

WONCANews

An International Forum for Family Doctors



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World Organization of Family Doctors
www.GlobalFamilyDoctor.com

Wonca President
 Prof Richard Roberts
 Department of Family Medicine
 University of Wisconsin
 School of Medicine & Public Health
 1100 Delaplaine Court
 Madison WI 53715 USA
 Tel +1 608 263 3598
 +1 608 424 3384 (clinic)
 Fax +1 608 2 63 5813 (office) /
 +1 608 424 6353 (clinic)
 Email President@wonca.net

Wonca Chief Executive Officer
 Dr Alfred W T Loh (until October 2)
 Dr Garth Manning (from October 3)

Wonca World Secretariat
 World Organization of Family Doctors
 7500A Beach Road
 #12-303 The Plaza
 Singapore 199591
 Tel +65 6224 2886
 Fax +65 6324 2029
 Email admin@wonca.com.sg

President-Elect
 Prof Michael Kidd (Australia)

Immediate Past President
 Prof Chris van Weel (Netherlands)

Executive Member at Large & Honorary Treasurer
 Dr Francine Lemire (Canada)

Executive Member at Large & WHO Liaison Person
 Dr Iona Heath (United Kingdom)

Executive Member at Large
 Dr Wesley Schmidt (Paraguay)

Regional President, Wonca Africa
 Dr Sylvester Tola Osinowo (Nigeria)

Regional President, Wonca Asia Pacific
 Dr Donald K T Li (Hong Kong)

Regional President, Wonca East Mediterranean
 Prof Nabil Al Kurashi (Saudi Arabia)

Regional President, Wonca Europe
 Dr Anthony Mathie (United Kingdom)

Regional President, Wonca Iberoamericana-CIMF
 Prof Liliانا Arias-Castillo (Colombia)

Regional President, Wonca North America
 Dr Dan Ostergaard (USA)

Regional President, Wonca South Asia
 Dr P Wijegoonewardene (Sri Lanka)

Editor, Wonca News & Editorial Office
 Dr Karen M Flegg
 PO Box 6023
 Griffith ACT 2603 Australia
 Fax +61 2 6244 4105
 Email karen.flegg@optusnet.com.au



From the WONCA President: Sweet Sorrow

The past dozen years have been extraordinary for WONCA. We have nearly doubled the number of member organizations to 126. With the addition of the CIMF-Iberoamericana region, the WONCA map now covers every continent. Our reach and impact have never been greater. Leaders of national colleges around the world tell me frequently that WONCA helped them gain access to and influence with their ministries of health at the highest levels. We are involved with the World Health Organization (WHO) through numerous initiatives. We are becoming a global leader in matters of health and primary care. In short, these last dozen years have marked WONCA's initial transformation from academic club to professional association.

Three people have been instrumental in that transformation: Dr Alfred Loh, Yvonne Chung, and Gillian Tan. Their warm and friendly tone made family doctors and their organizations feel like welcomed members of the WONCA family. Their unfailing courtesy and eagerness to be of assistance reminded us that we were respected and valued. Their attention to detail gave comfort to successive Executives that felt responsible for the integrity and success of WONCA. They became trusted colleagues and good friends. All of this makes it especially difficult to say goodbye to them and to the Singapore Secretariat.

Alfred has been involved with WONCA at the highest levels for more than three decades. He has been an energetic ambassador for Family Medicine. He was ever mindful of the daily challenges of family doctors, because he continued to see his own patients. His humility and thoughtful diplomacy put WONCA in the best possible light. He was so active on behalf of WONCA that it seemed implausible that his position as CEO was supposed to be part-time.

Yvonne was the only full-time member of the staff.



Richard Roberts with Alfred Loh in Warsaw in 2011



(l to r) Yvonne Chung, CEO Alfred Loh, Gillian Tan

Her ability to multi-task, her quick response to requests, and her energy suggested that WONCA had a much larger staff than we did. Gillian was the numbers person, diligently maintaining accounts for all aspects of the organization and producing financial reports for the Executive, auditors, and regulatory authorities. The WONCA staff became more than employees, they became family. We shared family stories, celebrated triumphs, and consoled each other when tragedy struck.

A brief word about Singapore: wonderful. With one of the best international airports, advanced infra-structure, user-friendly financial institutions, and a dependable legal system, Singapore has been a wonderful place to have a Secretariat.

I take some comfort in knowing that Alfred, Yvonne, and Gillian will always be only an email or phone call away. Even better will be the chance to play a round of golf with Alfred and get updates from Yvonne and Gillian on their families.

Dr Garth Manning and the new Bangkok Secretariat will be terrific. As they build their own legacy, they will help us get closer to that elusive summit where we can see, and connect, all the family doctors of the world. I know they will be grateful for how far up the mountain Alfred, Yvonne, and Gillian helped us climb.

Professor Richard Roberts JD MD
 President
 World Organization of Family Doctors

From the WONCA President: Team Mayo

First onboard and seated on the aisle, I watched my fellow passengers as they slowly filled the small regional jet. I was struck by how many of them limped, used walking devices, lugged oxygen tanks, or had skin conditions. It took me a moment to comprehend why. Then it came to me – we were headed to Rochester, Minnesota, home of the Mayo Clinic. We were pilgrims making our way to the American equivalent of Lourdes, seeking clarity and cure.

The thought of our collective destination suddenly caused me some anxiety. I was headed to Mayo for a different purpose. I had been invited to speak on global perspectives on primary care reform and innovation. This was a task I had accomplished successfully hundreds of times in dozens of countries. My anxiety arose from uncharacteristic doubts that I may not be up to the assignment. Who was I to offer insights and advice at the medical Mecca to which politicians, royalty, and the wealthy flocked for treatment?

I need not have worried. The evening of my arrival, I shared a delightful dinner with old friends like Rob Nesse and several other Mayo family physicians and residents. Their warm welcome set the tone that was to typify my visit. During my 24 hours in Rochester, I began to understand the reasons for Mayo's success and mystique. While the Mayo system is very large with lots of intelligent people and considerable resources, I have been to other institutions with similar attributes. What makes Mayo special is that it has nurtured a culture of collaboration that few other multi-specialty polyclinics have achieved. There was an atmosphere of openness, humility, and shared vision that I have observed rarely in other academic health centers. Mayo has created a sense of team centered on the needs and experiences of the patient.

It all started with Dr W W Mayo, who began his practice, in Rochester, in 1863. Two decades later, he was joined by sons William and Charles, with the establishment of the Mayo Clinic, in 1889. Their commitment to innovation and group practice was uncommon for the day. In 1915, Mayo launched the first post-graduate training program in the United States. Over time, the owners of the Mayo practice turned over its assets to what eventually became the Mayo Foundation for Education and Research ("Foundation"), a charitable, not-for-profit organization. Mayo established its own medical school, in 1972. Campuses in Jacksonville, Florida and Scottsdale, Arizona were founded twenty five years ago. The three shield logo reflects Mayo's values, with

patient care at the center, flanked by education and research.

The Mayo Clinic has grown to the largest integrated medical center in the world. In addition to the Rochester, Jacksonville, and Scottsdale campuses, the entire Mayo Clinic Health System now includes more than 70 hospitals and clinics in Iowa, Minnesota, and Wisconsin. In total, Mayo represents more than 3700 physicians and 55,000 additional employees who annually provide care to more than 1 million patients from more than 135 countries. Clinical activities generate about USD8.5 billion in revenues each year.

There are several unique aspects to Mayo. The entire enterprise of clinical services, education, and research is subsumed under the Foundation, which has assets of about USD1.5 billion. Mayo doctors are paid on a salary basis. Any extra income beyond expenses is used for charitable purposes by the Foundation.



Mayo (right) and Gondo buildings

The following morning, I had a 6:50am breakfast meeting with Dan Broughton, a Mayo pediatrician, to discuss his work with the International Center for Missing and Exploited Children. At 8am, I attended a care team meeting at the North East Clinic, which houses about two dozen physicians and mid-level practitioners. For thirty minutes, three physicians and 15 nursing staff talked through some of the current issues and problems of patient flow and clinic operations. Following the staff huddle, I had a fascinating discussion with Kristin Somers, a psychiatrist, two mental health nurse specialists, and a social worker. They work exclusively at the North East practice and provide support to the primary care team. Built on the principles of the DIAMOND study (J Gen Intern Med 2011 Sep;26(9):999-1004. Epub 2011 May 20), the mental health professionals have become an integral component of the practice. The primary care doctors still provide most of the behavioral

and mental health services, but turn to the mental health specialists when needed. It was one of the better examples I have seen of integrating mental health services with primary care.



Rochester Methodist Hospital

The final two hours of the morning were spent on hospital rounds with the Family Medicine Inpatient Service at Saint Mary’s Hospital. Robert Bonacci, the inpatient attending, led the team through the usual array of problems that cause primary care



St Mary's Hospital

patients to be hospitalized – heart failure, lung disease, chronic pain, substance abuse, and so on. After my noon presentation, I met with David Katzelnick, a psychiatrist who is doing innovative work around team-based care, especially for those with depression or chronic pain syndromes. I ended my afternoon with Chris Chute, an epidemiologist who is very involved with the ICD (International Classification of Disease) initiative of the World Health Organization.

Weather-related flight delays denied me the chance to see how many of my fellow pilgrims departed Rochester feeling clarified or cured. On the four hour drive home in a rental car, I reflected on my brief, but busy, visit. Mayo’s global reputation was made on its ability to bring experts together over a short period of time to collaborate efficiently and focus intensively on the needs of a single patient. They have done this well, whether for a rare or complex condition or for a wellness examination (the “Executive” physical). It was impressive to see what could be accomplished when skilled professionals joined together in a common purpose aided by excellent support staff and backed by significant resources. Another lesson of Mayo was that leadership matters.

The Mayo culture however, is not for everyone. Non-conformists and egotists will likely be forced to choose between the “Mayo way or the highway.” In an environment where narrow expertise is valued, the comprehensiveness of the family doctor can be seen as implausible. Interestingly, the greatest boon for Family Medicine has proved to be the need of the Mayo system to provide care for its own employees. It seems that Mayo has discovered of late what much of the world has known for some time – better outcomes with higher satisfaction and lower costs result when care is managed by a family doctor.

Professor Richard Roberts JD MD
President

World Organization of Family Doctors

From the outgoing CEO's desk: Farewell

Dear Friends and Fellow Colleagues

I send you all warm greetings from the WONCA Secretariat in Singapore.

The next WONCA Executive Committee Meeting will be held in London, United Kingdom, on October 1–2 2012, after which, as you probably know, I will retire as the WONCA Chief Executive Officer after 11 plus years of service.

The new Secretariat with Dr Garth Manning as the Chief Executive Officer, will be located in Bangkok, Thailand. There will be a month of administrative transition in October 2012 after which the WONCA Secretariat in Singapore will close.

It has been an interesting, demanding and a learning experience for the staff of the Secretariat and especially for me but I hope these eleven years have yielded for WONCA growth in size, influence, stature and diversity. More importantly, I hope, it has also to some degree brought greater benefit to the members of this world organization and to Global Primary Care.

The Secretariat in Singapore, has worked with four WONCA Executive Committees under four WONCA World Presidents (Michael Boland, Bruce Sparks, Chris van Weel and Richard Roberts). As mentioned earlier, these were challenging and yet interesting years as the various Executive Committees and Presidents had different leadership styles and approaches in tackling the problems and challenges in advancing the mission and objectives of WONCA. I have learned and

benefited much personally from working with the different Executive Committee Members and Presidents and I admire their dedication and commitment to WONCA.

I will be failing in my duty as the CEO if I do not state here, my and especially WONCA's deepest appreciation and gratitude to the two very loyal and hardworking Singapore Secretariat staff, Ms Yvonne Chung and Ms Gillian Tan. All these years, they have given their best, and sometimes more than their call of duty to the Organization in ensuring that the administrative and accounting aspects of the WONCA have, at all times, been efficient and reliable. I consider myself very fortunate to have worked with such dedicated staff.

Finally, I wish WONCA every success in the many endeavors and challenges ahead and to thank all past and present Executive Committee Members and Presidents for their friendship, advice and cooperation during my term as Chief Executive Officer. I will also take this opportunity to wish every one of you good health, happiness, and fulfillment in all you do in your professional role as family doctors

Kindest regards to all

Alfred Loh

WONCA CEO (2001 – 2012)

Note: Dr Loh will be contactable at his current email address (ceo@wonca.com.sg) during the transition period should you need information on the past work of the Singapore Secretariat.



Yvonne Chung, WONCA Administrative Manager - well known to many colleagues for her calm and efficient assistance always given willingly and a with a smile - seen here with Dr Naidu of Fiji



Gillian Tan, WONCA accounts executive, also always ready with a smile

Farewell from the Singapore Secretariat

Dear colleagues and friends

It's been a great and tremendous learning journey. Time seems to have flown by so quickly since I took on the role of Administrative Manger of WONCA almost 12 years ago in May 2001.

I have enjoyed my time with WONCA working extremely well and efficiently with Dr Alfred Loh, CEO, and Ms Gillian Tan, Accounts Executive, in the Secretariat in Singapore, and with so many gifted people from around the world dedicated to WONCA's mission.

I shall miss the regular contact that I have had with the Executives, Council Members, the various working parties and groups in the Organization.

I shall miss the buzz and the colourful, vibrant diversity of WONCA's conferences and its accompanying cultural events where so many family doctors gather to share, exchange, to teach and learn. WONCA has enabled me and those associated with it to go beyond borders to connect, to establish and, in some cases, to renew contacts.

I wish WONCA every success as it faces a future filled with exciting possibilities and numerous challenges, and one that I believe will demand an even greater commitment of its officers, members and resources than in the past.

I wish the new CEO, Dr Garth Manning, and his team all the best and a satisfying time at WONCA, and befittingly, a little Irish blessing to take WONCA to the next phase of its growth.

*May you always have work for your hands to do.
May your pockets hold always a coin or two.
May the sun shine bright on your window pane.
May the rainbow be certain to follow each rain.
May the hand of a friend always be near you.
And may God fill your heart with gladness to cheer you.*

To those wonderful friends that I have made along the way in the 'WONCA Family', I would simply like to say a BIG thank you and I am heartened to know that

*Goodbyes are not forever.
Goodbyes are not the end.
They simply mean I'll miss you
Until we meet again!*
Author unknown

My warmest and sincerest thanks always

Yvonne

Ms Yvonne Chung
WONCA Administrative Manager
(May 2001 – October 2012)



Wonca executive and secretariat in Cebu 2011 : back row (l to r): Donald Li, Sylvester Osinowo, Wesley Schmidt, Preethi Wijegoonewardene, Nabil Al Kurashi, Iona Heath, Alfred Loh (CEO), Tony Mathie, Dan Ostergaard. front row (l to r): Gillian Tan (secretariat), Liliana Arias, Chris Van Weel, Rich Roberts, Michael Kidd, Francine Lemire, Yvonne Chung (secretariat)

From the incoming CEO's desk: Greetings



My warmest greetings to all members of WONCA in this, my first letter as CEO. I am immensely grateful to the WONCA Executive for putting their faith in me and hope that I can repay their confidence. I must begin by paying tribute to

Alfred Loh and his team of Yvonne and Gillian – definitely quality rather than quantity! – who have so successfully guided the admin support of WONCA and its Executive for the past 11 years. For such a small team they have achieved a very great deal, and my small team and I have much to live up to. Our success in some ways will be judged by whether we manage the transition without anyone noticing there has been one!

WONCA has grown enormously in recent years, but sadly our income has not grown proportionately, and so much of the work we would desperately like to do is not possible through lack of funds. One of my aspirations is to increase our income stream whether through sponsorship, grants, formal project bids or whatever, but we will need country assistance for much of this. I would ask each member organisation to consider whether there is a trust or foundation in their country or region which might

be willing to support the development of family medicine. Put me in touch with them and I'll attempt the rest. Alternatively you could make contact with the country representative for one of the international aid agencies – whether USAID or DFID or CIDA or AusAID or whoever – to see whether they might be willing to support some local initiatives by your organisation in partnership with WONCA. In this way, and with better funding, we can start to offer more country and regional support for training programmes, research activities and the like.

For now, however, please bear with us. We have a very steep learning curve in the next few months and will primarily be focused on the World Council meeting in Prague, next June. However following Council we hope to start to take a more proactive stance and we look forward to your inputs and support. You can always contact me in the meantime – my new e-mail address is ceo@wonca.net

My best wishes to all, and I look forward to meeting many of you at forthcoming conferences and meetings.

Dr Garth Manning

WONCA incoming CEO

SPECIAL FEATURE: CEO'S FINAL REPORT 2001 - 2012

TO WONCA EXECUTIVE COMMITTEE,

1 – 2 October 2012

Written by: Dr Alfred W T Loh

Amended for: WONCA News October 2012



This is my last report as the Chief Executive Officer of WONCA to the WONCA Executive Committee and the 2013 WONCA World Council before I retire from the appointment, on 3rd October 2012.

It has been an interesting, demanding and a learning experience for the staff of

the Secretariat and especially for me but I hope these eleven years have yielded growth for WONCA in size, influence, stature and diversity. More importantly, I hope, it has also to some degree brought greater benefit to the members of this world organization and to global Primary Care.

I will only highlight the significant developments in the Organization during the eleven years that the WONCA Secretariat has been in Singapore, since May 2001. So much has happened in this period that it would be impossible for me to give an exhaustive account to the Executive Committee and World Council. In time, I hope this report will become an informative archive for the Organization.

WONCA CORPORATE MATTERS (INTERNAL)

a) The establishment of WONCA as a legal entity

One of the first tasks I had as the WONCA CEO was to settle the legal status of the Organization.

WONCA, since its inception in 1972 and at the time of its relocation to Singapore in 2001 was technically a club or an unincorporated association with international members. It had not been registered anywhere and hence it was not a legal entity. It was a group of persons bound contractually by its bylaws. The assets and liabilities of WONCA then were owned jointly by the members at that time. This would have been problematic if any legal issue arose.

To avoid foreseeable risks to all of WONCA's assets and intellectual properties (eg ICPC-2) and to also provide complete transparency in the way its financial affairs were conducted, the Organization in these eleven years evolved into three entities, namely:

- (i) **World Organization of Family Doctors Limited (WONCA LTD)**, a legally constituted entity registered in the Republic of Singapore on 2 June 2000 to manage the finances of the WONCA World Secretariat.
- (ii) **WONCA International Incorporated (WONCA INC)**, a company properly and legally constituted in the British Virgin Islands on 29 August 2001 as a company limited by shares to handle all WONCA funds through an off-shore account in a Singapore bank. By doing so, it ensured that WONCA did not need to pay tax on its earnings whilst operating from Singapore. It is recommended that WONCA INC continues as the legal entity for the Organization after the Secretariat transfer to its new location.
- (iii) **WONCA Trust**, established on 1 October 2004 as a Charitable Trust created by a Declaration of Trust Deed and governed by the laws of the British Virgin Islands. WONCA Trust owns all WONCA assets and intellectual property rights.

b) The institution of transparent and corporate systems of accounting and audit

To ensure complete transparency and accountability in the way financial affairs were conducted for each of the three companies WONCA Ltd, WONCA Inc and the WONCA Trust, each entity's annual financial reports were submitted for annual audit by the independent auditor approved by the World Council.

The audited accounts each year were signed off by the Directors of the Company comprising the CEO, WONCA President, President-Elect and the Honorary Treasurer.

c) **The Institution of monthly Management Accounts Reporting to the WONCA Executive Committee**

Since 2010, the WONCA Secretariat has presented to the Executive Committee a full set of the monthly Management Accounts of the WONCA Trust with the necessary explanations and

comments from the CEO. This has enabled the Executive Committee to be kept well informed of the monthly current state of WONCA's finances.

d) The introduction of a standardized discount policy for the per capita Membership Dues payable by member organizations based on the GDP per capita of each country

During my tenure as CEO, WONCA adopted a formula for membership subscription for countries at different levels of economic development.

Following the 2004 WONCA World Council's acceptance of the Executive Committee's recommendation to have a more structured policy for calculating the membership dues payable by WONCA Member Organizations (MOs), these dues are now categorized into four broad groups based on the GDP per capita of the country from World Bank figures with the following discounts applicable to the amount of dues payable by the four categories:

- MOs with GDP per capita above the world's average, pay the full quantum of MO dues, i.e., 0% discount.
- MOs between the world average and 50% of that average receive a 33% discount on the dues payable.
- MOs with GDP per capita of less than 50% of world average receive a 50% discount.
- MOs in countries with GDP per capita of less than 75% of the world average receive a 75% discount.

These rates have been implemented by the WONCA Secretariat since January 2005.

e) The introduction of a standardized WONCA World Conference contract between WONCA and the Host Organizing Committee to oversee the conduct of a world conference

At the WONCA World Council Meeting in Orlando in October 2004, it was agreed that a WONCA Conference Contract was needed to spell out clearly the various responsibilities of the Host Organizing Committee, the Host Organization and also World WONCA itself in the organizing of a WONCA World Conference.

This document was timely and necessary and serves as a guide to member organizations wishing to bid to host a WONCA conference and for the organization to better understand the seriousness of the bid and the obligations of hosting a world conference.

After several reviews, the final version of the conference contract was approved by the WONCA

Executive at its meeting in Buenos Aires in October 2006. The Host Organising Committee of the 2010 WONCA World Conference in Cancun, Mexico, was the first to sign the agreement.

The standardised WONCA Conference Contract is now used for all world conferences.

WONCA CORPORATE MATTERS (EXTERNAL)

a) The promotion of closer collaboration between the WHO and WONCA

WONCA's relationship with The World Health Organization (WHO) dates back to September 1979 when the then WONCA Executive Committee took the decision that it should enter into a working relationship with WHO with the view to its admission as a Non-Government Organization (NGO) of WHO. This was achieved soon after that.

WONCA's status as an NGO in Collaborative Relations with WHO has been continuous since 1979.

At the time of writing, WONCA's NGO status is being considered for renewal by the WHO for another three years. The decision will be made known to WONCA after the WHO Executive Board meets in January 2013.

WONCA has had several areas of collaboration with WHO in the past eleven years. Some of these collaborations include:

1. The Global Alliance against Chronic Respiratory Diseases (GARD) – a WHO Initiative in which WONCA was a founding member to address the increasing burden of respiratory problems globally.
2. The WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioral Disorders – a WONCA representative from the WONCA Working Party on Mental Health, was a member of the Group to provide the primary health care perspective.
3. The International Classification of Primary Care (ICPC-2) - a WONCA product, continues to be a member of the WHO Family of International Classification (FIC). Members of the WONCA International Classification Committee continue to be in discussions with the WHO to map ICPC to the other classifications in the WHO FIC. The revised version of ICPC to be called ICPC-3 will be mapped to ICD-11 which is currently in the process of being developed.

4. WHO Framework on Tobacco Control – WONCA continues to support WHO with on-going work and conference activities in raising global awareness on tobacco control. WONCA currently enjoys Observer Status in the Conference of Parties to the WHO Framework Convention on Tobacco Control (WHO-FCTC).
 5. WONCA President addresses WHO World Health Assembly - In 2009, perhaps the most significant development in the relationship between WHO and WONCA over these thirty years was the address given by the WONCA World President at the time to the WHO World Health Assembly. This was a 'first' by a WONCA World President, during which he spoke in support of the resolution calling on all WHO member nations to re-invigorate their health care through a strengthening of Primary Care and urged them to invest in human capital by training sufficient numbers of healthcare workers especially primary care nurses, midwives, community based allied health workers and also family physicians. The resolution supported by WONCA and other NGOs was passed by the World Health Assembly in that year.
 6. Millennium Development Goals – WONCA, as an NGO in Collaborative relations to the WHO, played its part in the WHO Initiative on The Millennium Development Goals by having its final report the subject of the breakout session at the WONCA Cancun Council Meeting in 2010. WONCA also contributed to the WHO report on the Social Determinants of Health.
 7. Social Determinants of Health - WONCA has a representative on the Knowledge Network of Health Systems of the WHO Initiative on Social Determinants of Health. WONCA was invited to comment on the WHO Commission on Social Determinants of Health's Interim Report.
 8. Mental Health - On 26 May 2006, WONCA received an invitation from the WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders to send a representative to the Group. WONCA subsequently nominated the chair of the WONCA International Committee on Classification (WICC). The WONCA Working Party on Mental Health also collaborated with the WHO Mental Health Policy and Service Development (MHP), Department of Mental Health and Substance Abuse, on a project integrating mental health into Primary Care. A comprehensive information fact-sheet was subsequently developed on a joint Report on the Integration of Mental Health into Primary Health Care. This document outlines the rationale and advantages for integration, describes best practice models of integration from around the world, and made specific recommendations to countries. The joint Report was finalized in December 2007.
 9. Meeting with the WHO Director General (DG) - In November 2007, a delegation of the WONCA leadership consisting of the President, President-Elect, WONCA-WHO Liaison Person and the CEO met with the WHO Director General, Dr Margaret Chan and other key officials at the WHO Office in Geneva. This was the first ever meeting between the WONCA leadership and the WHO DG and emphasized the importance WHO gave to WONCA as an NGO in collaborative relations with it. A second meeting of the WONCA leadership with the WHO DG and key officials was held in Geneva on 13-14 August 2012, to discuss WONCA's collaborative relations and to identify WONCA's key issues in its work with WHO in the coming triennium.
 10. WHO Director General as Guest of Honour at the Prague World Conference - At the point of writing, it is confirmed that the WHO Director General will be attending the 2013 Prague WONCA World Conference as the Guest of Honor and to deliver the opening keynote address. This will be the first ever attendance by a WHO DG at a WONCA Conference and demonstrates the significance that WHO attributes to WONCA as an NGO in collaborative relations with it.
- b) The recognition of ICPC by the WHO-FIC Network.**
- In December 2003, WONCA received news that the WHO-FIC (Family of Classification) Network of WHO Collaborating Centers had endorsed ICPC as a Member of the WHO-FIC. In its opinion, ICPC had fulfilled the requirements for membership as it was a well developed, well used and well maintained product. ICPC was hence accepted into the Family of Classification as a related classification to be used for health information registration in Primary Care.
- c) Standardized formula of royalty for use of ICPC**

The membership of the WHO-FIC resulted in greater interest in ICPC globally and enquiries were received by the WONCA Secretariat on the purchase of the national licences for the exclusive use of ICPC by several countries. A formula for the calculation of royalty for ICPC based on the GDP and GDP per capita ppp was submitted by the WONCA Secretariat to the Executive Committee and accepted by the Committee as the basis for future sale of national licenses of ICPC to all countries. At the time of writing of this report ten countries have acquired the national licence for ICPC-2.

d) The re-acquisition of ICPC rights from Oxford University Press.

Following the recognition by WHO-FIC of ICPC, there were expressions of interest by several countries for the English language version of ICPC but with the publishing rights residing with Oxford University Press (OUP), there was no way that WONCA could make the licenses available to these countries. In 2005, WONCA Executive endorsed a proposal by the CEO that attempts be made to re-acquire the publishing rights of the English language version of ICPC from OUP. In 2007, after much communication between the WONCA CEO and OUP, it was finally agreed that OUP would return the publishing rights to WONCA. This provided WONCA the avenue for income regeneration through the sale of national licenses to health institutions and authorities.

e) The sale of national licenses of ICPC

Following the re-acquisition of the intellectual property rights to ICPC and using a standard formula for royalty calculation applied across the board, WONCA has been successful in selling the national license for ICPC to ten countries and several commercial software establishments. Several enquiries and negotiations with ministries of health and commercial software companies are on-going.

f) Ethical Collaboration with Industry

Following the relocation of the WONCA Secretariat to Singapore in May 2001, the CEO requested and was given approval to pursue collaborations with industry along strict ethical grounds as a possible avenue of income for the organization. This resulted in two sponsored satellite symposia at the world conference in Orlando USA. Similar sponsorships from industry of unrestricted educational grants for satellite symposia organized by WONCA became a feature in several subsequent WONCA regional conferences. This was followed by the introduction of the WONCA Global Sponsorship from industry which has since been an important source of financial support for the WONCA Website over the past seven years.

There are several proposals currently under negotiations with industry that may result in significant revenues for the organization, eg, the WONCA – ICC COPD Kit , the Global Foundation Sponsorship scheme for the WONCA Website and the Mental Health in Primary Care Workshop and Seminars.

g) Relationships with other related medical organizations

In these past eleven years, the WONCA Secretariat has continued to build on the existing relationships and has established new ones

- The World Medical Association (WMA)
- The World Health Professional Alliance (WHPA)
- The International Federation of Medical Students Association (IFMSA)
- The Health Professional Global Network (HPGN)
- The International Society for Quality in Health Care (ISQUA)
- Towards Unity for Health – The Network (TUFH)
- International Primary Care Respiratory Group (IPCRG)
- The European Respiratory Society (ERS)
- The American Thoracic Society (ATS)
- The Asia Pacific Society on Respirology (APSR)

h) Memorandum of Understanding with John Hopkins University

On the 1 December 2010, WONCA signed a Memorandum of Understanding with the Johns Hopkins School of Public Health (JHSP) to jointly market the ICPC-2 International Classification of Primary Care, version 2) and ACGs (Adjusted Clinical Groups System) globally. Recognizing ICPC as the preferred coding system for primary care, and in cooperation with international co-researchers, the ACG International team developed an ACG model based on the ICPC coding system. It is the goal of both parties that the new model be made available for incorporation into the local and/or national coding systems of ministries of health, universities and primary care research centers.

i) Memorandum of Understanding with IHTSDO

In Rustenburg, South Africa in October 2009, WONCA and the International Health Terminology Standards Development Organization (IHTSDO) launched a cooperative effort to facilitate the safe and effective use of information in general practice and family medicine. This effort focuses on enabling the complementary use of clinical classifications and standardized terminology. In this cooperative effort, an international group of family doctors from the WONCA International Classification Committee (WICC) has been providing guidance through a new International Family Physicians/General Practitioners Special

Interest Group (SIG), established within the IHTSDO governance structure. The SIG suggests and updates family medicine and general practice content in the SNOMED CT International Release and serves as a mechanism for clinical quality assurance from a family medicine and general practice perspective for SNOMED CT.

WONCA MEMBERSHIP ISSUES

a) WONCA Global Membership

At its inauguration in 1972, there were only 18 founding member organizations in WONCA. By 2000 this had increased to 66 member organizations.

One of the key tasks given to the Secretariat in Singapore then was to grow the membership of WONCA globally. With that request in mind, all avenues of membership promotion were explored and inquiries on membership vigorously pursued. In the past eleven-year period (2001 – 2012), WONCA grew significantly by another sixty organizations. WONCA had 29 new organizations joining in the 2002- 2004 triennium, 20 organizations joining in 2005 - 2007, five organizations joining in 2008 -2010; and six organizations in the period 2011 – 2012.

At the time of writing, WONCA has 126 members organization in 102 countries covering every continent on the globe with member countries representing over 90% of the world’s total population.

WONCA had such an increase in membership to the extent that it was able to create the two new regions: WONCA Iberoamericana-CIMF and WONCA East Mediterranean. There are now seven WONCA Regions mirroring closely the WHO Regions globally, namely Africa, Asia-Pacific, East Mediterranean, Europe, Iberoamericana-CIMF, North America and South Asia. Of special significance was the outreach of WONCA to the countries in Central Asia such as Kyrgyzstan, Kazakhstan and the Republic of Mongolia who are now members of the Organization. As there is no WONCA Central Asia Region, Kyrgyzstan and Kazakhstan are in the WONCA Europe Region and Mongolia is in the Asia Pacific Region.

The current breakdown on organizations by region is presented in the table below (at right).

A study of the spread of WONCA membership globally will reveal that there is still a significant number of countries in the Central Asian and African regions that are yet to be members of WONCA. These are mostly developing countries that are likely to benefit most from the introduction of Primary Care into their health care system.

WONCA REGION	No. of organizations Includes OCRs
Africa	9
Asia Pacific	19
East Mediterranean	9
Europe	48
Iberoamericana-CIMF	17
North America	7
South Asia	9

b) Revision of Direct Members Dues

Following the 2004 WONCA World Council’s acceptance of the Executive’s recommendations to have a more structured policy for Direct Member dues, the Secretariat introduced a fresh scheme where new applicants pay a once off joining fee of US\$40 and annual membership dues of US\$25 per year, or \$75 for three years. In addition, regional dues, where applicable, were added. Currently, the additional dues are applied only to the European and Asia Pacific Regions. These rates have been implemented by the WONCA Secretariat with effect from January 2005.

c) WONCA Academic membership

The WONCA Executive at its meeting in Ithala, South Africa, in May 2001 discussed at length the possibility of introducing a special category of Academic Department Membership (ADM) to accommodate departments that identified with the aims, objectives, and mission of WONCA and were prepared to support its activities locally, regionally and internationally. Particularly in the developing countries like those of Eastern Europe and South America, emerging departments of Family Medicine were likely to become the champions of the discipline in their fast evolving health care scene. WONCA, working in close collaboration with these establishments, would mean for these emerging departments greater recognition and empowerment within their parent universities. There were therefore obvious advantages for both parties in coming together. Another objective was to attract more primary care researchers, educators, teachers and trainers to WONCA meetings and to improve academic leadership of primary care around the world.

The Academic Department Membership was launched at the WONCA Asia Pacific Regional Conference in Melbourne on 1-5 October 2008. Following that launch, similar regional launches of the Academic Department Membership were held at the regional conference in:

- Rustenburg, South Africa, in March 2009,
- Puerto Rico, in April 2009, and
- Basel, Switzerland, in September 2009.

Following the launches, WONCA has 43 members in this category in 20 countries. There is much more to be done in raising the number of academic department membership and WONCA Regional Presidents will be key in promoting the recruitment of such membership for WONCA.

d) WONCA Committees, Working Parties and Special Interest Groups

In the eleven year period, the Singapore Secretariat has helped in the facilitation and formation of the following WONCA sub-entities:

1. The Research Working Party

This started out as an ad hoc Task Force on Research. One of its defining milestones, and with full administrative support provided by the Secretariat, was the invitational conference in Kingston, Ontario, on 8-11 March 2003 on the future of research in family medicine: *Improving Health Care Globally: The Necessity Of Family Medicine Research*. Some 80 experts from more than 30 countries took part. The recommendations from the conference were subsequently been published in the *Annals of Family Medicine*, 2004; 2 (suppl. 2) in E-version and hard copy.

Based on the conference recommendations, the objectives of a WONCA research policy were defined, and the World Council approved the establishment of a Working Party on Research in 2004.

2. The Working Party on Mental Health

The WONCA Special Interest Group (SIG) on Neurology and Psychiatry was formed in 2004. In the subsequent few years the SIG was very active in the area of educational forums, development of stakeholder relations, contribution to literature and research and especially in collaboration with WHO on the integration of mental health into Primary Care. In response and in appreciation for all the work done by the SIG, WONCA Executive at its meeting in Buenos Aires in October 2006, agreed to upgrade the SIG to the status of a WONCA Working Party. This Working Party on Mental Health is currently one of the most

active groups in WONCA and works very closely with the Department of Mental Health and Substance Abuse of WHO. It published the book entitled "Integrating Mental Health into Primary Care – A global perspective" in conjunction with the WHO and is currently in the final stages of producing another book entitled "A Companion to Primary Care Mental Health" which will be published by Radcliffe Publishing.

3. The Working Party on Education

At the WONCA Executive Meeting in Kyoto in 2005, Prof Michael Kidd was requested to look into the possible re-establishment of a Working Party on Education. Executive felt this to be important given that education is core business for each of the member organizations of WONCA, and given the increase in interest at an international and regional level in education for Family Medicine. The Core Executive Meeting in February 2006 approved the proposal for the Working Party on Education. Its mission is to support high quality education, training, assessment and continuing professional development in general practice / family medicine for medical students, doctors in training, and established general practitioners and family doctors.

4. The World Conference Committee

The World Conference Committee was established in May 2010 by World Council at its meeting in Cancun, Mexico. One of its aims is to study the feasibility of a more frequent WONCA World Conference and related WONCA business meetings. This committee will report to the World Council in Prague in June 2013.

5. The Organizational Equity Committee

The Organizational Equity Committee was established by the World Council May 2010 by World Council at its meeting in Cancun, Mexico. One of its aims is to improving organizational equity, including gender equity.

e) WONCA Website www.GlobalFamilyDoctor.com

The initial WONCA Website was set up in the Sowerby Centre for Health Informatics at Newcastle-upon-Tyne (SCHIN). This was a static website which displayed information on WONCA, its member organizations, Direct Membership, WONCA Committees, Working Parties, Special Interest Groups, WONCA conferences and publications.

The new WONCA Website www.globalfamilydoctor.com (GFD for short) was

officially launched in Singapore in November 2001 on the same day as the official opening of the WONCA World Secretariat. The revamp of the old static website was initiated by the Executive Committee of the earlier triennium (1999- 2001) but only became a reality at the end of 2001.

GFD started as a joint-venture with medi+World, an IT company with a business in distance learning in Australia. The contract required that medi+World fully sponsored and financed the development of GFD for three years at no expense to WONCA. This was an attractive proposition then before the dot-com bubble collapsed. In the three years, GFD had grown very quickly and became recognized as the cyber showcase of WONCA globally. Unfortunately, sponsorship that had looked so promising at the start did not materialize during the period and the website was a losing proposition. With the contract period of the three years over, WONCA Executive did not feel it fair to expect medi+World to continue the underwriting of GFD.

Consequently, GFD was fully taken over and owned by WONCA as of May 2004. This also meant that WONCA had to finance GFD. This was made feasible by the introduction of industry sponsored satellite symposia at WONCA conferences and the WONCA Global Sponsorships initiated by the CEO in the period soon after WONCA took on the financial cost of the website. Journal Alert/Journal Watch was a special feature introduced by then Webmaster, Wes Fabb, and became an important attraction for visitors to the website. These also kept the visits to the website high and growing.

At the start of the current triennium (2011 - 2013), the Executive Committee decided to undertake a major reorganization of the website as visits to the site were declining. Journals Alerts were discontinued due to cost constraint and a re-design of the website was commissioned. A WONCA Editor was appointed to oversee its daily management and to create a more interactive website. The bi-monthly WONCA Newsletter also underwent a major transformation in its content and appearance as well as its publication and distribution process to reflect the contemporary, diverse and global character of WONCA. A website marketing company was also appointed to market the website for ethical advertisements as a source of revenue for WONCA.

The key to the future continued success and growth of GFD lies in the ability of WONCA to finance the Website itself or to secure advertisements and sponsorships from medical related companies and industry. This cyber showcase is attracting interest from the

pharmaceutical companies but it will be necessary that WONCA creates an atmosphere that is both conducive and appealing to such sponsors but keeping strictly to the ethical approach necessary to safeguard its reputation as an independent academic organization.

CONCLUSION

There were many other developments and projects that the Singapore Secretariat has been involved in over the past four trienniums but these have not been mentioned to keep this report to a reasonable length. Most of these can be found in the various minutes of WONCA World Council, Executive Committee and Core Executive Committee meetings as well as in the reports from the Regional Presidents and Chairs of Committees, Working Parties and Special Interest Groups.

The Singapore Secretariat has worked with four WONCA Executive Committees under four World Presidents, Michael Boland, Bruce Sparks, Chris van Weel and Richard Roberts. As mentioned earlier, these were challenging and yet interesting years as the various Executive Committees and Presidents had different leadership styles and approaches in tackling the problems and challenges in advancing the mission and objectives of WONCA. I have learned and benefited much personally from working with the different Executive Committee Members and Presidents and I admire their dedication and commitment to WONCA.

I will be failing in my duty as CEO if I do not state here my and especially WONCA's deepest appreciation and gratitude to the two very loyal and hardworking staff, Yvonne Chung and Gillian Tan. All these years, they have given their best, and sometimes more than the call of duty, to the Organization in ensuring that the administrative and accounting aspects of the WONCA have, at all times, been efficient and reliable. They have performed their duties at significant personal cost as they worked with no salary increments and reduced year-end bonuses towards the end of their term of employment with the WONCA. It has also been my privilege to have worked with such dedicated and efficient staff for almost 12 years.

Finally, I wish WONCA every success in the many endeavors and challenges ahead and to thank all past and present Executive Committee Members and Presidents for their friendship, advice and cooperation during my term as Chief Executive Officer.

Alfred Loh

WONCA CEO 2001-2012

FEATURE STORIES

The Vasco da Gama Movement at WONCA Europe 2012

The WONCA Europe Conference constitutes an annual meeting occasion for the Vasco da Gama Movement, the European working group for trainees and junior General Practitioners / Family Physicians (GPs/FPs). The mission of our network is to extend the knowledge of General Practice / Family Medicine (GP/FM) in a European perspective and to exchange ideas and experiences with the purpose of developing and improving our discipline both at a global and local level.

The Preconference

Besides the activities that take place during the main Conference, the Movement's Preconference has been organised just a day beforehand since 2005. Under the umbrella of this year's theme, "The Art of Being a General Practitioner", the Preconference was held in the beautiful capital of Austria thanks to the valuable help of Julia Baumgartner, Christian Schiller and their national junior association of GPs/FPs.

The theme of this year was introduced in a unique way by the treasurer of WONCA Europe, Carl Steylaerts, who carried out the Visionary Speech in the beginning of the meeting. In his inspiring speech he employed the "Blue Bird", the 1908 play by Belgian author Maurice Maeterlinck, and accompanied the audience in a voyage of science, dreams and humanism through *the Land of Memory, the Palace of Happiness and the Kingdom of the Future*.

The participants of the Preconference, coming from countries all over Europe, were divided into smaller working groups and they were asked to work on the challenges that GPs/FPs face when they have to balance the art and science in their work. Under this particularly fascinating theme, they were invited to share their daring first step into the long journey of their career as GPs/FPs and explored how the evidence-based medicine, the clinical guidelines and even the bureaucracy could find equilibrium with the intuition, the compassion and the patient-centred approach.

This intense day of work turned into an astonishingly creative meeting! The groups used their experiences, their everyday problems and hopes and expressed their love and passion of Family Medicine in an artistic way. They used their imagination and drew illustrations, produced videos and set up short sketches to describe how

art and science can become the yin and yang of our discipline coalescing into each other.



One of the groups while producing a video for their presentation



Sven Streit (VdGM past Chair), Julia Baumgartner (Preconference 2012 Manager), Christian Schiller (Preconference 2012 Assistant), Robert Burman (VdGM Education & Training Liaison Person)

The Vasco da Gama Movement Fund

During the Preconference, our past President, Sven Streit, announced the establishment of the Vasco da Gama Movement Fund. As there are significant inequities in the European context which also afflict our discipline and prevent many trainees and junior GPs/FPs from joining the Preconference, our Movement would like to aid them actively by inviting National Colleges, Scientific Associations and Junior GP/FM Associations to donate even small amounts of money to our newly established fund. The very first "institutional" donation was made by [JHaS](#),

the Swiss organisation of trainees and junior GPs/FPs.

The Main Conference

The Main Conference opened its doors on the 4th July and over the following three days VdGM organised different workshops, presentations and activities. Its five active theme groups, Education and Training, Research, Exchange, Image and Beyond Europe, held informal meetings, which were open to all the interested junior doctors.

Carl Steylaerts was joined by the President-elect of WONCA, Professor Michael Kidd, alongside Luisa Pettigrew, Raluca Zoitanu, Christian Schiller and Mario Malnar in a reprise of the Visionary Speech during a special Keynote; VdGM would like to extend its gratitude to all of them for their help and enthusiasm in organising the session.



The participants of the keynote session: Reinhold Glehr, Henrike Schouten, Raluca Zoitanu, Mario Malnar, Luisa Pettigrew, Carl Steylaerts, Michael Kidd, Sara Rigon, Christian Schiller, Ana Margarida Cruz, Harris Lygidakis, Job Metsemakers



Raluca Zoitanu (VdGM Image Liaison Person), Christian Schiller (VdGM Austrian National Representative), Mario Malnar (President of KoHOM), Luisa Pettigrew (Past VdGM Hippokrates Exchange Coordinator), Professor Michael Kidd (WONCA President-elect), Carl Steylaerts (WONCA Europe Treasurer)



Keynote: Raluca Zoitanu (VdGM Image Liaison Person), Christian Schiller (VdGM Austrian National Representative), Mario Malnar (President of KoHOM), Carl Steylaerts (WONCA Europe Treasurer)



Harris Lygidakis and Julia Baumgartner thanked Carl Steylaerts for his support for VdGM with a painting representing the VdGM logo

Furthermore, the winners of the *Hippokrates* and *Carosino Prizes*, Pedro Miguel Oliveira Azevedo and Fabrizia Farolfi respectively, attended this year's WONCA Europe and had the opportunity to share their viewpoints with the audience. Their experience from the Hippokrates Exchange programme was highlighted in a workshop jointly organised with EURIPA, during which several ways of encouraging young Family Doctors to work and remain in rural communities were explored.

Another special workshop was carried out to honour the champions of the *Junior Researcher Award*. The prize highlights the importance of nurturing research in Primary Care and aims at rewarding outstanding research proposals and researchers' careers. This year's four champions,

Virginia Hernandez (UK), Mirene Anna Luciani (Italy), Anne Maren Dahlhaus (Germany) and Tiago Luís Baptista da Cunha Sousa Veloso (Portugal) presented their projects during this session.



This year's four champions of the Junior Researcher Award: Virginia Hernandez (UK), Anne Maren Dahlhaus (Germany), Mirene Anna Luciani (Italy) and Tiago Luís Baptista da Cunha Sousa Veloso (Portugal).

Moreover, a joint workshop with EURACT explored the development of an International Core Curriculum and Global Standards in Family Medicine education, while another one focused on writing for publication and was held with the help of Jelle Stoffers, the European Journal of General Practice and European General Practice Research Network (EGPRN); the presentation of the latter is available on [VdGM's Slideshare stream](#).

Finally, an overview of the applications of Social Media and Web 2.0 in Primary Care combined with practical examples of their potential was given in a dedicated workshop. Since the use of Social Media as a valuable companion of people attending conferences is expanding at quick pace, VdGM also encouraged their use with a constant flow of information before, during and after the end of WONCA Europe 2012.

At the set of this year's WONCA Europe Conference, we still feel the excitement stemming

from the opportunities of networking, knowledge and experience sharing and we all look forward to joining next year's World Conference in Prague.

Introducing the 2012 edition of the Hippokrates and Carosino Prizes

By Sara Rigon, Hippokrates Exchange Coordinator

The Vasco da Gama Movement is pleased to announce that we are now accepting applications for the Hippokrates Exchange and Carosino Prizes for the best completed Hippokrates Exchanges within Europe; the deadline has been set for 30th November 2012. The prizes of 700 euros are only redeemable if they are used to attend the WONCA World 2013 Conference in Prague.

Please note that to be eligible for the Claudio Carosino Prize the applicant must have completed an exchange in a rural practice, however the Hippokrates Exchange prize is open for both rural and urban practices. If you have undertaken an exchange in a rural practice that is not [on this list](#), please contact Dr Raquel Gomez Bravo (VdGM / EURIPA liaison, email: raquelgomezbravo@gmail.com) for confirmation of whether it can be recognised as a rural practice for the Carlo Carosino prize.

In order to be eligible to apply you must have been issued with a Certificate of Completion. The applications should be sent to exchange@vdgm.eu and will be reviewed by a panel appointed by VdGM, EURIPA & WONCA Europe. Full details on how to apply can be found here: <http://tiny.cc/carosino2012>.

The Claudio Carosino Prize has been established in the loving memory of *Dr Claudio Carosino*, an Italian Rural General Practitioner who sadly died in 2010. You may find more information on Dr Carosino life on his Wikipedia page: http://en.wikipedia.org/wiki/Claudio_Carosino



The new executive group of VdGM: Raluca Zoitanu (Image Liaison), Raquel Gomez Bravo (Beyond Europe Liaison), Marcus Schmidt (Secretary), Ana Margarida Cruz (Treasurer), Greg Irving (Research Liaison), Robert Burman (Education & Training Liaison), Harris Lygidakis (Chair), Sara Rigon (Hippokrates Exchange Coordinator) (missing Prague 2013 Preconference managers: Zuzana Vaněčková and Nela Šrámková)



Participants of the 2012 Vasco da Gama Movement Preconference



Greg Irving (VdGM Research Liaison Person) painting



Sven Streit (VdGM past Chair) putting the final touches in the painting



Raquel Gomez Bravo ((VdGM Beyond Europe Liaison Person) and Robert Burman (VdGM Education & Training Liaison Person)

WONCA Prague Bursary Information

The Czech Society of General Practice of Czech Medical Association J E Purkyne as official organizer of the WONCA 2013 Prague world conference offers a scholarship program to provide the opportunity for young family physicians/general practitioners from around the world to attend. This scholarship will be available for family physicians/general practitioners from the countries listed here:

<http://www.wonca2013.com/en/bursaries/list-of-countries>

Goals of the International Scholarship Program

1. Advance family medicine worldwide.
2. Assist nations with need and potential for growth.
3. Support the development of outstanding future leaders internationally.

The nominee selected will receive an award of up to \$1,000 US to support expenses connected with attendance of the Prague WONCA conference in June 25-29, 2013. Please note that so far budget allows us to support only 30 candidates and also note there is one award per country available only!

Requirements for Eligibility

1. Must have completed medical studies, during training or early practicing family medicine, age up to 35.
2. Must be fluent in English.
3. Must have the support of the official body (Ministry of Health, Medical Chamber) or best from

the country's family/general practice organization (if only there exist some).

4. Must have potential of becoming future leader in family medicine.
5. Priority will be given to those applicants who prove accepted abstract to the Prague conference – but not necessary condition.

Criteria for Selection

1. Personal need for financial support.
2. Personal potential for contributing to the development of FM in his/her home country.
3. Strength of proposed activities during the Prague conference visit.
4. Strength of proposed activities upon returning to the home country.
5. Regional needs and potential for FM development.

International scholars will be expected to submit a brief written report.

Individuals who are interested in the program should see application requirements on the conference website:

<http://www.wonca2013.com/en/bursaries>

Submission deadline December 31st, 2012.

Successful applicants will be notified by January 31st 2013.

World Mental Health Day - 10 October 2012

World Mental Health Day was initiated by the World Federation for Mental Health in 1992. The day is used by many countries and organizations especially the World Health Organization to raise public awareness about mental health issues and to promote open discussion of mental disorders, and investments in prevention, promotion and treatment services. The main theme for the 20th anniversary of World Mental Health Day is **depression**.

The campaign calls for:

- Governments to invest in mental health programmes
- Nongovernmental organizations to raise awareness about the symptoms of depression and treatment options
- Individuals who think they may be suffering from depression to seek advice

A WHO fact sheet, flyer and short video which looks at depression from the perspective of a person suffering from the condition, will be posted on the WHO web site in the lead-up to 10 October. These will be accessible from http://www.who.int/mediacentre/events/annual/world_mental_health_day/en/ and <http://www.youtube.com/who>

WONCA REGIONAL NEWS

WONCA Asia Pacific Jeju 2012 photos

The WONCA Asia Pacific 2012 conference was held in Jeju from 24-27 May 2012 with a council meeting on 23 May. The photo gallery shows some of the activities enjoyed by participants.



Asia Pacific region Council



Alfred Loh, CEO



plenary



Welcome ceremony participants



exercise options



Banquet entertainment

WONCA Europe Vienna closing keynote video and more photos

The closing keynote address for the WONCA Europe Vienna conference was replaced with a play, *The Art of Being a Family Doctor*, written and directed by Dr Carl Steylaerts of Belgium (far right in photo).

The international cast of the play were a mix of 'senior family doctors', namely, WONCA President-elect, Michael Kidd (Australia), Luisa Pettigrew (UK), and Carl Steylaerts (Belgium); as well as 'younger family doctors', namely, Vasco da Gama leaders Raluca Zoitanu (Romania), Mario Malnar (Croatia), and Christian Schiller (Austria). The video was produced by Carl Steylaerts and dedicated to WONCA president, Prof Rich Roberts. Also featuring on the video were session chairs Job Metsemakers (Netherlands), Reinhold Glehr (Austria); and Vasco da Gama leaders Harris Lygidakis, Sara Rigon, and Ana Margarida Cruz.



Raluca Zoitanu

A video of the performance is now available for online viewing.

<http://www.woncaeurope.org/content/wonca-2012-vienna-closing-keynote>

The WONCA Europe Vienna conference website now hosts an extensive gallery of photographs from the event. <http://www.woncaeurope2012.org/cms/index.php>

A smaller gallery and articles already published in *WONCA news* about the Vienna conference are still available under the *News* tab on the Europe page of this website

<http://www.globalfamilydoctor.com/AboutWONCA/Regions/Europe.aspx>

MEMBER AND ORGANIZATIONAL NEWS

Featured Family Doctor

Professor Tawfik Khoja: Saudi Arabia - a leader in family medicine

Where do you currently work?



I am currently holding the position of the Director General of the Executive Board of Health Ministers' Council for Cooperation Council States (Gulf Cooperation Council or GCC), which is a regional, technical, specialized organization with its membership restricted only to the Cooperation Council

States. It works to realize the cooperation and integration in the health fields among the Cooperation Council States. Great achievements have been made by our office: some of the most important for primary health care in our region are:

- Issuance of strategies and plans of action in the field of prevention and control of: non-communicable diseases; patient safety and healthcare quality; diabetes control; tobacco control; promotion of occupational health and safety; promotion of health research in the GCC; elderly care; adolescent care; AIDS & malaria; maternal and child health.
- Establishment of Central Drug Registration System & Good Manufacturing Practice
- Establishment of solid system of Expatriate Workers' Check-up Program in the Gulf.

What other interesting work have you done?

Some of the other interesting ventures that I have been involved in are the unification of GCC efforts in health care policy and strategies development: in particular smoothing of work in a very collaborative way leading to union by the will of Almighty Allah; establishment of Executive Board statute and by-laws; and the accreditation and unification of continuous medical education hours in the GCC States.

What does being a family doctor mean to you?

To be a family doctor means a lot to me : I am of a special mission more than being an ordinary doctor. My job goes beyond provision of health services in ordinary settings but extending it to family with broad horizon of dealing with all aspects affecting health in social, economic, spiritual and environmental aspects, etc.

It is concerned with being committed to provision of high quality services at the family level and I carry the responsibility of community involvement and empowerment. I can, through my work as a family doctor, see which services work, how services be made better for patients and ensure that people get the best quality of care within safely and the treatment at the time they need it.

What are your interests in the work environment?

My interests in my work mainly focus on establishing good human relations with colleagues, practicing leadership in the context of understanding, cooperation, passion and love for my colleagues.

Quality and reaching towards excellence is a mandate for me in my work, at the same time doing my best to upgrade the skills of my people in various units through provision of continuous training and initiatives.

Innovation is an integral part of my thinking and career. This has resulted in myself and the Executive Board having been awarded more than seven regional and international awards in recognition of excellence in quality, innovation and leadership as well as in various programs like tobacco control.

I am also enthusiastic about authorship and production of books and guidelines for betterment of health systems and improvement outcomes. *(editor's note: This is an understatement as Prof Khoja has an extensive list of published books, manuals, protocols and articles)*

What are your interests outside work?

- Cooperation with scientific societies
- Work with charitable and human societies aiming at human welfare.
- Strengthening national, regional and international links with health, human, and social institution and establishments in such a way to promote health of the nation as well as human justice.
- Provision of professional advice and helping others in the fields of my expertise.

What are your visions for the future of family doctors?

The new year, indeed the new millennium and the new age in health care are now upon us as family physicians and we need to work to keep our pride and professionalism intact. Family physicians can lead future reforms in health care if we mind the milestones that mark the road that has carried us safely so far, and for that let us remember our heritage: it stood in the community; it has a heart and it is a home. With this we will recall the essence of why we became a family doctors, it is to treat each patient with a generous dose of that special elixir with safety and effectiveness.

My vision is that I wish every family physician becomes the master of community based services, a central/focal referral point and 'mini specialist' where he can acquire a niche in the society to help patients and families and live up to the definition of "Friend, Philosopher and Guide."

My vision is that the family doctor will be the GCC's first choice of contact leading the way to a quality health care system in providing comprehensive, integrated, appropriate and wellness oriented services.

I see that in any health care system, part of its worth will be based on what is best about the family physician. We need to declare our values in what we do and demonstrate the value as well as prepare the future for ourself, our patients and for our nation as a whole. We as family physician should promote our leadership in health care organizations and intensify our communication and collaboration with other specialities as well as other health care providers in a positive atmosphere and team work.

Featured Family Doctor

Dr Ilse Hellemann-Geschwinder: Austria – WONCA leader

What work are you doing now?



I am still practising in a group general practice in Graz, Austria. Also I am lecturing in GP/FM at the Medical University, in Graz at undergraduate and postgraduate levels and "Teach the Trainers" courses. I am supporting the establishing of a department of GP/FM at our University.

This is a long standing ideal dating from 2004.

Also I am involved in organising events with international participants and exchange programs. Last September, we held the *TUFH - Towards Unity for Health* conference in my home city of Graz, and I was the conference convenor. I am very active EURACT and Graz is hosting next year's spring meeting, so again I find myself organising a conference!

What are your hobbies?

Travel, Nature, Family, Literature

You have a long involvement with WONCA?

I am currently representing Austria in WONCA and in EURACT and encouraging successors in these functions. From 1998-2004 I was a member of WONCA World Executive Committee and my main focus areas during this time were: By-laws, Rural Practice, Education and Training in Practice. I am pleased to have been involved in encouraging and

establishing of the Special Interest Group (1998) and then Working Party of Women and Family Medicine (2001).

From 2000-2005, I served as the WONCA Liaison Person to WHO. From 1999-2002, I was privileged to be involved in WONCA / WHO collaborative projects as project coordinator and author. The final results, in 2002, was a Joint WHO / WONCA publication *TUFH - Towards Unity for Health*. As a glimpse into the past a report on my activities, from 2001, is available in the [online version of this article](#).

From 1999-2004, I was project coordinator of *The Guidebook Project: Improving Health Systems - The Contribution of Family Medicine*. The Guidebook was first published in English by WONCA in March 2002 and was translated into several major languages later on.

During my involvement in WONCA, I enjoyed the international relationships and the strategic development of a global professional organisation.

Are there other projects that you have been proud to have been involved in?

1997-2000: Project Manager of the Austrian national project on *Inter-Professional Communication in the Homecare Team*

2003: I undertook peer review of training programmes for primary health care providers as part of a consultancy on the implementation of the Armenia Health Project

2008-2009: member of the national committee developing the guideline on managing dementia in Primary Care.

What might people not know about you?

My husband and son are both medical doctors. I have a special qualification in psychosocial medicine, psychosomatics, geriatrics and palliative care, directly focussed on local community's needs.

RESOURCES FOR THE FAMILY DOCTOR

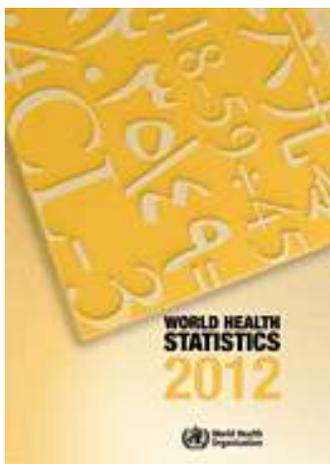
PEARLS on the WONCA website

<http://www.globalfamilydoctor.com/Resources/PEARLS/>

PEARL 361: Mirror therapy improves motor function after stroke

PEARL 362: Caffeine effective as an analgesic adjuvant

WHO World Health Statistics



The World Health Statistics series is WHO's annual compilation of health-related data for its 194 Member States and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets. This year, it also includes highlight summaries on the topics of noncommunicable diseases, universal health coverage and civil registration coverage.

The series is produced by the WHO Department of Health Statistics and Information Systems of the Innovation, Information, Evidence and Research Cluster. As in previous years, *World Health Statistics 2012* has been compiled using publications and databases produced and maintained by WHO technical programmes and regional offices. A number of demographic and socioeconomic statistics have also been derived from databases maintained by a range of other organizations. These include the United Nations International Telecommunication Union (ITU), the United Nations Department of Economic and Social Affairs (UNDESA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF) and the World Bank.

Indicators have been included on the basis of their relevance to global public health; the availability and quality of the data; and the reliability and comparability of the resulting estimates. Taken together, these indicators provide a comprehensive summary of the current status of national health and health systems in the following ten areas:

- life expectancy and mortality
- cause-specific mortality and morbidity
- selected infectious diseases
- health service coverage
- risk factors
- health workforce, infrastructure and essential medicines
- health expenditure
- health inequities
- demographic and socioeconomic statistics
- health information systems and data availability.

WHO 2012 *World Health Statistics; a snapshot of global health.*

Available in English français español

http://www.who.int/gho/publications/world_health_statistics/2012/en.

Condolances : Dr Ian McWhinney 1926–2012

It is with sadness that the College of Family Physicians of Canada (CFPC) acknowledges the passing of Dr Ian McWhinney on September 28, 2012 at the age of 85.



Dr McWhinney was born in 1926 in Burnley, England.

Following his medical training at Cambridge, he entered general practice in Stratford-upon-Avon with his father. In 1968, he immigrated to London, Ontario, where he became the first chair of family medicine in Canada at the University of Western Ontario. His visionary work transformed family medicine worldwide from an unacknowledged subject into an academic discipline with undergraduate courses and post-graduate training.

Dr McWhinney received Certification in Family Medicine in 1970 and became a Fellow of the College of Family Physicians of Canada in 1981. He received Life Membership in 1996. In 2003, he was the recipient of the CFPC's *Family Medicine Researcher of the Year Award*.

Known as "the father of family medicine," Dr McWhinney inspired many family doctors to pursue teaching with a dedication to mentoring future generations of doctors. His tireless efforts on behalf of family medicine and improved patient care resulted in many honours and awards, including induction into the Canadian Medical Hall of Fame and the Order of Canada.

The College established the *Ian McWhinney Family Medicine Education Award*—a major award in his honour to recognize an outstanding family medicine teacher in Canada. The award continues to be presented annually to a family physician nominated for making unique and innovative contributions to family medicine education.

The CFPC sends its heartfelt sympathies to Dr McWhinney's family: his daughters Heather and Julie and their husbands, Michael and Paul, and his grandchildren Leah, Max, and Claire.

Condolances : Dr Ian McWhinney - 1926–2012

C'est avec tristesse que le Collège des médecins de famille du Canada (CMFC) a appris du décès de D^r Ian McWhinney, le 28 septembre 2012. Il était âgé de 85 ans.

D^r McWhinney est né en 1926 à Burnley, en Angleterre. À la fin de sa formation médicale à Cambridge, il a exercé la médecine générale à Stratford-upon-Avon avec son père. En 1968, il a émigré à London (Ontario), où il devient le premier directeur de programme de médecine familiale au Canada à l'Université de Western Ontario. Grâce à son travail visionnaire, il a transformé la médecine familiale à l'échelle mondiale : sous son égide, la médecine familiale est passée d'un sujet non reconnu à une discipline universitaire offrant des programmes d'études prédoctorales et postdoctorales.

Dr McWhinney a obtenu sa Certification en médecine familiale en 1970 et le titre de Fellow du Collège des médecins de famille du Canada en 1981. En 1996, le Collège lui décernait le titre de membre à vie. En 2003, Dr McWhinney a reçu le Prix du chercheur de l'année en médecine familiale décerné par le CMFC.

Connu comme le *père de la médecine familiale*, le D^r McWhinney a inspiré de nombreux médecins de famille à s'engager dans l'enseignement et à le mentorat des prochaines générations de médecins. Ses efforts inlassables pour soutenir la médecine familiale et améliorer les soins aux patients lui ont valu nombre de prix et de distinctions, notamment l'Ordre du Canada et l'intronisation au Temple de la renommée médicale canadienne. ç

Le Collège a créé le *Prix Ian McWhinney d'éducation en médecine familiale* : une reconnaissance importante nommée en son honneur, qui célèbre les mérites d'un enseignant exceptionnel de la médecine familiale au Canada. Chaque année, ce prix est remis à un médecin de famille qui a apporté une contribution unique et innovatrice à l'enseignement de la médecine familiale.

Le CMFC souhaite exprimer sa plus profonde sympathie à la famille du D^r McWhinney : ses filles Heather et Julie et leur mari, Michael et Paul, et ses petits-enfants Leah, Max et Claire.

Nous vous prions d'agréer l'expression de nos sentiments les meilleurs.

Sandy Buchman, MD, CCFP, FCFP
Calvin Gutkin, MD, CCFP (EM), FCFP

WONCA CONFERENCES

2012-2014 AT A GLANCE

2012

October 9-14, 2012	WONCA World Rural Conference	Thunder Bay, Ontario CANADA	Rendez-vous 2012 Together and Engaged http://www.nosm.ca/rendez-vous/
November 19 – 21, 2012	WONCA African Regional Conference	Victoria Falls ZIMBABWE	Roles and Responsibilities of African Family Physicians http://www.3rdwoncaaficaregionconf.org/

2013

26 – 29 June 2013	20 th 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
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.woncaeurope2014.org/
May 21-25 2014	WONCA Rural Health conference 2014		Rural health: an emerging need www.sbmfc.org.br/woncarural

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

MEMBER ORGANIZATION MEETINGS

AAFP annual scientific assembly

Host: The American Academy of Family Physicians

Date: October 17–20, 2012

Venue: Philadelphia, USA

Web: www.aafp.org/philly2012

Email : rohan.maharaj1@gmail.com

pidjsam@gmail.com

EGPRN autumn meeting

Host: European General Practice Research network (EGPRN)

Theme: Research on patient-centred inter-professional collaboration in primary care.

Date: October 18-21, 2012

Abstracts close: June 30, 2012

Venue: Antwerp, Belgium

Web: www.egprn.org

General Practitioners Association of Nepal conference

November 25-26 2012

Theme: 'Role of general practitioners in primary health and emergency care - present and future'

Venue: B P Koirala Institute of Health Sciences, Dharan, Nepal

Last date for abstract submission: September 15, 2012.

E-mail: gpancon2012@gmail.com

Website: www.gpanepal.com

RACGP GP '12 conference

Host: The Royal Australian College of General Practitioners

Date: October 25-27, 2012

Venue: Gold Coast, Queensland, Australia

Web: www.gp12.com.au/

4th Asia Pacific Research conference

Host organization: Singapore College of Family Physicians

Date: December 01-02 2012

Abstracts close: 31 August 2012

Email: enquiries_appcrc@cfps.org.sg

Web: <http://www.cfps.org.sg/appcrc2012>

Family Medicine Forum / Forum en médecine familiale 2012

Host: The College of Family Physicians of Canada.

Le Collège de médecins de famille du Canada

Date: November 15-17, 2012

Venue: Toronto, Canada

Web: <http://fmf.cfpc.ca>

City health conference

Host: The Royal College of General Practitioners (England)

Date: April 24-26, 2013

Theme: Tackling inequalities, preventing illness, improving health

Venue: Euston Square, London, UK

Web: www.cityhealthconferences.org.uk

Fifth triennial Pan-Caribbean Family Medicine conference.

Host : Caribbean College of Family Physicians (CCFP)

Theme : Enhancing your earning potential. Widening your horizons.

Date : November 22-25, 2012

Abstracts close: September 1, 2012

Venue : Port of Spain, Trinidad

EGPRN spring meeting

Host: European General Practice Research network (EGPRN)

Theme: Risky behaviours and health outcomes in primary care and general practice

Date: May 16-19 2013

Abstracts close: January 15, 2013

Venue: Kusadasi, Turkey

Web: www.egprn.org


WONCA 2013 PRAGUE
 20th World Conference

e-news
 No 3 | September 2012

Family Medicine – Care for Generations
 25–29 June 2013
 Prague, Czech Republic



**WONCA 2013 WORLD CONFERENCE
 PRAGUE PROMOTION DURING VIENNA
 WONCA EUROPE CONFERENCE
 IN JULY 2012**



The WONCA Prague booth attracted remarkable interest from conference attendees, WONCA officers and also future exhibitors.

The „WONCA square“ in the exhibitor’s hall got lively and crowded with folk songs performed by cymbalo group from South Moravia facilitated by singing Czech delegates on Friday morning.



The Host Organizing Committee chair Dr. Bohumil Seifert and representative of young Czech GPs Dr. Norbert Kral promoted WONCA Prague Conference during the Closing Ceremony. They invited European colleagues to help to present Europe in WONCA Prague as one of the strongest WONCA regions. The WONCA 2013 chair has also announced that beside bursaries offered by WONCA Europe as the president Tony Matthias’s speech, HOC Prague will add another bursaries, at the same value of 1000 USD. The criteria will be published at WONCA 2013 website during September 2012.

Czech delegates had hundreds of interviews with colleagues from different European countries who asked questions about Prague and expressed their will to come to Prague and to bring their families. Colleagues also expressed high expectation in terms of quality of scientific programme.



Although it is rather difficult nowadays to find industrial support for the conference, the interest in Prague conference among exhibitors is increasing. Organizers hope that world meeting of family physicians is the best place for companies to bring new information and to promote new technologies together with the best products for patients.

Until now HOC WONCA 2013 Prague has offered eight free registrations, by draughts in Cancun 2010, Malaga 2010, Warsaw 2011 and Jeju 2012. A quiz for a free registration was launched in Vienna and we are receiving questionnaires.

**YOU CAN STILL TAKE A PART IN THIS QUIZ!
 MORE INFORMATION IS AVAILABLE
 ON WWW.WONCA2013.COM.**



The information about a Run Through Generations was launched in Vienna. The morning run of reasonable distance will lead participants through beautiful historical place Vyshehrad – close to the conference venue. Family physicians will have an opportunity to use this exercise as a proof they act as they advise to their patients in everyday practice.