VOLUME 32 NUMBER 6 FEBRUARY 2007

WONCANews

An International Forum for Family Doctors

Wonca
World family doctors. Caring for people

CONTENTS

FROM THE WONCA PRESIDENT-ELECT:

EMBRACE THE UPCOMING GENERATION OF FAMILY PHYSICIANS

A perception exists in parts of the world over of family doctors - - - dropped off the career ladder of specialization, overlooked by the medical and scientific community, undervalued, even more underpaid, overburdened by trivial complaints and heartsick patients, toiling away in isolation. And not seldom do family physicians themselves contribute to this perception - - - complaining comes to some as second nature. It is a dangerous habit, as it may become a self-fulfilling prophecy. Who in his or her right mind would like to join the ranks and files of such a profession?

Some factors contribute to genuine concern for our future: a physician shortage exists in many parts of the world, and future career choices are often a complex process. How can we make sure the best students opt for family medicine? How can we help the most accomplished to chose to work in conditions where clinical uncertainty may be likely?

Yet, no reason for pessimism exists. In international exchanges and visits I am continually deeply impressed by the talents, the motivation, the drive of students, residents and young colleagues. This was highlighted during my visit early this year to the annual conference, in Angers, of French residents. France, with all its contributions to the world, is not directly associated with a leading role in family medicine. The current family medicine developments the country is witnessing are more a catching-up with most of their fellow-European neighbours.

Yet, here in Angers was a vibrant conference organized by and for family medicine residents. The National organization brings together residents from the more than forty training programs that are run in the major French cities. The conference started with a review of the national structure of family physicians' reimbursement and moved on to primary care research and academic support of family practice. At about half past seven in the evening, when one would expect conference participants to be out at restaurants and bars, the French residents were actively participating from their chairs in the convention hall.

But do not think partying was anathema to them. Once the meeting closed, we adjourned for a diner party of exquisite food and the awarding of annual prizes. We celebrated for the family medicine resident awarded with the best research project of the year. And we celebrated the confident display of a new generation entering family medicine. The same confidence of these family medicine residents must have had impressed the French government a few days earlier. In negotiations on more investments in family medicine research and teaching, it appears that French universities are moving at last to engage in primary care – thanks to the persistence of the French residents and Colleges (SNGE and SFMG).

France is not the exception in Europe. In the European arena, residents and young family physicians are united in the Vasco Da Gama movement. For Wonca, for international family medicine, this offers a most welcome platform to work together. I commend this group to everyone organizing international family medicine conferences – to involve them closely in any activity; I am sure it will add to the success of the meetings.

But I think we should do more: there is a need for a platform for residents and young family physicians in every Wonca region, and most importantly, at our World Conferences. We should engage them in all the Wonca working parties and special interest groups.

Wonca is all about the future of family medicine - - - that is our joint future. Let us embrace in our Wonca structure the residents and young family physicians of the world.

Chris van Weel
President-elect
World Organization of Family Doctors (Wonca)

(Editor's Note. Due to personal circumstances, Wonca President Bruce Sparks has been unable to write his President's Column. For that reason this Wonca News features a "From the President-elect" Column)

FROM THE CEO'S DESK:

THE INTERNATIONAL CLASSIFICATION OF PRIMARY CARE (ICPC-2) - A WONCA PRODUCT

At the first Wonca General Assembly in Melbourne, Australia in 1972, it was resolved that a special Working Party be established to consider and develop an agreed classification in general practice/family medicine that would be clearly related to the International Classification of Disease (ICD) of the World Health Organisation (WHO). Dr Robert Westbury of Canada was appointed by Wonca Executive then to be the Convenor.

At the General Assembly in 1974, Dr Westbury announced that an International Classification of Health Problems in Primary Care (the ICHPPC) had been developed to enable general practitioners/family physicians to classify problems, as opposed to diseases, which they encountered in their daily work. He also reported that doctors in 300 practices in 9 countries had tested this classification with further refinements recommended.

By August 1976, after several rounds of consultations, Dr Westbury was able to announce that the ICHPPC had been finalized and distributed to all Wonca Member Organisations. Work on the Primary Care Classification system continued for several years after that. By the end of 1978, ICHPPC-2 (the version aligned to ICD-9) was distributed to Wonca Member Organisations in typed form.

The printed version was published by Oxford University Press (OUP) towards the end of 1979 with an advanced payment of royalty of AUD$5,000 paid by OUP. This was used to finance ongoing meetings of the Classification Committee that by this time was working on a conceptually new classification, namely Reasons for Encounter Classification under the leadership of Dr Henk Lamberts and a Glossary for Primary Care under Dr Jack Froom. The Committee continued to work enthusiastically on a number of classifications, some in collaboration with WHO, during the years that followed.

The International Classification of Family Medicine (ICFM) was jointly developed by WHO and the Wonca Classification Committee by 1986. It was edited by Dr Henk Lamberts and Dr Maurice Woods after WHO decided not to endorse the classification and was published by OUP in a new agreement that gave OUP the exclusive publishing rights to the printed version in the English language. It was published as the International Classification of Primary Care (ICPC) under the auspices of Wonca.

The years following 1986 saw the use of the ICPC being propagated by Wonca as the preferred classification for Primary Care at its international meetings and forums. Several primary care research centres received permission from Wonca for the free use of ICPC for their research projects.

The classification also drew interest from the non-English speaking member organizations within Wonca as the value of ICPC became more widely acknowledged and accepted. As of 2006, ICPC has been translated into 17 languages globally (Chinese, Czech, Danish, Dutch, French, Greek, German, Japanese, Portuguese, Romanian, Russian, Spanish, Azeri, Serbian, Finnish, Swedish, and Turkish).

In December 2003, Wonca received the good news that the WHO-Family of International Classications (FIC) Network of the WHO Collaborating Centres had endorsed ICPC as a member of the WHO-FIC. They had concluded that the ICPC fulfilled the requirements for membership as being a well developed, well used and well maintained product. ICPC was hence accepted into the Family of International Classifications as a classification to be used for health information registration in Primary Care around the world.

This membership of the WHO-FIC resulted in greater interest in ICPC globally and enquiries began to be received by the Wonca Secretariat on the purchase of national rights for the exclusive use of ICPC by certain countries. The Wonca Executive, based on the GDP and GDP per capita of the country, then established a formula for the calculation of national licenses for ICPC.

As of end 2006, two national licenses for ICPC have been purchased from Wonca by the governments of Belgian and Norway. In addition, the Portuguese Association of General Practitioners has purchased a national license. Several countries has expressed interest in the English language version of ICPC . However, with the publishing rights residing with OUP, Wonca was unable to make the licenses available to these countries.

The Wonca Executive, in 2004, endorsed a proposal to re-acquire the publishing rights of the English language version of ICPC back from OUP. After several communications via email between the Wonca CEO and OUP, an agreement was reached in that OUP would

return the publishing rights back to Wonca. This agreement was finalized in January 2007. Henceforth, this will allow the use of the ICPC-2e electronic version of in a large number of the English speaking countries that are members of Wonca, as the book form of the classification could now be produced in its entirety or as a manual in English.

Whilst it is likely that the national Ministries of Health of most countries will be the agencies keen to acquire the national licenses for ICPC-2e, it may be a financially rewarding and a good move if the Member Organisations of Wonca in these countries take the initiative of acquiring the national license for themselves. To encourage this, Wonca Executive has agreed that Wonca Member Organisations be given a 20% rebate on the national licensing fee. The ICPC-2e is a Wonca product and should, therefore, be used to benefit Wonca Member Organisations, their family doctors and all those who care for our patients around the world.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:

A SPECIAL WONCA 2007 INVITATION TO FP/GP JOURNAL EDITORS

This issue of Wonca News continues to report on important gatherings of Wonca's Regions, Working Parties and Member Organizations in the months leading up to the 18th Wonca World Conference in Singapore from July 24-27, 2007.

I would like to extend a special Wonca 2007 invitation to the Editors of the 50 or so FP/GP journals of Wonca member organizations. The FP/GP journal editors and publication staffs serve an important role for Wonca by disseminating key clinical, professional and organizational information to our membership. They report on the country's health and health care trends that affect the organization's political viability and influence. They record and archive the history of our member organizations and their role in the health of the public. They publish key articles, reports and publications in the areas of practice, teaching and research that strengthen our specialty.

Editors of our FP/GP journals, or their designee, are invited to an FP/GP Editors Forum in Singapore held in conjunction with the 18th Wonca World Congress in Singapore. The purpose of the FP/GP Editors Forum is to facilitate networking around the key FP/GP content areas, such as clinical practice and evidenced based medicine, practice management, research, medical education and family medicine development/association news.

Please email me if you plan to join us in Singapore, or if another representative will join us on your behalf. Your recommendations for agenda items are most welcome.

For those who have yet to register for the 18th Wonca World Conference in Singapore, please register online at www.Wonca2007.com. I am looking forward to our Wonca FP/GP Editors reunion in Singapore!

Marc L. Rivo, M.D, M.P.H.
Editor, Wonca News
marcrivo@aol.com
4566 Prairie Avenue
Miami Beach, FL 33140 USA
1-305-674-8839 (fax)

FEATURE STORIES

CALL FOR NOMINATIONS FOR WONCA AWARD OF EXCELLENCE IN HEALTH CARE

Nominations are called for the Wonca Award of Excellence in Health Care, otherwise known as "The 5-Star Doctor" Award.

This is an award to be conferred on physicians, who in the opinion of the Wonca World Council have made a significant impact on the health of individual and communities, through personal contributions to health care and the profession. It was instituted to increase the global development of Family Medicine, global networking and partnerships. The award is preferably given to those who are still active in the field for which they are nominated. Nominations are not limited to Wonca members.

The award will be offered on a Regional (ie, "Regional" applies to the Wonca Regions as defined in the Wonca Bylaws and Regulations, currently constituting the Africa, Asia-Pacific, Europe, Iberoamericana-CIMF, North America and Middle East South Asia Regions) and Global basis. The Regional Awards may be awarded on an annual basis and the Global Award is being awarded every third year. The award will take the form of a crystal trophy and a certificate presented during the July 2007 Wonca World Conference in Singapore.

The closing date for nominations for the Wonca Award for Excellence in Health Care: The Five-Star Doctor is March 31, 2007.

Suitably motivated and validated nominations for Regional Awards should be submitted to the Wonca Chairman of the Nominating and Awards Committee. They will be forwarded to the relevant Regional President for regional consideration. The Global Award will be chosen from the recipients of Regional Awards for that triennium.

The criteria to be considered by the selection committee/s will include the following. These criteria apply to both Regional and Global Awards, and include:

- Impact on healthy care of individuals and community
- Contribution to regional / global development
- Community perspective and involvement
- Networking for the benefit of the community
- Innovative services
- Development of services in previously underserved / disadvantaged areas
- Demonstrated support of colleagues in another region / country / college
- Performance of academic work of quality and relevance including teaching and research
- Development of models which could be applied to other regions / areas
- Best meet the criteria of the "5-star" health professional
  * Care provider
  * Decision maker
  * Communicator
  * Health Advisor and Community Leader
  * Team member

Please complete the nomination form and send by email or also hard copy to:

Professor Chris van Weel
Chair, Nominating and Awards Committee
World Organization of Family Doctors (Wonca)
#01-02 College of Medicine Building
16 College Road
Singapore 169854
Email : admin@wonca.com.sg
Fax : +(65) 6324 2029

The nomination form is available at the Wonca online website at **www.GlobalFamilyDoctor.com** and by contacting Yvonne Chung, Wonca Administrative Manager, at the Wonca Secretariat in Singapore at the above email, fax or mailing address.

Wonca Establishes Working Party on Mental Health

A proposal to establish the Wonca Working Party on Mental Health (formerly the Special Interest Group on Psychiatry and Neurology) was approved by the Wonca Executive during its October 2006 meeting in Buenos Aries. The Wonca Working Party on Mental Health (WWPMH) will serve as a focus for the development of mental health issues for Wonca worldwide. This Working Party provides the opportunity for the discipline of Primary Care Mental Health to become a priority for Wonca and the Wonca family, especially as mental health issues have a major impact on our day-to-day care of our patients.

The mission and vision of the Working Party on Mental Health is to improve mental health care around the world by providing a universal gold standard of care for mental health through empowerment of primary care and in collaboration with all interested stakeholders.

WPA Conference in Istanbul in July 2006 showing our delegation of speakers talking on 'From Conception to Death: A Mental Health Primary Care Pathway'

Wonca Europe Regional Meeting in Florence in August 2006 showing our workshop held on 'Dementia Management in Primary Care'

Current objectives are to

- Promote standards of excellence in the primary care management of mental health, consistent with patient and professional values and with reference to evidence based health care;
- Promote the concept of mental health & well-being;
- Develop and promote mental health research in primary care and the primary care – mental health interface
- Hold scientific meetings, which may include sessions and workshops, to present original papers and to address broader educational issues through discussion, training and debate during Wonca Regional and World conferences;
- Promote and develop patient information about mental health issues;
- Develop and promote appropriate literature for primary care professionals using a variety of resources, including Wonca Online;
- Promote the discipline of primary care mental health world-wide through collaborative working within Wonca, NGO's, government organisations, patient groups & other medical colleges;
- Address the issue of stigma associated with mental health conditions.

We plan to undertake the following activities:

- Guideline development on mental health issues
- Scientific presentations on mental health issues
- Advice to Wonca and its member organizations on mental health issues
- Participation in Wonca activities and conferences with a focus on the mental health agenda
- Working with WHO to develop a resource book on the integration of mental health into primary care
- Provision of a regular Working Party newsletter and educational materials
- Supporting the mental health curriculum in primary care education
- Organising regular online Primary Care Mental Health Grand Rounds
- Developing and supporting postgraduate accreditation programmes for General Practitioners with a special interest in mental health

In early 2007, the WWPMH met to discuss and plan an implementation timetable for our stated objectives and prepare for the Wonca World conference in Singapore. I would like to encourage as many of you as possible to join us in Singapore for the Wonca World Conference, where we will celebrate our new Working Party status and will be holding a pre-conference workshop for all our members and interested parties. Please get back to me with your suggestions of issues or topics you think we should cover in Singapore. We will also use the opportunity to make a mental health declaration at the end of this meeting. I would be grateful if you could let me know the key topics this declaration should cover.

At the Wonca Europe Regional Conference in Paris: 17th - 20th October 2007, we will be presenting a session on 'Recent Advances in Primary Care Mental Health.' We plan to hold both theoretical and practical skills sessions and hope that as many of you as possible will be able to attend and contribute. Please send me any ideas about the practical skills you would like the teaching session to address. We also plan to contribute to the 19th – 21st June 2008 – World Psychiatry Association conference on 'Depression and Relevant Psychiatric Conditions in Primary Care' in Granada, Spain.

The WWPMH is soliciting representation from individuals interested in improving mental health standards from our member Colleges and all Wonca regions. If you would like to support or contribute to this Working Party please register your interest by contacting me.

Dr Gabriel Ivbijaro
Chair, Working Party on Mental Health
gabriel.ivbijaro@gmail.com

Register Online for Wonca World 2007 in Singapore

Singapore beckons! As we gear up in our preparations for the 18th Wonca World Conference from 24-27 July 2007, Singapore promises a host of exciting attractions and activities. Besides getting updates on the latest advances that genomics and biomedical sciences have to offer, the scientific program also promises a whole new paradigm in delivery of lectures and plenary sessions. You may register online for the 18th Wonca World Conference at www.Wonca2007.com.

Officially opened on 30 August 1995, Suntec Singapore is a world-renowned, international venue that has the perfect location for meetings, conventions and exhibitions. Suntec Singapore is situated in the Central Business District, only 20 minutes' drive from Changi International Airport. Suntec Singapore is in the heart of a self-contained, totally integrated events infrastructure. In addition to its first-class facilities, Suntec Singapore offers direct access to 5,200 hotel rooms, 1,000 retail stores, 300 restaurants and the region's new centre for the performing arts, Esplanade – Theatres on the Bay.

The medical technology exhibition will also provide a unique business matching opportunity for all family physicians and medical groups wanting to scale up their practice profiles and offer an improved and vastly increased range of point of care testing services for their patients.

In addition to work and academic schedules, the organizing committee also promises to host a dazzling array of social programs for your partners and family members. Thinking of bringing along your loved ones? Fret not, as arrangements have been made for the more than 100 nurseries and child care centers to take care of your kids daily so that you can attend all of our programs and social activities with complete freedom from worries of caring for the needs of your young ones.

Shop till you drop, feast on some of the greatest culinary delights as well as attend world-class performances at our latest state of the art architectural marvel, the Esplanade. You will never have a dull moment in Singapore, the city that never sleeps!

So, stay tuned and make a date with Singapore for the Wonca 2007 World Conference, 24 to 27 July 2007!

Dr Tan See Leng
Chairman
Host Organizing Committee
Wonca World Conference 2007
Email: contact@cfps.org.sg
Website: www.wonca2007.com

WONCA REGIONAL NEWS

ASIA PACIFIC HOLDS RESEARCH WORKSHOP IN BANGKOK

This research workshop held in Bangkok on 7 November 2006 was a follow-up of the Wonca Kingston Conference recommendations in March 2003 (van Weel C, Rosser WW (ed). Improving Health Globally and the Need for Primary Care Research: Report of the Wonca Kingston Conference. Ann Fam Med 2004;2Suppl). Following the Kingston Conference, Asia Pacific took the momentum to organize a research meeting in Phuket, Thailand in July 2004 to initiate the Research Network of the Asia Pacific. A meeting in Genting, Malaysia in February 2005 followed this research meeting.

The Bangkok research workshop was held in the Royal Golden Jubilee, in the heart of the bustling city of Thailand. The workshop was well attended and well received. It attracted delegates from Thailand, Malaysia, Singapore, Indonesia, Philippines, Korea, Taiwan and Australia among other countries.

The aim of the Bangkok research workshop was to report on the experiences and progress from the Asia Pacific countries following the Phuket and Genting meetings, and to discuss the future direction of the research group in the region. We tried to identify possible ways to strengthen research collaboration among countries.

The Bangkok research workshop was held within the main conference in order to attract as many participants as possible as well as to save costs and time in having to attend another meeting. The title of the workshop was "Research networks in Asia Pacific region, where are we and how do we go from here?" Professor Goh Lee Gan, the Regional President for WONCA Asia Pacific, served as chair. He was also a speaker (from Singapore). The other speakers were: Professor Somjit Prueksaritanond (Thailand), Dr Zailinawati Abu Hassan (Malaysia), Professor Justin Bielby (Australia) and Professor Chris van Weel (Netherlands). This was followed by a lively discussion.

Professor Somjit Prueksaritanond from Mahidol University, Thailand, started off the session with a report of the activities held in the Phuket workshop in 2004. A steering group was formed during that meeting with the hope of starting and driving the research network in the region. At the end of the 3 days conference four research proposals were formulated.

This was followed by a presentation on the progress made in Malaysia by Dr Zailinawati Abu Hassan. The Malaysian Primary Care Research Group (MPCRG) is a special interest group within the Academy of Family Physicians of Malaysia (AFPM) that was formed by the Malaysian delegates who participated in the Phuket meeting. They have successfully run research workshops bi-annually, mentoring more than 10 research projects during the past two years and had managed to gather the main stakeholders of primary care in the country. Some of the barriers noted was lack of funding, lack of sustainable capacity building efforts and the lack of success in attracting practicing family doctors to be involved in research.

Professor Justin Bielby observed that primary care has diverse backgrounds in Asia Pacific and competitive leaders could work together for the growth of the region. He shared his experience of how research development in Australia flourished over past years. With government support and tireless efforts from the general practitioners, they obtained funds and career support from various general practitioner organizations to establish practice-based research network and initiatives. He further observed that the success in Australia was the result of partnerships between organisations, disciplines and policy makers. General Practitioners asking and answering relevant local questions led it. He believed that the research network in Asia-Pacific region could work together via collaboration and partnership.

Left to Right: Asia Pacific Research Meeting participants: (Standing from left to right) Professor Goh Lee Gan, Professor Chris vanWeel, Professor Michael Kidd, Dr Daniel M Thuraiapah, (Sitting) Professor Justin Bielby, Assistant Professor Somjit Prueksaritanond, Dr Zailinawati Abu Hassan.

Professor Chris van Weel in his presentation emphasised that we ought to do research on what matters to people, communities and government. The network could work together in between countries to foster research, with the aim of better health outcomes for the region. We could combine efforts, resources, and collaborate with other disciplines to achieve results.

Professor Goh Lee Gan then summarised how we from diverse backgrounds and culture could have a common goal towards improving health globally by promoting a culture of research among the primary care practitioners. He said that he would like to propose three ideas for participants to think about: (1) the family life cycle in Asia Pacific, (2) chronic disease management, and (3) teaching related research.

During the workshop view from the participants were sought. Dr Alex, the President of the Philippines General Practice College, shared their research experience in Philippines primary care settings. They have expertise such as medical statistics, epidemiology and pharmaco-economics that can be shared among the region.

This cross-borders workshop provided a variety of discussions, research proposals and recommendations to strengthen the research network. The research network hoped to set a meeting in the near future probably in April 2007 (in Malaysia) before meeting again in the World Wonca in Singapore 2007. We hope that this meeting has created a new milestone in research in this region. Those who are interested to know more or get involve with the research network, please contact Dr Zailina at zailina@nasioncom.net.

Dr Zailinawati Abu Hassan
(zailina@nasioncom.net)
Professor Goh Lee Gan
Professor Somjit Prueksaritanond
Professor Justin Bielby
Professor Chris vanWeel

Letter to Editor: Family Medicine and Culture in Argentina and Greece

As the former Chairman of the International Committee and the present Chairman of General Affairs for Japanese Academy of Primary Care Physicians, I attended the 1st Wonca Iberoamericana-CIMF Regional Conference held in Buenos Aires from Oct 11-14, 2006. The scientific program, coordinated by Dr Ezequiel Lopez, and the overall conference, chaired by Professor Sergio Solmesky, was outstanding. In addition, I had the pleasure of attending the 2005 Wonca Europe Regional Conference in Kos Island of Greece in September 2005.

These wonderful meetings expanded my understanding of family medicine and cultural diversity. In ancient Greece, I learned about Hippocrates, the father of the western medicine, and how he taught his physician students and colleagues. In Buenos Aires, I learned how family medicine in Argentina, and throughout Central and South America, was influenced by history, politics, economy and culture.

Every time I attend Wonca Regional Conference, I have learned not only about family medicine but the political, socioeconomic and cultural aspects of the region and its countries. We family physicians must always pay attention to the relationship among medicine and health, and the history, politics, economy, and culture of each country.

Dr. Hiroshi BANDO
Chairman of General Affairs,
Japanese Academy of Primary Care Physicians
pianomed@bronze.ocn.ne.jp

HEALTH AND HEALTH SYSTEM NEWS

PRIMARY CARE CONTRIBUTIONS TO HEALTH SYSTEMS AND HEALTH: INTERNATIONAL COMPARISONS

(Editor's Note: Dr Barbara Starfield, a world renowned health services researcher, has published and spoken extensively on the contribution of primary care to health system and health improvement. Dr Starfield, Dr Shi and Dr Macinko published a landmark article in this field entitled "Primary Care Contributions to Health Systems and Health" in the Milbank Quarterly (Volume 83, Number 3, 2005), a highly respected multidisciplinary journal of population health and health policy). The first excerpt of this article, published with the permission of Dr Starfield and the Milbank Quarterly in the October 2006 issue of Wonca News, focused on her research in the United States, where Dr Starfield lives. This second excerpt focuses on international comparisons. The entire Milbank Quarterly article and references, as well as additional related resources, may be downloaded from the Wonca Global Resource Directory at www.GlobalFamilyDoctor.com.

Studies based on the characteristics of different health systems around the world are particularly useful because they make it possible to assess the impact of various policy characteristics on the practice and outcomes of primary care. Three studies, one using data from the mid-1980s and two from a decade later, demonstrated not only that countries with stronger primary care generally have better health but also that certain aspects of policy are important in establishing strong primary care practice.

The first study examined the association of primary care with health outcomes by means of an international comparison conducted in 11 industrialized countries in the early 1990s. Primary care in each country was rated according to the four main characteristics of primary care practice: first-contact care; person focused care over time; comprehensiveness of care, and coordination of care, as well as two additional characteristics: family orientation and community orientation.

Policy characteristics consisted of attempts to distribute health services resources equitably (according to extent of health needs in different areas of the country); universal or near universal financial coverage guaranteed by a publicly accountable body (government or government regulated insurance carriers); low or no co-payments for health services; percentage of physicians who are not primary care physicians; and professional earnings of primary care physicians relative to other specialists.

The first important finding is that the score for the practice characteristics was highly correlated with the score for the policy characteristics. That is, the adequate delivery of primary care services is associated with supportive governmental policies. The second point is that those countries with low primary care scores as a group had poorer health outcomes, most notably for indicators in early childhood, particularly low birth weight and post neonatal mortality.

A more recent comparison, with 13 countries and an expanded set of indicators of both primary care

policy characteristics and health outcomes, also showed better health outcomes for the primary care-oriented countries even after controlling for income inequality and smoking rates, most significantly so for post neonatal mortality and rates of low birth weight. Countries with weak primary care also had poorer performance on most major aspects of health, including aspects of mental health such as years of potential life lost due to suicide The positive impact of primary care orientation on low birth weight rates possibly reflects a beneficial effect of primary care on mothers' health before pregnancy. The characteristics of primary care practice that were present in countries with high primary care scores and absent in countries with low primary care scores were degree of comprehensiveness of primary care (that is, the extent to which primary care practitioners provided a broader range of services rather than making referrals to specialists for those services) and a family orientation (the degree to which services were provided to all family members by the same practitioner). The most consistent policy characteristics were government attempts to distribute resources equitably, universal financial coverage that is either under the aegis of the government or regulated by the government, and low or no patient cost sharing for primary care services.

The positive contributions of primary care to health were also found in a much more extensive time-series analysis including 18 industrialized countries. The stronger the primary care orientation of the country (as measured by the same scoring system as in the earlier international comparison), the lower the all-cause mortality, all-cause premature mortality, and cause-specific premature mortality from asthma and bronchitis, emphysema and pneumonia, cardiovascular disease, and heart disease. The relationship was robust even after controlling for a variety of system characteristics (Gross Domestic Product per capita, total physicians per 1000 population, percentage of elderly people) and population characteristics, including average number of ambulatory care visits, per capita income, alcohol consumption, and tobacco consumption. The analyses estimated that increasing a country's primary care score by 5 points (on a 20-point scale) would be expected to reduce premature deaths from asthma and bronchitis by as much as 6.5%; reduction in premature mortality for heart disease could be as high as 15%.

Data from this study were also analyzed to ascertain the robustness of primary care scores over time. The average primary care score increased by nearly one point from the 1970s to the 1990s. Countries that were high performers in the 1970s remained high performers in each subsequent decade. When countries were divided into high and low performers (above or below the mean for each decade), no country crossed the threshold from low to high or from high to low. However, there were movements over time within the two groups of high and low performers. Only one country's score decreased over time; Germany decreased access to ambulatory care services by imposing increased co-payments, thus lowering its overall primary care score.

In general, policy changes over time were parallel to improvements in primary care practice. For example, in the late 1980s and early 1990s, Spain strengthened primary care by moving to a tax-based financing system, improving geographic allocation of funds, and increasing the supply of family physicians as well as by developing primary health care centers that improved integration, family orientation, coordination of care, and health promotion services.

Studies in two different areas of Brazil confirmed the relationship between the adequacy of primary care delivery characteristics and self-reported health. In a study in Petropolis, showed that patients who had better primary care experiences were more likely to report better health even after adjusting for other salient characteristics such as age of the individual, whether or not they had a chronic illness or a recent illness, household wealth, educational level, or type of facility in which they received their care. Using reports of parents about their children's primary care, these findings were confirmed in a study conducted in Porto Alegre.

The relationship between primary care physician supply and better health is demonstrated in England. The standardized mortality ratio for all cause mortality at 15-64 years of age is lower in areas with a greater supply of general practitioners. (In England, pediatricians and internists are not considered and do not function as primary care physicians.) Each additional general practitioner per 10,000 population (a 15-20% increase) is associated with a decrease in mortality of about 6%.

In some health systems, people normally go to their primary care physician before seeking care elsewhere (such as from another type of physician). In Spain, strengthening of primary care by reorganizing services to better achieve its main features was mandated by a new law in the mid-1980s, which led to the

establishment of a national program of primary health care centers. The impact of this reform on health was evaluated after 10 years by examining mortality for some major causes of death. Death rates associated with hypertension and stroke fell most in those zones in which reform was first implemented.

Outcomes of care after surgery in Canada have also been shown to be better when care was sought from a primary care physician who then referred children to specialists for recurrent tonsillitis or otitis media, as compared with self-referral to a specialist. The referred children had fewer postoperative complications, fewer respiratory episodes following surgery, and fewer episodes of otitis media after surgery, thus suggesting that specialist interventions are more appropriate when patients are referred from primary care.

Primary care programs aimed at improving health in deprived populations in less developed countries succeed in narrowing gaps in health between socially deprived populations and more socially advantaged ones. A matched case-control study in Mexico found that aspects of primary care delivery had an important independent effect in reducing the odds of children dying in socially deprived areas. These processes included adequate referral mechanisms, continuity of care (being seen by the same provider at each visit), and being attended in a public facility designed to provide primary care. A study in Bolivia found that a community-based approach to planning primary health care services in socially deprived areas reduced under-five mortality as compared with adjacent similar areas or the country as a whole.

The case of Costa Rican primary care reforms in the 1990s, which were instituted first in the most socially deprived areas, illustrates the importance of primary care in reducing health disparities. The Costa Rican primary care reforms of the 1990s included transfer of responsibility for provision of health care from the Ministry of Health to the Costa Rican Social Security Fund. Expansion of the number of primary care facilities—particularly in underserved areas, and the re-organization of primary care into "Integrated Primary Care Teams" or EBAIS (Equipos Básicos de Atención Integral en Salud) that consist of teams of health professionals assigned to a geographic region consisting of about 1000 households. By 1985, Costa Rica's life expectancy reached 74 years, and infant mortality rates improved from 60/1,000 live births in 1970 to 19/1,000 live births – levels comparable to those in more developed countries. Primary health care improvements were estimated to have reduced infant mortality by between 40% and 75%, depending on the particular study. For every five additional years after primary health care (PHC) reform, child mortality was reduced by 13%, and adult mortality was reduced by 4%.

Studies in other developing countries show the considerable potential of primary care to reduce the large disparities associated with socioeconomic deprivation. In seven African countries, the most wealthy 20% of the population receives well over three times as much financial benefit from overall government spending as the lowest 20% of the population (40% versus 12%). For primary care services, the rich-poor ratio in distribution of government expenditures is notably lower (23% to the top group versus 15% to the lowest group), leading one international expert to conclude that, "from an equity perspective, the move toward primary care represents a clear step in the right direction". An analysis of preventable deaths in children concluded that, in the 42 countries accounting for 90% of child deaths worldwide, 63% of deaths could have been prevented by full implementation of primary care. The primary care interventions included integrated care that addresses the very common problems of diarrhea, pneumonia, measles, malaria, HIV/AIDS, preterm delivery, neonatal tetanus, and neonatal sepsis.

Rationale for the Benefits of Primary Care on Health

Six mechanisms, alone and in combination, may account for the beneficial impact of primary care on population health.

1. **Increased access to needed services.** Primary care, as the point of first contact with health services, facilitates entry to the rest of the health system for those who need it. Most other industrialized countries have achieved universal and equitable access to primary health services, some of them directly provided and others through assurance of financial coverage for visits.

2. **Better quality of care.** Primary care physicians do at least as well as specialists in caring for specific common diseases and do better overall when the measures of quality are generic. For less common conditions, care provided by primary care physicians with appropriate back-up from specialists may be optimum; for rare conditions, appropriate specialist care is undoubtedly important, as primary care physicians would not see such conditions frequently enough to maintain competence in managing them

3. **A greater focus on prevention.** The evidence is strong in showing that it is in primary care

that preventive interventions not related to any one disease or organ systems are best carried out. Examples of these "generic" (i.e., not limited to a particular disease or type of disease) measures are breastfeeding, not smoking, use of seat belts, use of smoke detectors, physical activity, and healthy diets.

4. **Early management of health problems.** Another mechanism for the benefit of primary care is its demonstrated impact on managing health problems before they are serious enough to require hospitalizations or emergency services

5. **The accumulated contribution of primary care is more appropriate care.** The beneficial effects of primary care on mortality and morbidity can be attributed, at least in part, to the focus of primary care on the person rather than on the management of particular diseases. Person-focused care is achieved when practitioners attend to overall aspects of people's health rather than to the care of specific diseases they may have; it focuses on achieving better outcomes for health in all of its aspects rather than on procedures directed at improving the processes or outcomes of care for particular conditions.

6. **The role of primary care in reducing unnecessary and potentially harmful specialist care.** Virtually all studies of specialist services have concluded that there is either no effect or an adverse effect on major health outcomes from increasing the supply of specialists of increased specialist supply in the United States, which already has a much greater supply of such physicians than other industrialized countries. The evidence is also consistent that first contact with a primary care physician (before seeking care from a specialist), is associated with more appropriate, more effective, and less costly care.

At the very least, primary care has to be recognized as a distinct aspect of a health services system. There are now well-validated methods to assess both the presence and characteristics of primary care; all sources of data on use of health services should include at least a minimum set of these measures. Understanding people's primary care experiences (rather than or in addition to their satisfaction), including the extent to which they receive the range of services appropriate to their needs and have the care they receive elsewhere coordinated and integrated, are important aspects in evaluating the adequacy of health services.

Barbara Starfield, MD, MPH
bstarfie@jhsph.edu
Leiyu Shi, DrPH, MBA
James Macinko, PhD

MEMBER AND ORGANIZATIONAL NEWS

AAFP INTERNATIONAL FAMILY MEDICINE DEVELOPMENT CONFERENCE UPDATES

The AAFP Center for International Health Initiatives hosted its third International Family Medicine Development Workshop in Portland, Maine on September 13-15, 2006 with 67 participants. The purpose of this 2 day conference was to provide family physicians and other primary health care professionals with information and resources to help equip them for more effective involvement with global family medicine development and consultation activities.

The conference included seven plenary presentations on global family medicine development models by Jonathan Rodnick, MD; Vincent Hunt, MD; Stephen Spann, MD, MBA; Brian Jack, MD; Warren Heffron, MD; Calvin Wilson, MD; Edward Shahady, MD; Andrew Bazemore, MD; Jeff Heck, MD; and Daniel Ostergaard, MD. In addition, there were 24 breakout presentations that allowed for the discussion of innovative international family medicine development ventures and future opportunities. The inclusion of family physicians, residents and students, educators, researchers and public health experts all interested in global family medicine development allowed for fruitful networking and a lively exchange of information and ideas.

Announcement! 2007 AAFP International Family Medicine Development Workshop

The AAFP Center for International Health Initiatives invites international attendees to share their experiences to promote global quality primary health care development at the 4th AAFP International Family Medicine Development Workshop to be held September 12th -15th, 2007 at the Sheraton Tucson Hotel & Suites in Tucson, Arizona.

Submit your presentation abstract online for the workshop before April 30th at www.aafp.org/intl/workshop2007

All submissions will be considered. Particular interest will be given to submissions for the following themes:

- International resident and student experiences - preparations and value
- Breadth and depth of international consultations
- International partnership development - public and private models
- Family physician training - residency vs. retraining models
- Sustainability implications for short term international projects or partnerships

The Conference Educational Chair is Edward J. Shahady, MD of Fernandina Beach, Florida.

For more information, contact Rebecca Janssen at rjanssen@aafp.org or visit the website at www.aafp.org/intl/workshop2007

Walter Rosser – Wonca Global Family Doctor for January

Dr Rosser was born on December 9, 1941 in Ottawa, Canada. He is known for his research, his commitment to building capacity for primary care research, and for his international work.

Dr Rosser began as a young family physician conducting research in a discipline that was just trying to find its feet. From simple beginnings, his research developed as he collaborated with others, moved through different content areas, became involved in practice based networks, struggled with conceptualizing how technology could best be used in practice and in research, and realized that family medicine must build its research capacity if it was to compete for limited research funds.

Walter W. Rosser MD, CCFP, FCFP, MRCGP (UK) Canada

His academic career grew as he became Professor and Chair of the Department of Family Medicine respectively in the universities of Ottawa, McMaster, Toronto, and since 2002, at Queen's University in Kingston. In each department, he built research capacity and served as a model for faculty members, residents, and students looking to become primary care researchers. Overlying all of this was his work in the political arena provincially, nationally, and internationally, always with the agenda of furthering the cause of family medicine through capacity building. Internationally, be has spoken and taught worldwide on primary care topics and more recently on evidence-based medicine. He has written a textbook on evidence-based family medicine and developed online courses on research methods and evidenced-based medicine.

Dr Rosser has devoted his energy to family medicine research and made it his life's work. There are five areas of activity where Dr. Rosser has been most influential in contributing to primary care research:

- Studies in methods of improving delivery of preventive services in family medicine.
- Research in Practice Based Research Networks (PBRNs)
- Evidence Based Medicine.
- Primary Care Reform.
- Research Capacity Building in Family Medicine.

In summary, Dr. Rosser has worked to develop and influence policy and guidelines that affect the environment in which family physicians practice, to make that environment more conducive to research and the application of research evidence to practice. He has worked for many years on the development of practice-based networks, which are the 'laboratories' in which primary care research is conducted. He is known and highly respected locally, provincially, nationally, and internationally.

Dr. Rosser is a deserving winner of the Wonca Global Family Doctor of the Month Award for January 2007.

RESOURCES FOR THE FAMILY DOCTOR

WOMEN IN TRAINING

(This article is one of a series done by the authors on behalf of the Wonca Working Party on Women and Family Medicine (WWPWFM) published in Wonca News over the past few months. Please see www.womenandfamilymedicine.com for the full monograph, literature review, summary and annotated bibliography on Women in Training.)

Although women are achieving numerical parity with men in medical school and residency training programs in many countries, men and women often have different experiences in training because of various social, political, cultural and religious factors in the broader society. Based on our review of the literature (largely North American and European) we offer some thoughts on the current state of women in medical training.

Mainstream medical curricula have frequently not recognized the ways that gender can affect health issues, patient care, and trainee/physician choices. For instance, until recently medical textbooks depicted men as the norm or standard of health, and portrayed examples of women mainly in the context of reproductive health. To counter such stereotypes, in the last few years women physicians and medical educators have joined together to develop several innovative educational projects that reflect a gender issues perspective (for example, the Gender and Health Collaborative Curriculum Project (available at www.genderandhealth.ca), and the Medical Women International Association's Training Manual for Gender Mainstreaming in Health (available at http://www.mwia.net/gmanual.pdf). In the realm of research, women have historically been under-represented in clinical trials, and until the last decade, investigators incorrectly assumed that findings from studies based on men were universally applicable to women. Increasingly, thoughtful researchers are now questioning this gender bias and designing new strategies to examine outcomes relevant to women.

Numerous studies from many countries have shown an uneven distribution of men and women physicians across disciplines. Women are more likely to choose primary care specialties, particularly pediatrics and family medicine, whereas men are more frequently drawn to surgery and internal medicine. Interestingly, women often do not start out with these intentions. In a Norwegian study, physicians of both sexes were just as likely to begin their career in surgery or internal medicine, although men were far more likely than women to complete their specialist training. This finding suggests that it is may not be for lack of interest that women are under-represented in certain areas and over-represented in others, but rather that the training process itself promotes this segregation of the sexes.

Career choices for medical school graduates also reflect gender differences in values and socialization. The large numbers of women entering primary care and family practice suggest trainees choose this specialty because it allows for personal flexibility (type of practice, limited work hours, etc.), direct interactions with the community, and in some countries a relatively short residency program.

Several studies have shown that men are more likely to be influenced by income, exposure to role models prior to medical school, and beliefs that medicine is a noble and prestigious profession with many opportunities for personal and professional advancement. For women, personal priorities such as children, spouse and other familial obligations, personal and social values, and opportunities for clinical experience with the community and the underserved are more likely to influence their choice of specialty. A UK study found that community medicine training settings had a greater influence on career choice of women than men, and that the presence or absence of strong role models can shape career decisions during the early years of medical training. The high concentration of women role models in primary care has the potential to further strengthen women's presence in family practice.

Women planning to practice in rural settings face unique challenges distinct from men and from their urban women colleagues. Studies in Canada and in Australia have found that the increased workload in rural communities and the lack of career and educational opportunities for spouses and children affect women physicians' decision to work in rural areas, and their satisfaction with this work. These realities often result in alterations in women's practice patterns to accommodate family responsibilities.

For women doctors, the enhanced training necessary to provide a larger scope of services in rural areas may present special challenges. Additional time, childcare support, and time away from family may prevent women physicians from acquiring these skills. Several organizations in Canada and Australia have suggested the need for flexible

training of rural physicians, specifically with respect to providing professional support (locum programmes) and continuing medical education accessible to women in terms of cost, travel, child care availability and manageable hours of work.

Both men and women students and residents experience harassment and intimidation during their training, with women reporting such experiences more frequently than men colleagues. Unfortunately, trainees are often reluctant to speak out against harassment, be it sexual or not, for fear of being labeled "overly sensitive." Harassment itself has a negative effect on women's performance and their feelings about themselves and their work. Educational, behavioral and structural initiatives may help prevent the perpetuation of harassing attitudes and behaviors for future generations of residents and medical students. Institutions that take a strong public position against gender harassment are likely to make the medical workplace a healthier environment.

As medical school and residency training coincides with the childbearing years, many women will give birth during their training. However, women trainees may be reluctant to ask for special arrangements during their pregnancies or while they are breastfeeding. Taking time off for childbearing and childrearing during residency interrupts the academic schedule and can increase the stress for other residents who may be asked to cover their colleagues' clinical responsibilities.

In order to address the reality of increased numbers of pregnant trainees, residency programs will need to develop more flexibility within their training programs to be consistent with national maternity/parental leave policies. Programs that maintain their usual quotas for total time and quality of training within a flexible framework will allow women physicians to better combine their professional obligations and family responsibilities.

The physical demands posed by residency training programs, clinical practice and on-call responsibilities can influence pregnancy outcome. Pregnant residents who continue to work long hours, with frequent periods of sleep deprivation and long periods of walking, running and standing, have a higher rate of pregnancy complications, such as preterm delivery and low birth weight, than women in the general population. A US study of board-certified women obstetricians found that infants delivered during residency were 7.5 times more likely to have intrauterine growth restriction than those delivered outside of residency. Another US study found that women residents were approximately three times more likely than the spouses of men residents to terminate their pregnancies voluntarily. In Israel, 33% of residents reported major pregnancy complications (a much higher percentage than seen in the general population) and their rate of premature delivery was two times higher than that of same age controls. In Turkey, women physicians were two times more likely than bank workers to have low birth weight babies. Interestingly, studies in Australia and Finland, where maternity leave and training policies are more flexible than in the US, found no significant differences in the rate of pregnancy complications for health workers compared to the general population.

The increasing diversity of the medical profession, in terms of sex, gender, religion and culture, presents other new challenges, especially as many trainees seek part or all of their training outside of their home communities. Some cultural and religious practices prohibit certain aspects of the physical exam when the patient and the physician are not of the same sex; however educational programs and certification processes require physician competence with comprehensive physical examination of both sexes. In addition, patients may decline to be examined and/or treated by certain groups of learners or clinicians. Resolving such situations in ways that respect the patient, the trainee/clinician and the medical setting can be ethically challenging for educators and their institutions.

Women are achieving numerical parity with men in medical school and will soon become the majority of trainees in primary care fields. Nevertheless, women in training still face bias, harassment, unfavorable maternity leave policies, and culture and religious discrimination above and beyond the experiences of men. To address the needs of the increasing numbers of women and ensure their full development as physicians, medical schools, residency training programs and clinical institutions will need to develop new ways to support women in training.

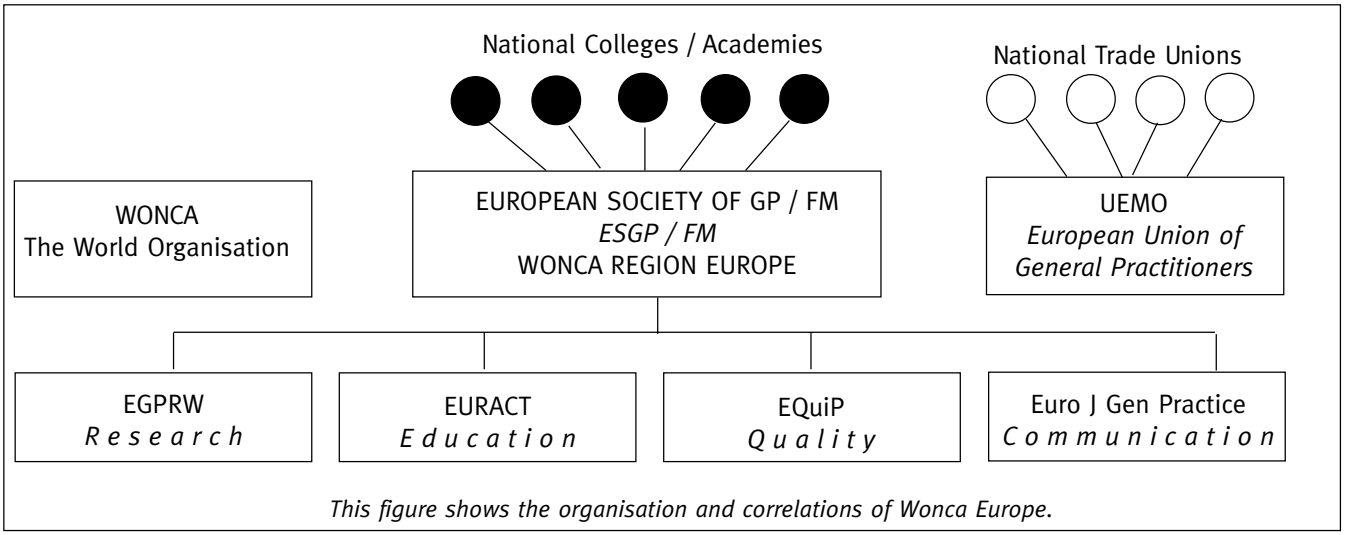
Barbara Lent MD
Cheryl Levitt MB, BCh
Lucy Candib MD
Michelle Howard MSc

Wonca Europe Region Online

Wonca Europe is the European regional branch of Wonca. It has more than 30 member organisations and represents more than 45,000 family physicians in Europe. Wonca Europe has about 400 direct members.

The society is the academic and scientific society for general practitioners in Europe. Its objective is to improve the quality of life of the peoples of the world through fostering and maintaining high standards of care in general practice/family medicine by providing a forum for exchange of knowledge and information; encouraging and supporting the development of academic organizations of general practitioners/family physicians; and representing the educational, research and service provision activities of general practitioners/ family physicians before other world organizations and forums concerned with health and medical care.

The Wonca Europe Region coordinates its research, academic and quality initiatives through the European General Practice Research Network (EGPRN), European Academy of Teachers in General Practive (EURACT) and the European Association for Quality in General Practice (EQUIP), respectively. The European Journal of General Practice is the scholarly publication of the Wonca Europe Region.



This figure shows the organisation and correlations of Wonca Europe.

The society aims to stimulate networking among GPs with an interest in professional development, research, education and quality improvement. To this end the society arranges an annual European conference and other meetings.

The Society has a small amount of money available to support special projects that stimulate development and research in General Practice in Europe.

The society has set 10 strategic tasks to be fulfilled in each member country within the next decade:

1. Mandatory undergraduate education in family medicine/general practice at all medical schools in Europe
2. Academic departments of family medicine/general practice at all university medical schools in Europe.
3. All doctors undergoing postgraduate medical training must spend time in the discipline of family medicine/ general practice
4. Specific vocational training for general practice at least in accord with the European Union directive should be established in all EU countries, and developed in non-EU countries
5. Continuing development of family medicine based on research
6. Evidence based quality development for family medicine in all European countries
7. Support the development of and encourage the debate on mandatory professionally led continuing medical education and recertification
8. Support the establishment of departments and research units for continuing medical education
9. Support a proper balance within family medicine in relation to prevention, diagnosis, cure and care.
10. Raise the awareness of the responsibility of Family Medicine both to individual patients and also to society as a whole.

If interested in further information regarding Wonca Europe, please visit our website at:
http://www.woncaeurope.org/

Professor Igor Svab
President, Wonca Europe Region
igor.svab@mf.uni-lj.si

Barbara Toplek
Administrative Secretary
Wonca Europe Secretariat
barbara.toplek@mf.uni-lj.si

WONCA CONFERENCES 2007 – 2011 AT A GLANCE

Information correct as of February 2007.
May be subject to change.

**Wonca Direct Members enjoy lower conference registration fees
See Wonca Website www.GlobalFamilyDoctor.com for upates & membership information

2007			
24 – 27 July	**18th WONCA WORLD CONFERENCE**	**SINGAPORE**	**Genomics and Family Medicine**
17 – 20 Oct	European Regional Conference	Paris FRANCE	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
2008			
4 – 7 Sept	Europe Regional Conference	Istanbul TURKEY	Theme to be confirmed
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	A Celebration of Diversity
2009			
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
16 – 19 Sept	Europe Regional Conference	Basel SWITZERLAND	The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
2010			
26 – 30 May	19th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
Date to confirmed	Europe Regional Conference	Malaga SPAIN	Theme to be confirmed
2011			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

18th Wonca World Conference, Singapore 2007
Host : College of Family Physicians, Singapore
Theme : Genomics and Family Medicine
Date : 24-27 July, 2007
Venue : Singapore International Convention and Exhibition Centre
Contact : Dr Tan See Leng, Chairman, Host Organizing Committee
College of Family Physicians, Singapore
College of Medicine Building
16 College Road #01-02
Singapore 169854
Tel : 65 6223 0606
Fax : 65 6222 0204
Email : renawong@pacificworld.com
enquiry@wonca2007.com
registration@wonca2007.com
Web : www.wonca2007.com

Wonca Europe Regional Conference, Paris, 2007
Host : French National College of Teachers in General Practice
Theme : Rethinking Primary Care in the European Context
Date : 17-20 October, 2007
Venue : Palais des Congres
Paris, France
Contact : French National College of Teachers in General Practice
6 rue des Deux Communes
94300 Vincennes, France
Tel : 33-153 669 180
Email : cnge@cnge.fr
Web : www.cnge.fr

8th Wonca Rural Health Conference, Nigeria 2008
Host : National Post-Graduate Medical College of Nigeria
Theme : Frontline Medicine – From Natural Disasters to Daily Care
Date : 20th – 23rd February 2008
Venue : Calabar, Cross River State, Nigeria
Contact : Dr Ndifreke Udonwa
Chair Local Organizing Committee
C/O Office of C.M.A.C
University of Calabar Teaching Hospital,
GPO Box 147, Calabar
54001, Cross River State, Nigeria.
Tel : 234 (0) 803 341 6810
Fax : 234 (0) 87 232 053
Email : nudonwa@yahoo.com

Wonca Europe Regional Conference, Basel, Switzerland 2009
Host : Swiss Society of General Medicine SSMG/SGAM
Theme : The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
Date : 16 - 19 September 2009
Venue : Congress Center Basel, Switzerland
Contact : Dr Bruno Kissling
Chair Host Organizing Committee
Swiss Society of General Medicine SSMG/SGAM
Elfenauweg 6, CH-3006 Bern
Switzerland
Tel : 0041 352 48 50
Fax : 0041 352 28 84
Email : bruno.kissling@hin.ch
Web : www.woncaeurope2009.org

19th Wonca World Conference, Cancun 2010
Host : Mexican College of Family Medicine
Theme : Millennium Develop Goals: The Contribution of Family Medicine
Date : 26-30 May, 2010
Venue: Cancun Conventions and Exhibition Center, Cancun Mexico
Contact: Mexican College of Family Medicine
Anahuac #60
Colonia Roma Sur
06760 Mexico, D.F.
Tel: 52-55 5574
Fax: 52-55 5387
Email: jdo14@hotmail.com

MEMBER ORGANIZATION AND RELATED MEETINGS

4th AAFP International Family Medicine Development Workshop
Tucson, 2007
Date: September 13-15, 2007
Location: Tucson, Arizona
Venue: Sheraton Tucson Hotel &Suites
Chair: Edward J. Shahady, MD
Contact: Rebecca Janssen
Email: rjanssen@aafp.org
Web: www.aafp.org/intl/workshop2007

American Academy of Family Physicians (AAFP)
Annual Scientific Assembly, Chicago, 2007
Date: October 3-7, 2007
Venue: Chicago, Ilinois
Contact: AAFP
11400 Tomahawk Creek Parkway
Leawood, Kansas
66211-2672, USA
Tel: 1 913 906 6000
Fax: 1 913 906 6075
Email: international@aafp.org
Web: http://www.aafp.org

The Royal Australian College of General Practitioners
50th Annual Scientific Conference, Sydney, Australia 2007
Date: 4-7 October 2007
Venue: Sydney, Australia
Web: www.racgp.org.au

Visit Global Family Doctor – Wonca Online

http://www.globalfamilydoctor.com

Check the regular features:

Journal Watch – synopses of research from the medical literature relevant to family doctors
Clinical Reviews – outstanding review articles for family doctors on a variety of topics
Journal Alerts – an emailed service about the latest in Journal Watch and Clinical Reviews
Journal Alerts en Espanol – a new batch is posted at the beginning of each month
Disease Alerts – the latest disease outbreaks from WHO and CDC
Travel Alerts – advice for you to give to your traveling patients
Online CME – interactive programs, some with CME credits
Clinical Nutrition Updates – a new topic is presented every three weeks
POEMs – Patient-Oriented Evidence that Matters – a new POEM is posted twice a week
POEMs em Portugues – a new one is posted twice a week
eMedicine – a weekly clinical case for you to solve, with a visual cue: photo, ECG, radiograph
EBMsources – an appraisal of two evidence based medicine websites is posted every month
Cutting Edge – an interesting series about the latest medical hypotheses, posted weekly
Educational Resource Centre – a repository of educational materials for family doctors
Research – the latest on Wonca's research activities, and opportunities for research
Conference updates – details of Wonca and other conferences
Publications – details of Wonca publications and Wonca News
Wonca Websites – addresses of Member Organization and other Wonca websites
Global Resource Directory – where you can record you international projects, and view others
Medical Mirth – humor with a medical angle to lighten your day
Quotable Quotes – quotes you can use, many with a medical slant
Latest News – of coming meetings, conferences and events
Patient education – resources you can use to inform your patients
About Wonca – details of the Wonca organization, office bearers and Direct Members
Wonca Groups – details of Wonca's committees and working groups
Information – Notice Board, Letters to the Editor, Doctor of the Month, list servers, mailing lists
Search facilities – you can search the 5,000 items in Journal Watch and Clinical Reviews, as well as web pages and documents on the Global Family Doctor website
Homepage promotions – conferences, symposia, website features, special offers

You can enjoy a FREE personalized updating service:

Journal Alerts – an email service to your own address that notifies you three days a week of the latest Journal Watch items and Clinical Reviews – to join this free service, click 'Enrol for Journal Alerts' at the top right corner of the Global Family Doctor homepage

We take days scanning the journals, so you need take only minutes.

Visit Global Family Doctor daily – and keep up to date

18th Wonca World Conference

24 – 27 July 2007
Suntec Singapore

Genomics & Family Medicine

Genomics & Family Medicine

KEYNOTE & PLENARY LECTURES

~~~ KEYNOTE LECTURE ~~~

Future Health Agenda

Dr. Shigeru Omi
Regional Director, Western Pacific Regional Office of the World Health Organisation

Impact of Human Genomics on the Practice of Medicine

Professor Edison Liu
Executive Director, Genome Institute of Singapore

The Journey of the Genome – How Could it Impact Modern Medicine?
(Tentative)

Dr. Spencer Wells
Population Geneticist, National Geographic

Genomics, Medicine and Society

Dr. Francis S. Collins
Director, National Human Genome Research Institute (NHGRI)

Pharmaco-genomics – Current Status and Future Potential in Clinical Practice

Professor David B. Goldstein
Director, IGSP Centre for Population Genomics & Pharmacogenetics

Translational Research in Family Medicine

Professor Yvonne Carter
Dean, Warwick Medical School

Ethical and Medico-Legal Issues in the Age of Genomics

Professor Michael Kidd
Head of the Discipline of General Practice, The University of Sydney

call for abstracts

Extended Deadline for Abstract Submission : 15 February 2007
Notification of Abstracts' Acceptance : 15 March 2007

Online Registration and Abstract Submission is NOW OPEN!!!

For more information, visit us at:

www.wonca2007.com

Host Organisations

Wonca

College of Family Physicians Singapore

Contact Us
Wonca 2007 Conference Manager
Tel: (65) 6330 6730
Fax: (65) 6336 2123
Email: enquiry@wonca2007.com (Enquiry)
registration@wonca2007.com (Registration)
Website: www.wonca2007.com

(Updated as of 9 January 2007)