



Public Declaration of Interest WONCA Europe 2026 Conference

I, _____ Alice Perrain _____ 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: La Croix en Touraine (37, France)

Start year: 2010

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 : working group (coordinated exercise, unscheduled care)

Funder : Union Régionale des Professionnels de santé Centre Val de Loire

Compensation : 22 892 euros

Date or period : 2022 2023 2024

Activity : continuing education

Funder : MG FORM

Compensation : 2145

Date or period : 2022 2023 2024

Activity: project team

Funder: SAS AMBULATOIRE 37

Compensation: 13355 euros

Date or period : 2022 2023 2024

Activity: Mental Health working group

Funder: CMG



30TH WONCA EUROPE CONFERENCE

The European Conference on General Medicine

JUNE 30 TO JULY 3, 2026

Palais des congrès de Paris



Compensation: 1065 euros

Date or period: 2022

Activity : general secretary

Funder : MG FRANCE

Compensation: 61791 euros

Date or period : 2022 2023 2024

Activity: project team

Funder : MEDECINE GENERALE ET PSYCHIATRIE 37

Compensation : 20000 euros

Date or period : 2022 2023 2024

Activity: faculty teaching

Funder : Faculté de Médecine de Tours

Compensation : 6904 euros

Date or period : 2022 2023 2024

Activity : validation of projects

Funder : Asalée

Compensation : 2923 euros

Date or period : 2022 2023 2024

3. Involvement in organizations

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

Organization: MG FRANCE

Start year: 2015

End year:

Organization: MG FORM

Start year: 2015

End year:

Organization: CPTS ASCLEPIOS

Start year: 2018

End year:

Organization: SAS AMBULATOIRE 37





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Start year: 2020

End year:

Organization: SAS AMBULATOIRE 41

Start year: 2023

End year:

Organization: MEDECINE GENERALE ET PSYCHIATRIE 37

Start year: 2020

End year:

Organization: Union Régionale des Professionnels de santé Centre Val de Loire

Start year: 2015

End year:

Organization: Fédération des CPTS

Start year: 2021

End year:

4. Ownership of financial interests : none

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

5. Activities, involvements, and financial interests of relatives : none

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:

6. Other Elements

Any other elements you wish to declare

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

Done in Tours , on the 31th of May 2025

