes—  
Now, if thou wouldst, when all have given him over,  
From death to life thou might’st him yet recover!*

### Queen Elizabeth 1 of England (1533-1603)

Elizabeth 1 was Queen of England and Ireland from 1558 until her death in 1603. sometimes called the Virgin Queen, Gloriana or Good Queen Bess, Elizabeth was the last of the five monarchs of the House of Tudor. Her reign is often called the Elizabethan Age, when England asserted itself vigorously as a major European power in politics, commerce, and the arts.

Elizabeth was extremely well educated especially for women at this time. She wrote poetry and a number of poems are attributed to her including "On Monsieur’s Departure".

From the start of Elizabeth's reign, it was expected that she would marry and the question arose to whom. Although she received many offers for her hand, she never married and was childless; the reasons for this are not clear. She considered several suitors until she was about fifty. Her last courtship was with Francis, Duke of Anjou, 22 years her junior. While risking possible loss of power like her sister, who played into the hands of King Philip II of Spain, marriage offered the chance of an heir. However, the choice of a husband might also provoke political instability or even insurrection

Elizabeth did fall in love with her Childhood friend, Robert Dudley, 1st Earl of Leicester. It was rumoured that the Queen would like to marry him if his wife should die. Amy Dudley died mysteriously after falling downstairs in 1560 but many people suspected that Dudley had arranged her death.



Elizabeth however remains single throughout her life "On Monsieur's Departure" was written in the form of a meditation on the failure of her marriage negotiations with Francis, Duke of Anjou, but has also been attributed to her alleged affair with, and love of Robert Dudley.

In the first verse Elizabeth means that she hides strong unhappiness and love (of Anjou) in favour of an appearance of coolness and dislike. This show may be meant to please her subjects or save her pride because the idea of her marriage with Anjou was very unpopular amongst her subjects. In any case, she has turned (or is turning) from her former (and more natural) self (or behaviour) to something different. The second verse is about her unhappiness. It is her constant companion, she has never been able to make it go away, and she feels that only death could banish it. In the third verse Elizabeth asks for less intense feelings, saying she is fragile. She wishes Anjou were less nice so that she could get over her feelings more easily. The fourth line means either that she wishes she could feel good or bad, which would seem to contradict the first line, or that she wishes she could show (and vent) these feelings properly, or perhaps that she could feel one extreme or the other, rather than both at once: high OR low. Finally, she says if she cannot be happier, she would like to die so that thoughts of love no longer trouble her. She doubts she will ever be fulfilled in terms of love.

### **On Monsieur's Departure**

*I grieve and dare not show my discontent,  
I love and yet am forced to seem to hate,  
I do, yet dare not say I ever meant,  
I seem stark mute but inwardly do prate.  
I am and not, I freeze and yet am burned,  
Since from myself another self I turned.*

*My care is like my shadow in the sun,  
Follows me flying, flies when I pursue it,  
Stands and lies by me, doth what I have done.  
His too familiar care doth make me rue it.  
No means I find to rid him from my breast,  
Till by the end of things it be suppress.*

*Some gentler passion slide into my mind,  
For I am soft and made of melting snow;  
Or be more cruel, love, and so be kind.  
Let me or float or sink, be high or low.  
Or let me live with some more sweet content,  
Or die and so forget what love ere meant.*

### **Thomas Hardy (1840-1928)**

Thomas Hardy OM was an English novelist and poet. A Victorian realist in the tradition of George Eliot, he was influenced both in his novels and in his poetry by Romanticism, including the poetry of William Wordsworth.

One of the most renowned poets and novelists in English literary history, Thomas Hardy was born in the English county of Dorset. Hardy's youth was influenced by the musicality of his father, a stonemason and fiddler, and his mother, Jemima Hand Hardy, often described as the real guiding star of Hardy's early life. Though he was an architectural apprentice in London, and spent time there each year until his late 70s, Dorset provided Hardy with material for his fiction and poetry. One of the poorest and most backward of the counties, rural life in Dorset had changed little in hundreds of years, which Hardy explored through the rustic characters in many of his novels. Strongly identifying himself and his work with Dorset. Hardy called his novels the Wessex Novels, after one of the kingdoms of Anglo-Saxon Britain. Despite the success of his novels he saw himself primarily a poet

The references to light and darkness, as well as the repeated questions to the departed Emma, all speak of a feeling of despair. Although she had been in poor health for some time, Thomas Hardy did not appreciate just how ill his wife Emma was and her death, when it came, was sudden and a profound shock to him. He felt considerable guilt over the fact that he had not been able to rectify the bad feeling that there had been between them over recent years, and which had led Emma to spend much of her time alone in a small attic room in their house on the edge of Dorchester, Dorset. Continue reading [here](#).