



# 30<sup>TH</sup> 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 Organization of General Practitioners

## Public Declaration of Interest WONCA Europe 2026 Conference

I, Roar Maagaard, 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:** MD, General Practitioner

Place of practice: Skoedstrup Laegepraksis

Start year: 1988

End year: 2023

**Activity:** Assoc. professor

Place of practice: Aarhus University

Start year: 2002

End year: 2022

### 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:

Compensation:

Date or period:

**Activity:**

Funder:

Compensation:

Date or period:

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### 3. Involvement in organizations

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

**Organization:** Nordic Federation of General Practitioners

Start year: 2023

End year: Still

**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:

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## 6. Other Elements

*Any other elements you wish to declare*

None

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

Done in Aarhus, on 22.6.2025

Signature :

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