



Public Declaration of Interest WONCA Europe 2026 Conference

I, Cyril BÈGUE the undersigned, hereby disclose all interests, whether direct or indirect, professional or personal, that are related to the healthcare field and that could potentially influence the content of my presentation or my involvement in the WONCA Europe 2026 Conference.

1. Professional activity over the past 3 years

Activity: General practitioner

Place of practice: Morannes sur Sarthe-Daumeray (49, France)

Start year: 2014

End year: Ongoing

Activity: Senior Lecturer

Place of practice: University of Angers (49, France)

Start year: 2020

End year: Ongoing

2. Other paid or compensated activities

Activities related to health (study, production, consulting, auditing, article/report writing, working group participation, training sessions, speaking engagements, work or leisure meetings, etc.), paid or compensated directly or indirectly, regardless of the funder (institution, industry, other), in the past 3 years:

Activity: Deputy secretary of the French College of General Practice

Funder: College of General Practice

Compensation: 888 € / month

Date or period: Since 2023

Activity: President of the scientific committee of the CMGF congress

Funder: CMGF

Compensation: 4 000 € / year

Date or period: 2022-2025

Activity: Expertise in CPD sessions (0, 1 or 2 sessions per year)

Funder: CGEMS



30TH WONCA EUROPE CONFERENCE

The European Conference on General Medicine

JUNE 30 TO JULY 3, 2026

Palais des congrès de Paris

CMG | collège
médecine générale

Wonca
World Organisation of General Practitioners

3. Involvement in organizations

Membership or involvement in health-related organizations, regardless of funding source, over the past 3 years

Organization: CNGE

Start year: 2014

End year: Ongoing

4. Ownership of financial interests

Ownership of financial interests (copyrights, patents, shares, bonds, financial assets, etc.) related to health over the past 3 years

None

5. Activities, involvements, and financial interests of relatives

Professional or non-professional activities, involvements, or financial interests of a relative (parent, spouse, sibling, or child) related to health within the past 3 years:

Spouse : cardiologist

6. Other Elements

Any other elements you wish to declare

I hereby certify that the information provided is accurate and complete.

Done in Angers , on 19 June 2025

Signature :

Overcome

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