

WONCA News

An International Forum for Family Doctors



CONTENTS

From the Wonca President : Reflections from Geneva - NCD at WHA	3
From the CEO's Desk : Wonca Executive meeting in Cebu City, Philippines, February 2011	4
From the Editor : Family doctors celebrate	6
SPECIAL FEATURE: WORLD FAMILY DOCTOR DAY	7
<ul style="list-style-type: none"> • May 19: World Family Doctor Day activities • Día Mundial del Médico de Familia: página oficial • World Family Doctor Day: Iberoamericana-CIMF official webpage • AAFP media release for World Family Doctor Day 	
FEATURE STORIES	15
<ul style="list-style-type: none"> • The <i>Melbourne Manifesto</i> in the 21st century: progress at Cebu • Fourth report from Japan • 188th Council Session of the World Medical Association • Tacloban rural post conference in photos 	
WONCA REGIONAL NEWS	22
<ul style="list-style-type: none"> • Practice, Science, Art in Warsaw, September 2011 • South Asia to meet in Mumbai, December 2011 • EMR update and Dubai conference, December 2011 • Landmark conference held in East Africa • Wonca Asia Pacific council meets in Cebu • Wonca Iberoamericana-CIMF region update 	
WONCA WORKING GROUP NEWS	29
<ul style="list-style-type: none"> • Thunder Bay: Wonca rural health conference 2012 	
MEMBER AND ORGANIZATIONAL NEWS	30
<ul style="list-style-type: none"> • Canada supports young family physicians • Profile: Dr Preethi Wijegoonewardene - Wonca South Asia region president • Biografía: Dra. Liliana Arias-Castillo - presidente de Wonca Iberoamericana-CIMF • Profile: Prof Liliana Arias-Castillo - Wonca Iberoamericana-CIMF region president • Profile: Prof Ian Couper - Wonca Working Party on Rural Practice chair • Dr Donald Li honoured 	
RESOURCES FOR THE FAMILY DOCTOR	37
<ul style="list-style-type: none"> • The Network TUFH Conference • E-course on carcinogens - Curso en línea 	
WONCA CONFERENCES 2011-2013 AT A GLANCE	38
GLOBAL MEETINGS FOR THE FAMILY DOCTOR	39
STOP PRESS: WONCA CEO SEARCH	40

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WONCA GLOBAL SPONSORS



Come to Incredible India



South Asia Conference of Family Doctors

WONCA-WORLD ORGANISATION OF FAMILY DOCTORS South Asia Region

December 16-17-18, 2011:

Renaissance Convention Centre Hotel, Powai, MUMBAI, INDIA

Hosted by: Federation of Family Physicians' Associations of India [FFPAI]

Organised by: General Practitioners' Association-Greater Bombay[GPA]

Theme:

Only Family Doctors Can Provide Accessible, Cost-beneficial and Equitable Healthcare

*In Collaboration with:
Academy of
Family Physicians of India*



*Pre-conference Program for
Young & Future Family Doctors*



*CME Program
for Family Doctors*

FROM THE WONCA PRESIDENT :

REFLECTIONS FROM GENEVA -NCD AT WHA

The sunshine was glorious. The setting was spectacular. The stakes were high. We were in Geneva for the 64th meeting of the World Health Assembly (WHA). The talk of this year's WHA was non-communicable disease (NCD), but more on that later.

Each May, the WHA brings together the 193 member states that comprise the World Health Organization (WHO). Led by their health ministers, the WHA delegates discuss current issues, adopt policies, and elect the leadership of WHO. The past several years have been difficult financially for the donor nations and thus for WHO, which had a budget shortfall of USD 300 million, in 2010. WHO has reduced its staff of 2400, by 300 people. This year, the WHA trimmed the WHO budget request by 20%, down to USD 3.98 billion over the next 2 years. The United States is the largest annual donor, at USD 250 million; followed by the Bill & Melinda Gates Foundation, at USD 219 million.



Profs Iona Heath, Richard Roberts at the WHA.

The WHA plays out over nine days, but the first two are when most of the non-governmental organizations (NGOs) meet with each

other and WHO staff. Michael Kidd, Wonca President-Elect; Iona Heath, Wonca Liaison to WHO; and I represented Wonca at this year's WHA. Michael had the most experience at WHA, so Iona and I spent several days chasing him up and down hills and stairs, winding around buildings, and climbing some more hills and stairs. We hustled between the Palais des Nations, where the General Assembly met; WHO headquarters, where we conferred with staff; and area hotels, where we heard presentations by, and networked at receptions with, the leaders of the many other NGOs attending the WHA. Our two days in Geneva were very full, with non-stop sessions between nine in the morning and ten at night.

On our second day, there were two guest speakers. Sheikh Hasina, Prime Minister of Bangladesh, spoke of her vision of a "Digital Bangladesh" by 2021. She plans to lift her nation to middle income country status through investment in education and health programs. Bill Gates, co-chair of the Bill & Melinda Gates Foundation, described his commitment to vaccines.

This year, there was a curious disconnect between the official debate and less formal discussions away from the floor of the Assembly. Numerous delegates spoke out on the floor and in committees of the continuing need to strengthen health systems and to advance integration of care through primary care. Yet, the buzz in the *Serpentine* coffee shop of the Palais and the NGO-sponsored panel presentations at the hotel receptions focused on NCD.



View of the World Health Assembly meeting in Geneva.

The growing importance of NCD is irrefutable. NCDs have surpassed infectious disease as the leading cause of mortality. Four NCDs – cancer, cardiovascular disease, chronic respiratory disease, and diabetes – now account for about 60% of deaths worldwide. The relative burden on poor countries is even greater, with 80% of NCD deaths occurring in developing or transitional economies. Tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol are the four behaviors that drive these four

important chronic conditions. These four diseases and four behaviors have prompted a “4 by 4” campaign.

The disease-focused NGOs hope that “4 by 4” will move the global community to action on NCD, much as “3 by 5” propelled HIV-AIDS efforts earlier this decade (3 million people in developing countries started on anti-retroviral medications by 2005). In 2001, HIV-AIDS was the theme of the first and thus far only United Nations (UN) Summit on a health topic. The UN has agreed to convene a second health Summit, which will focus on NCDs, and which is scheduled for 19 September 2011, in New York City. A UN Summit on a health issue may seem like a good thing, but it raises several important concerns that the Wonca team emphasized in Geneva.

While cancer, cardiovascular disease, chronic respiratory disease, and diabetes are important, there are many other chronic conditions that also cause considerable morbidity and mortality. Even more worrisome is that the UN Summit on NCDs does not plan to include the perspectives of primary care or mental health. The NCD community argues that to include more than the four specified conditions will dilute their message and confuse their target audience – UN leaders. These are the same leaders we ask to deal with issues like the global economy, armed conflict, and poverty.

As I made my way home from Geneva, I reflected on our busy two days. I was impressed by the good will and good intentions of the many leaders of NGOs, WHO staff, and WHA delegates that we met. It was heartening to hear their expressed support of primary care. Yet, it was distressing to watch that support wither in the face of the narrow agenda of the NCD community and their industry supporters.

I left worried that primary care's increased visibility over the past few years will be overshadowed again by the granular focus on single diseases. I thought back to the first UN Summit on a health issue. That Summit on HIV-AIDS raised global awareness and resulted eventually in the Global Fund. The resulting dramatic rise in AIDS funding however, tempted some local health systems and professionals to concentrate exclusively on HIV-AIDS to the detriment of the overall health of the greater community. It was this unintended outcome that stimulated the creation of the “15 by 2015” initiative.

www.15by2015.org

This international effort asks donors and funders by 2015 to dedicate at least 15% of their funding for targeted diseases (vertical programs) to the support of the primary care infrastructure (horizontal programs).

We will continue to press NGO leaders, WHO and UN staff, and national ministries to include primary care and mental health in their planning for and deliberations at the UN Summit in September. It seems that the international health community now knows who we are, but needs to understand that their words of support mean less than our opportunity to speak for ourselves. We have more work to do. Your advice and support are most appreciated.

Professor Richard Roberts

President

World Organization of Family Doctors

FROM THE CEO'S DESK:

WONCA EXECUTIVE MEETING IN CEBU CITY, PHILIPPINES, FEBRUARY 2011

The second Wonca Executive committee meeting for this triennium (2011–2013) was held from 18–20 February 2011, at the Waterfront Hotel, Cebu City. All members of the Wonca Executive committee were present.

The Executive committee dealt with several issues of importance besides the usual agenda items relating to Wonca budget and finances, reports of Wonca officers and Wonca Committees, Working Parties and Special Interest Groups.

Some of the significant issues discussed were:

The redesign the operations of Wonca (GROW Initiative)

The Executive Committee reviewed the GROW Recommendations, adopted in Cancun 2010, by the World Council, and the progress made on each recommendation. They discussed at length the recommendations where work was still in progress and approved the following key motions:

- To encourage the involvement of young doctors at all levels of the Wonca.
- To refer to the Wonca organisational equity committee to discuss and make recommendations on the involvement of young doctors in Wonca.

The Executive committee also recommended the following actions to be initiated, in conjunction with the ongoing process of GROW:

- To refer GROW recommendation #3 (the vision & mission of Wonca) to the Bylaws Committee.
- To refer GROW recommendation #5 (young doctor on Wonca Executive) to the By-laws and the membership committees.
- To refer GROW recommendation #5 (young doctor on Wonca Executive) to the organisational equity committee to develop a mechanism / process to enable a young doctor to eventually sit on the Wonca Executive.
- Request the Bylaws Committee to consider and develop a suitably worded amendment to change the deadline for the submission of Bylaws changes to no more than six months and the submission of Regulations changes to no more than three months.

Collaboration between Johns Hopkins and Wonca

In the April Issue of *Wonca News*, there was an article by Dr Karen Kinder, Executive Director, ACG International (ACGi) of the John Hopkins School of Public Health (JHUSPH) on *A Collaboration between Wonca and Johns Hopkins Bloomberg School of Public Health*. In this article, she described the reason for, and advantages of, JHUSPH and Wonca marketing the ACG and ICPC classification systems together. She mentioned that through the collaborative effort, the two organisations, with their respective technologies, will be able to improve the delivery of primary care worldwide and the health of individuals and populations.

Karen was invited to attend the Executive meeting in Cebu City where she briefed the Executive on the joint Johns Hopkins University – Wonca (JHU–Wonca) agreement and how the two organisations would work together on promoting ACG and ICPC. She elaborated on the role of our regional presidents as “Wonca Representatives” in the joint collaboration.

The Executive discussed the role of the regional president / Wonca representatives in the JHU–Wonca Agreement as proposed by Karen and agreed to a number of points. It was agreed that ACGi and Wonca should work together to promote ACG and ICPC to the mutual benefit of both organisations.

Wonca’s Regional Presidents and other Wonca officials may be engaged from time to time by ACGi to assist in developing relationships and promoting ACG and ICPC in the regions and that while ACGi and Wonca are expected to consult and communicate with each other about the recruitment, engagement, and deployment of Wonca representatives, the ultimate decision to engage a particular Wonca representative resides with ACGi.

The Official Signing of the Agreement between JHUSPH and Wonca took place at the Opening Ceremony of the 18th Wonca Asia Pacific Regional conference, at the Waterfront Hotel, in Cebu City. The signatories were Professors Barbara Starfield, of JHUSPH, and Richard Roberts, of Wonca. This was accompanied by a media release from the two organisations on their respective website.

Monetising the Wonca Website

www.GlobalFamilyDoctor.com

The Wonca Executive committee of the past triennium had earlier agreed to the proposal to create value for the Wonca website. Despite several invitations to different IT companies and advertising agencies to help with this initiative, there were no interested parties. At the Chichen Itza Wonca Executive committee Meeting Dr Geoff Martin, an Executive Committee member at that time, mentioned the interest by HWR Communications of Adelaide, Australia in the initiative.

Mr Tom Raggatt, the Managing Director of HWR Communications, made a preliminary presentation to the Wonca Core Executive members in Malaga, Spain. The presentation led to the invitation to Tom, to make a similar presentation to the Full Wonca Executive committee, in Cebu City.

After the presentation by Tom, the Executive Committee discussed at considerable length the proposals by Tom Raggatt. Some concerns were raised on the lack of other proposals for comparative purposes. It was explained that other companies were approached but did not respond.

Wonca Executive committee agreed that if HWR Communications were to be appointed, it should work only on a contingency basis; there would not be any payment to HWR upfront, until HWR Communications bought in revenue for the website.

Executive further discussed the specifics of the proposal and the urgent need to improve the Wonca website. Executive agreed to appoint HWR Communications subject to the specifics of the agreement to include the following: a three plus three year contract; Wonca to have the final decision on the type of advertisers on GFD; to encourage HWR to explore similar relationships for regions for those that want a regional website developed and monetized; to be aware that not all members are in favour of engaging pharmaceutical sponsorship.

Development of ICPC-3

At the meeting, the CEO briefed the Executive Committee on the results of a survey conducted earlier, to gauge the interest by Wonca member organisations in forming a consortium to develop ICPC-3. The proposed consortium would involve financial commitments on their part. Whilst there were encouraging responses, the majority of member organisations did not express interest.

Executive Committee then discussed at great length Wonca's ability to take on the development of ICPC-3 in the context of its current financial resources. The Committee unanimously agreed that whilst Wonca was committed to the advancement and development of classifications systems that are appropriate for primary care, Wonca was not in a current financial position to fund the development of ICPC3.

The Core Executive members were tasked to explore other possible ways to finance the development.

Admission of the Association of Family Physicians of Sprska as a Full Member

At this meeting, Wonca Executive committee unanimously approved the recommendation of the Wonca membership committee to accept the Association of Family Physicians of Sprska as a full member organisation of Wonca.

Dr Alfred Loh

Chief Executive Officer
World Organization of Family Doctors
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FROM THE EDITOR:

FAMILY DOCTORS CELEBRATE

World Family Doctor Day

The first World Family Doctor Day was celebrated on May 19, and it seems to have been taken up with enthusiasm around the world. This is a Wonca initiative - declared in Cancun in 2010 – and it gives us all a chance to celebrate what we do and promote family medicine / general practice to our patients, communities, and government. We have much to celebrate as governments around the world have really begun to realise the value of our specialty. In some countries there is work to do, but days like Wonca's World Family Doctor Day can only help!

The Wonca secretariat and editor have received emails from around the world informing us of activities, sharing posters and a badge developed for the day. This issue features some of the artwork. The webpage of the Wonca Iberoamericana-CIMF region and a press release from the American Academy of Family Physicians give valuable background information to our specialty and these items are reproduced in full in this newsletter.

If your organisation still wishes to send us information, there is the option of publishing more in the next issue of *Wonca News*.

Wonca Conferences

There are still reports coming in from the combined Wonca Asia Pacific region and Rural Health conference in Cebu, in February. And, there are more events to look forward to this year. The South Asia region and Eastern Mediterranean region are both meeting in December, in Mumbai and Dubai respectively. Before that Europe will gather in September in Warsaw, in Poland. The programs for all three events are shaping up and look excellent.

In 2012, regional conferences will again feature and the Wonca World Rural health conference is to be held in Thunder Bay, Canada.

Also in this issue

The report on the Wonca Rural Working Party meeting in Cebu, features some important strategies to continue to progress the *Melbourne manifesto* (a Wonca document from 2002 which sought to address the exodus of trained health care professionals from countries in the developing world). It is eloquently written by the Working Party secretary Dr John Wynn-Jones.

The last issue of *Wonca News* featured information from our Japanese colleagues after the devastating earthquake, tsunami and nuclear disaster. It is understood many colleagues have sent wishes and support to Japan and the Japan Primary Care Association provides its latest update. The situation is far from normalised so it is important to continue to help however we can.

Wonca leaders featured in this issue are Preethi Wijegoonewardene of Sri Lanka, Liliana Arias-Castillo of Colombia, and Ian Couper of South Africa, and Donald Li of Hong Kong.

Finally it was great to receive news of young family doctors from Canada. The young doctors' movements are really starting to move forward with the Rajakumar and Vasco da Gama movements being quite well established; and the Waynakay and Spice Route groups newly established but on the move!

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SPECIAL FEATURE : WORLD FAMILY DOCTOR DAY

MAY 19: WORLD FAMILY DOCTOR DAY ACTIVITIES

About World Family Doctor Day

At the Wonca World Council Meeting in Cancun, Mexico, in May 2010, council unanimously approved the creation of *World Family Doctor Day*.

It was officially launched on May 19, 2010 by the Wonca President, Professor Richard Roberts, in the opening session of the Wonca World Conference, in Cancun.

Wonca, as the international organisation for family doctors and recognised by the World Health Organisation, will name a day each year as *World Family Doctor Day* and encourage its regions and member organisations to acknowledge this day, in their own special way.

In inviting member organisation to participate, Wonca CEO, Dr Alfred Loh said "World Family Doctor Day provides the opportunity to celebrate the role of the family doctor / general practitioner in health care systems around the world. Not restricted to doctors alone, their families, their patients and their other colleagues in family medicine / general practice would also be encouraged to take part. It will open up many opportunities to highlight the important contributions of family doctors globally. Most importantly, World Family Doctor Day will provide recognition to family doctors and hopefully lead to increased morale, as well as the opportunity to highlight important issues relating to family doctors and the work we perform in supporting health care for all people in our local communities, our nations and around the world."

Dr Loh believed the day would create an atmosphere of solidarity among family doctors globally and that it would be a positive and visible contribution of Wonca's leadership and contribution to family medicine.



The Philippines designed a badge for World Family Doctor day

The activities

Many member organisations accepted the challenge to celebrate World Family Doctor Day. There were many meetings held; media releases to inform the public: Australia, New Zealand, Russian Federation, and the USA -with the USA one largely reproduced here; a poster from Taiwan; a badge designed in the Philippines.

The Wonca Iberoamericana- CIMF region published an informative article on its homepage, relating some of the history of our discipline, and the article is reproduced in this edition of *Wonca News*, in Spanish and English.

Country by country, proposed activities are listed below. We would be pleased to hear of other activities for publication in the next edition of *Wonca News*.

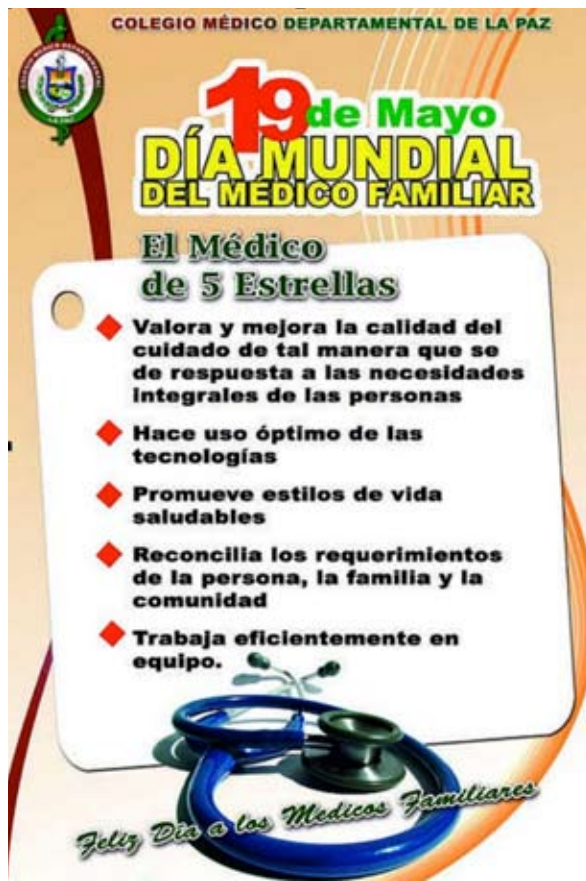
AUSTRALIA

Royal Australian College of General Practitioners (RACGP)

A media release was issue promoting the launch of the 'Who's Your GP?' campaign on World Family Doctor Day. A joint initiative between the RACGP and the GP registrars Association, whose chair, Dr Wicky Wong, encouraged the public to "Tell

your GP exactly what is worrying you. Make sure you tell the doctor about any medications you are taking or other treatments you are having. This includes any complementary or alternative therapies and treatments as well as over the counter drugs like vitamins and supplements. Find out as much as you can about your family history, as this can affect your own health, and tell your GP. Ask questions if you don't understand anything"

The RACGP promoted its online directory called 'Find a Practice' which gives the public information on local GPs. www.racgp.org.au/findapractice



Poster developed by the Bolivian Society of Family Medicine

BOLIVIA

Sociedad Boliviana de Medicina Familiar

Miguel Angel and Maria Luisa, Family Physicians of La Paz, Bolivia sent a message of congratulations and support to their colleagues and also forwarded to Wonca secretariat a poster developed to celebrate the day and outlining the qualities of a five-star doctor.

CANADA

College of Family Physicians of Canada (CFPC)

Dr Francine Lemire sent copies of banners in English and French that were developed for the CFPC website promotion.



Canada developed posters in English and French

CHILE

Sociedad Científica de Medicina Familiar y General de Chile

Unfortunately Chile found out about family doctor day very late but the president of the Sociedad Científica de Medicina Familiar y General de Chile, Dr Macarena Moral, reports that they will try to organize a gathering of Chilena Family Doctors on that date. The society also planned to publish the 19 of May, on their web page, "as our day". To view the website message in Spanish, visit <http://medicinafamiliar.cl>

CROATIA

Croatian Family Physicians Coordination (KOHOM)

Dr Mario Malnar and Dr Renata Pavlov wrote that KOHOM "is very pleased by WONCA Council initiative to create World Family Doctor Day. We strongly support the idea and believe that it will help recognition of importance of family doctors".

"Therefore, we are happy to inform you that we will organize KOHOM Council where around 50 representatives of family doctors from all around Croatia, will be present." KOHOM has begun a project on World family Doctor day called "Move your family". The idea is to organise different events where we as family doctors will promote

healthy living, physical activities, and exercising. This is seen as important as the main health problems in Croatia are non-infectious chronic diseases (obesity, diabetes, hypertension, etc).

KOHOM doctors and their families also enjoyed an outing for lunch and tourism at Neanderthal man's site Krapina - a rich paleontological site more than 130.000 years old. It rained on the day but still it "was remarkable day which we spent in the nature with our colleagues and their families."



Diana Ramirez Severinac, a Croatian GP, holds a poster drawn by her 7-year-old daughter Sara (centre) in honour of World Family Doctor day. This poster was sent to all GPs to display in their offices. Diana's husband looks on (right).

GHANA

West African College of Physicians Ghana Chapter

Dr Henry Lawson, Faculty Chairman, sent a message to the Wonca secretariat.

HONG KONG

Hong Kong College of Family Physicians

Dr Donald Li, president of Wonca Asia Pacific region, and Dr Ruby Lee, president of the Hong Kong College, attended a popular radio programme to promote Family Medicine as well as World Family Doctor Day at 2:30pm Hong Kong time, on 19 May. Other activities planned are: a joint press release issued by HKCFP and primary care office of Department of Health; a weekly article in the health column in *Hong Kong Economic Journal*; promotion in opening ceremony of Hong Kong Primary Care conference of HKCFP on 28 May 2011.

KAZAKHSTAN

Kazakhstan Association of Family Physicians

Prof Damilya Nugmanova, MD, President wrote to say they will celebrate World Family Doctor Day in Kazakhstan.

No activities were outlined at the time of writing.

MEXICO

Colegio Mexicano de Medicina Familiar AC (CMMF)

Dr Miguel Ángel Luna Ruiz responded with a range of activities in México to celebrate the World Family Doctor Day including:

1. We sent a flyer to broadcast Family Doctor Day in the community.
2. We informed the members of the associations and colleges of the Mexican College of Family Medicine that on May 19, Family Physician day will be commemorated worldwide, for the first time, and ask them to inform us about the activities carried out to celebrate.
3. We will make academic and social events in several places of the country, with the medical community.
4. We will recognise outstanding family physicians. Since 2003, we have already had four awards granted annually. Public recognition is made at the closure of the National Congress of Family Medicine to be held on May 26–28, 2011. The awards are listed below.

The Dr José Narro Robles prize awarded to family physicians for their important contribution to family medicine; CMMF research prize; CMMF teaching prize; CMMF medical assistance prize.

We are waiting the report regarding activities in the different associations.

MYANMAR

General Practitioners' Society, Myanmar

Dr Tin Myo Han writes that it is planned to get approval from Myanmar Medical Association & Ministry of Health regarding the planned activities for the World Family Doctor Day. They aim to celebrate at their national mid-term meeting of Myanmar Medical Association - GPs in Central and all (30) district GP societies in June 2011. A debate regarding primary care will be conducted on the day and winners of the essay competition and the standard GP clinic competition will be awarded.

NETHERLANDS

Dutch College of General Practice
Dutch Association of General Practitioners

Prof Job Metsemakers reports that in a joint meeting of the Dutch College of General Practice, the Dutch Association of General Practitioners and the heads of the eight Family Medicine Departments it was decided to promote the World Family Doctor Day. A short message aimed at the general public highlighted the characteristics

and importance of Family Doctors (see link to the Dutch Association website.)

<http://lhv.artsennet.nl/Home/Donderdag-19-mei-Wereld-Huisartsen-Dag.htm>

The message was also sent to what the “weeklies”: regional / local newspapers which are delivered free to every household. They cover 7.7 million households (99%). We have no complete overview of how many of these weekly's picked up the message. Here is a link to a weekly.

http://www.deweekkrant.nl/files/pdfarchief/PANI/20110518/ALB_PANI-1-40_110518_1.pdf

Prof Metsemakers tabled a request to have more preparation time for the 2012 event.

NEW ZEALAND

Royal New Zealand College of GPs (RNZCGP)

The RNZCGP issued a media release in which their president, Dr Harry Pert, stated that the value of general practice in influencing the health of individuals and communities cannot be underestimated. He said “Modern general practice relies on teams of people working together including practice managers, nurses and receptionists to support patients. And research shows that areas with good primary care have better health outcomes, including mortality rates, heart disease rates, infant mortality, and earlier detection of cancers.”

NIGERIA

The Society of Family Physicians of Nigeria

The society reported that they requested one chapter, in each of the four geopolitical zones, where they have active family medicine residency programs, to hold a public lecture on *Families and their family doctor - partners in fighting antibiotic abuse*. This was aimed at highlighting the role of family physicians in implementing this year's theme of the World Health Day: antibiotic resistance.

They intended to complement this with a postal publication on the subject for wide distribution, if possible.

Dr Matie Obazee, President, Society of Family Physicians of Nigeria wrote: “We look forward to knowing what other member organisations are planning to do. We believe this is a worthwhile initiative that should be supported in the interest of the growth of the specialty.”

PAKISTAN

1. College of Family Medicine Pakistan (CFMP)

Dr Aziz Khan Tank, Secretary General, sent a list of proposed activities for the CFMP. A seminar/symposium on *the role of family physician in the health care system of Pakistan*; inviting dignities such as the Governor of the Province, Health Minister of the Province and academics from the various medical societies.

The CFMP College also decided to use the lay media by publishing a special supplement of this day in national newspapers, and run a program on family medicine through various TV channels and radio programs for the masses, to make them aware regarding the primary health care.

2. Pakistan Society of Family Physicians

Dr M Tariq Aziz, President, reported that at a provincial & district level activities planned were: awareness of government on development of ‘service structure’ for family physicians; highlight need for development of proper CME for family physicians with incentives; public health seminars; representation of family physicians at the Pakistan Medical and Dental Council; ‘anti quackery’ campaign.

PHILIPPINES

Philippine Academy of Family Physicians (PAFP)

Asia Pacific region leader Prof Zorayda (Dada) Leopando writes that her nieces Jennifer Marie Leopando Sapina and Patricia Ann Leopando Sapina designed a badge that the PAFP Tarlac chapter, in particular, promoted. The red family logo with a green globe was used in the 1995 PAFP Convention. It signifies family wellness. The stethoscope was positioned like a heart to depict caring and compassionate care from the family. They downloaded the heart shaped logo from the web, specifically istockphoto.

Prof Leopando has had inquiries from USA, Canada, and Africa about using the logo. No year was included so the badge is enduring!

RUSSIAN FEDERATION

All Russian Fund- Association of General Practitioners of Russian Federation

Drs Elena Cherniyenko and Larissa Zhitnikova, representing the Russian Association of General practice (Family Medicine) responded that they would be holding the following activities:

May 19–20, Moscow: The 3rd Russian Congress dedicated to the issues of providing good medical care and management of continuous medical education. The most effective family doctors from different parts of Russia will receive medals dedicated to the celebration.

May 19, St Petersburg: special meeting of the St Petersburg branch of the Russian Association of Family Medicine

The association also planned to send information on World Family Doctor Day to the media.

TAIWAN

The Chinese Taipei Association of Family Medicine

Prof Tai-Yuan Chiu, President reported that the association planned to announce the special day on their website and in the monthly publication, *Family Medicine and Primary Care*.

They have designed a poster and sent it to all members of the Chinese Taipei Association of Family Medicine to post in their clinics. The poster was also displayed at the seminars and activities of the association from April 24, to announce the special day for Family Doctor.

The text of the poster includes information translated from the letter from Dr. Loh about World Family Doctor Day and encourages members to acknowledge this special day. The meaning of the Chinese in the poster is *The Family Doctor cares for you*

TRINIDAD AND TOBAGO (T&T)

Caribbean College of Family Physicians, in T&T

Dr Sonia Roache-Barker (Wonca five-star doctor, 2010) and Dr Rohan Maharaj started their day on May 19, wishing T&T all that is good on this special day and telling them about family medicine and family doctors; and our hopes for healthcare and the new generation of doctors in T&T. They were interviewed on television and radio, and hoped for more exposure in print.

The College shared with its member, its *Motto Cooperating for Excellence*; and prayer – the prayer of Maimonides:



"The Family Doctor cares for you" – a poster developed by the Chinese Taipei Association of Family Medicine

Grant me an opportunity to improve and extend my training, since there is no limit to knowledge.

Help me to correct and supplement my educational defects as the scope of science and the horizon widens every day.

Give me Courage to realize my daily mistakes so that tomorrow I shall be able to see and understand in a better light what I could not comprehend in the dim light of yesterday.

Bless me with a spirit of devotion and self-sacrifice so that I can treat and heal thy suffering servants and prevent disease and preserve health to the best of my ability and knowledge.

Grant that my patients have confidence in me and my art and follow my directions and counsel.

Oh grant that neither greed for gain, nor threat for fame, nor vain ambition may interfere with my work.

May I see in the afflicted and the suffering only a fellow human being in need.

USA

American Academy of Family Physicians (AAFP)

The AAFP media release is included as an article in this section insert on page 14.

DÍA MUNDIAL DEL MÉDICO DE FAMILIA: PÁGINA OFICIAL

Desde página oficial de Wonca Iberoamericana-CIMF

19 de mayo: Día Mundial del Médico de Familia

<http://www.cimfweb.org/>

La Medicina Familiar como afirma el Dr. Ian McWhinney tiene su origen en la rama más antigua de la medicina, la medicina general. En el siglo XVIII en América se dio el nombre de “médico general” y en el siglo XIX en Inglaterra se bautizó como “general practitioner” en Inglaterra. En los primeros albores del siglo XX apareció publicado por primera vez este nombre en el Lancet. No obstante, también para ese tiempo, se realizó y publicó el informe Flexner que daría paso al surgimiento de las especialidades y subespecialidades médico-quirúrgicas que dominan el escenario hasta nuestros días.

Hacia la mitad del siglo XX, la proporción y distribución de médicos especialistas en un modelo curativo que no daba completa respuesta a las necesidades de la población hizo evidente la crisis en los sistemas de salud. La histórica Conferencia de Atención Primaria en Salud, realizada en Kazakstán, antigua URSS, en septiembre de 1978, liderada por la Organización Mundial de la Salud OMS, con delegaciones de 134 países, consagró a la Atención Primaria en Salud APS, como la estrategia para que los países alcanzaran la meta de Salud para Todos en el año 2000. Llegado ese tiempo se encontró falta de compromiso en la implementación y el seguimiento de la APS en muchos países, asimetría en el logro de las metas y se llegó a pensar en el fracaso de la Estrategia.

En el año 2003 y en conmemoración a los 25 años de la publicación de la Declaración de Alma Ata, se reúnen nuevamente los países y promulgan la Atención Primaria en Salud Renovada APSr. Rápidamente, los países más desarrollados pusieron en marcha el proceso de reorientación de los servicios de salud, teniendo en cuenta el fortalecimiento de la APSr y la necesidad de invertir en la formación de médicos especialistas en Medicina Familiar y de la Comunidad, en la mira de alcanzar no solamente cobertura universal sino también de mejorar la capacidad resolutoria del primer nivel de atención.

Desde entonces múltiples estudios han demostrado la eficiencia de los médicos familiares en un sistema con APS fuerte, con disponibilidad de recurso humano capacitado e idóneo que incluye a otros especialistas así como al equipo de salud familiar y que permite la satisfacción de la persona a la vez que promueve una atención costo-eficiente.

La Medicina Familiar centrada en el paradigma de la complejidad y la integralidad biosicosocial, concibe a la salud y enfermedad como procesos de vida, en los cuales la prevención, el diagnóstico, la terapia y la rehabilitación están centrados en la persona y en su entorno.

A pesar de tantas fortalezas, es preciso reconocer las resistencias que la Medicina Familiar y Comunitaria, así como la APS generan, especialmente en los países de menor desarrollo económico. Gran parte de estas resistencias se desencadenan por preconceptos equivocados y falta de conocimiento acerca de la especialidad. Algunos la consideran una especialidad menor, desconocen las competencias integrales que desarrolla el médico familiar y con frecuencia la efectividad alcanzada y la ética del médico familiar riñen con diversos intereses existentes.

Es entonces indispensable y estratégico que los médicos de familia y comunidad de todo el mundo estemos conscientes de nuestro valor y potencial. Al mismo tiempo, es esencial hacer que nos escuchen y respeten nuestros derechos. Por consiguiente, debemos mejorar progresivamente nuestro conocimiento, nuestra práctica y fortalecer los espacios colectivos. Nuestra especialidad tiene mucho para contribuir a mejorar las condiciones de salud de las personas, familias y comunidades. Esto se logra continuando con actitud ética y colaborativa.

La salud como un derecho de cada ciudadano, de cada familia, de cada comunidad en el mundo requiere la participación y el compromiso de los médicos familiares para que ese derecho a la salud, se transforme en un deber de los sistemas de salud en cada uno de nuestros países.

Felicitaciones a todos los Médicos de Familia de América Latina y de la Península Ibérica en este 19 de mayo, Día Mundial del Médico Familiar.

Comité Ejecutivo WONCA Iberoamericana-CIMF
Liliana Arias-Castillo, presidente
Cesar Brandt Toro, ejecutivo

WONCA IBEROAMERICANA-CIMF OFFICIAL WEBPAGE

From the official webpage of Wonca Iberoamericana-CIMF

19 May: World Family Doctor Day

<http://www.cimfweb.org/>

Family Medicine as described by Dr Ian McWhinney has its origins in the oldest branch of medicine, general medicine. In the eighteenth century, in America, the name "general doctor" was used and in nineteenth century England, the term "general practitioner" came into use. In the early twentieth century this name was published for the first time in *The Lancet*. However, also at that time, the *Flexner* report was carried out and published, and this led to the emergence of the medical and surgical specialties and subspecialties that dominate the scene today.

Around the mid twentieth century, the proportion and distribution of medical specialists in a healing model did not fully meet the needs of the population, and hence a crisis in health systems became apparent. The historic *Conference on Primary Health Care*, led by the

World Health Organization (WHO), with delegations from 134 countries, was held in Kazakhstan, former USSR, in September 1978, and was devoted to Primary Health Care (PHC) as the strategy for countries to reach the goal of *Health for All, by the year 2000*. At that time, a lack of commitment was found in the implementation and monitoring of PHC in many countries; an asymmetry in achieving goals; and thoughts of the failure of the strategy.

In 2003, and to commemorate the 25 years since the publication of the *Declaration of Alma Ata*, the countries met again and promulgated the *Renewed Primary Health Care Strategy*. Quickly, the most developed countries began the process of reorienting health services, taking into account the strengthening of the *Renewed Primary Health Care Strategy* and the need to invest in training of specialists in Family and Community Medicine; with the aims of not only achieving universal coverage but also to improve the response capacity of primary care.

Since then multiple studies have demonstrated the effectiveness of family physicians, in a strong PHC system with availability of trained and qualified personnel that includes other specialists, the family health team; and enables the satisfaction of the individual while promoting cost-efficient care.

Family Medicine focuses on the paradigm of biopsychosocial complexity and comprehensiveness; conceives of health and illness as processes of life in which the prevention, diagnosis, therapy and rehabilitation centred on the person and their environment.

Despite many strengths, we must recognise the resistance that Family and Community Medicine, and the *Conference on Primary Health Care*, generate, especially in less developed countries. Much of this resistance is triggered by mistaken prejudices and lack of knowledge about the specialty. Some consider it a minor specialty, unaware of the skills integral to the comprehensive family physician; frequently the effectiveness achieved and ethics of the family doctor are at odds with various other interests.

It is therefore essential and strategic that as family and community doctors around the world we are aware of our worth and potential. At the same time, it is essential that we are listened to and our rights are respected. Therefore, we must progressively improve our knowledge, our practice and enhance our public profile. Our specialty has much to contribute to improving the health of individuals, families and communities. This is accomplished through continuing our ethical and collaborative attitude.

Health as a right of every citizen, every family and every community in the world, requires the participation and commitment of family doctors, in order for that right to health to become the obligation of health systems in each of our countries.

Congratulations to all family physicians in Latin America and the Iberian Peninsula on the May 19 World Day of the Family Doctor.

Executive Committee of CIMF
Liliana Arias-Castillo, President
Cesar Brandt Toro, CEO

AAFP MEDIA RELEASE FOR WORLD FAMILY DOCTOR DAY

<http://www.aafp.org/online/en/home/media/releases.html>

The World Organization of Family Doctors (Wonca) celebrates World Family Doctor Day around the globe on May 19. Long the preferred model of care outside the United States, family medicine is the cornerstone of an ongoing, personal patient-physician relationship focused on integrated care. The American Academy of Family Physicians (AAFP) is a longstanding member of Wonca.

Wonca has an impact on the world of family medicine/general practice through its World Council and its seven Regional Councils. In addition to its governance structure, Wonca has working groups on the classification of problems encountered in general family medicine, rural practice, quality assurance, informatics, education, communications and publications, research, health behavior change, tobacco cessation, women and family medicine, mental health, and respiratory diseases. Over the years, these groups have carried out groundbreaking studies and research, and have produced a variety of important publications.

Multinational employers and insurance companies are realizing more and more the importance of family physicians and their focus on a long-term patient-physician relationship, preventive care, chronic disease management and care coordination across subspecialties.

In fact, the Patient Centered Primary Care Collaborative (PSPCC) was created in the United States in late 2006 by several large national employers, including IBM, to join forces with primary care physician groups and other large employers in order to (1) facilitate improvements in patient-physician relations and (2) create a more effective

and efficient model of health care delivery. The AAFP is a founding member of the PCPCC.

The AAFP and other medical and business groups champion the concept of the patient-centered medical home, which describes a style of care that integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. The concept of the PCMH grew out of a large-scale research study done by the AAFP in 2002 that showed the public wanted more continuous and comprehensive care in the context of their community.

Family physicians are the foundation of high-quality, low cost health care systems throughout the world. Numerous research studies have reported that communities with a high family-physician-to-population ratio have better health outcomes and lower health care costs. Family physicians provide their patients with a relationship that offers comfort, convenience, and preventive and primary health care that results in optimal health throughout the lifespan.

The 100,300 AAFP members join with the 120 Wonca member organizations in 99 countries to celebrate World Family Doctor Day.

About the American Academy of Family Physicians

Founded in 1947, the AAFP represents 100,300 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Approximately one in four of all office visits are made to family physicians. That is 228 million office visits each year — nearly 84 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multi-media highlighting family medicine, visit www.aafp.org/media.

For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer website, www.FamilyDoctor.org.

FEATURE STORIES

THE *MELBOURNE MANIFESTO* IN THE 21ST CENTURY: PROGRESS AT CEBU

The Wonca Working Party on Rural Health met in Cebu, Philippines in February 2011. The secretary of the working party, Dr John Wynn-Jones, writes on revisiting the “Melbourne Manifesto” and developing the “Cebu Strategies”.

Is it possible to have an ethical international recruitment policy, especially when doctors move from one country to another, in search of a better life and greater career opportunities? Taking a simple moral stance on recruitment might not be as simple as it may seem.

There are few countries in the world that are not affected one way or another by international medical recruitment. Some countries are losing crucial numbers of their trained medical manpower, to the point that they are unable to provide a comprehensive service to their population. These countries spend scarce resources training doctors, to see many leave to work in more developed health care systems. Why is it that some of

the most sophisticated health services around the world benefit from this inequity instead of training adequate numbers of doctors to meet their own needs.

The *Melbourne Manifesto* was established at the Wonca World Rural Health conference, in Melbourne, in 2002. At that time, no coherent code existed which sought to address the exodus of trained health care professionals from countries in the developing world, to countries in the developed world, where resources were plentiful but where governments were reluctant to invest in training sufficient numbers of their own health workforce.

The manifesto identified the conflicting interests and laid out the responsibilities of governments, professional organisations and recruitment agencies around the world. It was one of the first attempts at developing an ethical code for those involved recruitment. The document remains robust and relevant; and its significance is reflected in the number of times that it is referenced in the academic literature and policy initiatives.

The six principles of the *Melbourne Manifesto* still remain relevant today:

1. It is the responsibility of each country to ensure that it is producing sufficient Health Care Professionals (HCPs) for its own current and future needs; is retaining them; and is planning for both rural and urban areas.



Wonca Working Party on Rural Health meet in Cebu
Back row (l to r) Oliver Smith, Ian Couper (chair), Ian Cameron, Christos Lionis, John Wynn-Jones, Jo Scott-Jones, Muhd Tauffik
Front row (l to r) Ricardo Amaral Filho, Aileen Riel- Espina, Dora Patricia Bernal-Ocampo, Ilse Hellemann.

2. International recruitment is related to an inability on the part of individual countries to satisfy their own workforce needs.
3. The principles of social justice and global equity, the autonomy and freedom of the individual, and the rights of nation states, all need to be balanced.
4. Integrity, transparency and collaboration should characterise any recruitment of HCPs.
5. International exchanges of HCPs are an important part of international health care development.
6. Countries that produce more HCPs than they need, may continue this contribution to global health care.

The World Health Organisation (WHO) developed its own *Global Code of Practice*, which was adopted by the World Health Assembly in 2010. The WHO code stresses that “international recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and mutuality of benefits”. It goes on to state that “in developing and implementing international recruitment policies, Member States should strive to ensure that the balance of gains and losses of health personnel migration should have a net positive impact on the health systems of developing countries and countries with economies in transition” and “such measures may include the provision of effective and appropriate technical assistance, support for health personnel retention, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent”.

The *Melbourne Manifesto* is now eight years old: much has changed around the world and members of the original drafting team decided to review its relevance in the 21st century. Both codes are robust enough but we need to ensure that they are implemented internationally in the spirit of the WHO declaration, which aims to ensure that “the losses of health personnel migration should have a net positive impact on the health systems of developing countries and countries with economies in transition”.

The Wonca Working Party on Rural Health met at the World Rural Health and Wonca Asia Pacific conferences in Cebu City, Philippines in February this year. The working party conducted two open interactive workshops, aimed at developing a number of strategies designed to promote the manifesto and implement its recommendations. The five Cebu Strategies were presented and commended to the conference delegates in the closing ceremony, where they were unanimously adopted.

The five strategies were

- Develop measurable indicators by which countries can be assessed on their compliance with the principles of the manifesto. (score card)
- Promote *Social Accountability of Medical Education* in order to ensure that doctors are trained appropriately to meet the needs of the communities in which they are trained.
- Support for health care professionals by sharing resources and educational programmes between the developed and developing world and encourage bilateral time limited exchanges.
- Engage with recruiting organisations with the aim of developing a code of conduct for the recruitment industry
- Market the *Melbourne Manifesto* and its aims more comprehensively

The Wonca Working Party on Rural Health is looking to engaging widely with NGOs, professional bodies, national governments, etc, in order to promote the five strategies over the next two to three years.

We struggle to manage a trend, which has always existed whereby people migrate in search of a better life. Globalisation and the ease of international travel have transformed a steady flow into a flood. We now face a growing dilemma where the developed world spends massive amounts on international aid and at the same time plunders the scarce resources of the countries that they are trying to help.

FOURTH REPORT FROM JAPAN

10th May, 2011

Dear international colleagues,

This is the fourth report from the Japan Primary Care Association (JPCA) about the Primary Care for All Team (PCAT) project to support healthcare needs in Japan's earthquake and tsunami-struck regions. Thank you for your support and interest in our work.

Conditions in the disaster-affected communities are changing; needs are transitioning to the chronic phase. Restoration of regular health-care systems, as opposed to emergent medical assistance, is becoming increasingly important. At the same time, over 100,000 people still live in shelters.

What is PCAT (Primary Care for All Team)?

JPCA established its disaster relief project right after the recent earthquake and tsunami in Northeast Japan.

Primary Care for All Team (PCAT) project is committed to providing continuous and comprehensive disaster relief by working with local communities. PCAT has three primary goals:

- 1) To send multidisciplinary health teams to support evacuees in shelters and temporary housings to ensure their recovery and health. Teams have been not only providing medical care but also working with local government, public health and medical communities to improve evacuees' health, nutritional status, and oral health.
- 2) To send medical personnel in the disaster-struck areas to provide a long-term support to the local existing physicians, so that the communities can have strong primary care access.
- 3) To provide training and opportunities for medical students and other young volunteers to be involved in the relief work, so that they can become future leaders in domestic and international relief work.

PCAT activities

To date, PCAT has sent over 150 medical personnel to the cities of Kesenuma and Ishinomaki, as well as Fukushima prefecture. Kesenuma is a city of 70,000 residents. One-third of its downtown was hit by the tsunami, followed by a very large fire. PCAT has been involved in running infirmaries and providing health assessment by an interdisciplinary team at two regional shelters. We not only sent physicians to these shelters, but also nutritionists, dentists, physical therapists, and acupuncturists in order to offer comprehensive assessment and care. Restoring the home healthcare system is also a large part of PCAT involvement, and demands for home healthcare are increasing. Visiting nurse stations, senior agencies, and daycare services were all damaged by the disaster. PCAT has been providing home visits to these affected patients and working with local health systems to restore their services. This unique project is organized by a local physician who himself lost his home and clinic in the disaster and currently lives in a shelter. Prior to the disaster, he was one of the few physicians providing regular home visits to residents and strong advocate for home health care, which has not been heavily utilized in Kesenuma.

Ishinomaki is a city of 160,000, and had large damage from the tsunami. Over 10,000 people are residing in shelters. PCAT is now in charge of operating the "Yugakukan" shelter, which specifically serves bedbound and near-bedbound elders who require continuous care. It became apparent several weeks after the tsunami that there were numerous elders developing bed sores and



worsening their ADLs due to the limited care environment in shelters. Medical teams, the city, and PCAT developed a plan to transfer these elders to one shelter in order to provide continuous medical care. Around 80 elders are now in Yugakukan with interdisciplinary healthcare teams providing care. Additionally, PCAT is providing home care to home-bound patients.

PCAT also has been working in maternity health care and collaborating with Tokyo Midwives Association to provide prenatal and postpartum care. Numbers of pregnant women in the area are not large; however, only a small number of disaster-relief physicians practice women's health.

Fukushima prefecture, north of Tokyo, has large numbers of evacuees due to the recent nuclear threat at First Fukushima Nuclear Plant. PCAT is working with a local primary care physician and visiting shelters in the area to provide urgent as well as chronic medical care.

Lastly, PCAT is developing a training course for medical personnel participating in PCAT activities. It will be unique challenge to provide appropriate training that matches with changing needs of the disaster struck communities.

Return thanks

We would like to express our sincere thanks to all international colleagues who sent their words of support to PCAT and for your continuing encouragement. We also really appreciate many of your proposals for donations to support PCAT. We look forward to your strong and continuing support to overcome this unimaginable crisis. Please follow the link below.

<http://pcforall.primary-care.or.jp/eng/>

Yamashita D and Tagashira H,
on behalf of the committee for International Affairs, JPCA

188TH COUNCIL SESSION OF THE WORLD MEDICAL ASSOCIATION

Professor Michael Kidd, Wonca President-Elect, represented the president of Wonca at the 188th Council Session of the World Medical Association (WMA) held in Sydney, Australia, on April 7-9, 2011. He provides this report of the meeting.



Wonca President-elect, Prof Michael Kidd

for health, patient safety, public health policy including tobacco control and immunisation, and leadership especially supporting the professional development of junior doctors.

Dr Mukesh Haikerwal, a family doctor from Australia and past president of the Australian Medical Association, was elected as the new chair of the World Medical Association. The chair serves a two-year term and is the political head of the organisation.

The full WMA General Assembly meets once a year and the Council meets separately once a year. The WMA has member organisations from 97 countries. Wonca and the WMA are partner organisations and we share observer status at each other's world council meetings.

The WMA promotes the highest possible standards of medical ethics, providing ethical guidance to physicians through its declarations, resolutions, and statements. The council meeting had a strong focus on medical ethics issues. Other areas of specific focus of the WMA include health-related human rights, medical education, human resources

WMA President, Dr Wonchat Subhachaturas, from Thailand, reported on his many meetings since being elected as president at the General Assembly, in October 2010. The president is the ceremonial head of the organisation and is elected annually.

The WMA CEO, Dr Otmar Kloiber, acknowledged my presence representing Wonca at this meeting of the World Medical Association Council, and outlined some of our areas of collaboration.

The Australian Minister for Health and Ageing, The Hon Nicola Roxon, addressed the opening session and spoke about current health care challenges and especially the need to strengthen primary care and general practice / family medicine. The Minister announced the world's first legislation requiring plain packaging of tobacco products, which was greeted with acclamation by the delegates.

Professor Jon Snaedel, past WMA President, reported on the International Network on Person-Centred Medicine and emphasised the partnership and shared leadership of the WMA and Wonca in this network along with the World Psychiatric Association, World Health Organization and other organisations.

The meeting opened on the World Health Organization's World Health Day, April 7, 2011. The focus of 2011 World Health Day was on Anti-Microbial Drug Resistance and the need to safeguard medicines for future generations.

The representative from the Japan Medical Association (JMA) reported on the impact of the recent terrible disaster in Japan and the roles of the JMA and medical practitioners in supporting the affected members of the population.

The WMA Council has three major committees: medical ethics, finance and planning, and socio-medical affairs.

The World Council addressed many ethical and human rights issues including:

- ethical procurement of organs for transplantation
- a proposed WMA statement on end-of-life care
- the use of placebos in medical research
- a proposed WMA statement on ethical principles for medical research in child subjects
- the ethics of palliative sedation
- the professional and ethical usage of social media
- disaster medicine and public health
- ethical responsibilities with regard to Bio Banks (storage of blood and other specimens for medical research)
- the health of people living in megacities
- deep concern about the misuse of medications for execution and the involvement of physicians in capital punishment
- the effect of international sanctions on the Ivory Coast and other nations which can prevent the importation of essential medical products

Further details about the World Medical Association, its remarkable history, its policies, declarations and statements, and its current projects are available at:

www.wma.net

Prof Michael Kidd

TACLOBAN RURAL POST-CONFERENCE IN PHOTOS



Dr Aileen Riel-Espina, a local doctor in Tacloban, who was responsible for the organisation of the post-conference welcomes delegates and tells them a little of her region.

After the 10th Wonca World Rural Health conference held in Cebu, Philippines in conjunction with the Asia Pacific regional conference in February 2011, a small group moved on to Tacloban, in Leyte province. Medical site visits were combined with some tourist visits to local attractions, and entertaining dinners (where on one occasion the group found themselves to be the entertainment). Dr Aileen Riel-Espina MD, is thanked for the interesting programme she organised and for the care of the group during this visit.



Post conference welcome banner displayed on the minibus, flanked by (left) Chair of the Wonca Working Party on Rural Health, Prof Ian Couper, from South Africa; and (right) Dr Karen Flegg, *Wonca News* editor.



The group visited a community health centre where Prof Ian Couper proved popular with the community health workers.



In Palo, near Tacloban, the group visited the University of Philippines- Manila School of Health Science where the 'step-ladder' curriculum allows training in steps: from midwifery certificate, to nursing degree, to community health degree, and finally for some students an MD.



The group masked up for a visit to a Government Pharmaceutical laboratory where drugs based on locally grown herbs are manufactured.



The Tacloban post conference group photo



A rural community health centre visit where Dr Torres Woolley, from Australia, socialised with waiting patients.



New Zealanders, Dr Jo Scott- Jones (left) and Mr Chris McMillan, prepare for one of the wonderful and entertaining dinners.



Dr David Campbell (left) and Prof Sarah Larkins (right) listen while Prof Jusie Lydia Siega-Sur MD (centre), dean of University of Philippines-Manila, Palo campus, School of Health Science, explains teaching techniques.



Nurses at the Tacloban hospital, where the group undertook a site visit.



Group members from Japan, Prof Kazuo Inoue and Dr Machiko Inoue on a field excursion to nearby caves.

WONCA REGIONAL NEWS

PRACTICE, SCIENCE, ART IN WARSAW, SEPTEMBER 2011

Conference keynote speakers

The 17th Wonca Europe conference to be held from September 8-11, 2011 promises a very interesting arrangement of keynote speeches and scientific sessions. All sessions are based on the conference theme: *Family Medicine – Practice, Science and Art*. Each day will consist of a different high-level key note speaker, followed by scientific sessions. Each keynote address will be based on one of the specific themes of the conference as presented below:

Practice

Mr Mukesh Chawla (World Bank, USA) is Sector Manager of the Health, Nutrition and Population Group of the World Bank. He works closely with governments and international development partners in strategic planning with a view to identify innovative business solutions to address systemic and process issues. His current research interests include the role of markets and market-like institutions in the creation of incentives that strengthen health systems, fiscal space for health, innovations in health financing, and design of health sector reforms.

Topic: *Economic Crisis, Aging Populations and the Practice of Family Medicine*



Dr Bjørn Gjelsvik of Norway

Dr Bjørn Gjelsvik (University of Oslo, Norway) is past vice president of Wonca Europe, and past president of the Norwegian College of General Practitioners. He was member of the European Joint Task Force IV (prevention of cardiovascular disease in Europe) 2005-2008, and is member of the expert group of the *Norwegian National Guidelines for Primary Prevention of Cardiovascular Disease*, published in 2009. He is a part time GP and part time researcher. Prevention and treatment of cardiovascular disease has been a primary interest in his professional work for the last 15 years.

Topic: *Prevention of cardiovascular disease – from dreams to reality.*

Science

Professor Nigel Mathers (University of Sheffield, United Kingdom) is a director of the Academic Unit of Primary Medical Care at the University of Sheffield, UK's representative for the Council of the European General Practice Research Network and vice-chair elect of the Royal College of General Practitioners. His current research interests include the prevention of diabetes and shared decision making, motivational skills and postnatal depression

Topic: *The Science of Family Medicine*



Prof Theo Verheij of The Netherlands

Theo Verheij (Utrecht University, The Netherlands) is professor of general practice at the Julius Center for Health Sciences and Primary Care of the University Medical Center Utrecht. He is a member of the Advisory Board of the Dutch College of General Practitioners, and on the editorial boards of the *British Journal of General Practice and Huisarts en Wetenschap* (Dutch journal of general practice). He is engaged in national and international research



projects on respiratory tract infections and on antibiotic use in primary care.

Topic: *European collaboration in primary care research*

Art



Dr Andrzej Rys of Poland

Dr Andrzej Rys (European Commission, Poland) is a public health specialist: Director in Directorate C “Public Health and Risk Assessment”, in Directorate General Health and Consumers, European Commission. He is a past deputy Minister of Health of Poland, was a member of the Polish UE accession negotiators team and executive director of the Polish Association of Private Health Care Employers. His interests focus on European public health issues.

Topic: *How can we picture health policy?*

Ms Dionne Sofia Kringos is a researcher and PhD candidate at the Netherlands Institute for Health Services Research (NIVEL). She specialises in international comparative health system studies. Over the past four years, she has set up and implemented a European primary care monitoring system, supported by an international consortium of leading primary care experts and institutions. Her current work focuses on measuring the contribution of primary care systems to health and health system outcomes.

Topic: *The state of the art of primary care in Europe*

Dr Wienke Boerma, PhD is a senior researcher at NIVEL on international comparative health care system studies. He has extensive experience in giving technical advice on primary care reform; performing international research on benchmarking in general practice; and organisation and provision of home care and primary care. In collaboration with WHO Regional Office for Europe, he performs primary care evaluation studies in many countries (i.e. Belarus,

Romania, Serbia, Slovenia, Turkey, Uzbekistan, and Kazakhstan).

Topic: *The state of the art of primary care in Europe*

Patronage

The Honorary Patronage of the President of the Republic of Poland, Mr Bronisław Komorowski. The Honorary Committee is made up of the Mayor of the Polish Capital of Warsaw, Mrs Hanna Gronkiewicz-Waltz, and the Governor of the Mazowiecki Voivodship, Mr Jacek Kozowski.

Social program

The conference also offers a rich social programme perfect for networking with colleagues. The gala dinner will be held in the Belvedere Restaurant in the Warsaw Royal Bath Gardens on Friday, September 9. On Saturday, September 10 there will be a social party – an open air picnic surrounded by meadows and pine forests, with traditional Polish delicacies to eat.

Registration and travel

LOT Polish airlines, the official carrier for the conference, is offering discounts of 10 to 20% to conference delegates.

Register by 31 August to avoid paying maximum registration fees. There are discounts for Wonca Direct members, junior doctors, trainees, students and nurses. All forms and registration information available on website.

Wonca Europe Warsaw conference at a glance

Conference date: September 8-11, 2011

Web: www.woncaeurope2011.org

Email: Wonca2011@ziz.com.pl

Conference Organizer: Zdrowie I Zarzadzanie – Health & Management,

16/3 Sarego Street, 31-047 PL-Krakow

SOUTH ASIA TO MEET IN MUMBAI, DECEMBER 2011

Dear friend and colleague,

During December 2011, we expect over 1000 Indian, Asian and international family physicians to visit Mumbai to attend the Wonca South Asia Region conference. We extend a warm invitation to you to join us in this important event.

The host organisation is the Federation of Family Physicians' Associations of India (FFPAI), an organisation to which Medical Associations of General Practitioners/Family Physicians from different parts of India are affiliated: the FFPAI, for practical purposes, is an Indian organisation of family doctors.

Wonca SAR Mumbai conference at a glance

Conference date: December 16–18, 2011
 Acceptance for papers closes: October 15, 2011
 Early bird registration closes: July 31, 2011.
 Web: www.ffpai.org
 Email: woncasar2011@gmail.com
 Registration form and brochures:
<http://www.ffpai.org/woncasar2011.aspx>

About Mumbai

The city of Mumbai, the capital of the state of Maharashtra, nestled on the western shores of the Arabian sea, is also considered the commercial capital of India, as is witnessed by hustle and bustle of the teeming millions of office goers, wending their way to their places of work, single handedly contributing to almost one third of the GNP of the country. It is also a film city producing reams of fine cinema and television serials, attracting hordes of histrionic talent to the city from different parts of the country and the subcontinent.

Young Doctors' movement

Movement for young and future family physicians of South Asia, called The Spice Route, was launched at the Wonca South Asia Region conference, in Kathmandu, in December 2010. At Mumbai, we will hold the first pre-conference meeting of young South Asia Region family doctors. We are already receiving overwhelming response!

We invite young and future family physicians of South Asia to participate in this unique initiative which aims to create a bridge between the new and the old. It will pave the way for new Fps to learn more and more about hands on practice and also get mentoring from experienced practitioners of family practice. This meeting will spell out the future actions to be taken by The Spice Route to facilitate productive communications between the South Asia FP community and also interact with the peer groups like Vasco da Gama and Rajakumar Movements.

We invite members of Vasco da Gama Movement and the Rajakumar Movement to attend this event and share their views. The Spice Route Contacts are Raman Kumar, Sonia Mehra and Udit Thakker.

dr_raman@hotmail.com
soniacherygp@gmail.com
uthakker@hotmail.com

Call for papers

Scientific papers are invited from family physicians from any country. Papers should be relevant and preferably deal original work or practice experience and not "reviews" from journals or text books. Topics chosen could be clinical, case studies, clinical trials, surveys, issues of family practice, rural health, topics of relevance to primary care, or interesting cases. A large number of topic areas are included on the conference website. Several prizes and cash awards may be given to deserving papers.

Papers should be submitted to the Conference Secretariat, addressed to the chairman, Scientific Committee on or before October 15, 2011.

Papers should be typed or computer printed with double spacing. You may submit a soft copy as MS Word document on a CD by courier or as a copy as Word attachment by e-mail. The Scientific Committee will be happy to assist you in preparing your paper and final computer slide presentation, if selected. There will be excellent audiovisual facilities for presentations, namely LCD computer projection, and video projection. Overhead projection is not available.

Time for each scientific paper presentation will be strictly restricted to 10 minutes. Poster presentations may also be presented in the standard size of 90cms (width) X 120cms (height) maximum.

Ensure that the presenting author's address, telephone numbers, fax numbers and e-mail addresses are mentioned. You must send your passport size photo and brief resume, not exceeding ten sentences along with your paper. If your paper is under preparation, you may submit an abstract, not exceeding 300 words.

Registration details

We recommend that you register early and take advantage of the early bird discount which finishes on July 31, 2011. The conference venue, Renaissance Convention Centre Hotel has offered rock-bottom

rates for residential delegates. Registration fee options are presented to include early bird discounts and can include accommodation at the venue, or not. (see E-brochure on website)

We are all looking forward to your arrival at Mumbai, the commercial capital of India.

Dr RG Jimulia, *Emeritus Chairman*;

Dr Ramnik Parekh, *Executive Chairman*;

Dr Jyoti Parekh, *Chairman*;

Dr BK Dholakia, *Director: Reception Committee International*

EMR UPDATE AND DUBAI CONFERENCE, DECEMBER 2011

Activities May 2010 to January 2011

In the seven months since Wonca Eastern Mediterranean Region (EMR) was confirmed as an official region of Wonca, many activities and accomplishments that have taken place in the region.



Wonca EMR president Prof Nabil Al Kurashi

Among these are:

- Arab Ministers of Health Council meeting in Tripoli, Libya on June 13-14, 2010, with the attendance of Wonca EMR president, Professor Nabil Y Kurashi; Dr Amira Stephanou, president of Syrian Society of Family Medicine; and some other members of Wonca EMR.
 - Wonca EMR board meeting from July 6-7, 2010, in Dubai, United Arab Emirates.
 - Launch of official website for Wonca EMR
 - Launch of official website for Saudi Society of Family and Community Medicine
- Coordinating and cooperating with Professor Barbara Starfield on the needs assessment tool of primary health care in the EMR

A number of conferences and scientific meetings have been held:

- Meeting of Syria Association for Family Physicians, in June 2010 in Damascus, Syria.
- Abu Dhabi Medical Congress held on Oct 17 -19, 2010
- The Ninth Annual conference of palliative medicine of Lebanese Society of Family Medicine on July 11, 2010.
- Syrian Family Medicine Association first conference on November 1, 2010
- Eighth International Epidemiological Association EMR scientific meeting on *Globalization and Public Health in the EMR* held from Nov 25-27, 2010
- Qatar Health Care congress and exhibitions held in Doha, Qatar on December 10-15, 2010.

Preparations for Dubai conference

We have also embarked on preparations for the 1st Wonca EMR congress to be held in Dubai in December 2011.

This First Wonca EMR Congress is focusing on *Health for all via Family Medicine through the participation and collaboration among Family Medicine professionals and organizations in the Middle East region*. We expect this conference to be very interesting, active, informative, and well-attended because family medicine is the first line of prevention and treatment.

We likewise expect to hear about the latest statistics, case reports, research and medical advances in family medicine.

The success of this conference relies heavily on the involvement and active participation of individuals and medical professionals in the field of family medicine. I personally hope that this conference will bring

people and organizations together, government or non-government, private or public individuals, towards a common goal of combating the different aspects of diseases.

As a parting statement, I want to express my sincere thanks and appreciation to the Emirates Medical Association (UAE) who are the primary organisers of this conference and the unceasing support of patrons and friends of Wonca EMR especially to Wonca International and its Board of Executives that are instrumental to the formation of Wonca EMR, and the success in its activities.

Wonca EMR Dubai conference at a glance

Conference date: December 17–19, 2011
 Acceptance for papers closes: September 15, 2011
 Early bird registration closes: September 30, 2011
 Web: <http://www.wonca-dubai2011.com>
 Email: pco@wonca-dubai2011.com

We hope to see you all in the conference!

Prof Nabil Al Kurashi
 President, Wonca EMR

LANDMARK CONFERENCE HELD IN EAST AFRICA

A report on a Conference on the Specialty of Family Medicine within East Africa, held May 10–11 in Mwanza, Tanzania

The East Africa Family Medicine Initiative was launched this past week in Mwanza at a historic conference at the Nyumbani Hotel. Bugando University College of Health Sciences Department of Community Medicine and the University of Calgary, in Canada, hosted a meeting of educators and stakeholders in medical training from the East African region.

Delegates attended the two-day event to discuss the definition and value of family medicine as a specialty within East Africa. Uganda has trained doctors in the principles of family medicine for over twenty years at Makerere and in Mbarara, and Kenya has been teaching family medicine through Moi University for seven years, and they were able to share their experience with those participating in the initiative. Rwanda has recently begun training in this specialty with rural teaching facilities. The Aga Khan University is training family doctors in Dar Es Salaam and will soon begin a district hospital course in Kenya. This specialisation takes an additional two to five years after an MD degree.



Delegates from the East Africa Family Medicine Initiative met in Mwanza in May 2011 to discuss collaborative efforts

A family medicine specialist in East Africa is a doctor who leads a primary health care team, in a community where they handle most common problems and assisting their patients to prevent illness.

Family medicine doctors help reduce the burden of busy hospitals by taking care of illness and minor procedures at a district level. They form health care teams that, in East Africa, comprise of clinical officers, assistant medical officers, registered nurses, pharmacists, and other ancillary health care workers. In this way, family medicine doctors improve the health of a community in a cost-effective, efficient manner.

The East Africa Family Medicine Initiative is an important step in improving the health and medical education for the region. This regional Initiative will share resources and ideas, collaborate on educational projects, and, importantly, strengthen the concept of family medicine and advocate for support of the specialty in the region. The Initiative works to improve the health of all East Africans, with the concept that qualified family medicine doctors coordinate care within their community as a means to achieve the Millennium Development Goals.

WONCA ASIA PACIFIC COUNCIL MEETS IN CEBU

The Wonca Asia Pacific Region (APR) Council met in Cebu, Philippines on Sunday 21st February at

the Waterfront Hotel. It is impossible to present a comprehensive report here and the following briefs are for general consumption.

Wonca APR Council has decided that it would be a wasteful exercise to host a website of its own. It was also noted that every member hosting the Wonca APR annual conference erects their own website for promotional purposes. By unanimous decision it was agreed that the Wonca APR website would be hitched onto the annual conference websites. The next conference host is South Korea, in May 2012, and they have agreed to kindly construct and host the APR website. More information will be provided as the weblinks are erected.

After being in existence for a few years, Wonca APR Council has discontinued the Wonca APR Research Committee. The precursor of this committee was called the RENAP. Singapore and Malaysia have an annual collaboration in research, and Wonca APR will continue to support this through sponsorship of participants and will endorse the collaboration through lending its logo for usage. Wonca APR Council encourages research in member countries and will provide help as and when it can. This strategy meets the approval of all members.

We finally lay to rest the Finance Committee established three years ago. With a meagre budget, Wonca APR Council surmised that the continuance of a three member committee to manage these meagre amounts was futile.



Wonca Asia Pacific council in Cebu.

Despite the valiant efforts of a few people like Naomi Harris, there seems to be a paucity of interest in the junior practitioners within the APR Region as reported by the Rajakumar Movement. Wonca APR Council requests all member countries to disseminate information on this worthwhile cause amongst their junior doctors. A Facebook page will soon be opened and more information is available at: www.rajakumarmovement.gov

A total of 18 bursaries were awarded to participants at the 2011 Wonca Asia Pacific region conference, in Cebu. Wonca APR Council thanks those organisations and individuals who contributed towards these funds. It was decided that the left over funds be reserved for future scholarships.

In closing remarks, Wonca APR Council expressed its admiration and gratitude towards the Philippines Academy of Family Physicians (PAFP) for the very personalised care it accorded to all the official delegates and accompanying persons who descended onto Cebu, for the 2011 Wonca APR annual conference.

Dr Wahid Khan
Secretary Wonca Asia Pacific Region

Editor's note: the Rajakumar Movement Facebook page currently has 205 members. Those wishing to join can email: rajakumarmovement@yahoo.com.au

WONCA IBEROAMERICANA-CIMF REGION UPDATE

Report to Wonca Executive meeting in February 2011

The Iberoamericana region is composed of four sub-regions: Iberica (Spain and Portugal); Mesoamérica (Mexico, El Salvador, Honduras, Nicaragua, Panamá, Cuba, Puerto Rico, Dominican Republic); Andean Region (Bolivia, Colombia, Ecuador, Perú, Venezuela); South Cone (Argentina, Brazil, Chile, Uruguay, Paraguay).

At a regional level, the majority of countries celebrated their national congresses with good participation. During 2010, events that stand out include the Wonca World conference, held in Cancún, México; and the 16th Wonca Europe conference, held in Málaga, Spain (region shared by Europe and Ibero-América).

The Waynakay movement of young family doctors from the region began at the Wonca Cancun conference,

basing itself on the precedents set by the Vasco da Gama and Rajakumar movements.

In general, there are too few numbers of family doctors to cover the necessities of the different countries. This is the case in Brazil, El Salvador, México, Panamá, and Colombia among others. In some countries, the contractual and economic differentiation has been established between MDs and specialists in Family Medicine. In some countries of the Andean sub-region, due to political reasons, there have been employment difficulties in public health systems for family doctors, resulting in migration to other countries and hiring by private entities.

The *Family Doctor* journal continues its publications with bigger support from international articles. The development of other journals is promoted in Cuba, in association with México and the Pan American Health Organization (PAHO).

Advancements have been made in technological development and the implementation of electronic medical history in some countries. An increase in continuing medical education and advances on recertification has occurred in some countries, such as Paraguay, Brazil, and Venezuela.

IBIMEFA, the research network, was created, and is still in consolidation. The second research seminar will be held, in June 2011, and will be focused on the sexual health and reproductive medicine topic.

The quality group of the region was created with participation from all the other sub-regions.

In many countries in the region, Brazil, Uruguay, Paraguay, and Colombia, advances in the respective national health systems have been made and a political decision has been achieved to incorporate primary health care as the renewed fundamental base of health systems. Development is different in each country but advancement is solid in all of them. Equally the positioning of family doctors at governmental levels and in important representations has been achieved. (Panamá and Venezuela, among others).

At a university teaching level in some countries, the incorporation of greater contact between family doctors and students, in their first years, has been achieved, (Uruguay, for example). In Brazil, there has been an increase in family health teams. More than 1000 family doctors have received training. The national network of tele-health has been developed.

There are challenges for the region that include the continuation of lobbying of governments, in some countries, for the recognition of family medicine as a specialty; for the incorporation into the CIMF, of countries such as Guatemala; and for adequate physical and electronic infrastructure.

Liliana Arias-Castillo MD
 President,
 Wonca Ibero-Americana CIMF

WONCA WORKING GROUP NEWS

For a report on the meeting of the Wonca Working Party on Rural Health, held in Cebu, in February 2011 see the feature story in this issue: The Melbourne Manifesto in the 21st century: progress at Cebu

**THUNDER BAY:
 WONCA RURAL HEALTH CONFERENCE 2012**



The 2012 Wonca Rural Health World Conference will be hosted by Northern Ontario School of Medicine (NOSM) in Thunder Bay, Canada, from 9-14 October 2012. This conference will be combined with the annual conference of The Network: Towards Unity for Health (TUFH), as well as the Consortium for Longitudinal Integrated Curricula (CLIC) annual meeting, the NOSM-Flinders biannual international conference on community engaged medical education and the Training for Health Equity network (THEnet) of socially accountable medical schools.

The overall theme of the conference will be *Community Participation in the Education, Research and Service* and will bring together participants interested in:

- rural health, rural practice and rural medical education
- integration of the individual and population health approach education and service
- longitudinal integrated curricula
- community engaged medical education
- social accountability in health professions education

For further information contact Dr Roger Strasser
 strasser@nosm.ca

MEMBER AND ORGANIZATIONAL NEWS

CANADA SUPPORTS YOUNG FAMILY PHYSICIANS

The College of Family Physicians of Canada (CFPC) is supporting new family physicians through the creation of the First Five Years in Family Practice committee. Consisting of members from each region in Canada, this group's aim is to specifically focus on issues that are important for new family physicians. The First Five Years in Family Practice committee may also serve as a resource to the Membership Advisory Committee, and other areas within the CFPC, whenever the opinions of new family physicians are sought.

A needs assessment was conducted in late 2010, which found that new family physicians' greatest area of interest was practice management. While there is some practice management teaching in Canadian residency programs, new family physicians feel that their greatest time of practice management need is when they are actually in practice.

During the early part of 2011, with the assistance of the CFPC's Director of Library Services Lynn Dunikowski, the First Five Years in Family Practice committee collected a large number of already-available practice management resources. Rather than re-inventing the wheel by creating additional resources, the plan is to create a webpage with links to all of these existing resources. (expected completion date is November 2011)

Other areas that may be addressed by the First Five Years in Family Practice committee in

future years include focusing on leadership skill development and creating a mentorship program for new physicians.

We look forward to hearing about similar initiatives taking place in the other Wonca regions, so that we can learn from one another and better support new family physicians wherever they are.

Facebook group: *First Five Years in Family Practice – Canada*.
Email: firstfive@cfpc.ca (English)
cinqpremieres@cfpc.ca (français)

We look forward to hearing from you,

Dr Jonathan Kerr
Chair, First Five Years in Family Practice committee, CFPC

PROFILE: DR PREETHI WIJEGOONWARDENE - WONCA SOUTH ASIA REGION PRESIDENT



Dr Preethi Wijegoonewardene

Dr Preethi Wijegoonewardene MBBS, DFM, FCGP(Sri Lanka), FRCGP(Honorary) is a leader in family medicine in Sri Lanka and South Asia. He was elected as regional president of Wonca's former Middle East and South Asia region (MESAR), in 2007, at the Wonca World conference, in Singapore. After the division

of Wonca MESAR into the Eastern Mediterranean region and the South Asia (SA) region, he has continued as president of the Wonca SA region, since May 2010.

He has been actively involved in teaching family medicine for 26 years: to undergraduates, as a visiting lecturer of the extended faculty of the three Medical Schools, in Colombo; and for post-graduates of the Post Graduate Institute of Medicine of the Colombo University. He is a leading general practitioner/family physician in the city of Colombo. Undergraduates and post-graduates enjoy his clinical teaching sessions at his own practice. Preethi has a passion for teaching, and looks forward to having students in his practice, all the time.

Preethi was elected president of the Sri Lanka Medical Association, in 2002, which is the umbrella organisation for all medical Professionals in Sri Lanka, and the oldest professional medical organisation in Australasia. It is rare that a GP /family physician is elected to this prestigious position, and Preethi was honoured with this distinction. In the role, he brought much recognition and honour to the discipline of family medicine, and to the College of General Practitioners of Sri Lanka, of which he is a Fellow and an active member.

He was President of the College of General Practitioners of Sri Lanka from 2004–07, during which time the College made vast strides in the development and strengthening of the discipline of family medicine, in Sri Lanka, and also gaining recognition internationally. During his tenure as President, the 2nd Wonca MESAR Conference, in 2005, was held in Colombo, although it was during the troubled times of an on-going war in one part of the country, and the post-tsunami catastrophe. At this meeting, there was much fellowship and participation from the region.

Activities as region president

After he took over the presidency of Wonca SA region, Preethi took up the challenge of bringing back India to membership of Wonca. After much travel and meetings, he was successful in convincing the Federation of Family Physicians of India to join Wonca Discussions, and in fact the next region conference will be held in Mumbai, in December 2011. India, being the biggest country in the South Asia region, has a vital role to play in developing Family Medicine / General Practice.

He has encouraged his colleagues in Nepal and now Mumbai, to host Wonca SA region conferences. Preethi firmly believes that these regional conferences have brought GPs in the region together and also gained much in the recognition of family physicians, amongst all stakeholders, government health planners and teaching units of family medicine in the region.

His crusade to get family medicine recognised and accepted, in South Asia, which was hitherto ignored by health planners and universities seems to be bearing rich dividends, and now family medicine is getting gradually accepted as an important integral part of a primary health care team in the region.

He has made a determined effort in speaking to as many stakeholders as possible in the region, to get family medicine / general practice its rightful place and recognition, as a specialty; and also acknowledgement of the role of the GP /family physician as a “pivot” in any country’s primary health care team. This is a colossal task which he seems to be achieving slowly.

Preethi has liaised with the WHO regional office in New Delhi, on many occasions, and the support extended

to him is very encouraging. As the president of Wonca SA region, he was invited by the WHO to attend the South East Asia Primary Health Care Innovation Network regional conference, in August 2010, where he aimed to ensure that family medicine is included in all spheres of planning relevant to primary care. He also represented Wonca at *Partners of Health In South-Asia* hosted by WHO-SEARO in March 2011. He represents Sri Lanka and Wonca at the South East Asia International Health Care innovations Network (SEAPIN).

Preethi has been an invited guest speaker president of Wonca SAR at many international conferences; locally, and in India, Pakistan, Nepal and Thailand.

Other activities

Preethi has been associated with the Royal College of General Practitioners (RCGP), since 2004, and has been an active participant in developing the MRCGP (International) SA Exam, which has had a tremendous impact on the interest in, and quality of, family medicine in South Asia. He was awarded an Honorary Fellowship of the RCGP, in November 2009. Preethi is currently chair of the MCGP board of the College of GPs and Sri Lanka representative on the MRCGP-Int-SA board.

He is also a member of many committees of the College of GP’s of Sri Lanka including: Non communicable diseases committee, diabetes interest group, respiratory interest group, values and ethics committee. He is a member of the Board of Study in family medicine, at the Post Graduate Institute of Medicine, Sri Lanka.

He is a keen enthusiast of promoting research amongst young general practitioners in South Asia; and with his colleagues in Pakistan,

he pioneered the formation of the South Asia Primary Care Research Network (SAPCRN), of which he was nominated the co-patron.

Dr Preethi Wijegoonewardene was awarded the lifetime award of the College of GP’s of Sri Lanka for “Excellence in Leadership”, in 2009.

BIOGRAFÍA: DRA. LILIANA ARIAS-CASTILLO - PRESIDENTE DE WONCA IBEROAMERICANA-CIMF

Reconocemos la revista "Médico de Familia" como la fuente de este artículo, 2011

Liliana Arias-Castillo nació en Cali, Colombia el 17 de julio de 1956, en el hogar conformado por Marciano Arias-Olaya y Aura María Castillo de Arias (fallecidos). De esta unión nacieron siete hijos, tres hombres y cuatro mujeres siendo Liliana, la menor de todos los hermanos. Su padre fue hombre de negocios y su madre estuvo dedicada al hogar y al cuidado de sus hijos. Sus tres hermanos hombres dos médicos y un abogado ya murieron. Sobreviven sus tres hermanas, también profesionales. Liliana se casó en un primer matrimonio, del cual nació su hijo Martín, quien está terminando las carreras de Ciencia Política y Comunicación Social. Actualmente está casada con Luis Alfonso, abogado.



Dra. Liliana Arias-Castillo

Sus estudios los adelantó en el Colegio Santa Mariana de Jesús. Egresada como Médica y Cirujana de la Universidad del Valle, cursó en esa misma universidad estudios de Especialización en Medicina Familiar y en Docencia Universitaria. En Estados Unidos realizó estudios de Fellowship en Humanismo en Medicina y en Salud Comunitaria, en la University of Louisville, siendo su tutor el Maestro Gabriel Smilkstein, con quien adelantó investigaciones. Completó sus estudios de Especialista en Educación Médica en el programa de ASCOFAME-OPS-Ministerio de Educación de Colombia. Con el INPI y el Centro Argentino de Sexología obtuvo su título de Especialista en Terapia y Educación Sexual. Posteriormente en Brasil, con beca de la OPS y los Ministerios de Salud de Brasil y Colombia, recibió su título como Especialista en Gestión del Recurso Humano en Salud. Ha realizado Diplomados en Dirección Universitaria en la Universidad del Valle y de Atención Primaria en Salud Renovada, con la OPS.

Fue fundadora en el Distrito de Aguablanca en 1987, del Núcleo de Atención Primaria en Salud El Diamante, primero en todo el país, el cual promovió la organización por comunas en Cali y el modelo de atención integrando los servicios de salud, la comunidad y la academia, favoreciendo las acciones de promoción de salud, autocuidado y empoderamiento especialmente de las mujeres, en su trabajo comunitario. Este Núcleo fue modelo a nivel nacional e internacional. Ha desarrollado su trabajo fundamentalmente en la Universidad del Valle, siendo Profesora Titular de tiempo completo y habiendo ejercido en la Universidad los cargos de: Fundadora del Servicio de Salud Familiar; Directora de Asuntos Internacionales de la Facultad de Salud; Presidenta del Comité de Ética de la Facultad de Salud; Asesora del Rector entre 1999-2003; Directora del Servicio de Salud de la Universidad del Valle; Decana de la Facultad de Salud de la Universidad del Valle, elegida por votación popular, con responsabilidad de 54 programas académicos desde Tecnología hasta Doctorado y aproximadamente 4200 personas a cargo, por dos períodos de 2004 a 2007 y desde el 2007 hasta el 2010.

Se graduó en la primera promoción de especialistas en Medicina Familiar en Colombia, en enero de 1987 y desde entonces la Universidad la vinculó como docente en el Departamento de Medicina Familiar, siendo a la fecha Profesora Titular (Professor). Impulsó la creación de las áreas de Adolescencia, Sexualidad y con dos colegas organizaron el área de Salud Comunitaria. Ha enseñado en el pregrado de Medicina y en el postgrado de Medicina Familiar en la Universidad del Valle, así como en otros postgrados de Medicina, Trabajo Social y Psicología. Ha sido distinguida como docente por su

innovación, creatividad, metodología participativa lo cual la ha hecho merecedora del Premio a “Mejor Docente de Medicina Familiar” otorgado por estudiantes de pre y postgrado, en varias ocasiones. Ha escrito varios libros para la enseñanza de Medicina Familiar, auspiciados por el Ministerio de Salud de Colombia, por ASCOFAME, entre los cuales se destacan: Medicina Familiar, Medicina Familiar en la Práctica, Guía de Salud Familiar para Personas Desplazadas, entre otros.

Fue pionera desde la Facultad de Salud, en el área de extensión de la Universidad del Valle, para la creación de la Especialización en Educación Sexual, en modalidad desescolarizada y a distancia, logrando la formación de especialistas en esta área a lo largo de todo el país. Ha impulsado la creación de programas de postgrado en Medicina Familiar y en Salud Familiar en Colombia y ha sido profesora visitante en múltiples instituciones del orden nacional e internacional, dictando conferencias, cursos y talleres en Medicina Familiar y Sexualidad. Ha participado en las actividades del Ministerio de Educación Nacional, en el Sistema de Aseguramiento de la Calidad, siendo par académica para acreditación tanto de programas como de universidades. En el área investigativa la Dra. Arias ha desarrollado su trabajo principalmente en la línea de Salud Sexual. Pertenece desde 1989 al Centro Colaborador en Investigación en Reproducción Humana de la Organización Mundial de la Salud y la Universidad del Valle OMS-UV, actualmente conocido como Centro Colaborador en Salud Sexual y Reproductiva CCSSR de OMS-UV, clasificado por Colciencias (ente nacional que regula la investigación en Colombia) en la máxima escala, Categoría A1. Durante dieciséis años fue su Directora Asociada y ha desarrollado la línea de investigación en Salud Sexual y Reproductiva. Ha sometido los protocolos de investigación y ha obtenido financiación de la OMS, Fondo de Población de las Naciones Unidas, Universidad del Valle, Fundación Kellogg, entre otras. Producto de las investigaciones tiene varias publicaciones en libros y en revistas indexadas nacionales e internacionales como *Médico de Familia*, *Colombia Médica*, *Journal of Adol Health*, *Journal of Sexual Health*.

En enero de 1987 y en unión con los otros nueve egresados de la primera promoción en Colombia, fue fundadora de la Sociedad Colombiana de Medicina Familiar SOCMEF; actualmente es su Presidenta. Ha sido la primera mujer en los 65 años de historia de la Facultad de Salud de la Universidad del Valle, en ocupar la posición de Decana, cargo que se gana por elección popular. Igualmente ha sido la primera mujer en ser elegida como Presidenta de la Asociación Colombiana de Facultades de Medicina de Colombia ASCOFAME,

en sus cincuenta y un años de historia. Estuvo como Vicepresidenta de la Región Andina de la CIMF y en el presente ocupa el cargo de Presidenta de la Confederación Iberoamericana de Medicina Familiar CIMF organización que agrupa 20 países y es miembro del Consejo Mundial de Medicina Familiar Wonca, el cual reúne 104 países. Actualmente es Vocal por Suramérica en la Federación Panamericana de Facultades de Medicina FEPAFEM.

La Dra. Arias es miembro de la Sociedad Colombiana de Sexología y ha ocupado cargos en su Directiva. Está acreditada por la Federación Latinoamericana de Asociaciones de Sexología y Educación Sexual FLASSES como Terapeuta y Educadora Sexual. Pertenece a la Asociación Latinoamericana de Investigadores en Reproducción Humana ALIRH desde 1991. Ha sido miembro de la Sociedad de Profesores de Medicina Familiar de Norteamérica STFM. Es miembro activo del Grupo de Mujeres Médicas Familiares de Wonca. Es Ex - Becaria Fulbright. Pionera para el impulso y desarrollo de la Medicina Familiar y la Sexualidad en Colombia y a nivel internacional, especialmente en Latinoamérica. Tiene múltiples investigaciones y publicaciones de artículos en revistas indexadas (13), capítulos de libros (12) y libros en las áreas de Medicina Familiar, Salud Sexual y Reproductiva en adolescentes y adultos, Pedagogía y Atención Primaria en Salud (14), dos CDs. Ha sido conferencista a nivel nacional y en más de veinte países a nivel internacional (Norte, Centro y Suramérica, Europa y Asia). Ha participado en proyectos y ha sido asesora del Ministerio de Protección Social de Colombia, la Organización Mundial de la Salud OMS, la Organización Panamericana de la Salud OPS, el Fondo de Población de las Naciones Unidas, la Cooperación Italiana, Secretarías de Salud y otras entidades de orden público y privado.

La Dra. Arias-Castillo ha sido distinguida con la Beca del Programa AID-Fulbright; la comunidad de Aguablanca en Cali la premió por su servicio a la comunidad; en varias ocasiones ha sido elegida por los estudiantes como "Mejor Docente en Medicina Familiar"; la American Medical Student Association AMSA y la American Academy of Family Physicians AAFP le han otorgado distinciones por su activa participación en la educación médica internacional; en el año 2010 fue elegida por la Presidencia de la República de Colombia-Consejería de la Mujer, como una de las "Cien Mujeres Vallecaucanas del Siglo XX", entre otras distinciones.

Liliana, es una humanista por convicción y formación. Lectora incansable desde su infancia, ganó concursos literarios en el colegio, al igual que ocupó el segundo lugar en un concurso nacional de fotografía en Colombia. Ha escrito poemas de amor y desamor, no publicados hasta la fecha. Ama la música, de la cual es una gran cultora, aunque no ejecuta ningún instrumento. Se acuerda de las letras de las canciones y disfruta mucho cantándolas, comparte exquisitas veladas en su casa, con karaoke, videos y música. Es amante de la bohemia, del buen vino, del baile; le gusta viajar, cocinar, es excelente anfitriona; apasionada por lo que hace. En resumen, es una persona integral: gran mujer, humanista, líder, amiga, profesora, colega. Es considerada una autoridad en Medicina Familiar y en Sexología en Colombia, persona referente digna de ser emulada por todas las generaciones de médicos familiares que encuentran en ella un ejemplo a seguir. Liliana, es una mujer que se ha destacado por su liderazgo, emprendimiento; ha trascendido fronteras en las áreas de la medicina familiar, la salud, de la sexualidad, de la educación médica y del trabajo con la comunidad.

PROFILE: PROF LILIANA ARIAS-CASTILLO - PRESIDENT WONCA IBEROAMERICANA-CIMF REGION

This is a shorter version, in English, of the Spanish article (above) from the Journal "Médico de Familia" published in 2011 when Dr Arias-Castillo was chosen as the journal's international personality.

Liliana Arias-Castillo was born in Cali, Colombia on July 17, 1956, to (parents) Marciano Arias-Olaya and Aura Maria Castillo de Arias (deceased). Liliana was the youngest of seven children.

Dr Arias-Castillo graduated as a physician and surgeon at the University of Valle, Colombia. She then specialised in Family Medicine and University Teaching, at the same university, graduating in the first class of specialists in Family Medicine, in Colombia, in January 1987. In the United States, she studied for a Fellowship in Humanism in Medicine and another in Community Health, at the University of Louisville. She completed her studies as a Medical Education specialist in the program: ASCOFAME-OPS-Ministry of Education of Colombia.

With the INPI and the Argentine Center of Sexology she became a Specialist in Sex Therapy and Education. Later in Brazil, she received her degree as a Specialist in Human Resource Management in Health. She has also done a Diploma in Management at the University of Valle; and in Renewed Primary Health Care, with PAHO.

In 1987, the *El Diamante* Center for Primary Health Care, in the District of Aguablanca was founded. It was the first health center in the country

to promote an integrated care model of health services, community and academia; fostering health promotion, self care and empowerment of women, especially in their community work. This was a model founded by Liliana and proved to be a model copied nationally and internationally.

She has made a significant contribution to the University of Valle, being a full-time lecturer and professor in the Department of Family Medicine, and having worked at the University in a variety of roles: Founder of the Family Health Service; Director of International Affairs, Faculty of Health; Chair of the Ethics Committee, Faculty of Health; Advisory Rector between 1999-2003; Director of the Health Service of the University of Valle; the first female Dean of the Faculty of Health in its 65 year history (elected by popular vote for two terms from 2004 to 2007 and from 2007 to 2010). She was also the first woman elected as President of the Colombian Association of Faculties of Medicine of Colombia (ASCOFAME), in its fifty-one year history.

Dr Arias-Castillo is a member of the Colombian Association of Sexology and has held positions in its Directive. She is accredited by the Latin American Federation of Sexology and Sexual Education (FLASSES) as a Sex Therapist and Educator.

At the University of Valle, she has encouraged the establishment of the disciplines of Adolescence, Sexuality and, with two other colleagues, organized the area of Community Health. She was a pioneer in the creation of the Sexual Education specialization, in the University of Valle Faculty of Health, including by distance mode, resulting in the training of specialists in this discipline throughout the country.

She has taught family medicine at all levels at the Universidad del Valle; and has also taught in other postgraduate courses in medicine, social work and psychology. She has been distinguished as a teacher for her innovation, creativity, participatory methodology and has been awarded "Best Teacher of Family Medicine Award" for undergraduate and graduate students, on several occasions. She has been visiting professor at many national and international institutions, giving lectures, courses and workshops in family medicine and sexuality. She has participated in projects and has been advisor to the Ministry of Social Protection of Colombia, the World Health Organization (WHO), the Pan American Health Organization (PAHO), the United Nations Population Fund, the Italian Cooperation, Ministry of Health and other public and private entities.

In her research, Dr Arias-Castillo has worked mainly on the subjects of sexual and reproductive health. Since 1989, she has been a member (and for 16 year the associate director) of the World Health Organization (WHO) and the University of Valle Collaborating Centre for Research in Human Reproduction, known as a Collaborating Center in Reproductive Health (CCSSR WHO-UV) in Cali, Colombia. She has successfully applied for grant funding to WHO, the Population Fund United Nations, University of Valle, the Kellogg Foundation, among others.

She has multiple publications including articles in indexed journals (13), book chapters (12) and books in the areas of Family Medicine, Sexual and Reproductive Health in adolescents and adults, Education and Primary Health Care (14), two CDs. Among her books are: *Family Medicine, Family Medicine Practice, Family Health Guide for Displaced Persons, Love and Sexuality: Dis-integrated or Integrated?*

With the other nine graduates of the first class of family medicine, in Colombia, she founded in 1987, of the Colombian Society of Family Medicine (SOCMEF) and is currently its President. She is also President of the Latin American Confederation of Family Medicine (ICPM) of 20 countries, and was previously the Vice President of the ICPM Andean Region. Currently she represents South America on the Pan American Federation of Faculties of Medicine (FEPAFEM).

Dr Arias-Castillo has been a pioneer for the promotion and development of family medicine as well as sexuality, in Colombia and internationally, especially in Latin America.

She has received numerous awards and honours including: the community of Aguablanca, in Cali, honoured for her service to the community; the American Medical Student Association (AMSA) and the American Academy of Family Physicians (AAFP) honoured her active participation in international medical education; and in 2010, was chosen from her state by the President of the Republic of Colombia, Ministry of Women, as one of the "Hundred Women of the Twentieth Century". She is a previous Fulbright Fellow.

She is considered an authority on family medicine and sexology in Colombia, a leader, worthy of being emulated by all generations of family doctors who find in her an example to follow. Liliana is a woman who has outstanding leadership, entrepreneurship, and has transcended boundaries in the areas of family medicine, health, sexuality, medical education and community work.



Dr Liliana Arias-Castillo sings karaoke in Cebu with Vice President of the Colombian Society of Family Medicine, Dr Dora Patricia Bernal-Ocampo

Liliana is a humanist with conviction and training. A tireless reader since childhood, she won literary competitions at school, and was second in a national photography competition in Colombia. She writes poems of love and hate, unpublished to date. She loves music, enjoys singing songs, and enjoys sharing exquisite evenings at home, with karaoke and music videos. She is fond of bohemian life - fine wine, dancing; she likes travelling, cooking, (and is an excellent host). She is passionate about what she does. In short, a whole person, great woman, humanitarian, leader, friend, teacher, colleague.

PROFILE: PROF IAN COUPER - CHAIR WONCA WORKING PARTY ON RURAL PRACTICE



Prof Ian Couper at the opening of the recent Asia Pacific conference in Cebu

Professor Ian Couper BA (Wits), MBBCh (Wits), MFamMed (Medunsa), FCFP (SA) is Principal Specialist in Rural Medicine, North West Provincial Department of Health, South Africa, and Professor of Rural Health at the University of the Witwatersrand (Wits), Johannesburg. He is director of the Wits Centre for Rural Health, which was launched in 2009, and head of family medicine and rural

health in the North West Province Department of Health, South Africa.

His areas of activity are in health service development, supporting rural students, undergraduate and postgraduate education, research and advocacy. These interests were nurtured during nine years spent in a rural district hospital in northern KwaZulu-Natal province, on the border with Mozambique. near Kosi Bay.

His clinical work involves visiting rural primary care clinics and working with nurse practitioners in local communities near his home outside Johannesburg in the North-West Province.

He was the first chair of rural health in Africa, being appointed in 2002. Among his achievements, he lists that he set up a scholarship program, in 2003, called the “Wits initiative for rural health education”, which is a scholarship scheme for rural students doing health science training (in any health profession) and they now have 60 students in the program, across three universities, with their first ten graduates being a mix of medical, pharmacy, physiotherapy and occupational therapy graduates.

Within the traditional medical school program at Wits, he has been running a six-week program for final year students exposing them to primary care in peri-urban and rural areas – a compulsory a rotation for all final year students. Prof Couper’s department leads the program but seven other departments of specialised medicine are also involved. They have also been conducting a public health masters program (MPH) in field of rural health since last year.

Prof Couper was active in the formation of the Rural Doctors Association of Southern Africa (RuDASA) more than 12 years ago, and now serves as editor of the African section of the international journal Rural and Remote Health. He has held visiting appointments at various Australian Universities: Monash, Flinders and an adjunct appointment at James Cook University.

Wonca working party

Prof Couper has chaired of the Wonca Working Party on Rural Practice (Wonca WPRP), since 2007. He is the third chair of this working party, following after Roger Strasser and Jim Rourke. He has attended all ten Wonca rural health conferences, and has been involved with the working party since 1999. He believes the working party comprises a really committed group of people, who are trying to make a difference in rural health care. As people understanding what is happening on the ground and trying to impact on that, over the years, they have had a few significant achievements. These

include policy documents approved by Wonca Executive and the *Melbourne manifesto*. In organising Wonca rural conferences and post-conferences, the Wonca WPRP aims to have a positive effect on whatever place they are in, and as such, locations are strategically chosen strategically.

Family

Ian is married to Jacqui, who is an occupational therapist with a special interest in early intervention for kids under three. They have three sons, ranging in age from 8 to 20. This year, with his two elder sons Ian swam, for the 6th time, a one-mile open-water swimming event. He has also cycled in a 100km race three times with his sons. Ian enjoys being in nature in a nearby game reserve, for game viewing and bird watching. His major form of relaxation is reading thriller novels.

DR DONALD LI HONOURED

The Academy of Family Physicians Malaysia was happy to bestow its Honorary Fellowship on Dr Donald KT Li, Wonca Asia Pacific Region president, at its recent convocation ceremony, on April 16, 2011.

Dr Li has served the Wonca Asia Pacific Region well, playing a pivotal role in the region especially in Hong Kong, Taiwan and in mainland China; to work together in the field of common education programs and research. This is also included Vietnam, Laos and Cambodia. The promotion of better health services with the Chinese government through the Chinese GP Society culminated in well supported scientific conferences held annually. This in turn has spearheaded the search for better education programs for their general practitioners. The work of Dr, Donald Li and others from Hong Kong is well recognised.

Dr Li was also invited to deliver the Rajakumar Oration. He spoke on *Family Medicine Development in China – Contributions of Past Presidents from Malaysia and Hong Kong* referring to memorable Wonca Asia Pacific Region personalities, Dr Peter CY Lee and the late Dr M K Rajakumar. The Malaysian Academy has had special interest in the development of primary care in China for long time through its leaders in the past and therefore the delivery of the Rajakumar Oration by Dr Donald Li was a very apt gesture, in which many new activities of Rajakumar, in China, were revealed.



Dr Donald Li (right) receives his award from Dr Inderjit Singh Ludher

Dr Donald KT Li MBBS FHKCFP FRACGP FHKAM (Family Medicine) JP is a specialist in family medicine in private practice, and proprietor of Family Medical Practice in Hong Kong. He is currently the President of the WONCA Asia Pacific region, Censor of the Hong Kong College of Family Physicians and Vice-President of the Hong Kong Academy of Medicine.

Dr Li's more complete profile and list of achievements, was published in *Wonca News*, in October 2010.

<http://www.globalfamilydoctor.com/publications/woncanews/woncanews.asp>

RESOURCES FOR THE FAMILY DOCTOR

THE NETWORK TUFH CONFERENCE

September 17-21, 2011

Venue: Graz, Austria

www.the-networktufh.org/conference/

Dear colleagues, dear friends,

The Medical University Graz and the Styrian Academy of General Practitioners and Family Doctors (STAFAM), Austria, have the honour to co-host this year's annual meeting and conference of The Network Towards Unity for Health (TUFH).

A focus will be on recent developments and changes in health care systems in South Eastern Europe since 1989. General theme: *Integrating Personal and Public Health Care in a World on the Move*.

There are three pre-conference workshops: Interprofessional medical education and educational research; the European Forum for Primary Care workshop: *Alliance for community oriented primary care services; Dealing with cultural differences in the host countries for Students in Exchange Programmes* (AMSA cooperating with the international Students' Network Organisation SNO)

Opening Ceremony:

Saturday, September 17, 2011, 6:00 pm

Topics of the Scientific Programme:

Sunday:

Integrating personal and public health care in a world on the move.

Why gender matters in health education.

Monday:

Changes in Health Systems in South Eastern Europe since 1989.

Social Accountability and Health Systems' Changes.

Tuesday:

(R)evolution of undergraduate medical education at Medical University Graz.

Introduction of the Austrian health system and site visits to local health care institutions.

Wednesday:

A concept of health professionals' education meeting peoples' needs.

Health care, migration & brain drain.

The post-conference excursions are of one or two days to Slovenia or two days to Hungary.

The website is open for registration and submission of abstracts for (poster) presentation and workshops (gomin); deadline May 31st, 2011.

We are looking forward to welcome you – academics and students - in our home town for a memorable scientific and social event!

Dr Ilse Hellemann-Geschwinder

Medical University Graz (MUG), Austria

Dr Reinhild Höfler (STAFAM)

E-COURSE ON CARCINOGENS - CURSO EN LÍNEA



Prof Alan Abelsohn presenting in Cancun 2010

Prof Alan Abelsohn, chair of the Wonca Special Interest Group (SIG) on the Environment has assisted with the development of an on-line course, on taking an occupational and environmental exposure history, related to carcinogens, which is appropriate for use in training in primary care. It is available in English, French and Spanish.

English and français:

http://www.ccohs.ca/products/courses/prevent_cancer/

Español: www.paho.org/saludocupacional/cancer

Prof Alan Abelsohn, presidente del Grupo de Interés Especial de Wonca de Medio Ambiente ha colaborado en el desarrollo de un curso en línea, en la consideración de una historia de exposición ocupacional y ambiental, relacionado con agentes carcinógenos, eo cual es apropiado para su uso en la formación en atención primaria. Está disponible en Inglés y Español.

For further information about the Wonca SIG Environment contact Dr Alan Abelsohn:

alan.abelsohn@utoronto.ca

WONCA CONFERENCES 2011 – 2013 AT A GLANCE

Information correct as of June 2011.
May be subject to change.

**Wonca Direct Members generally enjoy lower conference registration fees.
The level of discount is determined by the Host Organizing Committee of the conference.
See Wonca Website www.GlobalFamilyDoctor.com for updates & membership information

2011			
8 – 11 September	Europe Regional Conference	Warsaw POLAND	Family Medicine - Practice, Science and Art
16 – 18 December	Wonca South Asia Regional Conference	Mumbai INDIA	Only Doctors Can Provide Accessible, Cost-beneficial and Equitable Healthcare
17 – 19 December	Wonca East Mediterranean Regional Conference	Dubai UNITED ARAB EMIRATES	A Family Doctor with you in all stages of Life
2012			
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Evidence Based Approach to Primary Care
4 – 7 July	Wonca Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice
9 - 14 October	Wonca Rural Health Conference	Thunder Bay ONTARIO	Theme :Joint Conference with The Network towards unity for health
16 – 19 October	Wonca African Regional Conference	Victoria Falls ZIMBABWE	Roles and Responsibilities of African Family Physicians
2013			
26 – 29 June	20 th Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

MEMBER ORGANIZATION AND RELATED MEETINGS

FCGP conference 2011

Host : Fiji College of GPs
 Theme : People's health in our hands
 Date : June 11–13, 2011
 Venue : Sigatoka, Fiji
 Web : <http://www.fijigp.com/index.aspx>
 Email : dr_arti@yahoo.com

11th Brazilian Congress of Family and Community Medicine.

Host : SBMFC
 Date : June 23–26, 2011
 Venue : Brasilia, Brasil.
 Web : www.sbmfc.org.br

IAHCP 22nd annual scientific meeting

Host : International Association of Health Care Professionals (IAHCP)
 Theme : Maintaining the Challenges in Medical Practice, Family Medicine and Education
 Date : August 20–23, 2011
 Venue : London, United Kingdom
 Web : www.ahcpuk.org
 Contact : Mary Kelly/Maria Ivanova
 Email : ahcpconference@ymail.com

2011 RNZCGP conference for general practice

Host : The Royal New Zealand College of General Practitioners
 Theme : Playing the Advantage - Tackling the Wicked Issues
 Date : September 1–4, 2011
 Venue : Auckland, New Zealand
 Web : www.rnzcgp.org.nz

AAFP annual scientific assembly

Host : The American Academy of Family Physicians
 Date : September 14–17, 2011
 Venue : Orlando, Florida, USA
 Web : www.aafp.org

The Network TUFH Conference

Host : Medical University Graz and the Styrian Academy of General Practitioners and Family Doctors
 Date : September 17–21, 2011
 Venue : Graz, Austria
 Web : www.the-networktufh.org/conference/

RACGP GP '11 conference

Host : The Royal Australian College of General Practitioners
 Date : October 6–9, 2011
 Venue : Hobart, Australia
 Web : www.gp11.com.au/

EGPRN autumn meeting

Host : European General Practice Research network (EGPRN)
 Date : October 13–16, 2011
 Venue : Krakow, Poland
 Web : www.egprn.org

RCGP annual national primary care conference

Host : Royal College of General Practitioners
 Theme : Diversity in practice
 Date : October 20–22, 2011
 Venue : Liverpool, United Kingdom
 Web : www.rcgp.org.uk

IAHCP 46th joint medical congress

Host : International Association of Health Care Professionals (IAHCP)
 Theme : Progress in Medical Practice, Primary Care and Education in the 21st Century
 Date : October 24–27, 2011
 Venue : London, United Kingdom
 Web : www.ahcpuk.org
 Email : ahcpconference@ymail.com

Family Medicine Forum / Forum en médecine familiale 2010

Host : The College of Family Physicians of Canada.
 Le Collège de médecins de famille du Canada
 Date : November 3–5, 2011
 Venue : Montreal, Quebec, Canada
 Web : <http://fmf.cfpc.ca>

3rd Asia Pacific Primary Care Research conference

Theme : Bridging the gaps: doing research in the real world
 Host : Academy of Family Physicians of Malaysia & Malaysian Family Medicine Specialists Association.
 Date : December 3–4, 2011
 Venue : Kuala Lumpur, Malaysia
 Web : www.afpm.org.my

Mental health and family medicine

Date : February 8–11, 2012
 Venue : Granada, Spain
 Web : www.thematicconferencegranada2012.com

6th IPCRG world conference

Host : International Primary Care Respiratory Group
 Date : April 25–28, 2012
 Venue : Edinburgh, Scotland
 Web : www.ipcrgr-pcrs2012.com

STOP PRESS: WONCA CEO SEARCH

FROM: Richard Roberts, MD, JD,
 Wonca President, and Chair of the Wonca CEO Search Committee
 TO: Presidents, Contact Persons, Council Members of Wonca Member Organizations

One year ago in Cancun, Dr. Alfred Loh announced his intention to retire as Wonca CEO by the next World Council meeting in Prague in June 2013. The Wonca Executive established a Search Committee, which has developed the criteria, position description, and recruitment process for a new CEO.

Please help us identify the best possible candidate. Attached is the short version of the updated position description for Wonca CEO. (Note: A long version may be obtained from: hmccoy@aafp.org)

We request that you distribute whichever version is most appropriate by as many means as you can (website, journals, newsletters, announcements at meetings, word of mouth, etc.).

Dr. Doug Henley, Executive Vice President of the American Academy of Family Physicians (AAFP), and Ms. Holly McCoy, Director of Human Resources at the AAFP, very kindly offered the services of the AAFP to assist in the search process.

We ask prospective candidates to submit their letter of interest and curriculum vitae to Ms. McCoy (hmccoy@aafp.org) by 1 August 2011. Our plan is to begin to interview candidates in Warsaw in early September 2011. We hope to complete the recruitment of and negotiations with the successful candidate during 2012.

Thank you for your assistance with this important recruitment.
 Richard Roberts, MD, JD

CEO POSITION DESCRIPTION

Wonca seeks a new Chief Executive Officer. Location is negotiable.

SUMMARY OF RESPONSIBILITIES:

The CEO serves as Wonca’s Chief Executive Officer and in that capacity has the responsibility for providing staff leadership and daily oversight and management of all staff activities. Key responsibilities include strategic and business development and implementation; recommendations on changing international health care environment; financial management and budget responsibility; membership development; representing Wonca and building relationships with other health-related organizations, media and governmental agencies;

REQUIREMENTS:

Candidates should have substantial management experience and proven organizational skills; strong business and fiscal management skills; in-depth knowledge of management of a large not for profit association; expertise in and strong awareness of global trends and politics; understanding of and commitment to the effective use of information technologies; and strong oral and written communications skills. Although the successful candidate may hold a medical degree, exceptionally well qualified candidates having a minimum of a master’s degree will be considered.

CEO candidates must demonstrate excellent leadership and interpersonal skills. The CEO should project the image of the organization to both members and the public and accordingly should be able to interact effectively with individuals and groups. The CEO be a non-smoker and should not engage in the excessive use of alcohol or use illicit drugs.

International travel of up to approximately 30 days per year is anticipated. The successful candidate should have sufficient stamina to fulfill the essential functions of this position, which may include extensive travel and long hours.

APPLICATION PROCESS:

To be considered, send a letter by, 1 August 2011 addressing position responsibilities and requirements, and a copy of your resume to:

Holly McCoy,
 American Academy of Family Physicians,
 Email: hmccoy@aafp.org
 11400 Tomahawk Creek Parkway,
 Kansas City, MO 64064. USA