

WONCA News

An International Forum for Family Doctors



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From the President: Family Medicine Reforms in South Asia and the Eastern Mediterranean



Photo: Michael Kidd and other WONCA leaders with young doctors from the South Asia region Spice Route movement.

In February I attended the WONCA South Asia Regional Conference held in Dhaka in Bangladesh. This was an opportunity to join with family medicine colleagues from across South Asia to discuss challenges and opportunities and share stories of success.

Over 25% of the world's population lives in South Asia, with many people living in dire poverty with limited or no access to health care. WONCA is committed to supporting health service developments in this region.

Many countries in South Asia are struggling with universal health coverage, the challenge of providing health care to all people of this region, and especially those living in rural areas, but we have seen some promising recent reforms. The national government of India, for example, has recognised that health care can only become universal through strengthening primary care, and is working with WONCA and our member organisations in India to bring about improvements in each state of this vast nation. It is a challenging process but centres of excellence in India like the Christian Medical College in Vellore are leading the way in providing excellent experience in community-based family medicine for all their medical students, and in providing training to medical graduates in family medicine.

Delegates to the WONCA South Asia Conference also heard how the Pakistan Medical and Dental Council, after extensive advocacy by family medicine leaders in that country, has stated that all medical schools in Pakistan should establish an academic department of Family Medicine. The Council has also made family medicine a

compulsory subject for the undergraduate program in each medical school in Pakistan.

Photo: Women colleagues in Dhaka wearing brightly coloured outfits for the first day of spring (from r to l): Amanda Barnard, Australia; Nasim Jahan, Bangladesh; Rukhsana Ansari, Pakistan; Sameena Shah, Pakistan; Marie Andrades, Pakistan; and one other colleague from Bangladesh.



Delegates were also impressed with reports on the MDGP program in Nepal which is training family doctors to provide high quality services, including surgical and obstetric services and management of trauma, in district rural hospitals based in isolated rural communities. The MDGP family doctors are leading a revolution in health care provision to the people of rural Nepal.

In Dhaka I was invited to deliver the annual [National Professor Nurul Islam Memorial Lecture](#), held in tribute to one of the great global leaders of our profession who died, aged 84 years, in 2013. Professor Islam (pictured over) was a physician, teacher and research scientist, with a strong commitment to human rights, health education

and tobacco control. As well as establishing the University of Science and Technology in Chittagong in Bangladesh, chairing the first national AIDS committee of Bangladesh, and working as a global leader with the World Health Organization on tobacco control in developing nations, Professor Islam was devoted to working towards ensuring that health care is available to all people, especially the most vulnerable. He once wrote that, "Medicine is a science with human understanding and warmth – selfless, dedicated and wise." I think this is a wonderful description of our role as family doctors in each of our countries.



WONCA has a strong and growing presence in the countries of South Asia and around the world, with a membership of over half a million family doctors in 140 countries. And WONCA is an inclusive organization. We need to continue our work to ensure that every family doctor, every GP, every primary care doctor, joins us in our commitment to deliver high quality primary care to their patients and their communities.

We also expect WONCA's members to do their part and share our commitment to education and training, and to the delivery of quality care. And while we recognize that there are excellent doctors working in primary care in many countries who may not have received formal postgraduate training in family medicine, and we welcome these doctors as members of WONCA, we believe that all doctors need to share our commitment to continuing professional development and continuing medical education. We also advocate that new medical graduates should receive formal postgraduate training before being eligible to practice independently as family doctors in the community. Every person and every family in every community deserves high quality medical

care from a well-trained and qualified family doctor.

Through WONCA, we also need to expand our commitment to the education and training of family doctors, and quality care and primary care research, to the nations of the world where WONCA does not yet have a strong presence, which includes some nations in the South Asia Region, including Bhutan and the Maldives. WONCA's membership continues to grow and it has been wonderful to recently welcome family doctors from Bhutan to our WONCA family.

This month the World Health Organization regional office for the Eastern Mediterranean Region (covering 22 nations from Morocco in the west to Afghanistan in the east and including nations in conflict, such as Libya and Syria) has released its new publication on [Strengthening health service provision through a family practice approach: towards universal health coverage in the Eastern Mediterranean Region.](#)

This is a landmark document from a WHO region, with lessons for all nations, and I commend it to you. The document reports on the outcomes of consultations hosted by the WHO Regional Office for the Eastern Mediterranean, in collaboration with WONCA, in Cairo, Egypt in November 2014.

WONCA is committed to working with our colleagues in the World Health Organization on continuing to strengthen health service provision in each of the nations of the Eastern Mediterranean Region through a family practice approach. This is essential if we are to achieve universal health coverage for the people of this region. And the lessons learned during implementation of these reforms in this region will inform developments in many other low and middle income nations in other regions of the world.

Michael Kidd

President, World Organization of Family Doctors

Del Predidente: Mejoras de la medicina familiar en el sur de Asia y el Mediterráneo Oriental



Foto: Michael Kidd y Garth Manning con los médicos jóvenes del movimiento de la Región de Asia del Sur "Spice Route" o "Ruta de las Especias".

En febrero asistí a la Conferencia Regional de la Región WONCA del Sur de Asia, celebrada en Dhaka, en Bangladesh. Fue una oportunidad para unirnos con los colegas de medicina de familia de todo el sur de Asia y discutir los retos y oportunidades, así como compartir casos de éxito.

Más del 25% de la población mundial vive en el sur de Asia, con muchas personas en situación de extrema pobreza y acceso limitado o nulo a la atención sanitaria. WONCA se compromete a apoyar la evolución de los servicios de salud en esta región.

Muchos países de Asia del Sur están luchando por la cobertura universal de salud, con el reto de proporcionar servicios de salud a todos los habitantes de esta región y, en especial, a los que viven en zonas rurales; sin embargo, hemos visto algunas reformas recientes prometedoras. El gobierno nacional de la India, por ejemplo, ha reconocido que el cuidado de salud solo puede ser universal mediante el fortalecimiento de la atención primaria y está trabajando con WONCA y nuestras organizaciones miembro en la India para lograr mejoras en cada estado de este vasto país. Es un proceso difícil, pero los centros de excelencia en la India, como el Colegio Médico Cristiano en Vellore, están liderando el camino en la prestación excelente de la práctica de la medicina de familia situada en la comunidad, para todos sus estudiantes de medicina, y también en la capacitación de los médicos graduados en medicina familiar.

Los delegados asistentes a la Conferencia de la Región WONCA del sur de Asia también escucharon cómo el Consejo Médico y Odontológico de Pakistán, después de una amplia promoción por parte de los líderes de la medicina

familiar en ese país, ha declarado que todas las escuelas de medicina en Pakistán deberían establecer un departamento académico de Medicina de Familia. El Consejo también ha hecho de la medicina de familia una asignatura obligatoria para el programa de pregrado de cada facultad de medicina en Pakistán.



Foto: Compañeras en trajes de colores por ser el primer día de la primavera. (De derecha a izquierda): Amanda Barnard, de Australia; Nasim Jahan, de Bangladesh; Rukhsana Ansari, de Pakistán; Sameena Shah, de Pakistán; Marie Andrades, de Pakistán; y otra colega de Bangladesh.

Los delegados también quedaron impresionados con los informes sobre el programa MDGP en Nepal, que está formando a los médicos de familia para proporcionar servicios de alta calidad, incluidos los servicios quirúrgicos y obstétricos, así como el manejo del trauma en los hospitales rurales de distrito con sede en comunidades rurales aisladas. Los médicos de familia MDGP

están liderando una revolución en la prestación de asistencia sanitaria a la población de zonas rurales de Nepal.

En Dhaka fui invitado a pronunciar [la conferencia anual nacional del Profesor Nurul Islam](#), celebrada en homenaje a uno de los grandes líderes mundiales de nuestra profesión, que murió a la edad de 84 años, en 2013. El Profesor Islam (*foto*)

era un médico, profesor y científico de investigación, con un firme compromiso con los derechos humanos, la educación para la



salud y el control del hábito tabáquico. Además de fundar la Universidad de Ciencia y Tecnología en Chittagong en Bangladesh, de presidir el primer comité nacional del SIDA de Bangladesh y de haber trabajado como líder mundial con la Organización Mundial de la Salud sobre el control del hábito tabáquico en los países en desarrollo, el profesor Islam se dedicó a trabajar en asegurar que la asistencia sanitaria esté disponible para todas las personas, especialmente los más vulnerables. Una vez escribió: "la medicina es una ciencia desinteresada, abnegada y sabia". Creo que esta es una maravillosa descripción de nuestro papel como médicos de familia en cada uno de nuestros países.

WONCA tiene una presencia fuerte y creciente en los países del sur de Asia y en todo el mundo, con más de medio millón de médicos de familia miembros en 140 países. Y también es una organización incluyente. Tenemos que seguir trabajando para garantizar que cada médico de familia, cada médico generalista, todos los médicos de atención primaria, se unan a nosotros en nuestro compromiso de ofrecer atención primaria de alta calidad a sus pacientes y sus comunidades.

También esperamos que los miembros de WONCA hagan su parte y compartan nuestro compromiso con la educación y la formación, y con la prestación de una atención de calidad. Si bien reconocemos que hay excelentes médicos que trabajan en atención primaria en muchos países que no han recibido una formación de postgrado formal en medicina familiar, y damos la bienvenida a todos ellos como miembros de WONCA, creemos que todos los médicos necesitan compartir nuestro compromiso de continuar el desarrollo profesional y la educación médica continuada. También abogamos por que los nuevos licenciados en medicina reciban formación de postgrado oficial antes de poder ser

elegidos para practicar de forma independiente como médicos de familia en la comunidad. Cada persona y cada familia, en cada comunidad, merece una atención médica de alta calidad a través de un médico de familia bien formado y cualificado.

En WONCA también tenemos que ampliar nuestro compromiso con la educación y la formación de los médicos de familia y con una atención de calidad, así como con la investigación en atención primaria en los países del mundo en los que WONCA aún no cuenta con una fuerte presencia, y entre los que se incluyen algunos de la Región del sur de Asia, como Bután y las Maldivas. La pertenencia de WONCA sigue creciendo y ha sido maravillosa la reciente incorporación de los médicos de familia de Bután a nuestra familia WONCA.

Este mes, la oficina regional de la Organización Mundial de la Salud para la Región del Mediterráneo Oriental (que abarca 22 países, desde Marruecos al oeste, a Afganistán en el este, e incluyendo países en conflicto como Libia y Siria) ha lanzado su nueva publicación sobre el Fortalecimiento de la prestación de servicios de salud a través de un enfoque de medicina familiar: hacia la cobertura universal de salud en la Región del Mediterráneo Oriental.

<http://www.emro.who.int/health-topics/uhc/index.html>

Este es un documento histórico de una de las regiones de la OMS, que supone una lección para todos los países y que os recomiendo. Los documentos informan sobre los resultados de las consultas organizadas por la Oficina Regional de la OMS para el Mediterráneo Oriental, en colaboración WONCA, en El Cairo, Egipto, en noviembre de 2014.

WONCA está comprometida en trabajar con nuestros colegas de la Organización Mundial de la Salud en continuar fortaleciendo la prestación de servicios de salud en cada uno de los países de la Región del Mediterráneo Oriental a través de un enfoque de medicina familiar. Esto es esencial si queremos alcanzar la cobertura universal de salud para la población de esta región. Y las lecciones aprendidas durante la implementación de estas reformas en esta región pondrán al corriente de sus avances a muchos otros países de ingresos bajos y medios en otras regiones del mundo.

Michael Kidd

Presidente

Organización Mundial de Médicos de Familia (WONCA)

From the CEO's desk: Family Doctor Day & more



Hello again from Bangkok.

In this month's *WONCA News* I want to report back on the Prince Mahidol Award Conference (PMAC) which is held each year in Bangkok, and which I've been privileged to attend for the past two years.

This year's theme was "*Global health post-2105: accelerating equity*" looking to the time beyond the 2015 Millennium Development Goals (MDGs) and towards the 2030 Sustainable Development Goals (SDGs) as advocated by World Bank, WHO and others.

I also want to highlight World Family Doctor Day which, as ever, will be celebrated on 19th May. That is now less than three months away, and we want to encourage as many of our Member Organizations as possible to arrange events to celebrate this important health-related day in the calendar.

Prince Mahidol Award Conference

The Prince Mahidol Award was established in 1992 to commemorate the 100th birth anniversary of Prince Mahidol of Songkla, who is regarded as the father of modern medicine and public health in Thailand. The awards are bestowed on individuals or institutions that have made outstanding and exemplary contributions to the advancement of medical and public health and human services in the world. The Conference was initiated a few years later, and is held annually, focusing on health-related policy issues of global significance.

This year's theme looked beyond the MDGs towards the 2030 World Bank Development Goals for 2030, also endorsed by WHO. Universal Health Coverage (UHC) – the ability to access health care regardless of ability to pay – was central to discussions about achieving these SDGs. It was vital that no-one should be kept in, or pushed into, poverty due to out-of-pocket expenditure, yet the World Bank produced the shocking statistic that over 100 million people are pushed into poverty annually as a result of out-of-pocket expenditure on health care. Rwanda and Ethiopia were cited as two examples of countries which had achieved significant health improvement, due to clear government leadership and increased domestic resources aligned with donor support.

Health equity was stressed – not "equality" but "equity": that those who needed most resources received most help - but recognizing that everyone should have access to the quality health services

they needed and were protected from public health risks.

But there was a strong recognition that health services alone could not provide all the answers. Social determinants of health are also crucial to produce healthy societies, through investing in water and sanitation; education; social protection; transport, gender equity; the environment; and many other factors, and not just health services. As an example, governments were urged to reduce or remove fuel subsidies, especially in light of falling oil prices, which would have the double benefit of potentially reducing road usage, and thus reducing pollution and improving the environment, whilst freeing up funds for investment in more productive sectors, such as health and education.

The MDGs had eight goals. The proposed SDGs have 17 goals and 169 targets. This was felt to be excessive, and with too many either couched in non-specific terminology or just frankly ambitious and possibly unachievable. Universal Health Coverage is currently only listed as a sub-goal, and consensus was that it needed to be a main goal, on which countries should be encouraged to focus. The wording of the sub-goal on UHC also gave cause for concern. The current wording is "Ensure healthy lives and promote well-being for all at all ages" but this was felt to be too vague and repetitive, and would allow governments to hide behind a non-specific non-target. Instead the delegates urged international funders and agencies to amend the wording to "Progressively achieve universal health coverage and ensure healthy lives for all". This is still only 11 words, but is much clearer and more explicit in its aim.

Finally there was a clear recognition that governments need to commit to progressive universalism and had much to do in terms of training and up-skilling of adequate numbers of competent, committed health workers and to facilitate retention by providing adequate resources.

The theme for next year's PMAC conference is "Priority setting for Universal Health Coverage". Anyone interested in submitting an abstract can find further information [here](#). Abstracts must be submitted electronically and closing date for submission is 31st March 2015.

[World Family Doctor Day – 19th May 2015](#)

World Family Doctor Day – 19th May - was first declared by the World Organization of Family Doctors (WONCA) in 2010 and it has become a day to highlight the role and contribution of family

doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. This year Karen Flegg, the WONCA Editor, has even produced a template for countries and College and societies and associations, to aid reporting (you can find it [here](#))

This year we want to encourage even more organizations to celebrate in appropriate style on 19th May. We would love Member Organisations to tell us in advance of their plans – so that we can promote at least some in WONCA News – and then we look forward to receiving reports after the events to show and tell. WONCA News will publish as many reports as we can, to highlight

the really wonderful work done by so many of our great Member Organisations. All news and reports should be sent to the WONCA editor [here](#).



Some posters - with our new World Family Doctor Day logo (pictured right) - are now available on the WONCA website, and we hope that these will prove useful for everyone. There are two suggested themes - "A family doctor for every family" and "Universal Health Coverage", but we have also produced some blank posters in case organizations want to feature a local theme. Posters can be accessed and freely downloaded [here](#).

Until next month.

Garth Manning

WONCA Chief Executive Officer

Policy Bite: Regaining momentum – an example from the UK of successful lobbying for family medicine



Prof Amanda Howe, President-elect, writes:

We shall have an election, in May, in the UK, and the health service has been a hot topic for all our political parties as their campaigns for votes roll out across the country. There was a Parliamentary debate about the GP (FM) workforce problems, and the government has now published a specific 'Ten Point Plan' for England to address this issue ([see the details](#)), with a promise of £1 billion of new resources over the next four years to assist this.

I am writing this policy bite on this topic for two reasons – one is to share with you what a 'roadmap' to strengthen family medicine in your own country might need to include in terms of strategy: and also to share with you the things my

own WONCA member organisation, the Royal College of General Practitioners (RCGP), did to try to secure this high level intervention.

In terms of the strategic headlines, the Plan addresses promoting General Practice as a career - advertising, incentives, encouraging all parties to talk family medicine up (not down!), and potential additional opportunities for young doctors willing to train in areas of need. It also addresses ways to retain people in practice, through incentives and support; increasing training capacity; and reducing barriers to getting back into the workforce after a career break. Finally, there are parallel initiatives looking at ways to expedite the move of doctors willing to change careers and move into FM – subject of course to additional training and qualification, as we do not want new GPs to be weak doctors. This will not be easy to do, and we wait to see the resources in practice, but it is a

'win' for the RCGP who have campaigned hard for a year to get this onto the political agenda.

So how did we do that? Even for a large FM organisations it is a real challenge – we got a press team and a policy team to work really hard with the Chair of Council and the Officers to mount a national campaign ([see campaign homepage](#)). It required lots of staff and doctor time to cover all the media, get posters and petitions into GP clinics and practices, get these collected, secure press interviews, and build momentum through local and national contacts (including other academies, Colleges, and professional organisations). We have tried to use all parts of our own organisation – the regional offices, the young doctors' groups, colleagues in the medical schools, and patients – to get the messages out and to improve careers' advice and support at all levels of training.

In particular, many medical students do not see enough of family medicine in their training, or hear it being portrayed as a 'low status' discipline – we are trying to change this by welcoming medical students as associate members of our own College; and by direct links with the medical schools to challenge negative attitudes, and get more teaching and learning in family medicine. And we have tried to do our job well – because patient advocacy for their doctors has major political impact when fed into the right ears!

Of course the future is not secure, and the aftermath of an election can lead to very different outcomes to those expected. The RCGP will have to continue to 'fight its corner' and there is no magic wand – training new doctors take a long time, so we need to keep more people in the

workforce and to bring GPs who have left back in wherever possible. But I learned a lot from watching what worked. Hopefully others trying to influence increases in GP workforce and resources can learn from our UK experience and that of others who have improved their situation.

We can share these stories at conferences and on the WONCA website. Let's do so to encourage each other!

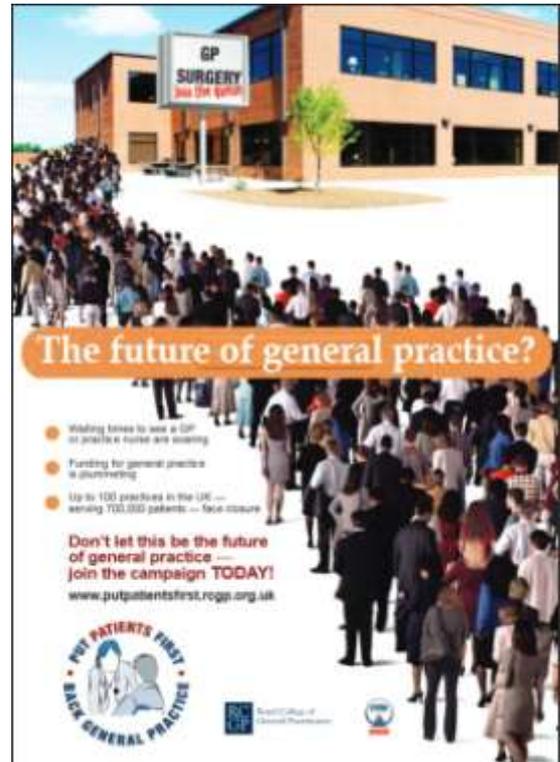


Photo- RCGP campaign poster

Amanda Howe

If you enjoy Policy Bites - we are inviting you to send us similar material - an important piece of policy from your own organisation or setting that relates to family medicine developments and that might be helpful to others. Please send a summary, a link, up to 500 words. email to editor@wonca.net

Or join the online discussion

[Login to the WONCA discussion forum](#)

[Join the WONCA discussion forum](#)



Breaking down barriers: Bringing People Together

Rural round-up: Definition - collegial



This month's Rural Round-up is written by Dr Jo Scott-Jones, of New Zealand, who is also a WONCA Featured Doctor this month.

Definition :

Collegial = "relating to or involving shared responsibility, as among a group of colleagues"*

The World Organisation of National Colleges and Academic Associations (WONCA) is founded on the concept of "collegiality." The WONCA Working Party on Rural Practice (WWPRP) makes the sharing of responsibility for the support of rural doctors worldwide a reality in a number of ways.

The WONCA website provides links to the "[Rural Medical Education Guidebook](#)" the "[Rural Heroes Project](#)," past conference presentations, and seminal documents such as the [Policy on Rural Practice and Rural Health](#) and the [Durban Declaration "Health for All Rural People."](#)

Conferences, such as the one still open for registrations in Dubrovnik this April provide opportunities for family doctors from across the globe who share the challenges and pleasures of living and working in rural communities to get together to learn from, about and with each other for the benefit of their patients.

[To register for Dubrovnik](#)

Interested WONCA members can apply to join the "google list-server" email group. (email: john@johnwy.com) – there are over 200 rural providers involved regularly in discussions that vary between palliative care and how it is provided and funded in various countries, through conference preparation for workshops such as on the impacts of climate change on practice, and leadership. Discussions continue around inequalities and their impact on health outcomes and how to ensure policy makers "rural proof" their plans for health system changes.

WPrural@wonca.net Email to join google group

The WONCA Working Party on Rural Practice has a [Facebook page](#) and Twitter handle [@ruralwonca](#).

To share responsibility, you need to communicate and like most things in life it is clear that the more you put in the more you get out.

I hope the WONCA Working Party on Rural Practice is giving lots of opportunities for people to "put stuff in" – it's time now to participate.

[Find out more about the WONCA Working Party on Rural Practice](#)

Jo Scott-Jones, New Zealand

*Oxford Dictionary of English

WONCA President sends video message to young doctors

WONCA President, Professor Michael Kidd, has sent a video greeting message to Young Doctors attending the 2nd VDGM forum for young doctors of Europe being held in Dublin, Ireland, from February 20-21. [Here](#)

The final programme and abstract booklet for the forum can be found [here](#).



Region news

WONCA South Asia meets in Dhaka -



Participants from home and abroad at the WONCA South Asia Regional Conference 2015 in Dhaka.

Conference & Participants:

The WONCA South Asia Regional Conference 2015 was held in the City of Dhaka on 13 and 14 February 2015 at the Radisson Blu Water Garden Hotel. There were Pre-conference activities on 12



February 2015. In total, 398 enthusiastic delegates attended from Nepal, Sri Lanka, India, Saudi Arabia, Australia, Thailand, UK, France, Switzerland, Turkey, Malaysia, Norway, Pakistan, Japan and from Bangladesh in different categories as follows:

- A. Invited Speakers : 33 [25 Foreigners]
- B. Foreign Delegates : 53
- C. Bangladesh Delegates : 264
- D. Foreign Spice Route : 18
- E. Bangladesh Spice Route : 30

Inauguration Session:

photo: Prof Michael Kidd-WONCA World President declaring the WONCA SAR Conference 2015 open at the Inauguration Session.

Professor Michael Kidd, WONCA President, was the Chief Guest at the Inauguration Ceremony, while Prof Paratap Narayan Prasad, WONCA SAR President, and Mr Zaved Akhter, Brand Building Director of Unilever Bangladesh Limited were the

Special Guests. Prof Ainul Islam Choudhury, Chairman of the Organizing Committee, chaired the session and Prof Kanu Bala, Organizing Chairman, delivered the welcome address.

Dr Ramnik Parekh and Dr Jyoti Parikh were offered "WONCA SAR 2015 Award" for their significant contribution for the development of family medicine in the sub-continent, especially encouraging young doctors to come in this specialty. For this reason we named the award as "Friends of the Young Doctors"



Photo: Drs Ramnik and Jyoti Parekh receiving the 'WONCA SAR 2015 Award' from Prof Ainul Islam Choudhury-Chairman Conference Committee and from Prof Michael Kidd, WONCA World President.

Organizers:

Bangladesh Academy of Family Physicians and Bangladesh College of General Practitioners were the Conference Organizers while Unilever Bangladesh Limited was the Conference Partner. Bangladesh Institute of Family Medicine & Research, University of Science & Technology Chittagong, MRCGP [International] South Asia and Spice Route Movements were the Supportive Organizations.

Invited Speeches:

A total of 33 world class orators from different countries, presented 38 speeches on different topics of Family Medicine. Prof Michael Kidd delivered the key-note speech - the "National Prof N. Islam Memorial Lecture". The topic was 'A friend to those in need' – delegates highly appreciated the content and mode of delivery of the speech. A 'shal' and a crest were presented to the lecturer. The theme of the conference was 'Family physician is a member of the family'. Prof Kanu Bala delivered the 'Conference Theme Lecture'.

Photo below : At the end of the 'national Prof N. Islam Memorial Lecture' and 'Conference Theme Lecture' [L-R] Prof S. A. Mahmood, Chairman; Prof Pratap Narayan Prasad, Chairman; Prof Michael Kidd; Prof Kanu Bala; and Mr I Islam, Chairman of the University of Science & Technology Chittagong



Two lunch symposia covered two hot topics of family medicine.

Research Papers & Work Shops:

A total of 38 research papers were presented by researchers of different countries. The WONCA Working Party for Women and Family Medicine [WWPWFM], MRCGP [International] South Asia, and Spice Route Movements organized three workshops. A good number of participants attended the workshops.



Photo: WONCA Working Party for Women and Family Medicine members: at left, Dr Nasim Jahan (Bangladesh) who

delivered a paper on Violence against women and at right, Dr Sameena Shah who co-facilitated the WWPWFM workshop.

Cultural Events:

Delegates were not only busy with academic sessions, they also enjoyed a good cultural evening and sumptuous dinner. Young and senior delegates of home and abroad joined the songs and dance programmes.

Photo bottom of page: At the cultural evening enthusiastic participants are dancing.

WONCA Participation:

The WONCA SAR 2015 Conference is a conference of WONCA, we are the local organizers only. From the WONCA side, Dr Garth Manning, WONCA CEO, and Prof Pratap Narayan Prasad, WONCA SAR President, maintained full time communication with Prof Kanu Bala, Organizing Chairman and gave suggestions when necessary. Prof Michael Kidd, WONCA World President always rendered his blessings for the conference.

Conference Outcomes:

The conference was well organized and well participated in by Family Physicians who were enlightened with scientific facts suited for professional practice and updated in their Academic knowledge in Family Medicine. This conference certainly strengthens the academic and personal relations among South Asia Regional doctors.

Prof Kanu Bala



WONCA President delivers the National Professor Nurul Islam Memorial Lecture in Dhaka

At the recent South Asia region conference held in Dhaka, Bangladesh, Prof Michael Kidd, WONCA President, delivered the second annual National Professor Nurul Islam Memorial Lecture. He commenced the lecture:

It is an honour and a privilege to be invited to deliver this second annual National Professor Nurul Islam Memorial Lecture, held in tribute to one of the great leaders of our profession.

In this lecture I will highlight the life's work of National Professor Nurul Islam (pictured), especially his commitment to human rights, health education and tobacco control as a physician, teacher and research scientist. I plan to draw parallels from the life and work of Professor Islam with the work we are doing as family doctors today in the South Asia Region and around the world, and provide some examples of WONCA's global activity."



Professor Kidd then paid homage to the life work of National Professor Nurul Islam having titled the memorial lecture "A friend to those in need". He noted that was clear that Professor Islam, with his commitment to human rights and health education was devoted to ensuring that health care was available to all people, especially the most vulnerable, and that he spent his entire life, including his golden years when many others would have retired, working towards this goal.

Professor Kidd went on to talk of WONCA and its 43 year history and what we, as WONCA need to work on now..

"We need to work to ensure that every family doctor, every GP, every primary care doctor, joins us in our commitment to deliver high quality primary care to our patients and communities.

We also expect our members to do their part and share our commitment to education and training and a commitment to quality care. And while we recognize that there are excellent family doctors in the community who may not have received formal postgraduate training in family medicine, and we welcome these doctors as members of WONCA, we believe that these doctors need to share our commitment to continuing professional development and continuing medical education. We also believe that all new medical graduates should receive formal postgraduate training before

being eligible to practice as family doctors in the community. Every person, every family in every community deserves to receive high quality medical care from a well-trained and qualified family doctor. And this is why WONCA was established.

We also need to expand our commitment to the education and training of family doctors and quality care and primary care research to the nations of the world where WONCA does not yet have a presence, which includes some nations here is South Asia, especially Bhutan and the Maldives. This expansion of WONCA is one of my personal goals as president and it was wonderful last year to welcome family doctors from Bhutan to the WONCA family.

Why do we do all this? Because family medicine is important.

Because the evidence is clear that health systems based on strong primary care, which includes strong family medicine, are the most efficient, equitable and cost-effective.

Because strong primary care is the best way to improve the health of individuals, families and communities.

Because we believe every family should have a family doctor who the members of each family can trust for their medical care and advice.

Because family doctors and the members of our primary care teams are part of the social fabric of our societies and we work together to keep the fabric of health care together.

Much more was said before Professor Kidd concluded with a favourite quote of Professor Islam, taken from the writings of Charles Dickens, about what it means to be a doctor:

*"They have to have
a heart
that never hardens,
a temper
that never loosens
and a touch
that never hurts."*

[See complete lecture on president's blog](#)

News from European GP Research Network (EGPRN)



Quo Vadis* EGPRN?

**Where are you going?*

A core project initiated in May 2012, for the European General Practice Research Network (EGPRN), has been a reflective process on the network's future, and of research in general practice, in Europe in general. *Quo Vadis**, EGPRN?

The process started with questionnaires sent to EGPRN National Representatives, which informed subsequent focus group discussions. Many issues were tackled, including membership, finances, organisation and meeting structure, and vision for the future, together with ideas on how we could better meet and network. Specific issues which emerged during discussions with our members included the optimal number of meetings per year, the best ways to support individual researchers, ways to support effective development of international research collaboration and the relationships with National Representatives, national Colleges and WONCA.

EGPRN has been doing well in providing a safe and friendly meeting for discussing research work, in selecting good quality research presentations with good discussions at the meeting, in fostering good personal contacts between family doctor researchers, and in supporting strong collaboration and networking.

Conclusions

Specific proposals for improvement included starting, or getting involved in, funded international collaborative projects, having two meetings with different focus each year, whilst balancing a careful mixture of past qualities and future roles, and trying to get more work done between meetings. The priority shall be on introducing new structures to better support international collaborative research projects, and a re-organisation of the meeting programme and structure to better support new research ideas.

What is EGPRN?

EGPRN is the Network organization of general practitioners/family doctors and other health professionals involved in research in primary care and family medicine in Europe.

EGPRN offers members a chance to meet researcher colleagues by organising meetings

twice annually, prompting local and international research collaboration amongst researchers in family medicine. At such meetings research papers are presented and discussed at length, in order to allow participants showcase and improve their research projects.

a. Key EGPRN activities include: conferences twice annually, research courses, database of past abstracts on website, the European research agenda reference document, regular reports from national representatives, position papers on the theme of the conferences published in European journals to summarise each conference proceedings.

b. Services to members: mentoring of researchers, networking of like-minded researchers, fora for research discussion, methodology workshops, publication of research abstracts in European Journal of General Practice, EJGP articles on-line access

c. EGPRN reference materials: materials on website, including research agenda and database of abstracts

The University of Maastricht, offers support as the central administrative office for the activities of EGPRN through the EGPRN Co-ordination Centre which is located in the department of General Practice.

Membership

EGPRN is open to individual and institutional membership, via online registration on [our website](#).

It is inexpensive to become a member of EGPRN and to attend meetings. The accessible membership and conference fees make it attractive to all European primary care researchers

EGPRN Conferences

Official meetings are in spring: every second full weekend in May and in autumn: every third full weekend in October. Different volunteer countries, hosted by the national representatives, take care of the local organisation. The meetings include oral sessions on a predetermined conference theme as well as free standing papers, "one-slide/five-minutes" presentations and "guided-poster sessions".

EGPRN meetings maintain a "workshop format" which although offers constructive criticism, in a friendly and safe environment. EGPRN meetings are popular with both senior and junior researchers.

Selected abstracts of the meetings are published twice a year in The European Journal of General Practice.

EGPRN, national colleges and academic bodies, organizes "International Courses on Research Methodology in PHC", offering the expertise of an international teaching staff.

Future plans

In addition to already established activities EGPRN has several plans for its future development:

- More cooperation with other WE networks in common projects.
- Work on how to be a partner in EU projects
- More networking with institutional members

For more information

Please visit the [EGPRN website](#):

Jean Karl Soler (Chair)

Abstracts for WONCA Europe close soon

The WONCA Europe conference for 2015 is being held in Istanbul from October 22-25. Key dates coming up are listed below.

Abstract Submission Ends: March 22, 2015

Early Registration Ends: June 22, 2015

[see more conference information here](#)

Another keynote speaker confirmed

Jan de Maeseneer, professor and head of the department of family medicine and primary health care of Ghent University in Belgium has been

confirmed as a keynote speaker. Jan is also Chairman of the European Forum for Primary Care, director of the International Centre for Primary Health Care and Family Medicine, designated by "WHO-Collaborating Centre" on Primary health Care.

Welcome video from Prof Dilek Guldal, chair of the organising committee available online



Special Interest Group News

SIG Non-communicable diseases

A new WONCA Special Interest Group on Non-Communicable Diseases (NCDs) was approved by the WONCA Executive in July 2013 and serves as a focus for the development of NCDs issues for WONCA worldwide. The convenor is Dr Domingo Orozco-Beltran of Spain (pictured)



Read about why we need a Special Interest Group on Non-Communicable Diseases [here](#).

General membership is open to interested family doctors. For more information [email convenor](#)

Objectives of the WONCA SIG on Non-communicable diseases

- To serve as a focus to stimulate and promote standards of excellence in the primary care management of NCDs, consistent with patient and professional values and with reference to evidence based health care
- To improve knowledge about chronic care models as Chronic Care Model (CCM) or Kaiser Permanente (KP) and others.
- To analyse the relationship between primary care orientation and the implementation of the chronic care models.
- To promote and to assess tools to Measure Quality Improvement of Chronic Illness Care
- To put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services.
- To promote integrated care.
- To address the fragmented nature in which health care is delivered.
- To identify characteristics that facilitates the implementation of strategies to achieve a high performing chronic care system in primary care.
- To hold scientific meetings, which may include sessions and workshops during WONCA regional and world conferences. To present original papers and to address broader educational issues through discussion, training and debate.
- To promote and develop patient information about NCDs.
- To promote active participation by all people, and re-emphasise the empowering of communities, especially women, in the processes of developing

and implementing policy and improving health and health care,.

- To develop and promote appropriate literature for primary care professionals using a variety of resources, including WONCA Online.

Plans of SIG on Non-Communicable Diseases

Our Activities

- Guideline development on NCDs issues
- Scientific presentations on NCDs
- Advice to WONCA and affiliated Colleges on NCDs issues
- Participation in WONCA activities and conferences with a focus on the NCDs health agenda
- Provision of a regular newsletter and educational materials
- Supporting the NCDs models in primary care education
- Organising regular online Primary Care NCDs Grand Rounds
- Developing and supporting postgraduate accreditation programmes for General Practitioners with a Special Interest in NCDs

Our Proposed Products

- Culturally sensitive guideline (near future)
- Newsletter and regular communication to members
- References of interest

Our Proposed Meetings

- Annual scientific symposium at a WONCA regional / world meeting
- Annual general meeting at a WONCA regional / world meeting
- Regional / national workshops scientific and educational meetings to be organised by the committee

Proposed Collaborations

Co-operating organisations eg WPA, WHO, reputable patient representative groups, all WONCA Working Parties and WONCA Special Interest Groups will be approached to propose members to join the Working Party Executive on specific projects. All WONCA regions will be approached to send representatives to become members of the SIG Executive.

Convenor: Dr Domingo Orozco-Beltran (Spain) & Secretary: Dr Manuel Sanchez-Molla. (Spain)

Member Organizations news

Family Medicine Ethiopia Highlights

Ethiopia's first postgraduate Family Medicine Program was inaugurated in February 2013 and recently celebrated its second anniversary with a number of important activities. Once the final exams for the residents completing the first and second years of their program were concluded, attention turned to welcoming nine new residents, the largest cohort so far. This brings the total number of Family Medicine residents to 21. Orientation was a two-week program that included training programs in ALSO (Advanced Life Support in Obstetrics) and quality Improvement by faculty from the Department of Family and Community Medicine, University of Toronto, and presentations on a variety of Family Medicine topics by faculty from Addis Ababa University, University of Toronto and University of Wisconsin.

Local and visiting faculty also took the opportunity of doing an interim assessment of the new program. They compared the progress of the program against the [WONCA Standards for Postgraduate Family Medicine Education](#) and against the program's own Strategic Plan which was developed when the program was inaugurated. Everyone was generally pleased with the progress of the program to date, and the process allowed everyone to identify gaps and challenges and formulate plans to address them.



The program also held its second annual Family Medicine meeting (pictured) at the Ghion Hotel, with funding provided by MEPI. The morning theme was the unique role for Family Medicine in the Ethiopian health care system and the afternoon theme was the development of a roadmap for establishing Family Medicine in Ethiopia. Local and guest university faculty

attended as well as officials from the Federal Ministry of Health and the Addis Ababa Regional Health Bureau.

The Federal Ministry of Health (FMOH) is enthusiastically embracing Family Medicine for its health care system. It has decided to establish two more Family Medicine programs at Gondar and Jimma Universities in September, hence its request for a roadmap at the annual meeting. It has previously declared that graduates of the three-year Family Medicine programs will be considered and paid as specialists. The commitment of the FMOH will include a clear description of the role of the family physician in the Ethiopian health care system which will help with recruitment.

Two of the original faculty in the Family Medicine program will be leaving this year. Dr Dawit Wondimagegn, inaugural head of the program and Associate Dean for Graduate Studies of the College of Health Sciences, Addis Ababa University will be leaving on sabbatical in September. Dr Brian Cornelison of the University of Toronto and Addis Ababa University will be leaving the end of April in the third year of his appointment to return to Canada.

The Department of Family Medicine, University of Toronto will continue to support the program through the university's TAAAC (Toronto Addis Ababa Academic Collaboration) program, and short-term faculty from the University of Toronto and University of Wisconsin will assume day-to-day duties in anticipation of greater Ethiopian faculty involvement once the first group of residents graduates in February 2016.

All in all the Family Medicine program at Addis Ababa University has managed to grow and thrive through the growing pains that all new programs inevitably endure. An oft-quoted Ethiopian proverb is that 'Slowly slowly the egg will (hatch and) walk.' This egg is now walking!

Dr Dawit Wondimagegn

Dr Brian Cornelison



Wonca Africa Conference 2015



Philippine Academy of Family Physicians- new officers

The Philippine Academy of Family Physicians (PAFP) has announced its new officers for 2015-16.

President - Alex J. Bienvenido Alip, Jr., M.D.

Vice –President - Eva Irene Yu-Maglonzo, M.D.

Executive Secretary - Maria Victoria Concepcion P. Cruz, M.D.

Treasurer - Policarpio B. Joves, Jr., M.D.

National Directors:

- Limuel Anthony B. Abrogena, M.D.

- Disi Yap-Alba, M.D.

- Elmer M. Angus, M.D.

- Eli AR. Belarmino, M.D.

- Romualdo C. Cabalona, M.D.

- Mona Lisa F. Cosme, M.D.

- Aurora R. Espinoza, M.D.

- Annie A. Francisco, M.D.

- Karin Estepa-Garcia, M.D.

- Ricardo S. Guanzon, M.D.

- Cheridine Oro-Josef, M.D.

Regional Directors:

Northern Luzon - Margaret Jean C. de Guzman, M.D.

Southern Luzon - Rafael B. Cruz, M.D.

Visayas - Cesar S. Yap, Jr., M.D.

Mindanao East - Ricardo B. Audan, M.D.

Mindanao West - Delia R. Pastoriza, M.D.

N C R - Jane Eflyn Lardizabal-Bunyi, M.D.

Immediate Past President: Christine Serrano-Tinio, M.D.



Second
Wonca Family
Medicine
EAST MEDITERRANEAN Congress

www.woncaemr2015.com

Featured Doctor

Dr Jo SCOTT-JONES : New Zealand



Dr Joseph "Jo" Scott-Jones was attracted to medicine as a career because his Dad was a nurse and as a child Jo would help share out chocolates left by grateful patients amongst the ward staff, the combination of helping people and chocolate was

irresistible.

He is one of the leaders of the WONCA Working Party on Rural Practice and is married to a teacher - they have five children and two Yorkshire terriers.

What is Jo's current work?

Jo has worked as a GP in Opotiki, a small rural town in New Zealand, since 1992. Having been brought up in Liverpool, England he always saw himself as GP in high needs inner city practice.

Rural New Zealand proved to have a population with similar challenging medical and social needs, as well as an opportunity to utilise all of the medical and surgical skills he had attained in his training. A six month "tiki tour" has become a lifelong commitment.

What other interesting things is Jo involved in?

Jo is the inaugural chairperson of the [Rural Health Alliance Aotearoa New Zealand](#) – a "peak" organisation seeking the common ground between health provider, business and community organisations with an interest in the health and wellbeing of rural communities.

He is a member of the Royal New Zealand College of General Practitioners rural faculty and chairperson of the [New Zealand Rural General Practice Network](#). The Network is a unique organisation that provides and equal platform for

nurses and doctors involved in rural health to support the development of rural general practice.

Jo has been a passionate advocate for the extended role of nurses within the practice team, his Masters degree focussed on the development of "standing orders" for use in general practice.

Jo sits on the WONCA Working Party on Rural Practice (WWPRP) executive with a particular role around social media, he is responsible for implementing the [WWPRP's "Rural Heroes" project](#)

He is also a keen teacher and helps coordinate an inter-professional programme with a focus on Maori, and rural health. He is a senior lecturer in the Department of General Practice at Auckland University.

Interests outside medicine?

Jo does a lot of writing, with monthly articles and podcasts for the *NZ Doctor* magazine, and he is the presenter of a regular Rural Health Podcast hosted by New Zealand's Mobile Health Solutions organisation. He is regular "tweeter" about rural health issues @opotikigp.

He finds time to take part in the local musical theatre group and in this role has been a village idiot, murderer, thief, rapist, undertaker, pirate and impresario. He keeps fit by cycling and walking the dogs.

Philosophy of care?

Jo's practice aims to provide patient care based on best available evidence, in a culturally safe manner with a focus on [Minimally Disruptive Medicine](#).

Dr Bikash GAUCHAN : Nepal

Dr Bikash Gauchan from Nepal, is WONCA's youngest Life Direct Member to date. He is pictured with Dr Garth Manning, WONCA CEO, in celebration of this achievement.

What work do you do currently?

I currently work as the Chief of a District Level Hospital in very



remote part of Nepal. My post is Medical Director and the name of the hospital is Bayalpata Hospital in Achham District, in Far West Nepal.

I completed my medical degree from B P Koirala Institute of Health Sciences [BPKIHS] in March 2009 and began to work as medical officer at BPKIHS. In 2010, I first went to Bayalpata Hospital to work. While working at Bayalpata Hospital, I

realized the importance of Family Physicians in delivering quality health care in rural settings and was determined to study Family Medicine. After completing one year of tenure as Medical Director at Bayalpata Hospital, I got a national scholarship to study a doctorate in General Practice and Emergency Medicine at BPKIHS.

In 2014, I rejoined Bayalpata Hospital to provide free primary, obstetric, basic surgical and continuous care to the people from remote regions of Achham and Bajura Districts in Nepal.

Please visit www.possiblehealth.org for more information about Dr Gauchan's and his team's work.

What does your working day involve?

- In Nepal, as with all professionally trained GPs, we understand that you are responsible not only for family medicine as most of us would recognise it, but also for emergency medicine and for providing emergency obstetric and surgical care.

The patient volume of Bayalpata Hospital is 250 - 500 outpatients per day, 20-30 patients in Emergency and 15-25 inpatients.

Besides many other responsibilities as Medical Director, I have to supervise the free health care which includes lab, pharmacy, x-ray, sonography and chronic disease management. I facilitate CME sessions each morning and lead the morning update standing meeting. I perform surgery

Announcements

including caesarian sections, hernia repairs, hydrocele repairs, appendectomy, emergency hysterectomy, manual vacuum aspiration and also supervise patient care in the Emergency department, as well as for inpatients and outpatients. I am acting as supervisor of various government programs such as HIV/AIDS, TB, leprosy, malnutrition and 'Integrated Management of Childhood Illness' programs. I am also involved in writing and editing multiple scientific papers.

What other interesting activities that you have been involved in?

During residency, I was elected as the President of Junior Resident Welfare Society (JRWS), which is non-profit and non-political welfare organization of resident doctors, 241 residents in total. Being president of JRWS, I organised a symposium on "Exploring New Frontiers of Collaboration: Medicine and Humanities" and invited eminent national doctors, philanthropists, leaders and journalists as guest speakers.

What are your interests as a family physician and also outside work?

I want to be involved in WONCA, share my experiences with other family physicians from different countries. I would like to learn from family physicians of different countries how they provide clinical care.

I like playing different games outdoor as well as indoor. I also like social activities, teaching and trekking

Announcements

WHO's Global status report on noncommunicable diseases 2014

Author: WHO

Publication details

Number of pages: 298

Publication date: 2014

Languages: English

ISBN: 978 92 4 156485 4

[Download Report](#) (pdf, 6.8Mb)

Overview

This global status report on prevention and control of NCDs (2014), is framed around the nine voluntary global targets. The report provides data on the current situation, identifying bottlenecks as well as opportunities and priority actions for attaining the targets. The 2010 baseline estimates on NCD



mortality and risk factors are provided so that countries can report on progress, starting in 2015. In addition, the report also provides the latest available estimates on NCD mortality (2012) and risk factors, 2010-2012.

All ministries of health need to set national NCD targets and lead the development and implementation of policies and interventions to attain them. There is no single pathway to attain NCD targets that fits all countries, as they are at different points in their progress in the prevention and control of NCDs and at different levels of socioeconomic development. However all countries can benefit from the comprehensive response to attaining the voluntary global targets presented in this report.

THEnet wins inaugural AFMC - Charles Boelen International Social Accountability Award

The Association of Faculties of Medicine of Canada (AFMC) have announced that the [Training for Health Equity Network \(THEnet\)](#) is the very first recipient of the [AFMC - Charles Boelen International Social Accountability Award](#).

Introduced in April 2014, this new award was created to highlight outstanding accomplishments in implementing the principles of social accountability in the health field. With its international scope, it aims to celebrate individuals and organizations from around the world whose accomplishments exemplify the application of the principles of social accountability as defined in the Global Consensus for Social Accountability of Medical Schools and other internationally recognized references.

"I am very pleased with the Award's inaugural year and the associated collaboration with the AFMC," declared Dr Charles Boelen, a world leader in social accountability. "I would also like to thank the members of the selection committee for their work, as I am sure it was not an easy task to choose a single winner from among all the exceptional nominations submitted."

The [Training for Health Equity Network \(THEnet\)](#) is a global movement of medical schools committed to increasing the impact of academic institutions on health and the development of equitable health care systems, notably by focussing the training of health professionals on improved health equity. It is a learning community where institutions and individuals work to develop a global view of health challenges and try to meet local and national

health priorities. THEnet is made up of faculties in Africa, Asia, Europe, the Americas and Australia that are committed to pioneering innovative approaches to facilitate access to care in disadvantaged communities. It helped develop an evaluation framework to assess the social accountability of medical schools.

"It is an honour to present this award to Dr André-Jacques Neusy and Ms Bjorg Palsdottir, the Chief Executive Officer and Executive Director, respectively, of THEnet," noted Dr Geneviève Moineau, President & CEO of AFMC. "The solid international reputation they have built over the years, as well as their positive impact on the communities they serve and their desire to promote social justice and equity truly deserve to be recognized and celebrated by the academic community."

The Award will be presented during the President's Address and awards ceremony on April 26, 2015, as part of the Canadian Conference on Medical Education (CCME).

[About AFMC:](#)

The Association of Faculties of Medicine of Canada (AFMC) represents the country's 17 faculties of medicine and is the national voice for academic medicine. Our organization was founded in 1943 and functions to support individually and collectively Canada's medical schools through promotion of medical education, research, and clinical care.

Resources added

PEARLS

[451 Statins ineffective for dementia](#)

[450 Psychological treatments for depression and anxiety effective in dementia and mild cognitive impairment](#)

[449 Powered toothbrushing more effective than manual for oral health](#)

[448 Ultrasound ineffective for chronic low-back pain](#)

[447 Interventions effective in increasing influenza vaccination rates](#)



This year Dubrovnik could be the perfect travel destination!



THE ULTIMATE CHECK LIST FOR PLACES TO SEE IN DUBROVNIK!



Stradun (Placa)

The Stradun, or Placa, is Dubrovnik's main street, stretching from the Pile Gate through the old quarter to the Ploce Gate. Visitors to the city can spend hours strolling along its limestone pavements, lined with shops, restaurants and many of Croatia's most impressive monuments.

Old port

Once the main trading and maritime hub, today the old port is a picturesque part of Dubrovnik and aquatic gateway for island exploration and coastal excursions. The protective fortresses of St. Luke, St. John and Revelin still stand guard as they have done for many centuries.

City Walls

Without doubt, one of the main attractions of old Dubrovnik is the city walls and no visitor should leave without arranging a guided walk around the top. The walls are up to six metres thick in some places and have served to protect Dubrovnik since the middle ages.



Dominican Monastery

The fortress-like Dominican monastery in Dubrovnik holds a wealth of history as well as rich collection of valuable art including paintings by Dubrovnik's greatest painters and artefacts of gold exhibited in the museum.

Rector's Palace

The Rector's Palace is one of the most important landmarks of Dubrovnik and served as head office for the Ragusa government as well as housing a dungeon and providing residence for the rector. Nowadays, this magnificent Croatian mansion displays museum exhibits upstairs and hosts classical music concerts in the courtyard during Dubrovnik's Summer Festival.



Orlando's column

Located between the Sponza Palace and the Church of St. Blaise, the stone Orlando's Column stands as a symbol of Dubrovnik's freedom. The raising of the 'Libertas' flag on the column marks the start of the annual Dubrovnik Summer Festival.



WONCA CONFERENCES 2015

March 5-8, 2015	WONCA Asia Pacific Region Conference	Taipei, TAIWAN	For more information on these conferences as it comes to hand go to the WONCA website conference page :
April 15-18, 2015	WONCA World Rural Health conference	Dubrovnik, CROATIA	
April 30 – May 2, 2015	WONCA East Mediterranean Region conference	Dubai, UAE	
May 6-9, 2015	WONCA Africa region conference	Accra, GHANA	
October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	

WONCA CONFERENCES 2016

June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	www.woncaeurope2016.com
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

- WONCA Direct Members enjoy *lower* conference registration fees.
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<http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

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For more information on WONCA endorsed events go to
<http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx>

April
28-30
2015

Mental Health for All

Lille, France

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

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

06 Mar - 08 Mar 2015	RCGP Global Health Conference  London, United Kingdom
09 Apr - 11 Apr 2015	22nd Congress of Family Physicians Croatia  Varaždin, Croatia
23 Apr - 25 Apr 2015	47th EQuIP Meeting  Fischingen, Switzerland
25 Apr - 29 Apr 2015	STFM Annual Spring Conference  Orlando, Florida, USA
01 May - 02 May 2015	City Health Safeguarding The Future  RCGP, London, UK
07 May - 10 May 2015	EGPRN Spring meeting  Timisoara, Romania
29 May - 30 May 2015	IPCRG scientific meeting  Singapore
30 May - 31 May 2015	5th Hong Kong Primary Care Conference (HKPCC)  Hong Kong, SAR China
13 Jun - 14 Jun 2015	6th conference of Japan Primary Care Association  Tsukuba, Japan
16 Jun - 18 Jun 2015	19th Nordic Congress of General Practice  Gothenburg, Sweden
31 Jul - 02 Aug 2015	RNZCGP conference for general practice  Hamilton, New Zealand
21 Sep - 23 Sep 2015	RACGP GP '15 conference  Melbourne, Australia
01 Oct - 03 Oct 2015	RCGP annual primary care conference  Glasgow, United Kingdom