

WONCA News

An International Forum for Family Doctors



CONTENTS

From the Wonca President : The uneven climb – part 1	3
From the CEO's Desk : Towards a more functional Wonca Executive committee	6
From the Editor : In this issue	7
SPECIAL FEATURE: In memoriam: Barbara Starfield (English / español)	8
FEATURE STORIES	13
<ul style="list-style-type: none"> • Wonca President dedicates remarks at UN to Barbara Starfield • Wonca's NCD submission to UN: too narrow a focus can obstruct our vision • The Montegut Global Scholars Program established • Wonca CEO search 	
WONCA REGIONAL NEWS	18
<ul style="list-style-type: none"> • Wonca EMR to hold its first conference • Call for papers for Mumbai • Final invitation to Warsaw • Vasco da Gama movement to meet in Warsaw • Bridging the gaps: doing research in the real world 	
MEMBER AND ORGANIZATIONAL NEWS	22
<ul style="list-style-type: none"> • Profile: Dr Francine Lemire • Profil: Dr Francine Lemire (français) • Croatia's first rural health meeting • Brazil's manifesto against excess of prevention • Pakistan in the news on World Family Doctor Day • Nigeria activities for World Family Doctor day • Dr Donald Li receives civil honour • Philippines awards in Cebu • BMJ honours a phenomenal GP • AAFP awards for medical schools 	
RESOURCES FOR THE FAMILY DOCTOR	32
<ul style="list-style-type: none"> • Primary health care journals' listing • RCGP continuity of care paper • World report on disability • NCD report from WHO 	
WONCA CONFERENCES 2011-2013 AT A GLANCE	34
GLOBAL MEETINGS FOR THE FAMILY DOCTOR	35

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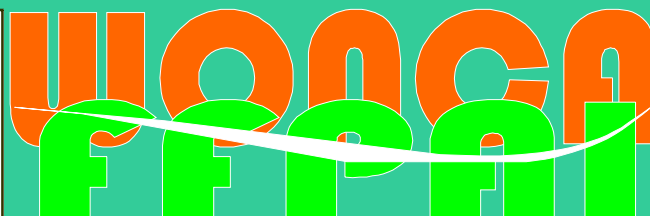
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South Asia Conference of Family Doctors

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]

E-Mail: woncasar2011@gmail.com

www.woncasar2011.com / www.thespiceroute.co / www.ffpai.org

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 :

THE UNEVEN CLIMB – PART 1

Wonca’s vision of a world where every family has a family doctor has always seemed like a huge mountain to climb. Experienced climbers expect some parts of a climb to be easy and other parts to be difficult. What makes parts easier or more difficult is usually the weather overhead or the terrain underfoot. Recent travels to Denmark, Romania, Spain, and Brazil revealed storm clouds over family medicine’s horizon and a changing political landscape that may trip up family medicine’s ascent. I hope that the clouds will pass with improvement of the global economy and that the shifting earth will settle. I fear however, that the thunder and tremors may signal important warnings about health care, and about us.

My next columns will describe these warnings in two parts.

In this issue of *Wonca News*, I contrast in part one a country where family medicine has a long and strong tradition (Denmark) with a country where family medicine is struggling to gain traction (Romania). The next issue of *Wonca News* will include part two, in which I will discuss two nations where the national health care system has been re-built over the past two decades on a foundation of family medicine. In those countries, a fiscal crisis (Spain) and a change in government (Brazil) have threatened the continued climb of family medicine.



Rich Roberts (centre front) during the EQuIP banquet in Copenhagen.

Copenhagen in April

April was classic Copenhagen. The weather shifted frequently from gray and rainy to bright and breezy. A railway warehouse converted into a hotel and sports facility was the venue of the annual meeting of EQuIP (European Association for Quality in General Practice/ Family Medicine). Hosted by the Danish college of general practitioners (DSAM), the meeting was a wonderful opportunity to hear from European experts on quality in primary care, and to learn more about Danish health care.



Frede Olesen delivering a lecture in Copenhagen

Denmark has 5 million people and 12,000 physicians, slightly less than one third are family doctors. There are four medical schools producing 800-900 graduates annually, about 200 of whom enter five year GP post-graduate training programs. About three fourths of Danish GP trainees are female. Danish GPs own their practices – a usual group is 4-5 doctors, although about half are in a solo or single handed practice. A typical day involves 30-35 consultations. Payment to GPs has been a mix of capitation and fee-for-service.

A new contract with government went into effect on 1 April 2011, which will shift the capitation to fee-for-service ratio from 25:75 to 50:50. The Danes have invested heavily in primary care and reduced the number of hospital beds by about half over the past decade. Danish GPs have benefited from this shift in funding from hospital to primary care, with average yearly salaries now around USD 200,000, or 10 per cent more than the average specialist.

I spent a session with a GP as he saw patients in his practice. One consultation involved a middle aged woman with high blood pressure (210/115) who was stressed by family events and who was reluctant to take her prescribed medication. I listened with admiration as the GP gently negotiated a management plan she found acceptable. Even more important was his soothing style

and his unrushed approach, which encouraged her to share her worries about her family.

Patients, professionals, and politicians all seem generally happy with the Danish system. Yet, I caught a glimpse of some concerns. As more family doctors work fewer hours, there are concerns about continuity of care and a sufficient work force. Offsetting that trend is the tendency of more GPs to retire at age 62 or 63, rather than 60, now that their practice duties have lightened with no out of hours duties and their pensioner finances have been made less secure by the adverse global economy.

Communication and coordination with secondary care need improvement – the famed Danish electronic health record platform does not yet connect all parts of the health care system. About 15 years ago, hospitals began hiring GPs to improve communications between hospital and primary care, but this has not worked as well as hoped. An increased focus on measurement and improvement (registries track 30 disease conditions) comes at a time when government funding for GP quality units has been cut in half.

Bucharest in May

The climate in Romania was very different in May. The sun was warm and inviting. The Carpathian Mountains were spectacular. The European Association of Remote and Isolated Practitioners (Euripa) had come to Sinaia for its 2nd Rural Health Invitational Forum. I felt among kindred spirits as we discussed the joys and challenges of rural practice. Before Sinaia, I had several days in Bucharest meeting with medical students and family medicine trainees, and observing a family doctor at work.



Euripa leadership at their conference in Sinaia, Romania. Prof John Wynn-Jones, president of Euripa, is centre front.

My afternoon in a Bucharest practice included a middle aged woman asking for disability papers to be completed for her adult daughter and a man with chronic abdominal pain. Paperwork and chronic pain are familiar to every family doctor working in any language.

Not only was the weather opposite between Denmark (unsettled) and Romania (fine), their health care systems were opposite. Danes benefit from a well resourced, primary care based, high performing system, while Romanians suffer under an under-resourced, specialist and hospital-centered, poor performing system. Spending less than any other European nation, Romania devotes 4.4% of its gross domestic product (GDP) to health care, about half that of Denmark.

Romania has about 21.5 million people, but is gradually losing population with a death rate that exceeds the birth rate and with losses to out-migration. Similarly, Romania produces fewer doctors than it loses to death, retirement, or emigration, especially to Belgium, France, and Italy. There are 12 medical schools, 2 in Bucharest, that graduate about 4800 doctors each year. Romania has about 48,000 physicians with about one in four being family doctors, all of whom must qualify by passing an examination.

From 1949 to 1989, Romania had a centralized state-run health system. But after the fall of Communism in 1989, major health system reforms began and a health insurance system was established. Up until three years ago, family doctors were managing fairly well. They owned their practices and were paid on a capitation basis. They were supplied with a laptop and printer. More recently, they are being pushed by the state run health insurance system to accept more fee-for-service (up to 50%), but they are limited to charging no more than one (1) Euro per consultation and they will not be paid for more than 400 consultations per month.

Thus, Romanian family doctors appear caught in a system designed to make them fail. They must pay their own practice expenses (typically about 70% of their revenues and rising), while their fees are set by the government. The average Romanian family doctor earns about 600 Euro (about USD 860) per month after paying expenses. During my time in Bucharest, I tried to impress these concerns on to the Minister of Health. He had nice things to say about family medicine, but those supportive words have apparently not been translated into supportive action.

The two groups that represent family doctors (the scientific society and union) were locked in intense



Rich Roberts meets with Romanian family physicians to discuss their concerns

negotiations with the Health Insurance House much of the first half of 2011. I learned later that the negotiations had turned ugly, in June, as government officials reportedly used the media to mount personal attacks on the two women representing the two family doctor groups. Their courage and perseverance during those tense months were inspiring.

CONTRASTS

The contrast between the Danish and Romanian health care systems was shocking. Danish family doctors are viewed as the hub of their system and have significant power and resources. Romanian family physicians are marginalized and have too few resources. Yet, I was impressed by the similar problems their patients brought and by the dedication shown by the family doctors of both countries.

I will conclude part two with lessons learned and with some suggested strategies for family doctors and their colleges. Until then, to my Danish friends: *tak* for your gracious hospitality and for the success of the Danish primary care system, which stands high up the mountain as a vision for us all.

To my Romanian friends: *Mulțumesc* for your many kindnesses during my stay, for your continuing the climb up a very difficult slope, and for having the courage to shout out the story of family medicine when others have tried to silence you.

... to be continued in the October issue of *Wonca news*.

Professor Richard Roberts

President

World Organization of Family Doctors

FROM THE CEO'S DESK:

TOWARDS A MORE FUNCTIONAL WONCA EXECUTIVE COMMITTEE

In the initial 30 years of Wonca, it was the practice to have the Wonca Executive committee meet annually, usually in conjunction with a Wonca regional or world conference or a national member organisation's scientific meeting. At that time, such annual meetings of the Executive committee were adequate to handle the affairs of the organisation. The occasional urgent matter that surfaced then was managed with a telephone call between the Wonca president and the secretariat.

Since the start of the millennia, Wonca has grown significantly in terms of its organisational membership, geographical spread, and its networking with other medical NGOs and the World Health Organization (WHO). The level of activities of its standing committees, working parties, special interest groups and ad-hoc committees has also increased significantly. This gave rise to the need for the Executive committee to meet twice a year to handle the affairs of the organisation. But the cost of this move was prohibitive. It then became necessary, for cost reasons, that the Wonca Executive committee met annually whilst the Core Executive committee (consisting of the Wonca President, President-Elect, Honorary Treasurer and CEO) also met about six months after each full Executive committee Meeting.

Whilst this order of alternating meetings of the full Executive and Core Executive committees was cost effective, it became clear with each passing year, that the agenda for the meetings were getting too large. With the massive agenda, the normal three-day meetings of the Core and full Executive committee were found to be too rushed and too cramped with various issues to ensure adequate discussions and good decision making.

With this problem and observation in mind, the current Wonca President suggested that a monthly teleconference, lasting about an hour each, be held among the members of the Core Executive committee. It was felt that this would help facilitate the handling of various urgent internal and external issues as and when they surfaced, and also ease the pressure on the two annual meetings of the full and Core Executive committee. This Core Executive committee monthly teleconference meeting, started in March 2011, and has proven over these past four months to be practical and most useful. Arrangements for the teleconference are facilitated by the staff of the Wonca Secretariat.

In order that all members of the Executive committee are kept up-to-date on matters discussed, a summary of issues discussed and decisions made, are circulated to the full Executive committee within five days of each teleconference meeting. The monthly management accounts of the organisation are also circulated to all of the Executive committee, to keep them updated on the financial status of the organisation. With the teleconference summary and management accounts in hand, members of the Executive committee can contribute their comments and suggestions.

With this approach towards improving the day-to-day functional aspect of our organisation, the Wonca President hopes to enable the future face-to-face meetings of the Core and full Executive committee to devote more fruitful time in discussing important strategic issues facing the organisation. This arrangement will probably be necessary until such times when Wonca is financially in a healthier position, to afford more frequent meetings of the full Executive committee

Dr Alfred Loh

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World Organization of Family
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FROM THE EDITOR:

OUR WORLD IN MOURNING

News seems short this issue. My email is almost quiet. Our world has gone into mourning for Barbara Starfield.

Our world – the world of general practice / family medicine and primary health care - has changed. Governments are continually trying to change our practising worlds, but their progress is usually slow. They seek answers about money, not always quality and outcomes. Barbara sought answers about outcomes. Answers that demonstrated the quality of what we do. Answers that justified our specialty as essential and cost effective.

Now she is gone and in this issue we remember her grand contribution to our discipline. We can only publish a small number of the many tributes that have been made to Barbara Starfield. Some are in Spanish, most in English.

The legacy of Barbara Starfield will live on. Now that she has shown us how to make Governments sit up and take notice of us, perhaps we can carry on her work and ideals. Her latest book, a series of lectures is freely available on-line for us all to use to continue her campaign about primary health care.

Conference preparations

Meanwhile, Wonca committees bide their time for their next big event in Warsaw, in September – Wonca Europe. The Eastern Mediterranean region and the South Asia region are preparing for their respective conferences to come, in December. Also, in December, is the Asia Pacific research conference, in Malaysia. My friends in the Philippines have now finished with reporting on their 50th Anniversary spectacular, held in conjunction with the Wonca Asia Pacific region conference in Cebu, in February.

Submissions and awards

Wonca has made a submission to the UN on NCDs and the WHO has produced a document on the same issue. Around the globe there are a number of awards to report from the AAFP awards to medical schools, to Philippine awards from the Cebu conference. Some individuals have been honoured including our own Asia Pacific region

president, Dr Donald Li. They say such accolades come in threes so we can expect another award to come for Donald. (I have counted two important awards for him this year).

A special mention must be made of the Montegut scholars program established to assist with attendance at Wonca region conferences. This initiative comes out of North America, and Alain Montegut MD is a past president of that region. It is however, a program is for all regions. A generous and exciting precedent in aiding attendance at Wonca conferences.

Member organisation news

Dr Francine Lemire of Canada is profiles in this issue – her profile is in French and English.

I enjoyed receiving some details of recent activities in Croatia, Nigeria and Pakistan. These add to the many World Family Doctor day activities published in the June issue of *Wonca News*. Also in this issue we hear news from Brazil, the host of the 2016 Wonca World conference about their 2011 conference. Our Filipino colleagues provide a further report on their spectacular event in February 2011.

I encourage all countries to send their news for publication and assure you that colleagues around the world are interested in your news and your photos.

Dr Karen M Flegg

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SPECIAL FEATURE: BARBARA STARFIELD - IN MEMORIAM

(English / español)

JOHNS HOPKINS' MEMORIAL ANNOUNCEMENT

It is with great sadness that the Johns Hopkins Bloomberg School of Public Health informs you that Dr Barbara Starfield passed away on June 10, 2011. Dr Starfield was a colleague and mentor to many and a passionate leader that influenced how providers, policy makers, and researchers worldwide think about primary care.

Dr Starfield was a University Distinguished Service Professor with appointments in the Department of Health Policy and Management, and Pediatrics, at the Johns Hopkins University Schools of Public Health and Medicine. Barbara was passionate about primary care and the equity of health services. She was an internationally recognised expert that consulted with many government and professional organisations on quality of care, health status assessment, primary care evaluation, and equity in health.

A forum has been set up to commemorate Barbara's work and contributions to primary care research. It is hoped that you will take a moment to view the entries at <http://www.acg.jhsph.edu>. Please click on "About Us", followed by "Remembering Barbara" to review the page dedicated to her. At the bottom of the page, you can click and access the forum. In this forum, you will be able to read many of the letters of condolence received from around the globe. Additionally, there is an open forum where we hope that you will take a moment to post your own sentiments on Dr Starfield's research and impact on your work and your lives.

PROFESSOR RICHARD ROBERTS' TRIBUTE ON BEHALF OF WONCA

This statement, by Wonca's president, has been previously published on-line in the interests of timeliness, but is reprinted here for readers' information.

The news of the sudden death of Professor Barbara Starfield, apparently due to a coronary event while swimming at her California home on Friday, 10 June 2011, came as a shock. Her passing is an irreplaceable loss for those of us in the global community who care deeply about health care and equity.

A paediatrician by training, health services researcher by trade, and natural teacher by talent, Dr Starfield was University Distinguished Service Professor at the Johns Hopkins University Bloomberg School of Public Health and School of Medicine, as well as Director of its Primary Care Policy Center. She spent more than 50 years at Johns Hopkins.

Barbara was a tireless advocate for family medicine and primary care. She reminded us of why we chose to become family doctors – to help people, improve health, and make the world a better and fairer place.

Using detailed data and compelling analysis, she taught us things about ourselves that we believed, but did not know for certain. She opened the eyes of family doctors to the considerable abilities we have, the weighty responsibilities we carry, and the unrealized possibilities we represent. She saw family doctors as the best hope for health care. Many times, she challenged our vision of what family medicine should look like, and nudged us to see further and clearer. Barbara had an amazing zest for life, travelling constantly around the globe to share ideas, nurture young professionals, and push leaders to do better. A typical day for her could include a meeting with a Health Minister, a tutorial with students, a speech to thousands, completion of yet another manuscript, and an idea for a new tool to further prove the value of primary care. She will be remembered for her passion for social justice, incisive intelligence, and incredible energy. Great people have an extraordinary vitality, which makes them seem immortal and lulls us into thinking we will have them forever. And then they are gone. The best tribute we can offer Barbara is to continue to work toward her vision of a world in which everyone has access to quality health care centred in a trusted relationship with a compassionate, competent, and comprehensive family doctor. We have lost a giant

intellect, a generous colleague, and a good friend. Our deepest sympathies go out to her husband Tony, four children, eight grandchildren, and extended family.

Richard Roberts, MD JD
Wonca President, 2010-2013

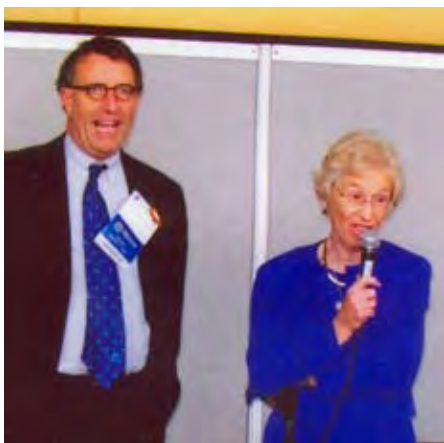
PROFESSOR CHRIS VAN WEEL REFLECTS

The death of Barbara came as a shock for all of us: suddenly, primary care had lost its most prolific champion and ambassador. When this happened, in June, I was on holiday, and found the announcement amidst a load of mails that waited for my return. Ironically, the announcement had arrived a couple of mails after a mail Barbara had sent me herself, a mail urging for action for equity in health care. Ample proof of how unexpected her death came, and proof of her commitment to primary care till the very end.

My first encounter with Barbara was in 1994.

It was, in current phrasing, a “virtual” encounter, but no physical encounter could have been as impressive. We had been recruited by John Fry as authors for a *Lancet* series on ‘primary care’. Barbara published the famous analysis of cost-effectiveness of health care in eleven countries, grouped towards their primary care orientation. I had the privilege to read this as a submitted manuscript and felt at the time that I had been given prior knowledge of the opening of a new phase in the quest for primary care. The figure that summarised the evidence has featured in virtually all my presentations, ever since.

With hindsight, Barbara’s 1994 publication, *Is primary care essential*, created a new playing field. No longer was primary care a mere intellectual value – the best



Prof Chris van Weel with Barbara Starfield at Wonca in Orlando, Florida, in 2004.

conceivable approach to health of people and populations – the concept had substantial practical value. It turned the debate from defensive to offensive: primary care worked, it was there to lead the health care system, and the key question after “1994” was to put it in place.

At the Wonca World Conference, in Orlando, in 2004, Barbara was a key-note speaker. I had the honour to introduce her to the lectern and following her impressive presentation, chair the ‘meet the speaker’ session. Usually, the chair’s role is to break the ice and get discussions started. Not in this case: my main duty was to rescue Barbara after a long session, from a never ending list of comments and questions. Barbara continued to make key appearances at Wonca Conferences, including the 2010 Cancun World conference and 2011 Asia Pacific Region conference, in Cebu.

Barbara will be missed and her death mourned. But I think it is even more important to cherish her work: she has given science to the platform to build evidence-based health care. I trust we will cherish in particular her approach to the challenges of health and health care for those in biggest need. As a scientist, her approach was ‘evidence based’: developing research in unfathomed terrain. But research was for her a means, no goal in itself. It was a means to spark the passion for a more just, fair world. In this sense, I hope and trust, that Barbara Starfield will remain with us forever.

Professor Chris van Weel
Immediate Past President Wonca

ABOUT BARBARA STARFIELD

Source: Johns Hopkins website <http://www.acg.jhsph.edu>

The Johns Hopkins ACG® System grew out of clinical observations made by Barbara Starfield, MD, MPH, in paediatric populations. Research by Dr Starfield and her colleagues in the early 1980s showed that children using the most health care resources were not those with a single chronic illness, but rather children with multiple, seemingly unrelated conditions. Dr Starfield was able to extend these findings to all patients and ultimately demonstrate that the clustering of morbidity is a better predictor of health services resource use than the presence of specific diseases. Clustering of morbidity forms the basis of the current ACG System and remains the fundamental concept that differentiates ACGs from other case-mix adjustment methodologies.

Dr Starfield was University Distinguished Professor with appointments in the Department of Health Policy and Management and Paediatrics at the Johns Hopkins

University Schools of Public Health and Medicine. She was also the director of the Johns Hopkins University Primary Care Policy Center. Dr Starfield developed the original concept that underpins ACGs and she was the co-developer of the ACG® System. She was a principal member of the ACG R&D team.

She was instrumental in leading projects to develop important methodological tools, including, in addition to the ACG System, the Primary Care Assessment Tool and the CHIP tools (to assess adolescent and child health status). Her work thus focused on quality of care, health status assessment, primary care evaluation, and equity in health. Dr Starfield's overriding concerns were understanding the impact of health services on health, especially with regard to the relative contributions of primary care and specialty care on reducing inequities in health. Her focus was both on clinical care and on services to populations as well as the inter-relationships between the two.

Dr Starfield was the co-founder and first President of the International Society for Equity in Health, a scientific society devoted to contributing knowledge to assist in the furtherance of equity in the distribution of health. She was a fellow of the American Academy of Paediatrics, a member of the Institute of Medicine and was on its governing council, as well as on the National Committee on Vital and Health Statistics, and many other government and professional committees and groups. She received her BA degree from Swarthmore College, her MD degree from the State University of New York (Health Sciences Center in Brooklyn), and her MPH degree from the Johns Hopkins University.

Dr Starfield's work has influenced how providers, policy makers, and researchers worldwide think about morbidity. The network she established will ensure that her efforts continue to impact how primary health care is delivered. All are invited to participate in the forum set-up to commemorate her life's contributions and connect with other individuals who think similarly. Providing your name and contact information is voluntarily and will facilitate the establishment of a network of contacts who could potentially further her work.

MOCIÓN DE DUELO. DOCTORA BARBARA STARFIELD

La Confederación Iberoamericana de Medicina Familiar CIMF, lamenta profunda y sensiblemente el fallecimiento de la Doctora Barbara Starfield, ocurrido en su residencia en California, el 10 de junio de 2011.

La Doctora Starfield, médica pediatra y salubrista de formación, profesora de la Universidad de Johns Hopkins por más de 50 años, clínica en sus inicios, maestra de muchas generaciones traspasando fronteras, líder y promotora del rol esencial de la Atención Primaria en Salud en los sistemas sanitarios, visionaria en entender y promulgar la investigación en este campo, para según sus palabras "convertir datos en información que aumente el saber".

La Doctora Starfield, acudió constantemente al llamado de la Región Iberoamericana de Medicina Familiar, para dialogar con los Ministros y autoridades nacionales, para compartir a través de sus conferencias los avances investigativos y la aplicación práctica de la Atención Primaria en Salud con el propósito de eliminar las desigualdades sociales y promover servicios de salud con efectividad y equidad. Siempre nos alentó con su energía y dinamismo y tuvo la palabra oportuna para continuar nuestra lucha como médicos familiares por el logro de sociedades más Justas.

Para la Confederación Iberoamericana de Medicina Familiar, la partida física de la Dra. Starfield es un duro golpe y nos sume en profundo duelo. Honraremos su memoria con la continuación de un trabajo denodado por la Atención Primaria en Salud para lograr el equilibrio entre necesidades de salud, servicios y tecnología por lo cual ella tanto luchó. Nuestra próxima Cumbre de Medicina Familiar, en Asunción, Paraguay en noviembre de 2011, será en su memoria.

La Confederación Iberoamericana de Medicina Familiar CIMF, expresa sus más sentidas condolencias a su esposo, a sus cuatro hijos, a sus ocho nietos, a su familia extensa, a la familia profesional.

Para la gran familia de Medicina Familiar, nuestro sentimiento de pérdida irreparable y el compromiso de continuar con las banderas de la Atención Primaria en Salud para hacer realidad las enseñanzas de nuestra líder global, la Dra. Starfield.

Paz en su tumba.

Liliana Arias-Castillo
Presidenta, Wonca Ibero-americana CIMF



Barbara Starfield – key-note speaker, in Cancun

MOTION OF BEREAVEMENT - DOCTOR BARBARA STARFIELD

A translation of above article

The Ibero-American Confederation of Family Medicine CIMF, deeply and earnestly laments the passing away of Dr Barbara Starfield, which took place at her place of residence in California, on June 10, 2011.

Dr Starfield, Pediatrician and Public Health Professional by formation, Professor at Johns Hopkins for more than 50 years, clinical at her beginning stages, teacher of many generations going beyond borders, leader and promoter of the essential role of primary health care in the sanitary systems, visionary on understanding and spreading the research in this field, so as to, in her own words “convert data into information that increases knowledge”.

Dr Starfield, constantly came forward when summoned by the Ibero-American Region of family medicine, to talk to the national Ministers and authorities; and to share through her conferences, the progress accomplished in research and the practical application of primary health care to eliminate social inequality and to promote health services in an effective and fair manner. She always encouraged us with her energy and dynamism and always had just the right word to continue our struggle as family doctors to achieve having more equitable societies.

For the Ibero-American Confederation of Family Medicine (CIMF), Dr Starfield’s departure is a terrible adversity which leaves us in profound mourning. We will honor her memory through the continuation of her dauntless work for primary health care to reach the balance between health necessities, services and technology for which she so diligently fought. Our next family medicine summit, in Asuncion, Paraguay in November 2011, will be held in her memory.

The Ibero-American Confederation of Family Medicine (CIMF), expresses its deepest, most heartfelt condolences to her husband, her four children, eight grandchildren, her extensive family, and her professional family.

To the great family medicine family, our sympathy goes out to all of you for this irreplaceable loss and we pledge our commitment to continue carrying the primary health care banner; in order to make the teachings of our global mentor Dr Starfield, a reality.

May she rest in peace.

Liliana Arias-Castillo
President, Wonca Ibero-americana CIMF

BARBARA STARFIELD'S NEW ONLINE BOOK

Prof Barbara Starfield’s newest book is a series of presentations which she decided not to create in hard-copy but as an online version. *Primary Care Part I: Selected Presentations and a Course in Primary Care* comprises six invited lectures and an 11-lecture course. It is freely available.

The course was originally presented to students in Cape Town, South Africa, in 2007, and in Barcelona, Spain, in 2009. In the course, Prof Starfield examines the meaning, practice, and effectiveness of primary care. Topics include disease, morbidity, primary care innovations, health equities and disparities, prevention, and specialist care.

Prof Starfield made these presentations freely available on-line. The least we can do now, is help with dissemination. The direct link is:

<http://ocw.jhsph.edu/courses/starfieldcourse/presentations.cfm>

BÁRBARA STARFIELD: IN MEMORIAM

www.semfyces.es

El pasado 10 de junio falleció Barbara Starfield, admirada referente internacional en Medicina de Familia y Atención Primaria.

Barbara Starfield era catedrática de Políticas Sanitarias en la Universidad Johns Hopkins de Baltimore (EEUU), y desde 1994 dirigía el Departamento de Política y Gestión Sanitaria de dicha Universidad. Fue co-fundadora y presidenta de la Sociedad Internacional para la Equidad en Salud (International Society for Equity in Health), una organización científica creada para promover la equidad en los servicios de salud y la salud a nivel internacional mediante la educación, la investigación y el intercambio.

El trabajo de Barbara ha sido destacado además de por su vertiente investigadora, por su reivindicación continua de la figura del médico de familia. Su labor incansable empujó a ver más allá de lo reconocido hasta el momento y a ser conscientes de la importancia que tiene el médico de familia en el sistema de salud. Su tesón, su entusiasmo y sus rigurosos trabajos de investigación eran algunos de sus rasgos más significativos que le permitieron lograrlo.

Barbara era una persona vital, generosa, brillante, y una trabajadora incansable. Como médicos/as de familia, debemos tener siempre presente su trabajo y su lucha.

Compartimos el pesar de esta pérdida.

El siguiente artículo ha sido publicado en la revista española "Atención Primaria". Los autores son Alexandra Prados Torres y J. Daniel Prados Torres. Ofrecemos esta versión editada, en inglés.

BARBARA STARFIELD: IN MEMORIAM

*The following article has been published in the Spanish journal, "Atención primaria" in Spanish. The authors are **Alexandra Prados-Torres and J. Daniel Prados-Torres**. We offer this edited version in English for its wonderful insight into the character of Barbara Starfield. Full text in English and references available on request.*

"When referring to health planning, it is important to remember that, the real thing responsible for hip fractures in the elderly is not osteoporosis... it's the fall." Barbara Starfield

It's not difficult to remember Barbara Starfield reflecting and making us reflect, on such simple, yet deep, thoughts like the one above. Her life and her work has been a beacon for many GPs and people responsible for healthcare policies.

Her way of focusing the priorities of health investigation, seemed to be aimed at convincing the whole world that only by developing family medicine (also family nursing) and primary care, could true equity and efficiency of the health care systems be achieved. Only through this method could states be able to provide in an ample way, at an endurable cost for public economies.

When remembering a personality like hers, the first thing that comes to mind, is how fortunate we were to have met her; read from her magnificent work; or even, on occasion, exchange ideas with her, in person. Those of us who have had said privilege, also had the opportunity of witnessing (and now cherish) her character.

During the 1990s, in the research department of Spanish Society of Family and Community Medicine (semFYC), we were concerned about measures of effectiveness in primary care. At the XVII semFYC congress celebrated in Valencia, in 1997, we organised a 'round table' on *measure of effectiveness of primary care*. We decided to invite Barbara Starfield to the table, having previously read some of her work. There, during that XVII congress, she presented her proposal *Development and application of a population case-mix measure in primary health care: the US experience with ACGs*, which has been a source of inspiration for numerous research projects in Spain.

One year later, in 1998, she published her book, *Primary care: balancing health needs, services and technology*, which three years later was revised, adapted and edited in Spanish by Juan Gervas (one of her frequent collaborators in Spain), under the title: *"Atención Primaria: Equilibrio entre Necesidades de Salud, Servicios y Tecnología"*. This work is considered by many as a "must-read" to understand the characteristics of primary care and family medicine, as well as, permitting an intelligent and ethical approach, to clinical management at that level of healthcare.

If only for that, Barbara Starfield more than earned the recognition of semFYC and all Spanish GPs, but her personality and values were much more complex. That is why, for those of us who had the honor of sharing with her, so closely and so long, we now remember her "special way of being", with which she transmitted a sense of urgency, of life, of commitment, and her ideas on social justice and obligation to act.

There was little place for things she deemed would not help demonstrate, and transmit her ideas. She was very aware of what little time she had, and perhaps, this is why she dwelled so little on things that did not interest her. Her lucidity, without boundaries, led her to a continuous selection of that, and those that she thought she should dedicate her time to. She spoke fast, her eyes sparkled, and her gaze always looked for yours.

Relentless, tenacious, audacious, courageous, generous... Especially generous! With her time, tirelessly travelling, spreading her ideas across all corners of the world.

A few weeks before leaving us, she visited Zaragoza, Spain, to give one of her last conferences. Generous with her ideas, which she shared and discussed with all that approached her; with her thoughts; and even with her “material”, which she kept, methodically, in a key ring full of USB / thumb drives, whose random order only she knew, but which permitted her to extract, from thousands of slideshows, that which proved unequivocally, and scientifically, her theory in a matter of seconds. With excitement in her eyes, she confessed that her next project was to classify and order all that material so that Johns Hopkins University could make it accessible to all who might be interested in it.

Wordlessly, she would urge you to think, argue and listen: to show the best in you by finding the “why” of things.

Her reasoning, shrewd and to the point, sometimes even uncomfortable, frequently, elicited upset responses from her listeners, even angry at times. But, there was an essential difference between her, and the rest of the people present in these debates, people towards whom she was always

well disposed. Her approaches were respected because they had been previously demonstrated with impeccable scientific method, and made available to the scientific and professional community.

Sometimes, after a conference, she might approach you and ask, in an almost shy manner, if you would like to accompany her for a “walk”. During those occasions, while one was suffering a little guilt on being an accomplice to her “escape”, (depriving other people of continuing their discussions), a brisk walk would commence (not a stroll) towards the Ebro in Zaragoza, the seashore in Barcelona, or along the docks in Baltimore. This was also the time of conversation, moments of knowledge, and enormous enjoyment.

She would expose new research ideas, brilliant and centered. She would challenge you to discuss them, share some of her joy, her personal, and family worries. Or, she would tell you about some colleague that you should meet, one way or another, because (she would inform you), you had common interests. On many occasions it was very probable that, several hours later, both would receive an email, even thought, we might live incredibly far away one from the other, urging us to contact each other, and share science and knowledge.

Barbara’s world was small... and simple. Her ideas were of a simplicity and forcefulness that, only the great are capable of.

We shall continue to remember her insights, re-reading her papers, articles, and books, and we shall continue learning from her.

Rest in peace!

FEATURE STORIES

WONCA PRESIDENT DEDICATES REMARKS AT UN TO BARBARA STARFIELD

The United Nations (UN) General Assembly in its resolution A/RES/65/238 decided that the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (NCDs) shall be held on September 19–20, 2011, in New York, and that the meeting shall address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries.

The UN General Assembly organised an informal interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia to provide an input to the preparatory process for the high-level meeting. This informal interactive hearing took place on 16 June. Wonca president, Professor Richard Roberts addressed the hearing. On request, he diverged from his prepared testimony to a more conversational approach. This is Prof Roberts’ testimony.

On behalf of the World Organization of Family Doctors, I’m honoured to share comments at this hearing.

My remarks are dedicated to the memory and recent passing of Professor Barbara Starfield who showed us the dangers, costs, and inequities of a fragmented approach to health care.



Wonca president Rich Roberts.

I have three messages and three outcomes that I'd like to share.

1. Integrate, not separate.
2. Promote better science.
3. Employ a broad strategy.

Health and health care should be more about making people whole than separating diseases. Many with NCDs suffer more than one chronic condition. They don't think of themselves as a bunch of diseases pursuing fragmented services. Many work full-time. They don't want 3 or 4 or more full-time jobs as patients bouncing around from one clinical service to another. They do best with care entered in a trusted relationship with a primary care clinician providing comprehensive services and coordinating other needed services. Health care, like politics, is local. Most diagnosis and professional care of NCDs occur in primary care. We'll see substantial and sustained improvements in the disease burden of NCDs only with enough qualified and well resourced primary care and mental and behavioral health professionals.

Regarding science, the technical term I would use is the much of our science sucks. While most care occurs in primary care, most research and clinical guidance come from sub-specialists in academic health centers. Some think all we need is to transfer knowledge from sub-specialists to primary care. It is just the opposite. The science from sub-specialists is often not accurate or relevant for those receiving or providing most of the care. If we want more evidence-based practice, we must have more practice-based evidence.

Some may argue that adopting a broader perspective on these four NCDs risks losing focus or confusing policy makers. These policy makers are the same people we depend on to resolve war and manage the global

economy. For simplicity, the UN Summit on HIV-AIDS, in 2001, gave us 3 by 5: three million on anti-retrovirals within five years. This Summit, in 2011, will consider 4 by 4. We recommend 15 by 15.

By 2015, we'd like funders of vertical programs for specific conditions to commit 15% of those funds to horizontal strategies such as primary care services or health services research. We think 15 by 15 better serves the health of all seven billion of us. The only thing worse than insufficient funding for NCDs is wasted funding by pursuing inadequate aims.

The three outcomes we'd like to see are:

1. Adequate support of the primary care, and mental and behavioral health infrastructure.
2. Promote practice-based research.
3. Balance and integrate our usually narrow focus on disease with a broader perspective on health using a strategy such as 15 by 15.

Complex problems demand comprehensive strategies. The risk of this initiative is not that we'll try to do too much, but that we'll try to do too little.

WONCA'S NCD SUBMISSION TO UN: TOO NARROW A FOCUS CAN OBSTRUCT OUR VISION

This document is a short version - for a complete and referenced version of this document please contact the Wonca Secretariat.

Cancer, cardiovascular disease, chronic respiratory disease, and diabetes are the focus of the NCD Summit. While not the only NCD, these four diseases dominate mortality due to NCD, share several important risk factors, and have an increasingly adverse impact on human health. These four chronic conditions reflect the complex interplay of numerous genetic, biological, behavioural, social, economic, and political factors. Prevention and control of these NCD will require an ecological approach that accounts for as many factors as possible.

Objective 1: Specific contribution of Civil Society in NCD prevention and control.

The protean nature and enormity of NCD make it essential that all levels of society participate in their prevention and control. Civil Society can provide leadership and activists, stimulate research, influence clinical services, raise funds, and educate professionals, patients, and the public. All of these important tasks can enhance the capacity of governments and others to better succeed in a shared effort to prevent and control NCD.

Objective 2: Lessons learned from previous efforts.

Other complex health issues, such as HIV-AIDS, malaria, and tobacco control, provide important lessons on how to improve outcomes. Focused programs such as the Global Fund and PEPFAR have prolonged the lives of millions with HIV-AIDS, but without evidence that the overall health of the community was improved and without sufficient consideration of the many other issues that loom large for those with HIV-AIDS, such as depression, stigma, unemployment, and so on. Malaria eradication efforts built on narrow objectives such as mosquito control or medication prophylaxis succeeded for a time, until resistance emerged and broader approaches became necessary using multi-modal and ecological strategies. The most effective tobacco control programs have incorporated multiple interventions at all levels of society, including social marketing campaigns, government policies such as taxation, development of new products and engagement of clinicians to assist tobacco users, etc.

Objective 3: Specific outcomes recommended for the outcomes document.

Best is to focus on outcomes that people experience and care about (eg death, pain, disability, hospitalisation). Thus, mortality, morbidity, and burden of suffering are essential outcomes to be tracked. More challenging however, is deciding on specific measures of morbidity. It is tempting to use biometric measures or intermediate outcomes (eg blood pressure, lipid levels, glycated haemoglobin) as proxies for better or worse disease control. These measures preoccupy health professionals, but are not felt or experienced by people. The value, stability, and appropriateness

of specific numerical targets for these measures are not as dependable as we hoped and should be used cautiously. Choosing the wrong number can be dangerous for individuals, confusing for everyone, and diminish the public's trust.

Wonca's recommendations on NCDs

1. Think health, not disease.
Too few resources are devoted to research of and services for disease prevention. Remaining fixated on an illness paradigm makes it difficult to develop effective strategies for prevention.
2. Support primary care and mental/ behavioural health.
Most of the diagnosis and clinical care of the four NCD occur in the primary care setting. There must be sufficient numbers of qualified primary care and mental/ behavioural health professionals who have enough resources before there will be a substantial and enduring improvement in the disease burden of NCD.
3. Think integration, not fragmentation.
Many people with NCD have more than one chronic condition. People do not think of themselves as a collection of diseases in pursuit of a fragmented array of services. They prefer and deserve to be viewed as whole persons with interconnected concerns. The literature shows that people do best when their health care is centred in a trusting relationship with a primary care clinician who provides the most comprehensive services possible and coordinates other needed services.
4. Support better science.
While most care occurs in primary care, most of the research and clinical guidance on these NCD are drawn from sub-specialty disciplines in academic health centres. Many policy makers think it is simply a matter of translating the expert knowledge from the academic health centre to the primary care setting. It is just the opposite. Much of the science coming out of academic health centres is not accurate or not relevant for those receiving or providing most of the care. If we want more evidence-based practice, then we must have more practice-based evidence. Research should be supported that advances complexity science, develops measures for continuity and comprehensiveness of care, and addresses social determinants of health.
5. Invest resources wisely.
The 15 by 2015 campaign urges funders of vertical programs for specific conditions to commit 15% of those funds for clinical care or research to horizontal programs such as primary care services or health services research. The only thing worse than insufficient funding for NCD is funding that is wasted in pursuit of inadequate or unwise strategies.

Complex problems demand comprehensive strategies. The risk of this initiative is not that we will try to do too much, but that we will try to do too little.

Respectfully submitted,
Richard G. Roberts, MD, JD

THE MONTEGUT GLOBAL SCHOLARS PROGRAM ESTABLISHED.

At the Wonca Executive committee meeting in Cebu City, Philippines, it was agreed to accept the generous offer by the American Board of Family Medicine Foundation (ABFM-F) to establish the Montegut Global Scholars Program (MGSP). The American Board of Family Medicine (ABFM) is a member of the American Board of Medical Specialties (ABMS). The ABFM-F is a supporting organisation of the ABFM. Its primary mission is to support the ABFM's research and scholarly activities.



Alain Montegut MD

Alain Montegut

The Montegut Global Scholars Program (MGSP) was established by the ABFM-F in April 2010. It was named in honor of Alain Montegut, MD, a member of the Board of Directors of the ABFM from 2005-10 and Wonca North America region president from 2007-10. His career has been devoted to developing high quality family medicine practice internationally, especially in underserved and/or undeveloped countries.

A program for Wonca regional meeting attendance

The MGSP was established to foster international education, research and collaboration, in the specialty of family medicine. It will support the attendance of one family physician from each of the seven regions of the international organisation of family physicians (Wonca) to their regional meetings or to the international meeting in the year when it is held. In years when the local region does not hold a meeting it will be permissible for the nominee from that region to use the scholarship to attend a meeting in another region.

The MGSP will provide a USD2,000 scholarship for one family physician selected from each of the seven Wonca regions to attend their respective regional Wonca meetings in 2011 and 2012. It will provide a USD3,000 scholarship for the selectee from each region to attend the world conference of Wonca in 2013.

The selected scholars are expected to devote the entire amount funded toward expenses related to attending the Wonca meeting for which s/he is chosen. Should additional funding be necessary for a selectee to attend any of the aforementioned meetings, the individual or his/her regional Wonca shall be responsible for the balance.

Applications

Applications will be sought and processed by the respective Wonca regional office. Where the local Wonca region does not have a committee structure or staff which allows for the identification; solicitation of interest from physicians and the ultimate submission of the Application, the Wonca World Secretary or the Wonca World Nominating and Awards Committee will be empowered to assist.

The nominee from the North American region should come from the Caribbean College of Family Physicians and should be approved by the North American President.

The person chosen for the scholarship must be a family physician/general practitioner in good professional standing. It is suggested that the selectee be a physician involved with education, research and/or committed to improving the quality of family medical care in his/her region. Furthermore, the selectee chosen should be a person whom under ordinary circumstances would not have the financial means to attend the referenced meetings, and is not part of the Wonca leadership in his/her region. The regional Wonca office should assure in advance that the person chosen for this scholarship possesses proper documents/credentials for international travel. Finally, it is suggested that the same individual not be chosen to attend more than one of the three meetings offered by this scholars program. The scholarship selectee should be informed that s/he is responsible for arranging the details (e.g., travel, lodging, etc.) for attending the meeting for which s/he has been chosen.

Scholar Responsibilities

In return for the scholarship, each scholar is required to submit a brief report (in English) after returning from a meeting in their own region or another region to the President of the ABFM-F including an

essay (of 2-4 typewritten pages) outlining *Lessons Learned* from the designated meeting, that, going forward, could benefit that physician, his/her patients, residency training programs or trainees, or the specialty of family medicine in his/her region. A supplemental report to the ABFM-F office will be required 5-6 months after the conference attendance. Any papers, lectures or presentations by the scholar containing information gained as a result of this scholarship should acknowledge the ABFM-F as a sponsor.

Application forms are available from the Wonca Secretariat
 admin@wonca.com.sg

For further information or to apply contact:
 president@abfmfoundation.org

WONCA CEO SEARCH

This article is reprinted from the June 2011 issue

FROM: Richard Roberts, MD, JD, Wonca President, and Chair of the Wonca CEO Search Committee

TO: Presidents, Contact Persons, Council Members of Wonca Member Organizations

One year ago in Cancun, Dr. Alfred Loh announced his intention to retire as Wonca CEO by the next World Council meeting in Prague in June 2013. The Wonca Executive established a Search Committee, which has developed the criteria, position description, and recruitment process for a new CEO.

Please help us identify the best possible candidate. Attached is the short version of the updated position description for Wonca CEO. (Note: A long version may be obtained from hmccoy@aafp.org

We request that you distribute whichever version is most appropriate by as many means as you can (website, journals, newsletters, announcements at meetings, word of mouth, etc.).

Dr. Doug Henley, Executive Vice President of the American Academy of Family Physicians (AAFP), and Ms. Holly McCoy, Director of Human Resources at the AAFP, very kindly offered the services of the AAFP to assist in the search process.

We ask prospective candidates to submit their letter of interest and curriculum vitae to Ms. McCoy (hmccoy@aafp.org) by 1 August 2011. Our plan is to begin to interview candidates in Warsaw in early September 2011. We hope to complete the recruitment of and negotiations with the successful candidate during 2012.

Thank you for your assistance with this important recruitment.

Richard Roberts, MD, JD

CEO Position Description

Wonca seeks a new Chief Executive Officer. Location is negotiable.

SUMMARY OF RESPONSIBILITIES:

The CEO serves as Wonca’s Chief Executive Officer and in that capacity has the responsibility for providing staff leadership and daily oversight and management of all staff activities. Key responsibilities include strategic and business development and implementation; recommendations on changing international health care environment; financial management and budget responsibility; membership development; representing Wonca and building relationships with other health-related organizations, media and governmental agencies;

REQUIREMENTS:

Candidates should have substantial management experience and proven organizational skills; strong business and fiscal management skills; in-depth knowledge of management of a large not for profit association; expertise in and strong awareness of global trends and politics; understanding of and commitment to the effective use of information technologies; and strong oral and written communications skills. Although the successful candidate may hold a medical degree, exceptionally well qualified candidates having a minimum of a master’s degree will be considered.

CEO candidates must demonstrate excellent leadership and interpersonal skills. The CEO should project the image of the organization to both members and the public and accordingly should be able to interact effectively with individuals and groups. The CEO should be a non-smoker and should not engage in the excessive use of alcohol or use illicit drugs.

International travel of up to approximately 30 days per year is anticipated. The successful candidate should have sufficient stamina to fulfil the essential functions of this position, which may include extensive travel and long hours.

APPLICATION PROCESS:

To be considered, send a letter by, 1 August 2011 addressing position responsibilities and requirements, and a copy of your resume to:
 Holly McCoy,
 American Academy of Family Physicians,
 Email: hmccoy@aafp.org
 11400 Tomahawk Creek Parkway,
 Kansas City, MO 64064. USA



Wonca East Mediterranean
 Family Medicine Congress
 17th-19th December 2011
 Dubai, United Arab Emirates

JOIN US!

WONCA REGIONAL NEWS

WONCA EMR TO HOLD ITS FIRST CONFERENCE

Dear Colleagues,

I am very pleased that the 1st Wonca East Mediterranean Region (WONCA EMR) congress will be held in Dubai, UAE in December 2011.

The First Wonca EMR Congress is focusing on *Health for all via Family Medicine* through the participation and collaboration among family medicine professionals and organizations in the Middle East region. We expect this conference to be very interesting, active, informative, and well-attended because FM is the first line of prevention and treatment.

We likewise expect to see the latest statistics, case reports, researches and medical advances in the FM

Field. The success of this conference relies heavily on the involvement and active participation of individuals and medical professionals in the field of FM.

Experts were invited to speak in this conference and I am confident that everyone will gain new information or perspective and learn unique approaches and relevant techniques applicable in the Middle East. I personally hope that this conference will bring people and organisations together, government or non-government, private or public individuals, towards a common goal of combating the different aspects of diseases.

As a parting statement, I want to express my sincere thanks and appreciation to the Emirates Medical Association (UAE) that is the primary organisers of this conference and the unceasing support of patrons and friends of Wonca EMR especially to Wonca International and its Board of

Executives that are instrumental to the formation of Wonca EMR, and the success in its activities.

We hope to see you all in the conference!

Prof Nabil Kurashi
 President Wonca EMR



President of the host, Emirates Medical Association, Dr Ali Ahmed Bin Shakar

President of the host Emirates Medical Association, Dr Ali Ahmed Bin Shakar says that the theme selected - *Provision of Primary Health Care and Family Medicine in the Twenty First Century* - will address the latest developments, trends, scientific research and technological advancements in the field of family medicine and their impact on public health improvement.

He promises a unique multi-cultural experience whilst in Dubai. "Warm hospitality is deep-rooted in our culture and we will spare no effort in making your participation, both professionally and culturally enriched."



Prof Faisal Al Nasir (left), speaker in Dubai with Prof Nabil Al Kurashi, EMR president at the Wonca conference in Cancun, in 2010.

The educational program has been carefully selected. There is a large contingent of highly renowned key note-speakers, including Wonca leaders Professors Richard Roberts of the USA (President), Michael Kidd from Australia (president- elect) and Chris Van Weel of the Netherlands (Past President), Waris Qidwai of Pakistan (Wonca working party on research chair). Some of the other key-note speakers are:

Prof Faisal Abdul Latif Al Nasir, chairman Department of Family & Community Medicine Arabian Gulf University; from Bahrain

Dr Naeema Algasseer, WHO representative in Iraq and Assistant Regional Director, WHO Eastern Mediterranean regional office

Dr Oraib Alsmadi, family medicine consultant and Senior Program Manager of the Jordan Health Care Systems Strengthening (HSS II) Project

Dr Alaa Alwan, Assistant Director-General, Non-communicable Diseases and Mental Health World Health Organization (WHO)

Prof Alireza Bagheri MD PhD, Assistant Professor of medicine and medical ethics in Tehran, Iran

Prof Salman Rawaf, director of the WHO Collaborating Centre for Public Health Education and Training in the United Kingdom.

For any further inquiries, please contact Mrs Lina Alaa Al Deen – Wonca EMR Advisor & General Conference Coordinator on: lina@wonca-dubai2011.com

WONCA EMR DUBAI AT A GLANCE

Dates: December 17–19, 2011
 Venue: Dubai International Convention and Exhibition centre
 Web: www.wonca-dubai2011.com
 Email: pco@wonca-dubai2011.com
 15 Sep 2011 advance program on web site and abstract submission deadline
 30 Sep 2011 First early bird registration deadline
 1 Dec 2011 final program available and second early bird registration deadline

CALL FOR PAPERS FOR MUMBAI

Early bird registration for Mumbai extended until September 30.

Wonca South Asia region is holding its conference, in Mumbai, in December 2011. Plans are well advanced and a call for papers is now being made. Several prizes and cash awards may be given to deserving papers.

Scientific papers are invited from family physicians from any country. Papers should be relevant and preferably deal with original work or practice experience and not “reviews” from journals or text books. Topics chosen could be clinical, case studies, clinical trials, surveys, issues of family practice, rural health, topics of relevance to primary care or interesting cases. An extensive topic list can be viewed on-line.

Papers should be submitted to the Conference Secretariat, addressed to the Chairman, Scientific Committee on or before October 15. If your paper is under preparation, you may submit an abstract, not exceeding 300 words.

Papers should be typed or computer printed with double spacing. You may submit a soft copy as MS Word document on a CD by courier or as a copy as Word attachment by e-mail. Scientific Committee will be happy to assist you in preparing your Paper and final computer slide presentation, if selected. There will be excellent audiovisual facilities for presentations, namely LCD Computer projection, and video projection. Overhead Projection is not available. Time for each Scientific paper presentation will be strictly restricted to 10 minutes.

Poster presentations may also be presented in the standard size of 90cms (width) X 120cms (height) maximum. Details of the same will be provided at a later date.

Presenters must send the following with their paper: author's address, telephone numbers, fax number; e-mail address; passport size photo and brief resume (not exceeding 10 sentences).

WONCA MUMBAI AT A GLANCE

Venue : Renaissance Convention Hotel Mumbai, India.
 Date : December 16-18, 2011
 First early bird registration closes: September 30, 2011
 Last Date Abstract submission: October 15, 2011
 Second early bird registration closes September 30, 2011
 Web : www.woncasar2011.com
 E-mail : woncasar2011@gmail.com

FINAL INVITATION TO WARSAW

Dear Colleagues,

WONCA Europe and the College of Family Physicians in Poland would like to once again invite you to participate in the 17th WONCA Europe conference which will be held from September 8–11, 2011, in the beautiful Polish capital of Warsaw.

During the conference, Warsaw is to also become the capital of European Family Medicine. The great importance of this event is emphasised by the fact that it is being held during the Polish Presidency of the European Union.

Under the theme *Family Medicine – practice, science and art*, a rich and diverse scientific programme has been developed. It offers you a great choice of presentations carefully selected out of 1000 submitted and invited abstracts. There will be six key-note speeches, more than 140 hours of workshops, 47 sessions with about 300 oral presentations, and more than 600 posters.

Wonca network meetings as well as satellite symposia will also take place. The final version of the scientific programme will be available on the conference website at the end of July.

www.woncaeurope2011.org

Thanks to a rich social programme (numerous excursions, gala dinner in Warsaw Royal Bath Gardens, and open air picnic in the old city centre) the conference offers you also unique opportunity of less formal contacts between family physicians from all over the world.

On-line registration will be available till August 2011, whilst on-site registration will be open at the conference venue on the September 8, starting 2:00pm.

Hope to see you in Warsaw!

17th Wonca Europe Conference Organising Committee

VASCO DA GAMA MOVEMENT TO MEET IN WARSAW



Vasco da Gama group met in Malaga in 2010 (from l to r): Sara del Olmo, Spain; Erik Teunissen, (plenary speaker); Yvonne van Leeuwen, (plenary speaker); Raquel Gomez Bravo, Spain.

This year, as every year the Vasco da Gama Movement (VdGM) for young doctors will also be present at the Wonca Europe Conference to be held in Warsaw.

On September 7-8, the VdGM will hold a preconference for young and future GPs and family doctors. Some of delegates will be there for the first time, to get infected with the Wonca virus and meet in small working groups with other young colleagues from all over Europe. These other colleagues represent each member country as a national delegate for the Europe Council the ruling body of VdGM.

The aim of preconference is:

- to provide a forum for young and future general practitioners / family physicians to exchange ideas and professional experiences in an European context,
- to discuss the development of family medicine to meet the needs of patients in a increasingly complex field within a rapidly changing society with rising demands from individuals and ever growing medical possibilities,
- to discuss and promote working conditions corresponding to the needs of the upcoming generation of general practitioners / family physicians,
- to improve practice, quality, teaching and research of general practice / family medicine in all European countries.

There are still places available for preconference participants. Delegates have to be nominated by their national representative on the VdGM or, in their absence, their local Wonca member organisation.

More information is available on-line:

www.vdgm.eu

Application to attend the preconference can be sent to: preconference2011@gmail.com.

Dr Sven Streit
VdGM Secretary

BRIDGING THE GAPS: DOING RESEARCH IN THE REAL WORLD: ASIA PACIFIC PRIMARY CARE RESEARCH CONFERENCE

Dear Colleague,

On behalf of the organising committee, I would like to welcome you to attend the third Asia Pacific Primary Care Research Conference (APPCR) on Dec 3-4, 2011. This conference is jointly organised by the Academy of Family Physicians of Malaysia (AFPM) and Family Medicine Specialist Association of Malaysia, in collaboration with the Ministry of Health of Malaysia, College of Family Physicians Singapore (CFPS) and Wonca.

After the success of the first two APPCR Conferences in Malacca (2009) and Singapore (2010), we are delighted to host it again, this time at the Summit Hotel, in Kuala Lumpur. The theme of the conference reflects what primary care research community urgently needs in this region: *Bridging the gaps: doing research in the real world*. As such, we have lined up an exciting scientific programme covering wide-ranging and important topics including plenaries on *health system research; medical informatics; pragmatic approach to doing primary care research*.

Experienced primary care researchers will be conducting three concurrent workshops throughout the conference on practical issues: health system research - how to get started; using SPSS; doing qualitative research.

Last but not least, the Research Championship! We will continue the popular event which was the highlight of the Singapore conference, last year. We hope to attract novice researchers around the Asia Pacific region to compete in this *American Idol* style research competition. Teams of experienced researchers will guide the participants to

develop their research idea from formulating a research question, literature review, methodology to proposal writing.

2010 research competition and awards

Congratulations go to the winners of the 2010 Primary Care Research Competitions.

Rajakumar Award – The Best Oral Presentation:

1st A/Prof Tan Boon Yeow (Singapore)
2nd A/Prof Nik Sherina Hanafi (Malaysia)
3rd Dr Tan Kok Heng Adrian (Singapore)

Wong Heck Sing Award – The Best Oral Presentation

from Students and Trainees:
Mr Wee Liang En (Singapore)

Best Poster Award:

1st Dr Tin Myo Han (Myanmar)
2nd Mr Wee Liang En (Singapore)
3rd Mr Ray Lai Tian Rui (Singapore)

Research Championship 2010:

1st Dr Moey Kirm Seng Peter & Dr Chang Ngai Kin Christopher (Singapore)
2nd Dr Low Lian Leng & Dr Ang Yee, Gary (Singapore)
3rd Dr Ngieng Kiong Kiong, Dr Kok Sim Hui & Dr Lenny Martini Hamden (Malaysia)

Tie for 3rd Dr Peter Sathiyathan, Dr Abdul Hafiz Mohamad Ghani & Dr Kong Sie Zin (Malaysia)

We welcome abstract submission for oral and poster presentations as well as for the Research Championship (abstract submission dateline: 15 Sep 2011).

Prizes, including the prestigious Rajakumar and Wong Heck Sing Awards, will be awarded to the best oral and poster presenters! More details on the conference website.

<http://appcrc.fms-malaysia.org>

A/Prof Chirk-Jenn Ng
Chair, Organising Committee
Email: news@afpm.org.my or ngcj@um.edu.my

MEMBER AND ORGANIZATIONAL NEWS

**PROFILE: FRANCINE LEMIRE –
WONCA HONORARY TREASURER**



Dr Francine Lemire

Dr Francine Lemire was elected as Wonca Executive Member-at-Large and then as Wonca’s Honorary Treasurer at the Wonca World Council meeting, in Cancun, Mexico, in 2010.

BRIEF BIOGRAPHY

Dr Francine Lemire has been a family physician for over 30 years, 25 of those in a community of 20,000 in Corner Brook, Newfoundland, Canada’s easternmost province, or “the west coast of the east coast,” as she often calls it. She served as a GP anaesthetist in Corner Brook for almost 20 years and experienced a full scope of care including intra-partum, hospital in-patient, and emergency care, while also running a physician practice. During this time she served on the board of the Newfoundland and Labrador chapter of the College of Family Physicians of Canada (CFPC). Dr Lemire later served on the executive committee of the CFPC, and was president, in 1998–99. She also represented the CFPC at Wonca World Council meetings in 1998, 2007, and 2010. Since 2003, Dr Lemire has worked for the CFPC as Associate Executive Director of Professional Affairs. With assistance from supportive colleagues, she also maintains a small family practice at the Toronto Western Hospital Family Health Team on a part-time basis. She is married to Dr Jamie Graham and has three grown up stepchildren and two grandchildren.

A conversation with Dr Francine Lemire.

Why did you decide to run for a position on the Wonca Executive?

I realized that, as a “newbie” - someone familiar with Wonca but who had not had an intimate involvement by serving on a committee - I was going to have an uphill challenge, but I am passionate about Wonca’s cause. I truly believe that if Wonca did not exist, we would have to invent it. Increasing evidence reveals the importance of a strong primary care system in influencing population health outcomes, and family practice is a key ingredient. I am privileged to work in a country where family medicine is considered a specialty, and through Wonca, I hope to contribute to and help facilitate the development of stronger primary care systems.

Now that you are on the Wonca Executive and you have had one face-to-face meeting, what are your first impressions?

I believe that the current executive of Wonca is made up of thoughtful, reflective individuals and the leadership of the organization is in good hands, despite a financial situation that requires vigilance and active

management. The core executive links via conference call on a monthly basis; this is important to ensure appropriate follow-up of Wonca’s core areas of engagement. Much responsibility rests with our CEO, Dr Alfred Loh, and our President, Prof Richard Roberts, for the management of Wonca’s day-to-day affairs.

Wonca has been a leader in advocating for the importance of “attachment” of individuals to a family / general practice; the International Classification of Primary Care (ICPC) provides the potential for us to capture the reality of general practice on the ground level much more closely than through other classifications. The core executive is now conferencing with the Wonca International Classification Committee (WICC) on a more regular basis in order to find ways to improve ICPC and see it used more widely. Finally, strategic collaborations and partnerships are critical in order for Wonca to advance its mandate. The recent Memorandum of Understanding (MOU) signed with the John Hopkins Bloomberg School of Public Health (JHBSPH) to jointly promote the ICPC®-2 (International Classification of Primary Care, version 2) and the ACG® System (Adjusted Clinical Groups System) globally; as well as Wonca’s representation on the World Health Organization (WHO) are examples of such areas of collaboration.

During your address to the Wonca Council following your nomination for election to the Executive, you used a metaphor about canoeing down the river. Would you expand on this a little?

I fully support the direction of the Group to Redesign the Operations of Wonca (GROW) project and will work diligently with the rest of the executive and Wonca members to implement it. This will require both

vision and a realistic view about what can be done. We will need to be clear about defining what success is and how we measure it. I look at this a little bit like canoeing down a fast-moving river with rocks and rapids. We have to worry about three things:

1. which side of the river we should be on, usually the decision of the person at the stern (rear) of the canoe;
2. on which side of the rocks we should paddle, usually the decision of the bow person, at the front of the canoe; and
3. that the canoeists at the stern and the bow are in sync with one another to avoid getting broadsided onto a rock and capsizing. GROW is a good road map for the Wonca canoe, but we must steer it carefully.

I want to be clear about the fact that I am not a one-issue person. Several areas of interest include the health of mothers, newborns, and children - if we serve them well we help everyone; mental health - paramount to health of individuals; quality in family/general practice; and the support of family medicine as an academic discipline. I am also very interested in seeking better ways well-resourced countries can work with those that are less well-resourced in developing family and general practice in order to ensure the delivery of patient-centered, continuing, comprehensive care. Wonca is in an excellent position to help define international standards for training and accreditation of family medicine residency programs and I welcome the opportunity to help move this forward.

Is there anything else you would like to say to Wonca News readers?

I welcome comments and questions in response to these remarks, as well as anything else our colleagues think I should be aware of. It is truly an honour and a privilege to be given this opportunity and to serve on the Wonca Executive.

PROFIL : FRANCINE LEMIRE – TRÉSORIÈRE HONORAIRE DE WONCA



Dre Francine Lemire parle à la conférence mondiale de Wonca à Cancun,

Dre Francine Lemire a été élue membre à titre particulier au Comité de direction de Wonca puis secrétaire honoraire lors de la conférence mondiale de Wonca à Cancun, au Mexique, en 2010.

BRÈVE BIOGRAPHIE

Dre Francine Lemire est médecin de famille depuis plus de 30 ans. Elle a passé 25 de ces années à Terre-Neuve, la plus à l'est des provinces canadiennes, dans une communauté de 20 000 personnes, Corner Brook, qu'elle qualifie souvent de « côte ouest de la côte est ». Omnipraticienne anesthésiste dans cette ville pendant presque 20 ans, elle partageait son temps entre les soins intrapartum, l'urgence, le suivi de ses patients hospitalisés et son bureau privé. Parallèlement, elle siégeait au conseil d'administration de la Section Terre-Neuve-et-Labrador du Collège des médecins de famille du Canada (CMFC). Dre Lemire a ensuite siégé au Comité de direction du CMFC et en a été présidente en 1998-1999. Elle a également représenté le CMFC aux conférences mondiales de Wonca en 1998, 2007 et 2010. Depuis 2003, elle est directrice générale associée aux Affaires professionnelles au CMFC. Avec le soutien de quelques collègues, elle s'occupe à temps partiel d'une petite pratique de médecine familiale au sein de l'Équipe de santé familiale de l'Hôpital Toronto Western. Elle est mariée au Dr Jamie Graham et a trois beaux-enfants adultes et deux petits-enfants.

Conversation avec Dre Francine Lemire, Canada

Pourquoi avez-vous décidé de briguer un poste au comité de direction de Wonca?

J'ai réalisé qu'en tant que « newbie » – quelqu'un qui connaît bien Wonca mais qui n'a pas collaboré de très près avec l'organisation en siégeant à un comité –, le défi allait être énorme, mais la cause de Wonca me passionne. Je crois vraiment que si Wonca n'existait pas, il faudrait l'inventer. De plus en plus de données probantes confirment l'importante incidence d'un solide système de soins primaires sur les résultats en matière de santé de la population, et la pratique de la médecine familiale est un élément clé de ce système. J'ai le privilège de travailler dans un pays où la médecine familiale est considérée comme une spécialité et, par l'intermédiaire de Wonca, j'espère pouvoir contribuer au développement de systèmes de soins primaires plus robustes.

Maintenant que vous siégez au comité de direction de Wonca et avez eu une rencontre avec les autres membres, quelles sont vos premières impressions?

Je crois que l'actuel comité de direction est formé de personnes avisées et réfléchies et que le leadership de l'organisation est entre bonnes mains, même si la situation financière exige de la vigilance et une gestion active. Les membres du Comité de direction restreint sont en contact chaque mois par voie de téléconférence; c'est important pour effectuer un suivi adéquat des principaux secteurs d'engagement de Wonca. La gestion des affaires courantes de l'organisation représente une responsabilité importante pour notre président et directeur général, Dr Alfred Loh, et notre président, Dr Richard Roberts.

Wonca fait valoir l'importance de l'« attachement » de l'individu à un milieu de pratique familiale / générale. Beaucoup plus que les autres, la Classification Internationale en Soins Primaires (CISP) nous offre la possibilité de cerner de près la réalité de l'exercice de la médecine générale. Les membres du Comité de direction restreint ont des téléconférences plus régulières avec le Comité international de classification de Wonca (CICW) afin de trouver des moyens pour améliorer la CISP et la faire appliquer à plus grande échelle. Finalement, les collaborations et partenariats stratégiques sont essentiels à la réalisation du mandat de Wonca. Le récent protocole d'entente signé avec l'École de santé publique John Hopkins Bloomberg pour promouvoir conjointement la CISP-2 (Classification Internationale en Soins Primaires deuxième version) et le système ACG (Adjusted Clinical Groups System) à l'échelle mondiale, ainsi que la représentation de Wonca à l'Organisation mondiale de la Santé (OMS) sont des exemples concrets de ces collaborations.

Lors de votre allocution devant le conseil de Wonca à la suite de votre mise en candidature pour un poste

au Comité de direction, vous avez utilisé une métaphore, celle du canot qui descend une rivière. Pourriez-vous élaborer un peu?

Je soutiens pleinement l'orientation du projet Group to Redesign the Operations of Wonca (GROW), et je vais travailler assidûment avec les autres membres du Comité de direction et l'effectif de Wonca à le mettre en œuvre. À cette fin, nous devons à la fois faire preuve de vision et nous baser sur une perception réaliste de ce qui peut être fait. Nous devons définir clairement ce que nous entendons par réussite, et la manière de la mesurer. Je vois cela un peu comme une descente de canot en eau-vive avec rapides et obstacles. Nous devons nous préoccuper de trois choses : 1) de quel côté de la rivière se positionner, décision qui revient habituellement à la personne qui se trouve à la poupe (arrière) du canot; 2) par quel côté contourner les obstacles, décision qui revient habituellement à la personne à la proue, à l'avant du canot; et 3) que les deux canoëistes, celui de la poupe et celui de la proue, travaillent en synchronie pour éviter que le canot se retrouve en travers du courant, heurte un rocher et chavire. Le projet GROW établit une bonne feuille de route, mais le canot de Wonca doit être manœuvré adéquatement.

Je tiens à préciser que je ne suis pas quelqu'un qui s'intéresse à un seul dossier. Plusieurs domaines m'intéressent, dont la santé des mères, des nouveau-nés et des enfants – en leur offrant de bons services, nous aidons tout le monde; la santé mentale – cruciale pour la santé des individus; la qualité de la pratique familiale / générale; et l'appui à la médecine familiale comme discipline universitaire. J'aimerais aussi trouver des moyens de collaboration plus efficaces entre les pays bien nantis et les moins bien nantis pour développer la pratique de la médecine familiale et générale afin d'assurer la prestation de soins centrés sur le patient, continus, complets et globaux. Wonca est extrêmement bien placée pour aider à définir les normes internationales de formation et d'agrément des programmes de résidence en médecine familiale et je suis très heureuse de pouvoir contribuer à faire avancer les choses.

Y a-t-il autre chose que vous aimeriez dire aux lecteurs de Wonca News?

Je serai ravie de recevoir les commentaires de vos lecteurs et de répondre à leurs questions en lien avec mes propos. J'accepterai également avec plaisir toute suggestion de nos collègues quant à ce qu'ils estiment que je devrais connaître. Je considère ma nomination comme un honneur et un privilège et d'avoir l'opportunité de siéger au Comité de direction de la Wonca.

CROATIA'S FIRST RURAL HEALTH MEETING

EURIPA President John Wynn-Jones recently returned from a meeting in Croatia, their first major rural health meeting, and he came back impressed at the commitment of those involved in Croatian Rural Family Practice



EURIPA president, Dr John Wynn-Jones

John Wynn-Jones reports

My friends Tanja Pekez-Pavlisko and Mario Malnar invited me to speak at their first major rural health meeting. Mario is the chair of KoHOM (Coordination of Croatian Family Doctors) which is the biggest organisation of primary care doctors in Croatia. It was founded in December 2008 and has been a full member of Wonca, since 2010. KoHOM uses modern social networking technology to reach out to its members across Croatia. Their list-server helps them share problems and support each

other. They work on the principle that “we can solve almost everything when we are united and work together”.

Like other parts of Central and Eastern Europe, a large proportion of family doctors as we know them are also rural doctors and this is why KoHOM has decided to develop a rural stream. Croatian rural family practice faces significant challenges (like many of their neighbouring countries). Only 3.6% on the national health economy is spent on primary care. The rest goes to an over resourced secondary and tertiary service, which looks down on family medicine. The medical schools remain in splendid academic isolation and rarely try to engage with those on the front line in rural practice. As a result, GPs are de-motivated and family medicine is at the bottom of the list of job choices for qualifying medical students. Young doctors are leaving Croatia and significant manpower problems loom, as a large proportion of the workforce is ageing rapidly.

I met some really committed colleagues, who are determined to shift the balance and we must do our best to support them.

KoHOM is slowly beginning to connect with government and the National Insurance Company but progress is slow and extremely frustrating. Some of us must consider ourselves fortunate that we don't have to deal with political systems which are decidedly anti primary care and don't seem to have read either the scientific literature; the works of champions such as Barbara Starfield, or the 2009 World Health Assembly declaration. Croatia is not alone with this problem which seems to be endemic across much of the Balkans and Eastern Europe.

The next proposed conference in Pag would be an exciting venture, bringing together countries previously ravaged by war and ethnic conflict but struggling with the same issues of poor political will to improve the health and wellbeing of a significant part of Europe's Rural Population.

John Wynn-Jones

Conference report

Tanja Pekez-Pavlisko from Croatia gives a report on the conference:

Croatia is a country in central Europe, covering an area of 56,542 km. In 2004, the total population was 4.4 million and the proportion of the population aged 65 and over, was 16.64%. A total of 2300 family doctors provide medical care for most of this population (paediatricians provide primary medical care, in cities, for children aged 0 to 7).

For 35% of the general practice practices, the distance to the nearest hospital is 20 or more kilometres. However, all practices are treated equally in terms of equipment and operation. The general practice team is paid on the basis of the number of insured patients. Exceptions are: practices on islands; areas of special government care status which can afford a lower number of insured patients. GPs work either within a primary health care centre or independently and are all paid by Croatian Health Insurance.

The issue of rural medicine started to emerge after the Coordination of Croatian Family Doctors (KoHOM) commenced its activities. Government, local administrations and the Faculty of Medicine do not yet recognise the specific issues of medical practice in rural areas. Therefore we decided to organise the first rural medicine conference, in Kutina, which took place on April 2, 2011 under the auspice of the Mayor of Kutina.

The special guest of the conference was Dr John Wynn-Jones who gave an excellent lecture on the importance of rural medicine. We presented the problems of providing medical care to children and women in rural areas, and good examples of cooperation between GPs and the local authorities and non-government associations.

The example of Novalja, on the island Pag, was presented to raise the issue of providing medical care to tourists, during the summer season. Novalja is 80 kilometres away from the nearest hospital. Dr Nives Dabo (also deputy mayor of Novalja) presented a project of providing medical care during the tourist season, when Novalja's population rises from 7000 to more than 60000, based on assigning doctors from inland.

Dr Ines Balint (former deputy mayor of Sveta Nedjelja) presented examples of screening mammography and screening for diabetes, in patients with risk factors.

Dragica Varat (teacher at a local school with a large Roma population) presented an example of a multidisciplinary approach to educating both children and their parents (in hygiene, injury prevention, cooking and first aid).

Biserka Stojic presented the Sandra Stoic Foundation, whose work is dedicated to providing help to families in need of palliative care. She also presented a manual covering symptom relief and the rights of patients in need of palliative care.



KoHOM president, Dr Mario Malnar

The second part of the Conference included workshops: *insulin therapy in GP practices* (Dr Mario Malnar, president of KOHOM); *airway management* (Franko Haller, student); *trauma patient management* (Tomislav Cikojevic); *emergency management in GP practices* (Tanja Pekez Pavlisko).

The Conference received considerable media coverage through two radio stations, one website, two television channels, (one national and one local), and through local newspapers. We informed the public and medical workers through mailing lists and received support and requests for the organization of this type of event at least twice a year. The next event is scheduled for early October, in Novalja.

During the conference Dr John Wynn-Jones expressed his support for which, once again, we thank him. We also hope that the idea raised at the Conference for the organization of a World Rural Conference in Croatia will be widely supported and that we will have an opportunity to host professionals from all over the world.

BRAZIL'S MANIFESTO AGAINST EXCESS OF PREVENTION

The Brazilian Society of Family and Community Medicine had its 11th national meeting, in June, together with the 4th Portugal-Brazil Primary Health Care Meeting. It was a wonderful meeting with more than 4000 professionals (mostly young doctors) and more than twelve concomitant activities, four with simultaneous Portuguese-English translation.

More than 300 speakers were invited, 30 of them from 11 different countries (Portugal, Canada, Australia, United States, Spain, United Kingdom, Germany, South Africa, Paraguay, Italy, Argentina). Pharmaceutical industry sponsorship was not accepted and the meeting had a high standard of quality in organisation, scientific and cultural aspects. It was funded exclusively by those who attended the meeting (70% of the expenses) and by the Ministry of Health (30%).



Some of the meeting participants

During the opening ceremony, there was a very touching tribute to Barbara Starfield who helped a lot with the development of primary health care in Brazil and without her militancy, the advances achieved during the past 15 years, would not have been possible.

One of the main issues discussed during the meeting was the excess of prevention. Opening the conference was a *Manifesto Against Excess of Prevention* conducted by Iona Heath, Marc Jamouille and Juan Gervas. Iona Heath, Wonca Executive member, talked about excess of prevention as result of fear and gently taught how to deal with this new pressure. Marc Jamouille explained the concept of quaternary prevention. Juan Gervas organised a "happening" where three family doctors with white coats said *primum non nocere* several times when he interrupted his speech about "porn prevention".



Manifesto against excess of prevention participants (l to r) Marc Jamoulle, Juan Gervas, Gustavo Gusso and Iona Heath.

Workshops, debates with other specialists (some very hot, for example, the one with a urologist) and many other activities were used as tools to discuss this issue that is crucial for every family doctor. There is a new and powerful industry of prevention and it is important to keep the individual (unique) risk as the cornerstone.

Communication skills, patient centred medicine, theoretical foundations of family medicine, medical unexplained symptoms, how to manage symptoms and common diseases, mental health team support, continuing professional development, residency programs, family medicine in undergraduate and many other important issues were discussed during the four days.

Wonca's President, Richard Roberts, could help enlighten politicians to advance primary health care and family medicine in Brazil. His messages at the opening and closing ceremonies could fill the hearts of those who attended the meeting of hope and energy.

See all of you in Rio in 2016!!!

Gustavo Gusso

PAKISTAN IN THE NEWS ON WORLD FAMILY DOCTOR DAY

Published in The Express Tribune, May 18, 2011.

College of Family Medicine Pakistan (CFMP) is celebrating World Family Doctors Day on Thursday, with 'Courtesy and Care' as the motto for 2011. CFMP President Dr Aziz Khan Tank has asked all registered family physicians and qualified general medical practitioners to permanently adopt the motto at the workplace. A series of seminars, symposiums, radio and television shows have also been arranged to celebrate the day.

As per the decision of Wonca, Family Doctors' Day was observed by College of Family Medicine Pakistan (CFMP) from May 19–26, 2011.

Supplements appeared in *The Express Tribune* (English) and local daily newspapers, and as well, TV channels highlighted the importance of this day.

On May 26, 2011, World Family Doctors' Day was observed with great enthusiasm by family doctors / GPs at Pakistan medical Association (PMA) House with Prof Ali Muhammad Ansari, a senior medical personality as chief guest; and Prof Naeem Jarfi, as guest of honour. This function was celebrated along with the certificate distribution ceremony of MRCGP(Int) South Asia. Dr Ali Salamn and Dr Shahla Naseem, acted as coordinators of the function. Dr Aziz Khan Tank welcomed the guests and participants and also highlighted the untiring efforts of the CFMP to update GPs through continuing medical education.



Audience at CFMP certificate distribution ceremony with TV camera in back

Prof Naeem Jafri, a pioneer in family medicine in Pakistan spoke of his appreciation of the role of CFMP in promoting cause of family medicine and carrying out a number of programmes for the training of family doctors (DFM, MCPS, FCPS, MRCGP(Int)). The MRCGP South Asia exam is now held in Pakistan, alternating with Sri Lanka, saving large amount of travel costs for candidates.

Prof Ali Muhamad Ansari congratulated the CFMP for its devotion to upholding family doctors / GPs at an international level and establishing its reputation in Asia and the world, by being a founding member of Wonca. He praised the services of Dr Aziz Khan Tank for his untiring effort to make this family medicine branch on a par with other medical branches.

There were two lectures on diabetes and anemia in kidney diseases. Prof Waris Qidwai presented on *Family Medicine in today's era of super-specialisation* and Dr Col Rahid Iqbal on *the role of family doctors at grassroots level*. Dr Kiran Ejaz presented her paper on *research in medical practice and need for interest in research by GP's / family doctors*.



Prof Waris Qidwai, chair of Wonca's Working party on research presented at the event.

The MRCGP (Int) fifth batch certificates were distributed by Prof Ali Muhammad Ansari, Prof Naeem Jafri, Dr Badar Sabir Ali, Dr Col Rashid Iqbal, Dr Amanat Mohsin, Dr Shaukat Nayani, Dr Altaf Khatri, Dr Muzaffar Ali Uqali and Dr Aziz Khan Tank. Also distributed were appreciation certificates to the "Friends of the CFMP".

The seminar ended with vote of thanks to the PMA as well as to its founder members and directors; the members of the CFMP; and participants. A vote of thanks given by Dr Ali Salaman.

Dr Aziz Khan Tank
CFMP Secretary General

NIGERIA ACTIVITIES FOR WORLD FAMILY DOCTOR DAY

Dr Anthony A Omolola, National President of the Association of General and Private Medical Practitioners of Nigeria (AGPMPN), reports that tin Nigeria, they celebrated World Family Doctor day with various activities including the following.

Health Walk: Hand bills containing information about Wonca and the role of general practitioner/ family physician in health care systems were distributed to the public.

A keynote address was delivered by AGPMPN President on the *Role of General Practitioner/ Family Physician in health care systems*.

A press conference on health issues and what Wonca stands for and the importance of general practitioner/family physician in health care delivery was held.

Free health screening for diabetes and hypertension was offered at the Lagos television ground, Ikeja, Lagos. There was a similar programme in three other centres: Port Harcourt, Abuja and Abeokuta.

DR DONALD LI RECEIVES CIVIL HONOUR

Dr Donald Li, Wonca Asia-Pacific Region president has been awarded the a civil honour, the Silver Bauhinia Star (SBS), for his distinguished public service, particularly his significant contribution to the Hospital Authority and the development of community-based care in Hong Kong.

The Silver Bauhinia Star (SBS); traditional Chinese: 銀紫荊星章; is the second rank in the Order of the Bauhinia Star in Hong Kong,

created in 1997 to replace the British honours system (such as Order of the British Empire) after the transfer of sovereignty to People's Republic of China and the establishment of the Hong Kong Special Administrative Region. It is awarded to persons who have taken a leading part in public affairs and/or voluntary work over a long period of time.

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

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



Dr Donald Li

Dr Li is actively involved in local Hong Kong medical organisations, for example, as Censor of the HKCFP and Vice-President of the Hong Kong

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

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

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

PHILIPPINES AWARDS IN CEBU

During the Golden Anniversary and Annual Convention of the Philippine Academy of Family Physicians (PAFP), the specialty society which represents family doctors all over the country. As a fitting celebration on its 50th year, the PAFP hosted both the 18th Wonca Asia Pacific regional conference and the 10th Wonca rural

health world conference at the Waterfront Hotel, Cebu City, 20–24 February 2011.

Department of Family and Community Medicine shines

A total of 3,000 local participants and 400 foreign delegates provided the backdrop for the recognition of those who have distinguished themselves in the teaching and practice of family medicine since the inception of the specialty. The Department of Family and Community Medicine (DFCM) of the College of Medicine and Philippine General Hospital, again showcased its best and brightest by garnering practically all the major awards. It was cited for being the *Most Outstanding Clinical Department* in the history of the specialty up to this point in time. The DCFM is an academic members of the Wonca. It is one of the pioneering and leading departments of family medicine in the region. Organised in 1972, it was first to offer: family medicine residency program, in 1972; family and community health courses for the medical degree, in 1976; and Master of Science in clinical medicine - family and community medicine, in 1999.

DFCM has produced 19 chairs of 18 departments of family medicine in the Philippines, 4 deans of medical schools, 6 presidents of the PAFP, 5 presidents of Foundation for Family Medicine Educators, 5 chairs of the Specialty Board in Family Medicine and 5 presidents of PAFP Residents Organization.



From l to r Dada Leopando, Lani Nicodemus, Annie Francisco, Alex Alip (Chair of Department), Queenie Abubakar (PAFP President), Irene Yu Maglonzo, Josie Lapena (Former chair), Ebbie Samaniego, Nina Dizon. All are graduates of the DFCM program. Ebbie is currently dean of College of Medicine, Pamantasan ng Lungsod ng Maynila.

Dada Leopando receives prestigious award

For the individual awards, Prof Zorayda “Dada” Leopando, University of Philippines (UP) Manila Vice Chancellor for planning and development and former department chair, was conferred the *Lifetime Achievement Award*, a singular citation given to only five people. The award was given in recognition for her many contributions to the development of family medicine not only in the Philippines but in other parts of the world. Dr Leopando introduced the strategic planning workshop in the PAFP. She is one of the prime movers of the orientation course in family medicine, quality assurance instruction,

learning portfolio and mentoring and the Integrated Family and Community Medicine course for medical students.

She is currently one of the editors-in-chief of *Asia Pacific Family Medicine Journal*, chair-elect of Wonca Working Party for Women and Family Medicine. She was Wonca regional president for Asia Pacific for many years. During her term, she paved the way for the family medicine education workshop in the region, the Wes Fabb Oration and the *Asia Pacific Family Medicine Journal*. She assisted in the development of the discipline in Indonesia, Vietnam, Mongolia and Thailand.

Dada Leopando also received a plaque of distinction for being the founding president of the Philippine Society of Teachers in Family Medicine (PSTFM). This was by virtue of her organising a link program between PSTFM and the Royal College of General Practitioners which enabled 13 consultant trainers of family medicine, from various parts of the country, to get fellowships in the UK. In addition, she organized a link with the department of primary care and population science of the University College London which enabled 14 faculty members of DFCM to visit UK.

Most promising leader

The PAFP also gave an award for the *Most Promising Leader in Family Medicine* and this was given to Dr Leilani Apostol-Nicodemus, clinical associate professor and current training officer of the residency program. She is chair of the Specialty Board of Family Medicine and has also been secretary of the Foundation of Family Medicine Educators. She organised the training program at the Seamen's Hospital and helped establish the innovative practiced-based family medicine training at St Jude Hospital.



Lani Nicodemus receiving the Most Promising Leader award from Queenie Abubakar

Medical educator award

The conference was also the venue of the Silver Anniversary Celebration of the Foundation for Family Medicine Education (formerly the Philippine Society of Teachers in Family Medicine). A highlight of the program was the awarding of the *Most Outstanding Family Medicine Educator*. This was given to Dr Allan Dionisio, clinical associate professor and head of the counseling service of the department. He was recognised for his contribution to the promotion of the biopsychosocial approach to care and caring skills for family physicians.

Papers and posters

Dr Avegille Panganiban beat other entries from both the Philippines and abroad by placing first in the oral research presentation competition. Her paper *Testing the association of family resources with caregiver strain and family function among paediatric cancer patients using a novel SCREEM questionnaire* earned

her a cash award of USD500 and a certificate of recognition.

Dr Tricia Mercado placed second in the research poster category for her work *Implementation of the Five-Star Paradigm in the Family Medicine Training Program* won a cash prize of USD300 and a coveted certificate.

All in all, it was a worthy accomplishment that DFCM can ride high on, for the next fifty years.

BMJ HONOURS A PHENOMENAL GP

The BMJ Awards banquet was held in May 2011. It was reported as “a humbling and inspiring evening-to hear of the incredible work of our colleagues around the world”. Unfortunately, no primary care papers were shortlisted for the research paper of the year but there was good primary care representation for the other awards.

<http://groupawards.bmj.com/2011-shortlist>.

According to Oxford University media, the highlight of the evening from a primary care perspective, was when Dr Ann Mc Pherson, a GP, in Oxford was awarded the Health Communicator of the Year Award. Dr McPherson was too ill to attend the awards banquet due to terminal pancreatic cancer. The award was accepted on her behalf by Hugh Grant (the film star- who made a warm, generous and witty speech) and her husband Klim McPherson (celebrity epidemiologist). There was hushed silence as her video message was played. The video message can be retrieved at:

http://www.ox.ac.uk/media/news_stories/2011/111905.html

The report from Oxford University tells us about this inspiring member of our profession. Dr Ann McPherson has instigated a number of successful health information projects with communication at their heart. She was praised for the imaginative way in which she conveys the complexities and technical details of medicine to a wider audience and helps to change the way people think about important issues.

‘If you’re a good doctor, you have to be able to communicate,’ she says. ‘Communication is the essence of being a good doctor.’

Healthtalkonline.org is a patient website which allows people with different health conditions to benefit from the experiences of others who have been in the same position. Ten years after it was first set up, the site now covers 60 different illnesses and health issues and receives two million hits every month. Based on research carried out at Oxford University, the enterprise has now resulted in a research group dedicated to patient experiences.

Most recently, Dr McPherson created the group Healthcare Professionals for Assisted Dying (HPAD) which campaigns for greater patient choice at the end of life, including the option of assisted dying subject to legal safeguards.

On being informed she had won the award, she said she was delighted but stressed that the award should also recognise all the others involved in these projects. ‘They were all very much team efforts. Collaboration is vital. No one does these things on their own.’

AAFP AWARDS FOR MEDICAL SCHOOLS

Source: AAFP news now

The American Academy of Family Physicians (AAFP) has bestowed its 2011 Program of Excellence Awards on 16 medical school family medicine interest groups.

The AAFP has named 16 medical school family medicine interest groups (FMIGs), winners of the 2011 Program of Excellence Award for their outstanding activities in generating interest in family medicine. The awards recognise FMIGs for their superior performance in FMIG operation, community service, promoting the value of primary care, exposure to family medicine and family physicians, professional development and measures of success.

The winning FMIGs of the overall 2011 Program of Excellence Award are at these medical schools: David Geffen School of Medicine at the University of California, Los Angeles;

- Medical College of Wisconsin in Milwaukee;
- Ohio State University College of Medicine in Columbus;
- Oregon Health and Science University School of Medicine in Portland;
- Pennsylvania State College of Medicine in Hershey;
- Roy J. and Lucille A. Carver College of Medicine at the University of Iowa in Iowa City;
- University of Minnesota Medical School, Twin Cities Campus, in Minneapolis;
- University of Texas Health Science Center at San Antonio School of Medicine;
- University of Washington School of Medicine in Seattle; - Virginia Commonwealth University School of Medicine in Richmond.

FMIGs at six medical schools were named winners in specific categories. Those medical schools and the categories are:

- University of Missouri School of Medicine in Columbia - excellence in community service;

- Warren Alpert Medical School of Brown University in Providence, R.I. - excellence in exposure to family medicine/family physicians;

- University of Missouri-Kansas City School of Medicine - excellence in professional development;

- University of Alabama School of Medicine, Huntsville Regional Medical Campus - first-time applicant;

- University of Louisville School of Medicine in Louisville, Ky. - most improved FMIG.

RESOURCES FOR THE FAMILY DOCTOR

PRIMARY HEALTH CARE JOURNALS' LISTING

Professor Chris van Weel, Immediate Past President of Wonca, reports that since June 2011, Thomson Reuters ISI features the subject heading *Primary Health Care*. He has provided the relevant page with its listing. Thomson Reuters *Journal Citation Reports®* offers a systematic, objective means to critically evaluate the world's leading journals, with quantifiable, statistical information based on citation data.

Rank	Abbreviated Journal Title	ISSN	JCR Data						Elgenfactor™ Metrics	
			Total Cites	Impact Factor	5-Year Impact Factory	Immediacy Index	Articles	Cited Half-life	Elgenfactor™ Score	Article Influence™ Score
1	Ann Fam Med	1544-1709	2104	4.457	4.969	2.434	53	4.5	0.01080	1.919
2	Brit J Gen Pract	0960-1643	3597	2.070	2.664	1.859	99	7.2	0.00863	0.880
3	J Am Board Fam Med	1557-2625	1689	1.987	2.204	1.640	89	5.3	0.00550	0.768
4	Scand J Prim Health	0281-3432	936	1.909	1.984	0.222	36	7.5	0.00171	0.458
5	Fam Pract	0263-2136	2761	1.709	2.226	0.485	101	7.6	0.00613	0.717
6	Am Fam Physician	0002-838X	3914	1.547	2.007	0.421	107	7.4	0.00764	0.533
7	BMC Fam Pract	1471-2296	738	1.467		0.172	99	3.9	0.00374	
8	Can Fam Physician	0008-350X	1517	1.403	1.565	1.447	103	4.7	0.00374	0.399
9	Fam Med	0742-3225	1489	1.368	1.647	0.389	36	7.5	0.00329	0.541
10	Primary Care	0095-4543	490	1.146	0.862	0.128	47	7.2	0.00108	0.227
11	Aust Fam Physician	0300-8495	945	0.647		0.161	155	5.1	0.00270	
12	Aten Prim	0212-6567	819	0.619		0.206	6	7.4	0.00067	
13	Aust J Health	1448-7527	163	0.408		0.627	51	4.1	0.00028	

RCGP CONTINUITY OF CARE PAPER

Keeping general practice familiar and local improves continuity of care and can tackle health inequalities more effectively, says a new Policy Paper from the Royal College of General Practitioners (RCGP).

Written by Dr Alison Hill and Professor George Freeman, Promoting Continuity of Care in General Practice outlines the evidence of the cost-effectiveness of general practice, citing the fact that one day's GP care is equivalent in cost to one tenth of a day in hospital.

It also makes the important link between access and continuity of care – with evidence that patients are actually willing to wait longer to see their preferred clinician – and suggests ways of helping patients achieve effective 'therapeutic' relationships.

The report defines Continuity of Care as being 'about care experienced by individual patients – not populations – over time', and identifies two specific types: relationship continuity which describes the doctor-patient relationship in its most basic sense; and management continuity which describes co-ordination and co-operation between service providers to enable the patient to navigate the healthcare system as simply as possible.

Further information is available from the RCGP Press office press@rcgp.org.uk http://www.rcgp.org.uk/pdf/RCGP_Continuity_of_Care.pdf

WORLD REPORT ON DISABILITY

The first ever World report on disability, produced jointly by WHO and the World Bank, suggests that more than a billion people in the world today experience disability. People with disabilities have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their everyday lives. The report provides the best available evidence about what works to overcome barriers to health care, rehabilitation, education, employment, and support services, and to create the environments which will enable people with disabilities to flourish. The report ends with a concrete set of recommended actions for governments and their partners.

The report is available in English, French, Spanish, Arabic, Russian, Chinese, as well as Braille:
http://www.who.int/disabilities/world_report/2011/en/index.html

NCD REPORT FROM WHO

The World Health Organization, Global status report on non-communicable diseases 2010 (a description of the global burden of NCDs, their risk factors and determinants), published, in April 2011, can be downloaded from:

http://www.who.int/nmh/publications/ncd_report2010/en/

WONCA CONFERENCES 2011 – 2013 AT A GLANCE

Information correct as of August 2011.
May be subject to change.

**Wonca Direct Members generally enjoy lower conference registration fees.
The level of discount is determined by the Host Organizing Committee of the conference.
See Wonca Website www.GlobalFamilyDoctor.com for updates & membership information

2011			
8 – 11 September	Europe Regional Conference	Warsaw POLAND	Family Medicine - Practice, Science and Art
16 – 18 December	Wonca South Asia Regional Conference	Mumbai INDIA	Only Doctors Can Provide Accessible, Cost-beneficial and Equitable Healthcare
17 – 19 December	Wonca East Mediterranean Regional Conference	Dubai UNITED ARAB EMIRATES	A Family Doctor with you in all stages of Life
2012			
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Evidence Based Approach to Primary Care
4 – 7 July	Wonca Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice
9 - 14 October	Wonca Rural Health Conference	Thunder Bay ONTARIO	Theme :Joint Conference with The Network towards unity for health
16 – 19 October	Wonca African Regional Conference	Victoria Falls ZIMBABWE	Roles and Responsibilities of African Family Physicians
2013			
26 – 29 June	20 th Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

MEMBER ORGANIZATION AND RELATED MEETINGS

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
 Contact : Mary Kelly/Maria Ivanova
 Email : 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

AAFP annual scientific assembly

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

The Network TUFH Conference

Host : Medical University Graz and the Styrian Academy of General Practitioners and Family Doctors
 Date : September 17–21, 2011
 Venue : Graz, Austria
 Web : www.the-networktufh.org/conference/

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/

EGPRN autumn meeting

Host : European General Practice Research network (EGPRN)
 Date : October 13–16, 2011
 Venue : Krakow, Poland
 Web : 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

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
 Email : 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

Mental health and family medicine

Date : February 8–11, 2012
 Venue : Granada, Spain
 Web : www.thematicconferencegranada2012.com

6th IPCRG world conference

Host : International Primary Care Respiratory Group
 Date : April 25–28, 2012
 Venue : Edinburgh, Scotland
 Web : www.ipcrgr-pcrs2012.com

AAFP annual scientific assembly

Host : The American Academy of Family Physicians
 Date : October 17–20, 2012
 Venue : Philadelphia, USA
 Web : www.aafp.org