

30[™] WONCA EUROPE CONFERENCE

The European Conference on General Medicine

JUNE 30 TO JULY 3, 2026

Palais des congres de Paris





Public Declaration of Interest WONCA Europe 2026 Conference

I, Pauline Girard, 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:

Place of practice:

Pôle de santé interprofessionnel of Saint-Martin d'Hères

22 rue de Malfangeat

38400 Saint-Martin-d'Hères

Start year: 2018 End year: on going

Activity:

Place of practice:

GP department in Grenoble Alpes University

Start year: 2017 End year: on going

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:

Funder: HAS (Haute Autorité de santé)

Compensation: 600 € Date or period: 2024

Activity:

Funder: Scientific committee of CMGF

Compensation: 2000 € per year Date or period: 2023- on going



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Activity:

Funder: Aide aux jeunes diabétiques

Supervision of medical-educational stays for children with diabetes

Compensation: almost 2200 € per year

Date or period: 2012- on going

3. Involvement in organizations

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

Organization: Member of alliance santé planétaire (planetary Health)

Start year: 2023 End year: on going

Organization: member of Formindep

Start year: 2023 End year: on going

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:

None

6. Other Elements

Any other elements you wish to declare

None

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

Done in Grenoble, on 16/06/2025

Signature:

