



Public Declaration of Interest WONCA Europe 2026 Conference

I, Nuno Cardoso Jacinto 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: Family Doctor

Place of practice: Local Health Unit (ULS) of Alentejo Central, Portugal

Start year: 2008

End year:

Activity:

Place of practice:

Start year:

End year:

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: Guest Assistant at the Department of Medical and Health Sciences

Funder: University of Évora

Compensation:

Date or period: since September 2023

Activity:

Funder:

Compensation:

Date or period:



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

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World Organization of
Nurse Practitioners

3. Involvement in organizations

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

Organization: Portuguese Association of General Practice and Family Medicine (APMGF)

Start year: 2009

End year:

Organization:

Start year:

End year:

4. Ownership of financial interests

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

Interest:

Start year:

End year:

Interest:

Start year:

End year:

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:

Type of Relative:

Activity:

Start year:

End year:

Type of Relative:

Activity:

Start year:

End year:

Overcome

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6. Other Elements

Any other elements you wish to declare

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

Done in Évora, on 12/6/2025

Signature :