

WONCANews

An International Forum for Family Doctors



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World Organization of Family Doctors www.GlobalFamilyDoctor.com

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FROM THE WONCA PRESIDENT :

NOBLESSE OBLIGE: PRIMARY CARE MUST STEP-UP GLOBAL HEALTH LEADERSHIP

This column is written during the gloom of the North-West European winter – as good a time as any to reflect on the global state of affairs of primary care. Development and testing of new knowledge and expertise, their transfer into routine practice and introduction to practitioners, are vital in the pursuit of excellence. This is what primary care and family medicine share with all other medical and health care professions: the drive of professionalism is to improve the prevailing state of the art, what is good today may be obsolete tomorrow. Research, teaching and training are the logical instruments to guide the development of medicine and health care, and the disciplines involved. Academia plays a central role in this and with the establishment of close links with university departments of primary care/family medicine through a new membership category, Wonca has recently improved its operational capacity.

Where primary care is different

Family medicine shares the need to develop excellence with all other disciplines in health care, in striving to make the care of patients more effective, more efficient and safer. But primary care is special in how to make its excellence available to society. While often for disease- or patient-specific expertise it is possible to concentrate its excellence – and bring those in need to concentrated centers for treatment – primary care has to be made available in every community in the world. This need to reach-out and diversify to all communities around the world, “every family a family doctor” comprises Wonca’s mission and ambition.

It is important to understand the different position of primary care in this respect. Concentration of high technology care has carried the development of transplantation or cancer therapy, to just mention two, to their current state, and today’s care for patients would have been impossible without ‘centers of excellence’. And further development of such care of the highest quality is related to the continued grooming of ‘centers of excellence’.

Here lays an essential difference with primary care, where the availability of family physicians and other primary care professionals in the local community is the

crux – to respond to health needs, to organize access to more specialized care facilities, and to relate to social determinants of health. The implication of this is, that the quality of primary care depends on its performance in each and every community. Global equality is therefore at the basis of Wonca’s mission.

To strengthen Wonca’s potential

Critical to the accomplishment of this mission is the advanced training of family physicians, nurses and others, in the context of primary care. Only this way can communities be powered with adequate care infrastructure. This underlines the vast demand for human resources that accompanies the quest for international primary care. It reflects on Wonca and its global leadership as well. Very soon, Wonca member organizations will be approached for the preparation of the 2010 World Council in Cancun and presenting candidates for Wonca offices is a core aspect of this preparation. What is true for the global primary care perspective, is true for the inner structure of Wonca as well: to be able to provide continued leadership, Wonca needs the best women and men, from developing and developed countries, from East and West, south and north.

Equity to empower Wonca’s leadership

I would like to use this opportunity to call upon the Wonca membership to provide us the very best individuals to continue the leadership for global primary care, and to stress the importance of including all the talents we have between us. In this, there is a need to stress the first of the three features: there is insufficient participation of women in the senior Wonca position, and too few come from developing countries and the southern hemisphere. This jeopardizes Wonca’s authority to speak-out and address equity. But probably even more important is, that it signals the fact that we make insufficient use of formidable talents that are available.

Gradually, the North-West European winter moves to spring. With it come the promises of better times ahead. I do count upon you all to do all we as Wonca can, to prepare for better times for the health of people. With a family physician in every community, we can!

Professor Chris van Weel
President of Wonca

FROM THE CEO'S DESK:

THE WONCA GROW (GROUP TO REDESIGN THE OPERATIONS OF WONCA) INITIATIVE

At the Full Wonca Executive Meeting in Dubai in early February 2008, President-Elect Prof Rich Roberts indicated that Wonca needs to re-look at the way it operates and functions as a global organization. He then explained to the Wonca Executive his proposal for The GROW Initiative.

GROW was an acronym for "A Group to Redesign the Operations of Wonca". The ideas contained in the "GROW" proposal were designed to engage a dialogue between members to explore how best to re-shape Wonca's future, structurally, operationally, functionally and financially.

The aim was to enable Wonca to reach a higher level of development and to more effectively assert its leadership globally. It could be considered as part of Wonca's overall strategic plan to achieve its mission in the context of the 21st century. Prof Roberts felt that the current Wonca structure, limited resources and triennial timeframe for doing Wonca business was inadequate in a rapidly changing world. He went on to recommend to Wonca Executive the establishment of a small group to redesign the operations of Wonca. This group would be charged to develop a plan to re-structure the organization and increase its operational capacity and finances.

Wonca Executive agreed to establish the GROW Initiative. The Wonca Executive also agreed that the GROW Initiative would have at least

five members approved by Executive, with the President-Elect as Chair. The Chair would also be responsible to appoint a consulting firm to assist GROW in its deliberations and to help in the preparations needed before the meeting and also in the drafting of the final report.

The GROW team would report back at the next Full Executive Meeting in June 2009 in Hong Kong with detailed proposals and plans of action. Wonca Executive after reviewing the report will present the report to the Wonca World Council for deliberation and adoption at the 2010 Council Meeting in Cancun.

The following officers were invited and agreed to be on the GROW team: i) Prof Rich Roberts (Chair) ii) Prof Chris van Weel iii) Prof Michael Kidd iv) Dr Alfred Loh v) Dr Donald Li vi) Dr Arno Timmermans vii) Dr Marina Almenas. Twelve consulting firms were subsequently reviewed by the Chair and five were requested to submit formal proposals for appointment as GROW consultants. These five were also personally interviewed by phone by the Chair.

In early October 2008, MCI, a leading Association Management & Consulting (AMC) company in the world with offices in Brussels and Singapore was finally selected by the Chair after due consultation with the GROW team members. Its track records showed that MCI had worked with many other (healthcare) associations on their strategic planning. For over 20 years MCI had worked with professional societies in a variety of ways ranging from organizational audits, (international) strategy reviews and consulting, to conference management, marketing and communications management which in many cases had extended to full association management.

More importantly and relevant to WONCA, MCI had significant

experience in working with healthcare and medical societies and therefore understand their uniqueness in terms of governance, professional set-up and resourcing. Two senior consultants from MCI were assigned to work with Wonca.

At a very early stage of the planning, it was decided that the GROW Meeting would be held in Singapore in early February 2009 to keep cost of running the meeting low and for logistic support. The period between October 08 and February 09 was filled with preparatory work with the Chair having several teleconference planning sessions with MCI. Wonca Secretariat provided the logistic support and background materials for the planned meeting.

On its part, MCI wanted to know how Wonca member organizations and the leaders in these member organizations felt about Wonca. To this end, two surveys were conducted by MCI. One was an e-survey conducted on 110 member organizations of Wonca from developed and developing countries. Each was given the same set of questions to answer by e-mails. 50 % of those surveyed responded but only 37% of the responses were complete and valid.

MCI also was asked to conduct telephone interview surveys of nine national or Wonca leaders and three industry representatives. MCI eventually reached and interviewed seven leaders and one industry representative. The results of these e-surveys and phone interviews were made known at the GROW Meeting. They were important in providing insight into the thinking of Wonca leaders, members and sponsors.

The two-day GROW Meeting in Singapore was very intense and interesting. Discussions were very wide-ranging but also in-depth. 'Blue-sky' scenarios were used. MCI

as the consultants were very effective in focusing the discussions around the table. On both days the tea / coffee breaks and lunches were shortened to allow more time for discussions. On the whole, it was two very intensive and fruitful days.

The results of the deliberations will now be compiled into a draft report by MCI and submitted to the GROW Team for its careful review and input. The final report will be included in the agenda papers for the Full Wonca Executive Meeting in Hong Kong in June 09 and later in the agenda papers for the Cancun Wonca World Council in 2010.

I hope in a future column to write on some of the more important issues deliberated and decisions made at the GROW Meeting.

Dr Alfred Loh

Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:

A SALUTE TO THE NEW ZEALAND FAMILY PHYSICIAN AND ITS JOURNAL EDITORS

The December 2008 and final issue – Volume 35 Number 6 – of the **New Zealand Family Physician (NZFP)** made its proud and last appearance, to be replaced next year by the **Journal of Primary Health Care**. In 1959, the Royal New College of General Practitioners (RNCGP) appointed a Director of Research who began a research newsletter in 1961. This became the NZFP in 1974.

RNCGP Principal Advisor to the Chief Executive, Susan Dovey, provides a wonderful introduction to a series of thoughtful and diverse reflections by every one of the proud NZFP Editors except for David Cook, the founding editor (1974 – 1980), who died several years ago. The NZFP Editors included Ian St George (1981-1990), Rae West (1990-1995), Tessa Turnbull (1996-2001), Campbell Murdoch (2001-2002), and the current and last editor, Tony Townsend (2002-2008). The RNZP grew rapidly from its early roots to become a nationally and internationally recognized primary care publication.

The Editors offered a varying prognosis for the new Journal of Primary Health Care and its new editor, Felicity Goodyear-Smith. In his article entitled, "A Bright Future for the Journal", Ian St George spoke in promising and hopeful terms of the purpose and potential of this new age journal and its expanded primary care audience, "If the new name signals wider interest and wider access by all members of the general practice team, then open access electronic publishing signals an even greater willingness to share information: the inclusion of the patient and public in that team". On the other end of the spectrum, Campbell Murdoch in his so-called eulogy, wake and last rites for the NZFP questioned the fundamental value of primary health care as a viable substitute for general practice which he viewed as a still undefined and unresolved public policy dilemma. So it goes with we family doctors ! We know how to enliven any debate!

Somewhere in the middle of his editorial family, Tony Townsend gave a mixed opinion. He quoted Wonca President Chris van Weel's letter of support for indexing the RNZFP as "a scientific, peer reviewed journal of the field of family medicine/general practice – primary care. The research the journal publishes is to contribute to better and safer health care for people. The journal is operating in the unique context of New Zealand family practice/primary care. New Zealand is a world leader in primary health care research, contributing a research output way beyond its physical size. This in itself lends substance to the international position of the RNZP." Yet, Tony noted that the NZFP failed in its bid to have the NZFP indexed on Medline.

Yet, all the Editor's agreed that theirs was a "labor of love" as they looked back with great pride on the magnificent journey of the Royal New Zealand College and its family doctors, which they supported through their outstanding editorial leadership and publications, and faithfully chronicled over the entire 200 issue life of the NZFP.

As one of its loyal readers, I cherished the bimonthly arrival of the New Zealand Family Physician. I congratulate the distinguished NZFP Editors for their dedication and their extraordinary contribution to their College, their fellow family doctors, and patients and the public. Yours was a job well done!!

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FEATURE STORIES

NEW ACADEMIC MEMBERSHIP OFF TO GREAT START

Wonca recently launched a new category of membership called "Wonca Academic Membership" during the Wonca Asia Pacific Regional Conference in Melbourne in October 2008. As of January 2009, Wonca now has 27 Academic Members from various countries, including Argentina, Australia, Bangladesh, Brazil, Canada, Netherlands, Nepal, New Zealand, Philippines, United Kingdom and the United States.

The Academic Membership category is for the mutual benefit of both the academic family medicine/general practice administrative unit and Wonca. Academic membership helps staff members to engage in international primary care collaboration through participation in Wonca conferences, Working Parties, Special Interest Groups and other activities. It will enable Wonca to build upon academic family medicine/general practice's important work in research, teaching and training. Together, it will be possible to better advocate the important message of primary care leadership in health care systems around the world.

Wonca's mission is to care for people: 'every family a family doctor'. But this will only have an impact when there is an academic outreach to every family doctor – to study health problems, create new practices, teach and educate. This requires the ability to attract the best future doctors to primary care. To achieve this, every medical student should be exposed to primary care as early as possible in their studies, and for as long as possible.

The work of the university department of family medicine, primary care, community care, and residency training programs therefore matters very much to Wonca. This membership offers a splendid opportunity to strengthen ties.

The benefits of academic membership includes:

1. Three complementary copies of the bi-monthly Wonca Newsletter to help you keep in touch with the world of Family Medicine.
2. Special discounts on all Wonca publications and products for sale.
3. Free Journal Alerts service 3 times a week.
4. Opportunities for networking with other Academic Members globally – this will be especially useful for new emerging departments in developing countries who may "twin" with other Academic Members from more developed countries as part of this Wonca initiative.
5. Academic Members can use the Wonca international network to market their activities and educational programs.
6. Wonca will provide Academic Members with an international and regional forum for faculty development and faculty exchange as they network with the other Academic Members within Wonca.

Those eligible for Wonca Academic Membership are Academic Departments / Training Programs of general practice/family medicine which are actively involved in teaching and research, support the Mission of Wonca and desire affiliation with Wonca. For a listing of the 27 Academic Family Medicine members around the world, and to register as a new member, please visit the Wonca website at: www.globalfamilydoctor.com/academicmembership

WONCA NORTH AMERICAN REGION MEETS IN PUERTO RICO

The 2008 WONCA North American Regional meeting was held November 17, 2008 in conjunction with the annual meeting of the North American Primary Care Group (NAPCRG) in Puerto Rico. Alain Montegut, MD, President, North American Region gave a welcome and Allen Dietrich, MD, President, NAPCRG gave his greetings. Chris Van Weel, MD President, WONCA gave a summary of the state of WONCA and used the opportunity to give special recognition awards to Henk Lamberts and Maurice Woods for their extraordinary leadership in conceptualizing and building the Wonca International Classification of Primary Care.



Henk Lamberts (left) and Maurice Woods (middle) Receiving Special Recognition Awards from Wonca President Chris van Weel

The meeting started with a joint research forum. Lee Meng Chih, MD gave a valuable report on the activities of the WONCA Working Party on Research. The working party met during the NAPCRG meeting. This report was followed by an excellent presentation by Michael Klinkman, MD about the value of ICPC and its data structure for the Medical Home.

The presentations then moved to demonstrate how to move the international research agenda forward. Christina Holt, MD spoke about an international collaboration

for the evaluation of primary care training in Vietnam. Rich Roberts, MD discussed the development of an international network for evaluation of the status of primary care and Rohan Maharaj, MD gave a description of the new Caribbean College Research Group.

Jennifer Devoe, MD served as a reactor to these presentations and led a discussion about international collaborations in research and overcoming some of the US-centric barriers.

Each member organization from the region presented a report to the Regional Council about their activities over the last year that could be relevant to the WONCA agenda.

Caribbean College of Family Physicians

This organization has been an active member of WONCA since 2007. The College is moving forward with building its chapters in the islands. Jamaica remains the strongest chapter. New chapters include Grenada and the Bahamas. The College has developed the Caribbean Primary Care Research Group. There have already been two studies published. They are moving towards a certification process, looking for a methodology that will meet little resistance and be inclusive of many members. There are some post-graduate trained physicians in practice, but most are general doctors. Since 1988 CCFP members have been required to participate in 150 hours of CME every three years. The College is projecting an examination for certification as of 2012. The next Triennial CCFP Meeting is November 19-23, 2009 in Barbados.

College of Family Physicians of Canada

This year's CFPC meeting scheduled for November 27-29, will host more than 3,000 participants. There will be a forum on Changes in Family Medicine Nationally, in the US and Internationally with the participation of Ruth Wilson, Ted Epperly and Rich Roberts. Twenty-three percent of College members practice with a special focus. The College is recommending to its Board that these groups of physicians be better supported in a variety of areas, such as Continuing Professional Development, networking, advocacy, as well as accreditation of academic pathways and special designations. There was an update on a CFPC project to compare the standards for training in Family Medicine and Certification in Family Medicine using a CFPC adaptation of the WHO/WFME Guidelines for Accreditation for Basic Medical Education, as well as a CFPC adaptation of the Postgraduate Medical Education WFME Global Standards for Quality Improvement for Family Medicine. The outcomes of this study could

lead to changes in recognitions of certification between countries.

NAPCRG

There are approximately 700 participants at this meeting. The next meeting is scheduled for November 14-18, 2009 in Montreal. NAPCRG hosted a regional meeting to support the Australian and New Zealand primary care infrastructure last year. There were 80 participants. There has been significant international growth. The membership is now composed of 15-20% international members (exclusive of the Canadian membership which makes up 20-25%).

American Board of Family Medicine

The ABFM is successfully migrating its diplomats from a process of recertification to that of maintenance of certification. A research agenda is being developed to assess the effectiveness of the tools developed for this process. These tools and those for assessment in residency education are being requested by and used increasingly in other countries. The American Board of Medical Specialties has engaged in a project with the American Council on Graduate Medical Education to look at international certification, focusing on the graduate medical education programs developed in Singapore in cooperation with Duke University.

Society of Teachers of Family Medicine

The STFM has appointed Dr. Brian Jack the Vice Chair for Academic Affairs at Boston University as its representative to WONCA. The International Committee has recently been designated as a Special Interest Group which will allow it to evolve its work further in the support of the mission of STFM. The organization is looking at the Primary Care Medical Home and how education in FM must adapt to this concept. FMDRL continues to grow with over 1500 resources now posted to share curriculum work. This is a public site and open to all who are looking for resources related to FM education.

American Academy of Family Physicians

The Primary Care Medical Home has a grown out of a realization by IBM International that robust primary care decreases cost, improves quality and improves patient satisfaction. A coalition was created which now includes the specialties of FM, General Internal Medicine and General Pediatrics along with 250 multinational corporations to further this agenda.

Over the past several years, the AAFP through its Center for International Health Initiatives has run a meeting primarily for consultants working in international settings. This last year, several Canadian physicians attended. This has led to discussions between the CFPC and the AAFP to jointly sponsor this meeting and to cooperate on the development of a program at WONCA 2010 on a Global Health curriculum.

The next meeting will be held during the Triennial Meeting of the Caribbean College of Family Physicians November 19-23, 2009 in Barbados.

WONCA REGIONAL NEWS

2ND AFRICAN REGIONAL CONFERENCE TO BE HELD IN RUSTENBURG

The 2nd Wonca Africa Conference will be held in the Rustenburg Civic Centre, South Africa, on October 25 - 28, 2009 . The conference will focus on the following major themes: 1) The African context: culture and diversity in health, values, traditional beliefs, family, generalists, connecting, and leadership; 2) Primary Health Care and Family Medicine – relationship, equity/advocacy, intersectoral work, and community-oriented primary care; 3) Training: the development of Training Complexes, and the context of training; 4) How to be “change agents” to improve quality of care; and 5) Teamwork and networking.

Abstract submissions will be accepted until 30th April, 2008. Prizes will be awarded at the end of the conference for the best paper and the best poster as judged by a panel to be appointed by the Scientific Programme Committee. In

addition, in order to encourage presentations from important groups within family practice/ primary care, prizes will be presented in each of the following categories: best postgraduate student presentation; best undergraduate student presentation; best Primary Health Care nurse presentation. These may be for papers or posters.

Rustenburg is one of the fastest growing cities of South Africa. It lies 115 km north of Johannesburg and situated at the foot of the Magaliesberg mountain range in the North West Province of South Africa. The area is rich in wildlife and many exotic scenic exhibitions. The city of Rustenburg is a short drive away from Johannesburg and Pretoria (Tshwane). The Rustenburg weather is mainly pleasant during the daytime but cold at night. Rustenburg boasts of beautiful and luxurious Rustenburg hotels, B&B (bed and breakfasts) and guest houses.

There are various inclusive destinations in Rustenburg which visitors must see. One such destination is Kgaswane Game Reserve, which offers a unique experience in wilderness areas of North West Province. Sun City (50 km away) and Rustenburg Natural Reserve are also popular Rustenburg destinations. Sun City is a world famous resort that is located near to Rustenburg, offering four top class hotels, two 18-hole golf courses, a man-made beach, an entertainment centre, casinos and much more.

One of the best ways to Rustenburg is through bus with Translux (www.translux.com) and Greyhound (www.greyhound.co.za) offering connections to major South African Cities. Also, all the major Rustenburg car hire companies are well represented in all major cities and at the OR Tambo Johannesburg airport. The conference will arrange airport shuttle with one local2ocar hire company at extra cost to delegates interested in utilizing their service (details can be obtained from saafp@netactive.co.za)

To obtain additional conference information, to register and to learn more about the abstract submission process, please visit www.woncafrica2009.org .

WONCA ASIA PACIFIC REGION TO MEET IN HONG KONG

We are pleased to announce that The Hong Kong College of Family Physicians is organizing the WONCA Asia Pacific Regional Conference at the Hong Kong Convention and Exhibition Centre from 4th to 7th June, 2009.

The main theme of the conference is “ Building Bridges”. A pivotal role of the family doctor is to serve as the coordinator of patient disease. The family doctor has to create communication channels or bridges between sectors of the health care team. This role is reflected in the theme of the conference.

We have chosen three main topics to elaborate on this theme, namely infectious disease, mental health and the care of the elderly. Renowned speakers from local and overseas are invited to review with us the cutting edge medical developments. Local and overseas researchers will also present their works. In addition, there will be practical workshops for participants to update their hands-on clinical skills.

I would like to extend my warm invitation to you to the Wonca Conference and explore this exciting city. We are most happy to provide detailed information on the Conference Website at [http://www.wonca2009.org/Wonca News February 2009.doc](http://www.wonca2009.org/Wonca%20News%20February%202009.doc) and 2nd announcement at http://www.wonca2009.org/download/2nd_announcement_v4c.pdf for your easy reference.

We look forward to your support to make this world-class congress most successful.

Please do not hesitate to contact our Conference Secretariat at + 852 2735 8118 or by email: enquiry@wonca2009.org

Dr Andrew Ip
Chairman, Wonca APR 2009 Host Organizing Committee
The Hong Kong College of Family Physicians

THE SCANDINAVIAN DELEGATION OF FAMILY PHYSICIANS

Wonca News has asked me to write about the history of the Scandinavian Delegation of Family Physicians. In 1988, the American Academy of Family Physicians (AAFP) hosted a Wonca World Conference in New Orleans. I felt that this was a not-to-be-missed opportunity for my colleagues and myself to visit colleagues in the United States. Our Danish College of General Practitioners donated address labels, and in no time we were a group of almost sixty interested physicians. This was supposed to be a one-time initiative, but Dr. Dan Ostergaard, Vice President for International Affairs, suggested that I should form a delegation the following year for AAFP's Annual Scientific Assembly in Orlando. It worked out so well that we have continued our visits ever

since. We invited our colleagues in Sweden and Norway to join us, and this was the real birth of the Scandinavian Delegation.

The Scandinavian Delegation of Family Physicians is composed mostly of members of the Danish, Norwegian, and Swedish Colleges of General Practitioners. There are about twelve thousand family physicians in our countries and they are keen travelers! The Scandinavian Delegation included Wonca's conferences beginning in 1996, and since then we have been a part of Wonca and vice versa! We have visited Australia, Hong Kong, Durban, Kyoto, Bangkok and Singapore, and of course many American and European cities. We are very much helped by Wonca's secretariat, first by Prof. Wes Fabb, CEO, and nowadays by Dr. Alfred Loh, CEO. Wonca's presidents contribute to our publication: "The Annual Catalogue of Wonca's and Other Conferences", with introductions and Letters of Invitation.

We have had many good experiences in the past year with so many of you. Thank you to Dr. Erdem Birgul and his colleagues for hosting us in Istanbul at the European Conference. What a magnificent programme and setting! The Bosphorus! The Blue Mosque! Hagia Sofia! You really put on a magnificent meeting.

In September, the Scandinavian Delegation travelled to the AAFP 'Scientific Assembly in San Diego. This was our twenty-first reunion with our friends at the Academy, personified by Dr. Dan Ostergaard. Dr. Albert Ray invited us to visit the Kaiser Permanente Hospital in San Diego which we valued very much.

Finally, in October we attended the successful and joyous Wonca Asia Pacific Regional Conference in Melbourne hosted by our good friends, Dr. Vasantha Preetham, President, and Prof. Michael Kidd, Past President of the Royal Australian College of General Practitioners (RACGP). Our relationship with RACGP goes back to 1996, when we visited our Australian friends for the first time. As always we wanted to visit with local family physicians, and the College arranged for us to visit The Western Region Health Centre. For this we thank our hosts and Ms. Emily Fox and Mr. Steward Potten, who represented the College.



The Scandinavian Delegation and local hosts at a visit to a city clinic arranged for us by the RACGP during the Wonca Conference in Melbourne in 2008.



Allan Pelch receiving the 2007 Award of AAFP Merit for 20 years of outstanding service as Convenor of the Scandinavian Academy of Family Physicians by AAFP President Rick Kellerman.

This year Wonca President Prof. Chris van Weel has again been so kind as to send us a very special and much appreciated Letter of Invitation. In 2009 we look forward to attending Wonca's and Wonca members' conferences in Austria, Puerto Rico, Capetown, Hong Kong, Crete, Basel, Perth, Boston, and Johannesburg. Enough to lose your breath beforehand! We are in touch with the organizing committees and we will finalize our arrangements soon. We look forward to actually seeing you in person!

Allan Pelch, M.D.
 Convenor, The Scandinavian Delegation of Family Physicians
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HEALTH AND HEALTH SYSTEM NEWS

WORLD MENTAL HEALTH DAY TO FOCUS ON PRIMARY CARE'S ROLE

This year's World Mental Health Day on Saturday 10th October 2009 has adopted the very important theme of 'Mental Health in Primary Care: Enhancing Treatment and Promoting Mental Health.' In response to this, the Wonca Working Party on Mental Health will dedicate the October 2009 issue of its journal, *Mental Health in Family Medicine*, to the integration of mental health into primary care from a global perspective.

'Primary care starts with people and integrating mental health into primary care is the most viable way of ensuring that people have access to the mental health care that they need. People can access mental health services closer to their homes, thus keeping families together and maintaining their daily activities. In addition they avoid indirect costs associated with seeking specialist care in distant locations. Mental health care delivered in primary care minimizes stigma and discrimination, and removes the risk of human rights violations.' (World Health Organization, World Organization of Family Doctors (Wonca). Integrating mental health into primary care: a global perspective. Geneva, World Health Organization, 2008.

The deadline for article submissions is June 1, 2009. We invite research papers, short reports and review articles relevant to this theme including:

- Recovery, self-care, advocacy and empowerment
- Opportunities for and challenges to mental health integration into primary care
- Mental health access, service design and social inclusion
- The role of service users, families, and non-governmental organizations (NGOs)
- Patient stories and narratives

Please e-mail all submissions and inquiries to: gabriel.ivbijaro@nhs.net
 Instructions for authors and past issues can be found on: www.ingentaconnect.com/content/rmp/mhfm

Additional information regarding the World Mental Health Day and the Working Party on Mental Health in Primary Care may be found on the Wonca web at www.GlobalFamilyDoctor.com

GABRIEL IVBIJARO
 Chair, Wonca Working Party on Mental Health

THE KAMPALA COMMITMENT TO PRIMARY HEALTH CARE AND FAMILY MEDICINE

The Primafamed Network* (www.primafamed.ugent.be) held a conference on “Improving the Quality of Family Medicine in Sub-Saharan Africa”, from 17th to 21st November 2008, at Cassia Lodge, Kampala, Uganda. More than one hundred participants from 20 countries deliberated on the future of a Family Primary Health Care (PHC) System. Family Medicine is the medical clinical discipline in primary health care operating within the PHC team. The development of family medicine in the framework of PHC will contribute to greater quality, equity, cost-effectiveness and sustainability of health systems.

The participants welcomed the World Health Report, “Primary Health Care: Now More Than Ever”, that was published by the World Health Organization (WHO) in October 2008. In response to the challenge to develop Family Medicine for the benefit of the people of Africa, the participants of the conference made the following commitment:

1. To support all efforts that improve universal coverage of and equitable access to affordable health care, sustainable health systems and a renewed comprehensive approach, towards improved health outcomes for individuals, families and communities of Africa;
2. To strengthen PHC teamwork, inculcate social accountability in all healthcare workers and provide efficient quality health care that puts people first;
3. To advocate reform of undergraduate curricula, with increased exposure of students to PHC;
4. To develop and scale up the training of sufficient numbers of family physicians, through the strengthening of Departments of Family Medicine and PHC in universities;
5. To contribute to the scientific development of family medicine and PHC through scholarly contributions to fora such as the newly-launched African Journal of Primary Health Care and Family Medicine (www.phcfm.org);
6. To request donor organisations to allocate 15% of their budgets spent on vertical disease-oriented programs (e.g. TB, HIV, malaria) to the strengthening of comprehensive PHC systems, by 2015 (www.15by2015.org);
7. To interact with governments to develop and strengthen PHC partnerships in the health system, and to create attractive and sustainable career paths in family medicine and PHC
8. To engage with one another and all relevant stakeholders, exploring the issues and challenges towards a common understanding of the principles and concepts of Family Medicine, within the district health system, in the African context;
9. To ensure the widest participation of stakeholders in the World Organisation of Family Doctors (Wonca) Africa Congress, to be held from 25th to 28th October 2009 in Gauteng, South Africa, to further develop the principles and role of Family Medicine in Africa.
10. In order to improve quality in Family Medicine, the Primafamed-network will support exchange of best practices in person-centred and community-oriented primary care, socially accountable service delivery, education, research and health policy development.

The Kampala Document 21.11.2008

(Editor's Note: The Primafamed Network is funded by the European Union (EU-ACP Edulink Programme) and implemented by the ACP secretariat (www.acp-edulink.eu). The Conference was co-sponsored by the Flemish Interuniversity Council (VLIR-UOS), the Department for University Cooperation for Development (through the project VLIR-ZEIN 2006 PR 320) and the Belgian Government Directorate General for Development Cooperation (www.vliruos.be). The conference also received sponsorship from the InterUniversity Council of East Africa (IUCEA), the Flemish Inter-University Centre for Family Medicine Education (www.icho.be), the Flemish Agency for International Cooperation and SN Brussels Airlines - www.flysn.com)

MEMBER AND ORGANIZATIONAL NEWS

REGISTER FOR 9TH WONCA WORLD RURAL HEALTH CONFERENCE IN CRETE

As President of the organizing committee of the 9th Wonca Rural Health World Conference, I welcome you to Crete on June 12-14, 2009 for this major event hosted by the Clinic of Social and Family Medicine, Medical Faculty, University of Crete, Greece in conjunction with the practice-based research rural network of Crete and EURIPA.

Human genomics and genetics are frequently main themes of several international meetings and other events, since this field is promising rapid technical advancement. During the past few years, the topic of health inequalities offers a suitable theme to develop interprofessional, interdisciplinary and intersectoral collaboration, an issue of high importance in recent meetings and conferences, especially those addressing rural health.

This umbrella theme covers the three core subjects of the 9th Wonca World Rural Conference; namely technology suitable for rural settings, island medicine and health services for immigrants. All three subjects are strongly related with the umbrella theme. WHO has undertaken certain important initiatives endorsing health inequalities as one of the main challenges for our contemporary world. This theme also opens an important dialogue on positive health determinants. Today, it is known that traditional epidemiology and risk factor analysis do not provide sufficient evidence on chronic morbidity, leaving large room for discovery of certain hidden supportive, protective and promoting factors for population health, including the capacity for social inclusion and quality of social networks. High mobilization of people in Europe and across the world, together with high unemployment rates and poverty increase anxiety and reduce the sense of control. Strengthening rural communities in remote areas and small islands and empowering immigrants seem to be a high priority and well [fitted within the core subjects of a rural conference. The discussion about assets for health and development has recently received prompt attention by the World Health Organization, while certain universities and research institutes foster inter-professional collaboration and dialogue.

The conference's theme is of key importance for community leaders who could contribute in identifying and strengthening existing health assets and explore pathways for maintenance and change. The introduction of high technology suitable for rural settings comes timely and it is expected to attract the interest not only of rural practitioners but researchers and investigators from other sectors. Thus, it was a challenge for the Clinic of Social and Family Medicine, Medical Faculty

University of Crete to focus on health inequalities in this World Rural Conference.

The island of Crete was chosen as a place with significant contribution to the early history of European civilization and a unique epicenter where knowledge developed as a result of Crete's proximity and interface with both Asia and North Africa. Moreover, the city of Heraklion offers an ideal location with perfect climate in early June, friendly atmosphere, famous Mediterranean gastronomy and easy access from most European destinations.

We sincerely thank you for making plans to attend this World Rural Health Conference.

Christos Lionis, MD, PhD
Associate Professor of Social and Family Medicine
Head of the Clinic of Social and Family Medicine
University of Crete

5TH ANNUAL AAFP FAMILY MEDICINE GLOBAL HEALTH WORKSHOP A SUCCESS

The 5th annual American Academy of Family Physicians (AAFP) Family Medicine Global Health Workshop was held September 4-6, 2008 at the Omni Interlocken Resort in Denver, Colorado, USA. Since the inaugural 2003 workshop that focused primarily on training international primary care consultants, the thematic message and educational goals of the consequent workshops have been gradually broadened over the years to meet the needs and interests of growing population of family doctors, Family Medicine educators, Family Medicine residents and medical students interested in and passionate about global health and quality primary care development worldwide.

The AAFP Center for International Health Initiatives (CIHI), created in 2000 in response to increased interest in global development of family medicine, led the process of the workshop CME framework development and served as workshop faculty. The realities of globalization such as the increase in international travel, trade and immigration as well as growing diversity of cultures, languages and health values have resulted in a greater need for the family medicine community worldwide to understand the global dimensions of health.

The 2008 workshop experienced a 34% increase in attendance compared with the last year. Different from the previous years, the workshop in Denver attracted significantly more participants from other countries including Australia, Canada, China, India, Iraq, Israel, Saudi Arabia and South Africa, adding an even more international flavor to the exchange and communication during the workshop.

The workshop highlighted two Networking Receptions with poster presentations and longer than usual breaks between the sessions that allowed for significant networking, sharing experience, learning from others and hearing new ideas. In their evaluations, participants spoke highly of a wide and rich variety of breakout sessions and peer review presentations and a good balance between basic and advanced topics. "It has been stimulating" – said one of the participants. "Inspiring!" – said another. The workshop was made possible thanks to the financial support of the AAFP Foundation.

The 2009 Family Medicine Global Health Workshop will be returning to Denver (Broomfield), Colorado, and will be held again at the Omni Interlocken Resort, September 10-12, 2009. For information about registration, hotel accommodation

as well as peer presentation abstract submission, poster and exhibitor's guidelines, please go to www.aafp.org/intl/workshop or contact Rebecca Janssen, Senior Program Coordinator, at rjanssen@aafp.org.

COLLEGE OF FAMILY PHYSICIANS OF CANADA SET FORUM ATTENDANCE RECORD

It was my pleasure to represent Wonca by attending The College of Family Physicians of Canada's Family Medicine Forum (FMF). While the November weather in Toronto was chilly, damp and gray, the tone of the meeting inside was warm, sunny and welcoming. FMF 2008 set an attendance record with over 3200 registrants! Family doctors remain at the center of Canadian health care, although there are challenges. The CFPC continues to be innovative and proactive in addressing these concerns.

The CFPC's Role in Canadian Healthcare

Second only to Russia in size, Canada encompasses a vast territory with 90% of its 33.3 million citizens residing within 160 km of its border with the United States, which is the world's longest unsecured border. About 1 in 4 Canadians speak French. The Canada Health Act assures health care coverage for every Canadian through a national health insurance program, which is achieved through a series of thirteen interlocking provincial and territorial health insurance plans, all of which share certain common features and basic standards of coverage, with slight differences. Canada has 65,000 physicians, of these, 34,000 are family doctors. Over two thirds of all family doctors, greater than 22,000, are members of the CFPC. There are 17 medical schools with more than 7000 students and about 22,000 family medicine residents. The usual path to being a Canadian family doctor involves 2-4 years of undergraduate studies followed by 3-4 years of medical school, then a two-year family medicine residency. There has been an ongoing debate about whether residencies should become 3 years, with several programs now offering a third year.



Margaret Trudeau speaks at the FMF 2008 Plenary in Toronto, Ontario



Drs Rich Roberts, Ruth Wilson and Ted Epperly



Walk for the Docs of Tomorrow raises a record CDN \$17,000



Dr Sarah Kredentser is installed as CFPC President by CEO Dr Cal Gutkin

Board of Directors Meeting

The 39 –member Board tackled a number of issues during its two-day meeting. The Board includes representatives of teachers, researchers, department chairs, residents, medical students, and members of the public. Representatives from medical schools, nursing, and other groups are welcome to attend as observers.

Several key issues emerged during the meeting:

1. Access to family physicians – 15% of Canadians do not have a family doctor. The CFPC has developed a report card that grades the government's efforts to support and train family doctors. Interest among medical students in careers in family medicine has risen to 30% of students matching into family medicine residencies in 2008, compared to a low of 24% in 2004-5. The CFPC projects that 45% of medical students must choose family medicine to meet the public's need for family doctors. There are a growing number of community-based, versus University-based, residency programs. The CFPC has established a goal of 95% of all Canadians in every community having a family doctor by 2012.
2. Special interests and focused practices: While the CFPC remains committed to full scope family medicine, it recognizes the growing interest of members in special and focused pursuits, such as palliative care, and has recently established the Section of Family Physicians with Special Interests or Focused Practices.
3. Pathways to certification: To increase the number of family doctors in Canada, the CFPC has recognized a diplomate of the American Board of Family Medicine (ABFM) as equivalent to a CFPC certificant. They have also launched an international initiative to review the accreditation and certification standards and programs in family medicine in other countries around the world, with the goal of recognizing certified graduates of programs that meet CFPC/Canadian standards. In addition, a new CFPC practice-eligible pathway to certification has been opened for a time limited period to those who are currently licensed and who have had five

years of continuous practice in good standing in Canada. This should help the growing number of international medical graduates, who have increased from 5% of CFPC members in 1998 to 17% in 2007.

Family Medicine Educational Forum

In the days preceding FMF, the Section of Teachers and Section of Researchers have a day of programs, with the teachers focusing on competency-based curriculum in the Family Medicine Education Forum. The Section of Researchers host a research day. Both sections hold their Annual General Meetings and respective dinners at this time.

Research and Education Foundation

With a tremendous amount of spirit and energy, 120 participants helped raise CDN \$17,000 at the Research and Education Foundation's annual Walk for the Docs of Tomorrow. It was the largest amount ever raised. The route led participants along University Boulevard and past Ontario's historic Legislative Building (erected 1886-1892) at Queens Park. Participants from across Canada and the United States included medical students, family doctors, and families and friends of College members who were attending the Forum.

Family Medicine Forum

The annual scientific assembly was terrific, with a large turnout and excellent educational sessions. The first plenary was by Margaret Trudeau, who shared her story about a lifetime struggling with bipolar disorder. It was a moving presentation. Ted Epperly, Ruth Wilson, and I gave the second day plenary on the changing nature of family doctors' practices

in the US, Canada, and the rest of the world, respectively. The third day plenary was by three Canadian family doctors who shared poignant stories of what it means to them to be family doctors. There were also many workshops and smaller group sessions. One could obtain up to 18 credits of CME during the course of the FMF.

Awards and Celebrations

Few colleges celebrate their members as well as the CFPC, with a number of awards and special recognition presented throughout the meeting. For example there are 10 Family Physicians of the Year, representing each of the provinces. There is a medical student scholarship worth CDN \$10,000 funded by Scotia Bank. These scholarships are for students at each of the 17 medical schools that are intent on becoming family doctors. New awards were introduced this year to recognize excellence and achievement in the First Five Years of Practice, as well as an international Health Scholarship intended to support CFPC members in activities engaging in international health care projects either in Canada or abroad, and in promoting family medicine through their work. At convocation on the final night, Dr Sarah Kredentser was installed as the new President of the CFPC.

This is a meeting I wish every family doctor could attend, with just the right mix of cutting edge science, fun social events, opportunities to make new friends, and serious policy discussions. Every time I attend an FMF, I come away energized and more proud than ever to be a family doctor. I hope I can make the 2009 FMF in Calgary this coming October.

Rich Roberts
Wonca President-elect

PROFESSOR HENK LAMBERTS: 1940 - 2008

On December 27th Henk Lamberts died after a short illness. Together with Maurice Wood, his name will forever remain connected with the International Classification of Primary Care (ICPC). This was his Opus Magnum, in which he conceptualized and developed a unique classification for primary care and pioneered its inclusion in the (electronic) medical record. Due to his leadership and persistence, ICPC did become the standard for Dutch family practice and found its way to many countries in and outside Europe. Another major achievement was the recognition of family medicine as a scientific discipline in its own right, by the Royal Netherlands Academy of Arts and Sciences.



Professor Henk Lamberts, A Founding Father of ICPC



Henk Lamberts and Inge Okkes at the beautiful Kinkakuji, Golden Pavilion in Kyoto, Japan during the May 2005 Asia Pacific Regional Conference

Henk Lamberts grew up in Rotterdam, where his father was

a family physician – a function he combined for many years with that of representative of the Labor party in Parliament. This determined Henk's views on society in general and family practice in particular, and would shape his medical career. He studied medicine in Utrecht, followed by his military service. He spent a substantial part of this for a PhD study. In 1968 he became family physician in a new suburb of Rotterdam, Ommoord. This was the first step in the development of a community health centre – an entirely new development in primary care in the Netherlands. Henk Lamberts was the undisputed leader of this innovation and the experiment 'Ommoord' with a multidisciplinary, community oriented approach served often as the role model against the dominance of single handed practicing family physicians. Henk's passionate endeavours to evaluate and analyze the achievements of these new community oriented health centres did set the tone and direction of Dutch primary care. It introduced patient-oriented and practice-oriented research into daily family practice on a large scale.

To analyze family practice a validated classification and nomenclature was needed. At that time however, such a classification was by and large absent. The first analysis – 'the morbidity analysis-1972 of the group practice Ommoord' – was based on a personal improved version of the E-book, in particular of psychological and social problems. The publication in the Dutch College Journal 'Huisarts en Wetenschap' in 1974 and 1975 spurred international developments in this domain. A couple of years before, Wonca had been founded and Henk Lamberts was among the first members of the Classification Committee. This did lead to the development of the International Classification of Health Problems in Primary Care (ICHPPC) and the Ommoord health centre

contributed largely to the field trials that supported this development. This period and work coined the friendship with Maurice Wood that would last till his death. Together, they developed ICPC, and again Ommoord was the place where most of the initial experiences with ICPC took place.

This resulted ultimately in the Transition project, in which a large number of family practices collected data of their patients and practices, using ICPC, in the beginning by hand, later a special research software-TransHis - was incorporated in the electronic medical records. Henk Lamberts introduced two new concepts, the reason for encounter and the episode of care. It proved to be highly potential new concepts. Together with the emphasis on symptom diagnosis it characterized Henk Lamberts' view: no undue medicalization, in particular not for mental and social problems!

By this time (1984) Henk Lamberts had been appointed professor of family medicine at the university of Amsterdam. This was the place where he first met Inge Okkes, his most important co-researcher and partner for the last 20 years. The Transitie database that was since 1995 integrated in the Electronic Medical records of the practices, did remain his main resource of empiricism from practice. After his retirement in 2005, he remained involved. Henk Lamberts coauthored a large number of international publications and supervised 20 PhD students. He remained active, on a national and international level. One of his main concerns has been the introduction of ICPC in US primary care.

Henk Lamberts did receive a number of prestigious prizes and distinctions for his innovations for family medicine: he was honorary

member of the Dutch College of General Practitioners, member of the Institute of Medicine in the US, recipient of the Maurice Wood award of the North American Primary Care Research Group (NAPCRG) in 2005 and Honorary Fellow of Wonca in 2007.

We have lost a remarkable leader with the death of Henk Lamberts. The international primary care community will remember him with great respect. We wish his children and his wife much strength with this great loss.

Chris van Weel
Kees van Boven
Henk van Weert

REMEMBERING THOMAS P. OWENS, MD: 1936-2008

Dr. Thomas (Tommy) P Owens graduated with top honors from the Facultad de Medicina, Universidad de Panamá (FM-UP) in 1963. He did his first year of internship at the Hospital General de la Caja de Seguro Social in Panamá city and his second year at Hospital de David in the Panamanian western countryside. He then started a professorship in Anatomical Sciences at FM-UP and his general practice at the Policlínica Presidente Remón, Caja de Seguro Social (CSS) until his retirement in 2005. He also ran his own private practice, Clínica Owens, in the inner city, where he practiced until his untimely passing on December 18, 2008.

Dr. Owens became Chief of the General Practice Service of the republic of Panamá in 1969 and remained in that position until 1989. He successfully negotiated the formation of the Department of Family Medicine at FM-UP and forever remained its godfather and moral compass, while supporting the next generation of family doctors to take the reigns. He was Associate Dean and Director of the School of Medicine at FM-UP from 1992-1998 and national Chief of Adult Health of the CSS from 1999 through 2004.

A member of the international section of the American Academy of Family Physicians (AAFP) since 1968, Dr Owens was a tireless advocate for his patients, a pioneer, a generous leader and a compassionate warrior for family medicine. He produced dozens of initiatives and position papers and was a stalwart for the development of family medicine in the Americas, Spain and Portugal. He created the academic basis of the discipline in his native Panamá and through his kinship with the world luminaries of the specialty, pushed forward an agenda of excellence in primary care throughout the world. He was a founding

member and 3rd President of the International Center for Family Medicine and an active participant in the AAFP and Wonca through 4 decades. In 2005 he was declared the Father of Family Medicine in Panamá by the national schools of medicine.

A Renaissance man; he was equally conversational in classical music, impressionist painting, ancient literature and three languages. He had a passion for bridging the basic sciences and the clinical arena. Upon his retirement from the national institutional practice and until the time of his death, he was Professor and Chairman of the Department of Anatomical Sciences at FM-UP.



Tommy and Cris Owens in 2006



Prof Tommy Owens, Dr. Sergio Solmesky (Wonca Council Member-Argentina), Dr. Cecilia Llorach (President, Asociación Panameña de Medicina Familiar) and Dr. Nelson Rodríguez; both former residents, and Dr. Steve Spann. August 2007



Prof Tommy Owens with Son Dr. Tomás Owens and Dr. Neal Sampson, former resident. August 2008

Known as a man of honor and unquestionable integrity, Tommy was a great man by any measure, yet humble and kind, moving at ease between high level meetings and the care of the least privileged, who truly adored him and deeply respected him. A family man, he and Cris were inseparable from the time they met in 1958. They have four sons and one daughter: Tomás (a family physician), Patricia (a businesswoman), Jaime (a computer and security analyst for the Panamá Canal), Ramsés (a lawyer) and Carlos (a radiologist).

For those who knew him, Dr Tomas (Tommy) Owens will never be forgotten: the affable smile, the loyal friendship, the beautiful mind. There was no greater friend of family medicine, there was no greater friend. His widow, Cris, and family can be reached at owensaad@pa.inter.net and by mail at: Dra. Criseida Saad de Owens, Apartado 0816- 00893, Panamá República de PANAMÁ

Tomas P Owens, Jr.
OWENTP@Integris-Health.com

RECORDANDO THOMAS P. OWENS, MD: 1936-2008

El Doctor Thomas Owens nació en Panamá y se crió en Costa Rica. Se graduó con el primer puesto de honor con los frailes Franciscanos en la primera graduación del Colegio St. Francis en San José. Estudió en el Los Angeles City College, USA y completó Pre-Medicina en la Universidad de Panamá (UdeP) en 1958. Allí conoció a la entonces Criseida Saad Quesada (hoy Dra. Cris de Owens), para iniciar un idilio que brilló por 50 años.

Tras su graduación de la Facultad de Medicina UdeP con el más alto índice académico, cursó internado en el entonces nuevo Hospital General de la Caja de Seguro Social (CSS) y en el Hospital de David. De vuelta a la ciudad capital inició labores como profesor de Anatomía de la UdeP y funcionario de Medicina General en la Policlínica Presidente Remón CSS donde atendió ininterrumpidamente por 40 años. Poco después fundó su Clínica Owens, donde, muchas veces hasta altas horas de la noche y hasta días antes de su muerte, rindió su ministerio de atención.

Ganó el concurso de Jefatura de Medicina General de la CSS en 1969. Durante ese período, junto a excelentes colegas, en verdad coreligionarios, forjó el Departamento de Medicina Familiar en la UdeP y sentó los principios de la especialidad en Panamá. Fue presidente del Centro Internacional para la Medicina Familiar y honrado como el Padre de la Medicina Familiar en Panamá.

Fue Director de la Escuela de Medicina de la UdeP 1992-1998, Asesor Especial al Decano desde 1980, Miembro Especial de la Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM) y, hasta su fallecimiento, Catedrático y Jefe de Anatomía Humana. Fungió como Jefe de Salud de Adultos de la CSS de la República de Panamá de 1999 al 2004.

Sus pacientes lo adoraban. Siempre tenía tiempo para escucharles, consolarles y aliviarles de la dura pena de sus dolencias con su afable sonrisa y su cálida mirada. Sólo interesado en dar, nunca en recibir. Nunca fue un hombre de intereses materiales si no más bien vivió siempre cultivando el espíritu. Conocido como un hombre de honor e integridad a toda prueba, siempre se condujo con humildad y con extremo respeto y deferencia a sus congéneres. Los más necesitados, por dolor, por angustia, por pobreza material o de espíritu, siempre encontraban un aliento, una esperanza, una palabra franca y genuino respeto de parte del Dr. Owens.

Dentro de esa mente tan hermosa, tan brillante y tan diáfana vivía un hombre renacentista que igual conversaba de música clásica que de pintura impresionista o literatura barroca. Produjo una gran obra en prosa que era tanto compleja como fascinante, con dicción inigualable. A pesar de las largas horas de trabajo, siempre encontraba tiempo para compartir... momentos sencillos, con su querida Cris y con sus hijos y nietos.

Fue parte integral del grupo de zapadores en la American Academy of Family Physicians (AAFP) y en la organización mundial (Wonca). Sus colegas le tuvieron gran admiración y se beneficiaron de su habilidad para negociar con talento, respeto mutuo, decisión, entereza y conciliación. Será por siempre recordado.

Tomas P Owens, Jr.
OWENTP@Integris-Health.com

RESOURCES FOR THE FAMILY DOCTOR

WONCA AWARD OF EXCELLENCE IN HEALTH CARE: “THE 5-STAR DOCTOR”

Call For Nominations

Nominations are called for the Wonca Award of Excellence in Health Care, otherwise known as “The 5-Star Doctor” at the Wonca Regional level.

This is an award to be conferred on physicians, who in the opinion of the Council, have made a significant impact on the health of individual and communities, through personal contributions to health care and the profession. It is instituted in an attempt to increase the global development of Family Medicine, global networking and partnership. The award is preferably given to those who are still active in the field for which they are nominated. Nominations are not limited to Wonca members.

The award will be offered on a Regional basis and on a Global basis. The Regional Awards may be awarded on an annual basis and the Global Award be awarded every third year (ie in the year of the Wonca World Conference). The Global award will take the form of a crystal trophy and a certificate.

Suitably motivated and validated nominations for Regional Awards should be submitted to the Chairman of the Nominating and Awards Committee and to the appropriate Regional President for regional consideration. The Global Award will be chosen from the recipients of Regional Awards for that triennium.

The criteria for the Wonca Regional Five Star Doctor Award are:

1. A nominee must have the attributes of the 5-Star Doctor (see below).
2. A nominee should be a serving physician in mid-career who in addition to providing regular service:
 - provides innovative services to a community or special group
 - developed services where they were previously not available
 - supports colleagues in another region, country or college and also performs academic work (teaching, research, quality assurance) of exceptional quality and relevance
3. A nominee can work outside his or her region, or create something that can be used outside his or her region or serve as a role model to other regions
4. The attributes of the 5-star doctor are:
 - * **a care provider**, who considers the patient as an integral part of a family and the community and provides a high standard of clinical care (excluding or diagnosing serious illness and injury, managing chronic disease and disability and provides personalised preventive care whilst building a trusting patient- doctor relationship
 - * **a decision maker**, who chooses which technologies to apply ethically and cost-effectively while enhancing the care that he or she provides;
 - * **a communicator**, who is able to promote healthy lifestyles by emphatic explanation, thereby empowering individuals and groups to enhance and protect their health;
 - * **a community leader**, who has won the trust of the people among whom he or she works, who can reconcile individual and community health requirements and initiate action on behalf of the community;
 - * **a team member**, who can work harmoniously with individuals and organisations, within and outside the health care system, to meet his or her patients and community’s needs.

Contact details:

Professor Rich Roberts
Chair, Wonca Nominating and Awards Committee
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Regional Presidents:

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Dr Preethi Wijegoonewardene: drpreethiw@gmail.com

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Wonca Iberoamericana-CIMF Regional Conference, Puerto Rico 2009

Host : Wonca Iberoamericana-CIMF
 Date : 23-26 April 2009
 Location: Puerto Rico
 Contact : Dra. Marina Almenas
 Presidenta
 Academia Medicos de Familia de Puerto Rivo y Tesorera CIMF.
 Email : congresocimfwonca2009@gmail.com
 Web : www.amfpr.org
 Tel : (787) 789-6943 / 790-3210
 Fax : (787) 731-7161

Wonca Asia-Pacific Regional Conference, Hong Kong 2009

Host : Hong Kong College of Family Physicians, HKCFP
 Theme : Building Bridges
 Date : 4 - 7 June 2009
 Venue : Hong Kong Conventional and Exhibition Centre, Hong Kong
 Contact : Dr. Andrew Ip
 Chairman, Host Organising Committee
 Hong Kong College of Family Physicians, HKCFP
 Rm 701 HKAM Jockey Club Bldg.
 99 Wong Chuk Hang Road Aberdeen
 Hong Kong
 Tel : +852 25286618
 Fax : +852 28660616
 Email : hkcfp@hkcfp.org.hk / enquiry@wonca2009.org
 Web : www.wonca2009.org

9th Wonca World Rural Health Conference, Crete 2009

Host : Clinic of Social and Family Medicine, Medical Faculty, University of Crete
 Theme : Health Inequalities
 Date : 12-14 June 2009
 Venue : Creta Maris Conference Center, Heraklion, Crete
 Contact : Professional Congress Organiser
 1A Pierias Str., 14451, Metamorfofi Athens-Greece
 Tel : 30 210 68 89 130
 Fax : 30 210 68 44 777
 Email : wonca2009@acnc.gr
 Web : www.ruralwonca2009.org

Wonca Europe Regional Conference, Basel, Switzerland 2009

Host : Swiss Society of General Medicine SSMG/SGAM
 Theme : The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
 Date : 16 - 19 September 2009
 Venue : Congress Center Basel, Switzerland
 Contact : Dr Bruno Kissling
 Chair Host Organizing Committee
 Swiss Society of General Medicine SSMG/SGAM
 Elfenauweg 6, CH-3006 Bern Switzerland
 Tel : 0041 352 48 50
 Fax : 0041 352 28 84
 Email : bruno.kissling@hin.ch
 Web : www.woncaeurope2009.org

2nd Africa Regional Conference, Rustenburg, South Africa 2009

Host : South Africa Academy of Family Practice/Primary Care Flemish Interuniversity Council
 Theme : A Celebration of Diversity
 Date : 25-28 October 2009
 Venue : Rustenburg Civic Centre, South Africa

Contact : Professor Gboyega A Ogunbanjo
 Chairperson - Local Organizing Committee
 Box 222
 Medunsa 0204
 South Africa
 Tel : 27 82 417 7755
 Fax : 27 86 610 2440
 Email : gao@intekom.co.za
 Web : www.woncafrica2009.org

19th Wonca World Conference, Cancun 2010

Host : Mexican College of Family Medicine
 Theme : Millennium Development Goals: The Contribution of Family Medicine
 Date : 19-23 May, 2010
 Venue : Cancun Conventions and Exhibition Center, Cancun Mexico
 Contact : Mexican College of Family Medicine
 Anahuac #60
 Colonia Roma Sur
 06760 Mexico, D.F.
 Tel : 52-55 5574
 Fax : 52-55 5387
 Email : jdo14@hotmail.com

Wonca Europe Regional Conference, Malaga, Spain 2010

Host : The Spanish Society of Family and Community Medicine (SEMFYC)
 Theme : Family Medicine into the Future: Blending Health and Cultures.
 Date : 6-9 October 2010
 Venue : Málaga Conference Hall (Palacio de Ferias y Congresos de Málaga)
 Contact : Dr. Luis Gálvez-Alcaraz
 Chair Host Organizing Committee
 Spanish Society Family and Community Medicine
 Address: Portaferriassa, 8, pral.
 08002 BARCELONA (España)
 Tel : 93 317 03 33
 Fax : 93 317 77 72
 Email : luisgalvez@semfyc.es

MEMBER ORGANIZATION AND RELATED MEETINGS

First Middle East-Asia Allergy Asthma Immunology Congress, Dubai 2009

Host : World Allergy Organization
 Theme : New Horizons in Allergy, Asthma and Immunology
 Date : March 26-29, 2009
 Venue : Intercontinental Dubai Festival City
 United Arab Emirates
 Contact : MCI - Dubai Office Conference Secretariat
 P.O. Box 124752,
 Dubai, United Arab Emirates
 Tel : 971 (0)4 341 5663
 Fax : 971 (0)4 341 5664
 Email : MEAAAIc2009@mci-group.com
 Web : www.meaaaic.com

16th Nordic Congress of General Practice, Copenhagen 2009

Host : The Danish College of General Practitioners
 Theme : The Future Role of General Practice – Managing Multiple Agendas
 Date : May 13-16, 2009
 Venue : The Scandic Hotel,
 Copenhagen, Denmark
 Contact : Peter Torsten Sorensen, M.D.,
 Director
 The Danish College of General Practitioners
 PO Box 2099
 1014 Copenhagen K
 Denmark
 Tel : +45 3532 6590
 Fax : +45 3532 6591
 Email : pts@dsam.dk
 Web : www.gp2009cph.com

RCGP Spring Conference, United Kingdom 2009

Host : Royal College of General Practitioners
 Theme : Creating Solutions for the Future
 Date : 15-18 May, 2009
 Location: Royal Geographical Society,
 London
 Contact : Royal College of General Practitioners
 Phone : 0845 456 4041
 email : info@rcgp.org.uk
 web : www.rcgp.org.uk

The 2009 Family Medicine Global Health Workshop , Colorado 2009

Host : American Academy of Family Physicians
 Date : September 10-12 , 2009
 Venue : Omni Interlocken Resort,
 Broomfield, Colorado
 Contact : Rebecca Janssen
 Address : AAFP
 1400 Tomahawk Creek
 Parkway
 Leawood, KS 66211
 Tel : 1-800-274-2237 ext. 4512
 Fax : 1- 913- 906-6088
 Email : rjanssen@aafp.org
 Web : www.aafp.org/intl/workshop

The 18th European Academy of Teachers of General Practice (EURACT) Workshop, Bled Slovenia 2009

Date : September 29 – October 3, 2009
 Location: Bled, Slovenia
 Contact : Ana Artnak,
 Medicinska fakulteta,
 Katedra za druzinsko medicino,
 Poljanski nasip 58, p.o. Box 2218,
 1104 Ljubljana, Slovenia
 Tel : +386-1-43-86-915
 Email : euract_bled_course@yahoo.com
 Web : http://www.drmed.org/novica.php?id=16146

American Academy of Family Physicians (AAFP)

Annual Congress of Delegates and Scientific Assembly, Boston 2009

Date : October 12-18, 2009
 Venue : Westin Waterfront Hotel and Convention Center
 Boston, Massachusetts
 Contact : AAFP
 11400 Tomahawk Creek
 Parkway
 Leawood, Kansas 66211-2672,
 USA
 Tel : 1 913 906 6000
 Fax : 1 913 906 6075
 Email : international@aafp.org
 Web : http://www.aafp.org

College of Family Physicians of Canada (CFPC)

Annual Family Medicine Forum, Calgary 2009

Date : October 29-31, 2009
 Venue : Telus Convention Centre
 Calgary, Alberta
 Web : www.cfpc.ca/FMF

4th Triennial PAN-Caribbean Family Medicine Conference, Barbados 2009

Host : The Caribbean College of Family Physicians
 Theme : New Directions in Primary Care
 Date : November 20-22, 2009
 Location: Bridgetown, Barbados
 Contact : The Caribbean College of Family Physicians
 19a Windsor Avenue,
 Kingston 5
 Jamaica, West Indies
 Tel/Fax : 876 946 0954
 Email : ccfp@cwjamaica.com
 Web : http://www.caribgp.org

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