Contents

From the President – August 2013  2
Del Presidente – agosto 2013  3
From the CEO’s Desk  5
Feature Stories  7
WONCA Prague is not over  
WONCA Regional News  7
WONCA North American Region meets in Prague
WONCA East Mediterranean update
WONCA Working Party and Special Interest Group News  8
Rural round-up - August 13
Working Party on the Environment Update
Working Party on Research meeting and workshops in Prague
New Special Interest Group on point of care testing
Member Organization news  14
New method of financing family medicine in Croatia
Featured Family Doctor – Rene Kabara (Rwanda)  15
Notices  16
WHO Health for the World’s Adolescents Survey 16
Vacancy: Professor of General Practice : Australia
Meetings added – coming soon  17
Conference in Peru in August
Balearic Meeting of European Residents and Young GPs
Encuentro Balear de Residentes Europeos y Jóvenes Médicos ...
WONCA CONFERENCES 2014  20
MEMBER ORGANIZATION MEETINGS  20
From the President – August 2013

It is an extraordinary honour to be elected to lead WONCA, our global organisation that represents all of us, the family doctors of the world.

I know that I come to this role with the support of colleagues and friends from all over the world, and this strengthens for me the strong supportive culture among family doctors that flourishes within WONCA. I know that I am not alone in this role. The challenges we face in family medicine and general practice, we face together.

In the words of our very first WONCA president, another Australian, Dr Monty Kent Hughes, speaking to the first WONCA conference, held in my home town of Melbourne in 1972: “the future of our professional discipline will depend on our ability to work together in the service of humanity.”

And that’s what the members of the member organisations of WONCA have been doing ever since - working together to improve the quality of life of the people of the world through high quality family medicine.

WONCA has come a long way since 1972. We now have 118 Member Organisations representing over 400,000 family doctors in over 130 countries and territories around the world.

Over 400,000 family doctors, who each year have over 2 billion consultations with our patients. Two billion. That’s the scope of our current work and our influence.

As your president I will continue the tradition of being a strong vocal advocate for family medicine around the world.

With your support I will work with our member organisations to continue to expand the role of family medicine worldwide.

At our World Conference in Prague last month, the Director-General of the World Health Organization (WHO), Dr Margaret Chan, launched the new WONCA Guidebook on “The Contribution of Family Medicine to Improving Health Systems.” Our Guidebook is available through medical bookshops and online, and has been developed with the WHO to assist you to work with your national organization, your health system and your government, on the ways family medicine can strengthen your nation’s system of primary health care. Dr Chan also spoke at our conference with great passion about the importance of family doctors in health systems around the world. Read more

Primary health care is no longer a set of words; it is something you and I live and breathe every day. Everyone worldwide has a right to this care. Your new executive and I will be working tirelessly with you towards achieving universal coverage in each of our countries, and strengthening our important work with the World Health Organization at global and regional levels.

The young people of the world are our future, and I look forward to working with our young doctor groups to support our family medicine leaders of the future. At our World Conference, the Vasco da Gama Movement, the European young family doctor group, ran a wonderful program. And in Prague a new group was established for young family doctors in Africa.

I first became a part of the WONCA family 24 years ago when I attended my first WONCA world conference in Jerusalem in 1989. I was a family medicine trainee at the time and had my eyes opened to the great work family doctors from around the world were doing working together to make our world a better place.

I invite you to become involved in the work that we do. Be active in your national college and your region, join one of our working parties, join one of our special interest groups, join us at our conferences, share your ideas and your energy and your passion. We must all reinforce the role of family medicine in providing high quality primary care to all people in each of our countries, especially those who are marginalised and the most vulnerable.

Connectedness is important and we need to find ways to engage everyone in our global
family. At our World Conference last month, I announced the launch today of WONCA’s new social media platform. I invite you to join me, through the WONCA website, on Twitter, Facebook and LinkedIn and discover new ways that we can work together to achieve our goals. Details are on our website: www.globalfamilydoctor.com

Our World Conference was a wonderful event and I thank the members and staff of the Czech Society of General Practice and president Svatopluk Byma, the chair of the conference organizing committee, Bohumil Seifert, and the chair of the scientific committee, Vaclav Benes, and all those who worked on making this such a successful event.

At our World Conference we thanked our outgoing WONCA executive members, who have served our organization with high energy and distinction over the past three years. In particular we thanked our now immediate past president, Richard Roberts. I have had the opportunity to watch Rich over the past three years as he set an impressive precedent crisscrossing the world working for WONCA and international primary care.

We also welcomed our new WONCA executive, including our new president-elect, Amanda Howe. Read more

I know I wouldn’t be in this position without the support of a great many people. I thank my family and my friends and colleagues at home in Australia for their continuing support. I thank my many family medicine mentors and colleagues who have provided me with guidance and advice over the years, and continue to do so. As a teacher, I thank my students and my family medicine trainees and research partners who test my viewpoints and help to keep me focused on the challenges of contemporary health care. And I thank my patients, who have taught me over the past 30 years how to be a better doctor and a better person.

Over the past couple of weeks I have commenced my work as WONCA president and have already visited our member organisations in China, Taiwan and New Zealand. If you wish, you can follow my global work for WONCA through our social media connections. In China, WONCA CEO, Garth Manning, and I, joined political and medical leaders in China, and leaders of WONCA member organisations from several countries, in a roundtable discussion on the development of general practice/family medicine in China. The health care reforms underway in China are extraordinary and are based on strengthening the family medicine workforce through education and training and a focus on quality care, to ensure every person in China has access to high quality primary care.

There is a golden opportunity right now for family medicine as the nations of our world wake up to the need to strengthen their systems of primary care and the role of family doctors and our teams to better meet the current and future health needs of all people.

I am sure the time is right for us to work together to seize the opportunity to make a difference. I look forward to working with you all over the coming three years.

Michael Kidd
President
President@WONCA.net

Del Presidente – agosto 2013

Para más información, por favor, visita su blog:

Es un extraordinario honor ser elegido para dirigir WONCA, la organización global que nos representa a todos nosotros, los médicos de familia del mundo.

Sé que alcanzo este puesto con el apoyo de colegas y amigos de todo el mundo y esto refuerza para mí la fuerte cultura de soporte que florece dentro de WONCA entre los médicos de familia. Sé que no estoy solo en este papel. Los desafíos que enfrentamos en medicina familiar y medicina general, los afrontamos juntos.

En palabras de nuestro primer presidente de WONCA, otro australiano, el Dr. Monty Kent-Hughes, en declaraciones en la primera conferencia WONCA celebrada en mi ciudad natal de Melbourne, en 1972: "el futuro de nuestra disciplina profesional dependerá de nuestra capacidad de trabajar juntos al servicio de la humanidad".

Y eso es lo que los miembros de las organizaciones miembro de WONCA han estado haciendo desde entonces: trabajar juntos para mejorar la calidad de vida de los pueblos del mundo, a través de una medicina familiar de alta calidad.
WONCA ha recorrido un largo camino desde 1972. Ahora contamos con 118 organizaciones miembro, que representan a más de 400.000 médicos de familia en más de 130 países y territorios de todo el mundo. Más de 400.000 médicos de familia, que cada año tienen más de 2 mil millones de consultas con nuestros pacientes. Dos mil millones. Ese es el alcance de nuestro trabajo actual y nuestra influencia.

Como vuestro Presidente, voy a seguir la tradición de ser un firme defensor de la medicina de familia en todo el mundo.

Con vuestro apoyo voy a trabajar con nuestras organizaciones miembro para seguir ampliando el papel de la medicina de familia en todo el mundo.

En nuestra Conferencia Mundial en Praga el mes pasado, la Directora General de la Organización Mundial de la Salud (OMS), Dra. Margaret Chan, presentó la nueva Guía WONCA sobre “La Contribución de la Medicina Familiar para mejorar los sistemas de salud.” Nuestra guía está disponible a través de librerías médicas y on line y se ha desarrollado con la OMS para ayudarte a trabajar con tu organización nacional, tu sistema de salud y gobierno, con las maneras en que la medicina familiar puede fortalecer el sistema de la atención primaria de salud en tu país. La Dra. Chan también habló en la conferencia con gran pasión sobre la importancia de los médicos de familia en los sistemas de salud de todo el mundo. Ver más

La Atención Primaria de salud ya no es un conjunto de palabras, sino que es algo que tú y yo vivimos y respiramos cada día. Todo el mundo tiene derecho a este tipo de atención. La nueva ejecutiva y yo trabajaremos incansablemente contigo para lograr la cobertura universal en cada uno de nuestros países y el fortalecimiento de nuestra importante labor con la Organización Mundial de la Salud a nivel mundial y regional.

Los jóvenes del mundo son nuestro futuro y espero con interés trabajar con nuestros grupos de médicos jóvenes para apoyar a nuestros líderes de la medicina familiar del futuro. En esta Conferencia Mundial, el Movimiento Vasco da Gama, el grupo europeo de jóvenes médicos de familia, dirigió un programa maravilloso. Y en Praga se creó un nuevo grupo de jóvenes médicos de familia para África.

Me convertí en parte de la familia WONCA hace 24 años cuando asistí a mi primera conferencia mundial WONCA en Jerusalén, en 1989. Yo era un residente de medicina familiar en aquel momento, que observaba con los ojos muy abiertos los grandes trabajos que los médicos de familia de todo el mundo estaban haciendo juntos para hacer de nuestro mundo un lugar mejor. Os invito a participar en el trabajo que hacemos. Sé activo en tu universidad nacional y tu región, únete a uno de nuestros grupos de trabajo, únete a uno de nuestros grupos de interés especial, únete a nosotros en nuestras conferencias, comparte tus ideas, tu energía y tu pasión. Todos debemos reforzar el papel de la medicina familiar en la atención primaria de alta calidad para todas las personas, en cada uno de nuestros países, especialmente los marginados y los más vulnerables.

La conectividad es importante y tenemos que encontrar maneras de involucrar a todos los miembros de nuestra familia global. En nuestra Conferencia Mundial el mes pasado, anuncié el lanzamiento de la nueva plataforma de medios sociales de WONCA. Os invito a uniros a mí a través de la página web de WONCA, en Twitter, Facebook y LinkedIn y descubrir las nuevas maneras en que podemos trabajar juntos para alcanzar nuestros objetivos. Los detalles se encuentran en nuestro sitio web: www.globalfamilydoctor.com

Nuestra Conferencia Mundial fue un evento maravilloso y estoy agradecido a los miembros y personal de la Sociedad Checa de Medicina General y su Presidente Svatopluk Byma, al Presidente del comité organizador del congreso, Bohumil Seifert, y al Presidente del comité científico, Vaclav Benes, y a todos los que trabajaron en hacer de este un evento tan exitoso.

En nuestra Conferencia Mundial mostramos nuestro agradecimiento a los miembros de la ejecutiva WONCA saliente, que han servido a nuestra organización con gran energía y distinción en los últimos tres años. En particular, gracias a nuestro ex presidente inmediato ahora, Richard Roberts. He tenido la oportunidad de ver a Rich en los últimos tres años y ha marcado un precedente impresionante recorriendo el mundo trabajando para WONCA y la atención primaria internacional.

También di la bienvenida a nuestra nueva ejecutiva WONCA, incluyendo a nuestra nueva presidenta electa, Amanda Howe.

Sé que no estaría en esta posición sin el apoyo de un gran número de personas. Doy las gracias a mi familia, mis amigos y colegas
en Australia por su continuo apoyo. Doy las gracias a mis muchos mentores y colegas de medicina de familia, que me han brindado orientación y asesoramiento en los últimos años y siguen haciéndolo. Como profesor, doy gracias a mis alumnos y mis residentes de medicina de familia y a mis socios de investigación, que prueban mis puntos de vista y me ayudan a mantenerme centrado en los retos de la atención de salud contemporánea. Y doy gracias a mis pacientes, que me han enseñado a lo largo de los últimos 30 años a ser mejor médico y mejor persona.

En el último par de semanas he empezado mi trabajo como presidente de WONCA y he visitado nuestras organizaciones miembro en China, Taiwán y Nueva Zelanda. Si lo deseas, puedes seguir mi trabajo global para WONCA a través de nuestras conexiones de redes sociales. En China, el Director Ejecutivo de WONCA, Garth Manning y yo, nos unimos a los líderes políticos y médicos de China, y a los líderes de las organizaciones miembros de WONCA de varios países, en una mesa redonda sobre el desarrollo de la medicina general / medicina de familia en China. Las reformas de salud en marcha en China son extraordinarias y se basan en el fortalecimiento de la fuerza de trabajo de la medicina familiar a través de la educación y la formación y un enfoque en la atención de calidad; para asegurar que cada persona en China tiene acceso a una atención primaria de alta calidad.

Hay una oportunidad de oro en estos momentos para la medicina familiar, porque las naciones de nuestro mundo se despiertan a la necesidad de fortalecer sus sistemas de atención primaria y el papel de los médicos de familia y de nuestros equipos, para satisfacer mejor las necesidades de salud actuales y futuras de toda la gente.

Estoy seguro de que es el momento adecuado para que trabajemos juntos y aprovechemos la oportunidad de marcar una diferencia. Espero con interés trabajar con todos vosotros en los próximos tres años.

Michael Kidd
Presidente

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

From the CEO’s Desk –

Wasn’t Prague fantastic?

Wasn’t Prague fantastic? A great conference in a great centre, really well organised and brilliantly delivered. Thank you, Bohumil Seifert, Vaclav Benes and all of your team, not forgetting Guarant, the PCO behind the organisation who were simply wonderful to work with.

Having Dr Margaret Chan as the keynote speaker at the opening ceremony was the icing on the cake, and if you haven’t read her speech then I strongly urge you to. It sends a really strong message about the importance of primary health care and family medicine, especially if the goal of universal health coverage is going to be achieved. There’s an article on Dr Chan’s speech on the WONCA website, which will also direct you to the full content of her speech - go to article.

Dr Chan also launched the Second Edition of the WONCA Guidebook: “The Contribution of Family Medicine to Improving Health Systems”. Whether as a result of this additional publicity or whatever, the book sold out of the on-site bookstore within 24 hours! However the Secretariat has been in discussion with Radcliffes, the book publishers, and we hope to have copies in stock in the not-too-distant future. Copies can also be ordered, of course, from on line sellers such as Amazon. Read more about the guidebook.

Prague gave the Secretariat staff a chance to meet with so many people, and a big thank you to everyone who came to the WONCA stand. I don’t think I have ever seen the WONCA stand so busy! A special thanks to everyone who signed up for WONCA Direct Membership. Arisa is currently working hard processing the applications and preparing the certificates to send out to all our new members. Council also approved a new grade of membership – Life Membership – which provides the opportunity for individuals to make a special gift to WONCA in return for waiver of annual direct membership renewal requirements. Already we have had four members enrol and we look forward to many more. It’s worth remembering that Life Direct Member status (like Direct Member) is open to...
any health professional who has an interest in supporting the vision, mission and goals of WONCA, and not just to family doctors. I’ll be writing more on this in subsequent months.

Congratulations Dr Shahab

And speaking of the WONCA stand – congratulations to Dr Shahid Shahab of Pakistan whose name was drawn out of the bag by Professor Amanda Howe, WONCA’s new President-elect, to win the iPad offered to all new subscribers to WONCA.

WONCA executive

And so after a very successful Executive meeting at Zbiroh Castle, followed by some really good meetings of the WONCA Regions, Working Parties and SIGs, we have now completed our first Council meeting. We also now have an incredibly new Executive, with only Professor Michael Kidd and Dr Donald Li continuing on. We have a new President-elect (and our first female) – Professor Amanda Howe, of UK. Many congratulations to her.

All seven WONCA regions have new Presidents, and all of them will be featured in the WONCA News in the coming months. We also have three new Members at Large, with Dr Donald Li (Hong Kong) taking over as Honorary Treasurer, Dr Luisa Pettigrew (UK) assuming the role of WONCA-WHO Liaison, and Dr Karen Flegg who continues in her role as WONCA Editor (where she has been fantastic) and also taking on Bylaws and Regulations. Many of the Working Parties also have new Chairs and we look forward very much to working with them all during the forthcoming triennium. Read more about the new executive members

Finally we look forward immensely to working with our new WONCA President, Professor Michael Kidd, and helping him to achieve the aims and objectives which he outlined in his keynote speech at the conference.

With best wishes from all of us in the WONCA Secretariat in Bangkok

Dr Garth Manning FRCGP, Chief Executive Officer
Feature Stories

WONCA Prague is not over - see more photos, presentations, video

Prague keynote presentations
Did you enjoy listening to Michael Kidd, Amanda Howe, Igor Svab or Karen Kinder in Prague? They have made their presentations available. Michael Kidd's keynote is also available as a transcript in English and Spanish.

Also available online are the three conference newsletters (two from during the conference, one from after); an eight minute video or the conference; links to photos of the conference.

So why not Revisit Prague?
Presentations links
Revisit Prague (photos video, newsletters)

Conference newsletters
Want to see what happened at the conference? Download a newsletter or watch the video below.
Issue 1 (distributed Tuesday 25 June)
Issue 2 (distributed Friday 28 June)
Issue 3 (distributed Friday July 5)
Photos from the conference
Facebook
FLICKR - nearly 900 pictures
FLICKR - includes WONCA council from WONCA editor

WONCA Regional News

WONCA North American Region meets in Prague
Family medicine leaders from the North American Region met in Prague prior to the World Council meeting. Dr Dan Ostergaard chaired the meeting and was thanked for his service by all participating, prior to turning over the role of President to Dr Ruth Wilson. Members prepared for the World Council meeting which was to follow. They also discussed methods of promoting primary care and family medicine in the region, particularly looking for opportunities to strengthen the Caribbean College of Family Physicians in its important work.

Two 5-Star doctors from the region were noted: Dr. Tomlin Paul and Dr Lucy Candib. Dr Candib also received a WONCA World 5-star doctor award at the World Conference meeting in Prague.
WONCA East Mediterranean update

WONCA's East Mediterranean region has new leaders:
President: Dr Mohammed Tarawneh, Jordan.
Immediate Past President: Prof Nabil Kurashi, Saudi Arabia
Honorary Treasurer: Dr Oraib Al Smadi, Jordan
Honorary Secretary: Prof Abdelmunim Aldabagh, Iraq
Other officers
• Prof Taghreed Farahat, Egypt
• Dr Omar Al Jabri, UAE
• Dr Mohammad Alshafee, Oman
• Dr Mona Osma, Lebanon
• Dr Amira Stephanou, Syria
• Dr Shaher Alshehri, Saudi Arabia
• Dr Hassan H B Al-Kazzaz, Iraq

Recent meetings include:
1. EMR meeting in Prague
2. the meeting of WONCA EMR executives (Dr Tarawneh and Dr Alsmadi) with the scientific committee of Arab Board for specialities, family and community specialty led by Prof Faisal Al Nasir, which is composed of 30 academic representatives most of Arab countries, where we discuss the ways of coordination in order to improve the specialty of family medicine in our region
3. Informal meeting of the WONCA EMR Executive with member organizations of societies of family of medicine from Egypt, Oman, Bahrain and Jordan, (photo)

WONCA Working Party and Special Interest Group News

Rural round-up - August 13

Keeping up the pace: The WONCA Working Party on Rural Practice over the next triennium

The first of a regular monthly column from the WONCA Working Party on rural practice. This month, John Wynn-Jones, the new chair of the working party writes for us.

Find out more about the Working Party on Rural Practice and John Wynn-Jones.

Background

The World Health Organisation tells us that approximately half the world's population live in rural areas and 70% of the 1.4 billion who live in extreme poverty are rural. Rural communities around the world are characterised by poor access to health care, aging populations and limited resources. The rural urban divide is marked by significant inequalities in health and social care and poorer overall health outcomes.

The WONCA Working Party on Rural Practice (WWPRP) has been one of the most prolific and productive working groups within WONCA since it was established at the 1992 Vancouver WONCA World Congress. Much still needs to be done but the growing international rural movement has succeeded in raising awareness of the inequalities that exits and ensuring that rural is clearly now on the world agenda.

The seemingly relentless drive to centralise care in large centres with growing specialisation further isolates those rural residents who need health care. Rural practice
is and should remain the last bastion of true
generalist care.

As one of the founding members of the
WWPRP, I feel that it has been a privilege to
have been associated with so many
committed rural colleagues across the world
and as I now take on the role of the chair for
the next three years, I intend to ensure that we
remain committed to our goals and the pace
does not slacken.

The [working party’s website](http://www.sbmfc.org.br/WONCArural) contains a
comprehensive list of our policy documents,
declarations and publications which cover all
aspects of rural family practice.

Rural practice throws up many challenges for
doctors, policy makers and isolated
communities. We in the WWPRP believe that
we can help by ensuring that working rural
practitioners and academics can work
together to advise and influence educational
institutions, national associations and strategic
planners on rural issues. It is our belief that
quality care can and should be available to all
people regardless of where they live.

**Future activities**

I am now planning our activities for the next
three years. We will continue to run our
successful annual world rural health
conferences and we hope that as many of you
as possible will join us in Brazil in May 2014
([www.sbmfc.org.br/WONCArural](http://www.sbmfc.org.br/WONCArural))

Dr Bruce Chater and Professor Jim Rourke
are joint editors of our planned electronic
textbook on Rural Medical Education, which
we plan to publish in the next 12 months. We
aim to contribute a regular rural bulletin to
[WONCA News](http://www.wonca.org) and you will hear more about
our activities in greater depth over the coming
months.

My three major themes for the forthcoming
triennium include:

- The membership of the Working Party: We
  aim to ensure that we have genuine gender
equity and we have already taken significant
steps to meet our goals by inviting more
women onto the working party and the
executive. We also aim to ensure that younger
doctors are represented and as a result we
have stated to work with the five young doctor
groups within WONCA.

- Relevance to working rural practitioners: The
  WWPRP represents working family doctors
  across the world and it is my intention that our
  activities remain relevant to the needs of these
doctors. We plan to systematically review our
previous policies and documents to ensure
that they remain as relevant now as they did
when they were formulated. We are also
developing a communication strategy, which
will ensure that we can communicate
effectively with any rural family doctor who
wants to engage with us. I have spoken with
family doctors in the developing world who are
sadly excluded from our meetings and
conferences because they do not have the
resources to travel. We must ensure that we
are inclusive and truly responsive to these
colleagues whose needs are often much
greater than ours.

- Working within the WONCA family: Finally
  some of WONCA’s most precious resources
  are the diverse and committed working and
  special interest groups. We need to learn to
  work together and combine our skills,
  resources and energies to address the
  mounting challenges that rural practitioners
  face over the coming decades. The European
  rural network, EURIPA has successfully
  worked with the quality network (EQuIP), the
  education network (EURACT) and the
  research network (EGPRN) to run joint
  conferences and special projects. I propose
  that we foster similar relations with other
  working groups and we will welcome any
  suggestions or offers for future collaboration.

Please keep on reading our reports and join
us if you can. If you are a rural family doctor
then you will have something to contribute to
the rural debate. Please contact me if I can
help. ([john@johnwj.com](mailto:john@johnwj.com)) Our goal is to ensure
that rural practice is properly represented in
the heart of WONCA and that WONCA is
responsive to the needs of the poorest and
most needy wherever they live.

Dr John Wynn-Jones (UK)
Dear Colleagues

We are very pleased to have you involved in the Environmental Working Party of WONCA.

It is a crucial time for the environment as human activities stretch the capacity of a number of the earth's natural systems to their finite boundaries. For example, the climate, air quality, water quality, food security and other basic support systems for sustaining human health are under threat.

So as a family doctor, you bring immense experience of your local communities, a deep understanding of complex systems and an ability to communicate complex scientific ideas to the general public. So your role, in what has been termed the critical decade for the environment, is very important.

We had an excellent productive meeting in Prague at the WONCA 2013 conference and did some planning for this next triennium to identify some issues that we feel we can make some real contribution to over the next three years. The three major areas we will focus on are:

1) Climate change and health,
2) Workers health and
3) Radiation and health.

Of course this doesn't exclude us getting involved in other issues but we felt that it was important to give some focus to the next three years.

As a member of the Environmental Working Party, we will send you a 3 monthly update email to keep you abreast of our current activities. We welcome your feedback and input at any time. You can see more about us on our webpage. You can join our discussion forum on the WONCA website (email editor@WONCA.net) or you can simply email the chair gblashki@unimelb.edu.au

How can you assist us? We are making an ebook called "Family Doctors in the Field - Stories from Environmental Family Doctors from across the Globe" and are planning to launch this mid-2014. If you would like to contribute to the book, please let me know. We are looking for short pieces, about 750 words, about your work relating to environmental issues in your country. You don't have to be an author or academic or even an environmental hero to contribute! You might even be a training family doctor– we would love to hear from you.

In addition to this, our Working Party Management Committee is developing some policy statements that will be passed on to the WONCA executive. These type of statements are very important even though they sometimes seem obvious or like motherhood proclamations. In fact these statements can carry much weight at a high level when the WONCA executive adopts them and promotes them as WONCA policy. They can make a real difference. So we will keep you up to date on the development of these, which in the first instance will cover our three main themes.

I look forward to working with you during this important time for the environment and health.

Kind regards
A/ Prof Grant Blashki

Email Grant

About Dr Grant Blashki
(Australia)

Grant is a practicing GP and an Associate Professor at the Nossal Institute for Global Health; Head of the Health and Equity Theme at the Melbourne Sustainable Society Institute, University of Melbourne; and an honorary lecturer at Kings College London. He is a Fellow of the Royal Australian College of General Practitioners and has served as an examiner in the fellowship exam panel. He is also a Graduate of the Australian Institute of Company Directors.

His two themes of research are; 1) primary mental health care and, 2) climate change and health. He has co-authored over 80 publications in peer reviewed journals, 30 peer reviewed conference abstracts, 20 government/policy reports, and is lead editor of the text book General Practice Psychiatry which has been translated into Italian.

Previously, he was the lead developer of the Monash University/ University of Melbourne Masters of General Practice Psychiatry for which he received a Monash University Silver Jubilee Prize for Teaching. He has been actively engaged with community work including as Board Director of the Australian Conservation Foundation, a clinical advisor to
Beyondblue; as a mentor in the Al Gore Climate Leadership Project; as a cofounder of Doctors for the Environment Australia; as a member of the Strategic Advisory Group of the Climate Institute, He was a participant in the Australia 2020 summit. In 2008, he was a co-recipient of the Fundraisers Institute of Australia’s Major Grants fundraising award for philanthropic work. In 2009, he was co-recipient of an Australian Evaluation Society Award for Excellence in Evaluation in relation to evaluation of major primary health care reforms in Australia.

**Working Party on Research meeting and workshops in Prague**

Report on Activities of WONCA Working Party on Research at the 20th WONCA World Conference held at Prague

WONCA Working Party on Research (WWPR) held its meeting and conducted three workshops during the 20th WONCA World Conference held at Prague. The participation and enthusiasm of participation at these events was exemplary.

The three yearly meeting was held on June 24. It was chaired by Professor Waris Qidwai and Professor John Beasley, who have been selected as Chair and Co-Chair respectively of the Working Party for another term. It was attended by 27 participants, representing the seven WONCA regions. A minute silence was observed in memory of late Professor Barbara Starfield. A review was made of the past activities of the group and future plans for next term were discussed.

Professor Felicity Goodyear-Smith, from New Zealand, made a proposal to have panel discussions in regional meetings of representing countries, in order to identify gaps in various aspects of primary care. It was decided to work through member organizations of WONCA to promote primary care research. It was agreed that WONCA should ask governments, policy makers and stakeholders to ensure establishment of departments of family medicine in medical colleges and provide protected funds for primary care research. It was also agreed to strive for inclusion of research training in the curriculum in medical colleges at undergraduate and postgraduate levels.

Professor Michael Kidd attended the meeting and addressed the participants. Professor Christos Lionis was asked to continue as chair of the International Federation of Primary Care Research Networks and to come up with recommendations with regards to future strategies for the Federation. He made a brief presentation about Federation and its performance.

**DRAFT Policy statement from the WONCA Working Party on Research**

1. All University departments of FM / GP / PHC or equivalent institutions must support and engage in research.

2. All University departments of FM / GP / PHC or equivalent institutions must collaborate with community based practices to address relevant research questions for patient benefit and the advancement of the discipline through research.

3. All nations should prioritise FM / GP / PHC research and provide competitive but protected funding for this to take place.

**Workshops**

Three workshops were held by WWPR during the conference. The workshop on “Access to Person-Centred Care” was very successful and attended by 32 participants, representing the seven WONCA regions. Status with regards to patient access to health services was discussed and barriers and challenges were identified so that a focus for future
research initiatives could be based on them. A report was generated on the proceedings.

The workshop on “Primary Care Research strategies” was most successful and attended by close to 50 participants from across WONCA regions. Status, issues, barriers to primary care research were discussed and strategies formulated for work plan for WONCA and WWPR. Facilitating research, capacity building and mentoring all came under discussion. Recommendations coming out of 2003 Kingston report and paper published by Professor Beasley on primary care and global health were discussed.

The workshop on the role of primary care research networks in the age of austerity was led by Professor Christos Lionis and was very well attended. Various ways in which primary care research can continue to provide support in a period of limited resources to improve health was discussed.

Revised vision and objectives

Vision

Research is a core component of general practice / family medicine / primary health care training, scholarship and clinical practice in all nations.

Objectives

1. To promote all university departments of family medicine / general practice / primary health care (FM / GP / PHC) or equivalent institutions globally in supporting and engaging in research to provide essential evidence for informed clinical and health policy decision making.

2. To promote all nations and funding bodies in prioritising FM / GP / PHC research and providing it with competitive but protected funding.

3. To support countries and regions in the promotion and nurturing of FM / GP / PHC research in their respective nations, and the timely translation of its results into everyday clinical service.

WWPR meetings and workshops have brought enthusiasm and generated fresh interest in primary care research. New members are joining us and will bring new ideas and initiatives to help WONCA and WWPR to improve health of communities and families through primary care research initiatives. WWPR invites interested doctors to join us in our quest to promote primary care research globally.

The join the group email WPresearch@WONCA.net

Prof Waris Qidwai Chair, WONCA Working Party on Research

New Special Interest Group on point of care testing

Point-of-care testing (POCT) is a burgeoning new discipline of health service delivery that has particular application in the family practice setting. POCT enables pathology testing for markers of chronic, acute and infectious diseases to be conducted in a family practice during the patient consultation, with test results rapidly available for patient care and management. POCT is one of the fastest growing sectors of the pathology industry due to its convenience and accessibility for patients and the reliability and robustness of modern POCT technology. Did you know that tests such as HbA1c, lipids, electrolytes, blood gases, troponin, INR, CRP, white cell count with differential, haemoglobin, HIV, other STIs, malaria, dengue fever and many more are now available in POCT platforms?

At the recent WONCA World Council meeting in Prague in June of this year, a new Special Interest Group (SIG) on Global Point-of-Care Testing was approved. The SIG aims to provide a forum for WONCA family doctors...
from all countries to meet, discuss, learn about, promote, advocate and research the clinical utility and effectiveness of POCT. The SIG believes that POCT can provide WONCA with a new and innovative subtheme of service delivery, education, training and collaborative research activity.

Convenor Special Interest Group on point of care testing

Prof Mark Shephard (Australia)

Professor Mark Shephard OAM, BSc (Hons), MSc, MAIMS, MAACB, FFSc (RCPA), PhD is Director of the Flinders University International Centre for Point-of-Care Testing in Adelaide, Australia (www.flinders.edu.au/pooint-of-care). Mark is Program Manager of the international ACE (Analytical and Clinical Excellence) Point-of-Care Testing Program for diabetes management which is now operating in seven countries, and is the Course Coordinator for the Centre’s Graduate Certificate in Global Point-of-Care Testing, which is the first postgraduate academic qualification in the field of point-of-care testing.

Within Australia, Mark manages the largest national point-of-care testing network, called QAAMS (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services), which delivers point-of-care testing for diabetes management in over 170 Aboriginal medical services. Mark is Chair of the Management Committee of the Northern Territory Point-of-Care Testing Program, in which point-of-care testing for acute and chronic diseases is conducted in 44 remote health centres in the Territory.

Mark is also a Chief Investigator on a National Health and Medical Research Council (NHMRC)-funded randomised trial of point-of-care testing for chlamydia and gonorrhoea in remote Australian Aboriginal communities called TTANGO (Test, Treat and Go). Mark was also one of seven Chief Investigators for the Centre of Clinical Research Excellence (CCRE) for Aboriginal and Torres Strait Islander Health (2003-2008). His unit was one of the three lead organisations charged with the delivery of the Australian Government’s Point-of-Care testing in General Practice Trial, which involved 53 general practices and just under 5000 patients with chronic disease (2005-2007).

Mark has the unique dual honour of being the recipient of (i) the Medal of the Order of Australia (OAM) in the 2006 Queen’s Birthday Australian honours list and (ii) an Australian of the Year Award in 2004. These awards primarily acknowledged Mark’s work in Point-
of-Care Testing. In 2009, Mark was the recipient of a Distinguished Alumni Award from Flinders University, which recognised his significant contributions to the improvement of Aboriginal health in Australia and his services to the University. In 2011, Mark was elected as a Founding Fellow of the Royal College of Pathologists of Australasia’s (RCPA) Faculty of Science. Mark has also served as Chair of the Australasian Association of Clinical Biochemists (AACB) Point of Care Testing Working Party (2004-5). Since 2010, he has been Co-Chair of the Australian Institute of Medical Scientists (AIMS) Working Committee on Point-of-Care Testing for Infectious Disease and Drugs of Abuse.

Mark is honoured to be the inaugural convenor of WONCA's Special Interest Group on Global Point-of-Care Testing.

### Member Organization news

**New method of financing family medicine in Croatia**

As of May this year, family doctors were financed mainly through capitation – based on the number of patients in care. Only a smaller part of income (10%) was financed through undertaking additional therapeutic procedures.

Doctors who work as employees in public health centres comprise about 25% of the total number of doctors in family medicine clinics. The rest are in private practices contracted to the Croatian Health Insurance Fund (CHEF).

With previous type of financing, there was almost no motivation for improvement of the health service provided by family doctors. Also, until this year, the Croatian Health Insurance Fund (CHEF) relationship with family doctors was not based on partnership – doctors were financially penalised, for administrative faults and there was no control of quality of work. Added to this, statistical data analyses, were flawed with data collected only for first and control examinations and home visits.

A pilot project was initiated, headed by CHEF director, Sinisa Varga, with implementation as of May 1, 2013. Through this project an entirely new model of financing was introduced.

The smallest part of practice financial turnover is now based on number of patients - capitation is now a quarter of the financial reimbursement of what it was previously.

I would say it better in this way: Previously, number/value of patients (capitation), was the major source of income. New model still has capitation as part of income, but it is only around 1/4th thus stimulating GP/FDs to work in other directions to obtain similar or even greater income (more different procedures, quality of work elements, less referrals and more cases solved, preventive measures etc).

Reducing the impact capitation finances bring to a practice, the “whims” of patients and subsequent “switchings” from one family doctor to another in order to get what they wish will certainly be reduced. The trend has already been observed in some practices, and the patients recognize the new relations. Unfortunately, doctors were “hostages” of patients for far too long.

Part of the new financing was the introduction of fixed sums for paying of nurse wages, utilities, purchase of medications and expendable material.

Expenses of education are still not in the fixed money allotment and doctors still heavily rely on help from pharmaceutical companies with all the pros and cons it brings.

Remaining income is made through additional treatments. The list of procedures performed by practitioners (currently, ear syringing, suture removal, wound treatment, spirometry and similar) has expanded tremendously.

Home visits, palliative home visits, patient consultations via phone and/or e-mail, initiation of insulin, consultation with district nurses and physical therapy are increasingly valued. What is important, especially for rural areas, is the inclusion of joint and fracture repositioning and immobilisation, home childbirth deliveries, liquid nitrogen cryotherapy (warts and similar), ultrasound, examination of tourists, and preparation of patients for telemedical consultations (due to huge diversity of Croatia, most remote parts in mountains and islands have access to state of the art IT technical
connectivity with the Croatian institute for telemedicine, for educational and consultation purposes – doctor and other health staff educational courses, telemetric secondary care consultation, even psychiatric consultations with patient in front of camera). In this way practice income is increased and it is possible to acquire new equipment and participate in education. To purchase specific equipment a longer period of time is needed to accumulate funds.

Alongside this, additional (smaller) income is made if blood samples are taken in the practice as well as other microbiological samples; if patients can make appointments for consultations rather than be seen on a first-come-first-served basis; if staff make appointments for secondary care consultations; if there is a book of complaints and impressions; and if doctors form an official group practice with special obligations and availability for patients which didn't exist so far.

Regarding preventive activities, computerized 'panel' reports (special program pop-up screens) were introduced to enable fast preventive measures in opportunistic screening during our daily work. There are four 'panels' presently: primary prevention, COPD, diabetes and hypertension. These 'panels' could be a hugely important thing since they reduce human interaction by using computer logic to filter individuals for screening out of a whole population. The computer 'panel' synthesizes all diagnosis-related (or specific panel related) health record data from many sources and presents it in a simple way in one place referenced to normal values, curves and to recommended procedures and controls for lab results, spirometry values, anthropometric values etc...

I think it would be excellent if we could put a screenshot of a diabetes panel in the article?

Most doctors (about 85%) have accepted this sort of finance system, while 15% of doctors kept the old finance system. One of the main complaints is that the new system is highly unstable, depending on “whims” of the health fund and being valid for only one year, while old contracts were valid up to 2021. In this way, teams with a large number of patients (more than 2100) find a result in a loss of part of their income or requiring more procedures to get similar income; while teams with smaller numbers of patients are paid more. Group practice is also being introduced which is currently functioning only as improved accessibility for patients in case of vacations and sick days by their chosen doctors.

In the end the vast majority of practitioners are satisfied with the new finance system, and also with the fact that everything they do in practices can be displayed in reports (previously, we could not put into records what were the procedures we performed). This is an improvement as the perception of the general public and colleagues was that general practitioners serve only for menial routine work and that most of their work comes down to handing out prescriptions and referral. On the other hand, this new reimbursement system stimulates doctors towards additional education and acquiring additional skills while not being very dependent on total number of patients. This will hopefully lead to an increase in medical care diversity and availability in PHC to Croatia's population and cutting back on unnecessary secondary care costs within the healthcare system.

What needs to be improved, and a space where we see the role of the health ministry and family medicine organizations, is the education of doctors and team members, as well as improving practice equipment. The ultimate aim we all hope for is improved availability and diversity of health care as well as improved outcomes, especially in rural areas.

Dr Tanja Pekez-Pavlisko on behalf of KoHOM

Featured Family Doctor

KABERA, Dr René - Rwanda

Dr Kabera is a family doctor, newly graduated in October 2012, who comes from Rwanda. He works in a rural district hospital, Huye district Kabutare hospital, in the south of Rwanda.

It is a busy area with 19 community health centres supervised, and the hospital has 231 beds and four major departments – surgery, paediatrics, obstetrics/gynaecology, and medicine.

The weekly workload is composed of: ambulatory medicine in primary care delivered in an outpatient setting; one day per week in surgery with major interventions; obstetrics
emergencies; hospital work in rounds for chronic and acute cases in medicine and paediatrics, surgical emergencies and trauma, Thursdays mornings for teachings and clinical presentations and Community Health Centre supervision.

He and his colleagues have been undertaking some research and have submitted their work for publication in a local journal - the most recent one is “The sero-prevalence of HIV infection among pregnant women- Kabutare Hospital”.

As a new doctor, he and his colleagues stand steady trying to demonstrate the qualities of Five Star Doctors to provide our comprehensive, holistic, patient-centred and cost effective health care to our rural and needy population which is not really able to afford the fragmented medical care.

**WONCA Editor: What do you do in your free time?**

Free time is composed of different activities - swimming, jogging in the mornings, films, and watch football (local teams or international on TV), and also Church activities.

**WONCA Editor: Is there an organization for family medicine in Rwanda?**

The Rwanda Family Medicine Association (RFMA) is the organization which is grouping the family medicine community in Rwanda, was founded in 2011 (Facebook and Twitter)

For those who would like to contact Rene email: renekabera@yahoo.fr

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**Notices**

**WHO Health for the World’s Adolescents Survey**

WHO Headquarters Geneva, 29 July 2013

The World Health Organization (WHO) is currently developing a report, Health for the World’s Adolescents, that will outline recent research and the growing consensus on the importance of adolescent health; and the achievements of the health sector in improving and maintaining the health of the world’s 1.2 billion adolescents (10-19 years). The report will present WHO guidance across the organization; highlight the progress Member States have made in making their health sector more responsive to adolescents needs; strengthen and support global initiatives that have an impact on the health of adolescents; and provide a concrete follow-up to the World Health Assembly resolution 64.28 on Youth and Health Risks from 2011.

The report will be released in 2014.

In order to develop recommendations for the report, WHO recognizes that it is vital to incorporate the perspectives of health care providers. A survey has been created through which primary care providers can make input into the report. [Go to the survey.](#)

The website and the survey will be open for inputs between 19 July 2013 and 15 September 2013. We would very much appreciate if you could help us spreading the link to this survey, and encouraging health care providers to contribute.

Please

- Share the link on your organization’s home page
- Share the link through your organization’s social media sites (Facebook, Twitter, Instagram etc.)
- Share the link and spread information about it in events your organization are organizing or attending during the time period
- Inform health care providers and relevant organizations and networks about the survey

We look forward to hearing from you,

Valentina Baltag, MD, MSc, PhD
Technical Officer, Adolescent Health
Department of Maternal, Newborn, Child and Adolescent Health
Cluster for Family, Women’s and Children’s Health
World Health Organization
E-mail: baltagv@who.int
Web: [www.who.int/maternal_child_adolescent](http://www.who.int/maternal_child_adolescent)
Vacancy: Professor of General Practice: Australian National University

The Australian National University Medical School and Australian Capital Territory (ACT) Health Directorate are seeking to appoint an experienced candidate with a strong background in, and commitment to, clinical service and education in the specialty discipline of General Practice and Primary Health Care.

As well as providing high-level academic leadership to the Australian National University within this discipline, you will provide senior medical advice and support to the ACT Health Directorate. You will foster links between general practice, community health, related primary care organisations and the Medical School within the ACT and the region as well as lead and direct the work of the Academic Unit of General Practice in alignment with the strategic directions of the ANU Medical School, to increase research success and strengthen the educational program.

The ANU Medical School is part of Australia’s premier research intensive university. It operates an innovative four-year graduate-entry program, with between 90 and 100 students each year. A major feature of the Medical School program is its rural and community focus. The Academic Unit of General Practice is an established and successful team of researchers and teachers working with GPs and primary health care practitioners in the ACT and region. ACT Health is a directorate of the ACT Government and provides a range of medical, allied health and nursing services to the local community.

The Director and Unit work closely with the Directorate in providing senior medical advice and opportunities for development of primary care research and practice. The remuneration and conditions of this position will be commensurate with the ACT Medical Practitioner’s Enterprise Agreement.

For a confidential discussion please contact:
Professor Nicholas Glasgow (Dean)
Phone: +61 2 6125 2622
Email: Nicholas.Glasgow@anu.edu.au
Applications Close Friday 9 August 2013

Meetings added – coming soon

Conference in Peru in August

The Sociedad Peruana de la Medicina Familiar y Comunitaria is hosting a conference in Peru next month. The conference theme is Curso Internacional de Orientación Familiar en Atención Primaria. Dates are 22-24 August.

For more information:
Website: www.sopemfyc.org
Contact: sopemfyc@gmail.com

Sociedad Peruana de Medicina Familiar y Comunitaria
Curso Internacional de Orientación Familiar en Atención Primaria

Temática:
- Herramientas de Medicina Familiar
- Orientación Familiar por etapas de vida
- Desarrollo de la Entrevista Familiar
- Orientación Familiar vs Terapia Familiar

Invitado especial México: Dr. Apolinar Membriño
Lugar: Colegio Médico del Perú
Fecha: 22, 23 y 24 de Agosto

17
Dear colleagues,

It’s a great honour for us to invite you to the I Balearic Meeting of European Residents and Young GPs of the Ibamfic (Balearic Society of Family and Community Medicine), to be held in Palma de Mallorca on September 6th and 7th of 2013.

We have tried to offer you an interesting scientific program, combining science, tradition, entertaining and of course, lots of Family and Community Medicine. The sessions will be taught mostly by GP experts in each of the subjects, and the official language of the Meeting will be English (“Easy English”). In terms of capacity, we have a maximum of 120 places, and the registration fee is 50 euros, that will include the Meeting’s inscription and the Welcome cocktail.

You can consult all the details about it and the registration form in the next web: http://sbmfic.wix.com/meeting.

The Meeting has been organized without the participation of the pharmaceutical industry.

On the occasion of it, we are also organizing during this week a Conference Exchange, offering 17 places for our European visitors, who will enjoy a rotation week in a GP practice, in Palma de Mallorca. Their participation in the Meeting will be free, but the accommodation must be paid for themselves. If you are interested in join us, please send your application before 20th August to resis.mfyc.mallorca@gmail.com.

We are working with great enthusiasm so that you could enjoy a unique and unforgettable experience so the Balearic Society of Family and Community Medicine and Vasco da Gama Movement encourage you to participate in this Meeting & Conference Exchange; it will not disappoint you!

If you have any question or you need more information about anything, we are at your disposal at the following email address: resis.mfyc.mallorca@gmail.com.

Kind regards,

Enrique Álvarez Porta
President of the Organizing Committee
National Coordinator of GP Trainees of semFYC

Encuentro Balear de Residentes Europeos y Jóvenes Médicos de Familia

Estimados compañeros, Es un gran honor para nosotros invitaros al I Encuentro Balear de Residentes Europeos y Jóvenes Médicos de Familia de la Ibamfic (I Balearic Meeting of European Residents and Young GPs of Ibamfic), que se celebrará en Palma de Mallorca los días 6 y 7 de septiembre de 2013. Hemos intentado ofrecer un programa científico interesante, combinando ciencia, tradición, entretenimiento y por supuesto, mucha Medicina Familiar y Comunitaria. Las sesiones serán impartidas en su mayoría por Médicos de Familia expertos en cada uno de los temas, y el idioma oficial del Encuentro será el inglés (formato “Easy English”). En cuanto a la capacidad, contamos con un máximo de 120 plazas, y la cuota de inscripción es de 30 euros para socios de la Ibamfic, y 50 euros para no socios, incluyendo la inscripción al Encuentro y el cóctel de bienvenida. Podéis consultar todos los detalles del mismo y rellenar el formulario de inscripción en la siguiente página web: http://sbmfic.wix.com/meeting. El Encuentro ha sido organizado sin la participación de la industria farmacéutica. Con motivo de mismo, también estamos organizando durante esa semana un Intercambio Mini-Hippokrates (Conference Exchange), ofreciendo 17 plazas para visitantes europeos, que podrán disfrutar de una semana de rotación en nuestros centros de salud de Palma de Mallorca. Desde las Vocalías de Residentes y Jóvenes Médicos estamos trabajando con mucho entusiasmo para que podáis disfrutar de una experiencia única e inolvidable, por lo que la Sociedad Balear de Medicina Familiar y Comunitaria y el Movimiento Vasco da Gama os animamos a participar en este Encuentro que ¡¡¡no os decepcionará!!! Si tienes alguna pregunta o necesitas más información sobre cualquier tema, estamos a tu disposición en la siguiente dirección de correo electrónico: resis.mfyc.mallorca@gmail.com.

Saludos cordiales,

Enrique Álvarez Porta
Presidente del Comité Organizador Vocal Nacional de Residentes de semFYC
Dear Sir/Madam,

About Kuching

The enchanting state of Sarawak is Malaysia’s largest state, endowed with the world’s richest and most diverse ecosystem. Sarawak has pristine rainforest canopies, the world’s largest flower, the Rafflesia, squirrels and snakes that can glide through the air, mice deer the size of kittens, pitcher plants that eat insects and even rivals the occasional small mammal. In fact, there are countless species of flora and fauna, yet to be discovered.

From pristine underwater reams and untouched coral reefs to rich heritage and from wilderness to modern city landscapes, Sarawak is a plethora of experiences appreciated by travellers from all over the world. Head into Sarawak’s interiors and your heartbeats will flutter at the fascinating and enchanting dances of the multi-ethnic tribes living harmoniously with each other.

Indeed, Sarawak is home to 20 ethnic groups each with its own distinct language, culture and lifestyle. The largest ethnic group on the land with about 30.1 per cent of the local population for the year 2000 census. The Chinese who generally live in the cities are the second largest group at 29.7 per cent, followed by the Bidayuh, Melanau and other native tribes of Sarawak. The Malays also constitute a large portion (23 per cent) of the population as well, mainly concentrated along the coast.

More details, please visit: http://www.sarawaktourism.com

Congress Information
Website: www.wonca2014kuching.com.my
Congress Venue: Borneo Convention Centre Kuching, Sarawak
Congress Email: wonca2014@console.com.my

Call for Abstract
All accepted abstracts will be published in Malaysian Family Physician Journal

Submission Deadline: 31st December 2013

Please CLICK HERE or www.wonca2014kuching.com.my to register yourself in order to submit your abstracts.

Call for Registration
Please register NOW to avoid disappointment!

Early Registration Deadline: 28th February 2014

Online Registration CLICK HERE or complete the Registration Form and email or fax the completed Form to the Congress Secretariat at Tel: +603 – 2162 0566, Fax: +603 2161 6560 or wonca2014@console.com.my
WONCA CONFERENCES 2014

|-------------------|----------------------------------------|------------------|-------------------------------------------------------------------|

WONCA Direct Members enjoy lower conference registration fees. See WONCA Website [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com) for updates & membership information

MEMBER ORGANIZATION MEETINGS

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

European forum for primary care
Date: September 9-10, 2013
Venue: Istanbul, Turkey
Host: European forum for Primary care
Email: dr_raman@hotmail.com

AAFP annual scientific assembly
Host: American Academy of Family Physicians
Date: September 24–28, 2013
Venue: San Diego, USA
Web: [www.aafp.org](http://www.aafp.org)

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

RACGP GP ‘13 conference
Host: The Royal Australian College of GPs
Date: October 17-19, 2012
Venue: Darwin, Northern Territory, Australia

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

Family Medicine Forum 2012
Host: The College of Family Physicians of Canada.
Date: November 7-9, 2012
Venue: Vancouver, Canada
Web: [http://fmf.cfpc.ca](http://fmf.cfpc.ca)

The Network: Towards Unity for Health annual conference
Host: TUFH
Theme: Rural and Community Based Health Care
Date: November 16-20, 2013
Venue: Ayutthaya, Thailand
Web: [http://www.thenetworktufh.org/conferences/upcoming](http://www.thenetworktufh.org/conferences/upcoming)