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WONCANews

An International Forum for Family Doctors

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3rd Wonca Africa Regional Conference, Victoria Falls, Zimbabwe
19 - 21 Nov, 2012

4th Announcement

Dear potential delegate,
We have just over 200 days to go!!! Have you registered and paid on-line for the conference? Reduced registration rates end 31 May 2012. As you register, also book your flights and accommodation (November is a tourist month at the Vic Falls)To register go to:
http://www.3rdwoncaafricaregionconf.org

Don't miss this conference of a life time as you also plan to see the great Zambezi River and majestic Victoria Falls!

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Extend your stay:
Primafamed conference
22-24 November

REGISTRATION FEES	Now to 31 May 2012	1 June to 31 Aug 2012
Wonca members	$250.00	$300.00
Non Members	$300.00	$350.00
Junior Doctors / Nurses	$100.00	$150.00
Accompanying persons	$150.00	$150.00

FROM THE WONCA PRESIDENT :

THE GREAT LEAP

A long career as a professional soldier had taught him much about storytelling and stout drink, both of which he shared liberally. Sipping *baijiu* from a small ceramic cup, the old man recounted his grim introduction to the military as a teenager in the infantry during the Second Sino-Japanese War. It was his job to liberate Beijing from the occupying Japanese. Over the next hour he raced through 70 years of serving witness to profound local events as a world war gave way to a Cold War and then to the Cultural Revolution, Tiananmen square demonstrations, economic good times, and the Olympics.

At the end of a too short stay, he thanked me for listening. I thanked him for his stories and for welcoming us into his home. As we rose to leave, he asked that I tell people about the wonderful program that brought his family doctor and nurse to their small apartment, each Thursday. Those visits enabled him, at age 88, and his wife, age 85 and disabled by a stroke, to remain in their own home. I promised him that I would do my best to tell that story. So, here goes.

Prof Rich Roberts on a home visit in Beijing with (from l to r): nurse, Ding Lan; patient, Duan Jujie; Dr Li Jing; patient, Wang Jing; home help person; Prof Roberts.

In April, I made my tenth trip to China over the past 20 years. My primary reason for this visit was to speak at the 9th Beijing Symposium on Family Medicine. The annual conference is sponsored by FuXing Hospital, one of nine teaching hospitals affiliated with Capital Medical University (CMU). There are five medical schools in Beijing: CMU, Peking University Health Science Center, Tsinghua University School of Medicine, Beijing University of Chinese Medicine, and Peking Union Medical College, which was founded by American and British missionaries, in 1906, and funded by The Rockefeller Foundation and its China Medical Board. CMU is also designated by the Ministry of Health (MoH) as the national training center for general practice. During this visit, I learned more about general practice in China than I had with any previous visit.

In some ways, the story of modern general practice in Beijing began in 1994 in the XiChing district. On the western edge of the six districts of central Beijing (there are an additional 10 districts in greater Beijing), XiChing is home to about 800,000 people and 24 hospitals. In 1994, Dr Xueping Du began an initiative in XiChing to put more health services in the community, which culminated, in 1996, with the establishment of the Red Apple Community Health Service (CHS) Centre (Station). These efforts improved patient satisfaction and reduced hospitalization for various chronic diseases such as diabetes mellitus, hypertension, and cardiovascular disease.

A program to train general practitioners was started by FuXing Hospital, in 2000, with the construction of the YueTan CHS Centre, a five-story building with several dozen general doctors, including traditional Chinese medicine (TCM) practitioners. YueTan is linked to nine neighborhood stations, each staffed by 1–4 doctors with oversight by a neighborhood committee. The patient base at YueTan CHS Centre has increased from 8,700 to more than 300,000, over the past 15 years. XiChing District now has 15 CHS centers and about 80 neighborhood stations.

The program at YueTan has grown way beyond local health services. Under Dr Du's leadership, they reach out to conduct training programs in more remote parts of China, such as Outer Mongolia. They also convene the annual Beijing symposium, which brings together more than 1,000 nurses and doctors in primary health care, for a week each spring. In recognition of her extraordinary vision and accomplishments, Dr Du was named the winner of the 2010 Sasakawa Health Prize, the only WHO award focused on primary health care.

The terms 'general practitioner', 'general medicine doctor', and 'family doctor' are used interchangeably at FuXing. Following five years in medical school, the training of a general practitioner in the FuXing 3+2 program involves three years in the hospital followed by two years in the CHS Centre or a neighborhood station. There is also a shorter 2+1program that trains what are known variously as community, health care, or public health doctors who are responsible for the health care of children and reproductive age women.

During my week in Beijing, I visited with numerous leaders in the MoH, CMU, and FuXing Hospital. The best

days however, were those spent with family doctors attending their patients. In addition to consultations at YueTan CHC Centre, I observed doctors at three neighborhood stations, on home visits, at Yin Ling Nursing Home, and at a primary school.

Prof Rich Roberts sits in on a consultation. Prof Roberts with (from l to r): Dr Li Xiao Xiao, Dr Wu Lin, and patient Lu Ming.

Consultations were usually conducted in an open carrel, with clinical staff, other patients, or family members walking by, or sometimes listening in. Examinations were usually limited to assessing vital signs and occasionally listening to heart or lungs. Some doctors saw 60-70 patients in seven hours of consultation. Two key factors responsible for so many of the visits per doctor were medications for chronic diseases like hypertension, which had to be dispensed each month by the doctor to the patient, and paperwork, which had to be completed for the patient, or a family member. Much of the session, especially for younger doctors, was spent focused on the computer.

The technology and facilities I observed in the hospital and health centres were modern and clean. There seemed to be ready access to laboratory and imaging studies, although most usually required referral to the hospital. Most patients had social insurance (UEBMI Urban Employee's Basic Medical Insurance), through the government. Patients were responsible for the first 1,800 Renminbi (1 RMB or yuan equals about USD 0.15), then insurance covered about 85% of costs. Patients had a maximum annual out-of-pocket cost for outpatient services of 20,000 RMB.

The professionals I encountered were well trained and dedicated to their patients. Some doctors would whisper to me that they gave their mobile numbers to certain patients to save them after hours visits to the hospital. I was most impressed with their technical knowledge and genuine compassion for their patients.

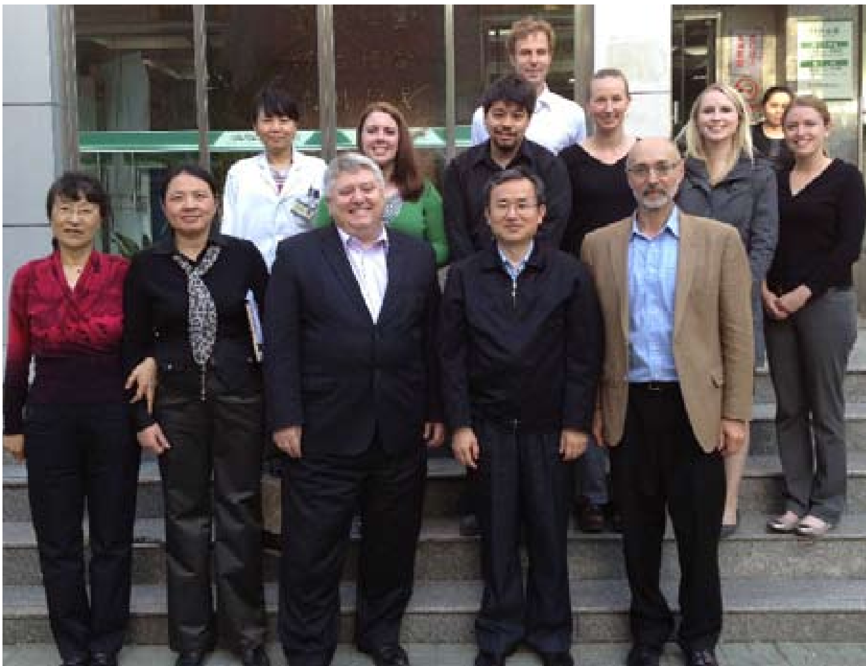
While general medicine has come a long way in China, it still has a long way to go. Patients are often compartmentalized by age or ailment, rather than having the same trusted family doctor care for them across their life continuum. After completing three years of rigorous training in hospital, family doctors disconnect themselves from inpatient care once they enter practice. Doctors and nurses work in a system that bogs them down with administrative tasks, such as dispensing medications or completing paperwork, when that time would be better spent focused on patient needs.

To their credit, Chinese leaders and health professionals acknowledge that they need and want to do more, and better. They asked repeatedly about potential assistance with train the trainer programs, guidelines development, expanded services such as mental health in the community setting, and research. While there has been international collaboration in medical education and research for many years in China (CMU alone has formal relationships with more than two dozen institutions from other countries), it has been only over the past few years that such relationships have centered on general practice.

My university department began a relationship with the FuXing training program about the time it started. Led by Prof Ken Kushner, PhD, our department and Dr Du's program have exchanged students, trainees, and faculty; have seen much of China and the USA together; and have published jointly. We have spent time in each others' homes and come to know each others' families. These personal and enduring relationships have proved to be an essential part of our successful collaboration.

Heraclitus reminded us that we cannot jump twice into the same river because it constantly changes. That is my sense of China. In Beijing the pace of change is measured by the number of construction cranes and Ring Roads. During my previous visit a few years before the Olympics, there were four ring roads in use, now there are six. The pressure of population and the rush to economic development create an incredible pace of change. With the world's largest and fastest growing aged population, and with nearly one third of Chinese children at risk for obesity, China will need to develop lifelong strategies to promote better health and longer productivity. I believe that family doctors and primary health care can be part of that solution.

On several occasions over the past two decades, it has been my honor to meet with high level officials of the MoH and other health leaders. Each time, I was told that China planned to train 1 million family doctors. Each time,



Met in China are (front row from l to r)Dr Du (wearing a red top), Chen Xinyu MD MPH, Director Department of Medical Sciences, Technology and Education, MoH, PRC; Prof Roberts; Jin Shengguo PhD, Deputy Director General Department of Medical Sciences, Technology and Education, MoH, PRC; Prof Kushner. In the second row Dr Ding, associate director in the program that Dr Du leads (wearing a white lab coat). The other people in the back rows are medical students from the University of Wisconsin, USA.

it appeared as though little progress had been made since my previous visit. This time however, I was given a more modest projection that the plan is to increase the number of trained GPs from 60,000 to 210,000 by 2015. This time, I came away with a greater sense of commitment to and progress of Family Medicine in China.

My fear for China leaders is not that they will think too large, but that they will think too small. I believe that China's growing wealth and ability to accomplish breathtaking change in a short period of time create a unique moment of opportunity. If they can transform their health system into one built on the principal that every member of Chinese society should have a trusted family doctor providing the most comprehensive services possible, then I believe that they will make a great leap forward to the world's best health care system.

Professor Richard Roberts
President
World Organization of Family Doctors

The above article has been kindly and expertly translated into Chinese by Dr Ding.

巨大变化

由WONCA主席Professor Richard Roberts提供，以下文章感謝丁醫生的專業翻譯成為中文

一个职业军人的漫长生涯教会他如何讲故事，如何喝烈性酒，这两者他都不吝惜与人分享。他一边从一个小的陶瓷杯里面呡着白酒，一边如数家珍地讲述了他当年二战抗日战争时期做为步兵小鬼的故事。他的任务就是将北平从日军手中解放出来。在接下来的一个小时内，他回顾了 70 年间他亲眼见证重大历史事件，世界大战变成美苏冷战，然后是文化大革命，天安门广场示威游行，再之后经济形势日新月异，和接下来的北京奥运会。

这次造访在我看来是如此地短暂，在告别前，他向我致谢，感谢我愿意聆听。而我也回致谢意，感谢他为我们敞开家门，感谢他给我们讲的故事。当我们站起来准备离开时，他让我告诉人们，每周四家庭医生和护士的入户出诊真的是件善举。正是这些探访，使这个 88 岁的老人，和他中风瘫痪的 85 岁的妻子，得以仍旧安居在自己的家中。我答应了他我会尽我所能对大家宣传，这就是我写这篇文章的原因。

今年 4 月北京之行，是我在过去的 20 年里第 10 次中国之旅。我此访的首要原因是在第九届北京家庭医学学术大会上发言。这个年度会议是由复兴医院主办的，它是首都医科大学大学（CMU）附属的 9 个教学医院之一。在北京，有 5 个医学院校：首都医科大学，北京大学医学院，清华大学医学院，北京中医药大学和北京协和医科大学，其中协和医大成立于 1906 年由美国和英国传教士和洛克菲勒基金会以及其在中国的医务委员会的资助。首医也由卫生部（MOH）部指定为国家全科医学培训中心。在这次访问期间，我学到了东西比过去在中国的任何一次都多。

在某些方面，故事中描述的北京当代全科医生开始于 1994 年的西城区。它坐落在北京市 6 个中心城区西部（另外还有 10 个郊区），当时西城区约有 80 万人和 24 家医院。在 1994 年，杜雪平医生首创将医疗健康服务推向社区，最终在 1996 年以“红苹果社区卫生服务站”的成立而标志着成功。这些努力提高了病人的满意度和减少了各种慢性疾病如糖尿病，高血压，心血管疾病的住院率。

复兴医院月坛社区卫生服务中心成立于 2000 年，5 层楼房，有几十名医生，包括传统的中医师，全科医生规范化培训项目由此开始。月坛下属有 9 个社区卫生服务站，每个站配备 1-4 名医生，按照居委会划片。在过去的 15 年里，月坛社区卫生服务中心的年病人量已经从 8700 人增加至 30 多万。 西城区现在有 15 个社区卫生服务中心和 80 个社区卫生服务站

月坛社区卫生服务成长模式不同于当地卫生服务系统，在杜医生的领导下，他们在中国较偏远的地方实施培训项目，如内蒙古。每年春天，他们还召开一年一度的有上千名医生护士参加的北京学术大会。凭借非凡的远见和被认可的成就，杜医生被 WHO 评选为 2010 年度世川卫生奖得主，该奖项侧重于初级卫生保健。

术语全科医生、社区医生，和家庭医生在复兴医院是一致的。全科医生在复兴医院的住院医培训是 3+2(5+3+2)方案，包括 3 年的医院轮转和随后 2 年的社区卫生服务中心或站的轮转。预防保健或公共卫生医生，他们负责儿童和育龄妇女的卫生保健，采用的是更短的 2 +1(5+2+1)方案轮转。

我在北京的一周期间，我与卫生部，首都医科大学，复兴医院的许多负责人见面。最难忘的还是与家庭医生在一起的时间，共同看病人，共同去家访。除了在月坛社区卫生服务中心看病人外，我还去了 3 个社区站并进行了家访，也参观了银龄老年公寓和一所小学校。

诊疗工作通常是在一个开放的小诊室里进行，有社区医务人员，其他病人，或有患者家属在外走动等待或者在诊室里陪同看病。物理检查通常是有限的，以评估生命体征，偶尔听心脏或肺部。有些医生在 7 个小时的工作时间要看 60-70 患者。医生对每个病人有 2 关键问题必须做，一是给患慢性病患者，（如高血压）开具每月必须服用的药物，二是文书工作，看病过程的大部分时间，尤其是对年轻的医生而言，花在了用计算机补病历或患者家庭信息上。

据我观察，在医院和社区卫生服务中心的仪器设施是现代化和清洁的。这似乎是准备进入实验室和影像学研究，虽然大多数通常需要转诊到医院。大多数患者有政府支撑的

城镇职工基本医疗保险。患者先启付 1800 人民币（1 元人民币或人民币等于 0.15 美元左右），之后医疗保险报销约 85%。患者每年门诊最高限额为 2 万元人民币。

我遇到的这些专业人员训练有素，对病人尽心尽力。有的医生悄悄告诉我，他们会把手机号码给一些病人，这样他们在门诊时间之外也可以找到他们。让我印象最深刻的是他们的专业技术知识和他们对病人的关切之心。

虽然全科医学已经在中国发展了一段时间，但它仍然有很长的路要走。患者往往条块分割，按年龄或疾病，而不是让他们同样值得信赖的家庭医生在其生命的连续照顾。完成 3 年在医院的严格训练后，家庭医生将他们自己与曾经的住院治疗工作分开。医生和护士工作在让他们陷入困境的行政管理任务中，如配发药品或完成文书，他们那个时候应该更好地用于集中于病人的需要。

他们的信用，中国领导人和卫生专业人员的承认，他们需要和想要做更多，更好。
他们多次问及潜在的援助与培训 TOT 方案，指南更新，扩大服务范围，如在社区中心开展的心理健康和研究。虽然已多年在医学教育和研究的国际合作在中国。（首都医科大学与其他 20 多个国家的机构有正式合作关系），仅在过去的几年，这种关系才开始向全科医学侧重。

我们大学系里与复兴医院之间的人员培训项目从开始建立友好关系后就实施了。教授肯・库什纳博士的带领下，我们系与杜医生开始培训计划，交换学生、学员和教师，看到许多中国和美国的更多东西，而且还共同发表了文章。我们已经花大量的时间去了解彼此两国的家庭。这些个人和持久的关系，已被证明是我们成功合作的一个重要组成部分。

赫拉克利特提醒我们，我们不能跳进同一条河流两次，因为它不断地改变。这是我对中国的印象。在北京的改变的脚步是用建筑起重机和环路来衡量的。在奥运会之前的几年，我访问北京的时候，有四个环路，现在有六个。人口压力和经济发展的高峰，创造一个令人难以置信的速度改变。中国是世界最大和增长最快的老年人口社会，而且近三分之一的中国儿童肥胖的风险，中国将需要发展终身的战略，以促进更好的健康和更长的生产力。我认为，家庭医生和初级卫生保健可以是解决方案的一部分。

我很荣幸在过去的 20 年中我与多位卫生部及其他医疗界高层官员进行过会谈。以前，每一次他们都会告诉我中国计划培养 100 万的全科医生，但每当我再一次来的时候变化都很小。但这次我来访，中国形成了一个更加切合实际的目标，即到 2015 年新培养全科医生 9 万名（由目前的 6 万增加至 21 万）。这次我看到了政府已经真正要落实“中国家庭医生培养计划”。

我对于中国领导人的担心不是他们的计划过于庞大，而是过于保守。我相信中国财富的增长速度和在短时间内完成翻天覆地变化的能力造就了前所未有的机遇。如果能够改变医疗体制，成为 1 个基本体系，使每个公民都拥有可信的家庭医生为其提供综合的医疗服务，那么中国将会迅速建立起世界领先的医疗卫生体系。

FROM THE CEO'S DESK:

THE 19TH WONCA ASIA PACIFIC REGIONAL CONFERENCE

The 19th WONCA Asia-Pacific Regional Conference was held from 24–27 May, 2012, at the International Conference Center in the scenic island of Jeju, South Korea.

The conference theme was *Clinical excellence in Family Medicine – evidence-based approach in Primary Care.* The conference was attended by over 1,700 delegates consisting of just over 1,000 local participants and about 700-odd foreign delegates from over 40 countries. The presence of over 70 delegates from China and 100 from Mongolia was of special significance and reflected the growing importance placed on Family Medicine by these countries.

The scientific aspect of the four-day conference consisted of five plenary sessions with 10 speakers, 16 symposia, 25 oral presentation sessions and over 320 poster presentations. The standards of the scientific sessions were high and participation by delegates was encouraging especially by those from developing countries.

The Opening Ceremony on the morning of 24 May 2012 was a dignified event with welcome speeches from the host and the WONCA World President followed by a showcase of traditional Korean dances and costumes. This was followed by the welcome reception that same evening with plenty of refreshments and opportunities for delegates to meet and renew ties. The conference banquet was a sellout with over 300 guests attending. The highlight of the evening event was the traditional exchange of gifts between the host and representatives of member organizations present.

A day before the start of the conference, the WONCA Asia Pacific Regional Council met to discuss regional issues, projects and finances. Almost all member organizations in the region were present including a representative from the Rajakumar Movement to give voice to the young family doctors of the region. One key outcome of this Regional Council was the issuance of a consensus statement and call for action entitled *'The Jeju Declaration'* which was adopted unanimously by all council members present. More information on the declaration will be published in the next issue of *WONCA News*.

It has been a feature in past WONCA Asia-Pacific Regional conferences that special assistance be extended to some delegates from developing countries within the region to help them attend the Conference. This was also the case for the Jeju onference. The Host Organizing Committee had generously agreed to waive the full registration fee for the conference for twelve such delegates from eight countries in the region. In addition, the Regional Council had also agreed to provide a grant of US$500 to each such delegate to help with travel expenses. A list of recipients is given elsewhere in this newsletter.

The Jeju Regional conference has shown the capacity of the Korean Academy of Family Medicine (KAFP) to host an international WONCA conference of sufficiently high standard. Perhaps, it may be time for the Korean Academy to now consider hosting a WONCA World Conference in the near future.

Dr Alfred Loh
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FROM THE EDITOR:

WORLD FAMILY DOCTOR DAY

This year has seen a phenomenal expansion in the activities for World Family Doctor Day. Celebration of the day seems to have been taken up in more countries than in 2011, and as you will see in the report in this issue, the variety of activities is quite inspiring.

The button designed last year in the Philippines, by the nieces of WONCA leader Prof Zorayda 'Dada' Leopando has been used again this year, but by number of countries outside the Philippines (including the Iberoamericana region). Some banners from 2011 have been used again (Canada), and other countries have made new posters (Taiwan). A number of countries have issued press releases and other statements to the media. Our young doctors have been busy making YouTube videos in Europe and also in Australia, where the video features renowned Prof John Murtagh in support of the *I heart my GP* campaign. There have been processions, cakes, meetings and seminars, public health initiatives, and in South America an anthem to family doctors has been composed and sung.

Thank you to all organisations who have submitted their proposed initiatives in advance. *WONCA News* is happy to receive more reports on World Family Doctor Day activities for future publication.

Young researchers

A novel feature of this newsletter is the submission of a number of articles relating to the work of some young researchers in family medicine. At the Asia Pacific region conference in Jeju, Korea, in May, a young researcher from Indonesia, Dr Mora Claramita, received the Lyn Clearihan award. In Europe, in July, the Vasco Da Gama Movement will present its junior researcher awards, and one of the winners is featured in this issue. In Norway, a young family doctor from Iceland, Hálfdán Pétursson, has produced a PhD thesis which presents some phenomenal findings relating to the use of cardiovascular guidelines.

WONCA awards

The President-elect, Prof Michael Kidd, is calling for nominations from member organizations for the WONCA awards which will be given out in Prague, in June 2013. Dr Miguel Román Rodríguez, of Spain, has won this year's regional award in Europe and not only is he personally profiled in this newsletter, he also provides a report from the IPCRG network group.

Local news

Many individual countries are featured in the World Family Doctor Day news but for this issue we have articles from the young doctors in Italy (the Giotto movement), as well as news of a new family medicine journal from India and meetings in Pakistan.

New format for *WONCA News*

This is the last issue of *WONCA News* in the current format. Readers can look forward to future news coming in electronic format with articles loaded onto the WONCA website. It is hoped that we will be able to e-mail members every month with the latest news items is added to the website. Readers are still encouraged to send the news and their photos for inclusion.

The new format of *WONCA News* accompanies a new format of the WONCA website which is planned for launch in July.

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SPECIAL FEATURE

WORLD FAMILY DOCTOR DAY

May 19 is the date for World Family Doctor Day. This year was the second time that this day has been celebrated

About World Family Doctor Day

At the WONCA World Council Meeting in Cancun, Mexico, in May 2010, council unanimously approved the creation of World Family Doctor Day.

It was officially launched on May 19, 2010 by the WONCA President, Professor Richard Roberts, in the opening session of the WONCA World Conference, in Cancun.

WONCA, as the international organisation for family doctors and recognised by the World Health Organisation, will name a day each year as World Family Doctor Day and encourage its regions and member organisations to acknowledge this day, in their own special way.

In inviting member organisation to participate, WONCA CEO, Dr Alfred Loh said "World Family Doctor Day provides the opportunity to celebrate the role of the family doctor / general practitioner in health care systems around the world. Not restricted to doctors alone, their families, their patients and their other colleagues in family medicine / general practice would also be encouraged to take part. It will open up many opportunities to highlight the important contributions of family doctors globally. Most importantly, World Family Doctor Day will provide recognition to family doctors and hopefully lead to increased morale, as well as the opportunity to highlight important issues relating to family doctors and the work we perform in supporting health care for all people in our local communities, our nations and around the world."

The activities

Many member organizations accepted the challenge to celebrate World Family Doctor Day, in 2011. This year has seen an expansion of activities, some of which are summarised below. We would be pleased to hear of other activities for publication in the next edition of *WONCA News*. Country by country, proposed activities that have been notified to the WONCA secretariat are listed below.

World Family Doctor Day 2012 on YouTube

Australia: I heart my GP
http://www.youtube.com/user/iheartmygp

Vasco da Gama Movement (Europe): the importance of being a GP
http://www.youtube.com/watch?v=npO94XJRYqo

Chile: Día del Médico Familiar (español)
http://www.youtube.com/watch?v=7On4-5jRbSYandfeature=g-all-s

ANTIGUA

Dr J Humphreys, member of the local Antigua chapter of the Caribbean College of Family Physicians (CCFP) has penned an article about World Family Doctor Day, giving the background to the day, and using ideas from other Colleges around the world, encourages his colleagues to support the local college, CCFP.

AUSTRALIA

I ♥ my GP

In Australia, general practice registrars and medical students have enlisted the help of esteemed author, Prof John Murtagh, to develop a campaign for this year's World Family Doctor Day: *I heart my GP*. They are inviting members of the public to post online their 'good news' stories about their own GPs.

You can see the promo video featuring Prof Murtagh, on YouTube at:
http://www.youtube.com/user/iheartmygp

Background information at:
www.iheartmygp.com.au

A 'medical home' for all

Royal Australian College of General Practitioners (RACGP)

The RACGP's press release on the day encourages Australians to have a 'medical home' on World Family Doctor Day. RACGP President Professor Claire Jackson highlighted the significance of general practitioners (GPs) in providing comprehensive and coordinated healthcare and said "World Family Doctor Day is a timely reminder that all Australians should have access to a 'medical home', especially people with complex healthcare needs,

such as the elderly and those with chronic diseases."

"It is important to have your own regular GP who knows you, and who you feel comfortable with. Your GP will have access to your complete medical history and can ensure you receive the best care possible. World Family Doctor Day is a great opportunity to celebrate our hardworking and devoted GPs," Professor Jackson concluded.

To mark the second anniversary of World Family Doctor Day, the RACGP Foundation will launch the exciting new *Support GPs* initiative. The RACGP Foundation supports GPs by enabling them to deliver the highest level of quality healthcare through the provision of funding for key projects, offering research grants, awards and scholarships.

The College's *Support GPs* campaign enables the Australian community to become further engaged in the importance of general practice research and invites individuals to invest in this important cause. *Support GPs* also encourages patients to publically thank their GP for their care, advice and support through an online 'GP Wall of Inspiration'.

The RACGP Foundation's Support GPs initiative is proudly partnered with the General Practice Registrars Australia's (GPRA) *I heart my GP* campaign, which calls for the public to share positive GP stories.

The press release also gave these interesting facts. There are over 100 million GP consultations taking place in Australia annually and 83 percent of the Australian population consults a GP at least once a year.

BELGIUM

Chronic = Basic

Chairman Tom Jacobs opens the day

Jan De Maeseneer plays shadowgame with the always elusive theme of "Equity in Care"

President Maaike Van Overloop cites Hippocrates

Roy Remmen remembers how he learned to work with chronic diseases

Caroline Van Velden demonstrates teamwork

The Flemish part of the Belgian Society organised on World Family Doctors Day a conference themed *Chronic = Basic*. Several speakers tackled the subject from different angles: chronic wounds, out of hours care, diabetes, and so on.

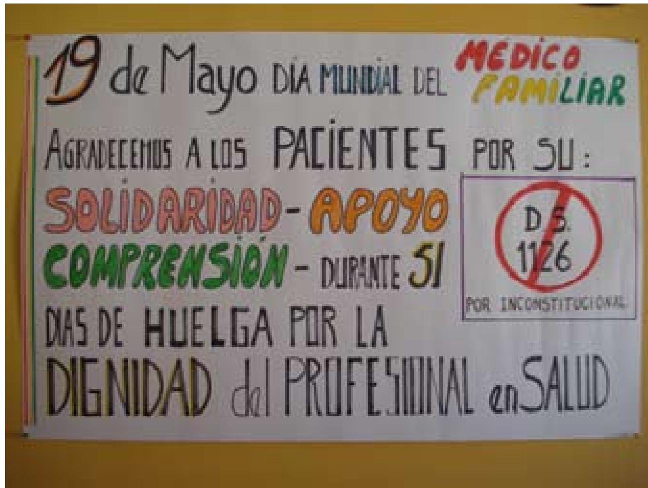
Jan De Maeseneer spoke about the future of family medicine facing a rising burden of chronic diseases, and the looming inequity. Roy Remmen synthesised the lessons learned: from how he learned to care for chronic diseases to how it is taught today: a permanent shift towards quality in caring.

President Maaike Van Overloop and Chairman Tom Jacobs were happy at closing time.

A day well spent.

Carl Steylaerts

BOLIVIA



Doctors in Bolivia after 51 days of striking reached an agreement on World Family Doctor Day. On World Family Doctor Day, family doctors made a banner of thanks to their patients for tolerance and understanding.

On behalf of all family physicians in Bolivia, we would like to send to all family physicians in the world, our sincere congratulations and long distance greetings.

A nombre de todos los medicos familiares de Bolivia, quiere hacer llegar a todos los medicos familiares del mundo, nuestras más sinceras felicitaciones y un abrazo en la distancia.

Miguel Angel Suarez Cuba

CANADA

College of Family Physicians of Canada (CFPC)

Banners in English and French, developed last year were again used to promote World Family Doctor Day. Sandy Buchman MD, President of the College of Family Physicians of Canada wrote a general letter which is on the College website in English and French. An extract from the letter is included below.

“On World Family Doctor Day, the CFPC celebrates its members and the great work that we do together to advance primary care in Canada. Over the last year we have made significant progress on two initiatives that are priorities because of the very real benefits they offer to family doctors, other health professionals and, most of all, our patients across the country.

Canada developed posters in English and French

The first is the introduction of A Vision for Canada: Family Practice - The Patient's Medical Home – a model of primary care that provides timely access to health care services for all Canadians through their family practice settings: a place where all patients have personal family doctors and where all their health care requirements are coordinated for timely access to the full range of medical and health care services they may require. The CFPC is dedicated to the implementation of the Patient's Medical Home vision.

Another key priority for the College is the implementation of the Triple C - a competency-based curriculum for family medicine education that is comprehensive, focused on continuity of education and patient care, and centred in family medicine."

CHILE

In Chile every university had their own activities. In particular, residents from Pontificia Universidad Católica de Chile took the idea from Australia and prepared a short video promoting our role through the opinion of family doctors and patients, and shared it through social networks. We hope it's the first in a series. You can see it (in Spanish) here:

http://www.youtube.com/watch?v=7On4-5jRbSYandfeature=g-all-s

Happy family doctor day!

Jorge López G

CROATIA

Croatia hosted the Euripa forum which was held the weekend of May 13-14 as part of activities for World Family Doctor Day. There were also official talks with minister. The Euripa topics were awesome in terms of GP /FD education, rural practices etc.

More news to come.

Mario Malnar

EGYPT

Our activities will be: meeting for all family physicians in primary health care in Egypt and medical students to be held on May 19 at the Medical syndicate, in Cairo. This meeting is organized by the Egyptian Family Medicine Association (Egyptian Society for Improving Family Health) in collaboration with the Ministry of Health and population (MOHP), family medicine departments, medical syndicate, and the Egyptian Fellowship for Family Doctors. In this meeting we will discuss the importance of family medicine, challenges, and also scientific lectures (such as case studies) will be given.

Dr Taghreed M Farahat

GHANA

Since Family medicine is still young in Ghana, we have decided to put an article in the largest circulating newspaper, *Daily Graphic*, on May 19. The article will cover introduction to family doctors; history of family medicine in the world, Africa and Ghana; training of the family doctor; and the role of the family doctor in the health care delivery system of Ghana. The article is reprinted elsewhere in this issue of *WONCA News*.

Dr Henry Lawson

GREECE - CRETE

On behalf of the Cretan Practice-Based Primary Care Research Network

we would like to congratulate and welcome this WONCA initiative to promote Family Medicine and establish a World Family Doctor Day. A teleconference and an email exchange of opinions between the general practitioners members of our network has been planned on May 19, 2012. Among the main topic of the anticipated stimulating discussion would be the challenge and problems that Greek GPs serving rural areas face in the current financial recession. The key question that will be discussed is: *To what extent the financial crisis impacts on health, quality of care and health equity*.

On behalf of the Cretan Practice-Based Primary Care Research Network and the Clinic of Social and Family Medicine, University of Crete, Greece.

Professor Lionis Christos, Tsiligianni Ioanna, Anastasiou Foteini and Prokopiadou Dimitra

HONG KONG

Hong Kong will have a public event in a busy shopping center where a few family physicians will be sharing encounters with patients in a way similar to the *I heart my GP* on World Family Doctor Day. I am officiating at the event and kicking off by telling the public about how World Family Doctor came around through WONCA.

Donald Li
WONCA Aisa Pacific Region President

MEXICO

The Mexican College sent a release to the 30 member associations inviting them to celebrate the World Family Doctor´s Day, getting an excellent response.

The member associations of the Mexican College all over the country had different academic activities to celebrate the World Family Doctor´s Day and some of them also combine social activities such as brunches and dinners.

The Mexican College of Family Medicine sent a congratulatory message to all of its associations commemorating the World Family Doctors' Day also inviting them to celebrate it as a very important day for our Organizations.

Dr Rosa del Carmen Avila Ramirez
President

MONGOLIA

Mongolian Association of Family Medicine Specialists

Your and My Doctor, My Friend, the Family Doctor

The Mongolian Association of Family Medicine Specialists' planned activities to commemorate World Family Doctor Day have an objective to enhance the engagement of individuals in health promotion and provide the population knowledge on health and healthy lifestyle. Yet it will also aim to support improvement of the quality of primary health care and promote the services of Family Health Centers among the population.

The Press Conference on World Family Doctor Day will be held at the Ministry of Health of Mongolia on 18 May 2012 at 11.00 am with participation of the officials from MoH and MAFMS.

Family Health Centers will be open on Saturday, 19 May 2012, on World Family Doctor Day throughout the country providing health information and performing health checks for the population. The health checks will include measurement of blood pressure, blood sugar test and screening of breast and cervical cancer.

In capital city of Ulaanbaatar, the World Family Doctor Day event is to be held at the Michid-Asral Family Health Center of SonginoKhairkhan District. The event will involve around 700 people such as three doctors and nurses representing each family health center of Ulaanbaatar, two representatives from each community served by family health center and family health volunteers. It will also feature physical exercises involving elderly participants and children and drawing competition among children on a topic *My Friend - Family Doctor*. Simple ways of prevention of non-contagious diseases will be taught at the event and information on safe drug use, healthy living and cumbering risk behaviour.

The event will also be marked by participation of officials from Ministry of Health, Mongolian Association of Family Medicine Specialists, Governor's Office of the Ulaanbaatar City, Ulaanbaatar City Health Department, district governor offices and district health centers of Ulaanbaatar, partnering organizations and press/media.

Thus, from now on, the Mongolian family doctors will have their own day of celebration every year to mark their tremendous efforts to deliver quality and accessible primary health care to the population based on family medicine. They will celebrate their day with their clientele.

Prof S Sonin
President, Mongolian Association of Family Medicine Specialists

NEPAL

General Practice Association of Nepal (GPAN).

Prof Waris Qidwai (centre front) chair of WONCA's working party on research with participants at an event at which he presented, on May 19.

Nepalese general practice is a fast growing specialty. Activities planned for May 19 included a two km procession with banners to promote the family doctor. We will do the procession in the main town area of Kathmandu. All members of GPAN (over 100 doctors) are expected to join this celebration. It is expected that the event will create a lot of media interest and members of the national medical association will also join GPs in the procession. The procession will take three hours and will be featured on national television.

In the afternoon, all family doctors will join together CME on the subject of the importance of the family doctor, one family doctor for each family, cost effectiveness of the family. These are the things that are to be displayed on banners in the procession

A/Prof Dr Sita Ram Shrestha
Pratap Prasad

NETHERLANDS

On family Doctor Day the Dutch College, and the Dutch Association of GPs and the association of out of hours services will deliver a large cake to every out of hours service all over the country. General Practice is delivered 24/7, also during the weekend that most people have a four days holiday! We would like to acknowledge the work of GPs and practice assistants in the out of ours service.

Arno Timmermans

Cake cutting in The Netherlands: (l to r) Jettie Bont (Dutch Association of GP's); Margreet Verloop (locality manager); Dite Husselman (director Medrie); Johannes Pruijs, GP; Bas Noordzij, GP (manager), Hansmaarten Bolle (association of out of hours services)

NEW ZEALAND

Royal New Zealand College of General Practitioners (RNZCGP)

A press release was issued titled *World Family Doctor Day celebrated around the world.*

President of the RNZCGP, Dr Harry Pert said, 'New Zealand's general practitioners are some of the best in the world and make a huge difference to their communities in both urban and rural settings'.

RNZCGP president Dr Harry Pert.

'Health care is changing and evolving all the time, which makes family medicine a challenging, but rewarding environment. Our general practices need to meet the constantly changing needs of their patients and the wider health sector. To this end, the College is revamping its training programme for general practitioners
from next year to take into account emerging models of care and more closely meet the training needs of GPs working in a range of settings.'

Dr Pert said that he believed the changes would encourage more doctors to train as GPs and training will be better integrated across institutional and community settings, which will benefit patients. He also said 'The changes will also provide an exciting career pathway for current and future GPs that will develop their skills, encourage them to remain in general practice, and enhance their job satisfaction throughout their careers.'

Dr Pert congratulated WONCA for celebrating the contribution of GPs to their communities on World Family Doctor Day.

NIGERIA

I am pleased to inform you that Association of General and Private Medical Practitioners of Nigeria (AGPMPN) has planned events to commemorate this year World Family Doctor Day (WFDD).

the theme this year is *"healthy living - the role of family doctor"*, while the sub theme is *"smoking cessation among the doctors and in the community"*.

Activities lined up include a press conference on Family Doctor Day, awareness campaign, and lectures on healthy living and cessation of cigarette smoking to be delivered by WONCA Africa Regional President, Dr Sylvester T Osinowo and Dr A.Adedokun, Consultant Family Physician at Lagos State University Teaching Hospital. The keynote address will be delivered by AGPMPN National President, Dr Anthony A Omolola.

These events will take place concurrently in the three major cities in Nigeria: Lagos, Abuja, and Port Harcourt.AGPMPN in conjunction with SOFPON and GMP faculty mark together this year WFDD.

Dr Anthony A Omolola

PAKISTAN

College of Family Medicine Pakistan (CFMP)

Please convey well wishes from College of Family Medicine Pakistan to all brotherly countries who are members of WONCA. They acknowledge the importance of celebrating 19th May as Family Doctors' day.

The CFMP observed World Family Doctors Day with great fervour and enthusiasm with seminars, symposiums and awareness programs at various places. The biggest gathering of family doctors was held at Najmuddin Auditorium of Jinnah Postgraduate Medical Centre, Karachi with Honorable Sardar Yasin Malik, chairman of Hilton Pharma (Pvt) Ltd as well as ex-chairman Red Crescent Society (Int) and affiliated with many universities and NGOs in all over Pakistan. More than 250 Family Doctors attended this program with presentation by Prof S Waqar Kazmi on subject of anaemia in kidney diseases and presentation on hypertension by Prof Mansoor Ahmed and presentation by Prof Saleem Muqaddam on *feeding problems in infants*. Dr Aziz Khan Tank presented paper on *Why World Family Doctors Day* and Dr Rukhsana Ansari give the presentation *on role of family doctors in health care system*.

For public awareness exhibition was arranged for the awareness of the general masses and arrangement for diagnosing blood sugar, cholesterol and other necessary tests as well as awareness regarding hazards of smoking.

Presenters at the Pakistan event: (from l to r)
Top row: Dr Usman Ghani, Mr Sardar Yasin Malik (Chairman Hilton, Chief Guest), Dr Col Rashid Iqbal, Dr Arshad Malik, Dr Ross Masood Ahmed, Sardar Yasin Malik (Addressing the participants), Dr Aziz Khan Tank; Second row: Dr Amanat Mohsin, Dr Rukhsana Ansari, Prof S Waqar H. Kazmi; Lower row: Prof Mansoor Ahmed, Prof Saleem Muqaddam, Dr S Ali Salman.

Elsewhere in this newsletter the speeches of Dr Tank and the chief guest are reproduced.

Dr Aziz K Tank

World Family Doctor Day and World Hypertension Day was celebrated at seven Integrated Medical Service clinics of Aga Khan University Hospital in Karachi on May 20, 2012. These clinics provide family practice services to patients at their door step. It was celebrated to reinforce the key role of family physicians in improving the health of the community. World Hypertension Day was also celebrated along with it.

Multiple activities were planned for the occasion. Anthropometric measurements were carried out by the nursing staff. Blood pressure was recorded and family physicians provided free consultations. The importance of lifestyle modification in prevention and management of diseases were emphasized. Patients were counseled individually on ways to adopting a healthy diet, increasing physical activity and smoking cessation. Group sessions on health lifestyle were conducted. A large turnout was seen at all the centers with numbers reaching close to 500. The patients appreciated the services provided by the family physicians and nursing staff and requested for more such events on a regular basis.

Waris Qidwai

PHILIPPINES

Philippine Academy of Family Physicians (PAFP)

The Philippines designed a badge for World Family Doctor day in 2011 and it has been used in many countries in 2012. The badge/ button was designed by the neices of WONCA leader Prof Zorayda 'Dada' Leopando. This year it has been used (with kind permission) all over the world, appearing in campaigns in South America, Mongolia and Australia for example.

In the Philippines, this year has seen a Presidential Proclamation from Filipino President Benigno Aquino III to declare May 19 reserved for family doctors day, each year. The Philippine Academy of Family Physicians plans to celebrate the day as it did in 2011, with extensive nationwide activities.

RUSSIA

Special events are being planned in several regions of Russia to celebrate the Family Doctors' Day. These include:

Moscow, May 18, First State Medical University: Teleconference with 20 regions dedicated to some burning issues. Patients will be invited to speak in some places. Media will be invited to cover this event.

Kursk, April 24: local conference dedicated to the Family Doctor's Day

Kirov Region, May 24, Department of Health Care: A special conference where research papers and a quiz

will be offered to participants followed with special awards.

Saint Petersburg, May 18: special conference of the local branch of the All-Russia Association of General Practitioners/Family Doctors.

Dr Elena Cherniyenko

SERBIA

Serbian general medicine practitioners celebrate their day and send congratulations to their colleagues throughout the world.

Primarius Mirjana Mojković MD
President of the General Medicine Section of Serbian Medical Society

TAIWAN

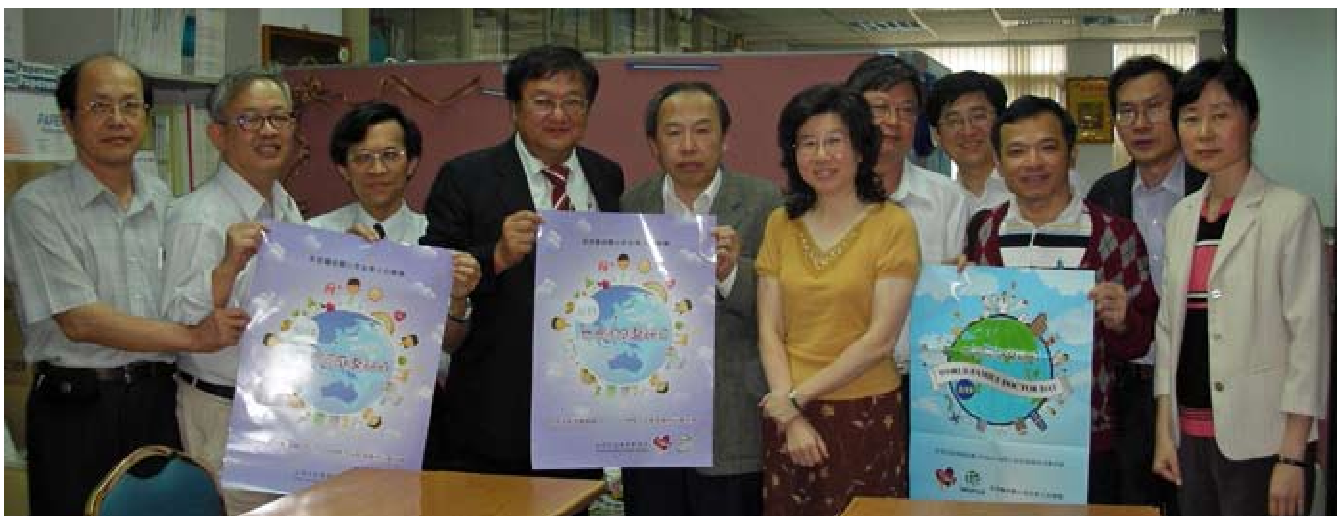
Chinese Taipei Association of Family Medicine (TAFM)

A family doctor nearby, the illness subsides

This year, TAFM designed a new version of their 2011 poster to celebrate the special day for family doctors in the world. In this year's version we wished to communicate not only 'Family doctor care for all' but 'A family doctor nearby, the illness subsides' to people in Taiwan. They also designed a little banner for their website.

2012 poster from Taiwan

In the past two months, we used every opportunity such as seminars, meetings etc to post this poster. We also sent it to our members, 376 CMTs and 83 hospitals with residency training programs of Family Medicine, and encourage them to post it up in their clinic or office.



Taiwanese GPs holding the 2012 and 2011 posters (from l to r) Drs Huang, Chia-Tsuan; Chou, Teng-Ta; Wu, Jin-Shang; Dr Chiu, Tai-Yuan (TAFM president); Tsai, Shih-Tzu; He, Ching-You; Hsu, Chung-Ming; Lin, Ming-Nan; Liu, Wen-Jing; Li, Ju-Li (TAFM Secy Gen); Huang, Lee-Ching.

USA

American Academy of Family Physicians (AAFP)

The AAFP issued a news release on the occasion of World Family Doctor day, which is reproduced below.

News release

The World Organization of Family Doctors (WONCA) celebrates World Family Doctor Day around the globe on May 19. Long the preferred model of care outside the United States, family medicine is the cornerstone of an ongoing, personal patient-physician relationship focused on integrated care. The American Academy of Family Physicians is a longstanding member of WONCA.

WONCA has an impact on the world of family medicine/general practice through its World Council and its seven Regional Councils. In addition to its governance structure, WONCA has working groups on the classification of problems encountered in general family practice, rural practice, quality assurance, informatics, education, communications and publications, research, health behavior change, tobacco cessation, women and family medicine, mental health, and respiratory diseases. Over the years, these groups have carried out groundbreaking studies and research, and have produced a variety of important publications.

Multinational employers and insurance companies are realizing more and more the importance of family physicians and their focus on a long-term patient-physician relationship, preventive care, chronic disease management and care coordination across sub-specialties.

In fact, The Patient Centered Primary Care Collaborative was created in the United States in late 2006 by several large national employers, including IBM, to join forces with primary care physician groups and other large employers in order to (1) facilitate improvements in patient-physician relations and (2) create a more effective and efficient model of health care delivery.

One of the focuses of the PCPCC is the patient-centered medical home, which describes a style of care that integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes. The concept of the PCMH grew out of a large-scale research study done by the AAFP in 2002 that showed the public wanted more continuous and comprehensive care in the context of their community.

The 105,900 AAFP members join with the 120 WONCA member organizations in 99 countries to celebrate World Family Doctor Day.

Other facts

Interesting facts included in the press release state that the AAFP represents 105,900 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Approximately one in four of all office visits are made to family physicians. That is 240 million office visits each year — nearly 87 million more than the next largest medical specialty.

IBEROAMERICANA REGION - CIMF

The WONCA Iberoamericana region decided to celebrate our World Day, May 19, by launching the *"Anthem Of Family Medicine"*, written by Dr Ana Lucia Dominguez from Dominican Republic; it is interpreted by Dr Ana Lucia Dominguez y Dr Juana Gonzalez. The music is from the Professor Jorge Cuevas. (all from the Dominican Republic)

You can find a link on the region webpage www.cimf.org to listen the Anthem in Spanish. Look for the link that says “Para escucharlo, haga click aquí”

Liliana Arias-Castillo, M.D.
WONCA Iberoamericana-CIMF region president

HIMNO DE MEDICINA FAMILIAR

I

Adelante, adelante médico familiar en tus manos está la familia y la sociedad mundial que espera de nosotros para poder triunfar.

Adelante, adelante médico familiar, nacemos en el seno de la familia, como necesidad de humanizar la familia espera de nosotros para la salud encontrar.

II

Adelante, adelante médico familiar, estamos con ustedes para prevenir enfermedad, pero también, junto a ustedes en la hora de la verdad.

Al igual naciente con timidez día a día se van extendiendo tus rayos luminosos para poder brillar a nivel mundial, adelante juntos podemos brillar a nivel mundial, adelante juntos podemos llegar, adelante juntos lo podemos lograr.

III

Te vimos nacer por tu barrio correr, estudiar y a la adolescencia llegar, y te seguimos orientando en esos momentos de cambio, luego te vimos casar, engendrar y al final de tu vida llegar; pero, siempre junto a ti para poder ayudar.

IV

Adelante, adelante médico familiar, mente sana, cuerpo sano, sana será la nación si estos elementos existen con fuerte.

Adelante, adelante médico familiar, esforcémonos para poder triunfar, nuestros sueños alcanzar, luego de tanto soñar, encontrar el tesoro que anhelamos y que creíamos imposible de lograr, vamos a caminar y a la familia llegar.

ANTHEM OF FAMILY MEDICINE (translation)

Let´s go, let´s go family doctors, in our hands is the family and the world society that awaits us to triumph.

Let´s go, let´s go family doctors, we are born from the heart of the family, as a need to humanize the family that expects to find health from us.

Let´s go, let´s go family doctors we are with you to prevent illnesses, but also together with you at the time of truth.

Just like a ray of light, extending itself shyly day by day, to be able to shine across the world, let´s go let´s go together we can shine across the World; let´s go together we can get there, let´s go together we can accomplish it.

We witnessed your birth, and you running around the neighbourhood, studying and reaching adolescence, and we continue guiding you through those stages of change. Then we saw you get married, giving birth and reaching the end of your life; and we were always together by you to be able to help.

Let´s go, let´s go family doctors healthy mind, healthy body, healthy the nation will be if all these elements are present strongly.

Let´s go, let´s go family doctors, let´s make an effort to triumph, fulfil our dreams, after so much dreaming, to find the treasure we desire and we thought impossible to get, let´s walk and reach the family.

FEATURE STORIES

YOUNG RESEARCHERS IN THE NEWS

DR MORA CLARAMITA: LYN CLEARIHAN AWARD WINNER 2012

Dr Mora Claramita

The *Asia Pacific Family Medicine Journal* was born out of a need to provide a voice for regional research in the Asia Pacific region. For the third time, the Lyn Clearihan Award for the best research paper published in the journal in the preceding twelve months has been ordered. This year the winner is Dr Mora Claramita, of Indonesia, for her article, *Are patient-centered care values as reflected in teaching scenarios really being taught when implemented by teaching faculty? A discourse analysis on an Indonesian medical school's curriculum.*

Dr Claramita works in the Skillslab (Department of Medical Education) Universitas Gadjah Mada (UGM), in Yogyakarta, Indonesia.

PhD at Maastricht University

Dr Mora Claramita has had a big year, as on March 30 2012, she defended her PhD thesis titled *Doctor-patient communication in a culturally hierarchical context of Southeast Asia: a partnership approach at Maastricht University,* the Netherlands.

The PhD addressed culturally specific communication issues. The main tasks of doctors are to identify the patients' problems or to diagnose, and find and deliver the appropriate treatment. It has become increasingly clear in the last decades that doctor-patient communication is at the heart of that medical consultation. The patient can contribute to the process of diagnosing and needs to be involved in treatment decisions. Many doctor-patient communication guidelines developed in western contexts favour a partnership communication style. The question was whether this style fits in the Southeast Asian (SEA) context. In her thesis, based on several published papers, Dr Claramita explores the current doctor-patient communication style in SEA, the perceptions of doctors and patients on communication, and studies a more suitable communication guideline for SEA, including the question of implementation.

During the PhD ceremony tough questions were posed about several topics, which Dr Claramita answered convincingly. All opponents also praised her work, which has great relevance not only for Indonesia, SEA but also for the Dutch society, which is also becoming more multicultural. At the end of the ceremony Dr Claramita received her PhD diploma from Prof Cees van der Vleuten, her Maastricht promoter, in the presence of Prof Hardyanto Soebono, her UGM promoter, and Dr Jan van Dalen, her Maastricht co-promoter. Some senior colleagues from UGM were involved in her study: Prof Hardyanto Soebono, Prof Adi Utarini and Dr Yayi Suryo Prabandari.

UGM can be very proud of this colleague!

Prof Job FM Metsemakers
Chair Department of Family Medicine
Maastricht University,
The Netherlands

From Dr Claramita - A National Proposal for Indonesia

Hi, I am Mora Claramita, a general practitioner from Indonesia. I come from middle of Java Island, Yogyakarta city. I graduated as a medical doctor from Gadjah Mada University, in Indonesia, in 2000. After graduation, I continued to work and study medical education for my master and doctorate degrees in Maastricht University, The Netherlands. My dissertation was about *Doctor-patient communication in a hierarchical context of Southeast Asia: a partnership approach*[1]. Cees van der Vleuten, Hardyanto Soebono and Jan van Dalen were my promoters.

A study on medical education

I was interested in studying medical education because I felt that there was probably something amiss in educating future doctors, in my local context. Therefore, I wanted to do something better for the next generation of health professionals.

One of results of studying medical education was that I could prove that the problem scenarios presented to medical students reveal the opposite to the learning objectives presented. The students first read the scenario which contains patient-centred principles. However, the teachers drive the tutorial discussion process into more doctor-centred learning objectives. As a result, the curriculum which is oriented towards family medicine might not achieved[2].

Thank you for all readers, co-authors and reviewers who brought

this study to the judges of the best paper of the *Asia-Pacific Family Medicine Journal*, in 2012. Our Family Medicine Team and I, felt a huge appreciation from my colleagues for achievement of The Third Lyn Clearihan Award for this paper.

Doctor-patient communication

My studies in the area of doctor-patient communication had been opened my eyes to the reality of health care services in Indonesia. Doctor-patient communication looks very complicated in the setting of this study, not just because of the hierarchical culture of interactions between doctors and patients. Complex clinical settings and referral systems are also present. In Indonesia, which currently has more than 80,000 GPs; a Medical Doctor (MD) with only one year internship, can apply directly for a licence of professional practice as a general practitioner (GP).

However, Indonesia has to be careful of this system because: the medical schools' curriculum may not achieve its goal of orientation towards family medicine, as proven in my study. Furthermore, it is not clear who the teachers during the internship program are, as there is no specialty in Family Medicine / General Practice, in Indonesia. The internship program takes place mostly in hospitals. When a GP is educated only by specialist doctors, the primary care principles may not be properly comprehended. On top of that, GPs who stay in one community may/ may not gain proper continuing education program in primary care. With the current situation that patients can go directly to any doctor they want, "continuity of care", "comprehensive-care", "patient-centred care", "holistic-care" and any other principles of primary care or family medicine are certainly neglected[3,4].

Medical teachers may be unaware of this situation because faculties of medicine usually are in the big cities of Indonesia where all specialties are available. "Refer to specialist" is a common sentences in the scenarios presented to the third year medical students. What happens to people 30 kilometres outside big cities where specialists are rare? What happens to people in rural areas if a GP cannot manage the clinical case because of inadequate training?

My proposal

I would like to propose a national initiative towards accessible high quality primary health care with family doctors as the backbone for every citizen of Indonesia and for other countries in which family medicine is not yet established:

1. Provide easy access for every citizen to high quality primary health care with family doctors as the backbone.
2. Provide an adequate professional remuneration system for all doctors from all specializations, so that doctors do not expect their patients to be sick and come to them – for earning money.
3. Provide an adequate health insurance program for all citizens, not only paying for ill patients but also paying for keeping them healthy by regular check-ups.
4. Adequate training for general practitioners as a postgraduate specialization, equal to other specialization training in the country. Adequate clinical ability obtained from adequate length of graduate education is the goal.
5. Keeping the doctors well-trained by allocating budget for better recruitment, training and continuing education programs for health professionals.

When I graduated as an MD, I was able to diagnose a patient's problem for example, hypertension, but was not able to provide an adequate care-plan. Then I met Mark Graber, from Carver College of Medicine IOWA, a professor in Emergency and Family Medicine. I joined some bed-side teaching with him and I learnt so much about delivering the best primary care to my patients. Together with Mark, we created a postgraduate certification program for a three months' period, for doctors in Yogyakarta. About 10 doctors participated and they felt more confident and more knowledge and skills gained during the course. Unfortunately most of them resigned in the last month because they said that without recognition at the end of the program, their patients will not know that they had done additional training.

To create a postgraduate program for family medicine in Indonesia is like the "chicken and egg" problem. We want to produce "the egg" but the authority said that we have "no chicken" so we cannot produce. "Chickens" who would like to help from outside the country will not be accepted. In a situation like this, what I can do is to help medical students to learn more about primary health care and its importance. Together with my colleagues from Gadjah Mada University, Maastricht University and IOWA Carver College of Medicine, I continue to do early exposure in primary health care settings through a collaborative joint research program. For this program I also collaborate with 27 Primary Health Care Centres (Puskesmas) in Yogyakarta and 11 NGOs (including SHEEP-Indonesia, LESSAN and KEBAYA) who are committed towards better primary health care services. I am happy to continue to inspire young doctors who are impatient to change towards better learning and better health care services.

Primary Health Care should be *now more than ever* as stated by the WHO[5].

Mora Claramita, MD, MHPE, PhD

Acknowledgment: Thank you to Professor Job Metsemakers who keeps inspiring me. Thank you for Retno Sutomo, Mei-Neni, Shinta Prawitasari, Ova Emilia, Gandes Retno Rahayu, I Dewa Putu Pramantara, Bambang Udji Djoko Rianto, Abu Tholib, Mansyur Romi, Soenarto Sastrowijoto, Mahar Agusno, Abdul Ghofir, Astuti, Istiti Kadarina, Armis, Sunartini Hapsara, Wasilahrohmah, Bambang Djarwoto, Fitriana Murriya, Tyagita Swasti, Henny Wulandari, Wahyudi Istiono and Adi Heru Sutomo and all friends and colleagues from other specialities who work together for the development of Family Medicine in Indonesia.

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A NORDIC PHD: CLINICAL INERTIA OR COLLECTIVE RESISTANCE?

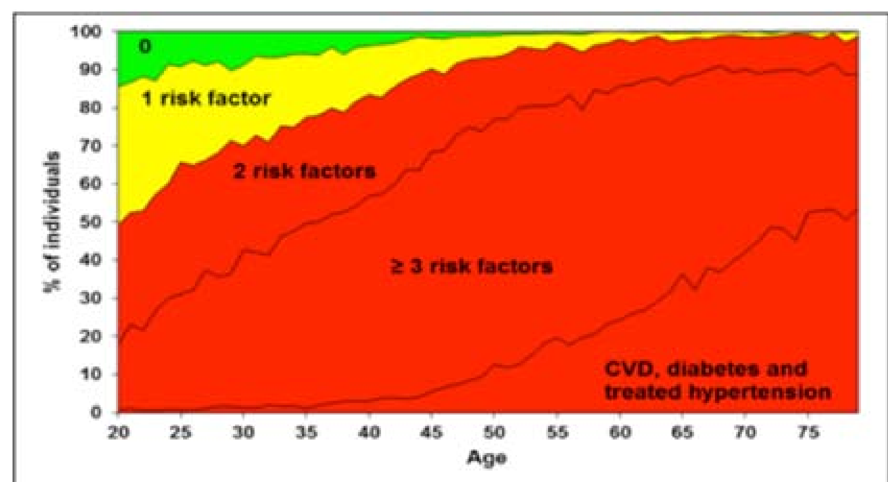
General practitioners seem reluctant to follow guidelines for primary cardiovascular prevention.

A recently published PhD dissertation from Icelandic general practitioner Hálfdán Pétursson1 may provide some answers to the long time conflict between general practitioners and cardiovascular specialists, on risk factor thresholds for primary cardiovascular prevention. Various studies have shown that general practitioners only follow the guidelines to a certain extent, and that recommended treatment goals are often not reached. Some authors have explained this in terms of physicians' inadequacy, whilst others have pointed out that at least part of the explanation is likely to lie in the nature of the guidelines[2].

Dr Hálfdán Pétursson

In one of the papers included in the thesis3 Pétursson and his collaborators have performed a modelling study demonstrating how adhering to the European guidelines from 2007[4] would translate in a practical sense to work load for general practitioners. They assumed that general practitioners were able to detect and respond appropriately to these guidelines, based on data from the Norwegian population based Nord-Trøndelag health survey (HUNT). This 1995-97 survey, comprised data on some 62,000 adults, which provides population data on blood pressure, cholesterol levels and a number of other potential relevant risk factor for cardiovascular disease. The authors summarise their findings on what work load this would imply for general practitioners in the county in a rather laconic way:

"Among individuals with blood pressure ≥120/80 mmHg, 93% (74% of the total adult population) would need regular clinical attention and/or drug treatment, based on their total CVD risk profile. This translates into 296,624 follow-up visits/100,000 adults/year. In the Norwegian healthcare environment, 99 general practitioner (GP) positions would be required in the study region for this task alone. The number of GPs currently serving the adult population in the study area is 87 per 100,000."



Can we as general practitioners accept these guidelines for CVD risk identification? A critical view at the 2007 European guidelines4, as applied to the Norwegian population in Nord-Trøndelag county, here showing point prevalence of individuals in each age group (20–79 years) who report established CVD disease or one or more of the risk factors studied (i.e. pre-hypertension or hypertension, high cholesterol, overweight or waist obesity, smoking, or close relatives with cardiovascular disease)[5].

The study does not provide any information on what goes on in the heads of general practitioners, or to what extent they are aware of the massive discrepancies between guideline recommendations and their much

lower intervention levels on cardiovascular risk factors. In some way (yet unknown), it seems like they translate these guidelines into something more "manageable", since general practitioners obviously carry out a lot of medical work not related to cardiovascular prevention (as an understatement).

Most likely they manage their everyday clinical work by setting the risk thresholds for follow up or intervention on risk factors at a higher level than recommended by guidelines. At best, they will concentrate their work on the high risk segments, where the potential benefits of drug treatment are more indisputably documented. However, the low adherence rate to the guidelines may be interpreted as "clinical inertia". Or – as some of us would say – silently demonstrating a collective resistance against guidelines unsuited for population based prevention[5]. The authors summarize their views[3]:

"The potential workload associated with implementing the 2007 European hypertension guidelines could destabilise the healthcare system in Norway, one of the world's most long- and healthy-living nations, by international comparison. Such a large-scale, preventive medical enterprise can hardly be regarded as scientifically sound and ethically justifiable, unless issues of practical feasibility and sustainability are considered in a transparent way."

In his dissertation Pétursson also raises questions about prevention strategies, the balance between individual risk identification and interventions, and population based interventions (some echoes of the Geoffrey Rose classics[6]). But the main message from his analyses is that there is an urgent need for re-thinking cardiovascular prevention in a broader public health perspective. The recently updated 2012 European guidelines for cardiovascular prevention[7] make some minor modifications of their recommendations, but provide no better answer to this major question.

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VASCO DA GAMA JUNIOR RESEARCHER AWARD

The Junior Researcher Award aims to promote a generation of junior GP/FM doctors who include research skills with patient care as a life time career. This award honours outstanding research proposals from trainees or junior GPs/ family physicians with up to five years working experience after graduation.

All candidates are sincerely congratulated on their outstanding achievements but this year, the three winners and one runner-up of the Junior Researcher Award are: Virginia Hernandez, UK; Mirene Anna Luciani, Italy; Anne Maren Dahlhaus, Germany; and runner-up, Tiago Luis Baptista da Cunha Sousa Veloso, Portugal.

All four champions will be invited to present their project during a special workshop in this year's WONCA Europe Conference in Vienna. The workshop is scheduled on Saturday, July 7, at 11.00am. Senior GPs and experts are invited to join this workshop and help the four champions in developing their project.

This year's jury was Professor Paul van Royen, University of Antwerp, EGPRN representative; Professor Christos Lionis, University of Crete; Lenia Chovarda, VdGM Research Group Liaison; Tobias Freund, VdGM Research Group Coordinator.

A profile of one winner: Dr Mirene Anna Luciani

Dr Mirene Luciani

Dr Mirene Anna Luciani is a general practice trainee in her final year of training. She graduated in Medicine and Surgery, in 2008, at the University of Pisa, with a score of 105/110. She began research early in her career with a research paper taken from her surgical thesis *"Effect of open abdomen on the outcome of patients with*

diffuse peritonitis. Results of a prospective study" being published on *Annali Italiani di Chirurgia,* 2011: Sept-Oct82(5):377-82.

In 2009, she won the competition to be admitted to the Tuscany Regional Course of Specialized Training in General Practice. Since then, she has collaborated with Doctor Luca Puccetti, specialist in Rheumatology, General Practitioner in Cascina (Pi) and Chairman of the Interdisciplinary Scientific Society Promed Galileo. In 2010, she trained at the Italian Society of Ultrasound in Medicine and Biology (SIUMB) and in November she successfully passed the Theoretical Course of Ultrasound. In 2011 she started training in Ultrasound at Society of Ultrasound in Medicine General SIEMG courses and she passed the Tuscany regional competition to attend the first level Course on Ultrasound for General Practitioners. In January 2012 she obtained a Diploma in Ultrasound - first level - from Italian Society of Ultrasound in Medicine and Biology (SIUMB).

Dr Luciani has participated in many scientific events: as moderator of the Under 35 sessions of the fifth, sixth and seventh National Congresses of SMIPG; as a speaker at the *Brainstorming on the future of primary care*. On April 16th 2011 Dr Luciani has also participated at the CSeRMEG Spring Seminar.

Proposed project of Dr Luciani

Statins and risk of incident diabetes: a retrospective observational study project

Abstract: Statins are the most prescribed medications worldwide, with a proven ability to reduce major cardiovascular events. Recent data have revealed an association between statin therapy and an increased risk for developing diabetes. The aim of this study is to evaluate if the relationship between statin use and development of diabetes mellitus emerges in current clinical practice. In a retrospective study, we will examine the pharmaceutical database of Azienda Sanitaria Locale 5 Pisa (326.000 inhabitants) and we will evaluate the number of statin prescriptions, time of maintenance in therapy, drug dosage during the last five years, and we will collect data of new cases of diabetes mellitus onset in patients treated with statins as proved by the release of specific disease-exemption from copayment or antidiabetic prescriptions, or established diagnosis. We intend to evaluate this association before the introduction in Italy by AIFA (Italian Agency of Drug) of a modification in statin prescription modalities.

WONCA AWARDS NOMINATIONS

Professor Michael Kidd, WONCA President Elect and chair of the Nominating and Awards Committee has made the call to WONCA Member Organizations to make nominations for the various WONCA awards to be presented at the world conference, being held in Prague, in 2013. The awards are:

- WONCA Fellowship
- WONCA Honorary Direct Life membership
- WONCA Foundation Award and
- WONCA 5 Star Doctor Award

FELLOWSHIP OF WONCA

The Fellowship of WONCA is WONCA's most prestigious award. It is awarded to individuals who have rendered outstanding service to the WONCA organization. It is awarded every three years at meetings of the WONCA Council, but only if a suitably qualified candidate is identified. It is the expressed wish of WONCA that this should continue to be a prestigious, well earned honour.

The WONCA Fellowship has been awarded to:
Dr Prakash Chand Bhatla, (Deceased) India 1976
Donald I Rice CM MD, (Deceased) Canada 1980
Professor Bent Guttorm Bentsen, Norway 1989
Dr David A Game AO KSJ, Australia, 1989
Professor Max R Polliack, (Deceased) Israel 1989
Dr Jack Froom, (Deceased) USA 1992
Dr Lotte Newman CBE, United Kingdom 1995
Dr M K Rajakumar, (Deceased) Malaysia 1995
Giora Almagor MD, Israel 1995
Dr Douglas G Garvie OBE, United Kingdom 1998
A/Professor Goh Lee Gan, Singapore 1998
Donald W Rae OC MD (Deceased), Canada 1998
Professor Wesley E Fabb, Australia 2001
Professor Charles Bridges-Webb, (Deceased) Australia 2004
Professor Richard Grol, Netherlands 2004
Professor Vincent Hunt, USA 2004
Professor Roger Strasser, Australia/Canada 2004
Dr Giorgio Visentin, Italy 2004.
Dr Michael Boland, Ireland 2007
Professor Henk Lamberts (Deceased) Netherlands, 2007
Professor Zorayda Leopando, Philippines, 2007
Professor John Murtagh, Australia 2007
Dr Luis Pisco, Portugal 2007
Professor Maurice Wood, USA, 2007
Professor Cheryl Levitt, Canada, 2010
Professor Igor Svab, Slovenia, 2010

HONORARY LIFE DIRECT MEMBERSHIP

Honorary Life Direct Membership is awarded in recognition of contributions to the work of the WONCA Organization and/or to general practice/family medicine on a world basis. Honorary Life Direct Membership is a category available to recognise significant contributions to WONCA in those instances where the award of Fellow would not be appropriate, but is felt that some recognition should be given. Thus, if a nominee for Fellowship is not recommended by the Nominating and Awards Committee for Fellowship, it may make a recommendation for Honorary Life Direct Membership. Honorary Life Direct Membership is restricted to 25 members. Past Presidents of WONCA receive the award of Honorary Life Direct Membership.

Honorary Life Direct Membership has been awarded to:
Dr Stuart J Carne, United Kingdom 1978
Dr A Hofmans (Deceased), Netherlands 1983
Dr Peter CY Lee, Hong Kong 1995
Dr Tomi Spenser, (Deceased) Israel 1995
Dr Alastair G Donald CBE, (Deceased) UK 1998
Dr Ole M Olsen, Denmark 1998
Dr Daniel J Ostergaard, USA 1998
Dr Fons Sips, Netherlands 1998
Dr Göran Sjönell, Sweden 1998
Mrs Marian C Fabb, Australia 2001
Professor Frede Olesen, Denmark 2001
Dr Reg Perkin, Canada 2001
Dr John McLeod, (Deceased) UK 2001
Dr Robert Higgins, USA 2001
Dr Michael Boland, Ireland 2004
Dr Eric McNair (Deceased) UK/ Zimbabwe 2004
Dr Philip Evans, United Kingdom, 2007
Professor Bruce L W Sparks, South Africa 2007
Professor Chris van Weel, Netherlands 2010

WONCA FOUNDATION AWARD

The WONCA foundation award has been made possible by an initial donation of ten thousand pounds sterling from the Royal College of General Practitioners. This award is made once every three years at the WONCA council meeting.

The award is to be used to further the aim of “fostering and maintaining high standards of care in general practice/family medicine” by enabling physicians to travel to appropriate countries to instruct in general practice/family medicine, and appropriate physicians from developing countries to spend time in areas where they may develop specials skills and knowledge in general practice/family medicine.

The value of the award is determined by the executive committee. The current amount of the award is £1,500. A certificate is given with the award.

At WONCA Cancun 2010, Dr David Whittet, of New Zealand, received the WONCA Foundation award. Dr Whittet had previously received the WONCA Foundation award in 1998 and with his first award he worked to develop family medicine, in Orissa, in India. Dr Whittet had the motivation to repeat his work done in India and his 2010 award related to a *Project to develop family medicine in rural Cambodia.*

Application Procedure for WONCA Fellowship, Honorary Life Direct Membership and WONCA Foundation Award.

Nominations must be accompanied by a detailed curriculum vitae detailing the nominee’s contribution to the advancement of WONCA, his/her own organization and the discipline of general practice/ family medicine on an international scale.

For the WONCA Foundation Award, details of the project to which the award would be applied, together with the candidate’s curriculum vitae are required. There is no official application form.

WONCA member organizations are invited to email nominations to Professor Michael Kidd and the WONCA World Secretariat

Michael.Kidd@flinders.edu.au
admin@wonca.com.sg
Closing date: 15 January 2013

WONCA 5 STAR DOCTOR AWARD

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

The award will be offered on a regional basis and on a global basis. The regional awards may be awarded on an annual basis and the global award is awarded every third year (ie in the year of the WONCA world conference). The global award will take the form of a crystal trophy and a certificate.

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

1. A nominee must have the attributes of the 5-Star Doctor (see below).
2. A nominee should be a serving physician in mid-career who in addition to providing regular service:
   - provides innovative services to a community or special group
   - developed services where they were previously not available - supports colleagues in another region, country or college and also performs academic work (teaching, research, quality assurance) of exceptional quality and relevance
3. A nominee can work outside his or her region, or create something that can be used outside his or her region or serve as a role model to other regions
4. The attributes of the 5-star doctor are:

* **a care provider** who considers the patient as an integral part of a family and the community and provides a high standard of clinical care (excluding or diagnosing serious illness and injury, managing chronic disease and disability and provides personalised preventive care whilst building a trusting patient- doctor relationship

* **a decision maker**, who chooses which technologies to apply ethically and cost-effectively while enhancing the care that he or she provides;

* **a communicator,** who is able to promote healthy lifestyles by emphatic explanation, thereby empowering individuals and groups to enhance and protect their health;

* **a community leader**, who has won the trust of the people among whom he or she works, who can reconcile individual and community health requirements and initiate action on behalf of the community;

* **a team member**, who can work harmoniously with individuals and organisations, within and outside the health care system, to meet his or her patients and community's needs.

Application Procedure for WONCA 5 Star Doctor Awards.

A completed nomination form (available from the WONCA secretariat) and supporting documents are required.

admin@wonca.com.sg
Member Organizations should email nominations to
Professor Michael Kidd
Michael.Kidd@flinders.edu.au
and the relevant WONCA region president (these emails can be obtained from WONCA secretariat)
Closing date: 15 January 2013

WONCA REGIONAL NEWS

EUROPE 5-STAR DOCTOR 2012: DR MIGUEL ROMÁN RODRÍGUEZ

WONCA Europe is proud to announce Dr Miguel Román, of Spain as the winner of the WONCA Europe Award of Excellence in Health Care: The 5-Star Doctor 2012.

WONCA Europe received five nominations for the 2012 Award: Dr Ilkka Kunnamo, Finland; Dr Egidi Gunther, Germany; Dr Mihaela Carmaciu, UK; Dr Brian Malcolm, UK; and Dr Miguel Román, Spain. All the candidates are congratulated on the high standard of Family Medicine they practice.

Dr Miguel Román Rodríguez

Dr Miguel Román Rodríguez

Dr Miguel Román was nominated by the International Primary Care Respiratory Group (IPCRG). He has led the work to develop a virtual community of practice for respiratory care and has been committed to finding ways to extend the knowledge and experience to frontline general practice and primary. He was instrumental in building an effective working relationship between WONCA Europe and the IPCRG, the Special Interest Group (respiratory). He has personally led the team offering respiratory education at the last two WONCA Europe conferences and will do so again in 2012. He has also supported closer working at national level between colleges of general practice and the IPCRG country members.

IPCRG activities

Dr Miguel Román has worked hard to ensure the IPCRG is useful to as many clinicians as possible by championing the need for translation. The IPCRG's peer-reviewed journal already publishes editorials in Spanish, and will shortly start publishing four articles every edition in Spanish and Portuguese. At the IPCRG Edinburgh conference in April 2012, plans were made to be webcasting a Spanish session for Spanish clinicians who cannot travel to the meeting and interpreting it into English for those in Edinburgh. Due to his inclusive attitude this Spanish session was to be extended to colleagues in Chile and Argentina.

A committed GP

However, Dr Miguel Román is first and foremost a hugely committed GP serving his patient population of Palma de Majorca. He is an outstanding doctor who is an advocate of patient centred medicine. No matter what other business imperatives exist, he always thinks of his patients, and puts them first. He wraps his commitment as president of an international organisation around his commitment to his patients. Any one of his patients would testify to his compassionate, warm and intelligent approach to their problems. He has a gift for metaphor and humour to help communicate and achieves that not only with his patients but also his peers in Europe and further afield in Chile, Argentina, Bangladesh, India, Vietnam and Sri Lanka for example.

Dr Miguel Román is responsible for the minor surgery programme in his centre, participates in teaching and research and is committed to the Balearic national health system that requires achievement of health indicators, outcomes and limits on pharmacological expenditure.

Impact on regional and local development of services

Dr Miguel Román works successfully at many geographical levels: his practice; his local community and the emergency room at his local hospital; IB-Salut (Balearic Health System) – where he has led the implementation of "Historia de salud" a new information system to improve integrated care for patients with chronic disease. Thanks to his effort and hard work all the health centres in the Balearic Island have their own spirometer.

At the national level in Spain, Dr Miguel Román co-founded the Spanish Society of Family Medicine –semFYC- Respiratory group and was the international representative of GRAP, the primary care respiratory group of Spain that now has 115 members. Globally, he has led the International Primary Care Respiratory Group.

Academic activities

Miguel is on the Editorial Board of the Primary Care Respiratory Journal; his research interests include the early diagnosis and treatment of respiratory diseases

and the development of informatics tools to improve chronic patients' shared management. Currently, he is exploring the usefulness and efficiency of using home polygraphy for the assessment and initial management of sleep apnoea.

The 2012 WONCA Europe 5-Star Doctor Award will be presented at the WONCA Europe Vienna conference in July, 4 – 7.

ASIA PACIFIC BURSARIES

WONCA Asia Pacific region council has announced the final list of bursary recipients who will have been aided to attend the region conference in Jeju, in May. Those who have donated to help these colleagues attend a region conference are sincerely thanked. It is hoped that in the next issue of *WONCA News* some photos and stories from these colleagues will be available.

Mohammed Ishaque, Fiji;
Isti Fujiati, Indonesia;
Oryzati Hilman Agrimon, Indonesia;
Sing Menorath, Laos;
Syed Alwi, Malaysia;
Win Zaw, Myanmar;
Tin Myo Han, Myanmar;
Isabelita M Samaniego, Philippines;
Marilyn Benedith M Anastacio, Philippines;
Chaturon Tangsangwornthamma, Thailand;
Cao Ngoc Thanh, Vietnam;
Min Tan, Vietnam.

EUROPE NETWORK IPCRG WORKING LOCALLY, COLLABORATING GLOBALLY

The International Primary Care Respiratory Group (IPCRG) 6th world conference, was held in Edinburgh, April 2012. The conference attracted over 1000 delegates from 40 countries. There was a real sense of camaraderie, sharing and learning. In comparison to the 5th world conference in Toronto, we were able to showcase significantly more primary care research; 50 more abstracts were received getting to final number of 230. The sessions covered very different angles about respiratory diseases and they were a tremendous success, attracting audiences spilling out of the doors.

One of our great opportunities was to present the work that is being done in many parts of the world in different conditions with variable resources. One of the key issues of discussion during the conference was the non-communicable disease epidemic in low and middle income countries and our response to it. It was clear that more needs to be done to convince governments of the value of primary care. We need to explain its advantages: how much is and can be done in primary care (however it is defined and structured locally) to diagnose, treat and manage chronic lung disease and to contrast this with a trend in favour of expenditure on specialists. This was captured powerfully in the opening talk, by Michael Kidd (WONCA President-elect) and in the closing talk by Iona Heath (president of the Royal College of General Practitioners, UK). Therefore the IPCRG will continue to lobby for more investment in primary care and in more pragmatic research with people reflecting real life primary care populations and with a sufficiently long time horizon. We will also make the point that asthma is a non-communicable disease and should be included in all national plans, not just COPD.

We are proud that there were a number of "firsts" during the conference. These included live webcasts of sessions in Spanish, to colleagues in meetings in two locations in Chile, one in Argentina and to individuals in Spain. We also broadcast to a meeting of GPs and allied health professionals in Kolkata, India. Webcast sessions are available online. http://www.theipcrg.org/display/EVENTSEdinburgh/6th+IPCRG+World+Conference%2C+Edinburgh

We launched our new web environment during the conference, running workshops to explain how to use it to best effect to share contacts, knowledge and information. It is much more interactive than our previous website and offers you all the chance to customise the pages you view, and to contribute to them. Do sign in and have a go, and connect with your colleagues.

We celebrated the outcomes of the first rounds of our E-Faculty programme, resulting in papers and presentations from colleagues in Vietnam and Romania. In addition, as a result of a two-stage bidding process involving bids from Singapore, Chile, Argentina and Brazil, we would like to congratulate our colleagues in Chile who will be the next recipients of the E-Faculty programme. This offers a teaching and mentoring programme based on local needs, to initiate primary care respiratory research in a new country. Our ambition is to support them to present their findings at the 7th world conference in Athens, 2014 (21-24 May).

We launched our *Desktop Helper in Difficult to manage asthma* at Edinburgh and it has been very well received. We are able to support translations/transpositions to different countries and languages. We also launched a new desktop helper on gender difference. We are also

working closely with the European Federation of Allergy and Airways Diseases Patients' Associations (EFA) to ensure not only is our guidance practical, but also patient-centred.

When The IPCRG represents a very small, but influential part of the primary care global community; many of our global community of practice are the innovators, early adopters, and teachers. However, we will only make a difference if we stay connected to all the primary care community, which does not have a special interest in respiratory disease. Therefore we are pleased to report on the growing strength of our links with WONCA Europe, and with GPs and primary care around the world. It means that a conservative estimate of our reach is that we reach more than one hundred thousand primary care professionals worldwide through our network of full country members (welcome to Chile!) and 27 associate members.

We will run four workshops at WONCA Europe Conference this summer in Vienna about many different issues: common allergic respiratory conditions, early detection and management of COPD, smoking cessation, and asthma control and severity.

For more information about IPCRG activities, download a copy of our annual report http://www.theipcrg.org

Siân Williams and Miguel Román

WONCA WORKING GROUP NEWS

WONCA WORKING PARTY ON RESEARCH ANNUAL REPORT

North America

Due to the small number of potential attendees, we were not able to have formal meetings of the WONCA Working Party on Research and the International Federation of Primary Care Research Networks (IFPCRN). It became evident that there are too many competing demands for attendees at the North American Primary Care Research Group (NAPCRG) meeting and insufficient dedicated time to global primary care research. To address this issue, there was a brief morning meeting which included John Beasley, Chris van Weel, Walter Rosser, Tim Olde Hartman and Martin Dawes, who is program chair for NAPCRG.

This led to a very productive exchange and Tim Olde Hartman agreed to work with Martin Dawes to set aside some time for global research and issues at the 2012 NAPCRG meeting, which will be held from December 8-12, in New Orleans, USA. It is our intent to couple research presentations with meetings of the MINERVA project; possibly the Brisbane Initiative; and a combined meeting of the IFPCRN and the WONCA Working Party on Research.

We did acknowledge the significant progress made at the WONCA Asia Pacific Cebu 2011 and WONCA South Asia Kathmandu 2010 meetings and hope that 2012 will be as productive. It is our intent that much of the organisation and planning for this meeting will be done by rising young physicians like Dr Tim Olde Hartman. We will make special effort, with Professor Rosser's help, to identify family physicians that are in fellowship and PhD programs to participate with Dr Hartman.

Profs John Beasley and Donna Manca

WONCA East Mediterranean Region

The WONCA East Mediterranean Region (EMR) Primary Care Research Network was launched at the WONCA EMR conference, in Dubai, in December 2011. This first WONCA EMR conference was widely attended by participants from the around the world and across the region.

The launch of the WONCA EMR Primary Care Research Network was based on the initiative of Professor Nabil Y Al Kurashi, WONCA EMR President, and Professor Faisal Al Nasir, president of the Family and Community Medicine Council, Arab Board for Health Specialties.

Professor Taghreed Farahat, from Egypt, and Professor Waris Qidwai, from Pakistan, have been requested to lead this network. Initially, 41 conference participants have signed as members. A yahoo group has been initiated and family physicians from WONCA EMR region are requested to join.

The sole aim of this newly formed network is to promote primary care research in the region and to build capacity to achieve this objective.

Two projects have been initiated, on *Information and Communication Technology and Access to Patient-Care*. The former, is led by Professor Taghreed Farahat and the latter by Professor Waris Qidwai. It will be an important part of the mission to increase collaboration between primary care research networks, both within the region, as well as globally.

Professor Waris Qidwai, chair of the WONCA Working Party on *Research delivered a keynote address on Research strategies required to reduce disease burden from diabetes mellitus and hypertension in the developing world*.

This region already has highly committed and well trained human resources in primary care research. It is expected that over the coming months and years, this network will become more active and will ensure that primary care research is at the forefront in the region.

Prof Waris Qidwai

Europe

At the second international meeting of Hypertension and Diabetes in Primary Care, held at Istanbul, in April 2011, Dr Waris Qidwai delivered a talk at the invitation of Primary Care Diabetes Europe and the European Primary Care Cardiovascular Society. *The topic was Controlling diabetes and hypertension: research strategies for developing countries*.

Dr Waris Qidwai

Asia-Pacific

Dr Susan Tan Go, Research Committee chair of the Philippine Academy of Family Physicians

Physicians, Davao City Chapter, will present a poster at the WONCA Asia Pacific Region conference 2012 to be held in May, in Jeju, South Korea. Title of the presentation is *The present status and future role of family doctors: a perspective from international federation of primary care research networks*.

The Hong Kong College of Family Physicians and the University of Family Medicine academics have made an effort to promote research among family doctors. A research project will be introduced in 2013, as an option to a clinical audit, as one of the three segments of the College of Family Medicine training exit examination. Several research training workshops were organised for family doctors, in Hong Kong, in 2011.

The Primary Care Network Research on the *Epidemiology and Natural History of Depressive Disorder Presenting to Primary Care in Hong Kong*, started in 2010 and will continue until the end of 2012. This is a collaborative project between the University of Hong Kong and the Hong Kong College of Family Physicians, that includes over 50 primary care practices and 10,000 patients. The baseline data collection has completed and longitudinal follow-up continues for one year. The project has proven the feasibility of engaging a large number of primary care practices to collect data regularly over one year. We hope the results will provide answers to the question on whether depressive disorders missed by primary care doctors really matter.

Dr Susan Tan Go and Dr Cindy Lam

South Asia Region

The Pakistan Primary Care Research Network (PPCRN) remained active during the year 2011.

A research project *Barriers to antihypertensive therapy* has been initiated, data collection of which has begun in two provinces. Data collection from the rest of the sites (4-5 sites) will commence this year. Collection at these sites will be done with the collaboration of Pakistan Hypertension League which has members throughout the country.

Dr Seema Bhanji (Chair, PPCRN) was invited to conduct a research workshop (along with a Pakistan and an Indian colleague) at the Spice Route Movement session of the WONCA South Asia Region conference held in Mumbai, in December 2011. She spoke on *How to initiate a research project* to the young and future family physicians of the South Asia region. She talked about how to get ideas and then translate them into researchable questions. She elaborated on the methodology of the project; selecting the study design, the population, study site and sampling techniques. She introduced the concept of validity and reliability of the data and its importance and briefly touched upon data entry and analysis. She emphasised the ethical considerations that must be looked into before designing the project. She also discussed the challenges faced by family physicians in conducting research and appreciated the efforts of the Spice Route Movement organisers in providing training for research.

Dr Bhaji was made research liaison for the Spice Route Movement for young and future family physicians.

Dr Seema Bhanji
Chair, Pakistan Primary Care Research Network

Work plan for 2012-13:

Plans for the WONCA working party on research for the coming year include:

1. Hold capacity building workshops on research methodology workshops at regional level through local primary care research networks and active members of WONCA Working Party on Research.

2. Hold meetings at regional WONCA conferences to discuss and plan work plans to promote mandate of WONCA Working Party on Research at regional level.

3. Prepare to hold meeting of WONCA Working Party on Research at the WONCA World conference at Prague, in 2013.

HEALTH AND HEALTH SYSTEM NEWS

PAN AMERICAN HEALTH ORGANIZATION MEETING ON NCDs

WONCA Iberoamericana-CIMF region president, Professor Liliana Arias-Castillo attended this meeting.

Experts pledge multisectoral action to fight non-communicable diseases
Brasilia, 9 May 2012 (PAHO/WHO) – Health experts from throughout the Americas concluded a two-day meeting in Brazil by pledging joint action to fight non-communicable diseases (NCDs), which take the lives of nearly 4 million people in the hemisphere each year.

The meeting, held May 7 and 8, brought together members of the CARMEN (Set of Actions for the Multisectoral Reduction of Non-communicable Diseases) network to discuss how to transform the declaration signed at last year's United Nations High-Level Meeting on Non-Communicable Diseases into policies, programs, and concrete actions.

Participants in the meeting showcased innovative efforts to fight NCDs in different countries and highlighted the need to improve epidemiological data and the quality of care for people with NCDs while promoting multisectoral policies. They also identified opportunities for South-South cooperation among countries to address these priority areas.

The CARMEN meeting provided a regional venue to discuss NCD goals and indicators that were requested by U.N. Secretary-General Ban Ki Moon during the United Nations High-Level Meeting on NCDs, held in New York last September. In addition, representatives from PAHO member countries offered their observations on a proposed Regional Strategy for the Prevention and Control of Non-communicable Diseases for 2012-2020, which will be presented to the Pan American Sanitary Conference in September of this year.

In the Americas, three out of four people suffer from one or more non-communicable diseases, such as cancer, diabetes, obesity, cardiovascular diseases, and chronic respiratory disease. Some 3.9 million people die each year from NCDs, 1.5 million of them before age 70. Deaths and illnesses due to NCDs are projected to increase 40 percent by 2030 if current trends continue.

This week's CARMEN meeting was organized by PAHO/WHO with the support of the Ministry of Health of Brazil and the World Diabetes Foundation. Speakers included the Secretary of Health Surveillance of Brazil's Ministry of Health, Dr Jarbas Barbosa, and PAHO Director Emeritus Sir George Alleyne.

"The path from declarations to action is not always a straight line," commented Dr Alleyne during the conference.

CARMEN, an initiative created by PAHO/WHO, is a network of countries, organizations, and institutions that share the common goal of reducing the burden of chronic diseases and their risk factors, using a multidimensional approach centered on integrated prevention and management of NCDs. Its objective is to promote and establish programs and policies for integrated prevention and control of NCDs at the national and subregional levels in the

Americas, supporting the implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases. Since 1997 the CARMEN network has met biennially to review progress, share experiences, and promote new strategies to fight chronic diseases.

Following the CARMEN meeting, the Pan American Forum for Action against Non-communicable Diseases also met in Brasilia, on 8-9 May. The forum is a multisectorial platform that supports intensified collaborative measures to prevent NCDs at the regional and national levels. More than 200 representatives from governments, companies, academic institutions, civil society organizations, and multilateral institutions met to discuss how to work together to advance in prevention and control of NCDs.

PAHO, which celebrates its 110th anniversary this year, is the oldest public health organization in the world. It works with its member countries to improve the health and the quality of life of the people of the Americas. It also serves as the Regional Office for the Americas of WHO.

During May 9th, health experts from throughout the Americas concluded a one-day meeting in Brazilia, Brazil with the Forum of Non Communicable Diseases NCDs. This Forum brought together members of the CARMEN (Set of Actions for the Multisectoral Reduction of Non-communicable Diseases), as well as members from the governments of the American Region, civil society and the industry.

Links:
PAHO/CARMEN:
http://www.paho.org/carmen
PAHO/Chronic Diseases:
www.paho.org/chronicdiseases
Pan American Forum on Non-Communicable Diseases:
http://new.paho.org/panamericanforum/

REUNIÓN OPS SOBRE ENFERMEDADES NO TRANSMISIBLES ENT

Presidente de la Región de WONCA Iberoamericana-CIMF, Profesora Liliana Arias-Castillo asistió a la reunión

Expertos de la región acuerdan acciones multisectoriales para combatir enfermedades no transmisibles

Brasilia, 9 de mayo de 2012 (OPS/OMS)—Cómo combatir la epidemia de enfermedades no transmisibles (ENT) que mata a casi cuatro millones de personas al año y causa considerables daños económicos, fue el eje del trabajo de expertos en salud que pertenecen a la red CARMEN (Conjunto de Acciones para la Reducción Multisectorial de Enfermedades No Transmisibles), reunidos entre el 7 y 8 de mayo en Brasilia.

En este encuentro, representantes de los Ministerios de Salud de la región y de la sociedad civil que integran la red CARMEN y la Organización Panamericana de la Salud/Organización Mundial de la Salud (OPS/OMS) debatieron y acordaron acciones multisectoriales para combatir las enfermedades no transmisibles.

Los representantes de los países de la región discutieron cómo transformar en políticas, programas y acciones concretas a la declaración firmada en la Reunión de Alto Nivel de Naciones Unidas en septiembre de 2011. Se expusieron experiencias innovadoras desarrolladas en los países para enfrentar las ENT. Además, se señalaron como prioridades en la región la mejora de los datos epidemiológicos, la calidad de la atención de estas enfermedades y las políticas multisectoriales. La reunión también permitió identificar oportunidades de cooperación sur-sur entre los países para el abordaje de esas prioridades.

La reunión de la red CARMEN fue la antesala para crear un espacio de consulta regional sobre las metas e indicadores solicitados a la OMS por el Secretario General de las Naciones Unidas, Ban Ki Moon, durante la Reunión de Alto Nivel sobre ENT del año pasado.

En el encuentro de la red CARMEN, los países aportaron sus observaciones a la Estrategia Regional para la Prevención y el Control de Enfermedades No Transmisibles para 2012-2020, que será presentada en la Conferencia Sanitaria Panamericana en septiembre de este año.

Cáncer, diabetes, obesidad, enfermedades cardiovasculares, y enfermedades crónicas respiratorias son parte del grupo de enfermedades no transmisibles. En las Américas, tres de cada cuatro personas padecen una de estas enfermedades. Unas 3,9 millones de personas mueren al año por alguna de ellas, de las cuales 1,5 millones mueren antes de los 70 años. Se espera que el número de muertes y enfermos por ENT ascienda un 40% más para 2030 si continúan las tendencias actuales.

La reunión de la red CARMEN fue organizada por la OPS/OMS, con el apoyo del Ministerio de Salud de Brasil y la Fundación Mundial de la Diabetes. Entre los oradores estuvo el Secretario de Vigilancia en Salud del Ministerio de Salud de Brasil, Jarbas Barbosa. También

intervino el Director emérito de la OPS, Sir George Alleyne. “El trayecto de las declaraciones a las acciones no es siempre una línea recta”, comentó el doctor Alleyne durante la conferencia.

CARMEN, una iniciativa creada por la OPS/OMS, es una red de países, organizaciones e instituciones que comparten la meta común de reducir la carga de las enfermedades crónicas y sus factores de riesgo, a través de un planteo multidimensional centrado en la prevención y el manejo integrado de las enfermedades no transmisibles.

Su objetivo es promover y establecer programas y políticas integradas de prevención y control de las ENT a nivel nacional y subregional en las Américas, para contribuir a que se cumpla la Estrategia Regional y Plan de Acción para un Enfoque Integrado sobre la Prevención y el Control de las Enfermedades Crónicas. Desde 1997 se celebra la Reunión bienal de la red CARMEN, donde se revisan los progresos, se comparten las experiencias y se impulsan nuevas estrategias contra estas enfermedades.

A la reunión de CARMEN, donde se debatió desde la perspectiva de las políticas públicas a implantar por los gobiernos, le sigue el primer encuentro del Foro Panamericano de Acción contra las Enfermedades Transmisibles, entre el 8 y 9 de mayo. Este foro es una plataforma multisectorial que tiene por objetivo intensificar las medidas de colaboración para prevenir estas enfermedades a nivel regional y nacional. Más de 200 representantes de gobiernos, empresas, instituciones académicas y de la sociedad, e instituciones multilaterales se reúnen para debatir cómo trabajarán en conjunto para implementar acciones de prevención y control de las ENT.

Este año la OPS cumple 110 años y es la organización de salud pública más antigua del mundo. Trabaja con todos los países del continente americano para mejorar la salud y la calidad de la vida de las personas en la región y actúa como la Oficina Regional para las Américas de la OMS.

El 9 de mayo se realizó el Foro sobre Enfermedades No Transmisibles ENT el cual convocó autoridades gubernamentales, representantes de Ministerios, del sector empresarial, de organizaciones de la Sociedad Civil ONG´s, entre las cuales estaba la Confederación iberoamericana de medicina Familiar CIMF. Se anexa el programa del Foro.

enlaces:
OPS/ CARMEN:
http://www.paho.org/carmen
OPS/Enfermedades Crónicas:
www.paho.org/enfermedadescronicas
Foro Panamericano de Acción sobre las Enfermedades no Transmisibles: http://new.paho.org/panamericanforum/ (en inglés)

MEMBER AND ORGANIZATIONAL NEWS

FROM ITALY - THE GIOTTO MOVEMENT WORKSHOP

The Workshop: Launching a New Series of Activities

The workshop of the Giotto Movement was held in Bologna on April 21, 2012. During the first session, the Giotto Movement; WONCA and its Networks and Working Groups; the Vasco da Gama Movement and its history in Italy and in Europe were presented. Various ‘exchanges’ (The Hippocrates Exchange, RCGP/AiT, LOVAH/WES and SoMaMFyC) were also presented and participants shared their experiences. A discussion on the frontiers of rural medicine was triggered by the presentation of the winner of the Carosino Prize 2012, Dr Fabrizia Farolfi.

In the afternoon there was a constructive workshop where groups were created to analyse four issues of particular interest for Italian general practitioners: out-of-hours service and its problems, clinical skills in rural practice, vocational training programs of general practice, and exchanges as a tool for growth and training. Participants coming from many regions of Italy showed

Young GPs and senior colleagues at the Giotto Movement workshop

a considerable interest in the topics and contributed enthusiastically, sharing their own insights and suggesting constructive proposals. The contributions of senior colleagues were highly important too, as they participated in the working groups with curiosity and provided useful suggestions.

The workshop was held at a particularly difficult time for the Italian GP trainees. Protests against the current system are being organised, as it precludes the recognition of their vocational training as a specialisation; and prevents them from practicing and carrying out research with the recognition of fundamental working rights, such as paid maternity leave and a salary that enables them to be trained without worrying about how to make a living (theirs is considered among the lowest in EU: 960 euro minus taxes and contributions for the retirement fund). Furthermore, the proposed reform of the Italian general practice system hinders the future and progress of the profession. For these reasons, the workshop established that the Giotto Movement can be a real 'thought laboratory', where young doctors from every Italian region can discuss freely and be aided in building a new professional dignity and cultural reality in Italy.

The struggling Italian vocational training scheme

The ongoing issues of the Italian GP vocational training scheme are multidimensional. First, the education offered and its quality is highly variable among the regions (there are 20 in Italy), as each one of them organises the specific post-graduate course autonomously, while lacking a nationwide application of a skill-based curriculum and a serious qualitative evaluation system. In this context, several excellent, but local, experiences (eg the GP vocational training school of Trento) are neither extended nor developed at a national level.

Secondly, general practice / family medicine is not recognised as a medical specialty in Italy, unlike the majority of European countries and in contrast with the EU directives (Act 368/1999) that regulate the free circulation of medical doctors in Europe.

Finally, GP trainees are also discriminated against by colleagues of other specialties. They are considered and treated as undergraduate students: receiving poor fellowships, in contrast to the rest of the specialist trainees, who have already been recognised as "workers during specialisation" and consequently, receive better salaries and rights. This situation discourages newly qualified doctors from choosing a career in general practice, even if they have the opportunity to explore such a vocational option1, thanks to the recent introduction of family medicine in several undergraduate curricula of the university medical faculties.

Time to breathe new life into the Italian GP

The Giotto Movement is a cultural association of young and future GPs, which fights to establish and enrich the general practice culture; make feasible its recognition as an autonomous and specific discipline; and enable those who choose this profession to receive post-graduate training of a high standard. This should be the cornerstone for a primary care system of quality.

The Movement was established in 2004, when a group of GP trainees appreciated the opportunity to enter the young GP context, in Europe, and start a dialogue with other foreign colleagues. Since its foundation, The Giotto Movement has strengthened this vision by recruiting new trainees and young GPs and by participating in different international initiatives promoted by the Vasco da Gama Movement. Moreover, the Giotto Movement participated in several WONCA conferences with posters and oral presentations and investigated educational issues in Italy through the trainees' and young GPs' satisfaction questionnaire. This has led Giotto to be considered as an important Italian reference within the Vasco da Gama Movement of young European GPs.

What makes Giotto a distinctive movement is its constructive attitude to explore new resources and enable motivated trainees to become family physicians, offering them the opportunity to discover education, research, new organisational models in primary care, and international exchanges.

Now, more than ever, these aspects should be improved in Italy.

Dr Davide Luppi, president of the Giotto Movement

A glance abroad: investing in exchanges

Looking for something that is yet unknown is in the human nature.

This spirit led to great discoveries for the mankind and is the basis of the progress itself. Similarly, trying to understand how general practice works in other European countries can only be beneficial for the improvement of our reality and may help us think with a broader and critical mind. This effort can be supported and enriched significantly when undertaking an exchange in another country, for an on-site experience. The exchange consists of meeting new people, exploring other ways of thinking and seeking meaningful interaction with neighbouring colleagues; it can offer something substantial to all participants.

Starting this year, important exchange partnerships for the Hippokrates Exchange Program have been established with France, the United Kingdom, the Netherlands and Switzerland. By actively searching for funding, our GP trainees will be facilitated in having an international experience and meanwhile, we are currently working on making this program fully recognised within the Italian vocational training course. Nevertheless, these projects need a full Government support and an innovative spirit to encourage future GP trainees to participate.

Authors: Davide Luppi, David Fasoletti, Mirene Anna Luciani, Vincenzo Palaia

1. Fasoletti D, Lygidakis C, Colicchio A, Periti I, Aluttis F. Formazione: quanto soddisfa il corso di MG? M.D. Medicinae Doctor. 2011: 9; 12-4.

INDIAN JOURNAL OF FAMILY MEDICINE AND PRIMARY CARE LAUNCHED

www.jfmpc.com

The first issue of the *Journal of Family Medicine and Primary Care (JFMPC)* covering January - June 2012, Vol 1 Issue 1, is published. JFMPC is the official publication of the Academy of Family Physicians of India (AFPI). Dr Raman Kumar, President AFPI is also the chief editor of the JFMPC.

The important highlights are following -

1. It is first ever peer reviewed family medicine journal in India
2. It is the only family medicine journal available online in south Asia at present.
3. It is free access and authors are not charged for processing of the manuscripts.
4. Papers are welcome from all over world.
5. The journal is indexed with Caspur, EBSCO Publishing's Electronic Databases, Expanded Academic ASAP, Genamics JournalSeek, Global Health, Google Scholar, Health and Wellness Research Center, Health Reference Center Academic, Hinari, Index Copernicus, Indian Science Abstracts, MANTIS, OpenJGate, PrimoCentral, ProQuest, SCOLOAR, SIIC databases, Summon by Serial Solutions, Ulrich's International Periodical Directory
6. The editor is also working on indexing with pubmed - medline.

The current issue, which features a large number of articles including one about The Spice Movement (WONCA's young doctors' movement in the South Asia region) is available at
http://www.jfmpc.com/currentissue.asp?sabs=n

In this issue, in his inaugural editorial1, Dr Kumar makes some interesting observations. (Excerpts from this editorial follow)

Primary Care in India

Primary care was first emphasized in Sir Bore Commission report in India at the time of independence. Bore committee envisioned a three-tier healthcare delivery system with a well organized referral system. Primary care gained central position in policy making after Alma Ata declaration in 1978. Primary care is a broad concept and its outcome is dependent on optimal performance of several sectors interwoven within the health system.

Unfortunately, in India, medical education is entirely based in tertiary care setting and is provided at academic medical colleges. Medical professionals and community health facilities, operating outside of the tertiary care system, have no participation in medical education. Though the purpose of basic MBBS training is to prepare a competent family medicine doctor, the concept doesn't appear in the undergraduate MBBS curriculum. As an outcome, a large section of medical students, faculty and practitioners are not aware of the advantages of family medicine approach. Therefore, at the point of service delivery, what we often see is an extreme of high-end tertiary care intervention or a minimalistic public health approach.

WONCA President Professor Rich Roberts (second from left) at the journal inauguration with (from l to r) Drs Bijayraj, Raman Kumar, Piyush Jain, and Navneet Singh Gill

Over the last several decades family medicine has evolved and established itself as a specialty for skilled primary care physicians.

Though the concept of "family medicine" has received attention in several policy discussions of Government of India including the National Health Policy 2002, recognition and implementation in academic setting is yet to be seen. Most of the developed nations have evolved advanced structures for academics as well as delivery system based on family medicine; good progress has been observed in neighbouring countries of India such as Nepal, Sri Lanka and Pakistan. Recently Medical Council of India (MCI) has also notified curriculum for post graduate MD family medicine.

Family Medicine in India: Recent Developments

With the intention of advancing family medicine and primary care research, policies, and practice, we proudly present to you the Journal of Family Medicine and Primary Care (JFMPC). The journal will serve as a pioneer in the South-East Asian region to advance the academic discipline of family medicine. With this overarching goal, the JFMPC:

1. Seeks to foster academic communication and interdisciplinary research among primary care providers engaged in various settings. The journal will cover broad spectrum of clinical topics catering to the academic needs of family physicians, urban general practitioners (GPs), rural physicians, national rural health mission (NRHM) doctors, community surgeons, community health workers, providers of community-based maternal and child health, emergency physicians, occupational physicians and public health specialists. The journal will publish original articles on clinical studies, theories, and policies related to the discipline of family medicine and primary care.
2. Acts as an interactive forum for primary care providers, policy makers, healthcare administrators, community leaders, social scientists and healthcare funding agencies towards provision of cost effective, personalized, continued, comprehensive, holistic form of health care to individuals, families and communities.
3. Invites physicians of first contact as well as other health providers to document reflections of their own practices and experiences towards accumulating a wealth of scientific evidence enriching academics in primary care. We welcome your submissions to accomplish the values and mission of primary care and family medicine as a scientific and practice-based discipline.
4. Advocates academic institutionalization of community health services through processing of data and evidence on health interventions focused at individual, family and community level. We also invite discussions and debates on evaluation of training programs, faculty development, curriculum standardization, and development of practice standards and protocols.

5. Encourages tradition of scientific writing among primary care providers in India and South Asia. Primary care providers shall function not only as foot soldiers but also as leaders, contributing to the growth of this knowledge discipline; facilitating local clinical governance and accountability. Implementation of the concept of family medicine requires a paradigm shift in the medical education system; from biomedical focus to patient centered approach, and to promote this shift, manuscripts are sought by the JFMPC.

A battery of critically linked interventions is required as stakeholders work together for academic institutionalization of community health services. There is a need to evolve background documentation and consensus on standards for locally relevant practice and teaching of family medicine in India and South Asia. JFMPC seeks to fill these critical gaps. Given the challenging scenario, such a journal is automatically positioned to play manifold roles. Your submissions are welcome!

Full article available online

1. Kumar R. Empowering primary care physicians in India. J Fam Med Primary Care [serial online] 2012 [cited 2012 May 13];1:1-2. Available from: http://www.jfmpc.com/text.asp?2012/1/1/1/94438

MRCGP (INT) IN PAKISTAN

The College of Family Medicine in Pakistan, has arranged lectures by Dr David M Chaput De Saintonge and Dr Andrew Roger Charley from the UK Prime Organisation, for our trainee MRCGP (Int) South Asia participants. Prof Waris Qidwai and Dr Marie Andreadis of the Aga Khan University (AKU) arranged a program on the subject of *Whole Person Medicine*, which was highlighted by both the speakers and appreciated very much by the participants.

Presentation to Dr Chapet De Saintonge and Dr Andrew Charley, with Dr Aziz Tank looking on.

Participants at the workshop

Also in the month of March there was OSCE Examination by MRCGP (Int) South Asia and more than one hundred candidates took this examination.

There was also meeting of the Board of Directors of MRCGP (Int) South Asia in which members from Pakistan, India, Sri Lanka and Bangladesh participated and it was very well represented from each respected country. Prof Garth Manning and Prof Riaz Qureshi conducted the meeting, participating in which were Dr Ahul Raj from India, Prof Chaudhry from Bangladesh and Prof Prithi (also Vice President of South Asia Region of WONCA) and Dr Aziz Tank. Views were expressed regarding further strengthening of MRCGP (Int.) program in South Asia and also structural training for future participants. In both these programs dinner was arranged by AKU as well as College of Family Medicine.

Dr Aziz Khan Tank,
Secretary General, College of Family Medicine Pakistan

FAMILY MEDICINE IN GHANA

Family doctors in Ghana celebrated World Family Doctor Day with a publication in a leading newspaper which gives all of us some interesting background to family medicine in Ghana. The article is reproduced below.

Introduction

WONCA has declared today, 19th May, as World Family Doctor Day and countries all over the world are celebrating it. In Ghana, Family Physicians want to commemorate this by increasing awareness about the specialty – our history, attributes, training, and role in health care delivery in Ghana.

Family Medicine is the body of knowledge and skills that constitute the medical discipline; which when applied to the care of patients and their families becomes the specialty of Family Practice. Family Practice is therefore the medical specialty which provides continuing and comprehensive health care for the individual and the family. It is the specialty in breadth that integrates the biologic, clinical and behavioural sciences, encompassing all ages, sexes, each organ system and every disease entity. The Family Physician therefore is physician who is educated and trained in the discipline of family medicine.

History of Family Medicine

In the 1800s the US population was mostly settled in small towns, and farming and production of goods were the major foundations of the economy. Health care was unstructured and the doctor often visited his patients by horse and buggy, hence the use of the term 'the horse and buggy doctor'. This "generalist doctor" knew his patients very well. He delivered babies, set fractures, treated a multitude of illnesses, and helped those who were dying. The payment was fee for service and often goods were brought to the doctors as a form of payment.

The establishment of a solid scientific foundation for clinical medicine in the 1900s led to extensive specialization. By early 1960s the general public began to express their dissatisfaction with the state of medicine. There was a shortage of physicians in rural areas and inner cities, high cost of medical care, increased depersonalization of medicine and fragmentation of care. Patients had to move across towns and cities in search of specialist for different problems in the same individual. There was the need to create another specialty to embody the knowledge, skills and ideals of primary care.

In 1966, general practice vocational training was commenced in the United Kingdom. In 1969, the American Board of Family Physicians (AAFP) was born for the new specialty of family practice. This specialty distinguished itself as being the first specialty board to require recertification every seven years to ensure ongoing competence of its members.

In Africa, South Africa was the first country to adopt Family Medicine as a specialty. In West Africa, the faculty of Family Medicine was established in 1988 and the first set of graduates was examined in 1993. Currently, over 500 fellows have been trained in the sub region.

In Ghana, the first group of elected fellows were awarded in 1989 however it was not until 1998 when the first hospital was accredited – Narh Bita hospital in Tema, and in April 2005, the first fellow graduated under the West African college. Currently there are 16 Fellows of the college in Ghana. The Ghana College of Physicians and Surgeons, which was established in 2003, has Family Medicine as a specialty under the division of physicians. To date there are 45 foundation fellows, 7 elected fellows, 10 members and over 20 residents in training both in Accra and Kumasi.

Attributes of a Family Doctor/ Physician

A Family Doctor/Physician is the physician who is primarily responsible for providing comprehensive health care to every individual seeking medical care; and arranging for other health personnel to provide services when necessary. This physician functions as a generalist

who accepts everyone seeking health care, whereas other providers limit access to their services on the basis of age, sex and/or diagnosis. The Family Physician cares for the individual in the context of the family and community irrespective of the race, culture or social class.

Training

The West African College of Physicians (WACP) and the Ghana College of Physicians and Surgeons (GCPS) have a three tire training programme. The first level exam (Primaries/Part one) enjoys reciprocity between the two colleges. Level 2 – Membership examination – is preceded by 2-3 years of training. It is an exit examination with the award of MWACP/MGCP and recognition as a Specialist in the Ministry of Health (MOH). Level 3 – Fellowship – requires a minimum of 2 years further training structured differently in the two colleges leading to the award of FWACP/FGCP and recognition as a Senior Specialist in the MOH. At this level, the family physician can opt for an academic career or continue to work in the community/district. It is envisaged that in the near future, doctors who want to work in private practice will acquire a minimum of Membership training before being licensed to operate private clinics/ hospitals in Ghana.

Role in Healthcare delivery in Ghana

A country's health status is likely to influence its social and economic well-being. This interdependent relationship makes it important for governments to employ their finite budgets and available resources judiciously as they strive to achieve maximal health outcomes.

In a study done with data from UK and USA in 1961, it was discovered that in an adult population of 1000 persons, 750 (75%) experienced some form of illness each month. Of these, 250 (25%) consulted a physician, only 5 (0.5%) were referred to a consultant and just one (0.1%) was hospitalized at a university medical center. This study was repeated forty years later in 2001, and the results were strikingly similar. In an adult population of 1000 persons, 800 (80%) report symptoms in a month; 217 (21.7%) consulted a physician (of which 113 visits were to primary care physicians), only 8 (0.8%) were referred to a consultant and just one (0.1%) was hospitalized at a university medical center.

This means the bulk of health care remains in primary care. The World Health Organization (WHO) annual report for 2008 observed that health systems are developing in directions that contribute little to equity and social justice. They suggest that putting people first in health care delivery is the way to go.

The family physician by training and practice is best suited for this task. Governments are encouraged to support the training of this specialty and healthcare will benefit immensely.

Dr Henry Lawson. Chairman, Faculty of Family Medicine, WACP (Ghana Chapter).
Dr Charles Quaofio. Chairman, Faculty of Family Medicine, GCPS.

PAKISTAN: SPEECHES ON FAMILY DOCTOR DAY

The biggest gathering of family doctors was held at Najmuddin Auditorium, in Karachi and the chief guest speaker was the Honorable Sardar Muhammad Yasin Malik, chairman of Hilton Pharma (Pvt.) Ltd. Also speaking was Dr Aziz Khan Tank, Secretary General, of the College of Family Medicine Pakistan. Their speeches are featured here.

Address of chief guest Sardar Muhammad Yasin Malik,

Aasalam-o-Alykum.

First of all I congratulate College of Family Medicine Pakistan for celebrating World Family Doctors' Day with theme of "I love my GP". I have learnt that President of Philippines has declared 19th May, 2012 as World Family Doctors' Day and henceforth it will be celebrated as such in future also. It is an established fact that Family Doctors / GPs work at the grass root level and provide care to patients, day and night at the initial level, which is called Primary Health Care, both in urban and rural areas. It is also heartening that since their establishments by the Pakistan Medical Association (PMA) in 1974, the College has actively pursued academic activities for training of doctors for DFM, MCPS, FCPS and MRCGP (International) South Asia by Royal College of General Practitioners; and now the sixth batch is going to receive certificates today. I congratulate all recipients of certificates and wish that they will serve this country and play pivotal role in providing primary health care to all their patients, as community and masses trusts them for their health problems.

Moreover it is also a credit for College of Family Medicine Pakistan that it is one of the founder members of the World Organization of Family Doctors (WONCA) and has a regional Vice President of South Asia Region and is also included in the board of MRCGP (Int.) South Asia, (carrying out further training and updating of family doctors / GPs through a distance learning program). Chairman of College of Family Medicine Pakistan , Prof Waris Qidwai is also the Chairman

of the Research Working Party of WONCA and its two representatives Dr Arshad Malik and Dr Aziz Khan Tank have been elected as members of equity and membership committee which was held at the convention of 122 counties of world at Cancun, Mexico.

I earnestly request both Federal and Provincial Governments to involve family doctors and GPs in various program for the control of malaria, TB, water born diseases, hepatitis B and C, HIV / AIDS, blindness, reproductive health, immunization etc. Similarly all international organizations like WHO, UNICEF, DFID and many others should also involve GPs / family doctors by actively involving the College of Family Medicine Pakistan, which is very active in imparting knowledge and training, including computer training. I pray to Allah that CFMP Pakistan, may prosper and serve with zeal its own countrymen and furthermore that CFMP, which is serving masses (through producing qualified family physicians/ GP), for their better health and hygiene and also working on our future generation to make their body healthy with a healthy mind, takes Pakistan's primary health care to higher and higher level. I feel that it is not my words that will count but the dedication, determination and commitment of members of College of Family Medicine Pakistan will produce the desired results.

With this, I once again congratulate the College of Family Medicine Pakistan, it's management body, members and all the family physicians and GPs of Pakistan on today's World Family Doctors' Day. I am thankful to CFMP for giving me this opportunity to talk to the primary health care providers and I assure of my full cooperation in achieving your goals as our goal is one: Health Care for All.

Participants in the Family Doctor Day celebration
Dr Tank: Why Family Doctors Day?

This is a substantial extract from a speech made by Dr Aziz Khan Tank, Secretary General, of the College of Family Medicine Pakistan on World Family Doctor Day.

On this day we solemnly pledge that Family Doctors of Pakistan will fulfill their obligation as laid down by international code of ethics for their country-Pakistan.

Primary care reduces social inequality in health. Overall the stronger the primary care approach in a country's health system the better the health outcomes. Action is needed, not just rhetoric. Health is limited if health systems are build around hospitals and consultant specialists.

The benefits of primary care: first contact access for each new need; long term person (not disease) focused care; comprehensive care for most health needs; coordinated care when it must be sought elsewhere.

Primary care is best when these four features are fulfilled along with a family and community orientation as relevant. Possible reasons why primary care physician deliver better health outcomes:

- A focus on the person rather than managing a particular disease; the overall aspects of the patient's health rather than a specific disease.
- Being a first point of contact protects from over treatment.
- Continuity of care or a relationship over time (the individuals uses their primary care physician, over time, as their primary source of care) generates more accurate diagnoses, greater satisfaction with care, better compliance with management plans, and lower emergency and hospitalization rates.
- Previous knowledge of patient increases the odds of recognizing psychosocial aspects of care.
- Continuity of care and first point of access leads to greater efficiency in using less consultation time, fewer laboratories or rather tests, and fewer prescriptions all leading to cost savings.
- People with no source of primary care delay seeking help for longer, and do not receive timely preventative care.
- Consultant specialists are likely to over estimate the likelihood of illness in patients they see leading to inappropriate diagnostic and management modalities leading to adverse events and medical errors.

Most of us go through training and practicing medicine without receiving any formal education about history of medicine much less about history of family medicine. Where do we come from? What forces and people have

struggles, accomplishments and disappointments have the discipline have faced?

We are product of history and we stand on shoulders of many who made family medicine possible. History does not just explain past but also by providing framework for understanding the present helps us to move forward. Dr Stephen great founder of family medicine said "medicine is always the child of its time and cannot escape being influenced and shaped by contemporary ideas and social trend.

We hope to help strengthen our identity as family physicians to stimulate students to learn more about family medicine as career choice to learn more about the fundamental role of family medicine in health care delivery in this country and to promote personnel commitment to promoting our specialty in all aspects of our work.

A physician who focuses not upon individual organs and systems but upon the whole man who lives in complex setting his concern will be patient as whole and relationship with patient must be continuation.

As a specialty, we have walked a rough, steep road and accomplished a great deal; however, many dreams and goals remain unfulfilled. History teaches us over and over that our social evolution is the result of the economic, social and cultural forces of the times, and that they are all interrelated. For example: we cannot separate the economic forces that determine the financial support for health care from their effect on the patient doctor relationship; or their effect on medical education. We cannot ignore the social and cultural changes in our society and their impact on how and where health care is delivered. We cannot ignore the effect of the growth of knowledge and availability of information the patient's expectations and desires. We cannot be oblivious to the effect that the accelerated growth of knowledge has on how we practice Family Medicine and on the feasibility of maintaining competency as generalists.

Family practice is the medical specialty which provides continuing and comprehensive health care for the individual and family. It is the specialty in breadth, which integrates the biological, clinical and behavioral sciences. The scope of family practice encompasses all ages, both sexes, each organ system and every disease entity.

And that's why our patients say *"I love my GP"*.

WONCA CONFERENCES 2012 – 2014 AT A GLANCE

**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 upates & membership information

Information correct as of June 2012. May be subject to change.

2012

4 – 7 July
Wonca Europe Regional Conference
Vivenna, AUSTRIA
The Art and Science of General Practice
http://www.woncaeurope2012.org/cms/

9 - 14 October
Wonca World Rural Conference
Ontario, CANADA
Thunder Bay
Rendez-vous 2012
Together and Engaged
http://www.nosm.ca/rendez-vous/

19 – 21 November
Wonca Africa Regional Conference
Victoria Falls, ZIMBABWE
Roles and Responsibilities of African Family Physicians
http://www.3rdwoncaafricaregionconf.org/

2013

25 – 29 June
20th Wonca World Conference
Prague, CZECH REPUBLIC
Family Medicine: Care for Generations
www.wonca2013.com

2014

21 – 24 May
Wonca Asia Pacific Regional Conference
Sarawak, MALAYSIA
Nurturing Tomorrow's Family Doctor
www.wonca2014kuching.com.my

2 – 5 July
Wonca Europe Regional Conference
Lisbon, PORTUGAL
New Routes for General Practice and Family Medicine
http://www.woncaeurope2014.org/

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

MEMBER ORGANIZATION AND RELATED MEETINGS

Hong Kong Primary Care conference
Theme : United we care: forging partnerships in health
Host : Hong Kong College of Family Physicians
Date : June 2-3, 2012
Venue : Hong Kong
Email : hkpcc@hkcfp.org.hk
Web : http://www.hkcfp.org.hk (link to HKPCC)

RNZCGP conference for general practice
Host : The Royal New Zealand College of General Practitioners
Date : September 13-16, 2012
Venue : Rotorua, New Zealand
Web : www.rnzcgp.org.nz

EURACT: Bled Course
Host : European Academy of Teachers in General Practice
Theme : Managing difficult relationship with patients
Date : September 18–22, 2012
Venue : Bled, Slovenia
Web : http://www.bled-course.org

RCGP annual national primary care conference
Host : Royal College of General Practitioners
Theme : Global general practice
Date : October 4–6, 2012
Venue : Glasgow, United Kingdom
Web : www.rcgp.org.uk

AAFP annual scientific assembly
Host : The American Academy of Family Physicians
Date : October 17–20, 2012
Venue : Philadelphia, USA
Web : www.aafp.org/philly2012

EGPRN autumn meeting
Host : European General Practice Research network (EGPRN)
Theme : Research on patient-centred inter-professional collaboration in primary care.
Date : October 18-21, 2012
Abstracts close: June 30, 2012
Venue : Antwerp, Belgium
Web : www.egprn.org

RACGP GP '12 conference
Host : The Royal Australian College of General Practitioners
Date : October 25-27, 2012
Venue : Gold Coast, Queensland, Australia
Web: www.gp12.com.au/

Family Medicine Forum / Forum en médicine familiale 2012
Host : The College of Family Physicians of Canada.
Le Collège de médecins de famille du Canada
Date : November 15-17, 2012
Venue : Toronto, Canada
Web : http://fmf.cfpc.ca

Fifth triennial Pan-Caribbean Family Medicine conference.
Host : Caribbean College of Family Physicians (CCFP)
Theme : Enhancing your earning potential. Widening your horizons.
Date : November 22-25, 2012
Abstracts close: September 1, 2012
Venue : Port of Spain, Trinidad
Email : rohan.maharaj1@gmail.com
pidjsam@gmail.com