

WONCA News

An International Forum for Family Doctors



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From the President: Good Journey

I am not good at 'goodbye'. I had to say goodbye thousands of times during my three years as WONCA President: to my family, patients, practice colleagues, and family doctors I watched at work. It was never easy to do. Sadness about leaving my family washed over me whenever I entered the parking structure at our local airport. I felt guilty about leaving my patients and practice colleagues whenever I discussed my next trip with them. I worried that something might come up during my absence that I should not miss or that I should have anticipated better.

More than 200 times in more than 50 countries, I thanked and said goodbye to family doctors, I had just observed with their patients. Each time, I left impressed with their commitment to their patients and communities. I marveled at their practical and clever solutions to the problems their patients brought to them. I noted their compassion and skill. Their dedication to duty humbled me, especially given their often difficult circumstances. I wished I could spend just a bit more time with all of them to get to know them better, to have them teach me more. There was always however, a next place to go and a next plane to catch.

En route to my next destination, I often reflected on the people and place just visited. It still amazes me that so many family doctors allowed me to observe them with their patients. I know how anxious I become when watched at work, worried that I will not measure up. I decided that the family doctors were willing to trust me in much the same way that patients trust us. Since my earliest days as a medical student, I wondered why patients were generally so willing to open themselves up to show their flaws and to describe their suffering. I concluded back then that most likely patients viewed me as a part of their care team or that they wanted to contribute to the learning of the next generation of physicians.

Yet, why would patients and their family doctor permit me to witness their private consultations knowing that I was merely a one-time visitor? There seemed to be little in it for them. Perhaps they thought they had no choice (hope not). Perhaps they expected I would offer a brilliant insight into their condition (most unlikely). Perhaps they wanted to be the center of attention for more prying eyes (unlikely). Perhaps they believed they were promoting Family Medicine or advancing world

peace (also unlikely). I think they gave permission because they trusted that good things would come from my visit and that it would benefit them in some way.

Relationships and Trust

These reflections caused me to ponder the nature of relationships and trust. People are generally quick to trust, but slow to trust a person again if they felt betrayed by that person. In health care, it seems that trust is good medicine. Patients are 2.5 times more likely to adhere to treatment recommendations when they highly trust their doctors¹. Given its therapeutic benefits, it is striking that there is such a scant literature on trust between patients and doctors².

Several factors appear to influence patients' trust in their doctors, including rapport, compassion, understanding, honesty, and technical competence³. Attributes that are not significantly associated with trust include patient age, gender, race, education, income, health status, or number of consultations⁴. Shortly after the diagnosis of breast cancer, patient trust depends on receiving helpful informational, emotional, and decision-making support. Later, only emotional support seems to be significantly important⁵.

There have been few studies done to determine how to improve patient-physician trust. It appears that a one day workshop to improve trust building skills is not effective⁶. What then can we do to obtain and maintain the trust of our patients? As I wrote last month, the key strategies can be remembered in the acronym TRUST – time (more is better), reliability (be consistent and dependable), unity (show empathy and create a sense of shared purpose and goals), skill (demonstrate that we know our stuff), and transparency (be open and honest).

While we know little about patients' trust in doctors, we know less about doctors' trust in patients. Yet, doctors must trust patients throughout our interactions with them. Our diagnostic conclusions depend heavily on the history they provide. We rely on them to follow our treatment recommendations and to present for follow up as advised. Even though we learn techniques for exposing patients' hidden agendas and enhancing their adherence to treatment plans, most of the time we must believe what they tell us and have faith they will do what we ask.

A major challenge for health care in the future will be to address the widening gap in trust between patients and doctors. Even as our diagnostic acumen and technologies improve, rising and unmet patient expectations and the potentially greater and uncertain harms of new interventions will cause patients to be less trusting. Similarly, doctors will have less trust in patients who seem intent on getting what they want when they want it with little regard for those providing the service.

Individual needs, shared goals

The way forward, it seems to me, is to rethink our model. A caricature of our current model views patients as passive recipients of the interventions provided by physicians whose only aims are to serve and to receive sufficient compensation. There is more to it than that. In my experience, patients are rarely passive. While they may not verbally challenge their doctor during an encounter, their words and behaviors afterwards prove that they are leading actors in their own health care drama. Physicians seek more than service and appropriate payment. They also look for personal meaning and joy in their work⁷, which often depends on the quality of the relationships they have with their patients and colleagues.

Recognizing that both actors have legitimate needs and expectations can go a long way toward establishing and maintaining trust. Yet, we are usually silent on such issues when dealing with patients. We assume that we know what they want (cure, relief of suffering, comfort). They assume that we know what they want. Better is to make explicit that which has for too long been implicit. Encouraging patients to identify their goals will help us make better recommendations (“I want to dance at my daughter’s wedding”). Informing patients of our limitations helps them to better calibrate their expectations (“I am not available on Thursday afternoons because I volunteer at a homeless shelter.”) When both are clear on what the other expects and can do, then both are more likely to be satisfied with the relationship. Said more directly, it is not only that patients need to trust their doctors, doctors need to trust their patients.

Public needs, public expectations

The drama that unfolds in the privacy of the consultation room takes place against the backdrop of public needs and expectations. Legitimate actions to safeguard the public’s health (e.g., quarantine to prevent outbreaks of drug resistant tuberculosis) and wealth (e.g., efforts to reduce the rise of health care

expenditures) can clash with personal goals (e.g., freedom of movement, desire to have done all that can be done).

Policy makers find it difficult to reconcile their beliefs about the greater good with patients’ personal expectations. At one extreme, health care is a social good only because it gets people back to productivity sooner. Society contributes significantly toward health care services and is entitled to a return on that investment in human capital. People resist however, when their health care becomes a means to society’s ends. At the other extreme, health care is about informed consumers making rational market decisions. Free societies believe in the rights of individuals to make their own choices about what they most value. Those rights however, are not unlimited when they affect others and the choices are not always truly informed. Thus, both of these views in the extreme are illusory.

For patient and doctor, the tension between the greater good and individual preference is not an abstract exercise in social utility theory. It plays out in every patient-doctor encounter as personal values and expectations bump up against resource limits and professional customs. Consequently, experienced family doctors understand that many recommendations mark the start of a negotiation rather than a definitive declaration. Trust allows the negotiations to proceed in good faith and improves the chance for a successful conclusion.

Lessons learned

These past three years have been incredible. It has been life changing to meet high level policy makers in numerous countries while observing family doctors in the front lines of their health care systems. These meetings have convinced me that Family Medicine and primary care are on the ascendancy around the world, in countries rich and poor. The World Health Organization (WHO) and United Nations (UN) have recognized that chronic or non-communicable diseases (NCDs) cannot be addressed adequately without universal coverage. In turn, universal coverage cannot be achieved without robust primary care. Our already insufficient numbers are going to worsen as the demand grows for more care in the primary care setting.

To succeed, we will need to develop new tools and strategies that enable us to meet the two basic aims of primary care: trusted continuous relationships and comprehensive services. There were times in my travels when I despaired that we were at risk of losing sight of

these aims. Sometimes it was because physicians wanted better work life balance and protected themselves by developing a limited work shift mentality. Others narrowed their scope of practice because the local practice environment made it difficult for them to provide comprehensive services or because they had inadequate experience in certain services or felt that those services were too stressful.

Emerging forms of electronic communication (text messaging, web consultation, email, etc.) will make it easier to stay in touch with patients while preserving sufficient personal and family time. New technologies such as handheld information devices, decision support tools, and simulators will make it possible to develop and maintain comprehensive skills throughout our careers. The most important lesson is to stay true to our core values of continuity and comprehensive by innovating new and better ways to accomplish them.

All of this means we will need to open ourselves up more to patients, to trust them. We need to let go of the fear that patients will abuse us or use us up if we open ourselves to them. Our greatest source of power is derived from our trusted relationships with our patients. We must remember that skilled family doctors are like catalysts – we use our trust with the patients to make good things happen while not getting used up in the process. If we take good care of our patients, they will take good care of us. I believe that we can do all of this and also take good care of ourselves, our families, and each other.

Thank you, and good journey

I am so very grateful for the privilege over the last three years to have represented over the 122 member organizations and 350,000 family doctors who comprise WONCA. I have many people to thank for this opportunity: the Council who elected me, the other members of Executive who helped make the difficult decisions, our CEOs in Singapore (Dr Alfred Loh) and his successor in Bangkok (Dr Garth Manning) and their staff who helped turn good ideas into action. Special thanks must also go to my patients and practice colleagues who forgave my many absences. Most important to thank is my wife Laura and our four children: Matt, Ben, Maggie, and Alex – they gave up the most so that I could dedicate my efforts to advancing the cause of Family Medicine and WONCA around the world.

When bidding each other farewell, my West African friends like to say, “Good journey,” to

each other. I like this phrase because it suggests that our travel will have us re-connecting at some point in the future. “Goodbye” on the other hand gives no indication of whether we will ever meet again. I am as excited and confident about the future of Family Medicine as I have ever been. I know we will succeed in our quest to improve the world by assuring that every person has access to a quality family doctor. I look forward to joining you and others when we finally reach the top of that mountain. So, rather than “goodbye,” I will close by saying, “good journey.”

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Professor Richard Roberts

President

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Editor's note

This is Professor Roberts' final column as President of WONCA. It has been three years of hard work for him as he wrote his substantial and well considered columns. I am sure many of us who have followed his adventures around the globe, will miss his insights into the many health systems he has been exposed to. For those who wish to download a copy of his previous columns they have been collated into one document.

Presidente de WONCA: Buen Viaje

No soy bueno para las despedidas. He tenido que decir adiós miles de veces durante mis 3 años como Presidente de WONCA: a mi familia, a mis pacientes, a mis compañeros de profesión, y a los médicos de familia que veía en su trabajo. Nunca fue fácil. La tristeza por dejar a mi familia se apoderaba de mí cada vez que entraba en el aparcamiento de nuestro aeropuerto local. Me sentía culpable por dejar a mis pacientes y colegas de profesión cada vez que hablaba con ellos de mi próximo viaje. Me preocupaba por que algo pudiera surgir durante mi ausencia, algo que no debería haber olvidado o que debería haber anticipado mejor.

Más de 200 veces en más de 50 países, agradecí y les dije adiós a los médicos de familia a los que acababa de observar con sus pacientes. Cada una de esas veces me quedé impresionado por el compromiso con sus pacientes y comunidades. Me maravillé de sus soluciones prácticas e inteligentes a los problemas que sus pacientes les traían. Noté su compasión y su habilidad. Su dedicación al deber me dio una lección de humildad, especialmente teniendo en cuenta sus circunstancias, a menudo difíciles. Me hubiera gustado pasar un poco más de tiempo con todos ellos para conocerlos mejor, para que me enseñaran más. Siempre había, sin embargo, un siguiente lugar para ir y un próximo avión que tomar.

En el camino a mi siguiente destino, a menudo reflexionaba sobre las personas y el lugar que había visitado. Todavía me sorprende que tantos médicos de familia me permitieran observarles con sus pacientes. Yo sé lo ansioso que me pongo cuando me observan en el trabajo, preocupado por no estar a la altura. Decidí que los médicos de familia estaban dispuestos a confiar en mí de la misma manera que los pacientes confían en nosotros. Desde mis primeros días como estudiante de medicina, me pregunté por qué los pacientes estaban generalmente tan dispuestos a abrirse, a mostrar sus defectos y describir su sufrimiento. Concluí entonces que lo más probable era que los pacientes me vieran como una parte de su equipo de cuidados o que quisieran contribuir a la formación de la próxima generación de médicos.

Sin embargo, ¿por qué los pacientes y los médicos de familia me permitirían ser testigo de sus consultas privadas sabiendo que yo

era simplemente un visitante de una sola vez? Parecía que yo les iba aportar muy poco. Tal vez pensaron que no tenían otra opción (espero que no). Tal vez esperaban que fuera a ofrecer una visión más brillante en su estado (muy poco probable). Tal vez querían ser el centro de atención para más miradas indiscretas (poco probable). Tal vez creyeron que estaban promoviendo la Medicina Familiar o la paz mundial (también poco probable). Creo que se dieron permiso porque confiaban en que sacarían algunas cosas buenas de mi visita y que se beneficiarían de alguna manera.

Relaciones y Confianza

Estas reflexiones me hicieron reflexionar sobre la naturaleza de las relaciones y la confianza. La gente es generalmente rápida para confiar, pero lentos para confiar en una persona de nuevo si se sienten traicionados por esa persona. En el cuidado de la salud, parece que la confianza es buena medicina. Los pacientes son 2.5 veces más propensos a cumplir con las recomendaciones de tratamiento cuando confían mucho en sus médicos (1). Teniendo en cuenta sus beneficios terapéuticos, llama la atención que haya una escasa literatura sobre la confianza entre los pacientes y los médicos (2).

Hay varios factores que parecen influir en la confianza de los pacientes en sus médicos, incluyendo la simpatía, la compasión, la comprensión, la honestidad y la competencia técnica (3). Los atributos que no están asociados significativamente con la confianza son la edad del paciente, sexo, raza, educación, ingresos, estado de salud, o el número de consultas (4). Poco después del diagnóstico de cáncer de mama, la confianza del paciente depende de la recepción de apoyo informativo, emocional y de la toma de decisiones útiles. Más tarde, solo el apoyo emocional parece ser significativamente importante (5).

Se han realizado pocos estudios para determinar la manera de mejorar la confianza médico-paciente. Al parecer, un taller de un día para mejorar las habilidades de construcción de confianza no es efectivo (6). ¿Qué podemos hacer para obtener y mantener la confianza de nuestros pacientes? Como escribí el mes pasado, las principales estrategias pueden ser recordadas en el *TRUST* - **tiempo** (más es mejor), **fiabilidad** (ser consistente y fiable), la **unidad** (mostrar

empatía y crear un sentido de propósito y metas compartidas), **habilidad** (demostrar que sabemos) y la **transparencia** (ser abierto y honesto).

Aunque sabemos poco sobre la confianza de los pacientes en los médicos, sabemos menos sobre la confianza de los médicos en los pacientes. Sin embargo, los médicos deben confiar en los pacientes a través de las interacciones con ellos. Nuestras conclusiones diagnósticas dependen en gran medida de lo que nos explican. Nosotros confiamos en ellos para seguir nuestras recomendaciones de tratamiento y para presentárselas y las sigan según nuestro consejo. A pesar de que nos enteramos de las técnicas para la exposición de las agendas ocultas de los pacientes y mejorar su adherencia a los planes de tratamiento, la mayoría de las veces tenemos que creer lo que nos dicen y tener fe en que van a hacer lo que les pedimos.

Un reto importante para el cuidado de la salud en el futuro será hacer frente a la creciente brecha en la confianza entre los pacientes y los médicos. A pesar de que nuestra visión y tecnologías de diagnóstico mejoran, el ascenso y las expectativas no satisfechas de los pacientes y los daños potencialmente mayores e inciertos de las nuevas intervenciones provocarán que los pacientes sean menos confiados. Del mismo modo, los médicos tienen menos confianza en los pacientes que parecen decididos a conseguir lo que quieren, cuando lo quieren, y con poco respeto por quien presta el servicio.

Necesidades individuales, metas compartidas

El camino a seguir, me parece a mí, es repensar nuestro modelo. Una caricatura de nuestro modelo actual es ver a los pacientes como receptores pasivos de las intervenciones realizadas por los médicos, cuyos objetivos son solo dar el servicio y recibir una compensación suficiente. Es más que eso. En mi experiencia, los pacientes rara vez son pasivos. Si bien no pueden desafiar verbalmente a su médico durante un encuentro, sus palabras y comportamientos, después demuestran que son los actores principales en su propio drama médico. Los médicos buscan algo más que dar servicio y percibir un pago apropiado. También buscan un significado personal y la alegría en su trabajo (7), que a menudo depende de la calidad de las relaciones que mantienen con sus pacientes y colegas.

Reconociendo que ambos actores tienen necesidades y expectativas legítimas, se

puede recorrer un largo camino hacia el establecimiento y el mantenimiento de la confianza. Sin embargo, por lo general, permanecemos en silencio en relación a estas cuestiones cuando se trata de los pacientes. Damos por sentado que sabemos lo que quieren (una cura, el alivio del sufrimiento, comodidad). Ellos asumen que sabemos lo que quieren. Es mejor hacer explícito lo que durante demasiado tiempo ha sido implícito. Alentar a los pacientes a identificar sus metas nos ayudará a hacer mejores recomendaciones ("Quiero bailar en la boda de mi hija"). Informar a los pacientes de nuestras limitaciones les ayuda a calibrar mejor sus expectativas ("no estoy disponible los jueves por la tarde, porque soy voluntario en un refugio para personas sin hogar.") Cuando ambos tienen claro lo que el otro espera y puede hacer, ambos son más propensos a estar satisfechos con la relación. Dicho más directamente, no es solo que los pacientes necesitan confiar en sus doctores, los médicos deben confiar en sus pacientes.

Necesidades públicas, las expectativas del público

El drama que se desarrolla en la intimidad de la sala de consulta se lleva a cabo en el contexto de las necesidades y expectativas del público. Acciones legítimas para proteger la salud pública (por ejemplo, la cuarentena para prevenir brotes de tuberculosis resistente a los medicamentos) y la riqueza (por ejemplo, los esfuerzos para reducir el aumento de los gastos de atención de salud) pueden entrar en conflicto con las metas personales (por ejemplo, la libertad de movimiento, el deseo de haber hecho todo lo que se puede hacer).

Los responsables políticos tienen dificultades para conciliar sus creencias sobre el bien común con las expectativas personales de los pacientes. En un extremo, la atención de la salud es un bien social solo porque hace que la gente pueda volver a la productividad antes. La sociedad contribuye significativamente a los servicios de salud y tiene derecho a un retorno de la inversión en capital humano. La gente se resiste sin embargo, cuando su salud se convierte en un medio para los fines de la sociedad. En el otro extremo, la salud trata sobre consumidores informados que toman decisiones racionales de mercado. Las sociedades libres creen en los derechos de las personas a tomar sus propias decisiones sobre lo que más valoran. Esos derechos no obstante, no son ilimitados cuando afectan a los demás y las opciones no son siempre trasladadas con total veracidad. Por lo tanto,

estos dos puntos de vista en el extremo son ilusorios.

Para el paciente y el médico, la tensión entre el bien y la preferencia del individuo no es un ejercicio abstracto de teoría de la utilidad social. Se juega en cada encuentro médico-paciente como valores y expectativas personales que se topan con límites de recursos y costumbres profesionales. En consecuencia, los médicos de familia experimentados entienden que muchas recomendaciones marcan el inicio de una negociación en lugar de una declaración definitiva. La confianza permite que las negociaciones se realicen de buena fe y mejora la posibilidad de una conclusión exitosa.

Lecciones aprendidas

Estos últimos 3 años han sido increíbles. Conocer a los responsables de las políticas del más alto nivel en varios países mientras observaba a los médicos de familia frente a sus sistemas de atención de salud ha sido algo que ha cambiado mi vida. Estos encuentros me han convencido de que la medicina familiar y la atención primaria están en ascenso en todo el mundo, en los países ricos y pobres. La Organización Mundial de la Salud (OMS) y las Naciones Unidas (ONU) han reconocido que las enfermedades crónicas o no transmisibles (ENT) no pueden abordarse adecuadamente sin la cobertura universal. A su vez, la cobertura universal no se puede lograr sin una atención primaria robusta. Nuestros números ya insuficientes van a empeorar a medida que la demanda crece más en el ámbito de la atención primaria.

Para tener éxito, será necesario desarrollar nuevas herramientas y estrategias que nos permitan cumplir con los dos objetivos básicos de la atención primaria: la confianza en las relaciones continuas y los servicios integrales. Había veces en mis viajes en las que me desesperaba porque estábamos en riesgo de perder de vista estos objetivos. A veces era porque los médicos querían una mejor conciliación y protegerse a sí mismos mediante el desarrollo de una mentalidad de turno de trabajo limitada. Otros redujeron su visión de la profesión debido a que el entorno en la práctica local hacía que fuera difícil para ellos proporcionar servicios integrales, o porque tenían experiencia insuficiente en determinados servicios o la sensación de que esos servicios eran demasiado estresantes.

Las nuevas formas de comunicación electrónica (mensajes de texto, de consulta web, correo electrónico, etc.), harán más fácil estar en contacto con los pacientes, mientras se mantiene un tiempo personal y para la familia suficiente. Las nuevas tecnologías, como los dispositivos portátiles de información, las herramientas de apoyo a las decisiones y los simuladores permitirán desarrollar y mantener las habilidades integrales a lo largo de nuestras carreras. La lección más importante es que hay que permanecer fieles a nuestros valores fundamentales de la continuidad y la integralidad innovando con nuevas y mejores formas de llevarlas a cabo.

Todo esto significa que tendremos que abrirnos más a los pacientes, a confiar en ellos. Tenemos que dejar de lado el temor a que los pacientes abusen o nos desgasten si nos abrimos a ellos. Nuestra mayor fuente de poder se deriva de nuestras relaciones de confianza con nuestros pacientes. Debemos recordar que los médicos de familia cualificados son como catalizadores - utilizamos nuestra confianza con los pacientes para hacer que sucedan cosas buenas, aunque no desgastándonos en el proceso. Si cuidamos bien de nuestros pacientes, ellos van a cuidar bien de nosotros. Creo que podemos hacer todo esto y también cuidar bien de nosotros mismos, nuestras familias, y entre nosotros.

Gracias y buen viaje

Estoy muy agradecido por el privilegio de haber representado a lo largo de los últimos 3 años a las 122 organizaciones miembro y los 350.000 médicos de familia que integran WONCA. Tengo que agradecer a muchas personas esta oportunidad: el Consejo que me eligió, los demás miembros del Ejecutivo que ayudaron a tomar las decisiones difíciles, nuestros ejecutivos en Singapur (Dr. Alfred Loh) y su sucesor en Bangkok (Dr. Garth Manning) y su personal, que ayudó a convertir las buenas ideas en acción. Un agradecimiento especial también debe ir a mis pacientes y colegas de profesión, que perdonaron mis muchas faltas. Lo más importante es dar las gracias a mi esposa Laura y nuestros cuatro hijos: Matt, Ben, Maggie y Alex – quienes se entregaron al máximo para que yo pudiera dedicar mis esfuerzos a promover la causa de la Medicina de Familia y WONCA en todo el mundo.

Cuando se despiden, a mis amigos de África occidental les gusta decirse "buen viaje". Me

gusta esta frase, ya que sugiere que nuestro viaje nos hará volver a conectar en algún momento en el futuro. "Adiós" en cambio no da ninguna indicación de si nos volveremos a encontrar. Estoy tan emocionado y confiado en el futuro de la medicina familiar como no lo he estado nunca. Sé que vamos a tener éxito en nuestra búsqueda por mejorar el mundo, asegurando que todas las personas tengan acceso a un médico de familia de calidad. Tengo ganas de unirme a ti y a otros cuando finalmente lleguemos a la cima de esa montaña. Así pues, en lugar de "adiós," voy a terminar diciendo, "buen viaje".

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Profesor Rich Roberts
Presidente de la Organización Mundial de Médicos de Familia

Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director

From the CEO's Desk: Prague, Geneva and Family Doctor Day

Well, June 2013 is now upon us, and the WONCA World Conference is fast approaching.

I imagine that stress levels in Prague are rising exponentially, but I know too that this has been a really well planned and organised conference and promises to be possibly the best WONCA conference ever. Already over 3,000 delegates have registered, so with luck we will have over 4,000 attendees at the actual event.

Of course, prior to the conference we have the final meeting of the current WONCA Executive, followed by regional council meetings and then the WONCA World Council from 22 to 24 June, at which the new Council Members will be confirmed and/or elected into post. The Secretariat staff have been working feverishly to try to get agendas and papers sorted for both the Executive and Council meetings, and these will start to go out during the week beginning 3 June. As usual there will be several inches/centimetres worth of papers, so we hope very much that most people will use electronic formats, and there will be plenty of electric sockets at the Council venue to enable Council members to use laptops or tablets.

(see schedule of WONCA meetings here)

<http://www.globalfamilydoctor.com/Conferences/WONCAWorldCouncil.aspx>

Away from the council and conference other activities continue. I was delighted this month to be asked to give a keynote speech, here in Bangkok, at the conference of the Society of Family Physicians of Thailand, a group of residency-trained and qualified family physicians here in the Kingdom. They are a really dynamic, energetic and highly motivated bunch and it was a great privilege to be invited. They were keen to show me their plans for World Family Doctor Day, and elsewhere in this month's newsletter are reports from several of our Member Organisations who arranged some fascinating and really creative ways to celebrate this now-annual occasion, each 19 May. Do please read their stories – it's most inspiring!

<http://www.globalfamilydoctor.com/News/WorldFamilyDoctorsDayActivities.aspx>



The date for World Family Doctor Day was chosen to coincide approximately with the dates of the annual World Health Assembly (WHA), in Geneva: and this year WONCA's delegation to WHA consisted of our President, Professor Rich Roberts; President-elect, Professor Michael Kidd; WONCA-WHO Liaison Officer, Dr Iona Heath; and myself. Geneva was cold, grey and dull, but there was lots of lively debate and discussion within the Palais des Nations. For us the most important thing was to meet with various WHO colleagues, and to plan for further collaboration between our two organisations. In recent years WONCA has been building ever-closer links with the WHO in areas as diverse as non-communicable disease, health systems and innovation (which includes patient safety), radiation safety and work-related health, to mention just a few. We also discussed multi-morbidity and integrated care, and of how the WONCA International Classification Committee (WICC) is working closely with the WHO to ensure greater primary care input into ICD-11 through the development of ICPC-3. Geneva is also a chance for us to network with other health NGOs such as World Medical Association and World Health Professions Alliance, and very cordial meetings were held – usually over a pleasant business lunch!

So...it's been a busy month, and June will be even more frantic. I wish you all safe travels and look forward very much to meeting up with many of you in Prague.

Garth Manning

Feature stories

See you in Prague video

Listen to a YouTube video featuring Prof Bohumil Seifert, Chair of the Host Organising Committee as well as Czech young doctors Norbert Kral and Zuzana Vaněčková. See Bohumil in his favourite place looking toward Charles University and also with the congress centre in the distance.

http://www.youtube.com/watch?feature=player_embedded&v=jGtJG6yt-Bc

Go direct to the conference website to register www.wonca2013.com

Read [all articles on WONCA 2013 Prague](#)

Find out more about all [WONCA meetings and workshops](#) being held before and during the conference.

.....**See you in Prague**

A call to help women with low resources attend Prague

A letter from Professor Amanda Barnard, Chair of the WONCA Working Party for Women and Family Medicine seeking your help to support women family doctors in need to attend the coming World Conference in Prague.

Dear Friends and Colleagues,

As most of you know, WONCA is holding its third yearly world conference and triennial meeting in Prague, in June. The WONCA Working



Party for Women and Family Medicine (WWPWFM) has a preconference and series of five workshops during the conference.

We have put out a call for bursaries applicants, and received 69 applicants for the eight we could afford. It has been very difficult and humbling trying select the women from around the world who might attend the meeting, if they had the resources. It is amazing to read the accomplishments of women from places as different as Malawi, Turkey, Vietnam, Palestine, Nigeria, Uganda, Malaysia, and the Philippines, among other countries, where women doctors are struggling to do family medicine and lead safe, productive lives within their families, all the while working on

empowering women patients, educating about domestic violence or AIDS education or maternal child health, etc., and teaching and role-modelling for their women trainees about gender in medicine.

I have taken on the job of trying to secure some additional funds to help some of these women to attend the women's preconference and the WONCA World conference at the end of June in Prague. Each \$1000 that we can raise (within the next couple weeks) would enable another woman to attend. We have had a generous donation from the College of Family Physicians of Canada. Our President, Prof Rich Roberts, is leading by example with a generous donation. We has also had individual donations from women doctors in the USA and Canada. Currently I am inviting my women colleagues in Australia to donate.

If you can, please help our colleagues in need attend the WONCA 2013 world conference in Prague.

Bursary winners announced so far are listed below:

- Abimbola Silva, (Nigeria)
- Aileen Espina (Philippines)
- Alice Shiner (UK)
- Elizabeth Reji (South Africa)
- Fatma Cihan(Turkey)
- Jane Namatovu(Uganda)
- Martha Makwero(Malawi)
- Mimi Doolan(USA)
- Omneya El Sherif (Egypt)
- Retno Asti Werrdhani (Indonesia)
- Samar Musmar (Palestine)
- Sameena Shah (Pakistan)
- Temitope Ilori (Nigeria)

There are three options to process your donation:

1. The Royal Australian College of GPs has offered to provide the means by which you can deposit a donation in the WWPWFM account (held by the RACGP). [Fill out the online form and email or fax](#). Credit card only please.
2. The American Academy of Family Physicians Foundation has agreed to accept tax deductible donations which they will forward to WONCA to support the selected candidates. To donate in this way please follow these instructions carefully: go to www.aafpfoundation.org and click on "Donate today"; after the amount, click "Other" to indicate what you want the money to support, and enter " the donation is for WWPWFM International Fund."
3. By electronic transfer to WONCA's bank account in Singapore: Please ensure you give your name as reference and then email manager@wonca.net to let Nongluck know that you want your money to go to the Women's Working Party bursaries.
Citibank Singapore
SWIFT CODE: CITISGSGGCB
Account: WONCA INTERNATIONAL INC
Account no: 0-500152-001

Many thanks,
Prof Amanda Barnard
Chair WONCA Working Party for Women and family medicine



Proposed Rural Stream at the WONCA World Conference 2013

See all working party workshops online

<http://www.globalfamilydoctor.com/Conference/WorkshopsofWONCAgroups.aspx>

Wednesday 26th

15.30-17.00

Rural Paper presentations:

M. Ntaro: Influence of community owned resources persons on malnutrition in children less than two years old in Mbarara and Bushenyi districts in Southwestern Uganda

M.London: Rural focused urban specialists - clinical specialists supporting rural communities

D.Terry: Recruitment and retention of International Medical Graduates: the experience of living and working in rural Tasmania

JL Greenwald: A qualitative study of rural-track medical student attitudes towards eventual rural practice

T. Pekez-Pavlisko: Role of nongovernmental organization and foundation in organization of palliative care in rural areas

Thursday 27th

10:30 – 12:00

Workshop: Developing a Rural Strategy for European Family Medicine/General Practice

Workshop Leader: Dr J Wynn-Jones, Keele University & Institute of Rural Health, UK (Johnwj@irh.ac.uk)

14:00 – 15:00

Workshop: Increasing Access to Health Workers in Remote and Rural Areas

Workshop Leader: Professor Ian Couper, University of the Witwatersrand, Johannesburg, South Africa (Ian.Couper@wits.ac.za)

15.30-17.00

?Workshop: The importance of using Social Media in Rural Medicine Workshop

Leaders: R. Gomez Bravo, C. Lygidakis, S. Begg, E. McPhee, M. Sattler, R. Zoitano, S. Rigon, N. Harris, S. Cherry, S. Maroto.

Friday 28th

10:30 – 12:00

Workshop: Educating Rural Family Doctors for the Generations

Workshop Leader: Professor Roger Strasser, Northern Ontario School of Medicine, Canada (strasser@nosm.ca)

See abstract at the end of this document

14:00 – 15:00

Workshop: Rural Medical Education: A Guide

Workshop leader: Bruce Chater, Theodore, Queensland, Australia. (bruce.chater@theodoremical.com.au)

14:00 – 15:00

Workshop: How does out-of-hours and emergency care effect recruitment and retaining of the workforce in Europe

Workshop leaders: Kravtchenko O.V, Pekez-Pavlisko T (ovkdoc@yahoo.no)

14:00-15:00

Rural Paper Presentation

1225.Tina Erikson & John Wynn-Jones

Patient Safety in European Rural Practice

(eriksson@dadlnet.dk)

Saturday 29th

10:30 – 12:00

Workshop: The needs of and the solutions for rural practice in European countries: our national points of view.

Workshop Leaders: Lopez-Abuin JM1, Lionis C2 and the EURIPA International Advisory Board. (l.abuin@medynet.com)

Educating rural family doctors for the generations

Friday 28th 10:30 – 12:00

The WONCA Working Party on Rural Practice, formed in 1992, believes there is an urgent need to implement strategies to improve rural health services around the world. This will require sufficient numbers of skilled rural family doctors to provide the necessary services. In order to achieve this goal, the Working Party recommends: Increasing the number of medical students recruited from rural areas; Substantial exposure to rural practice in the medical undergraduate curriculum; Specific flexible, integrated and coordinated rural practice vocational training programs; Specific tailored continuing education and professional development

programs which meet the identified needs of rural family physicians; Appropriate academic positions, professional development and financial support for rural doctor-teachers to encourage rural research and education.

When compared to their metropolitan counterparts, rural practitioners carry a heavier workload, provide a wider range of services and carry a higher level of clinical responsibility in relative professional isolation. These characteristics hold true for all rural practitioners whether they are doctors, nurses, pharmacists or other health workers. Also, as rural practitioners are members of the community that they serve, they have a significant public health role which may range from issues such as clean water and sanitation to community health education.

Initially, the development of rural clinical placements by medical schools was driven by the workforce imperative. The expectation was that experience in rural settings would encourage a future interest in rural practice. Subsequently, research evidence demonstrated that this expectation was justified. Studies have shown that the three factors most strongly associated with entering rural practice are: 1. a rural background; 2. positive clinical and educational experiences in rural settings as part of undergraduate medical education; 3. targeted training for rural practice

During the 20th century, large urban-based teaching hospitals dominated medical education around the world. In this context, most medical graduates aspired to urban specialist medical careers.

at the postgraduate level. In addition, there is evidence that academic involvements (teaching and research) are both retention and recruitment factors.

Evaluation of rural clinical attachments has demonstrated that the rural setting provides a high-quality clinical learning environment which is of potential value to all medical students. Specifically, rural clinical education provides more "hands on" experience for students such that they are exposed to a wide range of common health problems and develop a high level of clinical competence.

This workshop will begin with brief presentations of different models of rural based medical education at both the undergraduate and postgraduate levels. These presentations will provide a context for interactive discussions which explore the principles and practice of educating family doctors for rural practice. The workshop will conclude with a summary of the important enablers of success in educating rural family doctors.

The Primary Care Physicians think that:

- They are too busy to conduct research!
- Doing research is a difficult thing...
- They don't know what to research

In our practices we are constantly faced with questions – in practice, in diagnosis and in treatment.

These questions are researchable!

This co-sponsored workshop is designed to titillate the appetite of the busy primary care physician, be they in solo or a multi- practice, and empower them to conduct simple research in primary care.

This workshop will deal with your dilemmas as follows:

- How do you look for a paper to answer your practice question?
- How do you read a paper to answer a diagnostic question?
- How do you read a paper to answer a treatment question?
- How to apply evidence based review to the topic under discussion
- How to evaluate your paper.
- How do you ask researchable questions?
- What methods to choose to answer your research question.
- What must a research proposal contain?
- How to write a research proposal

WONCA APR - FCGP WORKSHOP IN RESEARCH

VENUE:
RADISSON RESORT, DENARAU, NADI, FIJI

DATE:
18—20 OCTOBER, 2013

So sign up now and join a cohort of Primary Care/Family Physicians and BE EMPOWERED!
Download the registration form from www.fijigp.org or contact the FCGP Secretariat on fcgpsec@gmail.com for more details.

Reports on World Family Doctor Day-May 19

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

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

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

Read about activities from the following countries

Bolivia; Croatia; Egypt; Ethiopia; Indonesia; Jordan; Kenya; Lebanon; Nepal; New Zealand; Nigeria; Pakistan; Republic of Srpska; Romania; Serbia; Slovenia; Switzerland; Taiwan

Bolivia

En Bolivia la Dra. Maria Luisa Vera y el Dr. Miguel Angel Suarez elaboraron un afiche, por el dia Mundial del Medico Familiar, elaborando un acrostico con la palabra MEDICO FAMILIAR, donde se destacan los valores en su practica diaria por parte de el profesional del primer nivel de atención.



In Bolivia Dr Maria Luisa Vera and Dr Miguel Angel Suarez produced a poster for the World Family Doctor Day, developing an acronym with the word *family doctor*, highlighting the values in the daily practice of the profession at the

La Sociedad Paceña de Medicina Familiar publico en un periodico nacional una salutation en homenaje a dia Mundial del Medico Familiar (foto).

La Sociedad Boliviana der Medicina Familiar Filial Cochabamba, hizo llegar su salutation mediante un afiche a sus afiliados (foto).

A todos los medicos familiares del mundo hacerles llegar nuestra felicitacion por el 19 de mayo dia mundial del medico familiar.

primary care level.

The Family Medicine Society published in a salutation in honour of World Family Doctor Day, in a national newspaper, *la Razon*. The Cochabamba branch of the Society sent his salutation to its members as a poster (see photo).

To all the family doctors of the world we convey our greetings for May 19 - World Family Doctor Day.

translated by the WONCA editor who welcomes any improvements with thanks

editor@wonca.net



Croatia

KoHOM

This year's KoHOM and "Promjena" (English = Change - civil society organisation) joined effort (one of several, but most impressive) in commemorating the World Family Doctors' Day.

Around 30 family doctors went from the mainland to the remote paradise island of Mljet, for the event of promoting a healthier life, food and exercise in order to help in weight reduction.

One of many workshops held in Croatia.

Photos of the Croatian GPs leading by example - exercising on their bus to Mljet; relaxation exercises at the beach; and two lots of exercise in the morning.



VIDEO: Regards to WONCA in Croatian:

http://www.youtube.com/watch?feature=player_embedded&v=kKmA20b9HmQ

Translation of these words spoken by Ljiljana Lulić Karapetrić, family medicine specialist from Zagreb: "Mljet greater for world better! Change ("Promjena", name of the other civil society organization) is our future (referring to the need to change our ways and habits in order to have healthier living, lose weight and be far more happy with ourselves than we are today). We are sending best regards to the whole family medicine in the world. (WONCA salut)". We love you! Come and meet us! Hrvatska, Hrvatska....(Croatia, Croatia) This because Croatia is to hold the 2015 WONCA World Rural conference in Dubrovnik...

Egypt

Egyptian Family Medicine Association (EFMA)

We will celebrate the family doctor day on 19 May by conducting a scientific meeting for family physicians in the Delta region

Title: *Principles of family practice and quality of chronic diseases*

Attendance: more than 200 physicians from PHC, Egyptian board of family medicine and staff members

Topics: Orientation about WONCA; Management of the following disease in primary health care according to principles of family practice: hypertension, psychiatric disorders, chronic kidney disease, nutritional disorders in children

Ethiopia



submitted by Brian M Cornelson, MD, CCFP

Family medicine is in its infancy in Ethiopia: its first family medicine program was inaugurated three months ago. The establishment of the

program is being aided by the Toronto Addis Ababa Academic Collaboration (TAAAC) with Addis Ababa University and University of Toronto as partners, along with faculty from the University of Wisconsin supported by MEPI. Family medicine day was observed by the three Canadian family physicians living in Addis Ababa welcoming two visiting University of Toronto family physicians and two Canadian family medicine residents who will be participating in the program for the next month. Being Sunday, the group decided to observe Family Doctors Day by having an outdoor brunch to discuss short- and long-term plans for developing family medicine in Ethiopia.

Indonesia

We from Family Medicine Team in Gadjah Mada University, Indonesia "celebrate" world family doctor day 2013, by conducting a conference with our GPs, on the topic of "*The Management of Depression and Anxiety in General Practice*".

This Clinical Update conference was held in the Auditorium of Faculty of Medicine Gadjah Mada University and followed by more than 180 Family doctors/GPs from Yogyakarta and Central Java Province. We discussed the common cases of depression and anxiety with their management in primary care.

Discussions with several experts were also included in the forum: Family Medicine Supervisors (Dr Wahyudi Istiono and Dr Fitriana Murriya), a psychiatrist (Dr Rony Triwilasto SpKJ) and family psychologist (Prof Koentjoro PhD).

This conference was actually part of the weekly clinical updates for GPs in Yogyakarta.



We've been doing these updates since the beginning of this year in order to improve and upgrade Indonesian primary care doctors' knowledge and skills. With these updates we expect better medical care by GPs. Indonesia will implement universal health coverage, in 2014, but general practitioners' education and training still is a challenging issue in this country.

At this conference we also introduced WONCA as the world organization for Family Doctors.

Jordan

Jordanian Society of Family Medicine (JSFM)

The declaration of 19th May as world family doctors was very important for all the family doctors around the world, we in Jordan (JSFM) celebrated this day by:

Having two free medical days:

- The first one in Palestinian Gaza Refugee Camp at Jerash City / North Jordan while the family doctors provided services to 350 individual screened for hypertension and diabetes mellitus and others given treatment for acute or chronic cases.
- The second free medical day in Ajloun (Rajeb)/ North Jordan where 200 individuals screened for hypertension and diabetes with

close collaboration with the community health committee in this small rural area

The other educational activity was to promote the specialty among the local community in Abu Nseir / Amman health center, which was attended by 50 women in an interactive session about the role of family doctors in the community.



Top photos show community education day at the Abu Nseir Cultural Center in Amman with Dr Taisir Saheb (left) and at right the Palestinian refugee camp. Lower two photos show the medical day in Ajloun (Rajeb) where 200 individuals were screened



Kenya

The Kenya Association of Family Physicians (KAFP)

[Read full report on Family Medicine in Kenya and Family Doctor Day activities here.](#)

Our World Family Doctor day commemoration was a joint venture of the Institute of Family Medicine (INFA-MED), the Kenya Association of Family Physicians (KAFP) and the Presbyterian Church of East Africa – Ruiru Parish.

Our program started with attending a church services at the Presbyterian Church of East Africa – Ruiru Parish. Thereafter we had Dr Jacob Shabani (a Family Medicine Lecturer at the Aga Khan Uni. Hospital and member of the Kenya Association of Family Physicians) deliver a talk on lifestyle diseases. He alluded that our modern day life is contributing



enormously to the burden of healthcare. In managing diabetes, he reminded the congregants that they need to regularly: follow their diet plan, be physically active, take their diabetes medicines every day, check their blood glucose as recommended, keep daily records.

Dr Joy Mugambi (a Family Medicine Registrar, Moi University and member of the Kenya

Association of Family Physicians) made a presentation on breast cancer and cervical cancer.

Photo: Dr Ravi Sharma (KAFP Education officer) briefs Ms Ann Nyokabi (in the middle) on the importance of the day.

The County Women Representative, - Ms Ann Nyokabi, in her remarks, said that she liked exercise as a preventive measure to thwart some of the most common lifestyle diseases. She alluded to the saying that "prevention is better than cure". In this, she mentioned that it is much cheaper to prevent a disease or situation than managing or containing the same. Besides, the presentations made, she gave other examples of preventive measure to include immunization, hand washing and breastfeeding to mention but a few.

We offered screening services for blood sugar level, blood pressure and body mass index (BMI) and consultancy services. This session was led by Dr Catherine Gathu and assisted by Ms Edith Kabure, the Programs Officer for



INFA-MED and KAFP. In the photo the ladies are queuing for registration, then proceed to BMI exercise followed by blood sugar and blood pressure.

Lebanon

Lebanese Society of Family Medicine

We are planning to conduct different activities during the coming month period celebrating the event.

1. We launched our page on the Facebook: Lebanese Society of Family Medicine.
2. We will organize "health days" aiming at raising the awareness of the public regarding health issues and ways for prevention. We will send a summary of these days with pictures once done.
3. We will have a general meeting for all the Family Doctors in Lebanon to discuss important issues related to our specialty. This is scheduled for June 15.

On the occasion of the Family Medicine World day The Voice of the People, a leading radio station in Lebanon carried an interview with Drs Basem Saab and Khairat Al Habbal. Dr Saab is Professor and Program Director of the Family Medicine program at the American University of Beirut, Dr Al Habbal is a first year resident in the same university. The interview was on social medicine (SM). Issues

addressed were what, why, and how SM, what do the opponents of SM say. The interview touched on different health systems in Lebanon, Oman, Sweden the United States, Canada, and Cuba. The interviewers highlighted the importance of family medicine in providing comprehensive health care in a cost effective manner.



Dr Bassem Saab and Dr Khairat Habbal from the department of Family Medicine at AUB in addition to the two interviewers from the radio.

Nepal

General Practitioners Association of Nepal (GPAN)

It is our pleasure to share that our National Professional organization called, the Nepal Medical Association (NMA) has also agreed to join us to celebrate WONCA's World Family Doctors' Day.

We celebrated on two days. On 18th May with a seminar organised by the General Practitioners Association of Nepal (GPAN). Seminar topics were: *Management of cardiac emergencies in general practice, and Plastic surgery and role of GP*. On 19th May, we went together (GPAN and NMA) for a three kilometre procession with banner and slogan. We numbered one hundred doctors. We organized a seminar and procession with banner, containing slogan as informed earlier.

Our slogans are:

Health is wealth, achieve only by FP/GP specialist.

A holistic healthcare, FP/GP is always there.



Prof Pratap Prasad, president of GPAN (above the word "day") and his colleagues in procession.



Nepal seminar

New Zealand

The Royal New Zealand College of General Practitioners

We are featuring Family Doctor Day in our monthly online magazine GP Pulse which has been sent out today. Here is a snapshot of the article. It has a link to our [Facebook page](#) which mentions World Family Doctor Day, includes [Tane Taylor's WONCA profile](#) (featured doctor in *WONCA News* in May 2013), and invites people to post comments as their GP. We also put out a media release.

Features

World Family Doctor Day – 19 May

The fourth World Family Doctor Day is being celebrated around the globe on 19 May, providing an opportunity to recognise the importance of family doctors, and the work they undertake around the world.

The Royal New Zealand College of General Practitioners is proud to mark World Family Doctor Day by recognising the vital role GPs have in our communities, as experts in caring for the overall physical and mental wellbeing of all New Zealanders.

It is vital that this important contribution is recognised throughout New Zealand and we would like you to join us on our quest!

Share your stories with us on Facebook and read the GP profiles on our website.



Share your stories:

facebook.com/RNZCGP

Nigeria

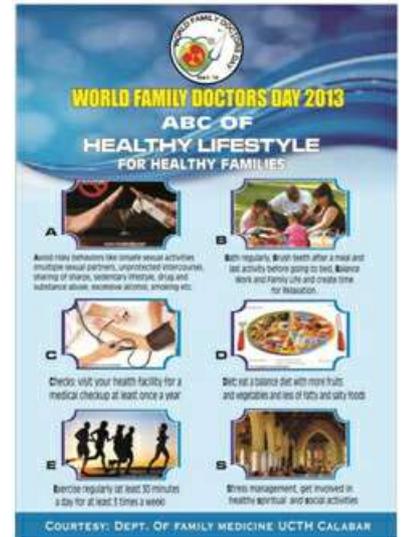
Association of General and Private Medical Practitioners of Nigeria (AGPMPN)

[read full report and see over 20 photos here](#)

In Calabar, Nigeria, the Department of Family Medicine University of Calabar Teaching Hospital and University of Calabar, Calabar, in collaboration with the Association of General and Private Medical Practitioners of Nigeria (AGPMPN), Cross River State Chapter, marked its maiden celebration on the 19 and 20 May, 2013.

The theme of the Celebration was “Urban and Rural Health care Access: the role of primary care doctors”. There were also subthemes (a) *Domestic violence in Nigeria* and (b) *Urban versus Rural private medical practice*.

On Sunday the 19 May, 2013 being a Sunday which is not a working day in Nigeria, a thanksgiving service was held at the UNICAL Chapel of Redemption, University of Calabar, Calabar, an interdenominational religious worship centre. The activities there included a special prayer session for members of WONCA, a ten minute health talk by Dr Tony Aluka, with a question and answer session and distribution of hand bills (flyers) on the “ABC of Healthy living for healthy families”.



On Monday, the 20 May, 2013, during the morning session there was an Outreach programme at St Joseph’s Hospital, Ikot Ene, Akpabuyo, a General Hospital in Akpabuyo Local Government Area of Cross River State located in a rural area about 35km from the University Teaching Hospital. The events at the outreach included a session of health talk, measurement of blood glucose level. Blood pressure, weight and height measurement and calculation of body mass index. Counseling based on the patients parameters and prescription of medication as indicated.

For the stakeholders it was an honour and privilege to organize a very successful maiden celebration of world family doctors day in Calabar, Nigeria.

Pakistan

College of Family Medicine Pakistan

In spite of elections all over Pakistan and the law and order situation, the College chalked out an elaborate program to celebrate World Family Doctor Day.

A special supplement (seen in part above) was taken out on May 19 in the *Tribune Daily* which is part of the *Tribune International* ([download full supplement here](#)).

The College will have a programme on 1st June, 2013 in which speakers from different branches will highlight importance of this day for Family Doctors and this year the theme is

“In Prevention Lies our Salvation”. Topics include: Importance of Maternal Nutrition during Pregnancy and Lactation, Role of Vaccines in Prevention Family Physician in Kidney and Heart Patients, Role of DOTS in

Family Physician on TB Prevention, AIDS Prevention and Control and Family Physician, Role of Family Physician in Public / Private Partnership. It is expected that both national and international agencies like WHO, UNICEF and various Government agencies and NGOs will attend deliberations at the local Hotel Sheraton on 1st June, 2013.

Thus the College of Family Medicine Pakistan will maintain its tradition of celebration World Family Doctors Day, every year since the day was inaugurated by WONCA at Cancun (2010) and Insha'Allah (God willing) it will continue forever. Long live Pakistan. Long live WONCA.

Republic of Srpska

Association of Family Medicine of the Republic of Srpska



A series of events were held by the Association of Family Medicine of the Republic of Srpska to mark World family doctor day.

Lectures were held where new guidelines for the treatment of diabetes and cardiovascular disease were presented as these are the most frequent problem in the daily work of family medicine doctor.

To mark World family doctor day we organized a gala dinner which was attended by over 200 guests. Among the guests were representatives of the political life of the Republic of Srpska such as: the mayor of Zvornik, Mr Zoran Stankovic; members of the National Assembly of the Republic of Srpska, region of Bijeljina and Zvornik; Zlatko Maksimovic PhD, President of the Board of Health; p Obren Ms Markovic Spomenka Stevanovic; and director of health Laktasi, Zvornik and Srebrenica Ugljevik, and many other representatives of the health care institutions and other institutions.

Romania

National Society of Family Medicine(SNMF), Romania

A special webpage is to be released on May 19 with testimonials from Romanian family doctors about their love of family medicine. <http://snmf.ro/zimf>

A competition is organised by the e-learning portal www.formaremedicala.ro

On that occasion, the President of the association, Dr Draško Kuprešak, presented a plaque to deserving individuals who, through their work have contributed to the development of the institute of family medicine in general and the development of family medicine doctors association. Among the winners were: prim Milorad Kuzmanovic from Celinac, former Deputy Minister of Health in the Government of the Republic of Srpska; Ljubomir Šormaz PhD, Health Director Dr Laktaši; and prim Radojko Peric, crew chief of family medicine from health Laktaši.

On Saturday 18 May, on the square in the center of Zvornik, were conducted free check and measure various parameters of health such as blood sugar, fat, and blood pressure levels and distributed promotional materials about healthy styles of life. This was done under the slogan "Together for Health" in order to emphasize the importance of regularly scheduled family medicine doctor visits for residents in Zvornik. In a period of 11-14 hours more than 300 residents of the municipality of Zvornik were seen.



Dr Draško Kuprešak, President of the Association of Family Doctors (left) and Dr Daniejl Atija, WONCA council representative from Republic of Srpska (right).

CPD events for family doctors are being organised in every region between May 13-25.

The "Practical skills for family doctors" conference is taking place on May 18 in Bucharest, organised by CNSMF with GP trainers from the Netherlands as guests, followed by a cocktail to celebrate World Doctors' Day.

Serbia

Section of General Practice of Serbian Medical Association



World Family Doctor Day will be celebrated in many Serbian cities. In organization of Serbian Medical Society, general medicine doctors shall socialize with fellow townsmen, and present them medical advices, and pertinent T-shirts and caps, manufactured especially for this occasion.

We congratulate Feast to all doctors of general/family medicine.

Prim dr Mirjana Mojovic,

President of Section of General Practice of Serbian Medical Association

Slovenia

Slovene Family Medicine Society

In Slovenia, this year we decided to celebrate our day in a special way. We have organised a press conference in Domus Medica on Monday, May 20.

Since we would not like only to present family medicine, but also to attract new colleagues to our specialty, we have conducted a miniature survey among our colleagues in Slovenia and across Europe with one single simple question:

Why do you like being a family physician?

Some very original and moving responses will be presented, as well as some other topics.

The perspective of development of family medicine until 2020 will be revealed by Professor Igor Svab, the Chairman of the Department of Family Medicine at the University of Ljubljana, and former president of WONCA Europe. Zalika Klemenc Ketis will report on collaboration among the departments of family medicine at different universities. Young specialists will present their vision of our field. Danica Rotar Pavlic will have the closing presentation on the mission of the young doctors: the world relies upon them.

The plans have also been set for 2014 : a half-day event will be organised, with the participation of all - students, faculty and doctors.

Switzerland

Swiss Society of General Medicine

In Switzerland there was a national day about family medicine not on 19th but on 16th May 2013.

Supported by the Federal Office of Public Health and introduced by our Ministry of Health Alain Berset, this day was an occasion to share our difficulties and our visions about

the present and the future of family medicine in Switzerland.

In addition to family doctors were invited with hundreds of representatives of politics, economy and wide specialties of medicine.

The objective of this day is to promote family medicine in Switzerland and to give it more visibility in comparison with specialized medicine.

Taiwan

Chinese Taipei Association of Family Medicine, Taiwan

This year, we designed a new version of our Family Doctors' Day poster to celebrate the special day for family doctors in the world again. In this year's version we wished to communicate family physician is not only a doctor but a team with strong strength to care for people.

In the past two months, we used every opportunity such as seminars, meetings etc to post this poster. We also sent it to our members, 387 CMTs and 83 hospitals with

residency training programs of Family Medicine, and encourage them to post it up in their clinic or office.

Besides, we held a press conference on WONCA World Family Doctor Day, the theme of this year is "Tobacco cessation" we wish to communicate 'quit smoking is free and relaxed with family doctors' with people in Taiwan. Family doctors are picture at those activities.



Featured doctors

A/Prof Bohumil Seifert : Czech Republic - Chair HOC Prague



With the WONCA World conference being held in Prague later in June 2013, this month we feature the Host Organising Committee Chair, A/Prof Bohumil Seifert MD PhD

What work are you doing currently?

Since 2009, I have been a head of the Institute of General Practice at the First Faculty of Medicine, of Charles University, in Prague. This position gives me a good opportunity to facilitate the development of academic general practice in the Czech Republic.

As is the case in other Central and Eastern European countries, general practice had never been recognised as an academic discipline. It was not easy to push this through. I have been lucky to have a chance to utilise knowledge and experience collected internationally from many colleagues I have met over the last decades – colleagues I met at academic GP departments, teaching practices, and of course at WONCA networks and conferences.

I have been given a fantastic opportunity to pay back what I have gained: it is a privilege to organise the coming WONCA World Conference being held in my hometown of Prague, in June 2013. Currently as a chair of the Host Organising Committee (HOC), I spend most of my time working in order to make the WONCA 2013 conference a successful event.

What are your interests in work and outside work?

I am involved in research on epidemiology of gastrointestinal disorders and I am specifically interested in colorectal cancer screening. This was the topic of my PhD theses and habilitation work. Besides my academic job, I keep working part time in my surgery, which also serves as a teaching practice. I need to act as a doctor, to see patients and to be involved in a practice management, an exciting part of our job.

I also serve as a scientific secretary of Czech Society of General Practice, the body hosting

the WONCA 2013 conference. I am a member of several international committees and WONCA Working groups.

I try to keep on playing sport: hiking, jogging, bicycling, tennis, golf, downhill and cross country skiing. I enjoy the Prague cultural life and like attending concerts, the theatre and exhibitions.

What is it like to work as a family doctor in the Czech Republic?

This takes time to explain. Our generation of GPs was lucky due to political changes in the nineties that allowed us to run practices on our own, privately. This made our job, in an era of polyclinics with minimal GP competence, much more attractive. At the same time, it was however, hard if done on a high quality level.

The position of GPs in our health care system has been substantially improved since that time and the Czech Society of GP is a leading body in this development. At present, we face a new wave of interest in becoming a general practitioner, from our students.

WONCA 2013 is a good opportunity to visit Czech general practices and explore the atmosphere there.

WONCA would like to thank Bohumil on taking precious time out of organising the WONCA 2013 Prague World conference to do this interview.

See you in Prague!

Prof C Ruth Wilson: Canada

Incoming President of WONCA North America region

Dr Wilson MD CCFP FCFP is a practising family physician and educator. A professor of family medicine at Queen's University, she was Chair of the department for ten years. Her practice as a family physician includes eleven years in remote communities in Canada, and twenty three years in Kingston, Ontario, where she includes obstetrics in her practice.

A graduate of the University of Toronto Faculty of Medicine in 1976, she did further postgraduate training in family medicine and anesthesia, and received Certification in the

College of Family Physicians of Canada, in 1980.

She is currently Vice President Medical and Academic Affairs at Providence Care, a hospital in Kingston. From 2001-2004, she served as Chair of the Ontario Family Health Network, a provincial government agency created to implement primary care reform in Ontario.



Prof Wilson's research interests are in women's health, aboriginal health, and the lessons from these areas that affect the determinants of health. She is co-author of the Women's Health chapters of the *Oxford Textbook of Primary Care*, and editor of *Implementing Primary Care Reform: Barriers and Facilitators*.

She is a past president of the College of Family Physicians of Canada, and was Associate Director of Health Policy for the College from 2010-2012. She is a past Chair of the National Drug Scheduling Advisory Committee and of the Canadian Medical Forum, a roundtable of CEOs and presidents of Canada's major medical organizations. She is the Chair of the Board of the Institute for Safe Medication Practice (Canada).

She is the recipient of the Canada 125 Medal and the Diamond Jubilee Medal. In May 2002, Prof Wilson received an honorary Doctor of Laws from Thompson Rivers University. In 2010, she was named a *Five-Star Doctor* by WONCA. Also in 2010, she was named one of Canada's Top 100 Most Powerful Women.

Prof Wilson is married to a family physician, Dr Ian Casson; they have five grown children and one grandchild.

Regional News

South Asia Research Methodology Workshop

The first National Conference on Family Medicine and Primary Care was organised by Academy of Family Physicians of India in collaboration with The Spice Route Movement and supported by WONCA. The Research Methodology workshop held during the conference was organised by the South Asia Primary Care Research Network (SAPCRN) and held on April 21.

Introduction of facilitators and participants and format of the research workshop was explained by Dr Basharat Ali, Chair SAPCRN. He also enlightened on the importance of regional cooperation in primary care research with in South Asian countries. The countries having good health indicators in some field can guide other countries to achieve the said targets with mutual cooperation.

How to undertake research in primary care which gets published in high-impact journals and its impact on clinical practice was presented by Prof David Mant in an excellent way. Formulating the Research Question was an interactive session performed in a very impressive way by Dr Sajida Naseem who is Assistant Professor Department of Community and Family Medicine Shifa College of Medicine Islamabad, Pakistan. How to search Literature relevant to your study needs was explained by Mrs Vasumathi Sriganesh marvellously. She offered access to the software she designed

for the purpose. The topic, Basics of research was presented by Dr Sajida Naseem brilliantly. Her command on the subject was fantastic. Study design was presented by Dr Basharat Ali. It was also an interactive session; the participants' contribution was excellent in this presentation. Data analysis was [again](#) presented by Dr Sajida Naseem and was also an interactive session. Research Ethics was presented by Dr Tabinda Ishfaq who is Assistant Professor, Department of Family Medicine, Aga Khan University Karachi Pakistan. Manuscript Writing was presented by Dr Basharat Ali to make the participants familiar with the need of the standard of writing manuscripts acceptable for the various international journals. An editor's perspective on publications and how to get published was presented by very nicely by Dr Anita Jain, India Editor, BMJ. She explained the difference between BMJ and BMJ Open.

The participants and the presenters enjoyed the knowledge sharing in this workshop. This was indeed another milestone in primary care practice in India. Such [activities](#) of capacity building and knowledge sharing are important and should be continued. We cannot forget the cooperation and help by Dr Raman Kumar, Chair Organising Committee Family Medicine and Primary Care 2013; Dr Garth Manning CEO WONCA; Dr Preethi Wijegoonewardene,

WONCA South Asia Region President; and Dr Ramnik Parekh, from India.

Dr Basharat Ali MBBS MD MRCGP PhD

Chairperson SAPCRN

Regional Member WONCA Working Party on Research

PHOTO GALLERY and CAPTIONS available online

<http://www.globalfamilydoctor.com/News/SouthAsiaResearchMethodologyWorkshop.aspx>



Family medicine in Kenya



The Kenya Association of Family Physicians (KAFP) which is the umbrella body for the graduating Family Medicine physicians and the General Practitioners in the country has submitted a report on the state of family medicine in Kenya. The Institute of Family Medicine (INFA-MED) is host to the KAFP and continues to uphold Family Medicine as the ideal specialty that provides continuing and comprehensive health care for the individual, family and community at large.

[Download full report](#)

The report details how this is achieved and covers the following topics:

- the Family Medicine Program in Kenya

- At Moi University, School of Medicine - Eldoret

- At the University of Nairobi, School of Medicine – Nairobi

- At Kabarak University, Institute of Post-graduate Studies and Research – Nakuru

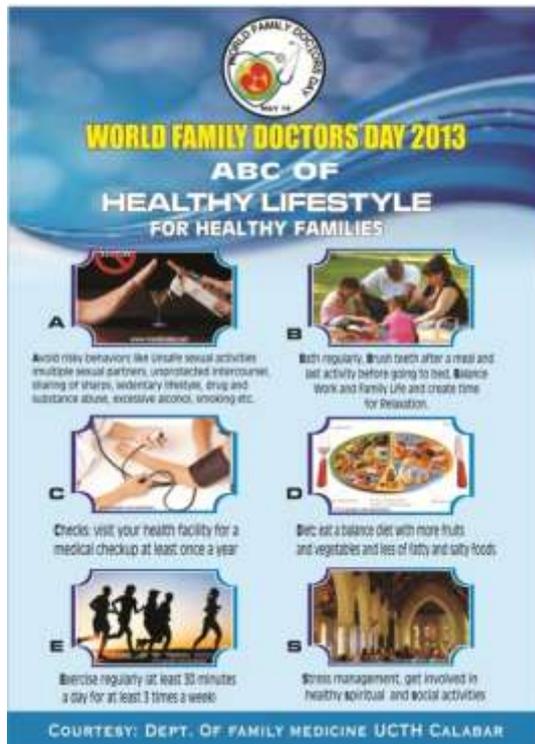
- The Kenya Association of Family Physicians and its activities for 2013 including commemorating the World Family Doctors Day.

photo: *The Kenya Association of Family Physicians Executive Committee:*

front row (l to r): Dr Linda Thorpe (Aga Khan Uni. Hosp.), Dr Joshua Nderitu (INFA-MED Director), Dr Shem Musoke, (The Nairobi Hosp.), Dr Franklin Ikunda (PCEA Chogoria Hosp.) Dr Ravi Sharma (Aga Khan Uni. Hosp.)

back row (l to r): Dr Patrick Chege (Chairman, Dept of Family Medicine – Moi University), Dr Gulnaz Mohamoud (Aga Khan Uni. Hosp.) Ms Edith Kabure INFA-MED & KAFP Programs Officer, Dr Ernst Tenambergen (Family Medicine Consultant), Dr Jacob Shabani (Aga Khan Uni. Hosp.) and Dr Ajay Chhaniyara (The Nairobi Hospital)

Report On World Family Doctor' Day Celebration In Calabar Cross River State, Nigeria



The World Organization of National Colleges Academies and Academic Associations of General practitioners/ Family physicians or WONCA set aside May 19 each year as World Family Doctor Day.

In Calabar, Nigeria, the Department of Family Medicine University of Calabar Teaching Hospital and University of Calabar, Calabar, in collaboration with the Association of General and Private Medical Practitioners of Nigeria (AGPMPN), Cross River State Chapter, marked its maiden celebration on the 19 and 20 May, 2013.

The theme of the Celebration was “Urban and Rural Health care Access: the role of primary care doctors”. There were also subthemes (a) “Domestic violence in Nigeria and (b) Urban versus Rural private medical practice. (see banners)

On Sunday the 19 May, 2013 being a Sunday which is not a working day in Nigeria, a thanksgiving service was held at the UNICAL Chapel of Redemption, University of Calabar, Calabar, an interdenominational religious worship centre. The activities there included a special prayer session for members of WONCA, a ten minute health talk by Dr Tony Aluka, with a question and answer session and

distribution of hand bills (flyers) on the “ABC of Healthy living for healthy families”. (see pictures).

On Monday, the 20 May, 2013, during the morning session there was an Outreach programme at St Joseph’s Hospital, Ikot Ene, Akpabuyo, a General Hospital in Akpabuyo Local Government Area of Cross River State located in a rural area about 35km from the University Teaching Hospital. The events at the outreach included a session of health talk, measurement of blood glucose level, Blood pressure, weight and height measurement and calculation of body mass index. Counseling based on the patients parameters and prescription of medication as indicated.

During the afternoon session, hosted by Dr Ndifreke Udonwa, Head Department of Family Medicine, University of Calabar Teaching Hospital (UCTH) and University of Calabar (Unical), Calabar included the formal opening ceremony and scientific lectures. The ceremony was chaired by Prof Saturday Etuk, Provost, College of Medical Sciences University of Calabar, Calabar, while the guest of honour was Prof Angela Oyo Ita, the honourable Commissioner for Health, Cross River State. The chief host was the Chief Medical Director University of Calabar Teaching Hospital, Dr Thomas Agan. Other dignitaries at the occasion were the Dean Faculty of Clinical Sciences University of Calabar, Calabar, Prof Maurice E Asuquo; the chairman Nigerian Medical Association Cross River State Chapter; chairman and secretary of AGPMPN Cross River State Chapter, Medical Elders, Heads of Departments/Units of the hospital, members of the hospital community and the general public.

The former Minister of Health of the Federal Republic of Nigeria High Chief Dr Emmanuel Nsan, Chief Consultant and Senior lecturer department of Community Medicine University of Calabar Teaching Hospital and University of Calabar, Calabar was the keynote speaker whose lecture topic was “Urban and Rural Health Care Access: the role of primary care doctors”.

There were also lectures on the sub-themes by Dr Abraham Gyuse, Chief Consultant and Senior Lecturer department of Family Medicine University of Calabar Teaching Hospital and University of Calabar, Calabar, who spoke on “Domestic Violence: Consequences on the Health of the Family and National

Development” and *“Urban versus Rural Private Medical Practice”* delivered by Dr Sylvester Ebaye, a Diploma holder from Faculty of Family Medicine, National Post Graduate Medical College of Nigeria and the Medical Director Bakor Medical Centre, Calabar, Cross

Members of Department of Family Medicine and AGPMPN were adorned with T-Shirts crested with World Family Doctors Day Logo. (See pictures)

Sponsors of the programme were members of Department of Family Medicine, AGPMPN, Novartis plc and May and Baker plc.

For the stakeholders it was an honour and privilege to organize a very successful maiden celebration of world family doctors day in Calabar, Nigeria.

Dr Ndifreke E. Udonwa
HOD, Family Medicine (UCTH and Unical)

For and on behalf of all stakeholders



River State. (See pictures)

A selection of photos are included – [more online](#)

HEALTH TALK



FAMILY DOCTORS
Medical Elders



OUTREACH



Resources added - PEARLS

385: Computer-generated reminders influence professional practice

PEARLS 385, March 2013, written by Brian R McAvoy.

Clinical Question

How effective are computer-generated reminders delivered on paper to healthcare professionals on professional practice and [health care](#) outcomes?

Bottom Line

There was moderate quality evidence that computer-generated reminders delivered on paper to healthcare professionals achieved a moderate (7%) absolute improvement in processes of care. Median improvement in processes of care also differed according to the behaviour the reminder targeted: for instance, reminders to vaccinate improved processes of care by 13.1% (absolute improvement) compared with other targeted behaviours. Reminders to discuss issues with patients were the least effective. Two characteristics emerged as significant predictors of improvement: providing space on the reminder for a response from the clinician, and providing an explanation of the reminder's content or advice. Reminders were not associated with significant improvements in health care outcomes.

Caveat

None of the included studies reported outcomes related to harms or adverse effects of the intervention, such as redundant testing or overdiagnosis.

Context

Healthcare professionals do not always provide care that is recommended or that reflects the latest research, partly because of information overload or inaccessibility. Reminders may help doctors overcome these problems by reminding them about important information or providing advice, in a more accessible and relevant format, at a particularly appropriate time.

Cochrane Systematic Review Arditi C et al. Computer-generated reminders delivered on paper to healthcare professionals: effects on professional practice and health care outcomes. *Cochrane Reviews*, 2012, Issue 12. Art. No.: CD001175. DOI: 10.1002/14651858. CD001175.pub3. This review contains 32 studies involving over 102,000 participants.

386: All forms of nicotine replacement therapy effective for smoking cessation

PEARLS 386, April 2013, written by Brian R McAvoy.

Clinical Question

How effective are the different forms of nicotine replacement therapy (NRT), i.e. gum, transdermal patch, nasal spray, inhaler, oral spray, lozenge and sublingual tablet, for smoking cessation?

Bottom Line

All of the commercially available forms of NRT are effective as part of a strategy to promote smoking cessation. They increase the rate of long-term quitting (over six months) regardless of setting (NNT* 56). The effectiveness of NRT appears to be largely independent of the intensity of additional support provided to the individual. Provision of more intensive levels of support, although beneficial in facilitating the likelihood of quitting, is not essential to the success of NRT. There was no benefit for using patches beyond eight weeks.

*NNT = number needed to treat to benefit one individual.

Caveat

These conclusions apply to smokers who are motivated to quit and who have high levels of nicotine dependence. There is little evidence about the role of NRT for individuals smoking fewer than 10 to 15 cigarettes a day.

Context

The aim of NRT is to temporarily replace much of the nicotine from cigarettes to reduce motivation to smoke and nicotine withdrawal symptoms, thus easing the transition from cigarette smoking to [complete](#) abstinence.

Cochrane Systematic Review Stead LF et al. Nicotine replacement therapy for smoking cessation. Cochrane Reviews, 2012, Issue 11. Art. No.: CD000146.DOI: 10.1002/14651858. CD000146.pub4. This review contains 150 studies, 117 with over 50,000 participants.

387: Many interventions effective for actinic keratoses

PEARLS 387, April 2013, written by Brian R McAvoy.

Clinical Question

How effective are topical, oral, mechanical and chemical interventions for actinic keratoses?

Bottom Line

For individual lesions, photodynamic therapy appears more effective and has a better cosmetic outcome than cryotherapy. For field-directed treatments, diclofenac, 5-fluorouracil, imiquimod, and ingenol mebutate had similar efficacy, but their associated adverse events and cosmetic outcomes were different. Skin irritation was associated with some of these treatments, such as diclofenac and 5-fluorouracil, but other side effects were uncommon. The choice of treatment options depended on the number of lesions, the individual's desired results and tolerance to the treatments.

Caveat

The review included a broad variety of interventions for actinic keratoses and a large number of outcomes. There was no evidence that treating actinic keratoses prevented squamous cell carcinoma.

Context

Actinic keratoses are a skin disease caused by long-term sun exposure, and their lesions have the potential to develop into squamous cell carcinoma. Treatments for actinic keratoses are sought for cosmetic reasons, for the relief of associated [symptoms](#), or for the prevention of skin cancer development. Detectable lesions are often associated with alteration of the surrounding skin (field) where subclinical lesions might be present. The interventions available for the treatment of actinic keratoses include individual lesion-based (e.g. cryotherapy) or field-directed (e.g. topical) treatments.

Cochrane Systematic Review Gupta AK et al. Interventions for actinic keratoses. Cochrane Reviews, 2012, Issue 12. Art. No.: CD004415.DOI: 10.1002/14651858. CD004415.pub2. This review contains 83 studies involving over 10,036 participants.

388 Topical corticosteroids effective for nasal polyps

PEARLS 388, April 2013, written by Brian R McAvoy.

Clinical Question

How effective are topical corticosteroids in patients with chronic rhinosinusitis with [nasal polyps](#)?

Bottom Line

Topical nasal corticosteroids should be considered part of medical treatment for chronic rhinosinusitis with nasal polyps. Topical nasal corticosteroids had beneficial effects on [symptoms](#), polyp size and polyp recurrence, with little evidence of significant adverse effects. When a low dose was compared to a high dose of topical corticosteroid, no difference was evident for symptom control, polyp size and polyp recurrence. The effect on polyp size may be greater when the topical corticosteroid is administered after sinus surgery.

Caveat

Although these data consistently favoured topical corticosteroids, there was also significant heterogeneity seen and variability in the effect size. There was not enough information regarding the

extent of previous surgery to consider the role of simple polypectomy versus more comprehensive sinus surgery. Symptoms were scored differently across included studies.

Context

Nasal polyps develop as a result of chronic inflammation of the mucous lining of the nose and sinuses and they can cause nasal obstruction, poor sinus drainage, and loss of smell/taste, a runny nose or nasal congestion. Topical corticosteroids have been the most widely used treatment, with each clinician using different regimens, at different doses, in different settings and with or without sinus surgery

Cochrane Systematic Review Kalish L et al. Topical steroids for nasal polyps. Cochrane Reviews, 2012, Issue 12. Art. No.: CD006549.DOI: 10.1002/14651858. CD006549.pub2. This review contains 40 studies involving 3,624 participants.

WONCA CONFERENCES 2013-2014

2013 COMING SOON

26 – 29 June 2013	20th WONCA WORLD CONFERENCE	Prague CZECH REPUBLIC	Family Medicine: Care for Generations www.wonca2013.com
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2014

May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.wonca2014kuching.com.my
May 21 – 24, 2014	WONCA World Rural Health Conference	Gramado BRAZIL	Rural health, an emerging need http://www.sbmfc.org.br/woncarural/
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.woncaeuropa2014.org/

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

REGISTER NOW : WONCA Prague Conference website

www.wonca2013.com

Family Medicine –
Care for Generations

25–29 June 2013
Prague, Czech Republic
www.wonca2013.com

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for the WONCA 2013 Prague Conference

Benefit from extra early bird rates
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MEMBER ORGANIZATION MEETINGS

XXXIII Congreso de la semFYC

Host: SemFYC
Date: June 06-08 2013
Venue: Granada, Spain
Web: www.semfy2013.com

21st Fiji College of General Practitioners conference

Host: Fiji College of General Practitioners
Theme: Holistic medicine
Date: June 22-23, 2013
Venue: Sigatoka, Fiji
Web: <http://www.fijigp.org>
Email: doctordevika18@yahoo.com

RNZCGP conference for general practice

Host: Royal New Zealand College of GPs
Date: July 11-13, 2013
Venue: Wellington, New Zealand
Web: www.rnzcgp.org.nz

18th Nordic Congress of General Practice

Host: Finnish Association for General Practice
Theme: Promoting partnership with our patients - a challenge & a chance ..
Date: August 21-24, 2013
Venue: Tampere, Finland
Web: <http://nordicgp2013.fi>

European forum for primary care conference

Date: September 9-10, 2013
Venue: Istanbul, Turkey
Host: European forum for Primary care (EFPC)
Theme: Balancing The Primary And Secondary Care Provision For More Integration and Better Health Outcomes
Web: <http://nvl007.nivel.nl/euprimarycare/efpc-conference-istanbul-9-10-september-2013>
Email: dr_raman@hotmail.com

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/

2013 Family Medicine Global Health Workshop

Host: American Academy of Family Physicians (AAFP)
Date: October 10-12, 2013
Abstracts close: May 15, 2013
Venue: Baltimore, Maryland, USA
Web: www.aafp.org/intl/workshop
Email: [Rebecca Janssen](mailto:Rebecca.Janssen) or [Alex Ivanov](mailto:Alex.Ivanov)

Family Medicine Forum / Forum en médecine familiale 2012

Host: The College of Family Physicians of Canada. Le Collège de médecins de famille du Canada
Date: November 7-9, 2012
Venue: Vancouver, Canada
Web: <http://fmf.cfpc.ca>

The Network: Towards Unity for Health annual conference

Host: TUFH
Theme: Rural and Community Based Health Care: opportunities and Date: November 16-20, 2013
Venue: Ayutthaya, Thailand
Web: <http://www.the-networktufh.org/conferences/upcoming>

SUPPLEMENT: WONCA EVENTS IN PRAGUE

Details are correct as at May 30, 2013. Please check the WONCA website regularly for updates and correction. <http://www.globalfamilydoctor.com/News/OfficialWONCAmeetingscheduleinPrague.aspx>

MEETINGS BEFORE PRAGUE

MEETINGS OF WONCA COUNCIL AND ITS COMMITTEES

WONCA council meeting is to be held at Corinthia Towers Hotel, Prague. Most World Council members will also be attending their regional council meetings which are listed separately (below)

Friday 21st June

WONCA Conference Planning Committee
13.00 - 17.00

WONCA Pre-Council briefing
17.30 – 18.30

WONCA Welcome reception for world Council members
19.00 - 21.00

Saturday 22nd June

WONCA WORLD COUNCIL MEETING
08.30 – 17.30

Sunday 23rd June

WONCA WORLD COUNCIL MEETING
08.30 – 17.30

Monday 24th June

WONCA WORLD COUNCIL MEETING
08.30 – 13.00

lunch for new WONCA Executive and Chairs of Working Parties
13.00 – 14.30

WONCA Organisational Equity Committee
14.00 – 15.30

Tuesday 25th June

Breakfast meeting - new WONCA Executive and chairs of working parties
07.30 – 09.00

Tuesday 25th June

WONCA Executive Meeting with ACG colleagues 09.00 – 10.00

MEETINGS WONCA REGIONAL COUNCILS ETC

All regional council meetings are to be held at the Corinthia Towers Hotel, Prague

Friday June 21

WONCA Africa Regional meeting
09.00-14.00

WONCA Asia Pacific Regional meeting
12.00 – 18.00

WONCA East Mediterranean Regional meeting
10.00-15.00

WONCA Iberoamericana-CIMF Regional meeting
08.30-17.30

WONCA Europe regional meetings

08.00 – 11.00 WONCA Europe Executive Board

11.00 – 13.00 WONCA Europe Council Meeting - Part 1

13.00 – 14.00 *Lunch*

14.00 – 17.15 WONCA Europe Council Meeting - Part 2 & 3

WONCA North America Regional meeting

09.00 – 12.00.

WONCA South Asia Regional meeting

14.00 – 18.00

MEETINGS OF WONCA WORKING PARTIES & WONCA SPECIAL INTEREST GROUPS

These meetings are preceding WONCA Prague will be held at the Corinthia Towers Hotel, Prague. Most are open to interested colleagues. For further information contact the chairs of the committee by email

Sunday 23rd June

WONCA International Classification Committee (WICC) Workshop (2 days)
08.30 – 17.30

wicc@wonca.net

Monday 24th June

lunch for new WONCA Executive and Chairs of Working Parties 13.00 – 14.30

WONCA International Classification Committee (WICC) Workshop (2 days)

08.30 – 17.30

wicc@wonca.net

WONCA Organisational Equity Committee
14.00 – 15.30

WONCA Working Party on Women and Family Medicine
16.00 – 17.00

WPwomen@wonca.net

WONCA Working Party on Research
14.00 – 17.30

[more information](#)

WPresearch@wonca.net

WONCA Working Party on Quality in Family Medicine
1330 – 1630

WPqualitysafety@wonca.net

Tuesday 25th June

Breakfast - new WONCA Executive and chairs of working parties 07.30 – 09.00

WONCA International Classification Committee (WICC)

0830 – 1630

wicc@wonca.net

WONCA Working Party on Education

09.00 – 16.30

[more information](#)

WPeducation@wonca.net

Tuesday 25th June

WONCA Working Party on Environment

1300 - 1630

[more information](#)

WPEvironment@wonca.net

WONCA Working Party on Ethics

1300 – 1600

WPethics@wonca.net

WONCA Working Party on Informatics

1330 – 1630 (to be confirmed)

WPinformatics@wonca.net

WONCA Working Party on Mental Health

1330 – 1630

WPmentalhealth@wonca.net

WONCA Working Party on Rural Practice

0830 – 1630

WPrural@wonca.net

WONCA Working Party on Women and Family Medicine

09.00 – 16.30

WPwomen@wonca.net

WONCA Special Interest Group on cancer and palliative care

1330 -1630

SIGcanpal@wonca.net

WONCA Special Interest Group on Complexities

1330 -1630

SIGcomplexities@wonca.net

WONCA Special Interest Group on Elderly Care

1330 – 1630

SIGelderly@wonca.net

WONCA Special Interest Group on Migrant Care and International Health

1330 - 1630

SIGmigrant@onca.net

WORKSHOPS WONCA WORKING PARTIES, SPECIAL INTEREST GROUPS, AND EUROPEAN NETWORKS

Information correct as at May 30 2013 – for updates check online.

These workshops are during the conference program and are included on the conference program

<http://www.globalfamilydoctor.com/Conferences/WorkshopsWONCAgroups.aspx>

WORKSHOPS Wednesday June 26

1030-1200

WONCA WP on Women in Family Medicine

Hidden violence workshop

Abstract available online

WONCA WP on Research

Access to Person Centered Care

WICC

Quaternary prevention

European Society for Primary Care Gastroenterology, SIG of WONCA Europe

Early detection of GI cancers

European Primary Care Cardiovascular Society, SIG of WONCA Europe

What is new in cardiovascular disease?

IPCRG, SIG of WONCA Europe

Strategies towards smoking cessation. How to maximize the opportunities for smoking cessation in primary care

1400-1500

WONCA WP on Women in Family Medicine

Women's health in the Developing World

Abstract available online

WONCA WP on Environment

Joint WONCA-WHO Workshop: Case studies in Environment and Health in Family Medicine

Led by Grant Blashki and Alan Abelson - For more information email them

WPEnvironment@wonca.net

WONCA WP on Education

Developing Global Standards in Postgraduate (Vocational) Family Medicine/General Practice globally.

For more information email Prof Allyn Walsh

WPeducation@wonca.net

WICC

The IHTSDO, WONCA Family, General Practice SNOMED CT RefSet and ICPC-2 mapping project

For something different try : **Brainstorm & innovation**

Dr Carl Steylaerts, WONCA Europe Treasurer

Wednesday June 26 (cont)

1530-1700

WONCA WP on Rural Health

paper presentation session

WONCA WP on Ethics

Challenges to our professional attitudes - the ethics of brain drain of health professionals in Africa and globally

For more information email Prof Manfred Maier WPethics@wonca.net

WONCA WP on the Environment

Climate change and health in family medicine
Led by Grant Blashki and Alan Abelson - For more information email them WPenvironment@wonca.net

WONCA WP on Women in Family Medicine

Health inequality
Abstract available online

WONCA Working Party on Research Meeting

Email chair: WPresearch@wonca.net

Vasco da Gama Movement with EURACT, Networks of WONCA Europe

Training for family physicians: time to go global? A collaborative workshop of VdGM with EURACT

EGPRN, Network of WONCA Europe

Evidence Based New WONCA Definition & EGPRN Research Agenda

European Society for Primary Care Gastroenterology, SIG of WONCA Europe

Prevention and Screening

IPCRG, SIG of WONCA Europe

Investigation and treatment of common allergic respiratory conditions that should be managed in general practice

WORKSHOPS Thursday June 27

1030-1200

WONCA WP on Rural Health / EURIPA, , Network of WONCA Europe

Developing a Rural Strategy for European
Family Medicine

WONCA WP on Ethical Issues

Ethical dilemmas in general practice / FM

WONCA WP on Research

Workshop on Primary Care Research
Strategies to improve global health

WONCA SIG on Migrant Care and International health and travel medicine

End-of-life care for migrants – cultural, spiritual
and social aspects. (to be confirmed)

Vasco da Gama Movement, Network of WONCA Europe

Young family physicians/general practitioners -
global initiative

IPCRG, SIG of WONCA Europe.

Asthma control and severity. What should the
doctor do to support patients with difficult to
control asthma

1400-1500

WONCA WP on Women in Family Medicine

Bringing about organisational change

Abstract available online

WONCA WP on Rural Health

Increasing access to Health Workers in
Remote and Rural Areas

WONCA Asia Pacific subcommittee on indigenous and minority health issues

Indigenous Issues and Health Outcomes

Vasco da Gama Movement, Network of WONCA Europe

Shifting perspectives in healthcare: becoming
partners with patients

European Society for Primary Care Gastroenterology, Network of WONCA Europe

Common clinical issues on liver and GI
diseases relevant to primary care in the tropics

Thursday June 27 (cont)

1530 -1700

WONCA WP on Rural Health

1. Workshop: Family Medicine – Care for
Generations: Developing Rural Resilience
2. Workshop: The importance of using Social
Media in Rural Medicine

WONCA WP on research

Practice-based primary care research
networks: towards universal establishment in
an Age of Austerity

WONCA SIG on Elderly Care

Looking to the future: Different innovative
approaches for elderly in primary care

Vasco Da Gama Movement, Network of WONCA Europe

World Cafe for Early Stage Researchers in
General Practice and Family Medicine

EUROPREV, Network of WONCA Europe

Prevention of CVD in general practice in
Europe

European Academy of Teachers in General Practice EURACT, Network of WONCA Europe

Problem Based Learning – Teaching in Small
Groups

WORKSHOPS Friday June 28

1030-1200

WONCA WP on Rural Health

Educating Rural Family Doctors for the Generations

WICC

Introduction to ICPC - the International Classification of Primary Care

Abstract available online

WONCA SIG on Complexity

Health driving Health Care

EGPRN, Network of WONCA Europe

TRANSFoRm: development of a diagnostic decision support tool for primary care

VdGM, EGPRN, EJGP workshop, Networks of WONCA Europe

Writing for publication: a joint workshop

1400-1500

WONCA WP on Rural Health

1. Workshop: Rural Medicine Education: A Guide

2 Workshop: out-of-hours and emergency care effect recruitment and retaining of the workforce in Europe

3. Paper presentation: Patient Safety in European Rural Practice

1530-1700

WONCA WP on Informatics

Electronic Data in Family Medicine: Its Creation, Collection and Uses

For more information email Prof Peter Schattner WPinformatics@wonca.net

WONCA WP on Women in Family Medicine

Health and Wellbeing

[click here for abstract and details](#)

Abstract available online

WONCA SIG on Migrant Care and International health and travel medicine

Implementation of supports for cross-cultural communication: the value of Normalisation Process Theory (to be confirmed)

IPCRG, SIG of WONCA Europe.

COPD: Early detection and management of stable disease and exacerbations

WORKSHOPS Saturday June 29

1030 to 1200

WICC

The Future of ICPC—the International Classification of Primary Care, version 3 (ICPC-3)

Abstract available online

WONCA SIG on Cancer and Palliative Care

Promoting palliative care in primary care: producing an advocacy document for use in different countries.

Vasco da Gama Movement, Network of WONCA Europe

Social Media and mHealth Now! Applications in Primary Care

EQuIP, Network of WONCA Europe

WONCA Europe, EQuIP anniversary project: Patient Empowerment in Chronic Conditions

EURIPA, Network of WONCA Europe

The needs of and the solutions for rural practice in European countries: our national points of view