



# 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  
Nurse Practitioners

## Public Declaration of Interest WONCA Europe 2026 Conference

I, Arabelle Rieder, born 27<sup>th</sup> December 1965, 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:** Physician in General Internal Medicine (General Practitioner)

Place of practice: 54, rue de Lausanne, 1202 Geneva, Switzerland

Start year: 2007

End year: continues

**Activity:** Senior Lecturer in Family Medicine

Place of practice: University Institute of Family Medicine, Geneva Medical School, 1, rue Michel Servet, 1206 Genève, Geneva, Switzerland

Start year: 2010

End year: continues

### 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:** none

Funder:

Compensation:

Date or period:

**Activity:** none

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:** EURACT (European Academy of Teachers in Family Practice/General Medicine)

Start year: 2019

End year: continues

**Organization:** SAFMED (Swiss Academy of Family Medicine)

Start year: 2019

End year: continues

### 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:** none

Start year:

End year:

**Interest:** none

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 Geneva, Switzerland, on 15<sup>th</sup> June 2025

Signature :

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