

## DPI

### 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

#### 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

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: 6 904 euros

Date or period: 2022, 2023, 2024

**Activity:** validation of projects

Funder: Asalée

Compensation: 2 923 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

**Organization:** MG FORM

Start year: 2015

**Organization:** CPTS ASCLEPIOS

Start year: 2018

**Organization:** SAS AMBULATOIRE 37

Start year: 2020

End year:

**Organization:** SAS AMBULATOIRE 41

Start year: 2023

**Organization:** MEDECINE GENERALE ET PSYCHIATRIE 37

Start year: 2020

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

Start year: 2015

**Organization:** Fédération des CPTS

Start year: 2021

### **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 Tours, on the 31th of May 2025

A handwritten signature in black ink on a light blue background. The signature is stylized, starting with a large 'A' and ending with a long horizontal stroke. The name 'Alice PERRAIN' is written in a cursive script above the main signature.