

# WONCANews

An International Forum for Family Doctors



## CONTENTS

|   |   |    |
|---|---|----|
| <b>From the Wonca President</b> :   | Family Medicine on top of the middle of the world           | 3  |
| <b>From the CEO's Desk</b> :  | Survey of Wonca Working Parties and Special Interest Groups | 5  |
| <b>From the Editor</b> :  | in this issue   | 8  |
| <b>SPECIAL FEATURE: WONCA ASIA PACIFIC MEETS IN CEBU</b>  |   | 9  |
| <ul style="list-style-type: none"> <li>• Cebu conference report</li> <li>• Filipino friendliness in Cebu</li> <li>• Women in Cebu</li> <li>• Residents active in Cebu</li> <li>• Research publication award</li> <li>• Tagisan games</li> <li>• Cebu in photos</li> </ul>   |   |    |
| <b>FEATURE STORIES</b>  |   | 23 |
| <ul style="list-style-type: none"> <li>• Japan colleagues report on disaster situation</li> <li>• Wonca and Johns Hopkins to work together</li> <li>• Family physicians and the environment in focus</li> <li>• Wonca contributes to medical schools' consensus</li> </ul>  |   |    |
| <b>WONCA REGIONAL NEWS</b>  |   | 30 |
| <ul style="list-style-type: none"> <li>• Primary Care Assessment Tools in Asia Pacific</li> <li>• Dr Donald Li quoted in <i>The Times</i></li> <li>• South Asia region to meet in Mumbai</li> <li>• Welcome Wonca Warsaw - September 2011</li> <li>• EURIPA meeting - May 2011</li> <li>• Wonca Asia Pacific goes to Korea in 2012</li> </ul> |   |    |
| <b>WONCA SPECIAL INTEREST GROUPS</b>  |   | 37 |
| <ul style="list-style-type: none"> <li>• New Wonca SIG: Migrant Care, International Health and Travel Medicine</li> </ul>   |   |    |
| <b>HEALTH AND HEALTH SYSTEM NEWS</b>  |   | 38 |
| <ul style="list-style-type: none"> <li>• Second global forum on human resources for health</li> <li>• Getting used to Geneva</li> </ul>   |   |    |
| <b>MEMBER AND ORGANIZATIONAL NEWS</b>   |   | 41 |
| <ul style="list-style-type: none"> <li>• Profile: Dr Gabriel Ivbijaro - Chair, Wonca Working Party on Mental Health</li> <li>• Profile: Dr Henk Parmentier - Treasurer, Wonca Working Party on Mental Health</li> <li>• Prof Roger Strasser receives civil honour</li> <li>• Philippine Academy golden anniversary</li> </ul>                 |   |    |
| <b>WONCA CONFERENCES 2011-2013 AT A GLANCE</b>  |   | 46 |
| <b>GLOBAL MEETINGS FOR THE FAMILY DOCTOR</b>  |   | 47 |

**World Organization of Family Doctors**  
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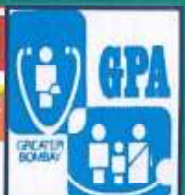
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## WONCA GLOBAL SPONSORS



# Come to Incredible India



## South Asia Conference of Family Doctors

WONCA-WORLD ORGANISATION OF FAMILY DOCTORS South Asia Region

**December 16-17-18, 2011:**

**Renaissance Convention Centre Hotel, Powai, MUMBAI, INDIA**

**Hosted by: Federation of Family Physicians' Associations of India [FFPAI]**

**Organised by: General Practitioners' Association-Greater Bombay[GPA]**

**Theme:**

**Only Family Doctors Can Provide Accessible, Cost-beneficial and Equitable Healthcare**

*In Collaboration with:  
Academy of  
Family Physicians of India*



*Pre-conference Program for  
Young & Future Family Doctors*



*CME Program  
for Family Doctors*

## FROM THE WONCA PRESIDENT :

### FAMILY MEDICINE ON TOP OF THE MIDDLE OF THE WORLD

Quito sprawls like a reversed 'S' along the Guayllabamba river basin in north-central Ecuador. Situated at 2,800 metres (9,200 feet), it is the highest legal capital in the world. To the west is the slumbering old volcano Rucu Pichincha (4,700 m), with its younger counterpart Guagua Pinchincha (4,794 m) sputtering nearby. On cloudless days, the snow-capped volcano Cotopaxi (5,753 m or 18,874 ft) can be seen to the north. In the middle of the city rises El Panecillo (3,016 m or 9,895 ft), on top of which is an aluminum statue of the Virgin Mary watching over the city.

With its low-rise profile and many large parks, Quito feels livable even with two million inhabitants. Looking up at the peaks, while straddling *la mitad del mundo* ("the middle of the world"), the Ecuadorean name for the equator; I felt like I was standing on top of the middle of the world. As I came to learn during my recent visit to Quito, this seemed an apt description for the state of Family Medicine in Ecuador, and much of the world.

Invited by the Sociedad Ecuatoriana de Medicina Familiar (SEMF), I was asked to speak at the *XXIV Jornadas Médicas Internacionales Vozandes 2011*. The conference drew about 400 registrants, with another 150 participating virtually through a web-based network. The educational sessions reflected the wide range of skills needed by Ecuadorean family doctors, with workshops on electrocardiography, obstetrical

ultrasound, and doctor-patient communication. There were courses on advanced life support in cardiac care (ACLS), obstetrics (ALSO), and pre-hospital trauma (PHTLS). Lectures addressed a number of diverse topics including domestic violence, chronic disease, prenatal care, HIV-AIDS, and epidemiology. It was an excellent meeting with interesting and informative presentations. Most exciting was learning that Ecuador has embarked on an initiative to put Family Medicine at the center of its national health reform agenda.

Ecuador has set a goal to have 4,000 qualified family doctors within the next five years. A recent constitutional amendment makes health care a basic human right. The government has proposed a program of universal coverage for basic health care. National leaders understand that this goal will not be met without adequate numbers of primary care professionals. Ecuador's significant revenues from petroleum and minerals place them in the enviable position of having the financial resources to accomplish the changes needed to meet their health care goals. A major limiting factor however, will be their ability

to train and retain sufficient numbers of family doctors.

Over the past two decades about 250 qualified family doctors have completed the three year Family Medicine Residency curriculum after six years of medical school. While there are 15 medical schools in Ecuador graduating about 1,500 physicians each year, only 20 or so enter one of the three Family Medicine residency programs. Thus, with 13 million people served by 20,000 physicians, about 4,000 of whom are general doctors, Ecuador has a great need for more family doctors. The gap between the number of family doctors they have and the number they need is likely to grow without major changes in the training, support, and pay of family physicians.

The reasons for the gap are similar to those observed across the globe. Specialists are held in higher esteem and are paid more. The average family doctor earns about USD 20,000 per annum. The average specialist earns about double that amount, with some earning USD 80,000 annually. Even the better Family Medicine centers are under-



Wonca president Rich Roberts with a group of colleagues, in Ecuador, including SEMF president, Dr Sanchez (centre), and Dr Rodney (third from r).

resourced. Along with fellow American, Dr Bill Rodney, I visited one of the best centers. The four family doctors at “La Ecuatoriana” have worked hard to build the practice, since the 30-year old clinic was upgraded from general to family doctors, in 2006. The practice has grown substantially and serves a population of 16,000. Despite the doctors’ best efforts, patients often must travel 1-2 hours by bus, to the hospital, for many diagnostic and therapeutic services, that could be provided in the clinic. Bureaucratic policies and limited budgets constrain what the clinic can do. Not surprisingly, when we attended a community meeting of about 30 patients, one of the first requests was for easier access to specialists.

Against this backdrop, how can Ecuador achieve a nearly 20 fold increase in family doctors over the next five years? I believe they can do it through an approach that will require several strategies. The number of training programs and the number of graduates per program must be increased. These increases are important, not only to provide more practicing family doctors, but to have sufficient numbers of teachers and role models for medical students considering a career in Family Medicine. Ultimately, I believe that most of the needed family doctors will be drawn from the large pool of general physicians who will be interested in increasing their skills, and improving their pay, by becoming family doctors. Fortunately, Ecuador can look close to home for examples of how to increase the qualifications of practicing general physicians interested in becoming family doctors. Brazil posts qualified family doctors as tutors among general doctors in health centers, under the Family Health Program. Argentina has developed a distance learning program known as PROFAM, which provides on-line training to general doctors.

As my plane cleared the volcano peaks on my way home from Quito, I found myself asking two questions: Can Ecuador transform its health care system by providing universal coverage and putting family doctors at the center of it? Can Ecuador’s family doctors meet the high expectations that are being asked of them?

On the first question, my meetings with top officials at the three ministries responsible for health, development, and inter-agency coordination suggested that there is understanding, at the highest government levels, of the major changes that are urgently needed. Ecuador also appears to have the financial resources to accomplish those changes. It will be the leaders and their ability to redirect resources and bureaucrats that determine whether those changes actually occur.

As to the second question, I was most impressed with the energy and enthusiasm of the family physician

leaders I met, such as SEMF President Dr Galo Sanchez. Ecuadorean family doctors are well trained and committed to helping their patients and communities. Even so, I could sense anxiety on the part of some of them about whether they were up to such a challenge, given their small numbers.



Rich Roberts surrounded by enthused young colleagues on the last night of the conference in Ecuador.

At a reception on the last night of the conference, one of the local family doctors wanted my opinion on whether Ecuador could accomplish these big changes in such a short time. I nodded toward Ecuador’s first family doctor – she had traveled some distance from her rural community to attend. I noted the busy medical school dean, a family doctor, who felt it important to attend. I pointed out the many young and enthused medical students and residents who enlivened the party. I told him that in response to such questions, I am often reminded of a quote from the anthropologist Margaret Mead. She was once asked how a small group of dedicated people could change the world. Her answer was, “*that is the only thing that ever has.*”

As I travel the world learning and working to improve the health of all people by advancing Family Medicine, I am more certain than ever than our time has come. Leaders everywhere are eager to have more of what we have to offer. Our challenge is to deliver on the promise of Family Medicine. In this time of great flux in health care systems, I would urge all of us to watch – and help – as the family doctors of Ecuador lift its health care system to the top of the middle of the world.

**Professor Richard Roberts**  
President  
World Organization of Family Doctors

**FROM THE CEO'S DESK:**

**SURVEY OF WONCA WORKING PARTIES AND SPECIAL INTEREST GROUPS**

At its meeting in Chichen Itza, Mexico, in May 2010, the Wonca Executive committee discussed the functioning of the Wonca Working Parties (WPs) and Special Interest Groups (SIGs) in the context of the Wonca's objectives and organisational development.

It was agreed by Wonca Executive that the Wonca WPs and SIGs formed an integral part of the organisation. As such, the Executive considered it important for these groups to inform them of their activities during this triennium (2011–2013) and of their future plans for the next triennium (2014–2016).

The Wonca CEO subsequently sent a short questionnaire to the chairs of the Wonca WPs and conveners of the Wonca SIGs, on 14 December 2010, with responses to be returned to the Wonca Secretariat, by 15 January 2011. It was gratifying to know that eight of the nine WPs and three of the five SIGs responded by the deadline.

The results of these responses were consolidated by the Wonca Secretariat and presented to the Wonca Executive committee at its meeting, in February 2011, in Cebu, Philippines.

The Wonca Executive committee received and noted the summary of responses from the questionnaire sent

to the chairs and conveners of WPs and SIGs. They found the results highly informative and the results provided useful feedback to the Wonca Executive, who then recommended that a similar survey should be repeated each triennium.

Attached are the summarised consolidated responses to the questionnaire survey for your information.

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**Survey Results Summary**

Survey target: Working parties (WPs) and Special interest Groups (SIGs)

Survey date: end December 2010

Respondents:

Working Parties that responded: 8 of 9

1. Wonca International Classification Committee (WICC)
2. Working Party on Education
3. Working Party on Ethics
4. Working Party on Informatics
5. Working Party on Mental Health
6. Working Party on Research
7. Working Party on Women and Family Medicine
8. Working Party on Rural Practice

Special Interest Groups that responded: 3 of 5

1. SIG on Elderly Care
2. SIG on the Environment
3. SIG on Travel Medicine

Question area 1 - WP and SIG membership

|               | TOTAL | "Core" members | Peripheral members | % female members | representation members    | trainee/participation? |
|---------------|-------|----------------|--------------------|------------------|---------------------------|------------------------|
| WICC          | 51    | 39             | 12                 | 20               | global                    | yes                    |
| Education     | 47    | 6              | 41                 | 50               | global                    | no                     |
| Ethics        | 150   | 15             | 135                | 50               | global                    | yes                    |
| Informatics   | 25    |                |                    | 10               | Europe & English speaking | no                     |
| Mental Health | 200   | 64             | 0                  | 50               | global                    | yes                    |
| Research      | 47    | 36             | 11                 | 30               | global                    | yes                    |
| Women         | 300+  | 30             | 300+               | 99               | global                    | yes                    |
| Rural         | 26+   | 14             | 12                 | 20               | global                    | no                     |
| Elderly Care  | 59    | 10             | 49                 | 49               | global                    | yes                    |
| Environment   | 100   | 20             | 80                 | 40               | global                    | no                     |

Question area 2 - general

| QUESTION  | "YES" RESPONSES |            |
|---|-----------------|------------|
|   | WPs (n=8)       | SIGs (n=3) |
| Happy with the degree of participation of members                                       | 6               | 1          |
| Committee has succession planning for the leadership                                    | 5               | 3          |
| Committee regularly reviews activities in the context of Wonca's mission and objectives | 5               | 2          |
| Committee thinks it should continue for the next triennium                              | 8               | 3          |
| Committee is confident in raising other funds to supplement the Wonca funding           | 1               | N/A        |
| Committee receives sufficient interaction with the Wonca President *                    | 8               | 2          |

*\*note this question received similar responses relating to interaction with the President-elect & CEO*

Sample Comments:

*All the above officers very approachable, supportive and generous in their time when asked.*

*Every time I've requested a meeting I have got one. (re President)*

*He significantly contributes to our development & work. (re President-Elect)*

*Prompt response & always obliging (re CEO)*

Question area 3 - achievements and plans

|                   | Committee's three most important activities or achievements 2007–2010 triennium  | Three key future activities for coming triennium   |
|-------------------|--|--|
| <b>WICC</b>       | <ol style="list-style-type: none"> <li>1. Reorganized work of WICC: Policy documents/ mission.</li> <li>2. Formal MOU/ Working group in IHTSDO (FP/GP SIG).</li> <li>3. Business plan for ICPC3 and steps to meet that plan.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Work to significantly revise ICPC -&gt; ICPC-3</li> <li>2. Creation of supplemental terminologies/ classifications</li> <li>3. Formal links/ Map to SNOMED, ICD-11</li> </ol>  |
| <b>Education</b>  | <ol style="list-style-type: none"> <li>1. Developing standards or FM education. Primary achievement is the Singapore Statement.</li> <li>2. Participating in world conference planning. Have a member (Igor Svab) to liaise with in the 2013 committee.</li> <li>3. To engage with International Federation of Medical Students in developing checklists for FM placements &amp; exchange programmes.</li> </ol> | <ol style="list-style-type: none"> <li>1. Continue with existing tasks, &amp; will deal with new ones as they arise.</li> </ol>  |
| <b>Ethics</b>     | <ol style="list-style-type: none"> <li>1. Organization of symposia on "Challenges to our professional attitudes at Wonca conferences.</li> <li>2. Workshops on "Ethical dilemma in GP/FP" at Wonca conferences</li> <li>3. Increase in awareness of ethics in GPs at national &amp; international levels.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Develop core curriculum in medical ethics for medical schools.</li> <li>2. Develop website for information exchange and case discussions</li> <li>3. Develop PowerPoint slides for presentation by local Working Party members at all Wonca conferences</li> </ol> |
| <b>Informatic</b> | <ol style="list-style-type: none"> <li>1. Presentations at Wonca conferences, esp in Europe</li> <li>2. Some liaison with WICC</li> </ol>  | <ol style="list-style-type: none"> <li>1. Wonca conference meetings &amp; workshops</li> </ol>   |

Cont'n pg 7

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|                            | Committee's three most important activities or achievements 2007–2010 triennium  | Three key future activities for coming triennium   |
|----------------------------|--|--|
| <b>Mental Health</b>       | <ol style="list-style-type: none"> <li>1. Publication of Wonca-WHO book “Integrating Mental Health in Primary Care: A global Perspective”</li> <li>2. Journal of Mental Health in Family Medicine.</li> <li>3. Produce material &amp; theme for World Mental Health Day 2009 7 2010.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Publication of “Manual of Primary Care Mental Health.</li> <li>2. Joint Wonca/ WPA conference.</li> <li>3. Establishing SIGs in all Wonca Regions</li> </ol>   |
| <b>Research</b>            | <ol style="list-style-type: none"> <li>1. Capacity building in workshops at regional meetings.</li> <li>2. Wrote paper on present status &amp; future role of Family doctors through IFPCRN</li> <li>3. initiation of work on implementing PCAT as assessment tool across different regions.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Capacity building workshops at regional meetings.</li> <li>2. Initiate work on PCAT</li> <li>3. Complete project on Equity in Health.</li> </ol>   |
| <b>Women &amp; Fam Med</b> | <ol style="list-style-type: none"> <li>1. Equity Working Party's work following HER statement leading to Wonca Bylaws changes to establish Organizational Equity Committee and approval of Gender Equity Standards for scientific meetings.</li> <li>2. Establishing a focus on young women doctors and the LEAD statement.</li> <li>3. Promoting understanding &amp; scholarship about women and family medicine in 2008, &amp; active engagement on list-server</li> </ol> | <ol style="list-style-type: none"> <li>1. Support &amp; develop pre-conferences &amp; workshops at regional meetings and the participation of young women doctors</li> <li>2. Review check list for Gender Equity Standards, preparation for 2013. Revise 2010-2013 action plan. Continued work with young women doctors who prepared the LEAD statement. Review on-line survey of young women doctors training needs and development of response</li> <li>3. Translate key documents into Spanish &amp; other languages. Volunteers identified but needs budget. Update Monograph on Women Physicians &amp; Family Medicine.</li> </ol> |
| <b>Rural</b>               | <ol style="list-style-type: none"> <li>1. Hosting 8th World Rural Conference in Calabar, Nigeria, 2008, &amp; 9th World Rural Conference in Crete, Greece.</li> <li>2. Working with WHO on global recommendations on “Increasing Access to Health Workers in Rural &amp; Remote Areas through improved Retention’.</li> <li>3. Developed framework for Guidebook on Rural Medical Education.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Hosting 10th World Rural Conference in Cebu with the Regional Conference.</li> <li>2. Hosting 11th World Rural Conference in Canada as joint conference with the Network TUFH in 2012</li> <li>3. Producing Guidebook on Rural Medicine Education</li> </ol>   |
| <b>Elderly Care</b>        | <ol style="list-style-type: none"> <li>1. Turkish German Geriatric &amp; Gerontology summer school.</li> <li>2. Wonca Conference in Malaga 2010- round table by Dr Inaki Martin Lesende &amp; Wonca SAR conference in Nepal 2010 represented by Dr Machiko Inoue, from Japan.</li> <li>3. Peer-reviewed journal “GeroFam” which should be the official publishing organ of the SIG in future.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Increase research capacity in elderly care among FPs.</li> <li>2. Train FPs in elderly care</li> <li>3. Participate &amp; create links with existing Wonca networks to create intersectional areas within elderly care &amp; increase collaboration with international bodies, eg WHO, UN, IAGG</li> </ol>   |
| <b>Environment</b>         | <ol style="list-style-type: none"> <li>1. Conduct workshops at Wonca meetings</li> <li>2. Propos to Executive &amp; support the Executive in writing a Wonca Statement on Climate change</li> <li>3. Write articles ( see report 2011)</li> </ol>  | <ol style="list-style-type: none"> <li>1. Articles for publication</li> <li>2. Projects in climate change, greening the doctors' office and children's environmental health</li> <li>3. Research on climate change</li> </ol>  |
| <b>Travel Med</b>          | <ol style="list-style-type: none"> <li>1. Conference held with South African Society of Travel Medicine, cape Town, Oct 2010</li> </ol>  | <ol style="list-style-type: none"> <li>1. To ask for interest through Wonca News</li> <li>2. To incorporate with proposed SIG on Migrant Care, International Health and Travel Medicine.</li> </ol>  |

## FROM THE EDITOR: IN THIS ISSUE

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### JAPAN QUAKE

It is impossible to write anything at this time, without writing of the earthquake on March 11, in Japan. Since the last issue, we have seen our colleagues from Japan and New Zealand put under the stress of major earthquake disasters. The magnitude of the Japanese earthquake disaster is unimaginable and is far from over yet.

Professors Nobutaro Ban and Masaji Maezawa have written of the situation in their country and asked us to stay tuned as they establish a website, where we can render some assistance to the Japan Primary Care Association, in what is going to be a very long process of support and reconstruction.

Further information will be posted on the Wonca website as it comes to hand. If you do not already subscribe to receive news and clinical updates from the Wonca website please register on:

<http://www.globalfamilydoctor.com/rss.asp>

### Wonca getting involved

This issue also reports on a number of important collaborations and international events in which Wonca has been involved.

Firstly, Wonca's new collaboration the Johns Hopkins Bloomberg School of Public Health, was promoted, in Cebu, with a signing ceremony involving Professor Barbara Starfield of Johns Hopkins and Dr Karen Kinder, Executive Director ACG International, with Wonca leaders Rich Roberts and Alfred Loh.

Next, the development of the recently released, *Global Consensus for Social Accountability of Medical Schools* led by Drs Charles Boelen and Bob Woollard also involved numerous Wonca leaders and a report on this consensus document is included.

Prof Iona Heath, Wonca Executive member-at-large from the United Kingdom, is also Wonca's WHO liaison person and she reports on her perspective of a WHO Executive Board meeting in the article titled "Getting used to Geneva". Meanwhile Wonca president-elect, Professor Michael Kidd attended the Second Global Forum on Human Resources for Health, held in Bangkok in January and reports on this event.

### Wonca people featured

The officers of the Wonca Working Party on Mental Health, Drs Gabriel Ivbijaro and Henk Parmentier are profiled; as is Prof Roger Strasser who has received an important civil award. Dr Maria van den Muijsenbergh has taken over from Dr Garth Brink as convenor of a revamped Special Interest Group (SIG) called the SIG on Migrant Care, International Health and Travel Medicine.

Our president, Prof Rich Roberts, has been on the road again - this time to Ecuador. His column provides an insight into the problems there, which are of course different to other countries, but as always there are similarities. Mostly similarities of hope for the family physicians, and for primary health care as the centre-point of a health system

### Conferences been and to come

The Asia Pacific region has held their conference, in Cebu. Prayers were said at the conference for our New Zealand colleagues after we heard of the Christchurch earthquake.

I was privileged to attend and enjoy a wonderful time at both the main conference, in Cebu, and the rural post conference, in Tacloban. Since the conference, I have been inundated with photos from my Filipino colleagues and am still wading through the many I took myself! So there are many photos and a number of articles covering this extraordinary event which was also the Philippine Academy of Family Physicians (PAFP) golden anniversary and PAFP Residents Organization silver anniversary!

I was particularly excited to see climate change as a leading topic at the conference. Reproduced (with permission) in this issue are the précis of the plenaries given by the two keynote speakers on this issue: Professor Sir Andrew Haines, of the United Kingdom; and Wesley Schmidt MD, of Paraguay (who is also a member of Wonca Executive). These were just two of the impressive array of international plenary speakers. On a lighter note, much song and dance was enjoyed by all, and some enjoyed the 5.00am games call Tagisan that are included in the reporting.

The Cebu event was also the 10th Wonca Rural Health conference. The Wonca Working Party on Rural Health and the rural post-conference will be reported in the next issue of *Wonca News*.

It seems there are many more interesting conferences to come including: EURIPA, in Romania, in May;



Wonca Europe, in Poland, in September; Wonca South Asia to Mumbai in December; Wonca Eastern Mediterranean also at the end of the year, in Dubai; and in 2012 Asia Pacific goes to Jeju, in Korea. How I would love to be able to attend them all!

The Cebu conference provided me with a quote to consider as a teacher of students and registrars. I cannot trace the person who said it, but it has stayed with me and I'd like to leave it with readers:

*"Let's see the patients, not the disease"*

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Dancers at the opening ceremony

**SPECIAL FEATURE:**

**WONCA ASIA PACIFIC MEETS IN CEBU**

**Cebu conference report**

*A report from Zorayda E. Leopando, overall chair of Wonca Cebu 2011 and Professor of Family and Community Medicine, University of the Philippines Manila.*



Prof Zorayda 'Dada' Leopando (right) was awarded the PAFP Lifetime achievement award by PAFP President Soraya Abubakar, at the golden anniversary dinner.

Wonca Cebu 2011 was a unique conference because it was a "four-in-one" activity held from February 20-24, 2011. It was the 18th Wonca Asia Pacific regional conference, the 10th Wonca Rural Health world conference, the Golden Anniversary of the Philippine Academy of Family Physicians (PAFP), and the Silver Anniversary of the Foundation for Family Educators.

**Preparation**

The conference took six years to prepare, with about 80 meetings in Cebu and Manila, thousands of email and SMS messages, oral and written reports in four Wonca regional and two Wonca world council meetings.

The Organizing Committee, composed of 40 chairs or co-chairs of working committees from the PAFP and its Cebu Chapter, were inspired and guided by three Wonca World presidents, the Wonca Chief Executive Officer, the Wonca Asia Pacific region president, the chair of the Wonca Working Party on Rural Health and 19 international advisers. During the conference, the predominance of women actively working and the presence of young family physicians from among the officers of the PAFP Resident Organization and members of the Cebu Family Medicine Residents Association were very evident.

**The statistics**

It was not surprising that the conference gathered 2770 participants, from 45 countries. There were 145 speakers, in the plenaries, symposia and mini orals; 27 workshops; 23 luncheon symposia; and 60 posters. An added attraction was the 18 films on health. There were meetings or workshops conducted by the editorial board of *The Asia Pacific Family Medicine Journal*, the Wonca Rajakumar Movement, the Wonca Working Party on Rural Health, the Wonca Working Party for Women and Family Medicine, and the ASEAN Network on Primary Care (ARPAC). Wonca World Executive met before the conference.

The forging of an alliance between Johns Hopkins University and Wonca was enacted by Professors Barbara Starfield and Rich Roberts. A press conference was attended by 14 media people, who produced seven news reports, in three local newspapers and several TV and radio spots.

There were 60 booth exhibits coming from pharmaceutical companies, future Wonca conferences and Wonca secretariat, a communication company, Biomed Central, C and E Publishing House and some banks.

With Professor John Murtagh's availability to sign his textbook on *General Practice*, it was sold out before the conference ended.



Prof John Murtagh was in demand to sign his books for Andreлина Lelina MD (above) and for Belen Manimbo MD and Cecile Arcena MD (below)

There were also eight hospitality areas, including that of the Province of Cebu. The disadvantage of having these many booths in the limited area offered by the Waterfront venue, is that the place became congested. As one delegate said "To go to the session halls, it is like passing through a tunnel of people".

### Program ups and downs

No amount of explanation can justify the late distribution of the two souvenir programs. We sincerely apologize for the inconvenience brought about by this. The unique features of the Wonca Cebu Conference program (which I hope will be updated and integrated in subsequent souvenir pamphlets) included an article on the history of Wonca Asia Pacific; the Wes Fabb Oration; introduction to the Wonca Working Party on Rural Health; the logo of all Wonca member organisations from Asia Pacific; and a complimentary one page advertisement for the *Asia Pacific Family Medicine* journal. Looking back, we should have included a page on Rajakumar Movement and a piece on the Lyn Clearihan Award and the Wonca - Chinese Taipei Association of Family Medicine Research Contest.

### Social events

The social program validated the belief that Filipinos are good dancers and singers, family physicians included.



Three Wonca region presidents at the opening ceremony: Drs Sylvester Osinowo (Africa); Preethi Wijegoonewardene (South Asia), and Dan Ostergaard (North America).

The intimate dinner we had with the Wonca World Executives was a revelation, because we heard the excellent singing voices of Wonca World President, Rich Roberts; Wonca CEO, Alfred Loh; and Wonca Regional Presidents, Donald Li for Asia Pacific and Sylvester Osinowo for Africa. We also saw the dancing prowess of keynote speaker, Professor Andy Haines, and Wonca Regional President for South Asia, Dr Preethi Wijegoonewardene.

The welcome dinner hosted by Governor, Gwen Garcia, of Cebu, for Wonca and PAFP dignitaries and speakers, showcased the best in Filipino food and the arts. The dances and costumes upon entry into the capitol, the blockbuster performance from different towns of Cebu, and the farewells were done with so much energy and grace that the audience felt the urge to dance with the beat.

The welcome reception and fellowship highlighted not only the talents of Filipino family physicians but that of delegates from other countries especially with the impromptu *Wonca Idols*.

To each and every delegate and accompanying person, likewise to the speakers and dignitaries, we thank you for the opportunity to have been your host in Wonca Cebu 2011. It was a delight having all of you.

Prof Zorayda E Leopando

## FILIPINO FRIENDLINESS IN CEBU

As editor of *Wonca News*, I was warmly greeted at the recent Asia Pacific regional conference held in Cebu. That feeling of welcome was not unique to me, as international delegates were overwhelmed with the renowned Filipino friendliness and readiness to have a good time. Professor Zorayda ‘Dada’ Leopando provides a modest report, understating the achievements of the conference, so it seemed fitting that more details be added.

### Opening ceremony



Wonca President, Rich Roberts and PAFP President, Soraya ‘Queenie’ Abubakar share a rare restful moment at the welcome dinner for Wonca executives.

The opening ceremony was chaired by Dada and Dr Wahid Khan, of Fiji, the secretary of the Wonca Asia Pacific region council. The welcome message was one of many delivered with warmth and friendliness by PAFP President, Dr Soraya ‘Queenie’ Abubakar. Professor Ian Couper, chair of the Wonca Working Party on Rural Health noted that this was a first - the combination of a Wonca World rural conference with a Wonca regional conference. Wonca president, Professor Rich Roberts, began his greeting with a few words of Tagalog, an effort which seemed much appreciated by our hosts. We were also honoured by a welcome from the governor of Cebu province, Gwen Garcia.

Wonca Asia Pacific region president, Dr Donald Li, of Hong Kong, introduced the Wes Fabb oration which is given every year of an Asia Pacific conference. Former Wonca CEO, Professor Wes Fabb, after whom the oration is named, was present throughout the conference with his wife Marian. The 6th Wes Fabb orator was Professor John Murtagh, of Australia. His book *General Practice* is translated into 29 languages around the world. He received a Wonca gold medal as orator.



Prof Wes Fabb, former Wonca CEO (centre), presents the Wonca gold medal to orator, Prof John Murtagh (left), with Wonca Asia Pacific region president, Dr Donald Li (right) looking on.

### Plenaries

The conference offered plenary sessions with speakers from a diverse range of countries. Elsewhere in this newsletter is a report on the innovative opening plenary relating to climate change and the environment.

Day two plenary theme was *Making Primary Health Care Reforms Work through Family Medicine Research* with speakers being professors from a variety of countries, namely, Somjit Prueksaritanond (Thailand), Christos Lionis (Greece) and Brian Bih-Jeng Chang (Taiwan)

Day three plenary theme was *Family Medicine Education: Think Global, Act Local* featuring Wonca executive member Professor Iona Heath (United Kingdom), Ms Concepcion Pijano (Philippines) and Professor Lucie Walters (Australia). This session provided some memorable quotes:

*“In hospitals the diseases stay and the people come and go, in general practice the people stay and the diseases come and go” (Iona Heath) and “let’s see the patients not the disease”.*

The final day plenary theme was *Family Health Care: Issues on Universal Coverage, Patient Safety, and Quality*. Eminent Professors Rich Roberts and Barbara Starfield, both of the United States were joined by Professor Sarah Larkins, from Australia.

## Social program

Dada has reported on the social program but it was so very memorable, it is hard to not add to her report. There were many pleasant shocks and surprises. The Iloilo chapter (of the PAFP) choir sang the PAFP anthem – it was our first taste of Filipino talent in entertainment. At the Golden Anniversary dinner, the doctors of the PAFP Zamboanga chapter, and the Pangasinan chapter all took their turn to perform traditional dances from their regions. At the welcome reception, it had been Tacloban and Davao chapter doctors doing traditional dance and the young doctors from Manila performed a modern dance.

At karaoke, the Filipinos excelled – all seeming to have beautiful voices. Dada truthfully mentions that some of the Wonca Executive also proved to have beautiful voices!



Dr Sung Kwon Myung, of Korea (right), after winning the Wonca idol competition, with Drs Disi Yap Alba (left) and Ricardo Guanzon (centre), Filipino hosts for the event.

The Wonca idol competition held at the welcome reception attracted a diverse group of acts, with some sympathy for some international performers (the Australians), who really could not sing like the Filipinos. The winner was deservedly, Dr Sung Kwon Myung, of Korea.

The Tagisan early morning sporting event is also covered in this issue of Wonca News – don't miss the coverage, it was obviously great fun!

Dada is to be congratulated for her obvious hard work as host organizing committee chair, but so are all our Filipino colleagues who made their international guests feel so very welcome in The Philippines.

Dr Karen Flegg

## WOMEN IN CEBU

*Professor Amanda Barnard chair of the Wonca Working Party on Women in Family medicine (WWPWFM) reports on activities at the recent Asia Pacific regional conference, in Cebu.*

We would like to report a very successful WWPWFm presence at the recent Wonca Asia Pacific regional conference held, in Cebu, Philippines. This remarkable four-in-one event (the 18th Wonca Asia Pacific regional conference, the 10th Wonca World Rural Health conference, the Golden Anniversary of the Philippines Academy of Family Physicians and the Silver Anniversary of the Foundation for Family Medicine Educators in the Philippines) had Professor Zorayda 'Dada' Leopando as its overall chair of the organising committee. Dada ensured that many of the principles of the Wonca Gender Equity Standards for scientific meetings were incorporated into the program.

It was inspiring and exciting to see and hear the women plenary speakers (half the total plenary speakers), who were women of great fame and also emerging women family medicine leaders; and the inclusion of gender perspectives throughout the conference program. In addition, each session was chaired by team of

male and female family physicians, and again it was wonderful to see the voices and growing confidence of many younger women as they ably took on this role.

Congratulations Dada.

WWPWFM itself had four events: a short preconference; a joint workshop with the Wonca Working Party on Rural Health; workshops for women on challenges and leadership; and for young women trainees and doctors in the region. Over 120 women attended, not only from countries in the Asia Pacific region; but from Norway, the United Kingdom, Saudi Arabia, Austria and Columbia.

The session for young women doctors was very ably led by Drs Erandie Ediriweera de Silva, from Sri Lanka; Thai Thi Ngoc Thuy, from Vietnam; Nita Arisanti, from Indonesia; Marilyn Anastacia, from the Philippines; and Naomi Harris, from Australia. These young women, who have taken up leadership positions, are passionate about the development of family medicine in their countries, and shared important insights into regional issues. The importance of mentoring, role models and of supportive work relationships was mentioned by many.

In this region, Professor Leopando's contribution as a mentor is unrivalled.

The aims of the WWPWFm Working Party are to work through Wonca to improve the health of women by enabling family doctors worldwide to meet their full potential; by removing institutionalised gender barriers; by changing gender-based values and habits that support systematic discrimination in the profession; and by focusing attention on women's and girls' health. So in this sense, WWPWFm has always had two focuses: one on ourselves as family



WWPWFM workshop group squeeze together for a photo in Cebu

physicians, how we can be the best and most effective we can; and the other on the health of our female patients. The two are, of course, intertwined. But at the Cebu workshops, I detected a shift in interest – a broader view of women’s health, and how gender issues influence this in a range of ways, and what we as women physicians can do about this.

So, as well as discussions about maternal and reproductive health, there were discussions about the increasing numbers of young women, in the Asia Pacific region, who were smoking and the ways in which women family physicians might work to try to reduce that. We heard inspiring stories from colleagues as they told their “*day in the life of a woman family physician*”, and the many differences they made to their patients lives.

The resilience, commitment and energy of so many were inspiring.

Prof Amanda Barnard

## RESIDENTS ACTIVE IN CEBU

*Marilyn Benedith M Anastacio MD CFP, president of the Philippine Academy of Family Physicians Residents’ Organization (PAFPRO) provides this report on the involvement of residents and young doctors in the recent Wonca Cebu conference.*

The 18th Wonca Asia Pacific conference, held in Cebu City, is the second time the Philippine Academy of Family Physicians (PAFP) has hosted a Wonca regional

conference. It was the first time the PAFPRO was involved, as the organisation was only established in 1998. The Wonca Cebu conference has given PAFPRO, being the daughter organisation of PAFP and the training ground for its future leaders, the opportunity to demonstrate the potential of the organisation and its officers.

During the preparation for the conference, as the PAFPRO president, I represented residents-in-training on the Host Organizing Committee. PAFPRO coordinated with the Cebu Family Medicine Residents Association (CEFRA), PAFPRO Iloilo, and PAFPRO Davao to ensure the participation of residents in the activities and to solicit intermission numbers from the residents.

### Tagisan and residents’ night

PAFPRO organized a residents’ night with the theme *Pista! An Evening of Festivals* and conceptualized a sports activity called *Tagisan: Wonca Cebu 2011 team building activity*. Both activities were done in collaboration with the Biomedes Division and UAP Division of Unilab, Inc, respectively. A separate report is included elsewhere in this issue on the Tagisan.

The residents’ night was held on February 23 and we invited all foreign and local delegates who were residents-in-training. Highlights were a message given by the Wonca President, Professor Richard Roberts, on the importance of the role of residents in Wonca; and the inspirational talk of PAFP President, Dr Soraya Abubakar, about the role of PAFPRO and its members in the committees of PAFP. Dr Abubakar also led the distribution

of Plaques of Appreciation to the outgoing PAFPRO Officers and the induction of the 2011 PAFPRO officers. The UP-PGH residents and the PAFPRO 2010 officers enlivened the night by rendering intermission numbers. The annual *PAFPRO idol videoke singing contest* was also held. There were a total of 126 participants during the Residents' Night from 20 different institutions.



The PAFPRO 2010 officers with PAFPRO president, Dr Soraya Abubakar, after receiving their plaques of appreciation during the residents' night

### PAFPRO and the Rajakumar movement

The Wonca Rajakumar Movement members were also invited to attend the residents' night, and Dr Naomi Harris, of Australia, was present to speak about the movement and welcome the PAFPRO members into it.

We were also able to attend the preconference meeting and the Uniting Junior Doctors Workshop. At the pre-conference meeting, we learned how the Rajakumar Movement started and how the movement aims to assist residents-in-training and young family medicine practitioners in the Asia Pacific, through mentoring and promotion of family medicine practice.

We agreed to establish the linkage between the two organisations wherein PAFPRO members gain the principal advantages of also being members of the Rajakumar Movement: a venue where sharing information about the prevailing situation of family medicine in the different countries of the Asia Pacific region is provided; and access to a resource network about the advancements and opportunities in the region. This will be facilitated upon the completion of the PAFPRO website and through the auspices of social network sites like Facebook.

### PAFPRO's role in the conference

During the conference, PAFPRO took on responsibilities with the following committees: registration, newsletter, and documentation. Dr Ryan Jean Ceralvo, of the University of Santo Tomas Hospital, together with Dr Beverly Mendoza, of the Veterans Memorial Medical Center, assisted in the registration process of both foreign and local delegates. They also reinforced invitations to

the residents' night and the Tagisan sports activity. On the newsletter committee, Dr Jane Eflyn Bunyi, of the Manila Central University Hospital, and Dr John Jone Red, of the Manila Doctor's Hospital, completed write-ups, while Dr Ricardo Tandingan Jr, of San Lazaro Hospital, took photos for the two issues of the *WoncaAlert*, the official publication of the conference. Dr Sammy Maniego, of the Quezon City General Hospital; Dr Rene Angodung, of the Ospital ng Maynila Medical Center; and I, delegated ourselves to the documentation committee for assistance in the distribution of the certificates and tokens for the speakers, guests, and research presenters. The CEFRA residents led by Dr Isagani Eris Quillope, of the Visayas Community Medical Center, played a major part in the documentation committee. They were the coordinators for the scientific sessions, keeping track of the attendance of the speakers, and ensuring that copies of presentations are available on time.

In summary, PAFPRO's first Wonca Asia Pacific experience was unforgettable and definitely fulfilling. The conference gave us the chance to interact with international delegates, keen on the development of family medicine, giving us invaluable lessons about our chosen field and the significance of Wonca as an organisation. In the process of being given a chance to contribute our talent to accomplish tasks for the success of the conference, we also learnt how to manage time, resources, and skill in completing these tasks through working closely with the experienced members of the PAFPRO organising committee. We are very fortunate to have become part of a working committee that gave us a free reign on the activities that we were assigned to accomplish. I could not have chosen a much better time to be part of PAFPRO.



PAFP residents enter the opening ceremony led by Dr Jane Eflyn L Bunyi, incoming PAFPRO president (left), and Dr Marilyn Benedith M Anastacio, outgoing PAFPRO president (right)

## RESEARCH PUBLICATION AWARD

Celebrating an achievement in research publication, *The Asia Pacific Family Medicine Journal* raised the profile of regional research at the recent Asia Pacific Wonca conference.

*The Asia Pacific Family Medicine Journal* was born out of a need to provide a voice for regional research in the Asia Pacific region. In spite of the fact that over 100,000 journals were in print at the time, family medicine researchers from many countries in the region still struggled to achieve publication for their work.

After nearly 10 years of publication, the journal continues to offer regional family physicians an opportunity to share their findings with an international audience. Although the journal began life in a print format, it is now Open Access (<http://www.apfmj.com/>) making it easier for general practitioners from anywhere in the world to retrieve regional articles relevant to their own work. Mindful of the fact that the 16 member countries that comprise this region have a very mixed socioeconomic profile, Biomedcentral provides submitting authors the opportunity to apply for a waiver of the publishing fees if their country is listed by the World Bank as either low or lower-middle income economies, as of July 2009.

## Award winner: Dr Bakare

At the recent 18th Asia Pacific Wonca conference in Cebu, Philippines over 2000 delegates witnessed the presentation of the Lyn Clearihan Award for the best research paper published in the journal in the preceding twelve months. This is the second time this award has been offered by Wonca's Asia Pacific Council and Dr Tony Bakare was present to accept his award of US \$1000. The article, *The usefulness of a clinical 'scorecard' in managing patients with sore throat in general practice*, addresses a common complaint often seen in general practice. In the article, Tony and his co-author Associate Professor Peter Schattner outline the use of the scorecard to assist in the clinical decision-making of when to prescribe antibiotics for patients with a sore throat. The need for judicious use of antibiotics has never been greater as resistant organisms continue to develop across the globe, making the development of any tool to assist clinical judgment timely.



(from l to r) Judges of the Lyn Clearihan award Dr Bee Horng Lue (Taiwan) and Dr Reynaldo Olazo (Philippines), with Dr Lyn Clearihan, Dr Tony Bakare (winner) and Dr Donald Li, Wonca region president. (Judge David Campbell absent).

As an international medical graduate currently practicing in a solo practice in a small town in Australia, Dr Bakare undertook his research while working in his practice full time. In his acceptance speech he encouraged others in the audience to participate in research and reinforced the personal rewards, as well as the contribution to practice, policy and service delivery that it can make. Dr Bakare's work on the Scorecard contributed to his being awarded his Master in Family Medicine from Monash University. Having got a 'taste' of research and discovered what can be achieved he now intends to pursue a PhD.

The editors of the Asia Pacific Family Medicine Journal look forward to the submission of papers from the conference in Cebu, and from academic members and from family physicians around the region.

For submission instructions please consult the journal website: [www.apfmj.com](http://www.apfmj.com)

## 2011–12 award entries

So, who will be our worthy winner of the third Lyn Clearihan award, due to be presented at Jeju, South Korea, during the 19th Asia Pacific Wonca conference? The Wonca council has again pledged to support regional research through this US \$1000 award. All research papers published by the journal between now and then are eligible for inclusion. We look forward to seeing you in Jeju.

*Editors:* Dr Lyn Clearihan, Prof Zorayda Leopando, Prof Lam Tai Pong, Prof Richard Hays.

## TAGISAN GAMES

*The word “tagisan” is derived from an old word meaning “competition” in the Filipino dialect, Tagalog. At the recent Wonca Asia Pacific conference, in Cebu, the Philippine Academy of Family Physicians’ Residents’ Organization organized a Tagisan. A member of the “Cream Team” has written this entertaining account of the Tagisan event.*



The cream team members (from l to r) Drs Jesus Cesario Aborque, Job Metsemakers, Jonathan Paghubasan, Neki Soriano, and Geraldine Emperador.

The subscription form for the Wonca Asia Pacific conference, in Cebu, asked if I would like to participate in a sports event. The programme indicated that it would be before the morning session, and as I often run in the morning it looked like a fun thing to do, so I ticked the

box. Around a week before the conference, I received a message that the sports event was called “*Tagisan: a team building activity*”.

I was a bit surprised by questions about whether I was allergic to anything and if I could swim. The question about my general health should have been a warning - but I just considered the organisers to be very thoughtful.

When finalising my registration I received a card for the Tagisan game, indicating an orientation meeting and the starting time of the Tagisan game as being 5.00am. That was quite a bit earlier than expected and it turned out that the organisers wanted us out in the field even at 4.30am, threatening that late comers would get time penalties.

There were 12 teams, mostly consisting of three locals and a foreigner. Each team had to have at least one woman. We got all nice coloured T-shirts reflecting the name of the team: the cobalt blue team, the silver-grey team, the bottle-green team, the canary-yellow team and so on. I ended up in the cream team (cream of the top, I have to say).



Tagisan competitors, Dr Sudha Nanthan (of Malaysia) and Dr Ma Juanita Puyaoan cooling a pot of coffee at the caffeine overload challenge station.

We had to organise a “cheer” person, a captain, and had to plan our strategy for the games - mind things and physical things. We then waited for things to start so we could take our turn. While waiting we found ourselves talking about the health care system, the education, the difficulties doctors had to work; and we were not really wanting to stop talking.

Once on our way, we had to make the words “Wonca tagisan” from lettered balls; complete a puzzle; play visual memory, drink a pot of hot coffee as fast of possible (the caffeine overload challenge), eat several



eggs (quickly of course). Eventually, we had the last task in the swimming pool, so four of the five team members were wet. And yes, we were a team taking our challenges and tasks very seriously.



The silver-gray team answering the Sudoku challenge (from l to r) Prof Nobutaro Ban, Drs Edna Eugene Chacon, Alnora Presbitero, Madonna Rodriguez, and Prof Kyunghiee Cho (not in picture).

Did we win? I think all participants actually won because we teamed up and worked together. I still can hear our cheer: *go, cream team go!!*

By the way: we were ready and fully awake for the conference at 8.15am! So it certainly is a good idea for other conferences, but maybe starting a little later?

Submitted by - a cream team member

#### *Editor's note:*

The organisers state the Tagisan was a mini-Olympic patterned after the reality TV show, *The Amazing Race*. It involved seven challenges: a forage quest, sudoku puzzle challenge, the caffeine overload challenge, the crub-a-dub challenge, a sago relay, the recall scramble and a bottle dive. Winners were judged based on time.

The cream team won by completing all seven challenges in just over 22 minutes. Its members were Drs Jesus Cesario Aborquez, Job Metsemakers, Jonathan Paghubasan, Neki Soriano, and Geraldine Emperador.

The powder-blue team of Drs Ian Couper, Johanna Macabare, Sarah Larkins, Desrei Balla, and Jeny Pagente came second in 25 minutes. The orange team of Drs Milyn Rabara, Jemuel Chua, and Oliver Smith with Mrs Vickie Smith won the bronze medal with a time of 30 minutes.

Congratulations to all who participated in this early morning event!



Second place winners, the powder-blue team (l to r), Profs Ian Couper, Dr Johanna Macabare, Prof Sarah Larkins, Dr Desrei Balla, and Dr Jeny Pagente.



Third place went to the orange team: (l to r) Dr Milyn Rabara, Dr Jemuel Chua, Mrs Vickie Smith, and Dr Oliver Smith.

**CEBU IN PHOTOS**



Wonca Executive were present in Cebu - Prof Chris Van Weel's last executive meeting: back row (l to r): Donald Li, Sylvester Osinowo, Wesley Schmidt, Preethi Wijegoonewardene, Nabil Al Kurashi, Iona Heath, Alfred Loh (CEO), Tony Mathie, Dan Ostergaard. front row (l to r): Gillian Tan (secretariat), Liliana Arias, Chris Van Weel, Rich Roberts, Michael Kidd, Francine Lemire, Yvonne Chung (secretariat)



Doctors from the Iloilo chapter choir sing at the opening ceremony.



Doctors from Pangasinan chapter ready for their dancing performance at the golden anniversary dinner



Drs Soraya Abubakar and Zorayda Leopando with dancers at the Governor's welcome reception.



Professor John Murtagh poses with Dr Soraya Abubakar after receiving his certificate of appreciation from her.



PAFP past presidents appropriately, in gold, (from l to r) Drs Reynaldo Olazo, Winnie Siao, Rafael Bantayan Jr, Edward Tordesillas and Primitivo Chua.



Doctors from Zamboanga chapter entertain the crowds with their traditional dance

Prof Zorayda 'Dada' Leopando with Wonca Executive members in Cebu from (l to r), Profs Liliana Arias (Colombia), Iona Heath (UK), Dada, and Michael Kidd (Australia)





Closing ceremony participants Prof Rich Roberts (USA), Prof Barbara Starfield (USA), Prof Sarah Larkins (Australia), with session chair Dr Tin Myo Han, of Burma.

(from l to r) Working Party on Women in Family medicine chair Prof Amanda Barnard (Australia), and chair elect Prof Zorayda Leopando (Philippines), with Erandie Ediriweera de Silva (Sri Lanka), Naomi harris (Australia), Nita Arisanti (Indonesia), Thai Thi Ngoc Thuy (Vietnam), Marilyn Benedith M. Anastacio (Philippines)



Nigerian doctors in Cebu from (l to r) Paul Dienne, Momodu Dania Abubakar, and Ita Bassey Okokon



Wonca secretariat in Cebu (l to r): Yvonne Chung, Alfred Loh (CEO), and Gillian Tan



Prof Ian Couper, chair of the Wonca Working Party on Rural Health with Aileen Riel-Espina MD, of Tacloban who hosted the post-conference



Dr Alejandro V Pineda Jr, PAFP Immediate Past President, shares a lighter moment with Dr Nenita Lee-Tan, PAFP national board member, at the golden anniversary dinner.



Plenary speaker, Prof Lucie Walters, of Australia (right), relaxes with her mother, Kaye Dalgarno.



Doctors from PAFP host chapter, Cebu, wear gold to celebrate the PAFP golden anniversary (l to r) : Corazon Herrera, Thelma Bautista, Loida Faelnar, Rose Charbonneau, and Lorifel Go.



Wonca Africa region president, Dr Sylvester Osinowo at the karaoke microphone.

## FEATURE STORIES

### JAPAN COLLEAGUES REPORT ON DISASTER SITUATION

Dear international colleagues,

First of all we would like to express our sincere gratitude to all international colleagues who have sent us their whole hearted words of condolence and sympathy.

The mega-quake and tsunami, of 2:46pm on the afternoon of March 11, 2011, that attacked the Tohoku and Kanto region, is just beyond our imagination. The combined toll of dead and missing is over 20,000 people and the number is still growing as of the time of writing this report - March 23, 2011.

Many Japanese volunteers, including healthcare professionals, organized by the various organizing bodies; in addition to rescue forces, Self-Defense Forces and others; are supporting the earthquake struck area in various ways.

With regard to the healthcare professionals, initially over 100 Disaster Medical Assistance Teams (DMATs) were dispatched from various regions of Japan. Unfortunately however, as far as I know of, the DMATs did not have much to do this time, because tsunami wiped out most of the buildings and houses, with casualties.

After obtaining the report of the devastating earthquake with heavy casualties, on March 13, 2011, the Japan Primary Care Association (JPCA) set up its headquarters to support the earthquake struck area for a long time to come. At the Tokyo headquarters (located in the office of the Society), several volunteer society members have been in full swing to pursue the PROJECT as follows:

#### Healthcare support

1. To arrange the primary care physician team to be sent to the area in need of support.
2. To send the various kinds of medicine and other healthcare goods.
3. To send the volunteers to support the healthcare workers sent by the Society or already working in the Tohoku area.
4. To establish the fund to support the continuous activities of our society.

#### Coordination activities

1. To gather information about the needs of the healthcare support.
2. To arrange the back-up system for the facilities from where physicians are sent to support the earthquake struck area.
3. To collaborate the people in the Tohoku area and decide the place to send the primary care team.
4. To make a schedule for the team being dispatched.
5. To establish the collaboration with other academic societies and medical associations.
6. To announce to the Japanese people about our society's activities through our web-page and mass media.

#### Back-up system in the Tokyo office of the society

1. To set up the headquarters for emergency support.
2. To designate the special coordinators to base at the headquarters.
3. To build the Web Page for emergency support.
4. To make up the plan to be able to continue the Society's activity.

We are expecting to have large number of evacuees and their primary care health needs will be large and the process will be long. Although we have asked the JPCA members' for donations to support this PROJECT in the coming weeks and months, we are still underfunded to continue our lengthy expected activities.

We are setting up an English web-page soon: allowing people to donate towards our rescue efforts. We look forward to Wonca's strong and continuing support to help us to overcome this unprecedented disaster.

Sincerely,  
 Masaji Maezawa, MD PhD  
 President, JPCA  
 Nobutaro Ban, MD PhD  
 Chief, Committee for International Affairs, JPCA

## Second report from Japan

April 2, 2011

Dear international colleagues,

This is the second report from the Japan Primary Care Association (JPCA) about the Primary Care for All Team (PCAT) project to support the healthcare needs of the earthquake struck regions.

First of all, we would like to apologise for not being able to set up our English Web site yet, because the headquarters of the JPCA is quite busy arranging healthcare teams and various goods and transportation by which they are sent, etc. We will let you know as soon as it is ready.

The JPCA set up the base camps in co-operation with local health care personnel and other supporting teams in three prefectures (Iwate, Miyagi and Fukushima prefectures), hit hardest by the March 11 earthquake and massive tsunami. We have already sent 21 physicians, a pharmacist, other healthcare workers and volunteers.

One of the multidisciplinary PCATs consisting of physician, dentist and dietician did a quick survey at the Kesenuma City, Miyagi prefecture and found that dietary balance of the food supply was quite different from one shelter to the other. They collaborated with the local health care centre to establish a team to oversee dietary balance. At the time of writing this report, it is becoming clear that the evacuees' healthcare needs are more primary care ones such as treatment for upper respiratory infections and gastrointestinal infections; medication needs for hypertension and diabetes mellitus which cannot be prescribed by their primary care doctors; mental health problems, such as insomnia of the elderly, post traumatic stress disorder, and unstable psychology of children at the shelters.

On the other hand, many elderly stay at their homes and home-visit care is also in big demand. We are also collaborating local health care teams to assess the needs of those people.

Although we are not taking a lead role in the field of disaster, we are building up the system to keep supporting the primary health care needs of the large number of evacuees; as well as to assist local doctors for a long time to come.

We would like to express our sincere thanks to all international colleagues who sent their words of support to our PCAT and continuing encouragement. We also really appreciate many of your proposals for donation to support the PCAT. We look forward to your strong and continuing support to overcome this unimaginable crisis.

Sincerely,  
Primary Care for All Team (PCAT)  
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## WONCA AND JOHNS HOPKINS TO WORK TOGETHER

### A Collaboration between Wonca and Johns Hopkins Bloomberg School of Public Health

Recognizing their shared objective to improve the delivery of primary health care, through the optimal use of electronically recorded medical information, Wonca and the Johns Hopkins Bloomberg School of Public Health (JHBSPH) have joined forces. The goal is to take advantage of the established international network of each organisation, their developed technologies, and their expertise.

Health information technologies are increasingly becoming a critical part of health care delivery. One such technology is the ICPC Coding System. Developed and maintained by Wonca, it is the system most suited to capture diagnoses in the primary care setting. It is presently licensed in 10 countries, with interest expressed from several others. For more information on ICPC, please visit:

<http://www.globalfamilydoctor.com/wicc/icpcstory.html>

However, the ICPC Coding System alone doesn't tell the whole picture.

For 30 years, the Bloomberg School of Public Health has been developing case-mix tools to address numerous aspects of the delivery of primary care. The Johns Hopkins Adjusted Clinical Groups® (ACG) System, originally developed by Professor Barbara Starfield and colleagues, uniquely captures the multi-morbidity of populations. The output from the ACG System is used by health care providers, health plans, governmental agencies, as well as



researchers worldwide to improve financial, clinical, and managerial decisions. Currently in use in 17 countries, the ACG System is used to ascertain variability in use of and impact of interventions, target patients at high risk, examine differences in primary care and specialty use, profiling of providers, carry out epidemiologic studies of illness, and achieve more equitable allocation of resources by controlling for morbidity. For further details of the ACG System, please visit [www.acg.jhsph.edu](http://www.acg.jhsph.edu).



(from l to r) Wonca leaders Dr Alfred Loh and Professor Rich Roberts with Prof Barbara Starfield and Dr Karen Kinder after signing of the collaboration agreement in Cebu.

The ACG System has been tailored so that it is able to take ICPC codes as diagnostic input. This results in the ability to transform the ICPC codes into actionable information, by presenting the morbidity patterns within individuals and populations. In other words, the ACG System makes the recorded ICPC codes more useful.

There are numerous potential synergies which the collaboration will endeavor to maximise. Both organisations have an international network of supporters and users of their respective tools. In countries where both organisations are present, work is already underway to coordinate their efforts.

In places where only one organisation is active, the existing contacts will be introduced to the added value of the other technology. For those areas where neither organisation has an impact, a solution can be offered which brings together both the ICPC Coding System, to capture patients' needs, and the ACG System, to provide useful information. The combination of the two technologies creates a powerful response to address health care organizations' needs, from patient centered care to health system management. The solution captures the population's need, analyses it, generates useful information, and makes this information available to all stakeholders.

In addition to the added value of jointly spreading the message, an exchange of knowledge and experience between the two organisations will facilitate development of both the ICPC Coding System and the ACG System.

Not least, the combined expertise contained within Wonca members and JHSPH faculty, could be applied to projects directed at improving the delivery of primary care regionally, nationally, and locally.

Potential areas of assistance and support include coding systems, quality measures, provider engagement, case management, organisation and/or financing of primary care delivery systems, as well as training.

It is anticipated that through this collaborative effort, the two organisations, with their respective technologies, can improve the delivery of primary care worldwide and the health of individuals and populations.

Should anyone need more understanding of the ACG System or be interested in applying it to a project, please contact:

Dr Karen Kinder  
Executive Director ACG International  
[kkinder@jhsph.edu](mailto:kkinder@jhsph.edu)

## FAMILY PHYSICIANS AND THE ENVIRONMENT IN FOCUS

The movement, Doctors for the Environment, is not really new but recent events and the growing burden of climate disaster, prompted the Cebu conference organisers to put the environment, as the topic for their opening plenary session with Professor Sir Andrew Haines and Wesley Schmidt MD as speakers.

Prof Andy Haines, is Professor of Public Health and Primary Care at the London School of Hygiene & Tropical Medicine (LSHTM). He was previously Director (originally Dean) of LSHTM, for nearly 10 years, up to October 2010, having previously been Professor of Primary Health Care at University College London from 1987–2000. He worked part-time as a general practitioner in North London for many years. His research interests are in epidemiology and health services, focussing particularly on research in primary care and the study of environmental influences on health, including the potential effects of global environmental change.

Prof Haines challenged us to take radical actions. He said family doctors can assume active roles by assessing

vulnerability of populations, supporting adaption, promoting mitigation by focusing on health co-benefits and reducing emissions from the health system. He concluded his lecture by quoting "Man did not weave the web of life, he is merely a strand in it, whatever he does to the web, he does to himself."

Wesley Schmidt MD, from Paraguay, was featured in the February 2011 *Wonca News*. He gave a more personal perspective about climate change and said global warming has become the most complicated issue facing world leaders. He added that physicians can influence the lifestyle of people in the community.

Abridged versions of their presentations are reproduced below.

### Prof Andy Haines speaks

*Climate change and health - reducing risks in an uncertain future*



Prof Andy Haines (right) with Prof Wes Fabb, former Wonca CEO. Both were awarded honorary fellowship of the PAFP in Cebu.

The work of the United Nations Intergovernmental Panel on Climate Change has contributed greatly to the advancement of knowledge about the causes and consequences of climate change. There are, however, many uncertainties about the range and magnitude of impacts of climate change on human health. Increasing international multidisciplinary research efforts are required in three

broad areas to improve our understanding of the complex linkages between climate change and health: firstly to estimate the impacts on health and assess the vulnerability of different populations; secondly to clarify how societies worldwide can adapt to climate change in order to minimise the adverse impacts and; thirdly to estimate the potential health effects of greenhouse gas mitigation strategies.

Much of our understanding of climate health relationships arises from the study of short term relationships of health outcomes with events such as heat waves, floods and storms as well as cyclical climatic events such as the El Niño phenomenon. However these may not necessarily be a guide to future impacts. For example many climate scientists consider that the risk of 'tipping points' being exceeded increases substantially if warming exceeds two degrees. This could kick start abrupt and potentially irreversible changes such as melting of the Greenland ice-sheet and / or Arctic sea ice leading in turn to large long-term consequences for human and ecological systems.

There are a number of limitations of the current evidence base about the potential impacts on health, including the weakness and fragmentation of health information systems, particularly in low income countries. There are relatively few sources of long term data on health outcomes that

could be potentially influenced by climate change to permit time-series analyses of data that has accrued over several decades. There are often many competing explanations of changes in the incidence and /or range of potentially climate-sensitive diseases.

Studies of the potential impacts of climate change and the effectiveness of adaptation strategies need to take into account the likely difference in vulnerability of populations according to their location. There is a need to build-up international collaborations of researchers studying a range of populations. For example populations in some coastal and low lying areas may be susceptible to coastal flooding and tropical cyclones. Those living in arid areas are likely to be susceptible to increasing desertification and increased frequency of drought. Populations in circum-polar regions may experience changes in their diet as a result of alterations in animal migration, distribution and human access to traditional food sources. There may be longer transmission seasons for vector-borne diseases. Thus epidemiological studies need to be tailored to address the most likely impacts on health in different regions.

Linkages between malnutrition, climate change and agricultural policy are a particularly important area for research. Climate change may reduce crop production, particularly in Africa and Asia. There is a growth in demand for meat and dairy products which contributes to climate change through for example the production of methane but also increases the challenge of feeding the growing world population because of the growing grain requirements for meat production. In addition inappropriate biofuel policies may exacerbate food shortages.

Adaptation strategies need to be evaluated to determine their (cost) effectiveness. In the case of heat waves for example, heat early warning systems that aim to alert elderly people and their carers to impending heat waves and mobilise the community to ensure appropriate advice is given and to make regular contact to elderly persons living alone to ensure they have sufficient fluids, ventilation and other resources to cope with the weather. Such systems need to be evaluated in a range of cities including mega cities in low and middle income countries.

There are potentially major public health benefits from addressing lack of access to clean and reliable energy services for the 2.4 billion people in low income countries that depend on traditional biomass for household use resulting in high levels of indoor air pollution. Some of these pollutants also contribute to climate change. Therefore, improved efficiency cook stoves can reduce greenhouse gas emissions in addition to reducing deaths from respiratory infections in children and chronic obstructive airways disease in women.

Greenhouse gas mitigation policies in transport, built environment, electricity generation and agricultural sectors can all have near term benefits for health, as well as contributing to greenhouse gas mitigation. Strengthening the evidence base to quantifying these co-benefits to health, strengthens the case for implementing policies that can achieve near term benefits for health and welfare, as well as long term benefits resulting from climate change mitigation. Such policies could include promotion of active transport, cycling and walking in urban centres which can reduce obesity and the health burden of inactivity whilst reducing greenhouse gas emissions, promoting renewable energy technologies which reduce air

pollution whilst reducing greenhouse gas emissions and, redesigning the built environment to facilitate a low carbon lifestyle.

Collaborative international multidisciplinary research to improve understanding of the potential impacts of climate change on health, cost effectiveness of adaptation strategies and policies to improve health in the near term whilst reducing greenhouse gas emissions, should be given higher priority by research funding organisations and have the potential to contribute greatly to the achievement of improved public health and environmental sustainability.

### Wesley Schmidt MD speaks

*Climate change – effect on our patient care.*



Dr Wes Schmidt speaks in Cebu

My perspective on climate change comes from my background as a physician practicing on a daily basis in a family practice clinic. I also come from a unique perspective as I belong to a group of people who settled in South America in the early 1900's. These people were Mennonites, and came from vast farmlands in the northern USSR and North America, with a desire to settle in a new territory where they would be able to farm and practice their faith, based on Christian principles of non-violence.

They found themselves in a very challenging environment of forests, and went about substituting the forest for farmland in the most convenient way possible, which implied deforestation by cutting down trees and burning. The resulting farmlands have been most productive, giving Paraguay a large part of its emerging GNP due to increased stream of revenue with the export of agricultural products. Several decades ago, I was very proud of the accomplishments of this immigrant group, because at that time we had no idea that these forests were acting as a 'carbon sink' for the CO<sub>2</sub> produced in increasing quantities in the industrial world.

Millions of hectares of forest have been destroyed in my region and in many other regions of the developing world, and it is now painfully evident that each hectare was responsible for eliminating tons of CO<sub>2</sub>, which now remain in our atmosphere. This phenomenon is known as the "greenhouse" effect.

It is essential that we understand what is happening, which will lead us to the conclusion that this problem is not only caused by deforestation, but rather that we all have a part in this unfortunate development in our environment.

The most common first reaction is naturally an effort to deny the reality of this problem. This was the case with the tobacco companies and smokers in general in the 60's and 70's, when evidence demonstrated the harm of smoking. In the same way, the reality of climate change has been denied by many of us for too long. In 2007 *Newsweek* poll found "majorities of Americans still believed neither that scientists agree climate change is taking place...nor that scientists agree climate change is caused by human activity...nor that climate change has yet had noticeable effect..."

It is now almost impossible to deny the effect of climate change, because all countries are being hit by extreme events. There have been several important world forums on this topic, and I believe the most important has been the UN Conference on Climate Change, in Cancun, in December 2010.

Developing countries have destroyed an important element, the forest, which was necessary to sink the greenhouse gas (GHG) emissions, but it is also true that developed industrial countries are to a large extent responsible for these emissions.

There is now much talk about the carbon market. Developing countries produce a relatively small amount of carbon; for example, Paraguay produces 4.5 tonnes of carbon per capita, Europe produces almost twice as much per person, and USA almost three times as much.

These concepts are important when we try to understand how we can address this problem as family physicians. We are specialists in lifestyle modification, which is the first important step toward limiting GHG emission. We now must be aware of the carbon cost of our prescriptions and recommendations. For example, fresh fruit, which is the healthy component of any diet, is at the same time free of carbon cost. For the most part, grain has a higher carbon cost, and meat in general has the highest carbon cost.

Exercise is a low carbon cost activity, as was illustrated by Prof Haines, and sedentary lifestyle is normally accompanied by a high expenditure of carbon.

As family physicians, we are also influential in our community's policy makers. Our political leaders give heed to our recommendations, so

we must be aware of policies which address the health of our patients as well as the mitigation of GHG emission.

As family physicians we are faced by a demographic explosion which contrasts with shrinking farmland. We must be aware of the fact that 80 million new mouths to feed every year will also have its effect on carbon requirements. I believe responsible family planning counseling is an important part of our responsibility to our patients.

In general, livestock has a high carbon cost, but there is definitely a difference in industrial production of beef, as opposed to range fed beef. We need more evidence to be able to advise our patients as to the fat content of these foods, as well as the effect these products have on environment.

We must strive to utilize clean energy. In my country, hydroelectric energy has been made available for our entire region by tapping the energy of the large, rapidly flowing Parana River. Wind power, wave technology and especially solar energy resources are being developed at incredible rate.

Fortunately, the word is spreading and I believe all nations in the world must make an effort to involve everyone in resolving this problem. I was encouraged several weeks ago, when my family was on a vacation trip to the more remote border town toward the Gran Pantanal, on the Brazilian border. In a very humble yard, nailed to the mango tree, was a sign which stated, in very elementary writing, "*cuidemos la naturaleza - con ella la vida es 100% hermoso*" which translated to English is - "*let's care for mother nature - with her life is 100% beautiful*".

I believe this crisis spells out an opportunity for the future. We

now know that we have altered the climate due to the "greenhouse" we have produced, and we know that CO<sub>2</sub> is essential for the growth of trees and plants, for fruits and vegetables. I believe that we will learn to control the amount of GHG emission to the point of benefiting our planet and our health.

## WONCA CONTRIBUTES TO MEDICAL SCHOOLS' CONSENSUS

The development of the recently released, *Global Consensus for Social Accountability of Medical Schools* has been led by Drs Charles Boelen and Bob Woollard. Wonca leaders made a significant contribution.

Professor Khaya Mfenyana, former Wonca Africa president, was a member of the steering committee, hosting a consensus meeting at the Walter Sisulu University. Members of the International Reference Group (IRG) included Professors Rich Roberts, Liliana Arias, Ian Couper, Roger Strasser, Jan de Maeseneer and Michael Kidd. The Wonca Working Party on Education was an active participant in the development of the consensus and held a workshop on this subject, with Bob Woollard, at the Wonca World conference, in Cancun in 2010.

Excerpts from a summary document outlining the process to achieve the report are produced here, but to download either the complete, or summary, document in English, français or español please visit the website:

[www.healthsocialaccountability.org](http://www.healthsocialaccountability.org)

### The process

The beginning of the 20th century presented medical schools with unprecedented challenges to become

more scientific and effective in the creation of physicians. This was captured in the Flexner Report, of 1910. The 21st Century presents medical schools with a different set of challenges: improving quality, equity, relevance and effectiveness in health care delivery; reducing the mismatch with societal priorities; redefining roles of health professionals; and providing evidence of impact on people's health status.

To address those challenges 130 organisations and individuals from around the world with responsibility for health education, professional regulation and policy-making participated for eight months in a three-round Delphi process leading to a three-day facilitated consensus development conference.

Facilitated by a Steering Committee of 20 international experts, the IRG members participated in a three-stage Delphi process over eight months leading up to the GCSA. Initially, forty-three pages of raw data were gathered responding to three open ended questions:

1. How should a medical school improve its capacity to respond to future health challenges in society?
2. How could this capacity be enhanced, including the use of accreditation systems for self assessment and peer review?
3. How should progress towards this end be assessed?

Through two further rounds and the facilitated meeting, themes were extracted and consensus reached on ten thematic areas. Each area and its contents was thus derived from a grassroots process that ensured the consensus was built up from the experience and expertise of the IRG members through a process of gradual refinement, negotiation and consensus.

## The consensus

The Consensus consists of ten strategic directions for medical schools to become socially accountable, highlighting required improvements to:

- Respond to current and future health needs and challenges in society
- Reorient their education, research and service priorities accordingly
- Strengthen governance and partnerships with other stakeholders
- Use evaluation and accreditation to assess performance and impact

It recommends synergy among existing networks and organisations to move the consensus into action at global level, with a number of tasks:

- Advocacy to recognize the value of the global consensus
- Consultancy to adapt and implement it in different contexts
- Research to design standards reflecting social accountability
- Global coordination to share experiences and support

The main challenge in the 21st century for the education of health professions resides in the responsibility of educational institutions for a greater contribution to improving health systems performance and people's health status. This will be achieved not only by tailoring educational programs to priority health problems, but also by a stronger involvement in anticipating health and human resources needs of a nation and in ensuring that graduates are employed where they are most needed delivering the most pressing services. A new paradigm of excellence for academic institutions is needed, as well as new sets of standards and accreditation mechanisms to promote and evaluate their capacity for a greater impact on health.

The purpose of the initiative was to obtain a consensus on the desirable scope of work required in order that medical schools have a greater impact on health system performance and on peoples' health status. Within this scope of work we hope to agree upon sets of medical education standards reflecting this capacity and propose methods of evaluation, accreditation and quality improvement.

## The final phase

The initiative is now entering phase three. It will require the concerted efforts of a vast array of people and initiatives. Together with the many standing bodies and organisations represented in the IRG there is a rich tapestry of actors to collectively achieve the improvements we seek.

The document represents a clear consensus on the direction for action in ten interlinked areas.

Area 1: anticipating society's health needs

Area 2: partnering with the health system and other stakeholders

Area 3: adapting to the evolving roles of doctors and other health professionals

Area 4: fostering outcome-based education

Area 5: creating responsive and responsible governance of the medical school

Area 6: refining the scope of standards for education, research and service delivery

Area 7: supporting continuous quality improvement in education, research and service delivery

Area 8: establishing mandated mechanisms for accreditation

Area 9: balancing global principles with context specificity

Area 10: defining the role of society

This direction includes the enhancement and development of accreditation standards, systems and evaluations, all dedicated to quality improvement in their impact on the health needs of citizens from the local to the global scale. Measurable movement in this direction will become a worthy legacy of the 21st century.

A century after Flexner's report, the global consensus on social accountability of medical schools is a charted landmark for future medical education worldwide.

## WONCA REGIONAL NEWS

### PRIMARY CARE ASSESSMENT TOOLS IN ASIA PACIFIC

*A report on the Primary Care Assessment Workshops, held during Wonca Cebu: a pathway to collaboration in the Asia Pacific region by Isabelita Samaniego MD, Barbara Starfield MD, Jeff Markuns MD.*

The Host Organizing Committee of the Wonca Asia Pacific Regional Conference, in Cebu, was inspired to include a focus on Primary Care Assessment Tools (PCAT) in the program. This was a result of the Philippine Academy of Family Physicians (PAFP) hosting, in January 2010, the Wonca Asia Pacific Research Summit which focused on PCAT (reported in *Wonca News* February 2010), coupled with the inclusion of PCAT studies in the strategic plan of the PAFP.

Preparing the sessions entailed hundreds of emails exchanged between the proponents and the hosts. The resulting two day workshop included six sessions on PCAT, with Professor Barbara Starfield as the main facilitator.



Prof Barbara Starfield, facilitating the PCAT workshop

The objective of the workshop was to bring together representatives, from all Asia Pacific countries, interested in participating in a preliminary assessment of the state of primary care in the region, by using the PCAT systems tool. The workshop facilitated discussion among the participants about the PCAT systems tool, how it is used, and its relevance to the Asia Pacific region.

The first day of the workshop was *PCAT: its uses and utilisation in various researches*. Prof Barbara Starfield

and Dr Silvina Berra from Argentina began the workshop by reviewing the international use of the PCAT. This was followed by presentations from several researchers, both from the Philippines and other Asian countries.

Dr Noel Espallardo presented *Assessment of primary care orientation of the Residency Training Programs under PAFP using the PCAT provider version*. This was followed by a presentation on *Measuring the primary care orientation of the Manila Health Cluster using the PCAT facility survey* by Dr Friday Villegas. The last paper from the Philippines was on *Validation of the PCAT client/ consumer version phase 1 study*, presented by Dr Isabelita Samaniego.

The afternoon session started with *Core considerations in the use of PCAT* by Dr Jeffrey Markuns; followed by Issue on methodologies by Prof Starfield.

The next part of the workshop focused on the PCAT utilisation in ASEAN countries. Dr Samuel Wong, from Hong Kong, shared *Evaluation of Primary Care Services in Hong Kong using the PCAT*. Dr Pakasi Trevino, from Indonesia, presented *Implementing provider survey of the PCAT in Indonesia: experience in Jakarta setting*. Dr Harry H X Wang presented the *Development of a Chinese version of PCAT for evaluation of primary care delivery in the Mainland China: a pilot study*. Last but not least, Dr Somjit Prueksaritanond, of Thailand, reported on *Reliability and validity of a Thai version of the PCAT*.

A short workshop was done on how to improve on the research to make it more country specific and culturally sensitive.

During the second day, the main highlight was on the preparation of the regional study using the PCAT system tools. Dr Jeff Markuns reviewed the *Manila Regional Project Plan: concept paper and the need to do a preliminary study* and presided over a detailed review of the PCAT. A detailed discussion on PCAT systems tools was facilitated by Prof Starfield.

During the latter part of the workshop, the process for translating the PCAT systems tool, identifying key informants, and administering the tool were jointly discussed by Drs Markuns, Florian Stigler & Barbara Starfield. The latter identified the main coordinators for PCAT in various regions and Dr Samuel Wong was assigned for the ASEAN region. The workshop ended with an assignment to everyone to identify the key persons who can answer the systems PCAT for each country.

Dr Christos Lionis, chairman of the International Federation of Research Primary Care Network, expressed his intention to participate in the PCAT related research activities.

Hopefully, through the various studies to be conducted using PCAT, we will be able to gather more evidence on how important primary care is in ensuring equity in health care. We certainly look forward to this collaboration among Asian countries, and perhaps in Jeju, during the 19th Wonca Regional Conference, we will be able to share the results of some of our work.

## DR DONALD LI QUOTED IN THE TIMES

Late last year, President of Wonca Asia Pacific Region, Dr Donald Li, visited Shanghai, China with some British journalists. Sam Lister a journalist from *The Times* published

an article, quoting Dr Donald Li, in December 2010. The article is around the theme of Traditional Chinese Medicine (TCM) meeting western compliance, and the impact of recent healthcare reform in China as doctors are incentivised in drug use yet policy emphasis moving towards prevention.

Following are excerpts from *The Times* article, including the quotes from Dr Li.

Another article written, by Jeremy Laurence (*The Independent*), similarly deals with how TCM has increased in west but is decreasing in China. This can be accessed at:

<http://www.independent.co.uk/life-style/health-and-families/health-news/counting-the-cost-of-a-drugs-revolution-2149767.html> '



Dr Donald Li, Wonca Asia Pacific region president

## A Chinese Cure for all ills

From *The Times* 2 December 2010

A traditional Chinese remedy is for the first time being prepared to Western standards. Is it the start of a fightback?

At the industrial unit on the outskirts of Xianyang, a university city in Shaanxi province, blister packs rattle down conveyor belts with a regularity of which any

pharmaceutical company would be proud. Workers dressed in hygiene suits, haircaps and face masks sieve and filter thousands of two-piece capsules, the dented and split ones thrown into a rejects bin. Packages are wheeled from one sterile room to the next, through double doors designed to maximise infection control.

The plant has all the hallmarks of global blockbuster drug production, but all is not quite as it seems. The product in question, a two-tone blue capsule for treating cardiovascular problems such as hypertension, is no conventional small-molecule Western drug. It is a traditional Chinese medicine called naoxintong - a mix of 13 herbs and three animal ingredients. Production of the capsule by Buchang Pharmaceutical marks a groundbreaking shift for traditional Chinese medicine (referred to by all simply as TCM) towards the exacting protocols of Western drug manufacturing. ...

The ancient healing practices of TCM can be traced back to Chinese imperial texts about 2,500 years ago. It centres on the philosophy of yin-yang and five elements: “zang” and “fu” organs, qi (vital energy), blood and meridians. It offers a holistic view of health, the body and harmony with the universe. ...

A century ago, there were 800,000 practitioners of traditional medicine in China. It had dropped to about half a million by the time of Mao’s founding of the People’s Republic of China in 1949, as foreign medicine began to spread. In 1999 the Government implemented professional licensing and the sector suffered a further sharp drop to about 200,000 TCM doctors, pharmacists and assistants. Currently only about 12 per cent of licensed doctors, and six per cent of pharmacists, are TCM practitioners. ...

Reforms to healthcare introduced by the Communist Party have also, unwittingly, helped to marginalise Chinese medicine. In the post-Mao era of economic expansion, the hospital has been king. ... This culture has done much to drive forward the dominance of Western medicine - for good and ill. ...

According to Donald Li, an urban Hong Kong GP, primary care in an NHS sense has hardly featured. *“The doctor is still only beginning to find a place in the primary care setting,”* Dr Li, Asia-Pacific head of Wonca, the world organisation of family doctors, says. *“Ten years ago patients would just refuse to go to a GP. They did not trust them. They self-care or go to an emergency room. Finally this is starting to change.”*

This change - part of major healthcare reforms of 2008 designed to increase insurance cover, lower costs and improve access - emphasises greater community-based patient education and self-care which, once again, weighs against TCM.

A recent study of primary care in Hong Kong, published by BioMed Central, showed that 80 per cent of outpatients went to doctors of Western medicine, three per cent took only TCM advice, and the remainder relied on a mix. People who used TCM as their main health resource tended to be older and female (and intriguingly more likely to have had tertiary education); those with chronic, non-communicable conditions were much more reliant on Western medicines. The authors concluded that TCM was seen more as a therapeutic complement in coping with chronic disease.

The Hua Cao Health Centre, in the Minhang district of Shanghai, shows a similar shift starting to emerge on the mainland. ...The waiting room is conventional, except that every seat

has an intravenous line running from a bag of medication to the seated patient below. Several people who seem to be suffering from little more than head colds are on 45-minute antibiotic drips; one elderly woman who has had a stroke is linked up to a bag of the popular herbal supplement ginkgo biloba. ...

Zang Lizhong, the centre’s director, hopes to draw the community away from the intravenous clinic. . Hua Cao is the hub of a groundbreaking primary care network, much of which is focused on chronic diseases such as heart disease and diabetes. Twenty-six health “service stations” are dotted around the area, allowing the centre to build up a profile of the patient population and their requirements. The lingo is all about “prevention rather than cure”, being a gatekeeper and providing home visits to avoid unnecessary hospital admissions. ...

To judge by the current trends in training, the profession can see it coming too. For those who go through formal training of three years or more, the ratio of TCM to Western medicine modules has shifted from 70-30 to half-and-half. ... So what next for TCM? Will it be driven out with the advance of a younger, urban, outward-looking generation? Not necessarily, according to Dr Li, the Hong Kong GP. *“A lot of people do still practise it and pay for it. There must be some value.”*

An important role may actually exist outside the science to which it aspires - and closer to the placebo effect that it is so keen to disprove. While lines of patients are processed through hospital, pharmacies are stacked with packets and pills churn down conveyor belts in the world’s most rapidly industrialising nation, there are the hours of quiet discussion and a vigorous massage to be had at the TCM clinic.



Away from disease diagnosis and treatment and unvalidated drugs, there is a level of holistic care that may be the “value” to which Dr Li refers: *“They pay more attention to their patients. When you are taking someone’s pulse and holding their hands for two minutes, they are paying attention to you, they are listening. People who feel too heavily processed by Western medicine may seek out such a therapy. It is important. It may yet be the future.”*

## SOUTH ASIA REGION TO MEET IN MUMBAI

Initial announcement: The Federation of Family Physicians' Associations of India (FFPAI) will be hosting Wonca South Asia region conference at Mumbai, India from 16 to 18 December, 2011. The venue of the conference is Renaissance Convention Centre Hotel on Powai Lake.

There will be a pre-conference program of The Spice Route Movement for young doctors in the South Asia region.

The host organisation is the FFPAI and also involved in organisation is the General Practitioners' Association - Greater Bombay (GPA). For further information and to receive E-Brochure by E-mail write to: [woncasar2011@gmail.com](mailto:woncasar2011@gmail.com)

## WELCOME WONCA WARSAW - SEPTEMBER 2011



Family doctors from all over the world are welcome to attend the 17th Wonca Europe Conference in Warsaw, Poland, in September 2011. The scientific program is now being finalised and Polska Organizacja Turystyczna has provided information on Warsaw and Poland to help those considering travel to this interesting destination. All photos in this article are Copyright © 2007 Polska Organizacja Turystyczna.

For conference registration details please see the website: [www.woncaeuropa2011.org](http://www.woncaeuropa2011.org)

### Warsaw

A city to spend several days in, to get to know its character, discover the extraordinary history of the capital of Poland and surrender to its unique atmosphere... Totally destroyed during WWII, the Old Town and the Royal Castle were reconstructed and are now on the UNESCO World Cultural Heritage list. Walking the streets of the Old Town and New Town allows you to rest from the bustle of central city life. Atmospheric alleys, squares, and cosy cafés create a unique sense of history. The Old Town square lined with burgher houses, the Royal Castle, the Barbican and the gothic St John's Cathedral are all very popular with tourists. Visitors will also find many churches and palaces, including the Holy Cross church (with the urn containing the heart of Frederick Chopin).



Warsaw – a modern city



Warsaw- old town

The highest building in Warsaw and Poland is the Palace of Culture and Science built, in 1955, in the social realistic style, is a gift from the Soviet Union. It fulfils the role of a cultural centre accommodating theatres, museums, a cinema and a concert hall. The highest viewing platform in Warsaw, on the 30th floor, offers an excellent panoramic view of the city.



Warsaw- Wilanów park-place complex

Two royal palaces and park complexes are significant attractions. The beautiful Łazienki Królewskie park and palace complex was established in the 17th century, where the landscaped gardens feature many interesting architectural monuments, the most important of which is the Palace on the Island built for King Stanisław August Poniatowski – Poland's last monarch. The Baroque Wilanów park-palace complex was the summer residence of King Jan III Sobieski, and then Augustus II. It is an excellent representation of European Baroque architecture at its

height and homage to the former greatness of the Republic. The palace is surrounded by a grandiose, two level Baroque Italian garden and a romantic park in English style. Wilanów is the venue of important cultural events and concerts.

### Around Poland

Poland is a large central European country located to the south of the Baltic Sea, bordered on the west by the River Oder with the River Vistula running through the centre of the country. An abundance and variety of nature, historical monuments, and a respect for traditions, intriguing modern times, and hospitality are some of the elements which make our country very interesting for foreign visitors. The emergent modernity of contemporary Poland moves forward with full respect and consideration for the traditions and the cultural differences of its regions.

### Bialowieza Forest - Bison habitat

The major part of this forest is the Białowieża National Park, a particularly well protected nature reserve which is on the UNESCO World Biosphere Reserves list and World Cultural Heritage list. It is the oldest primeval forest in Europe. Białowieża is famous for its herds of bison, where the animals are bred in their natural habitat. A ride on a narrow-gauge train is a popular tourist attraction.



Białowieża bison

### Wrocław - City of one hundred Bridges

The Wrocław Old Town square originates from the 13th century. The gothic town hall was built between 1327 and 1504 and houses the city's historical museum. Wrocław University has the largest baroque building in the city. Ostrów Tumski Island is the oldest part of the city on which houses the gothic Cathedral of St John the Baptist (13th to 16th century). The epic painting of the Panorama Raławicka (120 m x 15 m) attracts thousands of visitors. St Giles' church is the oldest surviving church in Wrocław with parts that date to the early 12th century.

**Cracow – Historical capital of Poland**

Cracow, Poland’s former royal capital, is one of the most attractive spots on the tourist map of Europe. The city, which lies on the banks of the Vistula River, is famous for its priceless historical monuments of culture and art. Every visitor to Cracow should see Europe’s largest medieval market square, the royal castle, the Wawel cathedral with its outstanding renaissance chapel, and the medieval university building of Collegium Maius with its unique collection of astronomical instruments. The Jewish quarter of Kazimierz features a wealth of Jewish heritage with its 16th century cemetery and seven synagogues of which one is now the Jewish museum.



Cracow – historical capital

**Auschwitz-Birkenau - Memorial museum**

This concentration camp is on the UNESCO World Heritage List. The Nazis set up the concentration camp in Auschwitz (Oswiecim), in 1940, and it became an extermination camp where one and a half million people were murdered. The majority of the

victims were Jews from Poland and central Europe with the second largest group of victims being Poles.

**Tatra Mountains - Polish Alps**

Recorded on the UNESCO Biosphere Reserves list, the Tatra National Park encompasses both the Polish and Slovakian parts of the range. Tourist trails lead hikers to mountain lakes, waterfalls and caves as well as through scenic mountain valleys. The mountains are home to chamois, bears, and marmots.



Beauty of the Tatras

**GDANSK, SOPOT, GDYNIA - THE TRICITY**

An urban complex extending along the Bay of Gdansk, is one of Poland’s largest tourist attractions. Each of the cities making up the “Tricity” offers a different atmosphere. Gdansk is a hanseatic town more than 1,000 years old. It was here that the strikes of 1970, 1980 and 1988 set in motion the destruction of the communist system and in 1980, Lech Walesa led the strike at the Lenin Shipyard in Gdansk, which became the cradle of the Solidarity social movement. Walesa went on to become the president of Poland and winner of the Nobel Peace Prize.



Gdansk

**Mazury - Land of the Great Mazurian Lakes**

Mazury is a land not only of 4,000 bright blue lakes, but also of natural forests and rivers which provide excellent conditions for canoeing. Tourists are attracted here by the trail of the Great Lakes and the unique Ostrodzko-Elblaski canal, as well as the nearby Teutonic castles and Prussian forest lodges.

**EURIPA MEETING - MAY 2011**

Dear colleagues

I have great pleasure in announcing the details of the 2nd EURIPA Rural Forum meeting which will take place in Sinaia, Romania from May 12–15, 2011.

Many of you joined us last year in Majorca and helped make the forum a memorable occasion. The Majorca Rural Forum was a great success. It brought together rural practitioners, academics and policy makers from across Europe and we were able to lay the foundations for a future strategy document on the future of rural health in Europe.

We are dedicating this second forum to one of EURIPA's principal themes, *The Provision of Quality Care in Rural Practice*. I am sure that you will all agree with me that our patients deserve high quality care irrespective of where they may live. Living on the periphery is just not an excuse for substandard care. This challenging aspiration commits us as clinicians and our colleagues as planners and policy makers to ensure that care is adequately resourced and issues of patient safety and clinical governance are diligently adhered to.

We would like you to engage in this important debate and contribute once again. We are keen to invite working clinicians, academics and policy makers to tackle some of the difficult problems and issues that challenge us and our patients every day.

Our four keynote speakers include Professor Aneez Ismail (Professor of General Practice in Manchester and Chair of the European Patient Safety Network), Professor Victor Olsavsky (WHO representative for Romania), Professor Tina Ericson (Chair of Wonca Europe Quality Network EQUIP) and Professor Rich Roberts (President of World Wonca).

We have also identified eight themes for the forum that we believe contribute to high quality rural health care: patient safety, clinical governance, setting professional standards, reflective practice, education and training, the patient experience, and research in rural practice. We will be running a workshop on each theme. The workshops will comprise of four short presentations highlighting areas of good practice and specific local or regional concerns.

There is a lot to do in the next few months but we can assure you an interesting, enjoyable and fruitful time in this very beautiful area of Romania.

Please check the website for details on registration, accommodation and further details on the programme.

<http://www.euripaforum2011.eu>

We are looking forward to seeing you in Sinaia.

Prof John Wynn-Jones, President EURIPA

[johnwj@irh.ac.uk](mailto:johnwj@irh.ac.uk)

Dr Sandra Adalgiza Alexiu, Secretary, Asociatia Medicilor de Familie Bucuresti-Ilfov

<http://www.amf-b.ro>

## WONCA ASIA PACIFIC GOES TO KOREA IN 2012

Dear Colleagues

It is a great pleasure to inform you that the 19th WONCA Asia Pacific regional conference will be held from May 24–27, 2012, in Jeju, Korea. As overall chair of the organising committee, I am truly honoured to host one of the most highly acclaimed meetings in the field of family medicine on the beautiful site of Jeju Island.

This year, the organising committee has chosen *Evidence-Based Approach to Primary Care* as the main theme of the conference, with a focus on the latest developments and trends, as well as the future outlook of the field of primary care and family medicine.

The organising committee is gearing up for an exciting and informative conference program including plenary lectures, symposia, seminars, workshops on a variety of topics, poster presentations and various social programs for over 2,000 participants from around the world.

I hope you will join us at the WONCA Jeju 2012 and have a meaningful time with all the global experts. All members of the Organising Committee and the Korean Academy of Family Medicine look forward to meeting you in Jeju, Korea.

Sincerely,

Yung Kwon lee  
Overall chair, organising committee Jeju 2012

Key deadlines for Jeju  
Abstract submission: December 30, 2011  
Early bird registration: December 30, 2011  
Pre-registration February 29, 2012  
Conference dates: May 24–27, 2012  
<http://www.woncaap2012.org>

## WONCA SPECIAL INTEREST GROUPS

### NEW WONCA SIG: MIGRANT CARE, INTERNATIONAL HEALTH AND TRAVEL MEDICINE

At the recent Wonca Executive meeting in Cebu, the Philippines, the expansion of the Wonca Special Interest Group (SIG) on Travel Medicine was endorsed. The group will now be known as the SIG on Migrant Care, International Health and Travel Medicine.

Dr Garth Brink, who was featured in the February 2011 edition of *Wonca News*, is retiring as convenor after prolonged service as the convenor of the SIG in travel medicine. Wonca acknowledges Garth's contribution. The new convenor will be Dr Maria van den Muijsenbergh of The Netherlands. The initial proposal for the group's activities is outlined below.

#### Vision

Good access and quality of primary care for all – temporally or permanently - displaced people and travellers at all places in the world.

#### Mission

To improve the knowledge and skills of general practitioners as well as the organisational and financial conditions to deliver cultural competent, good quality of primary care to migrants of all kinds: travellers, economic migrants as well as refugees including the undocumented.

#### Aims

To enhance the exchange of knowledge, good practices, education and international research on migrant care in travel medicine in general practice by:

- concerning knowledge and good practices, aiming at GP's in daily practice:
  - Promoting access to and exchange of (web based) information to support GPs in daily practice on all aspects of migrant care, international health and travel medicine such as: infectious diseases, endemic conditions, mental problems related to displacement and migration, communication tools, ethnic and cultural differences in diseases, in health beliefs and expectations.
  - Exchange of good practices by international exchange practice visits.

- concerning education in migrant care, cultural competences and travel medicine:
  - Exchange of programs and materials for medical school, vocational training and post graduate education programs by establishing an internet forum for GP's involved in teaching.
- concerning research on migrant care, cultural competences and travel medicine:
  - Exchange of existing and initiating new local and international research projects.
- networking:
  - Organising workshops and / or pre-conferences at Wonca Europe and other regional Wonca conferences as well as at the Wonca world conference.
  - Joint publishing of practice experiences and research results.

The initial ideas for activities for this SIG include: exchange practice visits of Swiss and Dutch doctors; creating a SIG website on migrant care and travel medicine in general practice, with information on tropical diseases, vaccinations and other immigrant health issues; as well as information on education programs and materials and on research projects; creating an internet forum for members of SIG to exchange experiences, questions, problems and solutions; building the SIG including recruiting members.

Planned Wonca conference activities including: Wonca Asia Pacific 2011 regional conference by Drs Evelyn van Weel-Baumgarten, Ryuki Kassai, Maria Fidelis Manalo; a Wonca Europe 2011 conference workshop; pre-conferences in 2012 in Wonca Europe Vienna and Wonca Africa in Zimbabwe and in 2013 at Wonca World in Prague.

**Convenor**



New convenor, Dr Maria van den Muijsenbergh

Dr Maria van den Muijsenbergh, is a general practitioner in a population with many vulnerable migrants such as refugees, undocumented and homeless people. She is a senior researcher and teacher in the Department of Primary and Community Care at Radboud University Nijmegen Medical Centre, in Nijmegen, the Netherlands. Her research and education focus is on immigrant health and healthcare for refugees and undocumented people (eg the EU-funded Restore-project). She is a senior researcher and adviser to Pharos, Dutch knowledge centre on migrants, refugees and healthcare, in Utrecht.

For further information on the new SIG please contact: [m.vandenmuijsenbergh@elg.umcn.nl](mailto:m.vandenmuijsenbergh@elg.umcn.nl)

**HEALTH AND HEALTH SYSTEM NEWS**

**SECOND GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH**

From January 25-29 2011, Wonca President-elect, Professor Michael Kidd attended the Second Global Forum on Human Resources for Health, held in Bangkok and organized by the World Health Organization (WHO), the Global Health Workforce Alliance, the Japan International Cooperation Agency and the Prince Mahidol Award Conference. One thousand global health leaders participated from around the world.

The Bangkok forum was designed to facilitate the acceleration of attaining the global health workforce needed to achieve the Millennium Development Goals and universal access to health.

The principle outcome was the Bangkok Statement on Health Workforce: *Outcome Statement of the Second Global Forum on Human Resources for Health Bangkok, 27-29 January 2011.*

[http://www.who.int/workforcealliance/knowledge/e\\_solutions/copforumstatement/en/index.html](http://www.who.int/workforcealliance/knowledge/e_solutions/copforumstatement/en/index.html)

The chair of the Global Health Workforce Alliance, Dr Sigrun Mogedal, spoke about the aim of the Alliance: *A health worker for everyone, everywhere*, and about the 57 countries identified as experiencing the most serious health workforce crises. The United Nations estimates that one billion people around the world will have no access to a health care worker during their entire lifetime. The Alliance has produced a report which provides

health worker stats and challenges in most of the 57 countries\*, several of which have member organisations which are part of Wonca.

The Bangkok Statement arising from this forum aims to outline how to ensure the continuing development of the global health workforce and highlights the need for leadership from all sectors, collaboration and mutual accountability, health workforce distribution and retention, accreditation of performance and quality, and effective and functioning regulation.

One important focus was on who determines the kind of doctors and nurses each community needs? How do we find this out from communities? Are our institutions training and providing nurses and doctors who meet community needs? Do public or private institutions perform better or worse? It was noted that the WHO has recently issued guidelines on retention of health care workers in rural areas, with involvement of Wonca rural working party members.

There was a focus on the success of Malawi in growing that nation's health workforce, and lessons for other developing nations, presented by the Minister of Health from Malawi.

The Director-General of Health from Norway, a member of the WHO Executive Committee, discussed the code adopted by the WHO to reduce the health worker drain from developing to developed countries, with a focus on countries training a sufficient health workforce to meet their own needs, which includes work between government and the private health sector.

There was a strong focus on the future education of health professionals with a push for systems-based reform of health professional education based on

leadership, investment, accreditation for both quality and ethics, shared learning. The forum recognised that the world is a very unequal place and health professionals have a role in addressing these inequities. The importance of a focus on primary health care and community-based education was emphasized by primary health care leaders at the forum.

Family medicine was represented at the Bangkok forum with delegates including Professors Jan de Maeseneer, Ian Couper, Roger Strasser, Samuel Wong and Michael Kidd.

*\* Note: Wonca members among the 57 countries identified as having greatest health workforce challenge were: El Salvador, Peru, Bangladesh, India, Indonesia, Iraq, Myanmar, Nepal, Pakistan, Ghana, Kenya, Lesotho, Nigeria, Uganda and Zimbabwe. Others identified did not yet have a Wonca member organisation.*

## GETTING USED TO GENEVA

*A report by Professor Iona Heath, who was appointed in May 2010 to be Wonca's liaison person with the World Health Organization (WHO).*



Prof Iona Heath,  
Wonca executive member-at-large

Having been appointed as the Wonca liaison person with the WHO, I have just made my second visit, on your behalf, to the WHO Headquarters in Geneva. I haven't had time to even glimpse the lake, on either occasion, but I am becoming quite adept at some of the basics.

I know that I must remember to find the machine which gives me a ticket for one hour's free travel before I leave the airport's baggage hall.

I know where to find the train to the central station and I know that I must ensure that my hotel gives me the ticket which entitles me to free public transport while I am in Geneva. What a civilized town!

And, finally, I know where to find the bus stop for the 'number 8' which will take me out to the WHO headquarters building.

In January 2011, I attended the first two days of the 128th session of the WHO Executive Board. [http://apps.who.int/gb/e/e\\_eb128.html](http://apps.who.int/gb/e/e_eb128.html)

Thirty four countries serve on the WHO Executive Board and each has a three year term, with a staggered turnover. The delegations are seated in a huge circle, in alphabetical order according to the names of the countries, in French. This puts the United States next to Russia and Uganda next to Syria. The meeting is chaired by the president of the board, Dr M Kökény, former Hungarian Minister of Health. Countries not currently represented on the board may attend the meeting; speak after board members, at the discretion of the Chair; but may not vote. Representatives of non government organisations (NGOs), including Wonca, have to make a special application if they wish to speak.

In his introductory speech, Dr Kökény pointed out the enormous agenda facing the board and made a plea for countries to limit their contributions to a maximum of five minutes. He repeated this plea throughout the two days that I was present but, regrettably, elicited very little response. He spoke about the global financial crisis, the urgent



Iona Heath's view of the WHO Executive Board meeting

need to reform the WHO and asked for "rational compromises". Wonca members will be pleased to note that he reported that there was enormous interest in health system strengthening and in achieving universal access. He also spoke about the scale of the devastating natural disasters affecting Haiti, Pakistan, Brazil and Australia.

The meeting then opened with an impressive address from the WHO Director-General, Dr Margaret Chan. [http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_2-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_2-en.pdf)

Dr Chan spoke about the December 2010 launch a new meningitis vaccine with the potential to end the devastating epidemics in Africa's meningitis belt. The target price was 50 cents a dose and so no major pharmaceutical company was interested. This prompted what she described as a unique partnership, coordinated by the WHO and the Program for Appropriate Technology in Health (PATH), involving public-private, north-south, and south-south collaboration. She was justifiably proud of the fact that the vaccine was developed, from start to finish, in less than a decade - record time;

and at about one-tenth of the cost usually needed to bring a product through development to the market. Country-wide vaccination programmes are already underway in Burkina Faso, Mali and Niger.

She asked how much the economic downturn is likely to halt such progress in global public health and she pointed out that the WHO is already facing serious financial difficulties: while there is a continuing need for new vaccines, antiretrovirals, dissemination of the new diagnostic test for TB, eradicating polio and reducing areas affected by guinea worm disease, and much else.

She described cholera, currently ravaging Haiti, as a marker for deficient infrastructure and inadequate early warning systems. She described the Millennium Development Goals (MDGs) as a fundamental attack on poverty. She said that sustainable improvements in health outcomes only occur when programmes are aligned with national priorities, leading to national ownership and a clear exit strategy for donors. The weakness of health systems consistently undermines progress.

She mentioned that public mistrust of vaccine safety is a worrisome new trend. She promised a vigorous review of WHO's handling of the H1N1 pandemic, which will report to the World Health Assembly, in May. She urged the importance of core indicators for measuring women's and children's health so that the outcomes of investment and donations can be more effectively assessed. She pointed out that the burdens on countries, which are the recipients of aid, are becoming overwhelming. Apparently, in 2009 alone, Vietnam dealt with more than 400 donor missions to review health projects or the health sector; and Rwanda has to report, to various donors, on 890 health indicators!

Following Dr Chan's report, there were responses from 31 countries, 22 executive board members and 9 non-executive board members. Mauritius, speaking on behalf of the Africa region, urged that the WHO should retain responsibility for global health governance and be accountable to member states, rather than to donors. There was also some concern that the United Nations' summits on the MDGs, in 2010, and on non-communicable diseases, in 2011, were threatening the position of the WHO.

In this context, the report of WHO's Programme, Budget and Administration Committee was profoundly depressing. Apparently, there is a need for administrative reform and much improved accountability: but whether the proposal of systematic risk management, oversight, and both internal and external audit will do anything more than create a top-heavy bureaucracy (already very familiar within health systems in richer countries), remains, in my personal view, questionable.



It was fascinating sitting and listening to the debates, which are scrupulously polite, but, which do nothing to conceal the serious underlying tensions.

There is a clear division on the issue of the appointment of the next Director-General, which is due in 2012. There are three WHO regions, the South-East Asia Region, the Eastern Mediterranean Region, and, most vociferously, the Africa Region, who have not yet had a WHO Director-General. These regions are very committed to establishing a principle of regional rotation for the position. Other countries insist that the Director-General must be appointed on merit alone. The executive board appointed a working group to bring a proposal to the World Health Assembly, in May. They have very deep disagreement to resolve.

The meeting of the executive board is a marathon, lasting a full eight days, with the threat of additional evening sessions if the agenda does not progress well. I had to return home to other commitments after the first two days; but I note that the Board passed two important resolutions, which will come to the World Health Assembly and which are very relevant to the members of Wonca.

The first was on 'Health workforce strengthening'.

[http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R9-en.pdf)

The second on 'Sustainable Health Financing Structures and Universal Coverage'.

[http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R8-en.pdf)

Regrettably, from Wonca's perspective, neither of these important resolutions specifically mentions the importance of primary care medicine and the Wonca delegation to the World Health Assembly may wish to try and speak to this issue on your behalf.

I have yet to discover the dose of coffee and the number of fresh air breaks needed, to sustain the concentration necessary, to listen to a long series of prepared speeches, many of which have to be interpreted - but I am certainly working on it! There is something deeply impressive and almost magical in listening to the President of the executive board saying: "Thank you China, I give the floor to the Russian Federation, to be followed by Samoa".

Prof Iona Heath

## MEMBER AND ORGANIZATIONAL NEWS

### PROFILE: DR GABRIEL IVBIJARO - CHAIR, WONCA WORKING PARTY ON MENTAL HEALTH

Dr Ivbijaro MBBS FRCGP FWACPsych MMedSci DFFP MA graduated from the University of Benin in Nigeria in 1982 and became a fellow of the West African College of Psychiatry in 1990, before coming to England for further training. He completed the Membership examination of the Royal College of General Practitioners UK in 1998, a Masters Degree in Psychiatry and Neurology from the University of Leeds in 1999, and was appointed a Fellow of the Royal College of General Practitioners in 2004. He completed a Masters Degree in Leadership from the University of Middlesex in 2005 and has been a Visiting Fellow at the London South Bank University since 2002.

Dr Ivbijaro is current chair of the Wonca Working Party on Mental Health and editor-in-chief of Mental Health in Family Medicine. He has made a significant contribution to the development of mental health in primary care internationally, and is the co-editor of the 2008 joint Wonca / WHO publication *Integrating mental health into primary care: a global perspective*.



Dr Gabriel Ivbijaro

His area of interest is the empowerment of primary care worldwide to embrace the principles behind the Alma Ata declaration.

He is a member of NHS Waltham Forest (NHSWF) Board, in East London, which commissions and procures full medical services for a population of over 250000, in the London borough of Waltham Forest. The Board holds the budget for general practice, secondary and tertiary services for the whole population of this area. He is an appointed governor of the North East London NHS Foundation Trust which provides psychiatric services to five North East London Boroughs. In his role as clinical governance lead, he has driven up standards in his local area through a number of important projects including the development of a practice professional development plan for all GP practices in his Primary Care Trust.

Dr Ivbijaro is a specialist on the general practice Quality Outcome Framework (QOF) and has piloted the use of this tool within a secondary care setting. He worked with other experts in developing guidelines for Primary Care and Continuing Professional Development (CPD) programmes in the Republic of Macedonia. He is a member of the Mental Health Task Force of the Royal College of General Practitioners and the Intercollegiate Group of the Royal College of Psychiatrists, tasked with developing a guideline on the management of gender dysphoria.

He continues to champion the role of primary care as a tool for health delivery and has a teaching practice in an inner city area of East London which has an interest in mainstreaming the marginalised and participates as a speaker in many national and international conferences.

## PROFILE: DR HENK PARMENTIER - TREASURER, WONCA WORKING PARTY ON MENTAL HEALTH



Dr Henk Parmentier

Dr Henk Parmentier MD DFFP originates from the Netherlands and has been trained both in the Netherlands and in the United Kingdom (UK) where he finalised his GP training. He is a practising general practitioner in Croydon, in south London, with a special interest in mental health, facilitating and conducting primary care research. He is the UK representative and treasurer of the Wonca Working Party on Mental Health, co-editor of the journal *Mental Health in Family Medicine* and is a visiting research fellow at the primary care section of the Institute of Psychiatry, at Kings College, London.

He is also a member of the executive committee of Primary Care Mental Health & Education (PRIMHE), a charity that helps primary care professionals and staff to achieve and deliver the best standards of mental health care.

He has been appointed as the primary care lead of the South London and South East Hub of the Mental Health Research Network, a network funded by the National Institute for Health Research and forms part of

the UK Clinical Research Network. The network supports and delivers high quality clinical and social care research.

## PROF ROGER STRASSER RECEIVES CIVIL HONOUR



Prof Roger Strasser

Professor Roger Strasser was made a Member of the Order of Australia, on 26th January 2011, "For service to medicine, through improving the health care of people living in rural and remote communities in developed and developing nations as an educator, researcher and practitioner".

Roger is a Fellow of Wonca and was inaugural chair of the Wonca Working Party on Rural Practice.

Roger Strasser has had a major leadership role in the development of rural health education, research and clinical practice, in Australia and around the world.

Roger graduated from Monash University, in 1977; completed the Diploma of the Royal Australasian College of Obstetricians and Gynaecologists, in 1981; and the Diploma of the Faculty of Anaesthetists of the Royal College of Surgeons, in England, in 1983. He was awarded Fellowship of the Royal Australian College of General Practitioners (RACGP), in 1985; and a Fellowship of the Australian College of Rural and Remote Medicine (ACCRM), in 1998.

A Kellogg Foundation Fellowship enabled him to complete the renowned Master of Clinical Science in Family Medicine programme at The University of Western Ontario in Canada, in 1985.

Roger and his GP wife, Dr Sarah Strasser, worked as rural general practitioners in Moe, in Victoria Australia, from 1985 to 2002. He was also a Visiting Medical Officer at the Latrobe Regional Hospital in Moe and Traralgon, where his work included obstetrics and anaesthetics.

From 1985 to 1992, Roger was the Gippsland Regional Coordinator of the Family Medicine Program, of the RACGP, and was responsible for coordinating the training of junior doctors working in hospitals and general practices across Gippsland. In 1986 Roger joined the staff of the Faculty of Medicine at Monash University, initially as a volunteer clinical teacher of medical students; and then, in 1988, as a part time Senior Lecturer with the Department of Community Medicine and General Practice.

In 1992, Roger was appointed as the inaugural Professor of Rural Health at Monash University - Australia's first professor of rural health. In this role he had a profound influence on the development of rural health throughout Australia; which has seen the establishment of University Departments of Rural Health and Rural Clinical Schools, attached to the medical schools in each Australian university; and the establishment of the Australian College of Rural and Remote Medicine (ACRRM).

In 2002, Roger was appointed to his current position as Founding Dean of the Northern Ontario School of Medicine (NOSM) in Canada. NOSM is a joint initiative of Lakehead University in Thunder Bay and Laurentian University in Sudbury, and

is the first new medical school to be established in Canada for over 30 years. The medical school program established by Roger has been truly innovative and all medical students are trained in rural and remote medicine and Indigenous health and have strong clinical experience through their training in community rural-based settings.

Throughout his academic career, Roger has made a distinguished contribution as a researcher in rural and remote health. Roger's research activities focus primarily on: rural health workforce, including recruitment and retention, education and training, and sustainability; rural health services, including health service delivery models, specific clinical services and sustainability; and aspects of general practice. His many research grants and publications have been integral to the development of the clinical discipline of rural and remote medicine and, most importantly, have influenced improvements in both government policy and clinical practice and have resulted in improved access to health care by people living in rural and remote locations, especially to Indigenous people.

Roger served 12 years, between 1992 and 2004, as the inaugural chair of the Working Party on Rural Practice of the Wonca. In this role, Roger provided leadership to the development of rural health in many nations. In addition, he chaired the Conference Scientific Committee for the First International Conference on Rural Medicine at Shanghai, China in 1996, and the Conference Organising Committee for the Fifth World Conference on Rural Health, at Melbourne in 2002. In 2004 Roger was the recipient of Fellowship of the World Organization of Family Doctors, in recognition of his outstanding service to family medicine around the world.

Roger has made a major contribution in a voluntary capacity through national leadership roles with the RACGP Rural Faculty and ACRRM, as well as having served as a member of multiple Australian Federal Government taskforces. He has also been a consultant to the World Health Organization assisting in the development of policies and programs to support improvements in rural health especially in developing nations.

Roger has shown exceptional leadership throughout his career. He has been an inspiration to generations of medical students considering a future career in rural and remote medicine. He has been an inspirational leader to many of his peers and his research and education has had a profound international influence on the development of high standards of clinical medical practice for people living in rural and remote communities around the world. His voluntary contributions and influence at a global level have been remarkable.

Wonca President-Elect, Professor Michael Kidd, says of Roger "He is a person of high personal integrity, quiet determination and passion who has had a national and global impact in changing the perspective of health care delivery by focusing on the many previously ignored special health care needs of people living in rural and remote communities".

## PHILIPPINE ACADEMY GOLDEN ANNIVERSARY

The Philippine Academy of Family Physicians (PAFP), host of the 18th Wonca Regional Conference for Asia Pacific, also celebrated its golden anniversary, marking 50 years of operation, at the recent conference, in Cebu.



A younger generation of PAFP members at the strategic planning workshop in November 2010

The golden anniversary celebration was launched, in April 2010, during which PAFP Past Presidents were honored for their contribution to the development of family medicine. This was followed by tree planting activities in various watershed areas of the country. In August, the birth centenary of our founding president, Dr Ramon Angeles was commemorated.

Believing that the future belongs to the younger generation, a visioning workshop for the next 50 years was also held, in 2010. This was led by promising PAFP leaders, who have been in practice for less than 15 years. Subsequently, in November, a five year Strategic Plan was formulated.

December 2010 saw a groundbreaking ceremony for the proposed new PAFP building.

**Cebu activities**

The culmination of the Golden celebration was the Wonca Asia Pacific conference held, in Cebu, in February 2011. PAFP held an opening ceremony graced by Secretary Enrique Ona of the Department of Health, as the Dr Ramon Angeles Memorial lecturer. Secretary Ona talked on universal health care as a flagship program of the administration.

During the conference dinner, on February 22nd, PAFP lifetime achievers were honored and these were the Cebu Chapter, the Department of Family and Community Medicine of

the University of the Philippines Manila, United Laboratories and Dr Leilani Nicodemus (as most promising leader).

The Individual Lifetime Achievement awardees were Dr Inesita Javonillo, Dean Isabelita Samaniego and Professor Zorayda Leopando. The same award was given posthumously to Dr Ramon Angeles, our Founding President, and Dr Antonia Dujungco who was PAFP treasurer for more than 30 years.

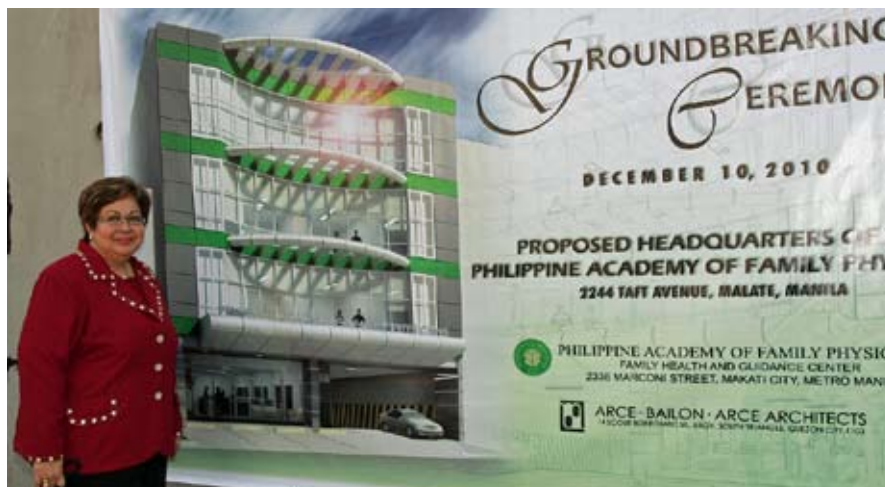


Cynthia Lazaro Hipol MD (right) receives her Distinguished Service Award at the 50th anniversary celebration from PAFP present, Dr Soraya Abubakar

**PAFP history and achievements**

The PAFP is a founding member organisation of Wonca (1972).

The PAFP was recognized as an affiliate specialty organisation in 1972 and in 1979, the then Ministry of Health recognized family medicine as one of the specialty fields where physicians could gain specialty training. In 1991, diplomates and fellows of Family Medicine were first recognized as specialists by the Medical Care Commission (now Philippine Health Insurance Commission).



PAFP President Dr Soraya Abubakar in front of a banner showing the proposed new PAFP headquarters (left) and leads the tree planting (right).

Training of family medicine specialists started in 1974 at the University of the Philippines / Philippine General Hospital. Courses in family and community health for the medical undergraduate started at the University of the Philippines college of medicine in 1976. Today, the PAFP accredits 40 residency training programs in family medicine. In addition, the PAFP completed the curriculum endorsed by the Association of Philippine Medical Colleges and used by all medical schools - the *Integrated Core Curriculum in Family and Community Medicine*.

Since inception, the PAFP has advocated for “a family physician for every Filipino family”, continuing medical education of its members and sustaining the *Filipino Family Physician Journal*.

In 1979, it required CME credits to be attained by fellows, and by 1988, this rule covered all members. As it matures in age, the PAFP has started giving emphasis to optimal quality of care, health equity and patient safety. Thus, a qualifying examination was required to become a diplomate, accreditation of training programs became standard practice, and research contests were introduced in 1984. Teacher training was supported and encouraged by the Philippine Society of Teachers of Family Medicine; full implementation of the national health program with gate-keeping was proposed, participation in quality activities was required; and training of all municipal health officers and general practitioners through a practice-based, innovative pathway was introduced.

Currently, practice standards have been set, integration of bio-psychosocial approach to care strengthened, family wellness plan revitalized and CME on line was introduced for its members.

Beyond medical issues, PAFP community-based environmental protection projects have been in action since 1994, engaging various chapters in tree planting in deforested areas and watersheds; protecting bird sanctuaries and mangroves; implementing zero waste management programs coupled with family wellness, anti-smoking campaign and environment-friendly school (among others).

## PAFP future

As the PAFP starts the next 50 years of its existence, its battle cry is “*A Filipino family physician for every Filipino family: family doctors as CHAMPIONS of Filipino families*”. This is consistent our unifying vision.

We embrace and accept the challenge to be champion family physicians leading and innovating to improve the health care of Filipino families and contributing to the growth of family medicine at the local, national and global level

As such we are committed to the champion vision. We are an organisation of family doctors who share common values. We will move together to become health policy shapers in an atmosphere of academic excellence. Our concern is to effectively manage health care resources as primary gatekeepers practicing cost-effective care without compromising patient safety. We also believe that sound and judicious use of information technology while continuing to deliver overall / holistic / total patient care will help improve the health outcomes for our Filipino patients, families and communities. All the care we give will be guided and improved by new knowledge generated through active research which can also help guide family medicine practice, not only locally, but internationally as well.

Beyond the Philippines’ shores, the PAFP is committing itself to play a more major role in the development of family medicine in the region. It is looking forward to a more distinct and important role in the full implementation of universal health care; the publication of a textbook; innovative, practice based training of family physicians in provinces with no formal residency training; and construction of its new home.

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Professor of Family and Community Medicine,  
University of the Philippines (UP) Manila; Overall Chair,  
PAFP Golden Anniversary

Alex J B Alip  
Associate Professor of Family and Community  
Medicine, UP Manila and Executive Secretary, PAFP

**WONCA CONFERENCES 2011 – 2013 AT A GLANCE**

Information correct as of April 2011.

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

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

| <b>2011</b>         |   |                                  |   |
|---------------------|---|----------------------------------|---|
| 8 – 11<br>September | Europe<br>Regional<br>Conference                      | Warsaw<br>POLAND                 | Family Medicine - Practice, Science<br>and Art                                      |
| 16 – 18<br>December | Wonca South<br>Asia Regional<br>Conference            | Mumbai<br>INDIA                  | Only Doctors Can Provide Accessible,<br>Cost-beneficial and Equitable<br>Healthcare |
| 17 – 19<br>December | Wonca East<br>Mediterranean<br>Regional<br>Conference | Dubai<br>UNITED ARAB<br>EMIRATES | A Family Doctor with you in all<br>stages of Life                                   |
| <b>2012</b>         |   |                                  |   |
| 24 – 27<br>May      | Wonca Asia<br>Pacific Regional<br>Conference          | Jeju<br>SOUTH KOREA              | Evidence Based Approach to<br>Primary Care  |
| 4 – 7<br>July       | Wonca Europe<br>Regional<br>Conference                | Vienna<br>AUSTRIA                | The Art and Science of<br>General Practice  |
| 16 – 19<br>October  | Wonca African<br>Regional<br>Conference               | Victoria Falls<br>ZIMBABWE       | Roles and Responsibilities of<br>African Family Physicians                          |
| <b>2013</b>         |   |                                  |   |
| 26 – 29<br>June     | 20 <sup>th</sup> Wonca<br>World Conference            | Prague<br>CZECH REPUBLIC         | Family Medicine:<br>Care for Generations  |

## GLOBAL MEETINGS FOR THE FAMILY DOCTOR

### MEMBER ORGANIZATION AND RELATED MEETINGS

#### United Nations Millennium Development Goals conference

Theme : Challenges and Perspectives!  
Date : April 22–24, 2011  
Venue : London, United Kingdom  
Contact : Mr Wright Richmond  
Email : wayne.r@blumail.org

#### 4th Geneva conference on person centred medicine

Theme : Articulating person-centered clinical medicine and people-centered public health  
Date : May 2–4, 2011  
Preconference April 30 – May 1  
Venue : Geneva, Switzerland.  
Web : [www.personcenteredmedicine.org](http://www.personcenteredmedicine.org)

#### 2nd EURIPA rural forum

Date : May 12–15, 2011.  
Venue : Sinaia, Romania  
Web : [www.euripaforum2011.eu](http://www.euripaforum2011.eu)

#### EGPRN Spring meeting

Host : European General Practice Research Network (EGPRN)  
Date : May 19–22, 2011  
Venue : Nice, France  
Web : [www.egprn.org](http://www.egprn.org)

#### 2nd IPCRG scientific meeting

Host : International Primary Care Respiratory Group  
Date : May 26–27, 2011  
Venue : Amsterdam, The Netherlands  
Web : [www.theipcr.org](http://www.theipcr.org)  
Email : [BusinessManager@theipcr.org](mailto:BusinessManager@theipcr.org)

#### 5e congrès de la médecine générale

Theme : La Médecine Générale : dynamiques, réalisations et réalités  
Date : June 23–25, 2011  
Venue : Nice, France  
Web : <http://www.congresmg.fr>  
Email : [congresmg@overcome.fr](mailto:congresmg@overcome.fr)

#### FCGP conference 2011

Host : Fiji College of GPs  
Theme : People's health in our hands  
Date : June 11–13, 2011  
Venue : Sigatoka, Fiji  
Web : <http://www.fijigp.com/index.aspx>  
Email : [dr\\_arti@yahoo.com](mailto:dr_arti@yahoo.com)

#### IAHCP 22nd annual scientific meeting

Host : International Association of Health Care Professionals (IAHCP)  
Theme : Maintaining the Challenges in Medical Practice, Family Medicine and Education  
Date : August 20–23, 2011  
Venue : London, United Kingdom  
Web : [www.ahcpuk.org](http://www.ahcpuk.org)  
Contact : Mary Kelly/Maria Ivanova  
Email : [ahcpconference@ymail.com](mailto:ahcpconference@ymail.com)

#### 2011 RNZCGP conference for general practice

Host : The Royal New Zealand College of General Practitioners  
Theme : Playing the Advantage - Tackling the Wicked Issues  
Date : September 1–4, 2011  
Venue : Auckland, New Zealand  
Web : [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)

#### AAFP annual scientific assembly

Host : The American Academy of Family Physicians  
Date : September 14–17, 2011  
Venue : Orlando, Florida, USA  
Web : [www.aafp.org](http://www.aafp.org)

#### RACGP GP '11 conference

Host : The Royal Australian College of General Practitioners  
Date : October 6–9, 2011  
Venue : Hobart, Australia  
Web : [www.gp11.com.au/](http://www.gp11.com.au/)

#### EGPRN autumn meeting

Host : European General Practice Research network (EGPRN)  
Date : October 13–16, 2011  
Venue : Krakow, Poland  
Web : [www.egprn.org](http://www.egprn.org)

#### RCGP annual national primary care conference

Host : Royal College of General Practitioners  
Theme : Diversity in practice  
Date : October 20–22, 2011  
Venue : Liverpool, United Kingdom  
Web : [www.rcgp.org.uk](http://www.rcgp.org.uk)

#### IAHCP 46th joint medical congress

Host : International Association of Health Care Professionals (IAHCP)  
Theme : Progress in Medical Practice, Primary Care and Education in the 21st Century  
Date : October 24–27, 2011  
Venue : London, United Kingdom  
Web : [www.ahcpuk.org](http://www.ahcpuk.org)  
Email : [ahcpconference@ymail.com](mailto:ahcpconference@ymail.com)

#### Family Medicine Forum / Forum en médecine familiale 2010

Host : The College of Family Physicians of Canada. Le Collège de médecins de famille du Canada  
Date : November 3–5, 2011  
Venue : Montreal, Quebec, Canada  
Web : <http://fmf.cfpc.ca>

#### 3rd Asia Pacific Primary Care Research conference

Theme : Bridging the gaps: doing research in the real world  
Host : Academy of Family Physicians of Malaysia & Malaysian Family Medicine Specialists Association.  
Date : December 3–4, 2011  
Venue : Kuala Lumpur, Malaysia  
Web : [www.afpm.org.my](http://www.afpm.org.my)

#### Mental health and family medicine

Date : February 8–11, 2012  
Venue : Granada, Spain  
Web : [www.thematicconferencegranada2012.com](http://www.thematicconferencegranada2012.com)

#### 6th IPCRG world conference

Host : International Primary Care Respiratory Group  
Date : April 25–28, 2012  
Venue : Edinburgh, Scotland  
Web : [www.ipcrp-pcrs2012.com](http://www.ipcrp-pcrs2012.com)