

WONCANews

An International Forum for Family Doctors



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World Organization of Family Doctors www.GlobalFamilyDoctor.com

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FROM THE WONCA PRESIDENT :**STRENGTHENING COMMUNITY BASED
PRIMARY CARE: 'FIFTEEN BY 2015'**

Family physicians have in the past decades made substantial inroads in the field of evidence-based medicine (EBM). The principles and practice of establishing the best knowledge to respond to an individual patient are an integral part of teaching and training in many countries. As a discipline, family medicine has been in the lead to develop and implement guidelines that are sensitive to the needs of specific patient groups and populations. Wonca's 'Journal Alerts' contribute their share with around 15 – 20 weekly reviews of relevant research papers in their practical implications. 'Journal alerts' illustrate the central role of IT and weblinks in the promotion of EBM. Family doctors around the world consult the www.globalfamilydoctor.com or receive three times a week an e-mail alert to the reviews in their mailbox. Those who have not yet subscribed to this complementary service from the Wonca website are encouraged to do so! They will find in their mailbox also PEARLS: practical evidence about real life situations. This is another approach to link research and practice, developed by professor Bruce Arrol of Auckland, New Zealand, chair of the Cochrane centre 'primary care'. This centre, run by three university departments of family medicine in New Zealand, Ireland and the Netherlands, and with close links of the guidelines programs of the Colleges of these countries, again signifies the strength of EBM in primary care.

One may conclude that there is no shortage of resources and expertise of EBM in primary care. It is the core of our academic basis: the understanding of and responding to the health needs of individuals, groups and communities; the translation of science to practice to support this; and the translation of the challenges of practice into science and research demands. The academic basis of family medicine and primary care will be the theme of one of the coming columns.

On this occasion I would like to emphasize another implication of EBM. In defining the best evidence, family physicians do not only have to take individual patients' needs into account ('patient centred medicine') but also the rules and regulations of the prevailing health care system, in which they work. And this is often a substantial barrier in implementing EBM. Evidence

based medicine has to be practiced under non-evidence-based health care system conditions and perverse incentives in patients' and practitioners' financing may steer interventions away from 'best evidence'. This is becoming dramatically clear in the programming of health care: although evidence of the research led by Barbara Starfield and her co-workers points to the importance of generalist-led integral primary care, health programs are to a large extent promoted on a single-disease (TB; HIV-AIDS; depression; COPD) or special group (children; pregnant women) basis. As a consequence of such 'vertical' programming, comprehensive or 'horizontal' primary care is under threat. This is particularly the case for fragile health care structures in developing countries, and paradoxically, the larger the funding, the more horizontal primary care may be depleted.

This is the reason for Wonca, in close collaboration with The Network: Towards Unity For Health (TUFH), Global Health through Education Training & Service (GHETS), the institutional network for primary care development in Africa PRIMAFAMED, the Health Alliance International, Doctors for Global Health (DGH) and the European Forum for Primary Care to initiate the 'fifteen by 2015' campaign: to promote that health problem or target group specific 'vertical' programs are run through, and a small part of their finances – 15% - is made available, for the strengthening of integrated primary care. This way, the increasing resources that foundations and international aid collaborations currently are making available for health care in the developing world. Support for this can – amongst others – be signed on the Wonca website www.globalfamilydoctor.com where more details can be found. With combined forces it may be possible to convince those funding health care and secure their efforts find a robust basis and have a lasting effect on the health status of those in greatest need.

Professor Chris van Weel
President of Wonca

FROM THE CEO'S DESK:

WONCA EXECUTIVE COMMITTEE MEETS IN DUBAI

The Wonca Full Executive Committee met for three days in Dubai, United Arab Emirates (UAE), hosted by The Family Medicine Section of the Emirates Medical Association (EMA) from 11th – 13th February 2008. This move to hold a full Executive Meeting in the UAE was initiated by Dr Nabil Kurashi, the Protem Regional President of the future seventh region of Wonca to be named Wonca Eastern Mediterranean Region, who represented the new region at the Wonca World Council Meeting and Conference in Singapore in July 2007. The meeting in Dubai was intended to show the support of Wonca Executive to the proposed new region. The Eastern Mediterranean Region (EMR) will be officially constituted at the next Wonca World Council in 2010 in Cancun, Mexico.

In conjunction with this Wonca Executive Meeting, a landmark meeting on “Equity in Wonca” was held a day earlier. The special issue of gender equity was addressed as Wonca Executive invited three representatives from the Wonca Working Party on Women and Family Medicine (WWPWFM) to the landmark event, namely Prof Amanda Howe, Dr Cheryl Levitt and Dr Atai Omoruto.

It was an interesting and fruitful meeting as Wonca Executive listened, discussed and accepted to a very large degree the various recommendations of

the WWPWFm on how best to make changes in the Wonca Bylaws and Regulations to promote greater gender equity in the organization and its various sub-groups.

These recommendations accepted by the Wonca Executive will be studied by the Bylaws and Regulations Committee chaired by Dr Dan Ostergaard at its next meeting in Singapore in May 2008. The resulting amendments to the Wonca Bylaws and Regulations will be circulated to all Wonca member organizations a full year before the next World Council is convened. All changes to the Wonca Bylaws and Regulations will then be tabled for acceptance by the Wonca World Council at its meeting in 2010 in Cancun.

Two other important events were held in conjunction with the presence of the Wonca Executive Committee in Dubai. First, the Wonca Executive members attended a meeting with the Members of the Regional Council of Wonca EMR, and joined their Eastern Mediterranean Regional Symposium in Abu Dhabi, the UAE capital.

The regional symposium, entitled “Future Challenges in Ensuring Continuity of Care in Family Medicine” had various Members of Executive making presentations. A very active Q & A session followed with the various representatives of member organisations from the region taking part. Especially significant was an important workshop on Gender Equity conducted by Prof Amanda Howe, WWPWFm Chair and Dr Iona Heath, Wonca Executive Member-at-large both from the United Kingdom, Dr Cheryl Levitt from Canada and Dr Atai Omoruto, WWPWFm representative from Uganda.

Secondly, a special meeting was arranged by the host organization and Dr Nabil Kurashi for a small delegation from Wonca to meet with the Health Minister of the UAE H.E.Humaid Mohammed Al Qutami and Undersecretary of Health Dr Ali Shakar. During this meeting, they discussed at great length the importance of Primary Care in ensuring improved standards of health for the people of the UAE and the ways Wonca could assist in achieving this.

Following that landmark discussion, a historic Memorandum of Understanding (MOU) was signed between the Health Minister and the Wonca World President. The MOU specifically mentions the commitment of the two parties to:

(1) advance the development of effective and efficient primary care in the United Arab Emirates (UAE) and Gulf Cooperation Council (GCC) States and;

(2) to promote a standard health care classification that is usable in primary care settings and that can be linked to more specialized classifications, terminologies, and nomenclatures where necessary.

Following the signing of the MOU, Wonca hopes in the near future to assist the Health Ministry of the UAE to introduce ICPC-2 to all its health centres to help the Emirates capture vital data on the outpatient services and ambulatory care aspect of health provisions and to also promote a standard health care classification that is useful in a primary care setting.

Following the visit to the Health Ministry, the Wonca delegation also met with Mr Qadhi Saeed Al Maroshed, the General Manager of the Dubai Health Authority. The General Manager was very supportive of the efforts of Wonca

and its members to help improve the delivery of primary care services to the people of Dubai.

Much has been achieved by this first ever meeting of Wonca Executive Committee in the proposed Wonca Eastern Mediterranean Region. Additional details are found in the feature story on our UAE visit. A great deal more work remains to be done before we can see the results.

Special thanks are due again to the generosity of the Emirates Medical Association, Drs Omar Al Jabri and Mustafa Al Hashimi of its Family Medicine Section, to the Health Ministry of the UAE and to Dr Nabil Kurashi, the Protém Regional President of Wonca EMR for helping us put together this historic meeting in Dubai.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family
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FROM THE EDITOR:

FAMILY DOCTORS — PROMOTING GLOBAL HEALTH, UNDERSTANDING AND PEACE

We family doctors choose our specialty in part because of our interest in treating the whole person, rather than a limited organ system or bodily part. We like to know where our patients and their parents were born, what is their family composition, where do they work, and how do they choose to live their lives. This information helps us as family doctors to diagnose and treat disease, as well as promote our patient's health. At the same time, we gain through our patients and their families a better understanding of the rich, vibrant and diverse global community in which we inhabit. While we note the diversity in language, lifestyle, socioeconomic status, and religion, our practices confirm that people around the world have similar desires to live peacefully and happily, with freedom and prosperity.

This issue of Wonca News underscores this fundamental role that family doctors can play promoting health and mutual understanding, peace and prosperity throughout the world. A feature story and accompanying CEO Column describe the Wonca Executive's visit to Dubai and Abu Dhabi, in the United Arab Emirates, to participate in the work of the newly established Eastern Mediterranean Region. In the last decade Wonca truly has become a diverse, global organization of family doctors, as we welcomed in our family the new Iberoamericana-CIMF region along with new member organizations in Eastern Europe,

Central Asia, Africa, the Caribbean and now the Middle East.

This issue's other feature story and accompanying President's Column highlight the need to enhance the role of the family doctor in health systems throughout the world by using at least 15% of health funding to improve primary care capacity. You can add your voice to the "15 by 2015" initiative by going to the Wonca web - www.GlobalFamilyDoctor.com and signing the online petition.

Through the 8th Wonca World Rural Health Conference taking place this month in Calabar, Nigeria, the AAFP Global Health Workshop, and the upcoming Europe and Asia Pacific Regional Conferences described in this issue, family doctors have the opportunity to meet each other and see how much we have in common and what we can do to improve the health of the patients, families and communities we serve.

We family doctors in Wonca strive to improve people's health, and promote global understanding, peace, freedom and prosperity throughout the world. Please continue to send me articles, conference information and resources that exemplify this mission.

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FEATURE STORIES

WONCA EXECUTIVE MEETS IN DUBAI WITH NEW EASTERN MEDITERRANEAN REGION

The Wonca Executive met from February 11-13 in Dubai, United Arab Emirates, and attended the Wonca Eastern Mediterranean Regional (EMRO) Board meeting on February 14th chaired by EMRO Protem President, Nabil Al Kurashi from Saudi Arabia,

During the visit, a Wonca delegation consisting of President Chris Van Weel, CEO Alfred Loh, President Elect Rich Roberts, Honorary Treasurer Michael Kidd and Nabil Al Kurashi met with the UAE Minister of Health, His Excellency Humaid Mohammed Al Qutami and Undersecretary of Health Ali Shakar regarding the role of primary care and family medicine in health reform efforts in the United Arab Emirates and Gulf Cooperation Council region.

The aim of the UAE-Wonca collaboration is to advance the development of effective and efficient primary care in the UAE/GCC region, and to promote a standard health care classification that is usable in primary care settings and linked to other more specialized classifications where necessary. The UAE Minister of Health expressed his appreciation for the role of the family doctor and Wonca’s support in improving people’s health in the UAE/GCC region. Their productive dialogue led to the signing of a historic Memorandum of Understanding between Wonca President Chri van Weel and the UAE Undersecretary of Health Ali Shakar, for Wonca to assist the UAE in primary care development efforts and in the distribution, promotion and training of Wonca’s International Classification of Primary Care (ICPC-2) throughout the region.

Afterwards, the Wonca delegation met with Qadhi Saeed Al Maroshed, the General Manager of the Dubai Health Authority. The General Manager was very supportive of the efforts of Wonca and its family doctors to health improve the delivery of primary care services to the people of Dubai.



Wonca President Chris Van Weel and the United Arab Emirates Minister of Health, His Excellency Humaid Mohammed Al Qutami sign the historic Memorandum of Understanding between Wonca and the UAE



Wonca Delegation meets with Qadhi Saeed Al Maroshed, the General Manager of the Dubai Health Authority



Wonca Executive, EMRO Board and Invited Guests at the opening dinner and welcome ceremony

These historic meetings and MOU were made possible through the efforts of the Wonca President and CEO, Wonca EMRO Protem President Nabil al Kurashi and Mustafa Al Hashimi, Emirates Medical Association Board Member and Treasurer of Wonca EMRO. The meetings were under the patronage of Sheik Hamdan Bin Rashid Al Mahtum, Deputy Ruler of Dubai, Minister of Finance and Industry, and President of the Dubai Health Authority. The meeting was supported and sponsored through the Ministry of Health, Dubai Health Authority, the Abu Dhabi Health Authority, the Dubai

Convention Bureau and through the Sheik Hamdan Al Mahtum Award for Medical Science.

Members of the Wonca Executive attended the EMRO Council meeting presided over by EMRO Protem President Nabil Al Kurashi. EMRO Council members in attendance included: Mustafa Al Hashimi, EMRO Treasurer from the Emirates Medical Association's (EMA) Family Medicine Society; Taghreed Farahat, Head of the Egyptian Association for Family Health Development and Meravat El Rafi from Egypt; Maha Al Saheb and Oraib Al Smadi representing the Jordan Society of Family Medicine; Mohamed Shaikh on behalf of Mariam Al Shetti, Chairperson Bahrain Family Physician Association; and Adnan Ahmed Albar representing Saudi Arabia. Other EMRO Regional Board members include: Sundus SH Khalil, representing the Administration Board Iraq Family Physician Society; Khalil Al Ashkar, representing The Lebanese Society of Family Medicine; and Badriya Al-Rashedi, Chairperson and representative of the Oman Family and Community Medicine Society; The meetings and logistics were superbly arranged by MCI Managing Director, Summaira Issacs, and Lina Alaa Al Deen, Manager of the EMA and Senior Association Manager of MCI – Middle East, our two support organizations.



Members of the EMRO Board in Dubai, UAE. From left to right, standing: Mohamed Shaikh, Mustafa Al Hashimi, Adnan Ahmed Albar, and Nabil Al Kurashi, and seated: Oraib Al Smadi, Maha Al Saheb, Lina Alaa Al Deen, Meravat El Rafi and Taghreed Farahat.

The Wonca Executive also attended an EMRO symposium held in Abu Dhabi (UAE), hosted by Nabil Kurashi and Omar Al Jabri, Chairman of the Emirates Family Medicine Society and Mustafa Al Hashimi, Emirates Medical Association Treasurer, in collaboration with the Abu Dhabi Health Authority. The EMRO symposium, "Future Challenges in Ensuring Continuity of Care in Family Medicine" celebrated the historic presence of the EMRO region and Wonca Executive in

this symposium, yet acknowledged the challenges that lay ahead for the family doctors of the Middle East so that primary care and the family doctor are seen as central in efforts to make health systems more responsive to people's needs in every country in the region.

During the Abu Dhabi EMRO Symposium, an important EMRO regional workshop on Gender Equity was hosted by Amanda Howe, WWPWFM Chair from the United Kingdom; Iona Heath, Wonca Executive Member-at-large from the United Kingdom, and Atai Omoruto, WWPWFM Representative on the Bylaws Committee from Uganda



Atai Omoruto, Amanda Howe, and Cheryl Levitt, members of the WWPWFM

Faisal A Latif Alnasir, Vice President of Arabian Gulf University in Bahrain, and Chair of the Arab Board of Family Medicine, the accrediting and licensing board for family medicine in 22 Middle Eastern countries, and Adnan Ahmed Albar, Professor and Chairman of the Saudi Scientific Council for Family and Community Medicine were important invited guests to the EMRO Regional Board, Wonca Executive and EMRO symposium meetings. The Wonca Executive and EMRO Board saw firsthand the high regional standards of family medicine practice and education promulgated by the Arab Board of Family Medicine during a site visit hosted by Family Medicine Residency Director Fawaz Aboudi at the Al Bateen Primary Health Care Center in Abu Dhabi.



Faisal A Latif Alnasir, Adnan Ahmed Albar and Nabil Kurashi in front of the Al-Bateen Primary Health Care Center

EMRO Protem President Nabil Kurashi set an ambitious and exciting direction for Wonca's new region when he told the EMRO symposium delegates, "Our vision of the Region is that there will be a family doctor for every family who is well trained, compassionate and provides personalized, continuous care."

The historic series of meetings among the Wonca Executive, the leadership of the newly established Wonca EMRO Board and the UAE and Abu Dhabi health authorities set an ambitious and hopeful agenda of family medicine development in the Middle East.

Wonca Launches "15 by 2015" Campaign for Quality Health Care for All

Global support to improve health care delivery in developing countries has increased at an unprecedented level of 26% between 1997 and 2002, from \$6.4 to \$8.1 billion. Yet, the vast majority of aid has been allocated towards disease-specific projects (termed "vertical programming") rather than towards more broad-based improvements in population health, such as preventive measures, primary care services, and health workforce development (termed "horizontal programming"). Such well-financed vertical programs have had the unintended consequence of destabilizing community health care and diverting essential health personnel away from the local health system.

Wonca believes that a new global strategy is needed to achieve a synergy among vertical disease programs and the horizontal person and community-focused programs.

Primary health care and prevention are the best and most affordable ways to save the most lives and improve overall health. With the launch of the "15 by 2015" campaign, Wonca asks that donor organizations allocate 15% of their vertical funding towards sustainable comprehensive primary health care that is accessible and affordable in all regions of the world.

The eight Millennium Development Goals (MDG) form a blueprint agreed upon by all the countries and leading developmental organizations worldwide to make unprecedented efforts to meet the needs of the world's poorest by the target date of 2015. Improvement of health and thereby improvement of health care is one of the objectives in these eight goals. With the campaign "15 by 2015", Wonca wants to specifically target health care and make all stakeholders aware of this important to strategy to attain the MDG's goals. Quality health care—accessible and affordable—is a right for all; most everybody agrees on this, but the way to reach this is not always clear. Vertical programs improve health care, but only for small groups of people with specific diseases. Some people with specific diseases receive good care, yet others remain untreated because there are no doctors, nurses or medication available for them.

Furthermore, salaries of health care providers working for donor-funded vertical programs are often two to four times that of equally trained government workers in primary health care. This induces an internal brain-drain (loss of well-trained people where they are most needed) where local health care workers move from their work in health centres and hospitals to the better-paid projects of donor organizations.

The "15 by 2015" campaign calls for all major global health donors to allocate 15% of all their grants towards strengthening the primary health care system of the country in which they work. The target date is the same as with the globally known and used eight millennium development goals, 2015.

Primary health care cuts across diseases in a systemic way. Investing in improving the quality of primary health care (infrastructure, human resources and equipment) is a broad-based and sustainable investment that makes health care accessible and affordable for all. For example, if good primary health care were available in the 42 countries accounting for about 90% of child deaths worldwide, 63% of these deaths could be prevented. The most prevalent health care problems in developing countries are respiratory illnesses, diarrhoea and complications of labour and delivery. These can and must be treated within the same primary health care framework that deals with diseases such as malaria, tuberculosis and AIDS.

Please support the "15 by 2015" campaign by going to the Wonca web – www.GlobalFamilyDoctor.com and signing the online petition.

WONCA WORKING GROUP NEWS

THE WONCA WORKING PARTY ON RESEARCH ADOPTS NEW MISSION

The WONCA Working Party on Research has adopted the mission of having every WONCA family doctor incorporate the development of new knowledge as an integral part of their practice. The Working group sponsored a workshop at the WONCA Singapore meeting to assess our progress towards achieving this lofty goal. We first heard from Francisco Cavalino Gomez of Mexico, the newly elected leader of the International Federation of Primary Care Research Networks. He proposed that the 153 corresponding members of this organization can assist and promote network development around the world. Networks provide an excellent way for practitioners in any country to participate in the generation of new knowledge. Anyone interested should contact Francisco.

Julian Herreræe of Columbia reported on behalf of the Iberoamericana-CIMF region. Although European developments in research have occurred in Portugal and Spain there has been little development in South America. Although this is a populous region with many medical schools the majority of medical schools do not have departments of family medicine. Julian's Columbian medical school, which has a family medicine department, is sponsoring a meeting in January 2008 with representatives from many South American Medical schools with the idea of discussing how this situation might change. The Italian model of developing research endeavors with private research institutes may be worth considering in his environment.

Larry Green reported on behalf of North America. All Canadian medical schools and most American medical schools have departments of family medicine, many of which also support research development. All residency programs are required to have exposure to research as part of their curriculum. The American Academy of Family Physicians first adopted the idea that generation of new knowledge be incorporated into every family practice. The North American Primary Care Research group, in its 35th year, has been a major contributor to research capacity building and is now promoting research in the English speaking Caribbean. The Working group plans its next meeting in 2008 in Puerto Rico in conjunction with WONCA North America and NAPCRG.

Christos Lionis reported as chair of the European Primary Care Research Network (EGPRN). This organization has been very creative and active in Europe for more than 20 years. More than thirty countries participate in research capacity building programs. Most countries have language barriers to overcome. At least 30 journals are published in languages other than English that are not registered with Index Medicus. This suggests that a considerable volume of research knowledge in Family Practice is not being shared widely. It is hoped that publishing abstracts of this work in English and displaying them on the WONCA web site might overcome this loss of new knowledge. The EGPRN will continue its development, with workshops, paper presentations and promotion of networks. The Brisbane group has developed a 1 week workshop occurring in Oxford England bringing together individuals who are working towards a PHD in primary care to stimulate networking and thinking in primary care issues. The first week was very successful in June 2006 and a second group of 10 individuals has been chosen and will meet in the next few months. Many European countries have developed strong research programs usually linked with PHD programs in University departments. (Visit WONCA Research working Group Web site for details)

Cindy Lam presented a summary of activities in the Asia Pacific region. This is the world's most populous region with great variation in the development of Family Medicine as a discipline. Strong departments can be found in Australia, New Zealand, Hong Kong and Singapore. Departments are developing in Japan, Thailand, Taiwan and Malaysia. However much work remains to be done in India and China the world's two most populous countries. (Cindy's excellent slides can be found on the WONCA Working Group on Research web site through the Wonca web – GlobalFamilyDoctor.com) A number of regional research meetings have been held in the past and more are planned. The very generous contribution from the Taiwan Chinese Family Practice Association will assist one or two young researchers a year to present their papers at international WONCA meetings.

Although no representatives presented from Africa, Jan de Maeseneer of Ghent, Belgium shared his promising academic partnership with nine African countries medical schools. The European Common Market has agreed to support the development of new Departments of Family medicine in these and hopefully more African countries over the next decade. The Research Working Group plans to meet representatives from these schools in March of 2009 to facilitate the development of research programs throughout the continent.

Although our mission is very challenging or even impossible, we are optimistic that much progress can be made towards generating and integrating new knowledge into every one of the world's family practices. The Mission will become much more possible if all current members of WONCA join in the effort.

Professor Walter Rosser
Chair, Wonca Working Party on Research
www.woncaresearch@yahoo.com

Wonca Working Party for Women in Family Medicine Sets Triennium Plan

The Wonca Working Party for Women in Family Medicine (WWPWF) had a brilliant 'Women's Track' at Singapore 2007. It was preceded with actions by the Wonca Executive Committee and World Council to bring about gender equity in Wonca by unanimously endorsing the HER Statement (see <http://www.womenandfamilymedicine.com/wwpwm-statements>) and a process with the WWPWF to bring about gender equity amendments to the Wonca Bylaws for consideration in 2010. The Wonca Executive Committee and the Wonca Council also endorsed the "10 Steps to Gender Equity in Health". Our job now is to put these thoughts into action!



WWPWF in Singapore

Bottom Row L to R: Aileen Espina (Philippines); Atai Omoruto (Uganda); Precious Gbeneol (Nigeria); Desiree Lee (USA); Lucy Candib (USA) Second Row L to R: Modupe Ladipo (Nigeria); Amanda Howe (UK); Cheryl Levitt (Canada); Zorayda Leopando (Philippines); Helen Batty (Canada); Mirla Severino (Philippines) Third Row: Kofu Odusote (Nigeria); Kate Atenyi (Nigeria); Indah Widyahening (Indonesia); Lyndal Parker-Newlyn (Australia); Oryzati Hillman-Agrimon (Indonesia); Luanne Marero Viduya (Philippines); Thuy Thi Ngoc Thai (Vietnam); Joanne Joson (Philippines); Princess Kemelagha (Nigeria); Edith Okoi (Nigeria) Back Row: Sue Smith (Nepal); Silke Farthofer (Austria); Iona Heath (UK); Dorothy Pieterza Janga (Netherlands Antilles); Ilse Hellemann (Austria); Pham Thi Ngoc Bich (Vietnam); Amanda Barnard (Australia). Missing in picture but also attended: Nandani de Silva (Sri Lanka); Vasantha Preetham (Australia); Somjit Prueksaritanond (Thailand); Teri-Marie Laude (Philippines); Sugito Wonodirekso (Indonesia)

We had a full day preconference attended by women from all over the world and hosted three events in the main programme: a symposium on Evidence Based Medicine, a workshop on leadership and facilitation and a lunchtime update meeting on the WWPWF. Other educational events hosted by women family physicians made this an exciting and relevant Wonca World Conference. One of our main discussions, informed by the presence of a number of young faculty members from Asia-Pacific, was about the needs of women new to family medicine.

During the meeting, we reviewed our current goals to come up with 4 main directions for the next three years as enumerated in the HER Statement:

1. Enshrine the principle of gender equity within Wonca governance by amending the Wonca By-laws and Regulations, as proposed by the WWPWF.
 - Work with the Wonca Executive to promote gender equity amendments to the bylaws, and improve women involvement and representation at all levels of the organisation and its constituent parts
2. Implement gender equity in all activities of Wonca, in particular the scientific programs of its triennial, regional, and rural meetings.
 - Work with the Host Organizing Committee for Cancun 2010 to ensure gender equity in the 19th World Wonca triennial meeting, and in all other regional and rural meetings, with a component that reflects the needs and development of younger women family physicians
 - Advocate for both women speakers and women's health issues to be prioritised in the programme of all Wonca meetings
 - Develop a code of conduct for Wonca meetings that reflect the principles we espouse - ensuring all activities including sponsorship reflect the expertise and needs of women patients and women doctors.
3. Promulgate the pivotal role of gender as a key determinant of health. Communicate our overview of gender equity as fundamental to human rights and social justice, and as a major determinant of health
 - Promote the '10 steps to gender equity in health'* (see www.womenandfamilymedicine.com) within all Wonca activities and other appropriate settings to create and maintain a clear framework for improving women's health
 - Work within Wonca to ensure that the ICPC codes can deliver accurate information about the issues highlighted in the care of women patients

4. Promote the equitable inclusion and advancement of women general practitioners/family physicians in Wonca.

- Support members of the working party to showcase the ways in which their practice and research contribute to the care of women patients, by sharing these in the group and presenting related work in Wonca meetings
- Promote educational initiatives (such as job sharing, 'stop the clock', maternity benefits, etc) that enable women to achieve their full potential as family doctors throughout training and their careers in practice
- Develop a strong advocacy position for family physicians in training and early years of practice; in particular addressing the right to practise and sustain family commitments – this includes issues of career breaks, flexible training and working, and family friendly working conditions...
- Provide active input to skill developments that women family physicians have highlighted as key to their fulfilment – leadership, balancing work and personal life, self confidence and esteem
- Use Wonca as a forum to highlight areas where professional leaders could be influential in legislating and regulating for conditions which support equity and wellbeing for female practitioners.
- Provide mentorship to others within the group as requested, specifically the younger participants whose careers are still being developed
- Create a prize for recognition of the work done by a family physician who has embodied the issues of gender and equity for women in their clinical and academic practice

To assist with some of these tasks the WWPWFM will continue to ensure that our website, listserve, meetings and all communications are effective and inclusive, and serving the purpose for which the working party has been set up. We will use our budget in an equitable fashion, continuing to secure and distribute bursaries for travel to maximum effect. Finally, we will continue to address issues of linguistic diversity.

We welcome anyone who is interested in our aims to join our listserve (contact lcandib@massmed.org). Please have a look at our website www.womenandfamilymedicine.com, and contact me for further information.

Amanda Howe
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WONCA REGIONAL NEWS

VASCO DA GAMA MOVEMENT: THE NEW GENERATION OF FAMILY DOCTOR



The Vasco da Gama Movement (VdGM) is the WONCA Europe Working Group for Young and Future General Practitioners. The organization's name has its origin from the constitutional meeting in Lisbon January 2005. Vasco da Gama was a young Portuguese adventurer who discovered the seaway from Europe to India bridging different cultures. His homeport was Lisbon. All trainees in the specialty of General Practice and Family Medicine and young doctors in the first five years after specialization in GP/FM in the WONCA Europe region are eligible to become members.

VdGM was preceded by a European Group of GP/FM Junior Doctors founded in Amsterdam 2004 during the Junior Doctor Program. This special event was a pre-conference program organized before the 10th WONCA Europe Conference where the participants' enthusiasm created a unique atmosphere.



From left to right, standing - Monica Novac, Romania (treasurer); Chantal Emaus, Netherlands; Stijn Festraets, Belgium and Joao Sequeira Carlos, Portugal (Chairman); seated - Jasna Vuak, Croatia (Secretary); Monika Reber Feissli, Switzerland (pre-conference manager 2009) and Birgit Morre Pedersen, Denmark

The Vasco da Gama Movement has recently revised its constitution and has a new Executive Group elected during the Europe Council meeting in Paris on the 17th of October 2007:

Joao Sequeira Carlos, Portugal (Chairman)
 Jasna Vuak, Croatia (Secretary)
 Fatma Goksin Cihan, Turkey,
 (pre-conference manager 2008)
 Monika Reber Feissli, Switzerland
 (pre-conference manager 2009)
 Monica Novac, Romania (treasurer)
 Stijn Festraets, Belgium
 Birgit Morre Pedersen, Denmark
 Chantal Emaus, Netherlands

The main objective of VdGM is to represent young and future GPs and to promote the discipline of GP/FM by:

1. Providing a forum, support and information for trainees and young GPs through access to WONCA Europe regional conferences and pre-conferences.
 - a. By co-organizing a pre-conference meeting during the WONCA Europe regional conferences.
2. Establishing a communication network between European trainees and young GPs and identifying their concerns, doubts and needs and helping to address them.
 - a. By means of writing and publishing newsletters concerning the movement for national colleges and associations;
 - b. By collaborating with national colleges and associations in general practice and stimulating the formation of national representation of young and future GPs;
 - c. By collaborating with international organisations of general practice and representing the movement at international meetings.
3. Improving the quality of training programmes for general practice.
 - a. By establishing a central information database on training programs for general practice;
 - b. By setting up quality standards.

The Europe Council is the governing body of the Vasco da Gama Movement. Each WONCA Europe member country appoints or elects one national delegate who is eligible for VdGM membership, as member of the Europe Council. Currently VdGM Europe Council has 21 members reflecting the active support of these countries. This ruling body meets annually during the WONCA Europe Conference. The Executive Group is elected from the Europe Council and consists of the chairperson, the secretary, the treasurer and five other members. There are five VdGM Theme Groups and there is a web-based forum open to all.

The Theme Groups are working on Research, Education and Training, Recruitment, Exchange and Image. There is a liaison person from the Executive Group in each Theme Groups to report progress and status to the Europe Council and Executive Group. The Theme Group on Education and Training is working on a joint project with EGPRN on Evaluation of the Educational Agenda. The Theme Group on Research has established their internal communication network between young researchers and they have exchanged information about the current research projects that they are undertaking.

The Theme Group on Exchange has published questionnaires on our website trying to revive the Hippocrates program (EURACT exchange program). The Theme Group on Image has done a great job in developing VdGM website. The Theme Group on Recruitment is working closely with other organisations, such as EURIPA, to study GPs recruitment and retention strategies.

VdGM achieved important goals during 2007. The recognition from WONCA Europe was reinforced by the approval of structural funding to support VdGM ongoing and future activities. In July at Singapore Wonca World Conference VdGM representatives organised a Symposium where colleagues from other WONCA regions had the chance to get information about the group and got motivated to create the same concept in their organisation. Finally, in October VdGM had an active participation at Paris Wonca Europe Conference.

In 2008 VdGM will continue to pursue the challenges of GP/FM for 21st century contributing to its development with the new generation view. We will empower our theme groups to have more practical results and to get more connection with VdGM members. We will also reinforce cooperation with WONCA networks and special interest groups to broad VdGM collaborative work.

If we follow our journey with the same enthusiasm and motivation we had until now we will continue to have the confidence from our peers. WONCA Europe President, Prof. Igor Svab, once said "The Vasco da Gama Movement was the best thing that happened to WONCA in the last few years". The future of GP/FM depends on what we begin to build today.

João Sequeira Carlos
 VdGM Chairman
 info@vdgm.eu
 www.vdgm.eu

Donald Li: Wonca Asia Pacific Regional President

Donald Li, Wonca's newly elected President of the Asia Pacific Region, is a family physician in private practice and the proprietor of an established Family Medical Practice in Hong Kong



Donald Li –
Wonca Asia
Pacific Regional
President

In 2002, Donald established a healthcare provider project in Shanghai, China. He introduced the idea of allowing patients to retain a personal family physician thereby establishing continuity. This is something that was not established before in China. He convinced authorities to provide the proper incentives to ensure quality health services was delivered by participating doctors. He was appointed Honorary Consultant of Huashan Hospital in Shanghai to train family physicians

Through his work as Past President of the Hong Kong College of Family Physicians (HKCFP), Donald managed to educate the public in Hong Kong about family medicine. Together with the other forefathers of the Hong Kong College, he convinced the other medical specialists to acknowledge family medicine as a specialty and be included as a founding college in the Hong Kong Academy of Medicine. He was also successful in convincing a major insurance company to reimburse fully trained family physicians at a higher rate to provide incentives for higher training of general practitioners.

Donald has served on the Council of HKCFP for over 20 years. He was

involved in setting up the conjoint examination with the Royal Australian College of General Practitioners. He initiated a Diploma Course in Family Medicine by HKCFP to upgrade the standards of General Practitioners who could not engage in family medicine training to specialist level in Hong Kong. He also successfully convinced the Hong Kong Government to recognize this degree.

Donald held the Executive Position on the Hong Kong Academy of Medicine – the Statutory Body in Hong Kong Governing All Specialties and ensuring Standards. He served on the Medical Council of Hong Kong (the government body with statutory rights to govern doctors) in various capacities as Member of Council, Member of Preliminary Investigation Committee and Ethics Committee

Donald has been a major player in developing relations with Mainland China. He initiated projects on developing community based healthcare, general practice training, setting standards and accreditation of mainland practitioners. He was the liaison person between WONCA and the General Practice Society of China, establishing relationships and helping to solve problems encountered during difficult periods especially when SARS affected China. He remains active promoting family medicine in the mainland. Donald pays regular visits to the Ministry of Health and holds meetings with authorities in Beijing, Shanghai, Pearl Delta Region and Shenzhen. On behalf of HKCFP, he signed a MOU with the Ministry to provide training and support in Family Medicine training in mainland China in 2004.

Academically, Donald is an Honorary Professor of Family Medicine of both medical schools in Hong Kong. He is a teacher of the Diploma of Family Medicine course

of HKCFP and teaches “Practice Management”. He was awarded an Honorary Fellowship by the Hong Kong College of Dental Surgeons for his contributions in establishing a specialty of “Family Dentistry” for dentists using the family medicine model.

Donald is honored to be the first Family Physician (being a community-based non hospital service provider) ever to be appointed to board of Hospital Authority of Hong Kong – the statutory management body that governs all the public hospitals in Hong Kong. He still serves on the Board of the Hong Kong Central Hospital, a private hospital that emphasizes ambulatory community care.

Donald is engaged in a lot of community work being Steward (Board Member) of the Hong Kong Jockey Club. This is the largest charitable organization in Hong Kong responsible for donations of HK\$1 Billion a year to worthwhile community projects and organizations. He has also served on the Budget Allocations Committee of the Community Chest, a charitable organization of Hong Kong. Donald is a Council Member of the Hong Kong St. John's Ambulance and has chaired the Board of Training and Development. He was recently appointed to COSH (Council on Smoking and Health) of Hong Kong.

Donald has been a member of SCHOLAR – a Hong Kong government body responsible for upgrading and maintaining the standards of languages in Hong Kong. Since 2003, he have served on the Council of Cornell University of the USA.

Donald is frequently invited by the media for interviews, discussion and presentations on matters related

to family medicine and public health. He is a familiar figure in Hong Kong in which the public identifies as the family doctor. He is also Director and the Medical Advisor of the Bauhinia Foundation Research Institute – a think tank closely linked to the Government of Hong Kong. Donald has been actively involved in the recent Healthcare Reform in Hong Kong and recently made a presentation on the importance of behavioral changes in healthcare reform in an international conference on healthcare financing.

His other research interests are in Managed Care Organizations (MCO) and medical insurance in Hong Kong, the need to promote the family medicine concept in Hong Kong and what kind of primary care does the Hong Kong patient want.

Donald is married to Fiona and they have 3 sons. Their eldest son just graduated from Cornell University in the USA and the 2 younger twin boys are in high school in the USA.

As newly elected President of the Asia Pacific Region, Donald aspires to encourage members in the region to assist each other to promote family medicine as a specialty and to influence their respective governments. He wishes to use WONCA as a platform to share our experiences in establishing family medicine in the community, with each country available to be advisors to those other countries who seek assistance. He believes that WONCA should be recognized as the global leader and consultative body of primary healthcare and family medicine in the region and in the world.

Registration Open for Wonca Europe Regional in Istanbul

The Turkish Association of Family

Physicians welcomes you to the Wonca Europe 2008 Conference that will be held in Istanbul, Turkey, on September 4-7, 2008. The theme of the conference is “Overcoming the distance” Family practice - bringing the art of medicine to the people. Working together with National Colleges, European Network Organizations and Special Interest Groups we aim to come together in largest collaboration possible also with a large number of Turkish colleagues. Even with attendance beyond Europe, we will have the opportunity to find out our similarities and differences in a comprehensive scientific program.

We are very excited for this opportunity to meet our colleagues from various countries in Istanbul, a magnificent metropolis with a rich history. We aim to bring together family physicians of different affiliations like universities, hospitals or community based settings to review basic principles of and latest evidence about family medicine, and exchange experiences in the framework of a rich, comprehensive scientific program. The conference will feature sessions on the primary health care/family medicine approach to various clinical issues, undergraduate and postgraduate training in family medicine, a comparative review of family practice in different countries with different health care systems, and basic principles of family medicine.

In Turkey, family medicine is a relatively young discipline and much has been accomplished in its rich history of 23 years. There is constant effort to further develop and strengthen family medicine as a clinical and academic discipline through our professional association TAHUD, our Board TAHYK, our peer reviewed journals, 38 academic departments of family medicine, and our broad community of family physicians, who work as clinicians in

hospitals and community based settings. We believe that your participation in this conference will constitute an important contribution to our efforts to strengthen the discipline of family medicine and to improve quality of primary health care in Turkey and in Europe as well.

Istanbul, at the Southeast end of geographical Europe, where Europe meets Asia, where cultures and civilizations meet, will be the ideal place to discuss “Overcoming the distance”. Looking at the other continent, with all its beauty, just a few hundred meters away, within minutes to reach, will make us think again about how far really “the distance” is. We will be looking at various aspects of our discipline thoroughly, from many different viewpoints, but to learn from each other, in order to bring our distance as near as possible.

The challenge is ahead of us, to have a WONCA Europe Conference with more than 4500 colleagues and also making it a long remembered one, both with its Scientific and Social events.

Registration is available online at www.WoncaEurope2008.com.

We look forward to welcoming you to Istanbul.

With our kindest regards,
Assoc. Prof. Nezh Dadeviren, MD
Erdem Birgül, MD
Co-Chairman, Host Organizing Committee
Prof. Füsün Ersoy, MD
Chair of the Scientific Committee

Plan to Attend the Asia Pacific Regional in Melbourne

Family doctors, general practitioners and all those interested in the practice of family medicine are invited to Melbourne, Australia for

the WONCA 2008 Asia Pacific Regional Conference which is being combined with The Royal Australian College of General Practitioners (RACGP) 51st Annual Scientific Convention (ASC) on 1–5 October 2008.

Our conference theme, ‘A celebration of diversity’ explores the wide ranging, all encompassing nature of the way our profession provides primary care to our patients, and supports health care in our communities and nations.

The Scientific Program will feature several renowned national and international speakers and includes the world and regional presidents of Wonca. The presentations will comprise a mix of expert plenary lectures, workshops, paper and poster sessions, all of which will address the conference theme of “a celebration of diversity”. Topics will include updates in clinical care, developments in medical education, health service delivery, primary care in challenging environments, general practice research, and the social and cultural contexts of family medicine. Overseas visitors will have an opportunity to learn about family medicine in Australia, while Australians will learn from a diversity of international experiences.

Those wishing to present may submit abstracts electronically through the conference website at www.wonca2008.com. The deadline for abstract submission is 30 April 2008.

Come to the multicultural city of Melbourne and experience a high quality professional program in first class conference facilities, and the world-class attractions of this city. Cosmopolitan Melbourne

offers a unique mix of international cultures, reflected in the diversity of food, cultures and lifestyles and promises an unforgettable conference experience.

Forever known as the “Garden City” owing to its picturesque botanic gardens and parks, Melbourne now claims the privilege of being the “the world’s most livable city”. Melbourne is renowned for its festivals and sporting events, staging an exciting variety of entertainment each year including the Formula One Australian Grand Prix, the Australian Open Tennis, the Melbourne Food and Wine Festival, the Melbourne International Comedy Festival, the Melbourne Film Festival, the Boxing Day Test Cricket, the AFL Grand Final, the Heineken Golf Classic, and the Spring Racing Carnival.

The RACGP and WONCA looks forward to welcoming you to Melbourne in 2008.

Professor Michael Kidd
Dr Vasantha Preetham
Co-Covenor
Associate Professor Peter Schattner

HEALTH AND HEALTH SYSTEM NEWS

TOBACCO COULD KILL ONE BILLION BY 2100

The World Health Organization warns that one billion people may die of tobacco-related illness this century, almost all of them in economically developing countries, as it launches an ambitious and unprecedented global campaign to limit the spread of tobacco. There are more than one billion smokers in the world and almost half of the world’s children breathe air polluted by tobacco smoke. More than 80% of the world’s smokers live in low- and middle-income countries.

The effort provides for the first time a comprehensive look at tobacco use, as well as smoking control and taxation policies, in 179 countries. WHO Director General Margaret Chan said the compilation of data is itself a powerful tool for change, “I truly believe that what gets measured gets done.”

Tobacco kills one person every six seconds and accounts for 1 in 10 adult deaths worldwide. Tobacco products such as cigarettes are made entirely or partly from leaf tobacco and are smoked, sucked, chewed or snuffed. They all contain the highly addictive psychoactive ingredient, nicotine. The tobacco related death toll is expected to rise steeply as tobacco companies target new customers, particularly women, in low-income countries, WHO officials said.

“What we’re saying is that we don’t want to let that happen,” said Douglas Bettcher, Director of the WHO Tobacco Free Initiative. “We want to see the operating environment of the tobacco

companies become as difficult as possible in the near future.”

Nearly two-thirds of the world’s smokers live in 10 countries, with China accounting for nearly 30 percent of all smokers. About 100 million Chinese men now under 30 will die from tobacco use unless they quit, the report said. In India, which is second to China in the number of smokers, tobacco control is complicated by the fact there are two types of cigarettes that are priced and taxed differently. In 2006, Indians smoked about 106 billion conventional cigarettes and 1 trillion “biris.” The latter are loosely packed combinations of tobacco and flavorings such as chocolate or clove, wrapped in a leaf of the tendu tree. Biris are made in thousands of small factories and home workshops and cost about 10 cents for a pack of 25. They are taxed at a lower rate than normal cigarettes for the poor who are their main consumers, with deadly consequences.

While WHO cannot force countries to make stringent tobacco control a priority, it hopes to convince them such efforts are cheap, proven, and especially beneficial to their poorest citizens. “In many countries, money spent by the poor on cigarettes is taken away from what they could spend on health and education,” said Patrick Petit, a WHO economist who helped produce the 329-page report accompanying the initiative’s launch.

The WHO anti-tobacco campaign lays out six strategies to reduce tobacco use, many used by rich countries in recent decades. The six strategies are: monitoring tobacco use and control policy; protecting people by enforcing “smoke-free” laws; offering smokers nicotine replacement and counseling programs; warning on cigarette

packs about smoking’s hazards; enforcing bans on tobacco advertising and promotion; and raising the price of tobacco through taxes.

WHO is using marketing techniques reminiscent of the tobacco companies. It has branded the campaign MPOWER — each letter represents one of six strategies — and is eschewing scare tactics in favor of the theme “fresh and alive.” Press materials came with a box that looks like a pack of cigarettes and contains a pad and pens describing the elements of the campaign. By packaging them together “we are saving the countries of fishing around for the most cost-effective measures,” said WHO Director General Margaret Chan.

Numerous studies have shown that raising the price of cigarettes is by far the most powerful strategy. For every 10 percent increase in price, cigarette consumption drops about 4 percent overall and about 8 percent in young people.

While some cities, states and provinces employ the strategies in a coordinated fashion, no countries do so, the WHO report said. Uruguay employs the most of any nation — three: graphic pack warnings, a ban on smoking in public buildings and free smoking-cessation help.

Only 5 percent of the global population is protected by laws to curb smoking; only 5 percent live in countries that completely ban tobacco advertising and event sponsorship; and only 6 percent live in places where cigarette packs carry pictorial warnings of smoking’s hazards. In Brazil, for example, some packs feature a man with a tracheotomy, a breathing hole created in the front of the neck after

treatment for throat cancer.

WHO’s campaign was put together with financial help from a philanthropy run by New York City Mayor Michael R. Bloomberg, a billionaire businessman. He is giving \$125 million over two years for global tobacco control and helped pay for the country-by-country survey that provided baseline data for the campaign.

Global Patient Safety Initiative Launches High 5s Project

Nations from around the world are coming together to coordinate and advocate for patient safety. The World Health Organization’s “Action on Patient Safety Initiative”, known as the “High 5s Project,” seeks to improve the safety of patients around the world. The WHO World Alliance for Patient Safety was established in 2004 in response to a World Health Assembly Resolution (2002) urging WHO and Member States to pay the closest possible attention to the problem of patient safety. The Alliance raises awareness and political commitment to improve the safety of care and facilitates the development of patient safety policy and practice in all WHO Member States.

The centerpiece of the High 5’s Patient Safety Project involves the development and implementation of standardized operating protocols to address five widespread patient safety problems in the participating countries and elsewhere. The protocols seek to:

- Promote effective management of concentrated injectible medicines;
- Assure medication accuracy at transitions in care;
- Improve communications during patient care handovers;

- Assure performance of the correct procedure at the correct body site;
- Promote improved hand hygiene to prevent healthcare-associated infections.

“Information technology can play an important role in supporting safer healthcare,” Agnes Leotsakos, MD, a member of WHO’s World Alliance for Patient Safety said in June when the WHO first announced its patient safety initiative. “For example, use of more effective ways to verify patient identification through new technologies such as bar coding.”

Four of the five protocols have been finalized and approved by the participating countries. The fifth will be finalized within the next month. Once in place, they are expected to have broad impacts in preventing avoidable deaths and serious injuries in hospitals.

The protocols will be used in hospitals in the partner countries, over the next five years and their impact will be monitored, said Sir Liam Donaldson, chief medical officer of England and chairman of the WHO World Alliance for Patient Safety. “The interest and commitment being shown by the participating countries to implement these solutions is inspiring,” he said. “Over the years to come, risks to patients will be reduced, lives will be saved and many lessons learned as a result of the High 5s action being initiated in Washington D.C. , today.”

Project implementation is targeted for late summer of 2008, with the expectation that its impacts will be assessed over a five-year period.

“This initiative is best characterized as an applied research project in standardizing patient care processes to improve patient safety, and in evaluating the impacts thereof,” says Dennis S. O’Leary, MD, President Of The Joint Commission of the United States. “The challenges and opportunities inherent in this initiative have created great excitement and enthusiasm among the participating countries.”

The Joint Commission and Joint Commission International, in partnership with the WHO World Alliance for Patient Safety and the Commonwealth Fund, lead the WHO Collaborating Centre on Patient Safety.

Further information of the Global Patient Safety Initiative may be found at www.who.int/patientsafety

MEMBER AND ORGANIZATIONAL NEWS

AAFP TO HOLD FAMILY MEDICINE GLOBAL HEALTH WORKSHOP IN 2008

The AAFP Center for International Health Initiatives invites international attendees to share their experiences to promote global quality primary health care development at the 5th AAFP Family Medicine Global Health Workshop to be held September 4th-6th, 2008 at the Omni Interlocken Resort in Denver (Broomfield), Colorado. The conference theme is International Healthcare: Connecting Universal Family Medicine Concepts with Local Needs. To register online, go to www.aafp.org/intl/workshopo8.

Submit your peer presentation and/or poster abstract online for the workshop before May 16th at www.aafp.org/intl/workshopo8.

All submissions will be considered. Particular interest will be given to submissions for the following themes:

- Impact of international rotations and experiences on students’ and residents’ development as a medical doctor
- Providing health care in countries with limited resources
- Breadth and depth of international family medicine consultations
- International partnership development – public/private and community based models
- Family physician training - residency vs. retraining models
- Sustainability implications for short term international projects or partnerships
- Global Impact of family medicine development

The Conference Educational Co Chairs are Edward Shahady and Calvin Wilson.

For more information, contact Rebecca Janssen at rjanssen@aafp.org or visit the website at www.aafp.org/intl/workshopo8

CELEBRATING THE LIFE OF LOUISE SPARKS

One of Wonca’s First Ladies, Louise Sparks, wife of Wonca Past President Bruce Sparks, died on December 27, 2007 following a courageous struggle against cancer.

Louise and Bruce met 50 years ago when they were very young. In 1969, when Bruce was an intern, they were married. They eventually had two delightful children, Richard and Alexandra, who were an absolute and continuing source of delight, concern and blessings for Louise. Of motherhood, Louise wrote, “With it came responsibility, worry and all consuming love. All else is secondary!”

In addition to being a loving mother, Louise was a brilliant English Scholar and lover of classics, and a teacher, writer and poet who wished one day to write her own novels. While a novel was not completed, she had written several drafts. When Louise was diagnosed with cancer, she said, “It won’t be a novel, maybe I’ll make it a short story, or perhaps it will be a limerick!”



Wonca’s First Lady – Louise Sparks

Louise had an abundant list of pursuits and passions in the genre of a true renaissance person. Louise was a music lover, an opera fanatic, and active in the local Friends of the Opera Society. She was an incredible intuitive chef who turned our superb dishes and dinners. She was a besotted pet owner and editor of The Golden Retriever monthly magazine. She was a painter of pottery.

Most importantly, Louise was the true and enduring spouse, a magnificent caring companion and Bruce’s “only best friend” for life. Their relationship was built solidly on a foundation of deep love and affection.

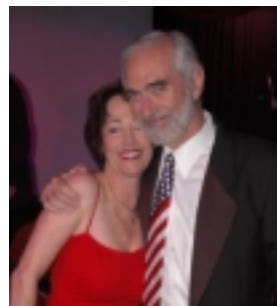
In 1997, Louise was admitted to an ICU with a severe respiratory illness, which almost killed her. She fought bravely and recovered fully after many weeks. It was a turning point in her life, and the family. She wrote, “After a grievous illness, I am reborn at the age of 52. Life begins again, and given another chance. I find happiness in my home, my children, my animals, and my spouse. I’m at peace, and accepted my lot, which is not a bad one.” After that, they became a closer and more focused family.

Louise will be remembered for the full life she lived with warmth, love, devotion, courage, genuine concern and friendship.

REMEMBERING JACK RODNICK

Family medicine and the world of medical education lost one of its visionary leaders on January 26, 2008, when Professor Jonathan (Jack) Rodnick died while vacationing in Hawaii. He had turned 65 on July 4, 2007, and was engaging in one of his passions—running — when he collapsed and died.

Dr Rodnick completed his undergraduate education at Yale University and received his MD from the University of California at Los Angeles School of Medicine in 1968. After medical school, he completed an internship at San Francisco General Hospital, served in rural Alaska with the US Public Health Service, and completed a family medicine residency at the University of Vermont in 1973. He entered academic family medicine in 1973 at the Santa Rosa (California) Family Practice Residency Program, which was affiliated with the University of California, San Francisco (UCSF). In 1981 he became director of the predoctoral programs in the Department of Family and Community Medicine at UCSF. He was appointed department chair in 1988 and served in that capacity until 2005. He continued as a faculty member in the department. Dr Rodnick was a committed physician and always cared for patients, even during his very busy administrative days and, after stepping down as department chair, he returned to a more active clinical practice.



Jack and Judy

Professor Rodnick was deeply involved in family medicine organizations. He was strongly committed to the American Academy of Family Physicians (AAFP). He served on several AAFP committees and commissions, and was appointed to chair its Commission on Science last Fall. Jack was also very active in the AAFP’s international activities, and had just returned from representing the AAFP in Albania in December.

It was in the Society of Teachers of family Medicine (STFM) that he applied his leadership talents, serving on the STFM Board of Directors from 1982-1989, and as the Society’s president in 1987-1988. He was also

involved in countless special interest groups, and in 2007 was appointed as the STFM representative to Wonca. He was a regular presenter at STFM meetings and contributed strongly to the development of STFM over the years.

His first love, however, was medical education, and he was a consummate writer and educator. He authored hundreds of articles, and presented throughout the world. He was the editor of the International Family Medicine Education column of the Society's journal, *Family Medicine*, and in the Fall of 2007 edited a special issue of that journal on international family medicine as a part of the international effort on global health.

At Wonca, he had become a member of the newly established Education Working Party while attending the Wonca World Council meeting in Singapore in 2007. Professor Michael Kidd, who heads the working party, described his contributions, "over the past couple of months Jack had been leading an active debate as we worked to develop international standards for family medicine education and training. He had people from each continent engaged in this important development that was based on the wonderful work that he presented at the Wonca meeting in Kyoto. Wonca's Singapore Statement on Family Medicine Education and the educational experience for all medical students around the world came directly from Jack's work. Our members will continue this international work in his memory."

But beyond all of this, Jack was passionate about life. He loved the outdoors, and led an annual backpack in the Sierra Nevada Mountains of California for more than 30 years. I was privileged to be a part of this backpack group for the past 7 years. We climbed mountains together in California, Oregon, and Washington. He was an avid bicyclist, and rafted the Grand Canyon. He was always in search of adventure. He never failed to take advantage of the natural world around him wherever he traveled. His wife Judy was his steadfast companion in these adventures, and in fact was running with him when he collapsed.

As close personal friends, he and I had many conversations about life and the future. I particularly recall a conversation last fall as we were returning from our backpack and I asked about his thoughts about retirement, as he had turned 65 the month before. He was contemplating accepting a new responsibility at the AAFP, and expressed that he still had much he wanted to accomplish. He just couldn't envision not being deeply involved in medical education and being an active player.

At a time of life when many of us are slowing down, Jack was looking for new challenges. He couldn't imagine a life without new adventures, new experiences, and new opportunities. There are many of us who believe that this is the way he would have wanted it to end — doing something he loved, in a place he treasured, with the love of his life by his side. We'll miss you Jack, but the world and we are all better off because of your presence and passion.

Roger Sherwood
Past Executive Director
Society of Teachers of Family Medicine, USA
Sherwood@stfm.org

WONCA CONFERENCES 2008 – 2013 AT A GLANCE

Information correct as of February 2008.
May be subject to change.

**Wonca Direct Members enjoy lower conference registration fees

See Wonca Website www.GlobalFamilyDoctor.com for updates & membership information

2008			
4 – 7 Sept	Europe Regional Conference	Istanbul TURKEY	Overcoming the distance, Family practice - bringing the art of medicine to the people
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	A Celebration of Diversity
2009			
1-4 March	African Regional Conference	Johannesburg SOUTH AFRICA	Family Medicine in the African Context
23-26 April	Iberoamericana -CIMF Regional Conference	San Juan PUERTO RICO	Theme to be confirmed
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
16 – 19 Sept	Europe Regional Conference	Basel SWITZERLAND	The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
2010			
19 – 23 May	19 th Wonca World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
October	Europe Regional Conference	Malaga SPAIN	Theme to be confirmed
2011			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
2013			
June	20 th Wonca World Conference	Prague CZECH REPUBLIC	Proposed theme: Family Medicine: Care for Generations

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Wonca Asia Pacific Regional Conference, Melbourne 2008

Host : Royal Australian College of General Practitioners
 Theme : A Celebration of Diversity
 Date : 1-5 October 2008
 Venue : Melbourne, Australia
 Contact: The Meeting Planners
 91-97 Islington Street
 Collingwood Victoria 3066 Australia
 Tel : 613 9417 0888
 Fax : 613 9417 0899
 Email : wonca2008@meetingplanners.com.au
 Web : wonca2008@meetingplanners.com.au

Wonca Africa Regional Conference, Johannesburg 2009

Host : South African Academy of Family Practice/Primary Care
 Theme : A Celebration of Diversity
 Date : 1-4 March 2009
 Venue : Johannesburg, South Africa

Wonca Europe Regional Conference, Basel, Switzerland 2009

Host : Swiss Society of General Medicine SSMG/SGAM
 Theme : The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
 Date : 16-19 September 2009
 Venue : Congress Center Basel, Switzerland
 Contact: Dr Bruno Kissling
 Chair Host Organizing Committee
 Swiss Society of General Medicine SSMG/SGAM
 Elfenauweg 6, CH-3006 Bern Switzerland

Tel : 0041 352 48 50
 Fax : 0041 352 28 84
 Email : bruno.kissling@hin.ch
 Web : www.woncaeurope2009.org

19th Wonca World Conference, Cancun 2010

Host : Mexican College of Family Medicine
 Theme : Millennium Develop Goals: The Contribution of Family Medicine
 Date : 19-23 May, 2010
 Venue : Cancun Conventions and Exhibition Center, Cancun Mexico
 Contact : Mexican College of Family Medicine
 Anahuac #60
 Colonia Roma Sur
 06760 Mexico, D.F.
 Tel : 52-55 5574
 Fax : 52-55 5387
 Email : jdo14@hotmail.com

MEMBER ORGANIZATION AND RELATED MEETINGS

5th AAFP Family Medicine Global Health Workshop, Denver 2008

Host : American Academy of Family Physicians
 Theme : International Healthcare: Connecting Universal Family Medicine Concepts with Local Needs
 Date : September 4-6, 2008
 Location : Denver (Broomfield), Colorado
 Venue : Omni Interlocken Resort
 Planning : Committee Co-Chairs: Edward J. Shahady, MD and Calvin L. Wilson, MD
 Contact : Rebecca Janssen
 Email : rjanssen@aaafp.org
 Web : www.aaafp.org/intl/workshop08

RCGP Annual Conference, United Kingdom 2008

Host : Royal College of General Practitioners
 Theme : Creating Solutions for the Future
 Date : 2-4 October, 2008
 Location : Bournemouth International Centre
 Contact : Profile Productions
 Phone : 020 8832 7311
 email : rcgp@profileproductions.co.uk
 web : www.rcgpannualconference.org.uk

International Society for Quality in Health Care, Copenhagen 2008

Host : International Society for Quality in Health Care (ISQUA)
 Theme : Healthcare Quality and Safety: Meeting the Next Challenges
 Date : 19-22 October, 2008
 Location : Belle Centre, Copenhagen, Denmark
 Contact : To register, send email or fax with your name, position and organization
 email : isqua@isqua.org
 fax : +61 3 9417 6851

Depression and Other Common Mental Disorders in Primary Care, Spain 2008

Host : World Psychiatry Association and Wonca
 Theme : Depression and Other Common Mental Disorders in Primary Care
 Date : 18-21 June, 2008
 Location : Grenada, Spain
 Contact : To register, send email or fax with your name, position and organization
 email : Info@wpa2008granada.org
 Tel : 902 430 960
 fax : 902 430 959
 Web : www.fase20.com

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Latest News – of coming meetings, conferences and events
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## Wonca Publications

### ICPC-2-R

#### Revised 2<sup>nd</sup> edition (2005)

Prepared by the Wonca International  
Classification Committee

### Improving Health Systems: The Contribution of Family Medicine, A Guidebook (2002) \*

### Wonca Dictionary of General/Family Practice (2003)

### Towards Unity for Health and Family Medicine

A working paper based on the proceedings of  
the Wonca-WHO Collaboration Meeting in  
Durban, South Africa, May 17-19, 2001.

\*\*\*\*\*

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# Welcome

Family doctors, general practitioners and all those interested in the practice of family medicine are invited to Melbourne, Australia for the WONCA 2008 Asia Pacific Regional Conference which is being combined with The Royal Australian College of General Practitioners (RACGP) 51st Annual Scientific Convention (ASC) on 1–5 October 2008.

Our conference theme, *'A celebration of diversity'* explores the wide ranging, all encompassing nature of the way our profession provides primary care to our patients, and supports health care in our communities and nations.

Come to the multicultural city of Melbourne and experience a high quality professional program in first class conference facilities, and the world class attractions of this city. Cosmopolitan Melbourne offers a unique mix of international cultures, reflected in the diversity of food, cultures and lifestyles and promises an unforgettable conference experience.

The RACGP and WONCA looks forward to welcoming you to Melbourne in 2008.



**Professor Michael Kidd**  
Co-Convenor  
WONCA/RACGP ASC 2008



**Dr Vasantha Preetham**  
Co-Convenor  
WONCA/RACGP ASC 2008



**Associate Professor  
Peter Schattner**  
Chair,  
Scientific Program Committee

## Invitation

On behalf of the Scientific Committee, I am pleased to invite you to attend the WONCA 2008 Asia Pacific Regional Conference in Melbourne. As this meeting will be a joint one between the RACGP and regional WONCA, that is, our neighbouring national colleges and academies in family medicine, the program will be unusually rewarding.

The program will feature several renowned national and international speakers and includes the world and regional presidents of WONCA. The presentations will comprise a mix of expert plenary lectures, workshops, and paper and poster sessions, all of which will address the conference theme of *'A celebration of diversity'*. Topics will include updates in clinical care, developments in medical education, health service delivery, primary care in challenging environments, general practice research, and the social and cultural contexts of family medicine. Overseas visitors will have an opportunity to learn about family medicine in Australia, while Australians will learn from a diversity of international experiences.

Much effort has gone into ensuring that the conference program is of a very high standard and that sessions are informative, interactive and useful for everyone who attends. Please join us for what will undoubtedly be an outstanding conference and an opportunity to meet with your colleagues from around the world in this unique and unpretentiously beautiful city of Melbourne.

## Conference staff

### Conference hosts

The Royal Australian College of General Practitioners  
Melbourne, Victoria, Australia  
[www.racgp.org.au](http://www.racgp.org.au)

### Conference organiser

The Meeting Planners  
GPO Box 128  
Sydney, NSW 2001  
Tel 1300 799 691 (within Australia) +61 2 9265 0890 (international)  
Fax +61 2 9265 0880  
Email [wonca2008@meetingplanners.com.au](mailto:wonca2008@meetingplanners.com.au)



## WONCA

### Asia Pacific Regional Conference

1–5 October 2008 [www.wonca2008.com](http://www.wonca2008.com)

combined with the RACGP 51st Annual Scientific Convention

Melbourne Exhibition and Convention Centre  
MELBOURNE, AUSTRALIA



### Call for abstracts Deadline for abstract submission is 30 April 2008

- All submissions will be lodged electronically through the WONCA 2008 website at [www.wonca2008.com](http://www.wonca2008.com)
- There will be no paper submissions. If you cannot submit electronically, please contact the conference organisers for possible alternatives
- There is no fee for submitting an abstract and you can submit as many as you wish
- All abstracts will be reviewed by a panel which is made up of members of the Scientific Program Committee
- Selected abstracts will be accepted for either an oral or poster presentation. There is an opportunity on the submission form to select oral only, poster only or both. Oral presentations can be either short paper sessions, workshops or seminars.

Please read the instructions carefully as this information will be used during the program planning process to place abstracts in presentation slots.

Abstract notification will be sent via email by 11 July 2008. Everyone presenting an abstract is responsible for their own registration and travel to the meeting.

The abstract submission site will be live on 31 January 2008.

No submissions will be accepted after 30 April 2008 Australian eastern standard time.

### Abstract submission

All abstracts must be submitted online by following the link at [www.wonca2008.com](http://www.wonca2008.com). All accepted abstracts will be published in the conference proceedings. Presenters must be registered for the conference when confirming their acceptance. Acceptance is conditional on registration as a delegate. Presenters must register by 6 August 2008.

#### Important dates to remember

|                        |                                            |
|------------------------|--------------------------------------------|
| <b>31 January 2008</b> | Call for papers. Abstract submissions open |
| <b>30 April 2008</b>   | Deadline for submission of abstracts       |
| <b>11 July 2008</b>    | Notification of acceptance                 |
| <b>6 August 2008</b>   | Deadline for presenter registration        |

#### Registration

|                      |                                |
|----------------------|--------------------------------|
| <b>February 2008</b> | Online registration opens      |
| <b>6 August 2008</b> | Early bird registration closes |

### Abstract topics

The major theme of the conference is 'A celebration of diversity'. This indicates that general practice undertakes a wide range of activities to support communities in different settings and countries. Within this context, sub-themes have been arranged as follows:

|                              |                                                                                                                                                                                                             |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Clinical care</b>         | Women's health; men's health; child health; noncommunicable diseases; aged care; complex care; mental health; complementary medicine; HIV, TB, malaria and other communicable diseases; other               |
| <b>Education</b>             | Medical students; GP training; continuing professional development; other                                                                                                                                   |
| <b>Health service issues</b> | Service delivery; health care systems; change management; special interest groups; medical workforce including the migration of doctors; divisions of general practice and other professional bodies; other |

|                                                        |                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Primary health care in challenging environments</b> | Delivering primary health care in developing countries; GPs supporting health needs in developing communities; indigenous health, including Aboriginal people and Torres Strait Islander health; disadvantaged populations; refugee and migrant health; equity and access to care; other |
| <b>Research</b>                                        | Clinical; health service; methodology; capacity building; other                                                                                                                                                                                                                          |
| <b>Social and cultural contexts</b>                    | The doctor-patient relationship; patient expectations; ethical and medicolegal issues; social determinants of health; other                                                                                                                                                              |