

WONCA News

An International Forum for Family Doctors



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 **ÖGAM**

FROM THE WONCA PRESIDENT :

EXCEEDING EXPECTATIONS

I landed in Havana with modest expectations. En route from Panama, I reflected on some of the concerns that tempered my enthusiasm about traveling to Cuba for the third Congress of the WONCA Iberoamericana-CIMF region.

Perhaps it was because of my disappointment a decade earlier when the group I was leading was denied a travel visa at the last minute following the imprisonment of Cuban journalists. Perhaps it was because getting to Havana was not easy for someone from the United States. Travel to Cuba is permitted only for specific purposes, such as attending a professional meeting. An American must purchase a tour package from a government approved travel agency outside Cuba and fly through an intermediate country, such as Panama, Canada or Mexico. Perhaps it was because I was frustrated that details about the travel and meeting were communicated infrequently and were a challenge for my struggling Spanish. Perhaps it was because I was worried that Cuba, which has a brief history with WONCA, might not appreciate the historic, regional, and global importance of a WONCA Iberoamericana-CIMF regional conference. Perhaps it was because my readings and briefings by others had me prepared for a country frozen in the Cold War era: vintage cars, decrepit colonial or dreary Soviet architecture, and public events used to trumpet party loyalty and promote the cult of Fidel.

While my concerns had some basis in reality, I learned that they were only part of the story of Cuba. It is the rest of the story that I would like to share. It is the rest of the story that exceeded my expectations.

Clearing passport control and customs at José Martí International Airport proved relatively painless. Awaiting our group were Professors Eduardo Alemañy, President of SOCUMEFA (Society of Cuban Family Medicine) and Vice-Rector at the Universidad de Ciencias Médicas de la Habana, and Niurka Taureau Diaz, also a family doctor at the same university. Their warm hospitality, candor, and attention to every detail began to ease my worries about the week ahead.

The 20 minute drive to the Convention Center hotel on the far west edge of Havana showed some of the contrasts that comprise today's Cuba: there were old and new cars on the lightly traveled highway; the buildings were a mix of old and new as well. My walks around the area suggested that Cubans love to promenade and to play sports – people were walking and talking in great numbers along all the major streets; every corner lot seemed to have groups playing baseball, basketball, futbol, or volleyball.

Old Havana is a wonderful mix of colonial and art deco buildings along small alleyways filled with shops, tavernas, and assorted eateries. The historic fort and cathedral, surrounded by the blue-green Caribbean waters, make for a picture that likely causes cruise ship operators and developers to be misty-eyed at the sight of missed opportunity. One other thing about Old Havana – there is music, everywhere all the time. From lone guitarists in courtyards on a sunny afternoon to Son dance music in the evening to Timba rappers late into the night, Cuban life is infused with the sounds and moves of Cuban music.



Rich Roberts listening to music - Buena Vista Social Club

Health care and education are the principal focus of the Cuban government, and reflect 80% of the budget. Cubans take great pride in their enviable health statistics and universal literacy and education. The average life expectancies of 80 years for women and 76 years for men, and the infant mortality rate of 4.5 per 1000, place Cuba ahead of many developed countries with significantly greater resources spent on health care. Understanding these achievements requires an understanding of the well organized nature of Cuban health care.

With a population of 11 million (2 million in Havana), Cuba has about 40,000 practicing family doctors and about 40,000 physicians in other specialties. There are 219 hospitals, 142 maternity homes, 156 nursing homes, 135 facilities for the disabled, and 11,000 consultorios (doctor's offices) in Cuba. All Cuban physicians first train as family doctors, with six years of medical and three years of residency, although the final year of school and first year of residency can overlap. There are 16 medical schools distributed across the 15 provinces. The average family doctor earns about 500 Cuban pesos per year (24 Cuban pesos [CUP] = 1 Convertible peso [CUC] = 1 U.S. dollar [USD] less a 10% conversion fee).



Profs Faisal Al Nasir (2nd from left), Rich Roberts (4th from left) and Nabil Al Kurashi (3rd from right) at the consultorio with colleagues. Photo courtesy of Viviana Martinez-Bianchi (3rd from left).

Health care is organized at a very local level. A local patient council provides advisory oversight. Family doctors and nurses live and practice in the community. They live in an apartment or house provided by the local government, which is often in the same building that contains their consultorio. About 40 consultorios will be located in the area of a polyclinic, which provides a wider range of services including ECG, x-ray, ultrasound, dental care, and urgent and after hours care. In addition, the polyclinic offers multidisciplinary services for diabetes (35% adult prevalence rate), cancer, older adults, and maternal and child health. One important aspect is that the polyclinic can provide additional specialized services, but patients are re-directed back to their local consultorios for most of the follow up care.

Along with Professors Nabil Al Kurashi (Saudi Arabia), Faisal Al Nasir (Bahrain), Viviana Martinez-Bianchi (USA - Argentina), Fernando Coppelillo (Argentina) and Macarena Moral (Chile), I was privileged to spend part of a day at the Policlínico Universitario Vedado in Havana. We also visited several area consultorios. The facilities were clean, well organized, and staffed by professionals who appeared to be well trained and dedicated to their patients. At the same time, there was a relative lack of supplies, amenities, and privacy, compared to similar facilities in middle and high income countries.

Health care is also an important part of Cuban foreign policy. There are about 30,000 foreign students studying in Cuban medical schools, with about 10,000 from 29 countries at the Escuela Latino American de Medicina (ELAM). Cuba also sends numerous brigades of doctors and nurses to multiple countries. The shift to family medicine began in earnest after the system was rebuilt



Dental clinic in polyclinic

in 1984 around a model of primary care. Dr Cosme Ordoñez was celebrated at the Congress as a key proponent of this new model of care and served as the Honorary President of the Congress.

The Congress was an overwhelming success. There were more than 1000 registrants, with 80% visitors from 24 countries. The Brazilians attended in great numbers, representing more than half the foreign guests and most of the poster presentations. The meeting included a heartening number of younger doctors, as well as an inspiring meeting of the leaders of the Waynakay Movement of young family doctors. The conference was just the right mix of science and socializing, learning and laughter.



Prof Rich Roberts with Cuban medical students

On my return flight to Panama, I thought some more about the origins and success of the Cuban health care system. After the start of the revolution in 1959, many professionals – including doctors – fled the country. Those who remained had to make do with less in the way of resources and fewer professionals. They were compelled to focus on the basics and to build a system from the ground up. Family Medicine provided them a solid foundation to better health care, and better health. As management guru Jim Collins would say, the Cubans have been “brilliant on the basics” of health care. They have achieved improved sanitation, high levels of immunizations, and a system built on prevention and primary care.

I recalled two experiences that reflected the tensions in present-day Cuba. During one of the afternoons, Dr Martinez-Bianchi and I explored Old Havana. We were approached by a couple who turned out to be jineteros (hustlers). They directed us into a restaurant to listen to the Buena Vista Social Club. I was persuaded by the man to buy a round of mojitos; Dr Martinez-Bianchi was asked



Dignitaries including Rich Roberts on stage.

by the woman to purchase milk for her. She said she had the money for the milk, but her food card allowed only so much per month. Yet, it was acceptable for a visitor to buy and give her milk, which at 6 CUC per liter was twice as expensive as rum.

On another day, I was the sole occupant of a taxi driven by a family doctor. He lauded the wonderful Cuban health care and education systems. He was happy with the pace of life and sense of safety for himself and his family. Yet, he acknowledged that “we live in a bubble that is going to change.” When I asked him why he drove taxi, he indicated that the athletic shoes and jeans desired by his children cost more than he made as a doctor, so he supplemented his income with the ready cash of tourism.

Thus concludes my brief story on Cuba. My modest expectations were exceeded, by a considerable margin. The warmth and openness of the people, the vibrant culture, the design and success of its successful health system, and the Caribbean sun all proved to be the dominant memories of my Cuban story. I hope that I get to go back to learn more of the story, because I have so much more to learn and the Cubans were such generous and congenial teachers. If you want to learn more about the changing island known as Cuba and its health system, I would recommend two recent publications. One is a special section on Cuba in the 26 March 2012 issue of *The Economist*, <http://www.economist.com/blogs/americasview/2012/03/week-print-2> and the other is the book, *Revolutionary Doctors: How Venezuela and Cuba Are Changing the World’s Conception of Health Care* by Steve Brouwer (Monthly Review Press, New York, 2011).

Buen viaje.

Professor Richard Roberts
President
World Organization of Family Doctors

FROM THE CEO'S DESK:

WORLD FAMILY DOCTOR DAY 2012

May 19, 2010 was declared *World Family Doctor Day* by the then outgoing Wonca World President, Chris van Weel, at the opening of the Wonca World Conference, in Cancun, Mexico. This concept of a World Family Doctor Day had earlier been discussed and accepted by the Wonca Executive Committee over several committee meetings during the triennium and subsequently endorsed by the Wonca World Council, in Cancun, just prior to the conference opening.

From the applause and cheers in the council hall, it was clear to all at the World Council that the idea of a separate day in a calendar year, set aside to highlight the role and contribution of the family doctor / general practitioner, was very well received. An application was subsequently made to the WHO to officially appoint a special date in the calendar as '*World Family Doctor Day*'. Regretfully, that proposal was not accepted by the WHO.

It was then decided by the Wonca Executive Committee of this triennium (2011 – 2013) that Wonca will continue to have May 19 of each year as *World Family Doctor Day*, beginning with 2011.

The first *World Family Doctor Day* was hence celebrated on May 19, 2011, and it seemed to have been taken up with enthusiasm around the world. Many member organizations accepted the challenge to celebrate *World Family Doctor Day*, on May 19 2011.

There were many meetings and celebrations held with media releases to inform the public of the events and activities to commemorate that special day. Wonca member organizations in Australia, New Zealand, the Russian Federation, the USA, Taiwan, Myanmar, Ghana, Hong Kong, Pakistan, Khazakstan, Netherland, Nigeria, Trinidad & Tobago, Bolivia, Chile, Mexico, Canada, Croatia and the Philippines held specially tailored events. The Wonca Iberoamericana- CIMF Region published an informative article on its homepage which provided some of the history of our discipline.

This year, Wonca will again celebrate *World Family Doctor Day* on May 19, 2012.

I hope that even more Wonca member organizations will take this opportunity to organize special events and

media publicity to draw the attention of the world to the role family doctors / general practitioners play, in caring for the health of the people.

World Family Doctor Day provides the opportunity to celebrate the role of the family doctor / general practitioner in health care systems around the world. Family doctors, their families, their patients and their other colleagues in family medicine / general practice are encouraged to take part. This special day 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 they perform in supporting health care for all people in our local communities, our nations and around the world.

On May 19, 2012, let us celebrate our discipline and let the world know of the contributions we make as family doctors / general practitioners to global health.

Dr Alfred Loh

Chief Executive Officer
World Organization of Family Doctors
Email: ceo@wonca.com.sg

A letter from the WONCA CEO

Dear Colleagues

re: celebrating World Family Doctor Day 19 May 2012

WONCA declared World Family Doctor Day in Cancun, Mexico in 2010.

The first World Family Doctor Day was celebrated on 19 May 2010. It has been taken up with enthusiasm around the world and has given us a chance to celebrate what we do to provide recognition to family doctors, to highlight important issues and the work we perform in supporting health care for all people in our local communities, our nations and around the world.

We have much to celebrate as governments around the world have really begun to realise the value of our specialty. In some countries there is work to do, and celebrating World Family Doctor Day will open up many opportunities to highlight the important contributions of family doctors.

This day will also create an atmosphere of global solidarity among family doctors and it will be a positive and visible contribution of WONCA's leadership and contribution to family medicine.

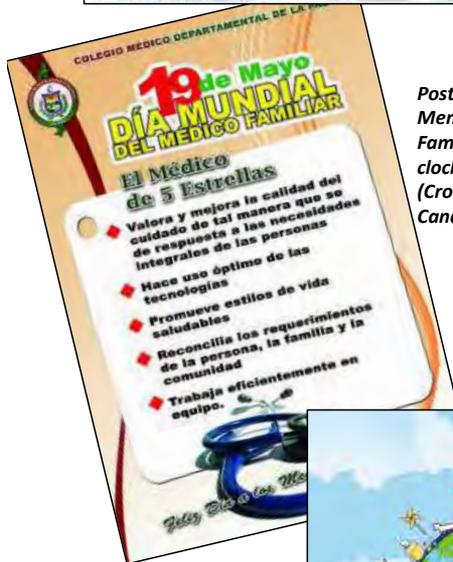
In 2011, many of our member organizations reported on their unique celebrations on World Family Doctor Day. Attached is the Special Feature published in the June 2011 issue of WONCA News for your reference (see in particular pages 7-14).

For 2012, I would like to ask you to send in your organization's proposed activities to commemorate World Family Doctor Day on 19 May 2012 for publication in WONCA News and on the WONCA Website www.GlobalFamilyDoctor.com to share with our colleagues around the world.

Dr Alfred Loh

Submit your World Family Doctor Day plans

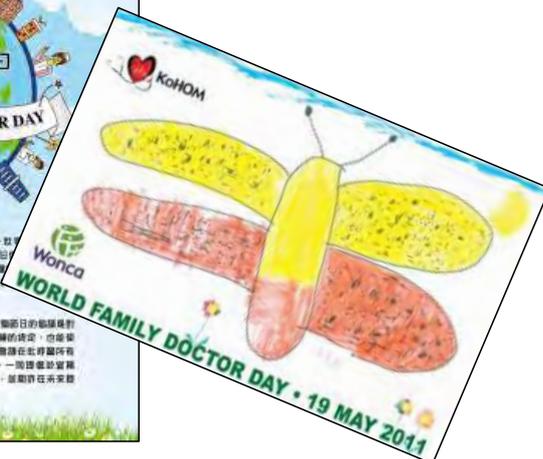
Please email your organization's planned activities by 14 May 2012 to both Dr Karen Flegg, WONCA Editor at karen.flegg@optusnet.com.au and the WONCA World Secretariat at admin@wonca.com.sg



Posters developed by Wonca Member organisations for World Family Doctor Day 2011 – clockwise from below KoHOM (Croatia); Taiwan; Bolivia; Canada



Filipino badge (below) developed in 2011 and available online for use of all WONCA members at www.globalfamilydoctor.com



FROM THE EDITOR:

WEBSITE PROGRESS

Apologies first

Members have noticed that the WONCA website is not working as they expect.

On the one hand it is heartening for both the secretariat in Singapore, and myself, to realise that many of our members do indeed value the WONCA website enough, to express their distress at the situation. On the other hand, we must, of course, apologise that such disappointments are occurring.

The bright side to the current disruptions is that as previously reported, in December 2011, by our CEO, Dr Alfred Loh, the WONCA website is being totally revamped. Progress is steady and it is hoped that at the end of this process, WONCA Executive will be able to launch, in July 2012, a new website that is both user-friendly and more useful to users.

Our WONCA working parties and special interest groups (SIGs) are currently in the process of updating their information in an attempt to provide a better understanding for members of the work that is being done. This will also provide members with a clearer understanding of the opportunities available to get involved in WONCA activities. As a result, we are able to profile in this issue two of our committee chairs, Prof Mike Klinkman (WICC) and Prof Allyn Walsh (Education).

World Family Doctor Day

The WONCA CEO has written to member organisations reminding them that *World of Family Doctor*

Day is again fast approaching. We want to hear what your organisation is planning to do on this second ever, World of Family Doctor Day. If your organisation needs inspiration, you can look at the June 2011 edition of *WONCA News* to see what other organisations did last year.

The Philippine Academy of Family Physicians (PAFP) designed a badge last year which they have kindly agreed may be used by any WONCA organisation member to promote World of Family Doctor Day. The badge is displayed in the photo collage on page XX and may be downloaded from the WONCA website.

Also in this issue

We are pleased to have an update from our colleagues in Japan one year on from the horrific devastation caused by the earthquake and subsequent tsunami. We often fail to realise how long it takes for services to return to normal, and certainly our colleagues in Japan are still suffering the ramifications of this natural disaster.

Another update in this issue is a report written by the first ever recipient of the Montegut Global Scholar Program, Dr Kyriakos Maltezis. Kyriakos tells us of the changes he has made since the sponsorship of his attendance to WONCA Europe Warsaw, in 2011. It is immediately obvious that this program has had a profound effect for this young doctor.

Also from the young doctors of Europe, Sara Rigon, of the Vasco da Gama Movement writes about the Hippokrates and Carosino prizes that will be awarded, in Vienna, in July this year. We also have a photo of Sara wearing a new T-shirt promoting the Vasco da Gama Movement which will be available, also in Vienna.

Conferences coming up

Keynote speakers are featured for the coming conference of WONCA Europe in Vienna, in July; and also for the Rural Rendez-Vous in Thunder Bay, Canada, in October. WONCA Europe networks EURIPA and EGPRN are both meeting in May and provide details for interested parties.

Asia Pacific region president, Dr Donald Li, reports on some of the conferences he has attended recently.

Academic advertisements

WONCA Executive has decided that members may be interested to read about international academic vacancies in *WONCA News*, and hopefully in the future, on the new WONCA website. As such, advertisements will be accepted free of charge from WONCA academic members, and for the time being this privilege may be extended to others. Advertisements will need to conform to certain guidelines and WONCA reserves the right to refuse any request. Full details can be obtained by contacting the WONCA Editor.

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FEATURE STORIES

MONTEGUT GLOBAL SCHOLARS PROGRAM IMPACTS ON FIRST SCHOLAR

The Montegut Global Scholars Program (MGSP) was established by the American Board of Family Medicine Foundation (ABFM-F), in April 2010. It was named in honor of Alain Montegut, MD, a member of the Board of Directors of the ABFM from 2005 to 2010 and WONCA North America region president from 2007 to 2010.

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

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

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

WONCA shall be responsible for the balance.

WONCA News in August 2011 reported on the establishment of the scheme and then in *WONCA News* October 2011 reported on the first Montegut scholar, Dr Kyriakos Maltezis – a young rural doctor from Greece. There has been some confusion about which is his family name – it is Maltezis.

Here follows a moving letter from Kyriakos to the President of the American Board of Family Medicine reporting on the changes he implemented after attending the WONCA Europe conference in Warsaw in 2011 as the first Montegut Scholar.



Dr Kyriakos Maltezis

Dr Kyriakos Maltezis reports to the ABFM

Six months have passed since this wonderful educational event WONCA Europe Conference, in Warsaw, Poland. A lot of things have happened during this period that affected my everyday performance in the surgery in a small village, two hours outside Athens, Greece. Mainly the most important factor that influenced my job this period is the economic crisis in Greece. Salaries and pensions cut down, too much fear about the future and a lot of stress disorders that came up. As a result, resources both in the primary care budget and also in the family's budget are extremely lower.

All these facts directed much more people from the private to the public health care system. The patients per day are much more - so when you have to consult more than 50 people per day, you have less than 10 minutes per consultation. You may find it difficult to believe but lots of patients (especially older) with comorbidities, increasingly more often ask me to choose which pills they can stop as they cannot afford the monthly cost of their medication, or in order to help financially (even with a small amount) their unemployed children.

As the insured patients, since January 2012, are obliged to an extra 15% cost for laboratory tests, even the usual check up (eg for osteoporosis, HbA1c, GFR estimation in CKD, lipids) is usually postponed or rejected by several patients. Trying to overcome these barriers against the spread of non communicable diseases (NCDs), I established the "educational days" in several chronic diseases where I focused on the importance of exercise, walking, diet and other lifestyle modifications that can help prevent or treat NCDs with fewer medications. These "educational days" also helped several local networks and self-support groups to be created.

The second thing WONCA Europe conference 2011 implemented in my everyday practice had to do with immigrant's services. I started to record more effectively all the sporadic emergency cases in my surgery and through these immigrants I tried to build some bridges with others who never usually appear to my surgery. I also had contacts with the local Mayor – plus the local networks I mentioned above - in order to offer them whatever possible for covering their essential needs. Probably some of them will be my target group in my thesis for my Master in General Practice and scientific research in primary care under Professor Lionis

(University of Crete) throughout the RESTORE project.

<http://fp7restore.eu/index.php/en/about-restore/about>

I also became a volunteer member in a pilot program under the Greek Orthodox Church for serving immigrants, homeless and people in need. With a specially equipped vehicle, a group of doctors (usually GP, pediatrician, surgeon) once every week, visits several parishes where people in need are being recorded, examined and given emergency medication if needed, for free. The project steadily expands in order to offer real primary care services in the near future.

As I mention through my previous report, the most valuable “lesson learned” that WONCA Europe conference2011 taught me was the “*act local – think global*” way of thinking. My participation in this pilot program under the Greek Orthodox Church and in the RESTORE program plus the local community networks in my responsibility population are results of this responsible “*act local – think global*” process.

If I had not been selected as the first European Alain Montegut Global Scholar, this educational journey might never had started - so let me finally express my acknowledgements to the ABFM and personally to the President Mr James Puffer once more, for offering me this wonderful experience.

Yours Sincerely,
Kyriakos Maltezis

Dr Maltezis and WONCA News wish to formally acknowledge the generous sponsorship of the American Board of Family Medicine Foundation (ABFM-F) in the Montegut Global Scholars Program.

VASCO DA GAMA MOVEMENT PRIZES

The Vasco da Gama Movement (VdGM) is pleased to announce that the winners of this year's Hippokrates Exchange and Carosino Prizes are:

1. Dr Pedro Miguel Oliveira Azevedo (Hippokrates Exchange Prize)
2. Dr Fabrizia Farolfi (Carosino Prize)



Dr Fabrizia Farolfi winner of the Carosino Prize

The Carosino Prize, offered by the Vasco da Gama Movement and EURIPA is a prize of 700 Euros for the best completed Hippokrates exchange to a rural practice in 2010 or 2011. An additional Hippokrates Exchange Prize has been awarded for the best Hippokrates exchange at either a rural or urban practice in 2010 or 2011. The prizes are only redeemable for attendance at the WONCA Europe 2012 Conference, in Vienna. The winners will take part in the VdGM general meeting and EURIPA / VdGM joint workshop and will also be invited to submit their report in the *European Journal of General Practice*. Applications were reviewed and winners selected by a panel appointed by Vasco da Gama Movement, EURIPA & WONCA Europe.

Vasco da Gama Movement would like to thank every single participant of this first edition of the Hippokrates and Carosino Prizes. Their participation was essential for the success of this very special project!

We also wish to express our warm appreciation to EURIPA and WONCA Europe for their kind support of the project, and our sincere gratitude to Dr Per Kallestrup, Dr Tony Mathie and Dr Jaume Vidiella Banque for their enriching cooperation. Last but not least, we would like to acknowledge all the national exchange coordinators for their effort in finding the participants and in promoting the prizes in their countries.

Dr Harris Lygidakis
Vasco da Gama Executive Group,
Image Liaison

About the Hippokrates Exchange

If every special moment deserves a special place, Vienna and next WONCA Europe Congress are the perfect location for the Hippokrates and Carosino Prizes ceremony. With the kind support of EURIPA and WONCA Europe, the Vasco da Gama Movement will award Dr Pedro Azevedo, from Portugal and Dr Fabrizia Farolfi, from Italy, as winners of the best Hippokrates Exchange and the best Rural Exchange - right where it all started 12 years ago - in Vienna, Austria.

The Hippokrates Programme was launched, under the auspices of EURACT, by Dr Per Kallestrup, a general practitioner from Denmark, at the 6th European Conference on General Practice & Family Doctors (WONCA Europe 2000) also held in Vienna.

Hippokrates is an exchange programme for medical doctors

specialising in family medicine/ general practice and junior family doctors/ general practitioners (within five years of completing specialty training).

The aim of Hippokrates is to encourage exchange and mobility among young doctors in the course of their professional formation as general practitioners; thus providing a broader perspective to the concepts of family medicine at both professional and personal levels. It also enables participants to exchange best practices and acquire new skills and knowledge about clinical care and health systems. It also offers an introduction to working in another country which can enable future competitiveness of the European labour market.

Participants of the programme acquire an insight into the context of general practice in the primary healthcare system of other European countries either by hosting an exchange participant or visiting a GP practice in a another country. Through this they gain knowledge that will inspire them to undertake an active part in the development of family medicine at all levels.



Dr Sara Rigon of the VdGM wearing the new VdGM T-shirt which will be available for purchase at WONCA Europe Vienna

Furthermore, the programme enhances the collaboration among national colleges of family medicine and the recruitment of young professionals to these.

At the individual level the acquisitions are numerous; an international experience in a vocational setting, improving knowledge and skills, inspirational introduction to methods of professional development for lifelong learning, improving language skills, creating new friendships.

The duration of an exchange is normally two weeks. During this time the visitor will obtain an introduction to the aspects and the role of family medicine in the respective country by shadowing all activities of the host practice. The visitor should also meet, follow and exchange views with the local trainees, specialising in family medicine; and will be encouraged to gain insight into local resources and quality improvement activities, as well as local healthcare structures.

In the pilot phase of the programme there were five participating countries: Czech Republic, Denmark, Netherlands, Spain, United Kingdom. In the last 12 years new participating countries have joined and currently the programme offers placements in 23 different nations within Europe.

In recent years thanks the Hippokrates Exchange Programme has grown tremendously thanks to the 'Leonardo Mobility Programme'.

The Leonardo da Vinci Programme is part of the European Commission's Lifelong Learning Programme, which funds many different types of activities of varying scales. It enables organisations in the vocational education sector to work with partners from across Europe, exchange best practices, and increase

their staff's expertise. It should make vocational education more attractive to young people and, by helping people to gain new skills, knowledge and qualifications.

In 2010, UK and Slovenia were awarded 'Leonardo' funding to support a number of outgoing Hippokrates exchange participants. Last year, the Czech Republic and Austria have been granted European Commission's funds enabling many more young family doctors to experience these valuable exchanges.

Apart from funds which clearly helped the Hippokrates Programme to expand, the Leonardo da Vinci Programme is responsible for a specific development and growth of Hippokrates, as bilateral exchanges really maximise the acquisition of knowledge and new skills.

In memory of Claudio Carosino

The latest development in the Hippokrates Programme is the institution of exchanges in rural areas, a tribute to a great man and general practitioner, Dr Claudio Carosino shot to death by a patient during a home visit, in 2010 (reported in *WONCA News* February 2011).

Dr Claudio Carosino was a popular rural general practitioner in Bussetto (Parma, Italy), esteemed by his colleagues and appreciated by his patients; a natural ambassador and diplomat in the field of Rural Health Care in the words of Dr John Wynn-Jones, president of European Rural and Isolated Practitioners Association (EURIPA). Enthusiastic, dynamic, he promoted research in rural practice as member of the European General Practice Research Network (EGPRN) and as well as the EURIPA Research Group.

A shocking loss not only for the rural general practice - led to the

obligation to honor and remember him and thus a prize for the best rural exchange was established in his name, the Carosino Prize.

Thanks to this initiative, VdGM and EURIPA were able to recruit more than twenty rural general practices, in eight different European Countries; where junior GP and GP trainees are now able to experience the value of a Hippokrates Programme, in a rural area.

..... Back in Vienna after 12 years, Hippokrates has a lot to celebrate and the first Exchange Prize is only the beginning.

Dr Sara Rigon
Hippokrates Exchange Co-ordinator
Vasco da Gama Movement
<http://www.vdgm.eu/>

WONCA REGIONAL NEWS

WONCA EUROPE VIENNA KEYNOTE SPEAKERS

<http://woncaeuropa2012.org>

This year's WONCA Europe conference is fast approaching. The conference is being held in Vienna from July 4-7. In February WONCA Europe's Executive Committee met with the host organising committee (HOC) at the Hotel Regina in Vienna to discuss final preparations. As the title "*the art and science of general practice / family medicine*" suggests, art is playing a prominent role at the congress.

The host organizing committee of WONCA Europe Conference 2012 wants to remind you, that "docsart", an international art exhibition, will be organized at WONCA Europe Conference 2012. All colleagues, who are artistically active, are invited to present their artistic work at this art exhibition organized at the conference site in Vienna. For signing up please contact the curator of the exhibition, Dr. Gerhard Kitzler by e-mail: gerhard.kitzler@chello.at before May 11th 2012.

Speakers on art

The organizing committee of the WONCA Europe Conference 2012 is proud to present the invited speakers for the opening ceremony. Mr Peter Turrini, is an Austrian poet and playwright who has been writing since 1971, when his play *Rozznjogd* premiered at the Volkstheater, Vienna. A versatile author, he has written plays, screenplays, poems, and essays. Rather than presenting an authentic picture of reality, in Turrini's understanding it is the function



Dr Tony Mathie, president of WONCA Europe (centre in pale green sweater); next to HOC president, Dr Gustav Kamenski (in suit and blue tie); with Prof Manfred Maier, HOC scientific committee chair (between them at rear); and other members of the WONCA Europe executive and the HOC meet in February in Vienna.

of the theatre to exaggerate and, by doing so, to raise the consciousness of the public. In the year 2011 Peter Turrini got the famous Nestroy award for his lifework.

Mrs Elisabeth von Samsonow, a famous artist and professor of philosophical and historical anthropology of art in Vienna will present her perspectives.

WONCA leaders as keynote speakers

Professor Iona Heath, the current president of the Royal College of General Practitioners (RCGP) and also member-at-large of the WONCA world executive, will deliver her keynote speech on “*the art of doing nothing*”.



Prof Iona Heath - keynote speaker

Next to Iona Heath as a keynote speaker for the “*art*” part of the plenary sessions, Professor Richard Roberts, President of WONCA recently confirmed his participation. He will give his keynote speech on *The art of family doctoring – a global view*.

Also on the program is Professor Andrew Miles talking about *The art of balancing science, care and compassion*. Prof Miles is Editor-in-Chief of the *International Journal of Person Centered Medicine* and of the *Journal of Evaluation in Clinical Practice*. Initially trained as a medical biochemist, Prof. Miles devoted his

work to balancing profound biomedical and technological knowledge with a deep understanding of the patient as a person. He was previously Professor of Clinical Epidemiology and Social Medicine and Deputy Vice Chancellor of the University of Buckingham and is now Director of the International Conference and Publication Series on Personalised Approaches to Healthcare at the International College for Person Centered Medicine.



Dr Gustav Kamenski

Gustav Kamenski,
President of the 18th WONCA Europe
Conference 2012
Manfred Maier,
Chairman of the Scientific Committee

ASIA PACIFIC PRESIDENT REPORTS ON CONFERENCE ATTENDANCES

Brisbane

Dr Donald Li, President of WONCA Asia Pacific region was a plenary speaker at the International Primary Health Care Reform Conference held in Brisbane Australia, from March 6-7, 2012. Donald spoke on *Primary Care growth and reform – What now? - the Hong Kong Experience*. This was part of a session called *Primary care growth and reform – what now?* Dr Li shared the platform with other eminent doctors such as Professor Mukesh Haikerwal, a general practitioner in Melbourne, who was elected unopposed as the chair of council of the World Medical Association, May 2011.

The Royal Australian College of General Practitioners (RACGP) was a major sponsor of this conference and Professor Claire Jackson, RACGP President, was the conference chair.

Dr Li reports that there were many prominent speakers from the UK, USA, Australia, New Zealand and Singapore.

There was a special Barbara Starfield Memorial plenary delivered by Professor Martin Roland CBE, titled *Measuring the impact of primary care*. While in Australia, Professor Roland CBE who is chair in Health Services Research at the University of Cambridge, United Kingdom also gave a public lecture at the Australian National University titled: *Why does the UK keep investing in primary care? Is it really that effective?* For those interested, this lecture can be found on YouTube.

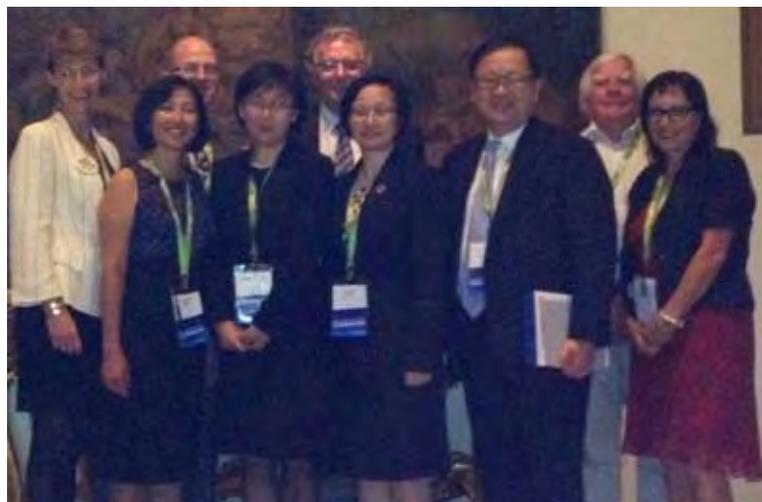
<http://www.youtube.com/watch?v=Lxl9b62dzbG&feature=youtu.be>



Donald Li with Margaret Chan (front row, second from left) and dinner companions in Singapore

Singapore

Later in March, Dr Donald Li, attended an International Conference on Tobacco or Health (COTOH) in Singapore (March 20-24, 2012). He participated in a session promoting tobacco cessation by Family Doctors. He also hosted a dinner for Director General of World Health Organization Dr Margaret Chan.



Donald Li (third from right) with president of RACGP Prof Claire Jackson (left) and Dr Ruby Li , President of Hong Kong College of Family Physicians (front, third from left) and Dr Harry Pert, president of the RNZCGP (centre rear)

EURIPA MEETING NOW IN CROATIA

EURIPA 3rd Rural Health Forum *Education and Training for Rural Practice* to be held from May 11-13, 2012 will now be held at the Island of Pag, Croatia.

The EURIPA annual European Rural Health Forum had been planned for Northern Portugal but unfortunately due to circumstances beyond the control of both EURIPA and the Portuguese hosts, the venue has had to be changed.

The 3rd Rural Health Forum's theme will be *Training and Education for Rural Practice* with sub-themes will be *teaching undergraduates in rural practice; training for rural practice CPD for rural practice; training for emergencies and out of hours; interprofessional learning (IPE) in rural practice; rural education research*



Prof Ian Couper, WONCA Working Party on Rural Health chair speaking at the last WONCA Rural conference in Cebu 2011.

and developing a rural academic base; the contribution of education to recruitment and retention; developing higher qualifications in rural practice and rural health.

EURIPA has just announced that Prof Ian Couper, Chair of the WONCA Working Party of Rural health will be present at the conference.

Dr John Wynn-Jones, president of EURIPA writes:

It is with great pleasure that I welcome you on behalf of the EURIPA Board and conference organisers to Croatia for EURIPA's Annual European Rural Health Forum.

This will be the 3rd meeting in our ongoing programme, which aims to raise the profile of rural health and rural practice in Europe. We intend to develop a European Strategy for Rural Health by addressing our 4 guiding principles (quality, research, education and policy engagement). This year we will concentrate of the important topic of training and education for rural practice.

We live in difficult and testing times. Many countries are going through unprecedented periods of austerity with significant cuts in public services and spending. Rural areas may well bear the brunt of

these political decisions, leaving them devoid of basic services and an aging population with lower average wages, greater unemployment and higher deprivation. In addition to this, our colleagues tell us of increasing difficulties in attracting young doctors to work in rural communities. Radical approaches will be needed to solve these growing problems. We must develop a workforce that is fit for purpose. This new workforce will need to be multi-professional, academic, highly trained with an intimate knowledge of technology and an ability to train and educate those following in their wake. Hippocrates states that there is the "teacher" and the "pupil" in each of us emphasising the importance that change ensures that we must all engage in a programme of life-long learning.

Europe lags behind some of the exciting developments in education and training for rural practice taking place in other parts of the world. By working together and sharing ideas and good practice we can make a difference. We need to develop innovative undergraduate courses and training programmes with the aim of attracting young doctors and health care professionals into some of the most beautiful and exciting places in our diverse continent.

The Forum will be asking questions and seeking answers to some of the most important and pertinent educational issues facing rural practice. If you are a rural practitioner, a rural academic, a specialist in rural public health or someone who just wants to make a change in rural healthcare, then this Forum meeting is for you!



Prof John Wynn-Jones, EURIPA President (right) and Dr Mario Malnar, president of KoHOM (Coordination of Croatian Family Medicine) in small group discussion at a EURIPA workshop in Warsaw in 2011.

Come and join us on the beautiful Island of Pag on the stunning Croatian Adriatic coast. This is not one of those expensive blockbuster conferences but it is an opportunity to engage in a process that can make a difference. We have limited the number of delegates and kept the costs at an affordable scale to ensure that we can attract delegates from across the whole of Europe.

So come and join us, have your say and make a difference.

John Wynn-Jones

For more information please follow the link:

3rd-euripa.conventuscredo.hr/index.html

EGPRN TO HOLD SPRING MEETING IN SLOVENIA

The 2012 spring meeting of EGPRN will be held in Ljubljana, Slovenia, from May 10–13, 2012. The theme of the meeting is *Quality improvement in the care of chronic disease in family practice: the contribution of education and research*.

Besides freestanding papers, they expect thematic presentations on the assessment of structured care for chronic disease, research on organisational aspects (ie information systems, recalling and appointment systems), and the role of the practice team. Differences in the organisation of structured care, personal preferences of the patients, and shared decision making present other interesting aspects of this theme.

EGPRN will collaborate with Euract, who will organise a preconference workshop about vocational education and training in quality improvement. Experts in quality improvement research and education are invited as keynote speakers. Moreover, EGPRN will discuss its strategy for the future (2014–2017) during a special, extended council meeting on the Thursday.

As always the EGPRN conference is the place to meet and discuss research ideas, the place for critical but constructive comments on your presentation and the place where junior researchers can find good advice, mentoring and motivation for future work. More information at <http://www.egprn.org>.

EGPRN in Krakow in 2011

Sourced from European Journal of General Practice, 2012; 18: 67–68

<http://informahealthcare.com/doi/full/10.3109/13814788.2011.652613>

From 13–16 October 2011, the EGPRN met in Krakow, the renowned medieval city in the south of Poland. The theme of this conference was ‘Infectious diseases in primary care: managing the interface between the person and the community.’ The sessions were organized in the historic city council, with the support of The Polish College of Family Physicians.

On Thursday, there were three pre-conference workshops. The attendees of the workshop ‘Focusing Research Questions’ (led by C Berkhout and S Chlabicz) came with their own research proposals. In the workshop on ‘Infectious Disease’ (led by S Coenen, M Godycki-Cwirko, T Verheij, and W Hryniewicz), several examples were presented of collaborative research on RTI management in primary care from the GRACE and CHAMP study groups, respectively. The workshop ‘Dealing with Medical Errors’ (led by M Godycki-Cwirko and M Beyer) covered basics in patient safety, identifying critical incidents and learning from medical errors. Simultaneously, two international collaborative study groups funded by EGPRN, held working meetings: ‘The womanpower’ group (investigates elements that influence the choice to become and stay a GP) and the ‘Cogita’ study team (concerned with building a glossary related to ‘gut feelings’ in general practice). On Thursday evening, during the Welcome reception, participants had an opportunity to catch up and network over cocktails at the city hall of Krakow.



Professor Adam Windak of host city Krakow

On Friday, Professor Adam Windak from Krakow outlined the history of Family Medicine in Poland, and its challenges concerning future academic development

and the role in the Polish health care system. Professor Samuel Coenen from Antwerp reviewed the main topics concerning the management of infectious diseases in Primary Care. During the day, there were 15 presentations in four different sessions, on urinary tract infections, respiratory tract infections, and freestanding topics. On Friday evening, many of our colleagues participated in site visits to Health Centres in Krakow, hosted by local family doctors.

On Saturday, Professor Waleria Hryniewicz outlined the risks related to Streptococcus Pneumonia infections, with special emphasis on different clinical contexts, prevention, early diagnosis and treatment. During the day, a variety of oral presentations, posters and one slide/five minutes presentations, both on thematic and freestanding topics, were presented and discussed in parallel sessions. On Saturday evening, participants had the opportunity to reflect on their experiences during the Gala Dinner, enjoying good food, drinks and music in the heart of Krakow's old town.

Overall, nearly 140 participants from over 29 countries took part in this meeting and enjoyed the charming atmosphere of the old capital of Poland. Participant feedback was very positive and the successful organizers look forward to supporting on-going GP research.

Witold Lukas, Slawomir Czachowski, Teresa Pawlikowska & Davorina Petek

WONCA WORKING GROUP NEWS

PROFILE: PROFESSOR ALLYN WALSH CHAIR, WONCA WORKING PARTY ON EDUCATION



Prof Allyn Walsh

Prof Allyn Walsh has been a family physician in Canada for close to 35 years. Her favourite quote describing the nature of this work comes from Sir William Osler, a great clinician and medical teacher:

"Nothing will sustain you more potently than the power to recognize in your humdrum routine, as perhaps it may be thought, the true poetry of life – the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs".

She likes to think that all of us in WONCA have an opportunity to participate in this "poetry of life" in our work with patients, and that the WONCA Working Party on Education is engaged in passing on the recognition of this joy to learners at all levels.

Allyn has been chairing the WONCA Working Party on Education since 2010, and has represented the College of Family Physicians of Canada's Section of Teachers at WONCA Council, since 2007.

In Canada, she has been involved or chaired a number of the educational committees of the College of Family Physicians of Canada including the Accreditation Committee, the Section of Teachers Council, The Working Group on International Training and Certification, the Working Group on Postgraduate Curriculum Review and the Working Group on Faculty Development.

She is Professor of Family Medicine at McMaster University, where she has been at one time or another the Postgraduate Program Director for Family Medicine, the Department Education Director, and the Assistant Dean for the Program for Faculty Development for the Faculty of Health Sciences, amongst other tasks.

Her particular interests are in clinical teaching, but she has also published on inter-professional education, faculty development topics, accreditation, and curricular development in family medicine.

PROFILE: PROFESSOR MIKE KLINKMAN CHAIR, WONCA INTERNATIONAL CLASSIFICATION COMMITTEE



Prof Mike Klinkman

Prof Michael Klinkman MD MS, is a Michigan native who has spent most of his life serving the people of his home state. He is first and foremost a practicing family physician, with an active part-time practice in Ann Arbor where he has served his patients for over 20 years.

Prof Klinkman is professor in the Department of Family Medicine, University of Michigan Medical School. His academic efforts at Michigan have been focused on health information technology, mental health care in the primary care setting, and practice-based research. He has been part of the University of Michigan Depression Center leadership team since its inception, and has led several of the Center's primary care initiatives over the past 10 years. In his former role as Associate Director of the University of Michigan Medical Management Center, he led development of the U-M Depression Disease Management Program, the first JCAHO-accredited depression disease management program in the nation. In the Department of Family Medicine, he co-led the development of Cielo Clinic, an ICPC-based clinical quality management software application now used by over 800 primary care clinicians in several health systems across the United States. He recently served as Chair of the joint AHRQ/NIMH Technical Expert Panel on Mental Health Information Technology.

Prof Klinkman has led or co-led several large studies of mental health care in the primary care setting. The long-term *Depression in Primary Care* initiative developed a model depression support program (M-DOCC) supported by a case management software application, and confirmed its effectiveness in supporting primary care practices in providing mental health care. His work is now focused on integrating mental health care

into the Patient-Centered Medical Home and creating sustainable practice change through community-academic partnerships. He co-founded the Greater Flint Depression in Primary Care Partnership and the Jackson Community Partnership, both aimed at improving mental health care in real-world practice settings.

He has been a member of the WONCA International Classification Committee (WICC) since 1993, serving as its Chair, since 2007. In this role, he has led efforts to transform the work of the Committee, to revise ICPC, and to develop new classification tools for use in the primary care. Under his leadership, WICC has developed formal collaborative relationships with other international organizations involved in classification and terminology, and he now serves as the primary care classification liaison to the World Health Organization.

RURAL PRACTICE RENDEZ-VOUS 2012 KEYNOTE SPEAKER

Rendez-Vous 2012 co-chairs, Sue Berry and Kaat De Backer welcome the recent news that Dr Timothy G Evans has graciously accepted the invitation as key note speaker at our upcoming conference. His inspirational delivery will open the conference and be sure to stimulate thoughts and generate discussions throughout the days.

Dr Evans



Dr Tim Evans

A dual national of Canada and the United States, Dr Evans is the Dean at the James P Grant School of Public Health at BRAC University and International Centre for Diarrhoeal Disease Research, Bangladesh.

From 1995 to 1997, he was an Assistant Professor, International Health Economics at Harvard School of Public Health, as well as an attending physician, General Internal Medicine, at the Brigham and Women's Hospital. In 2003, he joined the World Health Organization as an Assistant Director General with responsibility for Evidence, Information, Research and Policy. He is currently a Commissioner on the Commission on Health Professional Leadership in the 21st Century, a member of the Board of the Public Health Foundation of India, and serves as a scientific advisor to the Institute of Population and Public Health of the Canadian Institutes for Health Research.

Register Now!

The WONCA Rural Working Party is greatly looking forward to the combined conference, Rendez-Vous 2012, hosted by the Northern Ontario School of Medicine in Thunder Bay, Northern Ontario, Canada, on October 9-14, 2012.

Rendez-Vous 2012 is now accepting registrations. The early bird deadline to register is July 3, 2012. For more information regarding registration fees, tickets to the cocktail reception and gala. To register online, please visit:

www.rendez-vous2012.ca/registration.

History of the WONCA Working Party on Rural Practice

The WONCA Working Party on Rural Practice was formed at the World WONCA Conference in Vancouver in 1992, when like-minded rural doctors joined together to focus on raising the needs in rural health around the world. This led to the First International Conference on Rural Medicine in Shanghai, China in 1996, followed by the second World Rural Health Conference in Durban, South Africa in 1997. The working party has representation from all the WHO regions, and has a vision of health for rural people around the world. The WONCA Rural Working Party mostly holds conferences two years in every three, the third year being the full World WONCA meeting and conference.

Other conferences have been in Kuching (Malaysia), Calgary (Canada), Santiago de Compostela (Spain), Seattle (USA), Melbourne (Australia), Calabar (Nigeria) and Cebu (Philippines), the latter being combined with the WONCA Asia-Pacific Regional Conference.

The mission of the WONCA Working Party on Rural Practice is "Rural doctors reaching towards rural health in partnership with like-minded groups, through repositioning and relationships, education, activism, conferencing and communication, and a vision of Health for All Rural People". The working party has produced a number of guidelines and policy documents to support this mission.

Reflections from the 2009 WONCA Rural Health World Conference

In June 2009, more than 600 participants gathered for one of the most important events of the year in Crete. The 9th WONCA Rural Health Conference was hosted by the Clinic of Social and Family Medicine, Medical Faculty, University of Crete, in conjunction with the practice-based research rural network of Crete and the European Rural and Isolated Practitioners Association (EURIPA).

The conference's main theme, *Health Inequalities*, was explored through the three core subjects: *technology suitable for rural settings, island medicine, and health services for immigrants*. Each day of the conference started with a plenary session, the main themes focusing on Primary Health Care (PHC) as a tool in providing equitable care, appropriate technologies adapted to rural environment, the challenges and possibilities of research and improvements in Island medicine.

In total, 39 workshops, 92 oral presentations, and 136 posters contributed to the scientific program's success and variety, enhancing the opportunity of sharing experiences and knowledge after each session. Topics such as retention and recruitment, research and education, new technologies, migration, interdisciplinary collaboration, effective practice management in rural settings were thoroughly discussed during the conference. Speakers at the opening plenary pinpointed the importance of recognizing and meeting the needs of the local community and challenges to access and innovation in resource poor settings. The speakers in the closing session focused on future solutions and providing equity and quality in care for rural people.

The wonderful location, the warm feel of the event, the outstanding organization and strong key messages made this conference a real value and unforgettable experience.

WONCA News is certain the 2012 conference will be a similarly unforgettable event. For more information:
www.rendez-vous2012.ca

HEALTH AND HEALTH SYSTEM NEWS

WHO ON TOBACCO

The changed face of the tobacco industry

Dr Margaret Chan, Director-General of the World Health Organization made the key-note address at the 15th World Conference on Tobacco or Health, held in Singapore in March 2012. The address is titled "Galvanizing global action towards a tobacco-free world" and an edited version is reproduced below. For the full version go to:

http://www.who.int/dg/speeches/2012/tobacco_20120320/en/index.html

I am pleased to speak at the opening of this 15th World Conference on Tobacco or Health. I thank Singapore's Health Promotion Board for organizing this event, and am pleased that WHO has provided technical support.

This conference is being held at a time when we are at a crossroads in our efforts to rid the world of a killing addiction. In principle, the balance is entirely in our favour. In a perfectly sane, reasonable, and rational world, with a level playing field, the anti-tobacco community would surely speak with the loudest voice and carry the biggest stick.

Evidence for the physical harm, and economic costs, of tobacco use keeps growing, and I am certain that this conference will expand the evidence base even further.

Tobacco use is the world's number one preventable killer. We know this statistically, beyond a shadow of a doubt. In a world undergoing economic upheaval, with populations ageing, chronic diseases on the rise, and medical costs soaring, tackling a huge and entirely preventable cause of disease and death becomes all the more imperative.

We know that tobacco directly harms the user's health in multiple ways. We know that tobacco products kill their consumers.

We know that tobacco smoking, like a drive-by shooting, kills innocent bystanders who are forced to breathe air contaminated with hundreds of toxic chemicals. We know what tobacco exposure during pregnancy does to the fetus, another innocent, blameless, and entirely helpless victim.

We know that tobacco use is not a choice. It is a powerful addiction. The true choice is between tobacco or health.

We have evidence, and we have instruments. As a tool for fighting back, we have the WHO Framework Convention on Tobacco Control, with 174 parties now committed to implementing the treaty's articles and obligations. These parties govern nearly 90% of the world's 7 billion people. If safety from tobacco lies in numbers, we have them.

But we also know that implementation falls short, for many reasons, in many countries. We have addressed this problem as well. We have a practical, cost-effective way to scale up implementation of provisions in the treaty on the ground. That is, the best-buy and good-buy measures for reducing tobacco use set out in the MPOWER package.

We have abundant country experiences that demonstrate the effectiveness of these measures. Evidence also shows how these measures can have a value-added impact.

For example, in a study published earlier this year, researchers demonstrated that smoke-free workplaces actually decrease smoking in homes. These findings soundly refute industry-sponsored propaganda.

Just two weeks ago, another major study, involving more than 700,000 deliveries, found that smoking bans have significant health benefits for unborn babies. This proved true for women who smoke but also for women who have never consumed tobacco yet were exposed to second-hand smoke.

And we have an enemy, a ruthless and devious enemy, to unite us and ignite a passionate commitment to prevail.

Unfortunately, this is where the balance no longer tips so strongly in our favour. The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep's clothing, and its teeth are bared.

Tactics aimed at undermining anti-tobacco campaigns, and subverting the Framework Convention, are no longer covert or cloaked by an image of corporate social responsibility. They are out in the open and they are extremely aggressive.

The high-profile legal actions targeting Uruguay,

Norway, Australia, and Turkey are deliberately designed to instil fear in countries wishing to introduce similarly tough tobacco control measures.

What the industry wants to see is a domino effect. When one country's resolve falters under the pressure of costly, drawn-out litigation and threats of billion-dollar settlements, others with similar intentions are likely to topple as well.

Numerous other countries are being subjected to the same kind of aggressive scare tactics. It is hard for any country to bear the financial burden of this kind of litigation, but most especially so for small countries like Uruguay. This is not a sane, or reasonable, or rational situation in any sense. This is not a level playing field.

Big Tobacco can afford to hire the best lawyers and PR firms that money can buy. Big Money can speak louder than any moral, ethical, or public health argument, and can trample even the most damning scientific evidence. We have seen this happen before.

It is horrific to think that an industry known for its dirty tricks and dirty laundry could be allowed to trump what is clearly in the public's best interest.

And there are other tactics, some new, others just old butts in new ashtrays.

In some countries, the tobacco industry is pushing for joint government-industry committees to vet or screen all policy and legislative matters pertaining to tobacco control. Don't fall into this trap. Doing so is just like appointing a committee of foxes to look after your chickens.

Last year's high-level UN meeting on noncommunicable diseases adopted a political declaration. To reduce risk factors and create health-promoting environments, heads of state and government agreed on the need to accelerate implementation of the WHO Framework Convention on Tobacco Control.

They recognized that substantially reducing tobacco consumption contributes to reducing NCDs and has considerable health benefits for individuals and countries. They also recognized the fundamental conflict of interest that exists between the tobacco industry and public health.

When I addressed that meeting, I reminded participants that full implementation of the WHO Framework Convention on Tobacco Control would deliver

the single biggest preventive blow to heart disease, cancer, diabetes, and respiratory disease. I called on heads of state and government to stand rock-hard against the despicable efforts of the tobacco industry to subvert this treaty.

I have a final comment.

I come from a culture that shows great respect for its elders. So let me say that some of the older people in this audience may recall the Virginia Slims marketing campaign that targeted young professional women.

That campaign sought to hook teenaged girls and young women by portraying smoking as a symbol of emancipation and self-assertive freedom. Its slogan was memorable: "You've come a long way, baby."

Let me turn that around, addressing my own personal marketing campaign to the tobacco industry.

"We've come a long way, bullies. We will not be fazed by your harassment. Your products kill nearly 6 million people each year. You run a killing and intimidating industry, but not in a crush-proof box. Tobacco industry: the number and fortitude of your public health enemies will damage your health."

We can, and must, stop this industry's massive contribution to sickness and death, dead in its tracks.

MEMBER AND ORGANIZATIONAL NEWS

GREAT EAST JAPAN EARTHQUAKE - FOURTH REPORT

Dear international colleagues,

This report is a summary of the records of how the Japan Primary Care Association (JPCA) has responded to the Great East Japan Earthquake (GEJE) and subsequent disaster so far, following our previous three reports.^{1, 2, 3}

At midnight on the 12 March 2011, the very next day of the earthquake stroke, the president of the JPCA decided that the association would support assistance activities emerging in the affected areas and act as a main hub to coordinate medical support. The practical headquarters for this support project was set on March 13 and the support team, namely the "Primary Care for All Team (PCAT)" was formulated with the emphasis on the need of continuous support throughout the period of sub-acute to chronic stage. ¹ On March 17, the first group of selected doctors was sent to the affected areas for on-the-spot investigation and helping ongoing assistance activities. Based on their report, three hubs were launched: Fujisawa Hub which covers southern part of the Iwate Prefecture and northern end of the Miyagi Prefecture which includes the Kesenuma City; Wakuya Hub which covers the northern part of the Miyagi Prefecture which includes the Ishinomaki City; and Teneimura Hub which covers all the Fukushima Prefecture.

The previous experience of the Great Hanshin-Awaji Earthquake made our counter-measure system of medical care to an earthquake disaster (particularly in the acute stage), improved enormously and it made a significant contribution to the response rallied after the GEJE. However, the affected area by the GEJE was much more widely spread and the devastating damage caused by the tsunami and the subsequent radiation leak from the damaged nuclear power stations were never experienced before. It was apparent that the short-term assistance during the acute stage alone would not be sufficient for the restoration and reconstruction of the affected areas and that the assistance would involve a wide range of activities from reconstruction of their healthcare and welfare system to providing individual care for injured and sick people in various evacuation centers. Therefore the capability of the PCAT (as the representative of the JPCA for this counter-measure), to provide primary care service under this circumstance was truly put to the test.

Aims defined

In response to this, the following values were re-defined as the five core principles of the JPCA, the national primary care organization in Japan: accessibility, comprehensiveness, coordination, continuity, and accountability.

Also the following three directions were set as the mottos for the assistance activities:

1. Radically-improving medical and healthcare assistance with emphasis on continuity and permanence, and respect for local human resource and their culture;
2. Comprehensive assistance involving various medical and healthcare professionals in order to respond to various needs in the affected areas;
3. Academic activities of medical and healthcare assistance to prepare for inevitable future disasters.

The PCAT took especially the value of continuity and accountability into account and decided to continue its support of the assistance activities until the local medical and healthcare systems in the affected areas regained their stability.

Slow deterioration of the healthy

The first team the PCAT sent to the Kesenuma City immediately after the earthquake consisted of medical doctors and pharmacists and it provided support in delivery of care of injured and sick persons, in the evacuation centers. These doctors also served as a substitute doctor and encouraged the local doctors, who are also victims of the disaster, to have a rest. As time went on, the team frequently encountered elderly persons who had been relatively healthy at first, who then began to show changes in their physical condition. These issues included deteriorated bedsores due to the change from a care-bed life to sleeping in a crowded gymnasium; aspiration pneumonitis because they had to eat supplied foods instead of food prepared for their individual needs, due to lack of man power and resources. These situations exposed more people to become socially vulnerable, not only in the evacuation shelters, but those in their own houses came under the same or worse conditions.

Originally, Kesenuma City had only a few doctors who could provide medical care at home, and most of immobile patients were taken to a clinic by their family members. Hence, patients who lost their family members and those who could not contact their family members had to remain in their houses. This situation could not be recognized by the administrative authorities at first. The PCAT had immediately to set up a team

consisting of doctors, nurses and other professionals, and implemented door-to-door visits in the city in order to investigate the presence of these isolated patients, in cooperation with official personnel from the local administrative authorities. This led to the identification of about 20 persons in need of nursing care who were left home. The "Kesenuma Medical Treatment Patrol Team" was formulated in order to offer medical and healthcare service at home in close cooperation with the PCAT with other organizations including the local government. The local doctors, who were also victims whose clinics and houses had been swept away by the tsunami, took up the roles of captain of the Medical Treatment Patrol Team.

At the beginning, we had no clue where the patients were. But shortly after, the number of patients in caseloads gradually increased by the efforts of volunteers and local officers, and a total of six (later seven) teams were treating more than 70 patients per team. To enact the motto of the JPCA, "assistance involving various medical and healthcare professionals," the PCAT organized dentists, nurses, pharmacists, registered dietitians, physical therapists, acupuncturists, etc to be sent to the city, in order to make a significant contribution to the activities of the Kesenuma Medical Treatment Patrol Team. Initially, only slow progress was evident in the restoration of referral hospitals and medical facilities, so the PCAT itself provided care for the critically ill - in patients' own homes in some cases.

Around summer time, local medical facilities had appeared to regain their capabilities. Also local doctors showed more positive and confident attitudes toward providing home visits and medical care at home with our support, so as to be able to handle referred patients by themselves. This allowed the dissolution of the Kesenuma Medical Treatment Patrol Team achieved on August the 31st in 2011. Consequently, the number of patients who receive medical service at home increased to more than that before the earthquake.

An innovative evacuation center

In the Ishinomaki City, the problem of deteriorated health condition of elderly persons and those in need of nursing care was also a serious issue. The city established a "Welfare Evacuation Center" to put patients in need of a high degree of nursing care together into one place, in order to provide more intensive nursing care. The city requested the PCAT to guide and operate the Welfare Evacuation Center with the staff members of the Ishinomaki Municipal Hospital. The JPCA constitutes professionals from various medical disciplines in addition

to doctors, such as nurses, pharmacists and welfare caregivers. This allowed the team (PCAT) to competently operate this Welfare Evacuation Center.

Firstly, JPCA brought in healthcare apparatus like care beds. The doctors went on medical rounds every day, and pharmacists established a simple prescription laboratory for effective drug management. Moreover, the team held a regular multidisciplinary team meetings with the various healthcare professionals every day, and quickly shared each evacuee's problems with the team members. There were no other evacuation centers to carry out such organized activities, and there had been no precedent for this sort of care, so our activities drew the attention of many other people, resulting in frequent visitors and interview requests from the media. The goal of this facility was for the evacuees to move from this facility to a better environment, and social workers were playing central role in giving support for the adjustments needed for such movement. Accordingly, this Welfare Evacuation Center was successful and achieved its natural ending, on September 30th 2011.

Current situation

At the present time, all evacuation centers across the affected areas have attained their goals and dissolutions. The disaster victims have moved to temporary housing units or accommodation, but the move from the centers has not necessarily led to an improvement of the victims' health conditions. The people who moved often faced a substantial change from their previous communities, and many of the people have been forced to cultivate new personal relationships and form new communities. Many temporary housing units have been built on a hill to avoid the danger posed by other tsunamis and there are few means of transportation to a supermarket or the medical institutions which these people got used to visiting. Hence, many elderly persons who do not have their own car, tend to stay at home. Furthermore, due to lack of resources and man power, the mental health problems of the elderly and also children have not been sufficiently attended to.

"Ochakko"

The PCAT has, therefore, started activities of health consultation for people living in these temporary housing units. In the Miyagi area, there is a routine, namely the "Ochakko," in which neighbors get together and chat about nothing in particular, over a cup of tea, around a table. The PCAT named its health counseling activities after this, i.e. the "Ochakko Health Consultation Meeting," and began the meeting activities at each temporary

housing unit. The shared purpose of the Ochakko Health Consultation Meeting is: to provide places for the local people to form their new communities; to identify persons in need of medical care through physical examination and health consultation and to give prompt institutional treatments accordingly; and to provide listening and encouraging to share their mental problems and trauma so as to allow the problems to become less daunting.

In order for the local people to participate in this Ochakko Health Consultation Meeting as easily as possible, some services such as provision of drinks, hand massage, and preparation of toys for kids have been provided at these meetings, which are getting a favorable reception at each meeting. It is particularly noteworthy that the PCAT is gradually delegating their operation of the meetings to the local people. PCAT has set the goal of providing backup support in the hope that this will encourage positive attitudes among the local people to recover from the disaster and emerge with new values and strength.

In conformity with the spirit of the primary care, the PCAT has also continued dispatching doctors for reconstruction of the municipal hospitals that are facing difficulty in recovering from the damage, and for providing a wide range of medical and healthcare services including support for pregnant women and mothers.

We are truly and sincerely grateful for the substantial monetary donations and support we have received after the disaster. As can be seen in this report, our support for reconstruction in the chronic stage of the disaster has just begun. The PCAT is determined to continue providing medical and healthcare assistance until aimed primary care

to be provided across the affected areas. We would like to call your further support and assistance for our activities towards the reconstruction more than ever before.



Dr Hiroki Ohashi

Sincerely,
Hiroki Ohashi, MD
Chief of the Primary Care for All Team, Japan
Primary Care Association

References

1. WONCA News 37(2) April 2011; 23.
2. WONCA News 37(2) April 2011; 24.
3. WONCA News 37(3) June 2011; 16-18.

NOTICES

ACADEMIC POSITION VACANCY

This is a new section of WONCA News. Advertisements will be accepted relating to from Academic posts which might reasonably be considered as having international appeal. The service will be provided free of charge to Academic Members of WONCA. WONCA reserves the right to determine which advertisements will be accepted for publication. Full details can be obtained from the WONCA Editor, Dr Karen Flegg. In future, the service will be online.

Radboud University Nijmegen Medical Centre

The Netherlands

Professor of General Practice/ Head of the Department of Primary and Community Care

Background: The department of Primary and Community Care (210 staff members) is an international top centre for education, training and research in the field of primary care. The department covers a wide range of disciplines, including General Practice.

The Professor of General Practice (key chair)/ Head of the Department of Primary and Community Care will be responsible for the policy with regard to the three core tasks of research, education/ training and patient care, as well as for the organisation and management of this result-oriented department. The professor/head of department (preferably a general practitioner) should be able to function as a peer leader, translating practical experience into new inspiring and innovative forms of education, training and research.

For further information, please contact:

Prof Roland Laan,
Chair of the Appointment Advisory Committee
R.Laan@reuma.umcn.nl

Deadline: Applications before May 15, 2012

WONCA CONFERENCES 2012 – 2014 AT A GLANCE

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

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

2012			
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Clinical Excellence in Family Medicine: Evidence Based Approach to Primary Care http://www.woncaap2012.org
4 – 7 July	Wonca Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice http://www.woncaeuropa2012.org/cms/
9 - 14 October	Wonca World Rural Conference	Thunder Bay Ontario CANADA	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.3rdwoncaafriregionconf.org/
2013			
25 – 29 June	20 th 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.woncaeuropa2014.org/

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

MEMBER ORGANIZATION AND RELATED MEETINGS

EQuIP: International Forum on Quality and Safety in Healthcare

Date : April 17–20, 2012

Venue : Paris, France

Host : European Association for Quality in General practice/ family medicine

Web : <http://www.equip.ch>

6th IPCRG world conference

Host : International Primary Care Respiratory Group

Date : April 25–28, 2012

Venue : Edinburgh, Scotland

Web : www.ipcrg-pcrs2012.com

EGPRN spring meeting

Host : European General Practice Research network (EGPRN)

Theme : Quality improvement in the care of chronic disease in family practice

Date : May 10–13, 2012

Abstracts close: January 15, 2012

Venue : Ljubljana, Slovenia

Web : www.egprn.org

EURIPA invitational forum

Host : European rural and isolated practitioners association

Theme: Education and Training for rural practice

Date : May 11–13, 2012

Venue : Island of Pag, Croatia

Web : www.euripa.org

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 : [hkpc@hkcfp.org.hk](mailto: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 médecine 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>



WONCA 2013 PRAGUE

20th World Conference



e-news

No 1 | February 2012

Family Medicine – Care for Generations

25–29 June 2013
Prague, Czech Republic

SCIENTIFIC PROGRAMME



The 20th WONCA World Conference will be held in June 25–29th, 2013 in Prague.

The overall theme of the Conference is “Care for Generations” and it allows us to address all dimensions of the discipline including clinical topics, professional, health policy, educational, research and quality issues.

The Scientific Committee of the conference plans to build a balanced programme based on original papers (abstracts) and contributions suggested by leading international scientific networks, committees and groups recognised by WONCA. Top key note speakers will be invited to discuss critical issues and to present ideas which always boost enjoyment of our job.

We believe to reach the high quality scientific content of the conference awarded by international credits.

Colleagues, networks and groups representatives, it is time for you to think about your contribution to the scientific programme of WONCA 2013!

**The abstract submission will be open starting June 2012.
Conference themes are available on the website.**

Bohumil Seifert
Chair of the Organizing Committee

CPC MEETING

CPC Meeting at Zbiroh, September 4, 2011.

Zbiroh Castle is the venue where WONCA executive meetings will take place in 2013.



GALA EVENING IN ZOFIN PALACE



Gala Evening will be held in the very beautiful Zofin Palace located on an island in the historical centre of Prague.

The Žofín Palace is a neo-renaissance building constructed in honour of archduchess Sofie, mother of the emperor Franz Josef I. The Žofín Palace received its current form in 1885-87 thanks to Jindřich Fialka's design. The 1930s added a garden restaurant and a musical pavilion to the Palace. In 1992–94, this cultural landmark was reconstructed according to Tomáš Santavský's atelier's project. Since the middle of the last century, Žofín has been a cultural centre of Prague. Nowadays, significant cultural and social events of international importance take place there and the Žofín Palace thus continues in its rich tradition.



PRAGUE: A BRIEF INTRODUCTION



Prague is the Capital of the Czech Republic, located on the Vltava River, in the center of Europe, and is commonly referred to as the Heart of Europe. It has also been called the City of a Hundred Spires“ based on a count by 19th century mathematician Bernard Bolzano. Today’s count is estimated to be 500.

According to EUROSTAT Prague is the 6th richest region in the EU and was outranked only by Inner London, Luxemburg, Brussels, Groningen (the Netherlands) and Hamburg.

Prague is a very cultural city filled with a number of galleries and museums all around the city. It should also be mentioned that the historical parts of the city are extremely well preserved and are worth seeing.

Prague is also on the UNESCO list of protected cities.

