WONCANews

An International Forum for Family Doctors

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From the WONCA President: Rural Rocks

This is not a column about remote geology. Rather, it is about the unique and extraordinary work of family doctors in more isolated settings. A common pattern is that younger people in a society flock to the cities for jobs. This results in rural communities with a significantly greater percent of the aged and their greater health care needs. While about half the world's population lives in rural areas, a much smaller proportion of health care professionals are located in those areas. This disproportion is even greater when it comes to the distribution of physicians. Family doctors however, do a better job of distributing themselves to better meet the needs of the people. For example, in the United States, family doctors are the only physicians distributed geographically in the same proportion as the general population.

I reflected recently on this while driving in the early morning hours from Duluth, Minnesota, USA to Thunder Bay, Ontario, Canada. I was headed to the WONCA Rural Conference on Health, which is convened every few years at locations around the world. In prior years, other commitments made it impossible for me to attend previous conferences – this was to be my first global rural health conference. Even this year, it was not easy. The preceding afternoon, I had to be at an important meeting at the National Institutes of Health (NIH) in Washington, DC, USA to discuss research funding for multiple morbidities like depression and diabetes. It was important that primary care was at that table.

The NIH meeting meant that I had to fly into Duluth late in the evening and arrived at the hotel at 01.00. It was a short time in bed as I needed to arise at 03.00 to fulfill my opening duties in Thunder Bay, a 3.5 hour drive and 1 time zone away. Friends who had lived in the area got me excited about the prospect of a beautiful drive along Lake Superior, enjoying the fall colors as leaves changed to yellow, orange, and red in this heavily wooded region. Unfortunately, there was not much to see driving in the dark, but more on that later.

Even though I was in Thunder Bay for only 28 hours, it was an amazing experience. More than 800 registrants from around the world were in attendance. The conference was a mix of plenary sessions and small group workshops. There were presentations from every continent. Distances were bridged with some speakers joining by videoconference. Much of the discussion focused on the considerable need for more health care professionals in rural communities. The conference was most inclusive: trainees and experienced clinicians; practitioners, teachers,

researchers, and administrators; patients; nurses, doctors, and other professionals. A special effort was made to focus on the needs of indigenous people. Participants were able to visit rural health care sites and see firsthand the incredible potential of distributive education. Special congratulations go to Professor Roger Strasser, conference host and Dean of the Northern Ontario School of Medicine, and Professor Ian Couper, chair of the WONCA Working Party on Rural Health. Their vision and planning made for a memorable and successful conference.

The conference confirmed my belief that there is something special about rural practice and practitioners. I believe that rural practitioners come closest to achieving the principal aims of primary care. Barbara Starfield taught that the two aims and assets of primary care are continuity and comprehensiveness. After observing patient care by hundreds of family doctors, both rural and urban, in more than 50 countries, I have concluded that rural practitioners tend to provide greater continuity of care and more comprehensive services. I do not know whether those choosing rural practice do so because they seek to provide greater continuity and comprehensiveness or whether the limited resources in rural settings compel them to do so. I suspect it may be a combination of both reasons, as well as other reasons perhaps (desire for rural lifestyle, return to rural roots, etc.).

By way of full disclosure, I must confess that I am biased on this issue. My 30 years as a family doctor have been spent practicing in communities with fewer than 2500 people. I think those experiences have taught me a few things. In rural communities, health care professionals lean on each other for mutual support – it is more about performance ("who does what best") rather than pedigree ("who has what credentials"). Rural professionals also understand the importance and value of leveraging their relationships with patients and community leaders to improve the health and well being of their communities. Perhaps the

relative lack of resources in rural settings provides greater clarity about individual responsibility and community priorities.

Before entering practice, I spent a dozen years studying at university and training in urban areas with metropolitan populations ranging between 0.5 and 15 million people. I learned, and the literature confirms, that large urban centers represent a collection of small communities that may be defined by proximity, ethnicity, religion, or common interests. For example, studies of lifelong New Yorkers show that most of them spend the majority of their lives residing, working, dining, and recreating within a several block area. So, in a sense, urban areas are like rural areas from an individual's perspective. It is just that in urban settings there are many more sub-communities to choose from that are defined more by affiliations and interests, and less by geography. This creates more opportunities to express individual preferences, but more challenges for social cohesion.

Thus, I have concluded that rural practitioners can teach all of us a great deal about what health care does, and should, look like. In rural settings, the more obvious connections between individual professional actions and community impact show us more clearly the importance of primary care and its core values of continuity and comprehensiveness. Similarly, the resource constraints of rural practice can foster innovations that will serve all of us well, but only if we listen carefully and learn from what rural professionals say and do. We have to pay attention.

My drive in the dark to Thunder Bay focused my attention on the road ahead. Caught at times in the headlight beams were a number of deer poised to jump from the roadside, and even a young male moose. As the sun emerged over the tree tops, the sky became a glorious orange-red. The effort of the long, intensely focused, and tiring drive contrasted with the beauty of the vista. It reminded me that in rural practice the journey is never easy, but it is worth it.

Professor Richard Roberts
President
World Organization of Family Doctors

From the CEO's desk: Greetings from Bangkok

Greetings again from Bangkok, where the new Secretariat is slowly assuming its roles and responsibilities. Not all staff are yet in place, but in the next edition of WONCA News we'll introduce you more fully to Dr Nongluck Suwisith – our new Chief Admin Officer – and her small team. All our contact details can be found at the end of this page.

The transition really is "work in progress" and we apologise if you do not currently receive the normal excellent service which you have come to expect from the Secretariat staff, but transitions are usually difficult and we're trying to make this one as seamless as we can. The archive files have just left Singapore but at the time of writing (30th October) have not yet made it to Bangkok, so any requests for archived material will be held until we can access the archives again.

At the beginning of October the full WONCA Executive met in London for its annual meeting. As ever there was a fairly full agenda, with lots of lively debate and discussion. Reports on some of the items will get more detailed mention in this newsletter, but I'd like to remind everyone that the Nominations and Awards Committee, under the Chairmanship of Professor Michael Kidd, is still seeking nominations for all WONCA posts which will come up for election or re-election at the World Council in Prague next June. In particular we are still very much seeking nominations for the role of President-elect who would, of course, take over as President for the 2016-19 Triennium at the world conference in Rio de Janeiro scheduled for November 2016.

We're also looking for candidates to host the world conference following Rio de Janeiro. This one is slightly complicated by the fact that there is a motion which will be debated and voted on by

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World Council in Prague in 2013, proposing that World Conferences be staged every two years, rather than the current three. If this motion is passed then we will be looking for hosts for 2018; however if the motion is defeated then the subsequent world conference would be in 2019.

Details of posts and the procedure to nominate an individual or country can be obtained from the Secretariat.

Finally our main priority at present is to have the Secretariat fully functional, and so for the time being none of us will be travelling too far from home. However we hope very much to start to attend several of the meetings and conferences planned and to meet with all of you. In the meantime I wish our African colleagues all good wishes for their regional conference, to be held in Victoria Falls in Zimbabwe from 19th to 21st November and look forward to reading reports of the activities in due course.

Best wishes to you all.

Garth Manning

CEO

SPECIAL FEATURE:

Mensajes del Presidente de WONCA en español

Presidente de WONCA: Lo rural nos emociona

Esta no es una columna sobre geología distante. Más bien trata sobre el excepcional y extraordinario trabajo de los médicos de familia en algunos de los lugares más aislados. Una costumbre habitual en nuestras sociedades es que la gente más joven vaya en manada a las ciudades en busca de trabajo. Esto da como resultado comunidades rurales con un porcentaje significativamente creciente de personas de edad, con sus crecientes necesidades de cuidados de salud. Mientras la mitad de la población mundial aproximadamente vive en áreas rurales, una proporción mucho menor de profesionales del cuidado de la salud están localizados en esas áreas. Esta desproporción es incluso mayor cuando se aplica a la distribución de médicos. Los médicos de familia, sin embargo, están haciendo un buen trabajo al distribuirse para satisfacer las necesidades de la gente. Por ejemplo, en los Estados Unidos, los médicos de familia son los únicos médicos distribuidos geográficamente en la misma proporción que la población en general.

Reflexioné recientemente sobre esto mientras conducía por la mañana, muy temprano, desde Duluth, Minnesota (Estados Unidos) a Thunder Bay, Ontario (Canadá). Iba con rumbo a la Conferencia de Salud Rural de WONCA, que es convocada cada pocos años en localidades de todo el mundo. En años previos, otros compromisos me hicieron imposible asistir. Esta era, pues, mi primera conferencia mundial de salud rural. Aún así, este año tampoco fue fácil poder estar allí. La tarde anterior, tuve una reunión importante en los Institutos de Salud Nacionales (ISN) en Washington DC (Estados Unidos) para discutir sobre la obtención de fondos para investigación en diversas patologías prevalentes como la depresión o la diabetes. Era importante que la atención primaria de salud estuviera representada en la mesa.

La reunión de los ISN suponía tener que volar por la noche muy tarde a Duluth y llegar al hotel a la 1.00 de la madrugada. Era poco tiempo para descansar, pues a las 3.00 tenía que levantarme para cumplir con mis deberes inaugurales en Thunder Bay, con 3,5 horas de conducción por medio y una diferencia de horario de una zona. Algunos amigos que habían vivido por allí me animaron con la preciosa perspectiva de conducir por Lake Superior, disfrutando de los colores del otoño y de los cambios de tonalidad de las hojas que van desde el amarillo, al naranja y el rojo, en esta región tan boscosa. Desafortunadamente, no había mucho que ver conduciendo en la oscuridad, pero sí lo hubo algo más tarde.

Aún a pesar de que estuve en Thunder Bay solo durante 28 horas, fue una experiencia asombrosa. Hubo más de 800 inscritos de todo el mundo. La conferencia fue una mezcla de sesiones plenarias y pequeños grupos de talleres. Hubo presentaciones de todos los continentes. Las distancias con algunos ponentes que se nos unieron fueron salvadas a través de videoconferencia. Muchas de las discusiones se centraron en la necesidad considerable de disponer de más profesionales en las comunidades rurales. La conferencia fue muy integradora: aprendices y clínicos expertos; profesionales, profesores, investigadores y

administradores; pacientes, enfermería, doctores y otros profesionales. Se hizo un especial esfuerzo por centrarse en las necesidades de las poblaciones autóctonas. Los participantes pudieron visitar emplazamientos de atención rural de salud y observar de primera mano el increíble potencial de la educación distributiva. Quiero felicitar especialmente al Doctor Roger Strasser, anfitrión de la conferencia y Decano de la Escuela de Medicina del Norte de Ontario, y al Profesor Ian Couper, Presidente del Grupo de Trabajo de Rural en WONCA. Su visión y planificación hicieron posible una conferencia exitosa y memorable.

La conferencia confirmó mi creencia en que hay algo especial en la práctica rural y en sus profesionales. Creo que los profesionales rurales están más cerca de alcanzar los principales propósitos de la atención primaria. Barbara Starfield nos enseñó que los dos objetivos y atractivos principales de la atención primaria de salud es la continuidad y su integralidad. Después de observar el cuidado del paciente por cientos de médicos de familia, rurales y urbanos, en más de 50 países, he llegado a la conclusión de que los médicos rurales tienden a ofrecer una mayor continuidad de la atención y un servicio más integral. No sabría decir si la práctica rural conduce a eso porque busca ofrecer mayor continuidad e integralidad o porque los recursos limitados en localizaciones rurales obligan a ello. Sospecho que es una combinación de ambas razones, así como de otras razones, quizás (el deseo de mantener un estilo de vida rural, de volver a las raíces rurales, etc.).

Para ser totalmente sincero, debo confesar que tengo un sesgo en este asunto. Mis 30 años como médico de familia los he dedicado a la práctica en comunidades de menos de 2.500 habitantes. Creo que estas experiencias me han enseñado unas cuantas cosas. En las comunidades rurales, los profesionales del cuidado de la salud se apoyan unos a otros para obtener respaldo mutuo. Esto tiene que ver más con el desempeño ("quién hace qué mejor") y no tanto con el *pedigree* ("quién tiene qué credenciales"). Los profesionales también entienden la importancia de la salud y el bienestar en sus comunidades. Quizás la falta relativa de recursos en emplazamientos rurales ofrece mayor claridad sobre la responsabilidad individual y las prioridades comunitarias.

Antes de empezar como profesional, dediqué doce años a estudiar en la universidad y prepararme en áreas urbanas, con poblaciones metropolitanas de entre 0,5 y 15 millones de personas. Aprendí, y la literatura lo confirma, que los centros urbanos grandes representan una colección de pequeñas comunidades que deben ser definidas por proximidad, etnia, religión o intereses comunes. Por ejemplo, los estudios de longevidad de los neoyorquinos muestran que la mayoría dedican la mayor parte de sus vidas a residir, trabajar, comer y tener ocio en un área comprendida en unos pocos edificios. Así pues, de alguna forma, las áreas urbanas son como las áreas rurales desde una perspectiva individual. Es cierto que en un emplazamiento urbano hay muchas más sub-comunidades para elegir, que están definidas más por intereses y filias que por geografía. Esto crea más oportunidades de expresar preferencias individuales, pero más retos para la cohesión social.

Así pues, he llegado a la conclusión de que los profesionales rurales pueden enseñarnos a todos nosotros un montón de cuestiones sobre lo que el cuidado de la salud hace y cómo debería ser. En las localidades rurales, las conexiones más obvias entre las acciones individuales profesionales y su impacto en las comunidades nos muestran claramente la importancia del cuidado de salud de atención primaria y su núcleo de valores de continuidad e integralidad. De manera similar, las limitaciones de recursos en la práctica en el ámbito rural pueden fomentar innovaciones que muy bien pueden servirnos a todos nosotros, pero solo si escuchamos cuidadosamente y aprendemos de lo que dicen y hacen los profesionales rurales. Tenemos que poner atención a ello.

Mi viaje en coche en la oscuridad hacia Thunder Bay centró mi atención en la carretera ante mí. Iluminados a ratos por los haces de luz de los focos había numerosos ciervos elegantes a punto de saltar desde el borde de la carretera, e incluso algún joven alce. Mientras el sol emergía entre las copas de los árboles, el cielo se convirtió en un fondo rojo anaranjado glorioso. El esfuerzo de una conducción larga, intensamente concentrada y cansada contrastaba con la belleza de la vista. Me recordó que en la práctica rural la jornada nunca es fácil, pero vale la pena.

Richard Roberts, Presidente de WONCA

XXXIII Congreso de la semFYC

Granada, Spain

Date: Junio 6-8, 2013

Host: SemFYC

Fechas importantes
Fecha límite de envío de comunicaciones: Febrero 28
Fecha límite de inscripciones con cuota reducida: Marzo 7

Web: www.semfyc2013.com

Presidente de WONCA: Una dulce pena, Octubre 2012

Estos últimos doce años han sido extraordinarios para WONCA. Casi hemos doblado el número de miembros de la organización a 126. Con la incorporación de la región CIMF-Iberoamericana, WONCA cubre ahora todos los continentes del mapa. Nuestros logros e impacto nunca habían sido mayores. Líderes de los colegios nacionales de todo el mundo me dicen frecuentemente que WONCA les ha ayudado a ganar accesibilidad e influencia hacia sus ministros de sanidad en los más altos niveles. Estamos implicados con la Organización Mundial de la Salud (OMS) en numerosas iniciativas. Nos estamos convirtiendo en líderes globales en cuestiones de salud y atención primaria. En resumen, estos últimos doce años han marcado la transformación inicial de WONCA desde un club académico a una asociación profesional.

Foto 1: Dr Alfred Loh, con Ivonne Chung (a la izquierda) y Gillian Tan (a la derecha).

Tres personas han jugado un papel fundamental en esta transformación: el Dr Alfred loh, Ivonne Cheng y Gillian Tan. Su calidez y talante amigable han hecho que los médicos de familia y sus organizaciones miembros se hayan sentido bienvenidos en la familia de miembros de WONCA. Su inagotable cortesía y entusiasmo por ayudar nos hacía recordar que éramos respetados y valorados. Su atención a los detalles nos ha brindado comodidad a las sucesivas Ejecutivas, que se sentían responsables de la integridad y el éxito de WONCA. Se convirtieron en colegas en los que confiar y en buenos amigos. Todo ello hace especialmente difícil decirles adiós, tanto a ellos como a la Secretaría en Singapur.

Alfred ha estado implicado en WONCA a los más altos niveles durante más de tres décadas. Ha sido un embajador lleno de energía para la Medicina de Familia. Siempre ha sido consciente de los retos diarios de los médicos de familia, porque continuaba visitando a sus propios pacientes. Su humildad y atenta diplomacia ha puesto a WONCA en el mejor lugar posible. Ha sido tan activo en nombre de WONCA que parecía imposible que su cargo como Gerente fuera a jornada parcial.

Ivonne era la única persona del equipo que trabajaba a tiempo completo. Su habilidad para hacer múltiples tareas simultáneamente, su rápida respuesta a las peticiones y su energía hacían pensar que el equipo de WONCA era mucho más amplio de lo que era en realidad. Gillian era la persona de los números, que mantenía diligentemente las cuentas en todos los aspectos de la organización y elaboraba los informes financieros para la Ejecutiva, los auditores y las autoridades reguladoras. El equipo de WONCA se convirtió más que en empleados, en familia. Compartíamos historias, celebrábamos triunfos y nos dábamos apoyo cuando la tragedia nos golpeaba.

Unas breves palabras sobre Singapur: maravillosa. Con uno de los mejores aeropuertos internacionales, infraestructura avanzada, instituciones financieras amigables para el usuario y un sistema legal digno de confianza, Singapur ha sido un lugar maravilloso para situar nuestra Secretaría.

Foto 2: Profesor Rich Roberts y Dr Alfred Loh en Varsovia, en 2011.

Me siento tranquilo al saber que Alfred, Ivonne y Gillian estarán siempre a la distancia de un e-mail o una llamada. Incluso sería mejor tener la oportunidad de jugar una partida al golf con Alfred y tener noticias de Ivonne, Gillian y sus respectivas familias.

El Dr Garth Manning y su nueva Secretaría de Bangkok serán fabulosos. Mientras construyen su propio legado, nos ayudarán a estar más cerca de esa cima escurridiza, desde donde podemos ver y conectar con todos los doctores de familia del mundo. Sé que estarán muy agradecidos por lo lejos que Alfred, Ivonne y Gillian nos han ayudado a subir.

Profesor Richard Roberts,

Presidente de WONCA

Traducción Eva Tudela, sem FYC

Presidente de WONCA: No fue mi visita habitual, Septiembre 2012

Galería de fotos
http://www.globalfamilydoctor.com/News/PresidentedeWONCANofuemivisitahabitual.aspx

En el número del mes de septiembre de WONCA News, la revista electrónica mensual de la sociedad mundial de médicos de familia, Richard Roberts, presidente de WONCA, trata sobre su visita al XXXII Congreso de la semFYC, celebrado en Bilbao el pasado mes de junio.

Empecé a escribir esta columna en altitud de crucero en un vuelo desde Frankfurt a Chicago. Cuando disfruto de mis trayectos, siempre hay algo especial al volver a casa. Esta vez era algo más. Esta vez, volvía como paciente.

El horario frenético y los fondos limitados para los viajes hacen que sea poco frecuente para el presidente de WONCA el poder asistir a los congresos de los colegios nacionales. Normalmente, asisto a congresos regionales, de la OMS u otros compromisos similares que consumen la mayor parte del tiempo y de los recursos disponibles para el presidente. Pero había decidido utilizar fondos personales y de WONCA para viajar a Bilbao, España, y asistir al congreso anual de la semFYC.

Mis razones para asistir al congreso español eran varias. España es una de las mayores y más influyentes organizaciones miembro de WONCA, y envía muchos delegados a los congresos en Europa y Latinoamérica. El sistema español de salud ha demostrado que un cambio de la genérica atención primaria hacia la medicina de familia produce mejores resultados y una mayor satisfacción en el paciente. Lo más urgente era que la economía española estaba en crisis. Así pues, fui con el deseo de aprender más sobre cómo la crisis económica estaba afectando a los servicios de salud, y mostrar solidaridad y apoyo global a los médicos de familia de España.

Poco después de mi llegada a Bilbao el martes por la tarde, estaba escribiendo un e-mail en mi habitación del hotel cuando repentinamente tuve varios ataques con episodios cercanos a un pre-síncope. Los episodios duraron entre 3 y 5 segundos y en ningún momento perdí la consciencia, ni tuve malestar en el pecho, ni problemas respiratorios u otras dificultades. Mis pulsaciones eran regulares y por debajo de 60. Entre estos episodios y después de ellos, me encontré bien. Atribuí mis síntomas al jet lag y la deshidratación, así que tomé líquidos.

A la mañana siguiente tuve varios episodios similares más. Ese mismo miércoles más tarde, en la recepción, se los mencioné al Dr Basora, presidente de semFYC. En un momento, estuve en manos de varios médicos de familia, que me llevaron a un centro de salud donde me examinaron y los resultados de mi electrocardiograma fueron normales. La Dra. Carmen Aranzabol, la médica de familia que me atendió, fue concienzuda y compasiva. Me recomendó beber más líquido, perder peso y hacer más ejercicio.

Después de un día y una noche de mucho trabajo el jueves, mis síntomas volvieron mientras estaba visitando otro centro de salud el viernes con los doctores José Miguel Bueno y Ana Rubio. Me hicieron otro electrocardiograma, que mostró fibrilación auricular con una respuesta ventricular controlada a 90. La doctora Ana me llevó al Hospital de Basurto (Basurto Ospitalea, en Euskera) para una evaluación más profunda.

En relación a mis antecedentes, debo mencionar que he sido afortunado al no tener ningún problema significativo de salud. Nunca había sido diagnosticado de diabetes o presión arterial alta. Mi colesterol alto había respondido bien a las estatinas durante años. Mis factores de riesgo más importantes eran la muerte repentina de mi padre a los 51 años mientras corría, y la angioplastia que sufrió mi madre a los 61 años. Además, había ganado cerca de 40 kg. de peso en 10 años de viajar intensamente, con demasiadas ingestas y demasiadas reuniones en demasiadas zonas horarias. Mi rutina de ejercicio había ido disminuyendo de forma continuada desde correr de manera regular, a caminar, y finalmente intentar dormir más que caminar.

En el hospital, recuperé de nuevo el ritmo sinusal normal a los 20 minutos de mi legada. Me sentí el resto del tiempo que estuve en España. Mi troponina era normal, las pruebas y el recuento sanguíneo, las radiografías de pecho y el electrocardiograma. Fui monitorizado durante varias horas y se me recomendó la realización de más pruebas a mi vuelta a los Estados Unidos. Desde el hospital, llamé a mi médico de familia para explicarle lo ocurrido en los últimos cuatro días. Me indicó que me programaría las pruebas necesarias tan pronto como volviera a casa. Esas pruebas me condujeron por un camino que nunca hubiera imaginado en mi vida, pero esa es otra historia.

Así que quisiera compartir algunas reflexiones de mi experiencia como paciente en España. Los médicos de familia españoles fueron maravillosos. Fueron muchos los que dieron un paso adelante para ayudarme. En sus caras, podía ver una mezcla de sincera preocupación y esperanza de que no muriera en su guardia y en su país. Varios doctores merecen una especial mención y agradecimiento: las doctoras Ana Rubio y Susana

Martín Benavides, los doctores José Miguel Bueno, Iñaki Martínez Numatuj y Pascual Solanas.

Durante mis cuatro horas en el Servicio de Urgencias del hospital todo el mundo fue muy amable y profesional. Observé varias similitudes con mi propio sistema de salud. Pasó demasiado tiempo hasta que me hicieron entrar (los pacientes cardiacos deben ser evaluados rápidamente). Parece que la burocracia debe ser protagonista, no importa donde sea. Noté que las luces brillantes a través de los pasillos y las áreas de examen del hospital parecen tener el objetivo de crear la máxima incomodidad para quien yace en la cama de un hospital. Quizás los ingenieros eléctricos deberían pasar algún tiempo en posición de decúbito supino en el hospital.

Un tanto sorprendentemente para mí, los profesionales que se revelaron más importantes que los doctores de urgencias fueron los de enfermería. Sus cálidas sonrisas, trato amable y ayuda frecuente tuvieron el doble efecto de darme la seguridad de que estaba siendo bien atendido y recordarme que estaba mucho más ansioso de lo que me había dado cuenta.

Mi viaje a Bilbao supuso mucho más que mis experiencias médicas personales. Aprendí que los médicos de familia españoles mantienen una razonable buena moral ante las dificultades económicas. El efecto más inmediato de la crisis financiera era que se estaba a la espera de dejar de contar con los doctores suplentes. Los dolorosos recortes que temía para el sistema español de salud todavía no habían ocurrido. Me conmovió el cauteloso optimismo de los doctores españoles, pues sabía que tenían la desafiante tarea de dar tranquilidad, estabilidad y esperanza a sus pacientes y comunidades. Discutimos estrategias para llegar a las poblaciones locales y ayudarles no sólo con su salud, sino también con su futuro económico.

Así pues, mi plan para reconfortar a los médicos de familia de España no funcionó como esperaba. Más bien, fueron ellos quienes me reconfortaron a mí. Y por ello, les estaré eternamente agradecido.

Richard Roberts,

Presidente de WONCA

Traducción Eva Tudela, sem FYC

FEATURE STORIES

WONCA Europe Bursaries for WONCA World 2013 conference Prague

After the successful introduction of conference bursaries in 2010 WONCA Europe will again be offering conference bursary awards for attending the WONCA World Conference in Prague in 2013.

WONCA Europe has established a fund of $30,000 to support bursaries for the WONCA World Conference in Prague, Czech Republic in June 2013. These bursaries will support Conference Registration, Accommodation and Travel to a maximum of $1,000 per person.

The Host Organising Committee will provide affordable accommodation for successful applicants. Please note that successful applicants will be required to pay fixed registration fee.

The Bursaries will be available worldwide in competition to any family doctor or resident in a family doctor programme who can make a case for such a bursary and who is supported by their own College or Association. Up to 30 bursaries will be granted.

In order to avoid problems where bursaries are granted to doctors who then do not come to the Conference, WONCA Europe Executive will expect Colleges and Associations supporting applicants to make the necessary payments and these will be reimbursed direct to the College or Association after the Conference.

Applications will be received by the WONCA Europe Executive and their decisions will be final. Successful applicants will be required to submit a short report of their attendance at the Conference.

Application Forms may be downloaded from the WONCA Europe website (www.woncaeurope.org) or requested from Barbara Toplek (barbara.toplek@mf.uni-lj.si)

The last date for receipt of completed applications will be **1 December 2012.**

Successful applicants will be notified by **15 January 2013.**

For more information about the Prague conference please visit: http://www.wonca2013.com/en/home

Dr Tony Mathie

WONCA Europe President

Arno Timmermans has left the Dutch College

On September 13th, the Dutch College of General Practitioners organized a ceremony to mark the fact that Arno Timmermans stepped down as medical director and President. The occasion brought to an end an impressive leadership of primary care. Since his appointment as medical director of the Dutch College of General Practitioners, in 2000, Arno Timmermans had represented general practice and primary care in health care and society. His passionate, but at the same time academic, promotion of primary care as a key component of the health care system, had been very successful and strengthened the position of the College as partner in health care reforms and innovations.

In this, the international interactions of College and its members with the world of primary care were an integral part of Arno's activities. This came forward in his personal active participation in WONCA's World and European Councils, but also in the high participation rate of young Dutch general practitioners and registrars in WONCA conferences. Under his leadership, the position of the next generation of general practitioners as active partners in shaping the future of the discipline has been secured.

Arno Timmermans joined the College in the early years of its programme of guideline development to promote evidence based medicine. This has left a lasting mark on his approach to health care innovations, and also to the development of general practice – grand designs had their attraction, but real commitment should be based of proof of effect. In a Dutch saying 'it is better to see it first, before believing in it'. This remained his approach when he had become the leader of the College. Issues at stake should be seen in the context of improving health of people and populations, and discussions should focus on actual facts.

Arno Timmerman's leadership was based on collaboration. This has been particularly impressive in bringing together the worlds of *science* and *society*. He secured close links between the College and the eight University Departments of General Practice/Primary Care, and at the same time fostered a lasting collaboration with the medical-societal organization, the Association of General Practitioners. The strength of this triangle of profession, discipline and academia is in all probability a driving force behind the success of primary care in The Netherlands.

Throughout these years, Arno Timmermans continued his activities in patient care, working a day a week in the practice, in an innovative health centre, up till a couple of weeks before he stepped down from the College. Arno Timmermans' directorship changed the College from the 'club of peers' it had been since its founding in 1957, into a streamlined modern organization. One of the structural changes brought him, in addition to the position of medical director, in 2004, the College Presidency. Until September, he had combined these two functions.

Arno's many friends in WONCA may be wondering what has made him leave this core position in Dutch primary care. Since September 2012, Arno Timmermans has been president of the board of the Westfriesgasthuis, a large regional hospital. It heralds a next phase in health care development – closer interaction between primary and secondary care. Arno Timmermans will certainly make an impact in this setting. He will continue work for the best health and health care of people, but 'before believing it, demand to see it first'.

Arno, on behalf of WONCA: thank you for your contributions over the many years, and all the best in this new, prestigious position.

Prof Chris van Weel
Immediate Past President of WONCA.

From Canada: Dr Francine Lemire is announced as College CEO;

Dear Colleagues,

It is my great pleasure to announce that Dr Francine Lemire will officially assume the role of Executive Director and Chief Executive Officer of the College of Family Physicians of Canada (CFPC) as of January 1, 2013. In keeping with the Bylaws of the CFPC and its Research and Education Foundation (REF), Dr Lemire's responsibilities will also include her role as Chief Executive Officer of the REF.

Dr Lemire obtained her medical degreefrom McGill University and completed her family medicine residency at Memorial University of Newfoundland. She obtained Certification in Family Medicine from the CFPC in 1979 and Fellowship in 1993. Dr Lemire practiced comprehensive family medicine for 23 years in Corner Brook, Newfoundland. Since joining the CFPC as a staff member in 2003, she continues to practice on a part-time basis at the

Toronto Western Family Health Team at Toronto Western Hospital. Dr Lemire has academic appointments at the University of Toronto and Memorial University of Newfoundland. She represents the College well as its representative on the World Organization of National Colleges and Academies (WONCA) and until recently, on the Service Systems Advisory Committee of the Mental Health Commission of Canada.

Dr Lemire has served as a member of the National Executive Committee of the CFPC and was National President of the College in 1998-1999. During the late 80's she was proud to be the President of the Newfoundland & Labrador College of Family Physicians. In 2003 she became Director of Membership with the CFPC, and in 2006 was promoted to Associate Executive Director, Professional Affairs. Her responsibilities at the College include Membership, the Honors and Awards Program, the Section of Medical Students, the Membership Advisory Committee and the First Five Years in Family Practice Committee. She is the senior staff support for numerous program committees under the new Section of Special Interests or Focused Practices.

We are delighted to welcome Dr Lemire as the new Executive Director and CEO of the College. We have every confidence that she brings the required experience, insight, dedication and personal style that will benefit the CFPC, its staff, Chapters and all its external stakeholders with whom we continue to work and create positive collaborative working relationships for the benefit of family medicine in Canada.

We congratulate Dr Lemire on her success and look forward to working with her in her new leadership role.

Sandy Buchman, MD, CCFP, FCFP
President, College of Family Physicians of Canada

Dr Francine Lemire est annoncé chef de la direction du Collège (CFPC)

Chers collègues,

J'ai le plaisir d'annoncer la nomination de Docteure Francine Lemire au poste de directrice générale et chef de la direction du Collège des médecins de famille du Canada (CFPC) à compter du 1er janvier 2013. Conformément aux règlements du Collège et de sa Fondation pour la recherche et l'éducation (FRÉ), Docteure Lemire assumera également les fonctions de chef de la direction de la FRÉ.

Docteure Lemire est diplômée de la Faculté de médecine de l'Université McGill et elle a complété son programme de résidence en médecine

familiale à l'Université Memorial de Terre-Neuve. Elle a obtenu la Certification en médecine familiale du CMFC en 1979 et la désignation de Fellow en 1993. Docteure Lemire a exercé la médecine familiale complète et globale pendant 23 ans à Corner Brook (Terre-Neuve). Depuis qu'elle est entrée à l'emploi du CMFC en 2003, elle exerce la médecine à temps partiel auprès de l'équipe de médecins de famille de l'hôpital Toronto Western. Docteure Lemire fait partie du corps professoral de l'Université de Toronto et de l'Université Memorial. Elle représente le Collège auprès de WONCA (*World Organization of National Colleges and Academies*). Jusqu'à tout récemment, elle siégeait au Comité consultatif sur les systèmes de prestation de services de la Commission de la santé mentale du Canada.

Docteure Lemire est membre du Comité de direction nationale du CMFC et a été présidente nationale du Collège en 1998-1999. Vers la fin des années 1980, elle a assumé le poste de présidente du Collège des médecins de famille de Terre-Neuve-et-Labrador avec beaucoup de fierté. En 2003, elle a été nommée directrice de l'Adhésion du CMFC et en 2006, elle a été promue au poste de directrice générale associée, Affaires professionnelles. Au Collège, elle est responsable de l'Adhésion, du Programme des prix et bourses, de la Section des étudiants en médecine, du Comité consultatif sur l'adhésion et du Comité sur les cinq premières années de pratique. De plus, elle représente la direction auprès de plusieurs comités de la nouvelle Section des médecins de famille avec intérêts particuliers ou pratiques ciblées.

Je suis ravi d'accueillir Docteure Lemire en tant que nouvelle directrice générale et chef de la direction du Collège. Je suis convaincu que son expérience, sa compréhension très fine des enjeux, son engagement et sa personnalité seront des atouts pour le Collège, le personnel, les sections provinciales et tous les intervenants avec qui nous continuons de travailler et de créer des relations de travail dans l'intérêt de la médecine familiale au Canada.

Toutes nos félicitations à Docteure Lemire. J'ai hâte de travailler avec elle dans ses nouvelles fonctions.

Cordialement,
Sandy Buchman, MD, CCMF, FCMF
Président, Le collège des médecins de famille du Canada

WONCA REGIONAL NEWS

South Asia Research Methodology conference

Date: 19-20 January 2013

Venue*:* Colombo, Sri Lanka

Theme: *"Strengthening Primary Care Research through Family Doctors*"

Host: South Asian Primary Care Research network under the superivsion of International Federation of Primary Care Research Network

Details: This will be a capacity building workshop for primary care physicians of South Asia both for the faculty members and practicing general practitioner, to enable them to understand the importance of research and train them for this purpose. The participants will have access to a computer and Internet during the workshop, will be asked to search literature and calculate the sample size according to the requirement of their research proposal during the workshop. Some of the participants will come to the workshop with some data of their finished projects. They will be guided according to their requirements

We are confident that all the sessions will be interesting and helpful for the research minded primary care physicians.

Website: www.sapcrn.org.
Contacts :
Dr Basharat Ali drbasharatali@hotmail.com ,
Dr Dinusha Perera dinushapp@yahoo.ca
Dr Seema Bhaanji seema.bhanji@aku.edu

WONCA Working Party News

WONCA Working Party on the Environment – docs on bikes

Doctors on bikes took the streets of Melbourne to raise community awareness about the environmental and health benefits of cycling.

Ranging from senior physicians through to new medical students, the group dressed in medical garb, white coats and stethoscopes. As the medical pelaton meandered through the central streets of Melbourne, along the famous Yarra river which winds through the city, people looked on in amusement and interest. Dr Grant Blashki, secretrary of the WONCA Working Party on the Environment said, " Many patients suffer from preventable illnesses that could benefit from more activity, so it seems that riding is good for health and also good for the environment- its a win, win, win- less heart disease, less air pollution and of course less carbon footprint than car travel"

See the youtube video attached about the event which was organised the Victorian arm of Doctors for the Environment Australia http://youtu.be/CFRgkltv0zA

The WONCA Working Party on the Environment is inviting everyday family doctors to tell their stories about them and environmental issues - find out more here.

Member Organisation News

From the USA - speech of new AAFP president Jeffrey Cain MD

AAFP flying to new heights says new AAFP President

Article and photograph by Matt Brown, reproduced courtesy of AAFP News Now. For more news from the American Academy of Family Physicians and their recent annual assembly go to AAFP News Now.

http://www.aafp.org/online/en/home/publications/news/news-now.html

Family physicians are right in the middle of a paradigm shift that currently is shaking the foundations of health care delivery, poised to pilot a strained system to a brighter, healthier future.

New AAFP President Jeff Cain, MD, (right) celebrates as he accepts leadership of the Academy from new Board Chair Glen Stream, MD MBI

That was the message from newly-installed AAFP President Jeffrey Cain, MD, of Denver, to his family physician colleagues here on October 17 at the Opening Ceremony of the 2012 AAFP Scientific Assembly.

"Today, family physicians stand … ready to move from (being) the lone eagles of medicine to valued and rewarded leaders of a health care system … that can deliver higher-quality medicine at a lower cost and - most important to us - healthier patients," said Cain. "To take this flight, we need … the belief that this is possible, … a moral compass to do what is right for our patients, and … to shift the conversation about health care to family medicine creating stronger doctor-patient relationships (and) bringing economic accountability to our health care system. In short, we need to recognize that family medicine really is the future."

Cain said that health care delivery in the United States has evolved out of the turbulent managed care decade of the 90s, with doctors, patients and payers coming to understand that primary care is indispensable to health care delivery, but also that a health care system built primarily on controlling costs via decreased access does not fly.

"Twenty years later, this century has brought great news for family medicine," Cain said. "The Keystone III conference, the Future of Family Medicine project, the work of (Barbara) Starfield and (Paul) Grundy - each has given a resounding endorsement to the efficacy of family medicine, to the now proven fact that there are both health benefits and economic value in the personal relationship between family physicians and their patients. We now have proven that having a primary care physician provides higher quality care, lower costs and healthier patients."

But, Cain cautioned, family physicians also are stuck in a holding pattern of sorts - a transitional time full of challenges as well as promise. He said the challenges of practicing in the current, dysfunctional health care system include

- spending 18 percent of gross domestic product on health care,
- paying for 50 million uninsured patients,
- living with low fee-for-service payments,
- losing bright medical students to other specialties, and
- the politicizing of health care in general.

On the other hand, Cain said, there is now an understanding that effective primary care bends the cost curve. States such as North Carolina are saving significant Medicaid dollars, and some payers are starting to pay FPs in new and better ways. In areas like Grand Junction, Colorado, family physicians are creating successful systems that improve the community's overall health and economic outlook.

"Family physicians have created medical communities that reflect family medicine values - yours and mine," he said. "That means strong family physician leadership, direct physician access to quality and cost data, making the community's needs the priority, and a commitment to a single-tiered system where it's: Every. Body. In."

Cain said the AAFP will continue to work for its members, advocating for all Americans to have access to a family physician, making sure those same family physicians are fairly reimbursed and able to staff their practices with a steady influx of top-notch medical talent, as well as making sure insurers are fair to both patients and physicians.

"When we combine the moral authority of our patients' stories with the now proven economic value of family medicine, we will be unstoppable," said Cain. "Together we will make certain the future is family medicine."

Photo gallery of Nigeria's Family Doctor Day

World Family Doctor Day was celebrated with a conference day in Nigeria. The progrmme was put together by AGPMPN, a Nigerian Member Organisation of WONCA Africa Region. The main theme was *Healthy living - the role of family doctors*.The lecturer on main theme was Dr Adedokun, a senior lecturer in Family Medicine, in Lagos Nigeria. The subtheme was *Smoking ceasation amongst family doctors and in community.* This was delivered by Dr Sylvester 'Tola' Osinowo, President WONCA Africa Region, who also gave a press release which was widely published by cross sectional media in Nigeria.

The event is recorded in photos.

http://www.globalfamilydoctor.com/News/PhotogalleryofNigeriasFamilyDoctorDay.aspx

Featured Doctors

Dr Wahid Khan:

Fiji - WONCA leader

Current vocation

I have been a General Practitioner at the JP Bayly Clinic in Suva, Fiji, since 1991. This is a multi-practice clinic which especially caters for the medico-dental needs of the less advantaged and to which is attached a Welfare Section. The Welfare Section provides food, clothing and education for the children of some 200 families on our register. Needless to say, the doctors and dentist provide free services to those on the register.

Personally for me, this aspect of Social Medicine has always been appealing as I can well identify with the feelings of these families and able to provide the much needed empathy.

What are you special interests at work and for leisure?

My special interest in medicine has been male sexual issues, diabetes and geriatric medicine. Most of my current non-office time (and I have an on-going battle with my spouse over this) is spent on establishing the new organisation called Diabetes Fiji. This was preceded by the National Diabetes Foundation of Fiji, which really was 'not' a national organisation. I am the current Chair of Diabetes Fiji and actively involved in all aspects of Diabetology, in Fiji. I am extremely thrilled that, together with our stakeholders, we shall be starting a concerted program on diabetes footcare, in Fiji, in the New Year.

My other interests beyond medicine have always been reading and travelling. The first, I indulge in, in abundance, the latter (travelling) I wish I could do more of! I also have an avid interest in golf but, with a rusting golf set, can only manage 2-3 games per year. Can there be more days to the week or more hours to the day???

On being a Family Doctor in Fiji …

Has been and remains a challenge. I have had the opportunity to be intensely involved with medical politics, in Fij,i as a member of the Fiji College of General Practitioners - as its Secretary and subsequently as its President. The Formative years of the College involved a lot of hard work, but the dividends have paid off well. The College now exists through the legal instruments of government and stands shoulder to shoulder with the kindred organisations.

As a GP in practice in Fiji, there are many hurdles to overcome. The prime hurdle is that the majority of our patients 'pay for our services' and we have to be extremely careful of what they finally end up paying. We cannot strictly adhere to Evidence Based Practice. It's more a Patient Based Practice where the patient's funds determine how evidence is applied.

I enjoy my practice and over the years the practice of medicine has become a hobby in itself. I also enjoy the camaraderie of my local colleagues and the banter between us.

What are your perspectives on WONCA?

I have been involved with WONCA since the Durban conference, in 2001, when I first went in as the Fijian representative. Over the years, I have developed a lot of international medical friends and I continue to do this. WONCA has introduced me to the international medical world by providing a framework for networking and I am glad to be a part of it.

I am currently the Honorary Secretary of the WONCA Asia Pacific Region. Some think that the 'honorary' position is just that, but, believe me, there is definitely work to be done. To me the major emphasis should be 'marketing WONCA' so that Individual Membership soars. We also need to reach out to many countries which do not have affiliations with WONCA.

I have also worked extensively with other national organisations such as the Colleges of General Practitioners in both Australian and New Zealand. I have seen extensive goodwill all around me, all one has to do but ask. I still maintain contact with some very old and some very young GPs in these organisations.

And for the future?

The future? Well, I will work as a GP as long as my patients want me to, even though debility, senility and whatever else may strike me!!!!

Dr Kate Anteyi:

A family physician from Nigeria

Professional profile and interests in medicine

Dr Kate Anteyi MD, FWACP, FMCFP, MAAFP is a board certified Family Physician and Public Health expert, in Abuja, Nigeria. Her technical expertise spans over sixteen years of work experience in Family Medicine and over twelve years of board certification. She has vast experience in working with women's group addressing issues that affect women's health, including gender-based violence, gender equity and infectious disease including HIV/AIDS. Kate has international experience working with donor groups including US Government PEPFAR projects, the Government of Nigeria and high level management of infectious diseases. Kate is highly motivated and has wealth of experience in providing technical guidance for HIV continuum of care and treatment programs in resource-limited settings, including Nigeria and South Africa.

Working collaboratively with the Federal Ministry of Health (FMoH), Nigeria, Kate ensured the development and implementation of the national decentralization of HIV services to Primary Health centers. She painstakingly coordinated the development of national standards for HIV care and treatment. This initiative has positively impacted lives of people living with HIV in Nigeria, improving patients' outcome.

Kate contributes to the generation of awareness around gender-based violence in her community, through her advocacy and operational researches.

WONCA involvement

Kate is on the executive board of WONCA Working Party on Women in Family Medicine. She contributed to the development of the working party's history-making documents like the Hamilton Equity Recommendation (HER statement), Gender Equity Standards for scientific meetings (GES) and the development of GES checklist for scientific meetings.

The rest of life?

Kate multitasks as a woman family physician, educator, programmer, manager, daughter, wife and mother, even as she coordinates residency training in Family Medicine in the Federal Capital Territory Hospitals, of Nigeria.

Resources Added to the Website

PEARLS

363: Domperidone can increase milk supply for preterm infants

http://www.globalfamilydoctor.com/Resources/PEARLS/363Domperidonecanincreasemilksupplyforpreterminfants.aspx

365: Audit and feedback effective in improving professional practice

http://www.globalfamilydoctor.com/Resources/PEARLS/365Auditandfeedbackeffectiveinimprovingprofessionalpractice.aspx

366: Phone messaging increases attendance at healthcare appointments

http://www.globalfamilydoctor.com/Resources/PEARLS/366Phonemessagingincreasesattendanceathealthcareappointments.aspx

367:No benefits of omega-3 fatty acid on cognitive function in older people

http://www.globalfamilydoctor.com/Resources/PEARLS/367Nobenefitsofomega-3fattyacidoncognitivefunctioninolderpe.aspx

368: Psychological interventions may be effective for non-cardiac chest pain

http://www.globalfamilydoctor.com/Resources/PEARLS/368Psychologicalinterventionsmaybeeffectivefornon-cardiacch.aspx

RACGP launches 8th edition of its 'Red Book'

The RACGP has launched its 8th edition of the *RACGP Guidelines for preventive activities in general practice*, commonly referred to as the College's 'Red Book'. The Red Book maintains developmental rigour, editorial independence, relevance and applicability to general practice, making the content highly valuable to GPs and practice teams. Designed to assist GPs in deciphering and filtering available evidence in a way that helps guide their clinical practice, the 8th edition Red Book will be available as easy to search and navigate online HTML pages, and as a PDF on the College website. To view the guidelines online, visit www.racgp.org.au/your-practice/guidelines/redbook/.

The *Guidelines for preventive activities in general practice* 8th edition ('the red book') is a synthesis of evidence-based guidelines from Australian and international sources and provides recommendations for everyday use in general practice. The red book provides a single entry point to common conditions seen in Australian general practice and offers practical advice on the kind of screening and services that should be

provided to the general population. This new, updated edition:

- conforms to the highest evidence-based standards
- equips general practitioners and their teams with a comprehensive and concise set of recommendations for patients in general practice, with additional information about tailoring risk and need
- provides recommendations based on current, evidence-based guidelines for preventive activities, focusing on those most relevant to Australian general practice
- includes screening activities where evidence has demonstrated that benefits outweigh harms, as many preventive activities have the potential to be associated with harm
- provides the evidence base for which primary health care resources can be used efficiently and effectively, while providing a rational basis to ensure the best use of time and other resources in general practice.

WONCA CONFERENCES 2010-2013 AT A GLANCE

2012			
November 19 – 21, 2012	**WONCA African Regional Conference**	Victoria Falls ZIMBABWE	Roles and Responsibilities of African Family Physicians http://www.3rdwoncaafricaregionconf.org/
2013			
June 26 – 29, 2013	**20th WONCA WORLD CONFERENCE**	Prague CZECH REPUBLIC	Family Medicine: Care for Generations www.wonca2013.com
2014			
May 21 – 24, 2014	**WONCA Asia Pacific Regional Conference**	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.wonca2014kuching.com.my
July 2 – 5, 2014	**WONCA Europe Regional Conference**	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.woncaeurope2014.org/

WONCA Direct Members enjoy *lower* conference registration fees. See **WONCA** Website www.globalfamilydoctor.com for updates & membership information

MEMBER ORGANIZATION MEETINGS

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

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

General Practitioners Association of Nepal conference
November 25-26 2012
Theme: 'Role of general practitioners in primary health and emergency care - present and future'
Venue: Dharan, Nepal
Last date for abstract submission: September 15,2012.
E-mail: gpancon2012@gmail.com
Website: www.gpanepal.com

4th Asia Pacific Research conference
December 01-02 2012
Host organization: Singapore College of Family Physicians
Abstracts close: 31 August 2012
Email: enquiries_appcrc@cfps.org.sg
Web: http://www.cfps.org.sg/appcrc2012

South Asia Research Methodology conference for Primary Care Physicians
Host: South Asian Primary Care Research network
Theme: Strengthening Primary Care Research through Family Doctors
Date: 19-20 January 2013
Venue: Colombo, Sri Lanka
Website: www.sapcrn.org
Dr Basharat Ali drbasharatali@hotmail.com
Dr Dinusha Perera dinushapp@yahoo.ca
Dr Seema Bhaanji seema.bhanji@aku.edu

City health conference
Host: The Royal College of General Practitioners
Date: April 24-26, 2013
Theme: Tackling inequalities, preventing illness, improving health
Venue: Euston Square, London, UK
Web: www.cityhealthconferences.org.uk

EGPRN spring meeting
Host: European General Practice Research network (EGPRN)
Theme: Risky behaviours and health outcomes in primary care and general practice
Date: May 16-19 2013
Abstracts close: January 15, 2013
Venue: Kusadasi, Turkey
Web: www.egprn.org

12th Brazilian Congress of Family & Community Medicine
Venue: Belem, Brazil
Theme: Family Medicine and community : access to quality
Website:www.sbmfc.org.br/congresso2013
Email: juliana@oceanoeventos.com.br

XXXIII Congreso de la semFYC
Host: SemFYC
Date: June 06-08 2013
Venue: Granada, Spain
Web: www.semfyc2013.com

18th Nordic Congress of General Practice
Host: Finnish Association for General Practice
Theme: Promoting partnership with our patients - a challenge & a chance for primary care
Date: August 21-24, 2013
Venue: Tampere, Finland
Web: http://nordicgp2013.fi

AAFP annual scientific assembly
Host: The American Academy of Family Physicians
Date: September 24–28, 2013
Venue: San Diego, USA
Web: www.aafp.org

RCGP annual primary care conference
Host: Royal College of General Practitioners
Theme: Progressive Primary Care
Date: October 3–5, 2013
Venue: Harrogate, United Kingdom
Web:www.rcgp.org.uk

RACGP GP '13 conference
Host: The Royal Australian College of General Practitioners
Date: October 17-19, 2012
Venue: Darwin, Northern Territory, Australia
Web: www.gp13.com.au/