

# WONCANews

An International Forum for Family Doctors



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# South Asia Regional Wonca Conference of family Doctors & GPAN conference 2010



Organized by

## General Practitioner's Association of Nepal (GPAN)

*Theme: Bridging Rural and Urban Health by General Practice*

**Date: 2-4 Dec. 2010, Kathmandu**



### Conference Secretariat:

Siddhi Sadan, Exhibition Road, Kathmandu

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### Venue :

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## FROM THE WONCA PRESIDENT :

### KNOW HOPE

Some days drag me down. Patients expect too much. Team members make more, not less, work for me. Students and trainees disrupt the usual work flow. The health care system and its bureaucracy frustrate at every turn. Jumping from one task to another; interrupted each step of the way. There is too much to do, too little time to do it, too few resources to get it done.

These are the rare days when I question the wisdom of my career choice. Instead of a family doctor, would I have been better off as a lawyer? More content as a farmer? Happier as a rock star? And then, at the end of that long day, the clang of the mobile ruptures my reflective moment. Yet, one more intrusion.

The caller begins, “He’s having a lot of pain. What can we do about his pain?” She makes no apology for the late night call. She offers no reason for phoning me rather than the doctor on duty for the night. She does not even identify herself or who “he” is. She assumes I know.

She assumes I know that his newly diagnosed lung cancer with bone metastases has him in distress. She assumes that I know that he has always been the one to reassure her through her frequent moments of anxiety, and that now he is the one that needs reassurance. She assumes that I know his pain magnifies her psychic suffering. She assumes that I know – and she’s right. I do know.

I know that I have no magic answers. I can only patiently answer each of her questions. I can only try to explain the symptoms, to make sense of the suffering. I can only suggest adjustments to the pain and anxiety regimen. I can only offer hope that we can get the pain under control and that something better lies ahead.

Fifteen minutes later, she says good-bye and hangs up. No “thank you for your help.” No, “I’m grateful we have you as our family doctor.” Yet, I know. I know I have eased her suffering, and his. I know I have given them enough hope to manage one more night. I know because I know them.

Then, I consider the future of family doctoring. I wonder whether tomorrow’s family doctors will value and preserve the tradition of the personal physician. The person who knows – us. I hope they can know the

satisfaction, and the therapeutic power, of that special relationship.

Recently, I had the chance to put my hope to the test. I was asked to speak at the 59th General Assembly of the International Federation of Medical Student Associations (IFMSA) in Montreal. More than 700 student leaders from 95 nations attended. IFMSA represents 1.2 million medical students, with about 11,000 students actively involved in leadership, local projects, and student exchanges between countries.

They kept me busy, with six presentations in 48 hours. They kept themselves even busier, with education and committee sessions during the day, intensely debated policy discussions in the evening, and social festivities until late into the night.

They asked tough questions, challenging me about the future, pay, prestige, and science of family medicine. Their questions reflected that they have a lot to learn and some things to unlearn. Their comments also suggested that they perceived a great deal. They sensed the misdirected priorities that can drive medical schools and health care systems. They shared the belief that health care was an important way to make the world a better place. They voiced the hope that they could make a difference.

One final thing I should mention. IFMSA first came to us, asking to learn more about family medicine and to seek our help developing exchanges in family medicine. They want to know more – about us.

Through our Working Party on Education, Wonca will partner with IFMSA to establish medical student exchanges in family medicine and primary care around the world. IFMSA has considerable experience and success with such exchanges, including the development of a formal curriculum for gynecology exchanges they developed with FIGO (International Federation of Obstetricians and Gynecologists).

I would urge you to reach out to medical students. Be a mentor, serve as a supervisor for an exchange student, and share your wisdom and passion. You can help shape the number and nature of tomorrow’s family doctors. While you can do much for them, they will do much for you. They will remind you once again that you can know hope.

**Professor Rich Roberts**

President

World Organization of Family Doctors

## FROM THE CEO'S DESK:

### THE FUTURE OF PRIMARY CARE – DELIBERATIONS BY WONCA COUNCIL IN CANCUN

At the last Wonca World Council held in Cancun, Mexico, in May 2010, a break-out session was held to give members of Council the opportunity to air their views on how they see "the future of primary care" developing globally. These break-out sessions have been a regular feature of past World Council meetings, and provide the leadership of Wonca some insight into how the general membership of the Organisation sees important issues confronting Wonca.

This session in Cancun was chaired by Professor Jan De Maeseneer.

Jan introduced the session by giving an outline of the most important conclusions of the *Report of the Commission on Social Determinants of Health*. He then stressed the importance of the integration of personal and community health care, as advocated in an editorial by Chris van Weel, Jan De Maeseneer and Richard Roberts in *The Lancet* 2008;372:871-2. He reminded Council members that reducing health inequalities will require action in six key areas:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Jan then outlined the *World Health Report 2008*, which stresses four sets of reforms. These are: universal coverage reforms that ensure that health systems contribute to health equity, social justice and the end of exclusion; service delivery reforms that re-organize health services around people's needs and expectations; public policy reforms that secure healthier communities; and leadership reforms.

Jan emphasised the role that family medicine can play in the service delivery forms, as family medicine is the discipline that "puts the people first". He also

reminded the Council of the World Health Assembly 62.12 *Resolution on Primary Health Care, including Health Systems* adopted on 22 May 2009, that for the first time, mentions family medicine as an important discipline in the multidisciplinary primary health care team.

He then highlighted to Council *The Lancet* editorial 2010;375:1588-9: which states "The Wonca World Conference will mark the transformation of family physicians from individual providers, looking at the individual needs of individual patients into a medical team-member focused on the needs of the community, working together with other community health workers while integrating personal and community health care".

Jan emphasised that only through a strong primary healthcare reform, will the world achieve health equity, universal access to people-centred care and healthy communities.

Following his presentation, the Council Members then broke into four groups, to discuss the "future of primary care", focusing on four topics; and following the breakout sessions, Jan then presented a summary of the findings on each of the four topics as follows:

#### 1. Universal coverage and improving accessibility of primary health care

The participants felt that family medicine should contribute to a primary health care system that makes care available, accessible, acceptable and affordable. This means that co-payment should be limited, or if possible abolished; that where possible, a patient-list system should be established at practice level or that a geographical definition of the target population at the level of the district should be developed. Participants felt that outreach strategies are important to contact the most vulnerable groups. The strategy should be universal, paying attention to "proportionate universalism".

Actions are needed at different levels. At the micro-level: primary health care units, including family physicians, should be in place, also in rural settings, remote areas and townships. At the meso-level: structures should be established e.g. problem-oriented networks, supporting the primary health care level. At the macro-level: sufficient funding should be available for primary health care, within the national health system.

The problem of brain-drain was emphasised by different participants: the brain-drain from primary health care to specialist (secondary and tertiary) care; the brain-drain from rural to urban areas; the brain-drain

from horizontal primary health care towards vertical disease oriented programs; and the international brain-drain. Finally, the participants emphasised that Wonca should make a policy statement on the need for human resources, in order to improve access; on the need for structural integration of primary health care in the national health systems; and on the importance of demonstrating the evidence that an investment in family medicine and primary health care improves quality and reduces costs in health care.



Francine Lemire (centre front) and Council listen to feedback from the working groups. Dr Lemire was later elected as a Wonca Executive Member at Large.

## 2. People centred primary health care

The participants recognised that family medicine is a discipline that puts "the people first" and that an important feature of family medicine is the responsiveness to changing patient expectations. Family physicians implement an integrated bio-psycho-socio-environmental approach to the framework of a physician-patient partnership, with the focus on empowering people. Family physicians put into practice the paradigm shift from "problem-oriented" towards "patient-oriented" care.

More and more family physicians operate in the framework of a team approach, including other health care providers and mid-level care workers. When it comes to the care for chronic diseases, there should be an agreed management plan (including lifestyle), based on "evidence". This is not only limited to medical evidence, but it includes contextual evidence.

There is a need for primary health care guidelines based on research from primary health care. Participants expressed their appreciation of the fact that the World Health Organization (WHO), in its resolution WHA62.12, mentioned explicitly the discipline of family medicine in the framework of the primary health care team.

## 3. Integrating personal and public health care

Participants recognised that when caring for individual patients, and collecting data from encounters in daily care, family physicians are able to contribute to a "community diagnosis" looking at the needs of a community. Therefore, there is a complimentary role between person-oriented and community-oriented care. Making a "community diagnosis" with involvement of the local population and all relevant stakeholders, contribute to addressing the upstream causes of social inequities in health.

Participants also felt that the role of the Electronic Medical Record, in order to register and classify using International Classification of Primary Care-2 (ICPC-2) patient information, is of utmost importance. Guidelines for improving quality in practice should always include the population perspective. The experience with the "person-centred medical home", in the USA, illustrates how family physicians take up their social responsibility.

Finally, participants emphasised the need for training programs to better integrate person and community oriented care.

## 4. Contribution of family medicine to leadership in primary health care

Participants felt that there is a need for guidelines to train future leaders. Family physicians may play an important role in the primary health care team. As family physicians, we need a vision in order to take social responsibility.

This leadership role includes advocacy, especially for the most vulnerable groups in society. There is a need for unity of action at different levels: teaching and training, research, service and community oriented practice, policy development. Departments of family medicine and primary health care, striving for academic excellence, may contribute significantly to improving the profile and morale of the discipline. Wonca, together with other primary health care organisations, may take the lead in the process of transformation of health care systems, both in the interest of patients and society.

Delegates felt that Wonca should cooperate with WHO in the development of primary health care and make appropriate strategic choices. They recognised that Wonca has a huge opportunity to connect with organisations active in the field of education, service delivery and policy development (e.g. the Network: Towards Unity for Health [www.the-networktufh.org](http://www.the-networktufh.org)).

Finally the delegates felt that a "World Family Medicine Day" could contribute to enhancing the profile of the discipline.

Arising from the deliberations of the breakout sessions, a proposal for a letter to the Secretary General of the United Nations was unanimously approved by the Council.

The letter is to stress: "the commitment of family medicine to the realisation of the Millennium Development Goals worldwide and underlies the importance of the role of primary health care to achieve this development. In accordance with the *World Health Report 2008* and *Resolution 62.12* of the World Health Assembly 2009, the Wonca Council request the United Nations to integrate the vision/ strategy that every family in the world should have access to an interdisciplinary primary health care team, including family physicians, in order to address the health problems they experience".

#### **Dr Alfred Loh**

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## **FROM THE EDITOR:**

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### **RESPONSES AND NATURAL DISASTERS**

My first edition as *Wonca News* editor brought many messages of encouragement from old friends and new. I am grateful for your feedback and hope to receive more of your ideas and news as time goes on.

#### **Natural disasters in the news**

Over the period in which I prepared this issue, a range of

natural disasters occurred around the globe. I contemplated what such events would mean for my Wonca friends and colleagues around the world. Family doctors and general practitioners are called upon to take the lead in their communities and provide extra-ordinary services to their countrymen when disaster strikes. Most do not hesitate when the call comes.

The worst recent disaster was, of course, the massive flooding in Pakistan. A full picture of the widespread devastation, affecting over 20 million people, started to emerge in early August.

In Cancun, I met Waris Qidwai, convener of the Wonca Working Party on Research. He asked me to take a good photo of him for use by Wonca! In the August *Wonca News*, he was incorrectly stated as coming from Fiji. I am sure there were times in August when he may have wished he were in Fiji, as he was actually in his home of Karachi, Pakistan - very much affected by his country's floods. With another colleague from Aga Khan University in Pakistan, he has written a piece on the flood havoc which gives some background to the Wonca President's appeal for Pakistan. Dr Aziz Tank, another colleague from Pakistan, who I also met in Cancun, has allowed me to reproduce, in this issue of *Wonca News*, excerpts of email communications that I have had with him over the past month. He talks about visits he has made to the medical clinics in make-shift camps.

As well as Pakistan, there were torrential rains and resultant floods and landslides in China's provinces causing mass evacuations. At the same time, I was communicating with Wonca Five Star Doctor, Sonia Roache-Barker who told me there were also floods in her country of Trinidad and Tobago. Not the same magnitude of disaster as in Pakistan

but enough to stress the small country.

In September, many of my friends and GP colleagues were in Christchurch, New Zealand for the New Zealand College conference when the city was hit by an earthquake of magnitude 7.1 at 4.30am. Only one conference hotel suffered little damage and all delegates were moved there. Diehard conference delegates were bored and reluctant to let their learning end with the 'quake'. They ran an impromptu CME session in the undamaged hotel, on the morning after the earthquake hit. Wonca member and former medical editor of Wonca's Global Family Doctor website, Dr Jim Vause was one of this group. He presented on "Challenges for GPs in using decision support tools and clinical pathways". About 30 doctors attended including fellow organisers Dr Janine Bycroft and Wonca Direct member Dr Tane Taylor.

Resilience seems characteristic of GPs/ family physicians.

#### **In this issue**

The President, Richard Roberts launches Wonca's appeal for your assistance to our Pakistan colleagues and personal perspectives from those colleagues also feature. Rich's inaugural speech as Wonca President was delivered in Cancun and through the examples of his own patients, he reflects on the three S's: Science, Support, Service. In his President's column he again considers a recent patient contact and urges us to reach out to medical students.

Alfred Loh, our CEO tells us about the findings of Wonca World Council's breakout session on "the future of primary care", in Cancun. This session was chaired by Prof Jan De Maeseneer and there is Jan, about the Primafamed network and its work in Africa and with Wonca.



Some of the doctors honoured with a Wonca award in Cancun are featured - the winners of Wonca Fellowship Awards. The December issue will feature the Five Star Doctor Awards and Wonca Foundation Award.

Also in this issue are invitations to attend the Wonca SAR conference in December in Nepal and to help shape the direction of the next Wonca World Conference to be held in Prague 2013, by submitting topics and speaker ideas.

This issue begins updates from Wonca Working Parties who met in Cancun, with a report from the Research Working Party and also from the Wonca Working Party in Quality and Safety in Family Medicine (WWPQSFM).

Two of the WONCA Region Presidents are profiled: Dr Donald Li from Hong Kong and Dr Sylvester Osinowo from Nigeria. Also profiled are Working Party conveners Daniel Thuraiappah (Quality and Safety), Waris Qidwai and John Beasley (Research).

I encourage you all to read on, about the situation in Pakistan, and reach out to our colleagues in need at this time.

**Dr Karen M Flegg**

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## SPECIAL FEATURE:

### WONCA JOINS APPEAL TO AID PAKISTAN

The massive devastation in Pakistan has touched the hearts of many around the world. In early September, the WONCA President launched an appeal to all Wonca members to assist in any way they were able. The stories and photos of our colleagues in Pakistan who are faced with the reality of the situation provide a fuller picture of the devastation. The WONCA President's appeal letter, the stories from our colleagues and information on the WHO response follow.

#### HELPING PAKISTAN: A LETTER FROM THE WONCA PRESIDENT

1 September 2010

Dear friends and colleagues,

You may have witnessed the suffering wrought by the devastating floods in Pakistan and wondered, "What can I do?"

Well, there is something you can do - reach out and help your fellow family doctors who are hard at work in Pakistan helping to put lives back together.

Disasters always capture the media's attention, for a few days, with images of dramatic helicopter rescues and the injured rushed to surgery. As family physicians, we know that the real work goes on for months and years after, long after the television crews have packed up and returned home.

The needs in Pakistan will continue for quite some time to come. The Pakistani family doctors can use your help. Please contact either of the following two colleges of family doctors in Pakistan, which are member organizations of Wonca.

Dr M Tarik Aziz

General Secretary

Pakistan Society of Family Physicians

Email: psfp@wol.net.pk

Dr Aziz Khan Tank

Secretary General

College of Family Medicine Pakistan

Email: pulse@pulsepakistan.com

Email: doctoraziz7@yahoo.com

The Department of Family Medicine at the Aga Khan University has taken the lead in training family doctors to deal with the medical fall-out of the disaster. If you want to help, contact the Dean of the Medical College: Professor Farhat Abbas at farhat.abbas@aku.edu.

Whether it is money, supplies, your time, or your expressions of concern and comfort, please reach out to lend a hand to those suffering in Pakistan.

Sincerely,

Richard G. Roberts MD JD

President

## FLOOD HAVOC IN PAKISTAN

*Wonca Working Party on Research Convener, Dr Waris Qidwai comes from Karachi in Pakistan. He and colleague Dr Tabinda Ashfaq also from Aga Khan University in Karachi write about the devastation in their country. More information and photos on the Aga Khan University flood relief effort can be found on <http://www.aku.edu/floodrelief/>*

Monsoon is thought to be a blessing and moment of joy and happiness for the country, however unfortunately this year disastrous floods have followed it causing immense destruction. This is the worst type of flood Pakistan has ever faced in its history. It started after heavy monsoon rains in the country from July 2010 onwards and considered to be heaviest in 80 years. The death toll of around 2,000 does not depict the situation in which over 20 million people are affected and homeless<sup>2</sup>. It has been estimated that area close to 160,000 square kilometres is affected with almost a fifth of country under water and it is further said that scale of this destruction is worse than the combined affect from 2004 Indian Ocean Tsunami, 2005 Kashmir earthquake and 2010 Haiti earthquake<sup>3</sup>. The real loss and damages are difficult to assess at the moment as water is still standing in many areas of the country, flash flood passing through southern part of the country and continuous heavy rains further increasing the degree of devastation.

According to WHO, ten million people are forced to drink unsafe water<sup>4</sup> and water borne disease are a major threat apart from food and shelter shortages. There is a major outbreak of diseases like cholera and gastroenteritis thus deteriorating health status of these victims very rapidly. Four million people are facing food shortage and a huge population

is stuck in water and is unreachable by usual transportation means. This devastating flood triggered by heavy monsoon rain has resulted in a huge in country's fragile economy adding further instability. There has been extensive damage to the infrastructure, crops and food storages. Total economic losses are estimated at to be about 43 billion USD<sup>5</sup> and structural damages are expected to be around four billion USD and damage to wheat crops around 500 million USD<sup>6</sup>.

This calamity has washed away bridges, roads, energy networks leading to major breakdown of communication with many towns and villages cut off from rest of the country resulting in reconstruction needs requiring cost billions of USDs. It is expected that death-toll could rise as many towns and villages are not accessible and communications have been disrupted with thousands of villages submerged by flash floods. Water level at places is up to 5.5 meters high and people are forced to take refuge on roof tops. Stranded people are being air lifted to safer places and food and other essential goods are being air dropped. Healthcare-infrastructure has been badly damaged by floods in the worst-affected areas, leaving inhabitants especially vulnerable to water-borne disease. There is absence of law and order, and criminals have been taking advantage of the floods by ransacking abandoned homes, making people reluctant to leave their belongings and move to safer places.

Agriculture is the most affected area raising possibility of long term damage to the country's economy. Floods and heavy rains have destroyed 700,000 acres (3,000 km<sup>2</sup>) of cotton, 200,000 acres (800 km<sup>2</sup>) acres each of rice and cane, 500,000 tons of wheat and 300,000 acres (1,000 km<sup>2</sup>) of animal fodder<sup>7,8</sup>.

According to estimates, floods have destroyed two million bales of cotton. Consequences of this immense damage are seen across the country as food prices rise. There are reports that cost of basics food items like onions, potatoes and tomatoes have raised following damage to prime farming land.

As like any disaster situation, children are the most vulnerable population to be affected and it is predicted that there will be major epidemic of infectious diseases like diarrhoea, measles and acute respiratory infections<sup>9</sup> in the upcoming future. In order to combat his emergency situation, WHO is organizing to assist the Government in responding to prevent any major infectious diseases outbreak. Unclean stagnating water is a good source of breeding for mosquitoes, and will eventually lead to increased threat of diseases like malaria and dengue. The scarcity of clean water and the unavailability of medication, as a consequence of these floods, is a deadly combination. The above mentioned factors combined with poor living conditions and lack of food, gives an alarming picture.

Government have established relief camps for the affected population in order to provide food, clean drinking water, shelter and medical services to the displaced, however these efforts have been inadequate and requires assistance from community and non-government organizations. The affected population is in dire need of food, clean drinking water, shelter, and clothing for children, health services focusing on Cholera/Typhoid and other waterborne diseases (hepatitis A and E). These rescue efforts are sapping the government's budget, which is already deficient to meet country's need. There is immense need of funds and Government of Pakistan has requested financial support from the World Bank. Health



care providers should be there to join hands with the government and work in collaboration to provide basic facilities for the victims.

Damage to the infrastructure is on such wide scale that the country will not be able to cope with its consequences on its own and hence requires help and support from its neighbouring countries and different funding agencies. Rehabilitation and restoration would require ample of time to rebuilt dams, bridges, roads, and houses for the victims.

Current floods in Pakistan represent great challenges for the government and health care providers. Countries should develop adequate disaster-management policies and plans, including for flash floods, at both local and national levels.

*For References, see this article on the Wonca website: URL: [http://www.globalfamilydoctor.com/index.asp?PageID=11754&utm\\_source=RSSFeed&utm\\_medium=RSS&utm\\_content=GFDNewsFeed](http://www.globalfamilydoctor.com/index.asp?PageID=11754&utm_source=RSSFeed&utm_medium=RSS&utm_content=GFDNewsFeed)*

**DR AZIZ TANK REPORTS : FAMILY DOCTORS AT THE FLOOD VICTIMS' CAMP**

*Dr Aziz Tank is Secretary-General of the College of Family Medicine Pakistan and ex-officio President of the Pakistan Medical Association. He sends photos and some news from his visits to the camps set up for displaced people in Pakistan.*



Make-shift camp for displaced people in Pakistan

15 September 2010

Two days back, along with other family doctors and Professor Tippu Sultan, President-elect of the Pakistan Medical Association (PMA), I went to our flood relief camp established at Thatta. The camp is a collaboration of the PMA with the Supreme Court Bar Association of Pakistan, who provided the space needed for such camps.

We have already established the flood relief camps at a place called Makli Graveyard, considered to be one of the oldest and largest graveyards in the world. People ran here for shelter as the place is located on a hill.

The relief work started here after few days' occupation under the open sky and without any proper arrangements for food, medicine, or even water. There are more than 50 thousand tents scattered all over the graveyards land. Slowly and gradually it is being disciplined.

The rural people are totally illiterate and have lost everything they had, including cattle. Roads leading to Thatta from Karachi are full of such tents on both sides of the road. After the flooding settles, the main problem will be rehabilitation of all those affected.

We have also established camp at place called Sujawal, a small town that submerged under the mighty flood of the River Indus. We have a mobile medical team which provides relief for such camps established at the side of the River Indus.



Dr Hotchand, himself displaced by the flood, tends to patients in a make-shift clinic

The young doctor working in the photo is Dr Hotchand. He is a family doctor whose town suffered in the fury of the flood. His own clinic is under 5 to 6 feet (1.5 to 1.8 metres) of water. He is a helping hand from the rural area working in the camp clinics.

We are already visiting these camps, with whatever aid we have received from our members in Pakistan, as well as Pakistani doctors in USA and UK. In the group photo, we visit a camp site and standing along with me are Prof Tippu Sultan and other workers of the College of Family Medicine Pakistan.



Dr Tank (second from right) and Prof Sultan (centre) and other family doctors on a camp visit.



Dr Tank (6th from right) and Prof Sultan (4th from right) and other family doctors on a camp visit.

As mentioned, the College of Family Medicine have already established camps in affected parts of Sindh Province. As well as our chapter in Khyber Pukhtoon Khawa Province is working in the most affected part, the city of Nausharo. We are trying to help those affected especially children, old-age people and women who are suffering from malnutrition; diarrhoea; dysentery; skin infections; and gynaecological and obstetric problems.

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## WHO RESPONDS TO HEALTH NEEDS IN PAKISTAN FLOODS

The worst floods on record in Pakistan are placing the health of hundreds of thousands of people at risk, with a high threat of waterborne disease outbreaks and immense damage to health facilities. WHO is coordinating the response of health partners and supporting Pakistani authorities by sending medicines and related health supplies capable of treating more than 200 000 people to the affected areas in the north-western region of the country.

Major health concerns at the moment are the control of waterborne diseases, including diarrhoeal diseases and respiratory infections, treating the injured, helping to ensure the quality of clean drinking water and ensuring public access to health facilities with the emphasis on increasing the number of female health workers.

### Many health facilities destroyed

About 46 of Pakistan's 135 districts have been affected by the flooding. At least 39 health facilities have been destroyed, resulting in a loss of tons of medicines. There is a tremendous need for more medical and related materials to treat people affected by the humanitarian emergency, as well as to immunize children, particularly against polio and measles.

Static and mobile medical teams are providing outreach services to affected areas especially with maternal, neonatal and child health, nutrition and psychosocial support. By the end of 2 August, dozens of mobile teams and fixed health facilities had treated more than 15 000 patients, many of whom were suffering from diarrhoea.

### WHO response

WHO is working with the Pakistani Ministry of Health, National Disaster Management Authority, Provincial Departments of Health as well as partner healthcare providers within the Health Cluster network of international and local organizations. A disease outbreak early warning system is active and, as yet, no outbreaks of diseases have been confirmed, however concern of the disease outbreaks remains high.

WHO has sent large shipments of medicines and supplies to treat people for diarrhoea, respiratory infections, wounds, and other health conditions. To ensure people have access to clean, safe supplies of drinking water, WHO has also provided 102 000 aqua tablets

and 4600 water purifying sachets to health facilities in Peshawar and Nowshera.

### Unmet needs

But the scale of the emergency means more medical supplies will be needed. Other urgent needs identified by an initial assessment conducted by UN agencies include:

- providing psychosocial support to the affected population;
- hygiene promotion interventions – providing water purification tablets, safe water, water chlorination;
- tents for temporary health facilities;
- strengthening the referral system to higher levels of health care; and
- vaccination campaigns.

For more information, contact:

Syed Haider Ali  
Communications Officer WHO Pakistan  
E-mail: [alisy@pak.emro.who.int](mailto:alisy@pak.emro.who.int)

Source: [http://www.who.int/mediacentre/news/releases/2010/pakistan\\_flood\\_20100803/en/index.html](http://www.who.int/mediacentre/news/releases/2010/pakistan_flood_20100803/en/index.html)

## FEATURE STORIES :

### WONCA PRESIDENT RICHARD ROBERTS' INAUGURAL SPEECH

*Professor Richard Roberts became President of Wonca on 22 May 2010 in Cancun, Mexico. After conferring the honour of Wonca Fellowship on his predecessor, Professor Chris Van Weel, Rich made the following inaugural address to those assembled at the Cancun Center.*



Professor Chris Van Weel after presenting the chain of office to his successor as Wonca President Professor Richard Roberts



I'd like to start with a couple of thank yous – the first to Dan and Ruth Ostergaard and my many American Academy friends who have become part of my family over the years. Most important, though, I want to thank my family. This week has been busy for our family. We have had three graduations; Laura and I celebrated our 36th wedding anniversary on Monday; and there was this President thing that came up in Mexico.

I have asked myself several times over the years, “Why is it that I do what I do? What keeps me on the road too much and working too hard, doing homework with the kids by Skype and speaking with patients by webcams while abroad?”

I think I do what I do because it has been my small way of trying to make the world a better place for my family: Laura, my bride of 36 years, our oldest son Matt, our second son Ben, our one and only daughter Maggie, and our youngest son Alex, who is still probably angry at us for making him stay home to finish high school. I know he would rather be here. I hope they can continue to travel with me whenever their schedules and our family finances allow. I hope you can experience what extraordinary people they are and how proud I am of them.

This is a Saturday in Cancun, and what do you think I was doing first thing this morning? I wasn't on the beach. I wasn't at the pool. I was on Skype with patients!

I was talking to four patients.<sup>1</sup> Two were in the hospital; the other two were a new mother and baby. John is an 83 year old electrician. He does not consider himself a retired electrician; he is still an electrician. He's had two strokes. We've spent the last eight years since the second stroke negotiating how high up the ladder he can climb because he has

terrible balance problems. When he was hit by pneumonia yesterday, I knew his balance problems would be worse: he is back in hospital today.

Len is 58 year old man who had his first heart attack at 34. He has polycystic kidney disease and familial dyslipidemia. He had a kidney transplant and has done an amazing job of living a very vigorous life, but now, he is in heart failure. Len can be a pretty cranky guy when he is sick. I said to my partner by Skype, “Ask him about Harley Davidson motorcycles and that'll smooth everything over.” My partner called me later today and said that it had worked.

Trudie and her baby girl are doing well; I am going to be seeing them on Monday, when I am back in the office.

So, why am I on Skype when I should be at the beach? I think that what we do is a privilege. It is a sacred trust and responsibility. We are invited into the lives of our patients and their families and, in doing so, we bear witness to great suffering, but also great joy, such as when we attend the birth of a new life. We see great sacrifice and great courage.

I think it's a great job!



Wonca President Professor Richard Roberts speaks in Cancun

I also think we've come to a moment in time that is going to change not just the future of health care, but the future of the human race. I really do believe this. People are talking about Primary Health Care in every country of the world. Last May, 192 delegates to the World Health Assembly voted to adopt a resolution that put Primary Health Care and family doctors at the center of every health system.

What we do as family doctors is so vitally important, because we bridge from the individual to the community and, in so doing, we make both the individual and the community better. I also believe that to do our job properly we will need three things – the three S's: Science, Support, Service.

My students and residents are tired of hearing me say that the Science sucks, but it does. If we look at biomedical knowledge, with the critical eye of a good scientist, most of the evidence that we have to use in daily medical practice is inadequate. It is poor quality science: it does not account for the multiple co-morbidities, the complexity of individual circumstances, the challenges of different health systems.

We then generalize from these very uni-dimensional studies to entire populations and that's just wrong. I believe that family medicine can be part of defining that new Science. At this meeting, we've created a Special Interest Group (SIG) on Complexity.<sup>2</sup> I think that's part of the answer, but we desperately need a new, and better, science.

The second is Support. We somehow have to figure out how to bring resources together; to help family doctors around the world work with each other around patient care, around research, around education. Wonca can, and must, be that source

of support. We have a very big hill to climb, and it will take us a long period of time.

I am very hopeful that we are all willing to take a fresh look at how our national colleges work and pull together, so that World Wonca can work to make family medicine better for everyone.

And, I believe as family doctors we need a new commitment to Service.

Last month, I was visiting with a medical student and I asked him what it was about General Practice (which was the term used in his country) that excited him. He answered, "It's the lifestyle: I like the surf, I like to race motorcycles and being a GP allows me to do those things."

I felt very sad. The reason I felt sad was not because the people he was going to take care of were going to get bad care - they were probably going to get pretty good care. I felt sad for him because if he couldn't bring a similar level of interest and passion to being a GP, which he was going to spend a third of his adult life doing, then it was going to be a pretty long life. It's not that we do great things for other people; it's that they do great things for us. That's what I'm worried that he's going to miss out on.

So, as we go back to our daily practices, I would ask each of us to think about the person in front of us right now, who needs us. That's what I'm talking about when I am talking about a new commitment to Service. What we do with the World Health Organization (WHO) is very important. What we do with medical schools is very important. But, those are all secondary to the person in front of us.

And, I believe that as family doctors we can help heal this world.

We are going to do it one person at a time, which will help one family at a time, which will help one community at a time; and, over time, which will help our one world. I believe it only takes one of us to do that and I think you could be that one.

I look forward to the next three years: to doing my best to be your voice; to share with the rest of the world what it means to be a family doctor; to understand the experience of you and your patients; to help Wonca help you do better.

Thank you very much for this honor and responsibility.

#### Footnotes

1. *the patients' names have been changed*
2. *more information on the Wonca SIG on Complexity will be featured in a future edition of Wonca News, or contact A/ Professor Joachim Sturmberg via email [jp.sturmberg@gmail.com](mailto:jp.sturmberg@gmail.com)*

## WONCA FELLOWSHIP AWARDS

The Fellowship of Wonca is Wonca's most prestigious award. It is awarded to individuals who have rendered outstanding service to the Wonca organization. It is awarded every three years at meetings of the Wonca World Council, but only if a suitably qualified candidate is identified. In Cancun, Wonca Fellowships were awarded to Professors Cheryl Levitt and Igor Svab. The achievements of these two worthy recipients are detailed below.

### Professor Cheryl Levitt

Professor Cheryl Levitt of Canada was nominated for Fellowship of Wonca by Professor Amanda Howe, with the support of the Executive of the Wonca Working Party on Women and Family Medicine. The nomination stated that "Cheryl has worked tirelessly for the cause of

family medicine in all aspects of her career, and has committed herself to a demanding programme of work through Wonca which spans more than 10 years. She will stand down as an executive member of the Wonca Working Party on Women and Family Medicine (WWPWF) at the next triennial, and it would be an appropriate accolade to see her achievements recognised."

Dr Cheryl Levitt has made a life-long contribution to promoting gender equity and women's health in family medicine. She has done so through advocacy for full empowerment of women family physicians, through institutional transformation as a means to improve the health of women, and through quality and health improvement strategies for the general population.

Throughout her career as a rural family physician, academic, teacher, professional leader, and mother, she has worked strategically to improve the health of her communities by advocating tirelessly for social and health improvements for women and children. For example, among other things, through the 1990s she served as the vice-chair of the board of the Canadian Institute of Child Health, chair of the Task Force of Child Health of the College of Family Physicians of Canada (CFPC), and chair of the Breastfeeding Committee for Canada; and published widely on maternal and child health and breastfeeding.

Since she became an academic family physician in 1984, Dr Levitt has worked consistently to remedy systematic discrimination against women physicians and women patients. She was the first woman full-time faculty member to be recruited to the Herzl Family Practice Centre at McGill University, and the first woman Clinical Department Chair to be recruited to the Faculty of Health Sciences at McMaster University.

She has worked to ensure that the academic work environment is an attractive and sustainable one for all faculty, especially for the many women family physicians she has recruited, trained and mentored in her career. She has deliberately and conscientiously established an environment for work and excellence in family medicine: one that promotes full gender equity; encourages and supports women in leadership; strongly supports career development and advancement; and facilitates and encourages family and community time. Notably, she encouraged an innovative co-operative approach to on-call for all full-time faculty in her Department; and in 2001, she conceived and obtained funding for an innovative interdisciplinary model for the provision of family medicine obstetrics, which she designed to recruit and retain family physicians in providing high-quality obstetrical care. <http://www.fammedmcmaster.ca/programs/maternity/>

Internationally she served as the chair of the Wonca Working Party on Women and Family

Medicine from 2004 –2007. She led an international initiative to bring about gender equity in family medicine and health care through the Hamilton Equity Recommendations – the HER Statement, a statement developed by 25 leading women family physicians from 16 different countries and all 6 Wonca regions. The statement was endorsed by the Wonca Council in 2007. [http://www.womenandfamilymedicine.com/wppwfm-statements/HER\\_statement.pdf](http://www.womenandfamilymedicine.com/wppwfm-statements/HER_statement.pdf)

Dr Levitt believes passionately that by tackling and removing institutionalized gender barriers, changing gender-based values and habits that support systematic discrimination in the profession, and focusing attention on women’s health, the whole world will benefit from a stronger more resilient and sustainable physician work force.

Dr Levitt, currently Professor of the Department of Family Medicine, McMaster University in Hamilton Ontario is a very worthy recipient of the award of Fellowship of Wonca.



Prof Cheryl Levitt receives her Wonca fellowship award in Cancun from Prof Chris Van Weel while Prof Rich Roberts looks on.

## Professor Igor Švab

The Royal College of General Practitioners and the Dutch College of General Practitioners nominated Professor Igor Švab of Slovenia, for Wonca Fellowship.

Over more than a decade, Igor has contributed to the development of General Practice in an outstanding way, both nationally and internationally. At the Cancun conference, Igor stepped down as President of Wonca Europe, a position he had held since 2004.



Prof Igor Švab

Igor joined the board of Wonca Europe as the representative of researchers in general practice. He was a member of the Wonca Europe executive board for more than ten years as vice-president and eventually president. He has participated actively in two important networks of Wonca Europe, EGPRN (former EGPRW) and Euract.

He chaired the scientific committee of the Wonca Europe conference, in Ljubljana, in June 2003. He is also one of the authors of the European definition of general practice/ family medicine, which was accepted in 2002.

His major merit for Wonca has been his role as an ambassador for General Practice and Wonca in the countries of middle and eastern



Europe. His efforts resulted in an increase in the number of Wonca member organisations of countries from that region.

While continuing part-time in practice, Igor's main job is as Professor of Family Medicine in Ljubljana, the capital of Slovenia. Igor graduated from the Ljubljana medical faculty in 1981. From 1983 to 1991, he worked as a rural GP. He completed his Masters degree in medicine on the topic of frequent attenders in general practice.

In 1991, Igor moved to the National Institute of Public Health in Ljubljana in order to help run the vocational training scheme for general practitioners in the country. During this time, Igor started his PhD on Multivariate analysis of the reasons for referral from General Practice. During his work at the institute, Igor joined the European Academy of General Practice teachers (Euract) as the first representative for Slovenia.

Igor sees one of the biggest successes of his career as participating in the creation and the development of the Department of Family Medicine in Ljubljana, which has become the key factor in the development of family medicine in Slovenia and is still continuing to grow. In recent years, Igor became increasingly involved in family medicine development projects, especially in the countries of central and eastern Europe, where there is a great need for the development of family medicine. Igor has been involved specifically in the development of family medicine in Estonia, Turkey, Montenegro and Macedonia.

In 2004, Igor was awarded an Honorary Fellowship of the Royal College of General Practitioners (RCGP).

Igor's interests outside medicine include reading, hiking, spending some time in his garden and he has introduced slow food philosophy to many friends. Igor believes life is beautiful.

Congratulations to Igor on the award of Wonca Fellowship.

### **GOODBYE CANCUN 2010 NEXT: PRAGUE 2013**

*By now, only memories remain of the Wonca Cancun 2010 conference which was profiled in the August 2010 edition of Wonca News. The journey now begins to the next Wonca World conference to be held in Prague, Czech Republic, in 2013. Dr Bohumil Seifert is President of the Host Organising Committee, Dr Jaroslava Lankova is President of the Scientific Committee. They provide this preliminary announcement informing you about the*

*proposed Wonca Prague 2013 conference and Family Medicine in the Czech Republic.*



Dr Bohumil Seifert (HOC President) with on the left, Prof Michael Kidd (Wonca President-Elect) and on the right, Prof Rich Roberts (Wonca President). Prof Kidd will become Wonca President in Prague.

We are pleased to announce that the 20th Wonca World Conference will take place in Prague, from 26–29 June, 2013. This première scientific and educational event of general practitioners/ family physicians that rotates between the continents: Durban 2001, Orlando 2004, Singapore 2007, Cancun 2010: is coming back to the heart of Europe.

Central and east European countries, including the Czech Republic, have had a high standard of health care for years and have recently experienced rapid development in primary care, which has become an important and well recognised part of the health care system. Family medicine and general practitioners have, therefore, significantly improved their positions in the medical world. We are looking forward to sharing this experience, at the conference, with family physicians from all Wonca regions, as well as, with other European colleagues.

The host organizing body, the Czech Society of General Practice, was established in 1980. It is a highly recognised and respected scientific and educational organisation in the Czech Republic with a growing membership of over 3000 GPs. The Society has hosted the Societas Internationalis Medicinæ Generalis (SIMG) conference in 1986, Wonca Europe conference in 1997, the international symposium of general practice for eastern and central European countries in 2006, and meetings of Wonca European networks (EURACT, EQuIP). Nevertheless, the organisation of the Wonca World conference in 2013 will be a life event for a whole generation of Czech GPs.

The conference, in 2013, is being organised in collaboration with Guarant International, the leading

congressional company in the country. We have received support from the Mayor of Prague, Charles University, Prague Congress Centre, and the Czech Tourist Authority.



Contract signing between Wonca and Czech Medical Association Jan Evangelista Purkyne at Basel in 2009, with standing (l to r) Drs Bohumil Seifert (HOC pres), Vaclav Benes (HOC Vice President), Alfred Loh (Wonca CEO), Javier Dominguez del Olmo (HOC Cancun) and seated Prof Svatopluk Byma (President of the Czech Society of General Practice) and Prof Chris Van Weel.

Prague is a beautiful city with remarkable architecture and a unique atmosphere that offers a wide variety of concerts, theatres, sightseeing tours and trips. It is also a city of very high standards offering both historical and modern conference venues; hotels; restaurants; and places of interest. Prague is also a good starting point for Europe exploration. The Prague Congress Centre is a modern world class convention centre with refurbished halls and rooms; cutting edge technology; and air conditioning. It is located only five minutes from the city centre by subway and major hotels are at walking distance or within ten minutes by subway.

The congress theme *The Care for Generations* strives to present family medicine as a discipline capable of dealing with health problems occurring throughout the entire human life and to help discover solutions to current global problems. We aim to prepare a high quality, dynamic, interactive and exciting scientific program; composed of plenary lectures, symposia, workshops and a dedicated young practitioners' programme. We intend to develop an array of activities that will allow participants the opportunity to interact and network with colleagues from around the world.

The agenda of general practice/ family medicine is very complex and the list of topics is always comprehensive. We are aware of the differences in the priorities of general practice/ family medicine across the world.

In order to address relevant issues of current general practice/ family medicine; to respond to Wonca goals and scientific needs of different geographical regions of Wonca; we invite leaders of the discipline, academic departments and colleges around the world to suggest topics for Wonca Prague 2013 and to apply for, or suggest, key note lectures or speakers. Suggested topics for Wonca Prague 2013 should be accompanied by a short explanation and the proposal of a suitable international expert/ speaker. A key note speaker should be willing to participate at the conference: please

provide their contact details, their professional CV and up to 200 words as an abstract/ outline of the key-note speech. The scientific committee will be looking forward to receiving your suggestions until the end of February 2011.

Our website will provide you with all information concerning Wonca 2013 Prague. Please visit our website [www.wonca2013.com](http://www.wonca2013.com) for more details. You are also welcome to ask for more details from our representative at the Wonca booth during upcoming regional conferences.

Remember dates 26–29 June, 2013. The best time in Prague!

**Wonca Prague 2013  
Invitation to nominate  
topics and key-note  
speakers**

Suggested topics for Wonca Prague 2013 should be accompanied by a short explanation and the proposal of a suitable international speaker

For any keynote speaker proposed please provide their contact details, their professional CV and up to 200 words as an abstract/ outline of the key-note speech.

Send your proposals to:  
[seifert@terminal.cz](mailto:seifert@terminal.cz)

Suggestions will be gratefully received until the end of February 2011.

**WONCA REGIONAL NEWS**

**AN INVITATION TO  
WONCA SAR NEPAL  
CONFERENCE**

Dear Regional Presidents, Wonca council members, Presidents of Member Organizations and Wonca direct members,

We are pleased to announce that General Practitioners' Association of Nepal (GPAN) is hosting the Wonca South Asia Region Conference in conjunction with the GPAN conference from 2nd -4th December 2010, at Kathmandu, Nepal.

The theme of the conference is *Bridging Rural and Urban Health by General Practice*. A pivotal role of the general practice physician is not only to treat diseases but also to create bridges between different sectors of health care organizations, particularly, rural and urban. We have chosen the main topics to deliberate on this theme as well as common problems in health sectors. Renowned speakers from Nepal and abroad are invited to review advancement in the field of medicine.

It is our great pleasure to announce that Professor Michael Kidd, President-Elect of Wonca will be delivering the oration of the conference.



Professor Michael Kidd will deliver the oration in Nepal

**About Nepal**

Nepal is a small and beautiful Himalayan Kingdom known for Mount Everest, the highest peak of the world and, Lumbini, the birthplace of Lord Buddha. So much has been praised about this tiny Himalayan Kingdom of Nepal that there can hardly be any more to say about its beauty, temples, pagodas, snow-capped Himalayas and Yetis. It is a country of ethnic diversity; a combination of eternal snow in some areas and tropical south in other areas; blended with a perfection of architecture, arts and culture.

Nepal offers many possibilities to each visitor including exciting white water rafting on the rivers that originate from the melting snow of the Himalayas. One can get a breathtaking experience while riding on an elephant in the jungles, watching various types of animals, rhinos, crocodiles, leopards. Nepal's towering pagodas with fascinating architecture and artistic workmanship, along with the former Kings' Palaces can easily win the heart of the visitors. No wonder that after the opening of its border to the outside world in 1951, Nepal has become a major tourist destination in the world.

I would like to extend my warm invitation to you to attend the South

Asia Regional WONCA and GPAN conference, 2010. We are most happy to provide detailed information of the conference through the website [www.gpan.org.np](http://www.gpan.org.np) or by email to [info@gpan.org.np](mailto:info@gpan.org.np)

We look forward to your support to make this world class conference most successful. Please don't hesitate to contact our conference secretariat.

Prof Dr Pratap Narayan Prasad  
Chairperson Organising Committee  
[tejnpd@yahoo.com](mailto:tejnpd@yahoo.com)

**Wonca SAR conference  
in brief**

Date: 2-4 December 2010  
Venue: Kathmandu Nepal  
Site: [www.gpan.org.np](http://www.gpan.org.np)  
Contact: [info@gpan.org.np](mailto:info@gpan.org.np)  
Oration: Professor Michael Kidd

A special package is available for delegates from countries outside Wonca SAR at a cost of USD980 and INR14500 for Indian delegates. This package includes registration, airport transfers, four days' accommodation in a five star hotel, breakfast, two lunches, conference banquet, conference bag, cultural programme, half-day sightseeing of Kathmandu Valley and a souvenir.



Dr Pratap Prasad, Chairperson HOC in Kathmandu



## WONCA ASIA PACIFIC REGION - UPDATE FROM THE PRESIDENT

We had a great meeting in Cancun Mexico and I am most honoured to have been re-elected President of the Asia Pacific Region (APR) for another term of three years.

The goals for the next triennium are to assist the remaining non-member organizations in the region to become members. These include Cambodia, Laos, Brunei, East Timor, the Pacific Nations and Papua New Guinea. I would appreciate help from member organizations who have connections to these countries to let me, and your APR council, know how we could help.



WONCA Asia Pacific Region council representatives in Cancun

The Regional Research Network (ReNap) is now renamed Research Committee of Wonca APR. The chairman is past regional President, Professor Goh Lee Gan. Interest in research within the region remains strong and we have a research meeting in Singapore, in December, co-organised with the Singapore College. A prize for the best research will be awarded and presented to the recipient in Cebu, in February 2011, where the next Regional Meeting will be held.

As you may know, the *Asia Pacific Family Medicine* Journal is now in electronic form and linked to the Wonca website. <http://www.apfmj.com> We have a lot of submissions, but few from within the region. May I encourage all of you and your colleagues to submit articles. The Lyn Clearihan Award for the best submission, which will also be presented in Cebu.

Under the leadership of Dr Naomi Harris of Australia, the Rajakumar Movement is thriving and growing. I urge your support to his meaningful initiative encouraging young doctors in training. Please respond to emails sent by Naomi.

I look forward to seeing all of you in the next Regional Meeting in Cebu, and for those of you who have been quiet the past few years, I would be thrilled to hear from you. Our Council is here to serve you and support

the development of Family Medicine. Let us know how we can help.

I would like to introduce fellow officers who were also elected by your council:

- Vice President: Datuk Assoc Prof (Adj) Dr D M Thuraiappah of Malaysia
- Honorary Treasurer: Soraya P Abubakar MD of The Philippines
- Member at large: Dr Jung Kwon Lee of Korea
- Member at large: Dr Chris Mitchell of Australia

Have a great summer / winter.

Dr Donald Li  
President, Wonca Asia Pacific Region  
*Editor's note: see profiles of Dr Li and Dr Thuraiappah elsewhere in this issue*

## PRIMAFAMED: CO-OPERATION TO TRAIN FAMILY PHYSICIANS IN SUB-SAHARAN AFRICA, 1995–2010

*Wonca and Primafamed are collaborating to promote family medicine especially in East Africa. For example, in October 2009, Wonca organised the second regional meeting in the African, with the assistance of Primafamed partners and associates. This conference was followed by the Primafamed training-of-trainers workshop. The conference attracted around 300 participants from all over Africa.*

Delegates at Cancun learnt about Primafamed's activities in Africa, thanks to key-note speaker Professor Jan De Maeseneer. A summary of some of the initiatives in Africa as presented by Professor De Maeseneer is included below.

In October 1995, there was a meeting in London between the late Professor Dumo Baqwa from the University of Cape Town (South Africa) and Professor Jan De Maeseneer, head of Department of Family Medicine and Primary Health Care, Ghent University (Belgium). It became clear that, in South Africa, there was a strong movement for the development of primary health care. Professor Baqwa invited Professor De Maeseneer for a study visit to South Africa where contacts were scheduled with the most important stakeholders in the development of family medicine.

The study visit was full of very important experiences: a visit to the health centre in Crossroads; to family

planning projects in Kayelitsha; meetings with Professors Sam Fehrsen (Medunsa), Bruce Sparks (Witwatersrand) and Pierre de Villiers (Stellenbosch University).

It was decided to explore possibilities for cooperation between the Departments of Family Medicine of the eight medical faculties in South Africa. With financing from the Minister of Education of the Flemish Community, a workshop took place on *Training in Family Medicine and Primary Health Care in South-Africa and Flanders*, in September 1997, in Durban. At the end of the workshop, the *Durban Declaration* was formulated. It stated that "the eight departments responsible for family medicine in South Africa agreed to form a consortium to work together on common objectives especially in regard to communication and vocational training".



Wonca World, Wonca Africa Region and Primafamed dignitaries meet in 2009: Professors (from l to r) Bruce Sparks, Chris Van Weel, Jan De Maeseneer, Michael Kidd, Shadrack Mazaza and Khaya Mfenyana

In 2005, the first contacts were established with family medicine departments outside South Africa: Tanzania, Uganda, Mozambique. The strategy of South–South cooperation was developed. It was obvious that, where content of the training programs was concerned, all the expertise was in the South. The important thing was to try to find strategies to share the information and to translate it into an appropriate educational context. Through the South–South cooperation, the impact of the developmental progress improved considerably as models that were developed in one site could be implemented in another site. An important platform for the exchange of experiences was the annual workshop. The context was different in the different countries, yet similar strategies were used with an emphasis on social accountability and practice-based learning, against the framework of "training complexes".

In 2007, following a successful funding application, the Primafamed–network was established (EuropeAid/124308/

D/ACT/ACP). The aim was to establish, in sub-Saharan Africa, an institutional network between starting and established departments / units of family medicine and primary health care at the universities.

The objectives of the Primafamed–network were formulated as follows:

- to contribute to the health of communities through accessible, responsive and quality health systems in sub-Saharan countries by educating and training family physicians who provide interdisciplinary, primary health care services, oriented towards the needs of individuals, their families and the communities in which they live;
- to plan, develop and strengthen academic departments or units of family medicine that offer family medicine training at the undergraduate and postgraduate levels.

The specific objectives were:

- to develop a comprehensive vision and strategy, within the specific context of sub-Saharan countries, that delineates the integral contribution of family medicine and the primary health care team to an equitable and quality primary health care system;
- to establish a specific institutional network between departments and units of family medicine and primary health care.

Once the Primafamed–network started, then, the geographical scale of the project increased considerably; the eight departments of family medicine in South Africa were associates in the project and further departments participated in Tanzania, Kenya, Uganda, DRC, Rwanda, Sudan, Ghana and Nigeria. In the different countries training complexes were established and there was an opportunity for departments to invite teachers from other partners or associates to enhance the local training capacity.

A major achievement has been the start of the *African Journal for Primary Health Care and Family Medicine*. [www.phcfm.org](http://www.phcfm.org)

The journal has stimulated a lot of African authors to publish their first articles. These document important aspects of the epidemiology, the processes of primary health care, as well as the implementation of evidence based medicine in the African context.

In 2009, a twinning project began where each of the departments of family medicine in South Africa

"twinning" with a region to train family physicians even if in that region there was neither medical faculty, nor university. The twinning consists of an exchange of learning programs as well as a support of the establishment and functioning of local training complexes. Examples of twinning: the University of Cape Town with the University of Namibia, the University of Stellenbosch with the University of Botswana. This project hopes to stop the internal brain drain in Africa. Very often students living in countries where there is no medical faculty, go abroad to study medicine and never return to their country of origin. By establishing training complexes in their countries of origin and by stimulating the development of departments of family medicine, the chances increase that family physicians will stay in their country of origin.

Since 2009, a strategy has been developed to identify departments of family medicine and primary health care in Europe that are interested in supporting the extended Primafamed-network in Africa. There is already interest from the RCGP of Scotland and the University of Edinburgh and from Denmark. In 2010, a proposal was formulated to start a similar network in French speaking western-Africa.

The Primafamed funded project has ended but the Primafamed-network continues to serve as a hub for the information sharing between the partners. Those with an interest in Primafamed can read about their work at [www.primafamed.ugent.be](http://www.primafamed.ugent.be)

*Editor's note: If you enjoyed reading about Primafamed, you may also be interested in 'The Network: Towards Unity for Health (TUFH)' of which Professor De Maeseneer is Secretary General. 'The Network: TUFH' brings together academic institutions, health service providers, health managers and policy managers committed to contribute to innovative education, research and service in order to improve the health of the communities*

*in which they work and live. TUFH is holding a conference in Nepal from 13-17 November 2010 "Advancing quality through partnerships of health professions education and health services institutions". More information on 'The Network: TUFH' is available at [www.the-networktufh.org](http://www.the-networktufh.org)*

## WONCA WORKING GROUP NEWS

### WONCA WORKING PARTY ON RESEARCH IN FOCUS

The Wonca Working Party on Research is tasked with increasing family doctors' research capacity, with the goal of assuring that all family physician practices/ general practices contribute to developing new knowledge to inform our work.

The working party recently met at Cancun and selected Waris Qidwai, Professor and Chairman of Family Medicine at Aga Khan University, as its Convener. He follows Professor Walter Rosser, who has stepped down after making great contributions to the progress of the Working Party. Professor John Beasley, from the University of Wisconsin at Madison, was selected as Vice-Convener for the Working Party.

The Working Party is currently recruiting Members. They plan to have "active" members, who will contribute in a variety of ways, including holding meetings at Wonca regional conferences and writing reports details for the Newsletter. The group will also have "corresponding" members who are interested in knowing what the Working Party is doing and will be invited to meetings.

The International Federation of Primary Care Research Networks (IFPCRN) is the implantation body for the Working Group, and will conduct projects as identified and advised by the Working Party, as well as those arising from within their membership. Professor Christos Lionis from Greece is its chairman with Dr Donna Manca from Canada invited to serve as its vice-chair.

It was decided at the Cancun meeting, that the Working Party on Research will have a presence at Wonca Region meetings. The members attending region conferences will meet to discuss issues confronting them in the region with regards to primary care research and will hold capacity building workshops for Primary Care Physicians.

Dr Felicity Goodyear-Smith, from New Zealand, has proposed and offered to lead a project in which



Wonca Working Party on Research meets in Cancun



Primary Care Physicians will meet at the Wonca Regional meetings and present papers on the status of primary care in their countries. These will be compiled to generate a paper related to the region, which in turn, will be compiled into a publication to give a global perspective.

A number of projects are under consideration by the working party members. They include a project to explore the hypothesis that better training of Primary Care Physicians will result in cost reduction by reducing referrals to secondary and tertiary level care. They may also explore the role of primary care in promoting equity in health care and look for evidence that person-centred care results in better outcomes in health care.

The Academy of Family Physicians of Taiwan gave two bursary awards to young researchers, for the best research papers accepted for presentation at the Wonca World Conference at Cancun. The Academy has pledged to continue to provide bursary awards to young researchers in future.

With a new convener and vice-convener and the development of a core of active members, the Working Party on Research is looking forward to contributing effectively towards ensuring primary care research at each and every primary care practice around the world.

**Professor Waris Qidwai - convener**



Prof Waris Qidwai

Professor Qidwai, of Pakistan, was elected convener of the Wonca Working Party on Research, in Cancun. He has been associated with the Aga Khan University in Karachi for the past twenty four years and is currently chairman of the family medicine department.

He is a Fellow and Member of College of Physicians and Surgeons Pakistan (CPSP) and is an International Member of Royal College of General Practitioners (RCGP).

He is a certified trainer for Fellowship Training in Family Medicine at the CPSP, as well as an examiner for the Fellowship examination and convener examination for the Membership examination of the accreditation body. He is also an examiner for the MRCGP (International) examination.

Professor Qidwai has served as chair and vice-chair of International Federation of Primary Care Research Networks (IFPCRN). He has played a pivotal role in the development of family medicine in his region. He is on the Advisory Board of the Academy of Family Physicians of India.

Professor Qidwai has editorial and manuscript review assignments for six medical journals and has published more than a hundred papers. He has presented around a hundred papers at scientific meetings. His major areas of interest include health systems, primary health care, health care models, geriatrics and women's health.

Professor Qidwai has received several national and international awards. He received the prestigious Burki Gold Medal award for his outstanding performance in Fellowship Examination of CPSP in 1997. In May 2004, he was Wonca Global Family Doctor of the month.

**Professor John Beasley - co-convener**



Prof John Beasley

Professor John Beasley MD is co-convener of the Wonca Working Party on Research. He is a Professor of Family Medicine, University of Wisconsin School of Medicine and Public Health, and an Honorary Associate of the Department of Industrial and Systems Engineering.

He graduated from Harvard College and the University of Minnesota Medical School. He served as a physician in the Peace Corps in Micronesia (Pacific Islands). After residency, he joined the faculty of the University of Wisconsin (UW) School of Medicine and Public Health. He developed the UW's family medicine medical student program and served as a residency director. Active in maternity care until 2000, he co-authored (along with Jim Damos, MD) the *Advanced Life Support in Obstetrics (ALSO)* course that has now reached over 100,000 clinicians, in 55 different countries. In addition to his Peace Corps experience, his international work has included lecturing or consulting in the UK, the Emirates, Pakistan and Malaysia.

His activities in primary care research include founding the Wisconsin Research Network and the International Federation of Primary Care Research Networks (IFPCRN). His research has resulted in more than 25 publications on issues relating to research network operations, quality

of professional work life, quality of care, practice complexity and medical education.

Dr Beasley has cared for patients and supervised residents for 37 years at a community clinic. He is married to Pen and they have two children and three grandchildren.

**Webpage**

In August 2010, the Wonca Working party on Research launched a new webpage (complete with photos and emails of 'active' members) on the Global family Doctor website: [http://www.globalfamilydoctor.com/aboutWonca/working\\_groups/research/Research.asp](http://www.globalfamilydoctor.com/aboutWonca/working_groups/research/Research.asp)

The minutes of the working party's meeting in Cancun as well as details of the members are on this webpage.

**QUALITY AND SAFETY GROUPS AMALGAMATE - THE WONCA WORKING PARTY ON QUALITY AND SAFETY IN FAMILY MEDICINE**

*Dr Daniel M Thuraiappah, newly appointed convener of the WWPSFM provides an update after the Working Party's meeting in Cancun. Dr Thuraiappah is profiled elsewhere in this issue of Wonca News.*

The dawn of a new triennium for Wonca saw the changing of the guards of the Working Party on Quality in Family Medicine. Thanks must go to our President Richard Roberts and people like Barbara Booth and her team who held the fort for many years. Dr Javier Dominguez del Olmo who was a member from the early years took the helm to develop the quality effort and led Central and South America into membership of Wonca.

The new team who met in Cancun, was directed to consider the amalgamation of the Special Interest Group on Safety in Family Medicine together with the Working Party on Quality in Family Medicine and it is now been done. Officially, we are now known as the Wonca Working Party in Quality and Safety in Family Medicine (WWPQSFM). This rationalization seems to be a win-win solution for the two groups since there is much common ground between quality and safety. The group is also well represented from most stakeholders and hopefully the new Google group formed will keep each other in touch.

The working party considered methods of getting ahead by listing priority areas during two meetings in Cancun and were able to come up with a positive consensus.



Members of WWPQSFM in Cancun (from l to r) back row: Jeff Markuns, Jerry Sayre, Alexandre Gouveia; front row: Tina Erikson, Jose Miguel Bueno Ortiz, Javier Dominguez del Olmo, Sonia Roache-Barker

**The WWPQSFM vision and mission**

Quality in healthcare and safe care mean best health outcomes that are possible, given the available circumstances and resources consistent with patient centered care. The WWPQSFM vision is the 'Provision of quality healthcare in a safe environment should be universally available to all peoples'.

Our mission is 'The World Wonca Working Party on Quality and Safety in Family Medicine will support family doctors (family physicians/general practitioners) around the world in their efforts to review systematically and improve continuously the quality of health care they provide in a safe environment as follows:

Statement of principles:

1. To provide quality and safety tools to all healthcare providers with regard to the structures of environment, the care processes and outcomes of health.
2. To provide more educational activities for residents and general practitioners on quality improvement and safety in and at regional and research meetings.

3. To share information on and quality and safety improvement programs between our countries.
4. To identify patient based indicators to include clinical, organisational and patient satisfaction to measure quality and safety of care.
5. To develop a repository of programs in Wonca to make available a continent based platform to bench mark programs from different countries.

**WWPQSFM targets**

The WWPQSFM will endeavor to:

- Establish regional networks of family doctors interested in quality and safety in family medicine.
- Facilitate the exchange of ideas through conferences, reports, communication and through collaborative research.
- Increase the capacity of healthcare workers involved in quality and safety.
- Develop more leadership in quality and safety in family medicine.
- Provide mutual support within the regions.
- Serve as a resource for concepts and methodologies for safety and quality in family medicine, such as principles of guidelines development, patient outcomes measures, practice assessment tools, or partnerships with patients for quality in health care.
- Conduct education and other sessions at strategic regional and international Wonca conferences.

**WWPQSFM members**

- Advisor: Barbara Starfield  
 Convener: Daniel M Thuraiappah - Malaysia  
 thuraia@pop.jaring.my  
 dmthuraiappah@gmail.com  
 Secretary: Tina Eriksson – Denmark  
 eriksson@dadlnet.dk  
 IT Officer: Alexandre Gouveia – Portugal  
 alexandre.gouveia@me.com  
 Finance: Jerry Sayre – USA  
 sayre.jerry@mayo.edu  
 Past Convener: Javier Dominguez del Olmo - Mexico  
 Jose Miguel Bueno Ortiz - Spain  
 Cheryl Levitt - Canada  
 Matie Obazee - Nigeria  
 Jeffrey Markuns – USA  
 Sonia Roache-Barker - Trinidad & Tobago  
 Diane Parker - United Kingdom  
 Aziz Khan Tank - Pakistan  
 Maria Pilar Astier Peña - Spain  
 Brenda Lovell – Canada

**MEMBER AND ORGANIZATIONAL NEWS**

**PROFILE:  
DR SYLVESTER OSINOWO  
- WONCA AFRICA PRESIDENT**

Dr Sylvester Adetola Osinowo [MBBS (IB), FAGP (Hon), Pgd Cert Ven (USA), MAAFP (USA), MAVDA (USA), DMP (Hon)] comes from the south-west region of Nigeria and took over as President of Wonca Africa Region in Cancun, in May 2010. He was sponsored for this position, as a consensus candidate, from the three Wonca Member Organisations of Nigeria.



Dr Sylvester Osinowo

He studied medicine at the University of Ibadan, in Oyo State, Nigeria, and has Postgraduate Qualifications in Venerology, from the USA. He is a member of the Nigeria Medical Association (NMA), Association of General and Medical Practitioners of Nigeria (AGPMPN), American Academy of Family Physicians (AAFP), American Venereal Disease Association (AVDA) and Wonca.

Dr Osinowo has had a varied medical career which includes as Medical Director and co-proprietor, Union Group Hospital Multilateral Practice (1979-1996) and as proprietor and Medical Director- Amazing Grace Medical Ltd Ikeja Lagos (1996 till date). He has also worked for two years in the USA.



He has a strong involvement in a variety of medical organisations, including as an active Member of the Association of General Practitioners of Nigeria, since 1981. He has served on committees of the Nigeria Medical Association (Lagos State) and Association of General and Medical Practitioners of Nigeria (AGPMPN). He has assumed numerous roles for the AGPMPN, including Vice Chairman (2000-02) and then Chairman; Lagos State & Member of National Executive Council (2002-2004); and Chairman, Publicity Committee National Conference of AGPMPN in Lagos (2000).

Dr Osinowo has received distinguished recognition through the awards of Fellow of the Association of General and Medical Practitioners of Nigeria (1998), Distinguished Medical Practitioners of Nigeria (2005), Merit Awardee AGPMPN Lagos (2009).

Dr Osinowo previously served on Wonca Council as the Nigerian representative (January 2003- July 2005). During this time he articulated an inspirational plan for Nigerian Family doctors to participate in the joint Wonca/ AAFP International conference in Orlando (2004), with the outcome that 300 Nigerian doctors were in attendance and 100 became direct members of Wonca at the meeting.

Dr Osinowo has served on the boards of a number of organisations, including the Medical and Dental Council of Nigeria (MDCN) which regulates training and registers over two thousand Nigerian doctors annually, including expatriate Doctors working in Nigeria. He has also served on a variety of committees, for example, the Investigating Committee of MDCN, Finance and General Purposes Committee, Ad-hoc Committee Prescription Right.

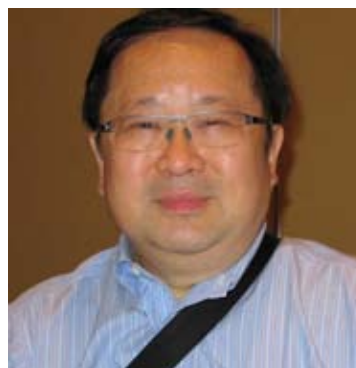
He has also been one of a 15 member Medical Advisory Committee to the Governor of Lagos State assigned to advise and train personnel, monitoring private and public health institutions and infrastructure capacity buildings.

He was appointed by federal Government of Nigeria into the Board of Management of the premier University Teaching Hospital, University College Hospital, Ibadan, Nigeria. Also, he serves as a member of the Court of Governors of the University of Ibadan College of Medicine, the Governing Council of the Premier College of Medicine. He also serves as a member of the Trustee of Endowment of College of Medicine, Ibadan and University College Hospital, Ibadan. He is a serving member on three other standing committees of the University College Teaching Hospital, Ibadan.

He is the Chairman of the Board of St Joseph's Catholic General Hospital (Oke-Agbo, Ijebu-Igbo, Ijebu-Ode Diocese of Nigeria) and St Timothy's Catholic Medical Center, Lagos.

Away from medicine, 'Tola' as he is known, is an elder Rotarian for over two and half decades and a Paul Harris Fellow of the Rotary Foundation. He is also an active member of his local Pastoral Council. He enjoys table tennis, tennis, football and swimming. He has a passion for seeing the world and is very well travelled, having visited five continents. A lover of jazz music; he collects jazz albums. He speaks English, some French, and his local tongue, Yoruba. His wife is Veronica and they have four children. Kathyrine, Charles, Richard and Sylvester (Jnr).

**PROFILE:**  
**DR DONALD K T LI**  
**- WONCA ASIA PACIFIC REGION PRESIDENT**



Dr Donald K T Li

Dr Donald Li [MBBS FHKCFP FRACGP FHKAM (Fam Med) JP] is a specialist in Family Medicine, in private practice, and proprietor of a Family Medical Practice, in Hong Kong. He has been re-elected as President of the Wonca Asia Pacific Region, in Cancun, in May 2010.

Dr Li graduated with his first degree (BA) from Cornell University, USA, followed by his second degree (MBBS) from the University of Hong Kong, in 1975 and 1980, respectively. He is an Honorary Fellow of the Hong Kong College of Family Physicians (HKCFP), Honorary Fellow of the Royal Australian College of General Practitioners, Honorary Fellow of the Hong Kong College of Dental Surgeons, Fellow of the Faculty of Public Health of the Royal College of Physicians, and Fellow of the Hong Kong Academy of Medicine.

Dr Li is actively involved in local Hong Kong medical organizations, for example, as Censor of the HKCFP and Vice-President of the Hong Kong Academy of Medicine. He is an active member of many Hong Kong governmental

and public health bodies. Throughout his career, he has been a leading expert and ardent advocate in promoting better primary care and family health, in Hong Kong and internationally. He is actively involved in the healthcare reform in Hong Kong and is a member of the Working Party on Primary Care, of the Food and Health Bureau.

He also dedicates much of his professional time to academia and teaching. Dr Li is an Honorary Professor in the Faculty of Medicine, University of Hong Kong; and Honorary Adjunct Associate Professor in Family Medicine, as well as Public Health, at the Chinese University of Hong Kong. Dr Li is a member of the Board of Directors of the Hospital Authority, member of the St John's Ambulance council, and a member of the Council on Smoking and Health (COSH). Dr Li has been an invited speaker at numerous local, regional and international scientific meetings.

Dr Li is also a member of the Board of Stewards of the Hong Kong Jockey Club, a philanthropic organisation, with significant donations to support community projects in Hong Kong. Dr Li serves as Director of the Bauhinia Foundation Research Center, a think tank close to the chief executive of the Hong Kong Special Administrative Region.

## PROFILE:

### **DATUK DR DANIEL M THURAIAPPAH - WONCA ASIA PACIFIC VICE PRESIDENT- CONVENER WORKING PARTY ON QUALITY AND SAFETY**



Dr Daniel Thuraiappah  
relaxes in Cancun

Datuk Associate Professor (Adjunct) Daniel Thuraiappah is a family physician practising in south Kuala Lumpur, since 1970. At Cancun, in May 2010, he was appointed convener of the Wonca Working Party on Quality and Safety and also re-elected as Vice President of the Wonca Asia Pacific region.

He graduated from the Queen's University, Belfast, with a medical degree and an honours degree in Anatomy. He furthered his medical studies at the Academy of Family Physicians Malaysia (AFPM); being awarded the Membership, in 1995; and Fellowship, in 2000. He was awarded Fellowship of the Royal Australian College of General Practitioners, in 1996; then Honorary Fellowship, in 2006, for committed services in the development and promotion of general practice as a specialty and promoting quality improvement in general practice. He was also awarded the Honorary Fellowship of the College of General Practitioners of Sri Lanka, in 2009. He has earned many awards and titles from the Government of Malaysia for professional and community services.

He was appointed as Associate Professor (Adj) at University Putra Malaysia, in 2004, to lecture 4th year medical students and takes students, on attachment, at his clinic.

From 1975, Dr Thuraiappah has been active in the Malaysian Medical Association (MMA) holding various posts, including Chairman of the MMA Private Practitioners Society. He has also held various posts in the Koperasi Doktor Malaysia where he played a key role in setting up of the Infocentre of FOMEMA.

In the Academy of Family Physicians of Malaysia (AFPM), he is currently the Chairman of Council; and has been in the forefront, with the team of committed fellow doctors, working towards recognition of Family Medicine as a specialty; and of promoting quality improvement programs in general practice. He has promoted the AFPM in various international fora, especially at the World Organization of Family Doctors, since 1994.

He has represented Malaysia on Wonca World Council, since 1994.

Information correct as of September 2010

## WONCA CONFERENCES 2010 – 2013 AT A GLANCE

\*\*Wonca Direct Members enjoy lower conference registration fees

See Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) for updates & membership information

<b>2010</b>			
6 – 9 October	Europe Regional Conference	Malaga SPAIN	Family Medicine into the Future Blending Health & Cultures
2 – 4 December	South Asia Regional Conference	Kathmandu NEPAL	Bridging Rural and Urban Health by General Practice
<b>2011</b>			
21 – 24 February	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
8 – 11 September	Europe Regional Conference	Warsaw POLAND	Family Medicine - Practice, Science and Art
<b>2012</b>			
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Evidence Based Approach To Primary Care
4 – 7 July	Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice
<b>2013</b>			
June	20 <sup>th</sup> Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations



**GLOBAL MEETINGS FOR THE FAMILY DOCTOR**

**WONCA WORLD AND REGIONAL CONFERENCE CALENDAR**

**Wonca Asia Pacific Regional Conference, Philippines 2011**

Host : The Philippine Academy of Family Physicians  
 Theme : Paradigms of Family Medicine: Bridging Old Traditions with New Concepts  
 Date : February 2011  
 Venue : Cebu, Philippines  
 Contact : Prof. Zorayda Leopando Chair, Host Organizing Committee  
 Email : dfcmdada@yahoo.com  
 woncacebu2011@gmail.com

**Wonca Europe Regional Conference, Poland 2011**

Host : The College of Family Physicians in Poland  
 Date : 8-11 September, 2011  
 Venue : Warsaw, Poland  
 Theme : Family Medicine: Practice, Science and Art  
 Contact : Ms Katarzyna Dubas Health & Management Sarego 16/3 Street 31-047 Krakow, Poland  
 phone : 48 12 429 5015  
 fax : 48 12 431 21 44  
 Email : Katarzyna.Dubas@ziz.com.pl  
 Web : www.woncaeuropa2011.org

**Wonca Asia Pacific Regional Conference, South Korea 2012**

Host : The Korean Academy of Family Physicians  
 Date : 24-27 May 2012  
 Venue : Jeju South Korea  
 Email : kafmsd@kafm.or.kr

**Wonca Europe Regional Conference, Vienna, Austria 2012**

Host : Austrian Society of General Practice / Family Medicine  
 Date : July 4-7, 2012, Austria Center Vienna (ACV)  
 Theme : The Art and Science of General Practice  
 Contact : Vienna Medical Academy Alser Strasse 4, Unicampus AAKH 1090 Vienna  
 Tel : 43 1 405 13 83-0  
 Fax : 43 1 407 82 74  
 Email : woncaeuropa2012@medacad.org  
 Web : www.woncaeuropa2012.org

**MEMBER ORGANIZATION AND RELATED MEETINGS**

**RACGP GP '10 Conference**

Host : The Royal Australian College of General Practitioners  
 Date : Oct 6 – 9, 2010  
 Venue : Cairns, Australia  
 Web : www.gp10.com.au

**RCGP Annual National Primary Care Conference, United Kingdom 2010**

Host : Royal College of General Practitioners  
 Date : Oct 7 - 9, 2010  
 Venue : Harrogate International Centre  
 Web : www.rcgp.org.uk

**Family medicine forum en médecine familiale 2010**

Host : The College of Family Physicians of Canada. Le Collège de médecins de famille du Canada  
 Date : Oct 14-16, 2010  
 Venue : Vancouver, BC, Canada  
 Web : http://fmf.cfpc.ca

**Travel Medicine, South Africa 2010**

Theme : Travel Health Africa – Research and Reality  
 Date : Oct 14-17, 2010  
 Venue : Capetown International Convention Center, South Africa  
 Contact : Dr Garth Brink  
 Email : gkb@itikzn.co.za

**LSFM 9th Annual Conference**

Host : Lebanese Society of Family Medicine  
 Theme : Palliative Medicine in Primary Care  
 Date : Nov 5-7, 2010  
 Venue : Beirut, Lebanon  
 Email : lsfm.email@gmail.com

**First Scientific Conference & Wonca EMR meeting**

Host : Syrian Association of Family Physician  
 Date : November 25-26, 2010  
 Venue : Sheraton Hotel Sednaya, Damascus, Syria.  
 Contact : Dr Amira Stephanou  
 Email : tamreedo6@yahoo.com

**AAFP Annual Scientific Assembly, United States 2011**

Host : The American Academy of Family Physicians  
 Date : Sept 14- 17, 2011  
 Venue : Orlando, Florida, USA  
 Web : www.aafp.org