

Featured Doctor

A/Prof Per KALLESTRUP: Denmark - Hippokrates founder



Per Kallestrup is a Medical Doctor, Specialist of Family Medicine and work part-time in an eight partner practice close to Aarhus, Denmark. He is also Co-Director of the Center for Global Health at

Aarhus University (GloHAU) focusing on the contribution of Primary Health Care to Global Health through research and education.

Furthermore, he is the Chairman of "Partners in Practice" an International Development Program of the Danish College of General Practitioners devoted to fostering development of Primary Health Care worldwide through established partnerships.

At the recent Vasco da Gama Movement Forum, in Dublin, he received the inaugural "Being Young Staying Young" award. [See news item on this.](#)

What work do you do currently?

Dividing my working time between clinical work in my practice and academic developmental work at the Center for Global Health at Aarhus University, I consider myself extremely lucky to be able to "walk on two legs" – being able to combine the diverse real-life wonders of practice work and the challenges of development of Primary Care on a global scale. Although the contrasts between these work environments may seem unfathomable, they do actually complement each other well and contribute mutually as great sources of energy and admiration for the diverse realities within our profession. I find that the dynamics of this way of working 'keeps me on my toes' as well as provides me with 'street credibility'.

I can come home to Denmark, after having completed field work in Rwanda, and feel fully rejuvenated, ready to attend to my patients in the practice. Similarly I can take inspiration from our Danish Primary Care organisation to meetings with the Ministry of Health of Nepal. I find it even more satisfying, when I am able to bring foreign colleagues to our practice, to stimulate professional and personal exchange.

The constant attention to, and advocacy for, our patients and our communities at the frontier of our

health systems, is the universal tool through which we make a remarkable difference - building trust through continuous, comprehensive, community-oriented care delivered by family health teams.

A tall order, but all family physicians are extremely hard-working – and a Danish proverb says: "if you want to get something done, go to the one, who is busy".

Could you say something about how the Hippokrates Exchange Program was created?

Life is full of journeys. And our professional journey is one of these. Let me tell you a little bit about my own professional journey, as an example.

During my secondary schooling when I was 16-17 years old I was fortunate to do a year of studies at an American high school as part of an exchange programme. This was a world-opening and mind-opening experience for me. Later, during my pre-graduate medical studies, it inspired me to do a year of medical school at a University in Spain, as part of a European Exchange Programme for university students – the so-called ERASMUS programme.

Again, I found myself rewarded by much more than just scholastic knowledge - I brought home a new foreign language, an insight into another culture, lots of diverse exciting experiences and new friendships.

With this momentum I moved on to postgraduate studies and work placements – and the Vocational Training Scheme of a family physician trainee is a multifaceted journey of exposures. During this period, I wondered how I could add some of the same spice to my postgraduate medical studies: to once again be able to combine professional and cultural education. I was able to arrange a two week visit to the Cedar House Surgery, in St Neots, Cambridgeshire, UK.

I had by then become a member of the International Committee of the Danish College of General Practitioners, and I proposed to design and develop a European Exchange Programme for medical doctors specialising in GP/FM. That became "Hippokrates", which was launched at the WONCA Europe Conference, in Vienna, Austria, in 2000.

From a beginning of five participating countries and 25 host practices, and with only few exchanges taking place every year, this programme has grown tremendously. It now embraces 26 countries, and more than 100 host practices across Europe. In 2014, it resulted in 105 exchanges and a magnitude of experiences shared. Since 2008, the Hippokrates has been entrusted and re-invigorated by the Vasco da Gama Movement.

[Hippokrates](#) is very much alive and all European trainees/GPs/FDs are encouraged to participate.

What other interesting activities that you have been involved in?

My PhD on “*Schistosomiasis and HIV in rural Zimbabwe*”, was completed during a family stint of five years in Zimbabwe (2000-2005), where my wife was heading the EU Health Assistance to Zimbabwe. After that, I got involved in the “Primafamed (Africa) Network” (Primary Care and Family Medicine Education Network). The network aims at developing and strengthening family medicine higher education and training through capacity building, curricula enhancement and academic research development.

It is in the process of building new institutions and in shaping new professionals, that enthusiasm and innovative awareness create a platform for renewal and consolidation of the core of our profession.

This work has also inspired me to create “[Partners in Practice](#)”, an International Development Program of the Danish College of General Practitioners, devoted to fostering development of Primary Health Care worldwide, through established partnerships. This is a fairly new organisation, which aims at recruiting Danish GPs to partake in projects to support and capacity-build emerging family medicine institutions in partner countries.

What are your interests as a family physician and how do you see the future of Family Medicine?

I am a great fan of inter-collegial inspiration and ‘infectivity’ and I have always found this through WONCA. The WONCA family is a great nest of restless busy-bees always eager to explore and exchange views and ways.

Some of our South African colleagues have recently in an [editorial](#) expressed concerns on the state of family medicine in South Africa, which I

think are quite universal. They use the metaphor of ‘the dog chasing the bus’. And they argue, that now that they have finally caught up with it (the bus) they are not quite sure, what to do with it.

Some of the questions that they raise are:

- Why do we have a need to be equal to other specialties?
- Why do we want to be valued by specialist colleagues more than by patients or communities?
- Why is our training so focused on skills and procedures?
- What is our role in primary healthcare re-engineering?

And I feel these concerns translate well to the challenges family medicine are facing across the globe. Of course, these concerns are in various disguises depending on the state or - should I say - status of family medicine in the individual countries.

However, I think it is similar for all. The development of family medicine and the continued efforts to define ourselves as a specialty have taken place – or are taking place - as a reactive process forming ourselves in the image of the classical medical specialties and we have created or are creating our teaching and research institutions alike.

Paradoxically, when we shape ourselves like the other ‘specialists’: we risk getting away from who we are and from the reality of our patients and communities, by whom we define ourselves and by whom ‘specialists’ do not define themselves. We risk forgetting to be different, to be compassionate, embracing collaborators who serve and thrive best in teams (as opposed to those who work in silos of hierarchical institutions, nourished by prestige and authority).

We are getting involved in research, quality improvement activities, production of guidelines, endorsing recommendations and requirements etc – everything appropriate and necessary. At the same time, we must remember where we come from and not get caught up in a charade similar to the fairy tale of the “Emperor’s new clothes”.

My best ideas at how we may secure a new deal for family medicine in the future with regard to three levels of engagement are:

- **Individually.** Throw yourself into the mess, get entangled, ‘don’t be a whiner, be a diner’. Take to life with a grand appetite and share meals. Be sure to share your successes – use these as a lift for everybody around you, which creates synergy

and simultaneously makes you flourish. Be the heroes of everyday, in settings where life is lived.

- **Professionally.** Dare to be different: involve your patients, make them partners. Keep being the voice for continuous, comprehensive, community-oriented care delivered by a family health team. Also respect the need for balanced, mutually sustained integration with colleagues and collaborators in the wider health system.

Prof Mehmet UNGAN: Turkey - WONCA Europe executive

Prof Mehmet Ungan is a specialist in family medicine working both in his practice and also in a university department as an academic. He was one of the founders of the Turkish Association of Family Physicians (TAHUD) in 1990, and is also a past president of TAHUD. Now, he is Honorary Secretary of the Turkish Family Medicine Board, a member of the WONCA Europe Executive Board representing its Research Network (EGPRN) of which, he is the vice chair.



Prof Ungan is the chair of the Scientific Committee for the WONCA Europe conference being held in Istanbul, in October 2015.

What work are you doing currently?

Like many others in the family medicine world, I have a very busy schedule. The main part of my day is comprised of seeing patients, both in my practice and in the Medical School, and with lots of training activities. I'm a professor in the Department of Family Medicine, founded in 1993, one of the pioneers in my country. Our department belongs to Ankara University School of Medicine which was founded in 1945 - the first one for the young Turkey after the Ottoman Empire. We are almost 30 residents, two assistant professors and two family physician specialists involved in educational activities. We provide educational programs for first, fifth and sixth grade medical students, and run five family medicine outpatient clinics. Our department centre is located in Avicenna (Ibn-İ Sina) Hospital of Ankara University Medical School.

As well as my position in the university, I have a private family medicine clinic affiliated with a well-known laboratory chain, in Ankara. There, with other family physicians, we have been providing services mainly to embassies, foreigners, those preferring private services for periodic health screening, health screening of immigrants and

- **Globally.** Engage with your communities, share your experiences, keep promoting possibilities to form family health teams. Always think in broader terms of socio-economic and environmental determinants. Get out – go to meetings, do exchanges, participate in and contribute to development across professions and borders.

refugees, and school and occupational health activities.

What other interesting activities that you have been involved in?

I do not know if it is interesting for all, but the rest of my work is all about research in primary care. Since 1998, I have been a member of the European General Practice Research Network (EGPRN), which is a network of the WONCA Europe. We have two meetings a year in different European countries. Creating the research agenda for European Primary Care was one of the collaborative works of EGPRN in which I have enjoyed a lot.

ESPCG (Special Interest Group on Primary Care Gastro) is another group in which I feel comfortable due to having a common research and clinical interest.

For the past four years, I have been attending some of the CDC (American) training, especially on tuberculosis and migrant health, and trying to undertake research on related subjects. For example, I was one of the partners of the European project on HIV/AIDS trainers training; the osteoporosis project of International Atomic Energy (for Turkish data), and the European FP/GP burnout study. Nowadays I am studying latent TB infection screening among different migrant populations.

What are your interests in work and outside work?

I am afraid I don't have interesting things to tell you away from work :-).

My special interest areas at work are migrant health, tuberculosis, gastrointestinal diseases, primary health care research, FM education & training, information & communications technology, health promotion & disease prevention. I have been implementing IT tools with