

WONCA News

An International Forum for Family Doctors



From the WONCA President: not my usual visit	:2
From the Editor: WONCA website - Resources for family doctors	3
FEATURE STORIES	4
RCGP 60th Anniversary	4
Euston, we have lift-off!	4
RCGP Primary Care Conference goes global	4
Professor Amanda Howe, RCGP Honorary Secretary	5
Dr Pavlo Kolesnyk of Ukraine reports as Montegut Scholar	6
EGPRN at work in Vienna	8
WONCA REGIONAL NEWS	10
WONCA Africa Regional conference from November 19-21	
MEMBER AND ORGANIZATIONAL NEWS	10
Pan-Caribbean Family Medicine conference	
General Practitioners Association of Nepal conference	
Featured WONCA leader: Professor Pratap Narayan Prasad – Nepal	
Featured doctor: J Humphreys MD- Anitgua	
RESOURCES FOR THE FAMILY DOCTOR	12
Resource from Spain: ‘End of life care’	
New resources added to the website this month	
NOTICES	13
KoHOM seek young doctors to attend Croatia congress	
Doctor wanted to attend conference on missing & exploited children	
WONCA CONFERENCES 2010-2014 AT A GLANCE	14
MEMBER ORGANIZATION MEETINGS	14

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From the WONCA President: Not my usual visit

I began this column at cruising altitude en route from Frankfurt to Chicago. While I enjoy my travels, there is always something special about the return home. This time it was even more so. This time I was returning as a patient.

The frantic schedule and limited travel funds make it less common for the WONCA President to attend meetings of national colleges. Typically, it is the regional conferences, WHO meetings, and other similar commitments that consume most of the time and resources available to the President. Yet, I had resolved to use personal and WONCA funds to travel to Bilbao, Spain to attend the annual meeting of semFYC, Sociedad Española de Medicina de Familia y Comunitaria.

My reasons for attending the Spanish college meeting were several. Spain was one of the largest and most influential member organizations of WONCA, sending many delegates to meetings in Europe and Latin America. The Spanish health system had shown that a shift from generic primary care to Family Medicine produced better results with higher patient satisfaction. Most urgent was that the Spanish economy was in crisis. So, I went with a desire to learn more about how the economic crisis was affecting health services, and to show solidarity with and global support for the family doctors of Spain.

Shortly after my arrival in Bilbao on Tuesday afternoon, I was doing email in my hotel room when I had the sudden onset of several episodes of near (pre-) syncope. The episodes lasted 3-5 seconds and I never lost consciousness, nor did I have chest discomfort, breathing problems, or other difficulties. My heart rate was regular and in the low 60s. Between and after the episodes, I felt well. I attributed my symptoms to jet lag and dehydration, and pushed fluids.

The next morning, I had several more similar episodes. Later that Wednesday at a reception, I mentioned them to Dr Josep Basora, President of semFYC. Within moments, I was handed over to several local family doctors who took me to a health center where my examination and electrocardiogram were normal. Dra Carmen Aranzabol, the family doctor who attended me, was thorough

and compassionate. She advised me to drink more fluids, lose weight, and exercise more.

After a busy day and night on Thursday, I had my symptoms return while touring another health center on Friday morning with Doctors Jose Miguel Bueno and Ana Rubio. Another electrocardiogram was obtained, which showed atrial fibrillation with a controlled ventricular response in the 90s. Dra Ana drove me to the Hospital de Basurto (Basurtuko Ospitalea in Basque) for further evaluation.

By way of background, I should mention that I have been fortunate to not have any significant health problems. I had never been diagnosed with high blood pressure or diabetes. My mildly elevated lipids had responded well to the statin I had been on for years. My most important risk factors were the sudden death of my father at age 51 while jogging, and the angioplasty my mother underwent at age 61. In addition, I had gained nearly 40 kg in 10 years of intense travel with too many meals at too many meetings in too many time zones. My exercise routine had downshifted steadily from regular jogging to walking to seeking sleep more than walking.

At the hospital, I converted back to normal sinus rhythm within 20 minutes of my arrival. I felt well the remainder of my time in Spain. I had a normal troponin, chemistry studies, blood count, chest x-ray, and electrocardiogram. I was monitored for several hours and then advised to have further studies on my return to the United States. From the hospital, I called my family doctor to let him know about the events of the past four days. He indicated that he would schedule the necessary tests as soon as I returned home. Those tests took me down a path that I never imagined for myself, but that is another story for another time.

Instead, I want to share some reflections on my experiences as a patient in Spain. The Spanish family doctors were wonderful. There were many who stepped forward to help. In their faces, I could see a mixture of sincere concern and a hope that I would not die on their watch on their soil. Several doctors deserve special mention and thanks: Dras Ana Rubio and Susan Martin Benavides; Drs Jose Miguel Bueno, Ixaki Martinez Numatuj, and Pascual Solano.

During my four hours in the hospital emergency department, everyone was very kind and professional. I observed a number of similarities to my own health care system. Too much time was taken to check me in – cardiac patients need to be evaluated quickly. It seems that bureaucracies must have their day, no matter where they are. I noted that the bright lights throughout the corridors and exam areas of the hospital seemed to be aimed to create maximum discomfort for someone lying on a hospital bed. Perhaps lighting engineers would do well to spend some time in the supine position in a hospital.

Somewhat to my surprise, the professionals who proved more important than the emergency doctor were the nurses. Their warm smiles, comforting touch, and frequent assessments had the dual effect of reassuring me that I was being well looked after, and reminding me that I was more anxious than I had realized.

My trip to Bilbao involved much more than my medical personal experiences. I learned that the Spanish family doctors have maintained reasonably good morale in the face of difficult economic times. The most immediate effect of the financial crisis was that doctors who provide locums services were expected to be let go. The painful cuts that I feared for the Spanish health care system had not yet occurred. I was heartened by the cautious optimism of the Spanish doctors, for I knew that they had the challenging task of providing reassurance, stability, and hope for their patients and communities. We discussed strategies to reach out to local populations to help them not only with their health care, but with their economic futures.

So, my plan to bring comfort to the family doctors of Spain did not work out quite as I expected. Rather, it was they who comforted me. For that, I will be forever grateful.

Photo gallery courtesy of Dr José Miguel Bueno available online

<http://www.globalfamilydoctor.com/News/FromtheWONCAPresidentNotmyusualvisit.aspx>

Richard Roberts, MD JD

WONCA President

27 August 2012

From the Editor: WONCA website - Resources for family doctors

WONCA's new website has a large selection of resources for family doctors.

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

There is an A to Z listing of clinical resources. As this is still under development, family doctors around the world are invited to submit their favourite resource. Items chosen for inclusion will find their submitters acknowledged. This month, submissions have been received from the Catalan society of family medicine (cancer and palliative care category); as well as from various individuals, namely, Jim Vause (dermatology category), Alan Abelsohn and Grant Blashki (environment category), and Allyn Walsh (medical education category).

As well as clinical resources, there are other resources of specific interest to family doctors.

Journals of interest

<http://www.globalfamilydoctor.com/Resources/JournalsOfInterest.aspx>

A list of Databases useful for searching the Internet

<http://www.globalfamilydoctor.com/Resources/Databases.aspx>

Specific resources on evidence and guidelines

<http://www.globalfamilydoctor.com/Resources/Evidenceandguidelines.aspx>

There is a list of free of charge downloadable applications for PDAs and smartphones. This list is however only just being compiled and WONCA would be grateful if those IT savvy colleagues around the world would send us their favourite application link.

<http://www.globalfamilydoctor.com/Resources/Apps.aspx>

Why not take a look at this new section of the WONCA website, find something that will help in your practice or submit something that will help your colleagues.

Dr Karen M Flegg

WONCA Editor

FEATURE STORIES

RCGP 60th Anniversary

This year the Royal College of General Practitioners celebrates its 60th anniversary. There is much excitement as they are about to move into a new building in Euston Square, London and have taken a global approach to their coming annual conference, in Glasgow, in October.

Euston, we have lift-off!

The Royal College of General Practitioners will be moving into new headquarters next month as part of wider plans to provide more support and services to their membership in the UK and around the world.



The new premises at 30 Euston Square, London (five minutes from Euston Station) will house the RCGP Clinical Skills Assessment Centre, a state of the art conference centre and 300-seat auditorium, two magnificent state rooms;; a Knowledge Resource Centre; a Clinical Innovation and Research Centre; over 60 meeting rooms; and over 40 study bedrooms.

The growth in demand for expert areas of the College's work such as the MRCGP exam; its quality initiatives; cutting-edge e-learning site; and a range of courses and conferences, have seen College activity increase dramatically over the past ten years resulting in its old home in Knightsbridge becoming too small and unable to cope with the demands of a modern day GP workforce. This resulted in doctors and staff at the College being forced to work across four locations in London which also meant higher property and management costs for the RCGP.

"The move from Knightsbridge to Euston has been funded by the sale of the College's Knightsbridge headquarters and not by

increasing members' subscription rates," says Dr Colin Hunter, RCGP Honorary Treasurer who is proud to be leading the move, "but we are obviously keen to ensure that Euston provides as many opportunities for our members as possible and we are working to expand on our 60 years of international work through the development of a Global Centre for Family Medicine".

Professor Val Wass, *Chair of the RCGP International Committee*, adds "RCGP international is going through an exciting period of growth as we implement our ten year international strategy and develop our Global Centre for Family Medicine. We have increasing numbers of family doctors undertaking our accredited international membership exams (MRCGP[Int]) and also participating in our continuing medical education courses delivered worldwide. This new building will help us to place RCGP international firmly on the map".

Number 30 Euston Square is due to open its doors this autumn and you can find out more about the services it provides at www.30eustonsquare.com and also how you can get involved at www.rcgp.org.uk/fundraising. To find out more about the RCGP's international work, including its ten-year strategy, visit www.rcgp.org.uk/international.

Photos available online

<http://www.globalfamilydoctor.com/News/RCGP60thAnniversary.aspx>

RCGP Primary Care Conference goes global

Leading scientist, writer and broadcaster Baroness Susan Greenfield and a whole host of GP heroes from around the globe, are among the line-up of speakers at this year's RCGP Annual Primary Care Conference in Glasgow from October 3-6, 2012.

This year's conference theme is 'Global General Practice' and highlights include a plenary session on the role played by 'GP heroes' in dealing with disasters, natural and otherwise, which includes speakers Professor Ryuki Kassai from Japan, Professor Dee

Mangin from New Zealand, Professor Khaya Mfenyana from South Africa and Dr Samar Musmar from Palestine.

Speakers from the political world include Nicola Sturgeon, Deputy First Minister of Scotland; Sir David Nicholson, Chief Executive of the NHS (England), taking part in a panel discussion on whether competition is healthy and Dr Anna Dixon, Director of Policy at the Kings Fund looking at public health priorities.

Professor Al Aynsley Green, former Children's Commissioner for England will also present the Inaugural Ann McPherson Memorial Lecture which will look at young people's health.

For the first time, the conference is being run in partnership with the Society of Academic Primary Care and the first day will be given over to research and its role in general practice.

The packed programme has been carefully put together to cater for all GPs at all stages of their careers, from Associates in Training onwards, There are also dedicated streams for practice nurses, practice managers and patients. An exciting social programme will feature a ceilidh and live bands to help celebrate 60 years of the RCGP.

RCGP Vice-Chair and Conference Lead, Dr Steve Mowle, said: "This will be a truly international celebration of family medicine around the world – as well as a celebration of the College's own diamond jubilee and what has been achieved in patient care.

"Join us for this very exciting time in general practice and for what promises to be our most rewarding and informative conference yet."

The full programme and details of how to register can be found online at www.rcgp.org.uk/annualconference

RCGP annual national primary care conference

Date: October 04-06 2012

Venue; Glasgow, United Kingdom

Host: Royal College of General Practitioners

Theme: Global general practice

Web: www.rcgp.org.uk

Professor Amanda Howe, RCGP Honorary Secretary

Professor Amanda Howe was elected RCGP Honorary Secretary in 2009. She practises at the Bowthorpe Medical Centre in Norwich, England and has been Professor of Primary Care at the University of East Anglia since 2001.



"I wanted to be a GP when I was a medical student, despite influences from tutors to do otherwise", says Professor Howe. "I'm fascinated by the role that the GP consultation can play in helping patients make sense of their lives, and overcome physical and mental adversity."

Amanda has been deeply involved with WONCA since 2000, when she facilitated a workshop for their Working Party on Women and Family Medicine. She is on their Executive, chaired the group from 2007-2009, and hosted an international meeting at UEA in 2009. She now serves on the newly created Equity Committee, is a member of WONCA Europe's Bylaws Committee, and (also as part of her role as RCGP Honorary Secretary), often attends WONCA conferences in Europe and around the world to contribute relevant papers and promote the development of family medicine. She also has promoted the need for a more international flavour for RCGP policy development, has supported WONCA at WHO meetings, and has taught as a visiting academic in Malaysia, Hong Kong and Thailand as well as in Australia and New Zealand.

Many RCGP Members and Fellows may know Amanda best as an academic GP who tirelessly promoted research and teaching within general practice. She was RCGP Chair of Research from 2000-2005 and her involvement continues through the Society of Academic Primary Care. Her commitment as a founder member of a new medical school in U.K. reflects her abiding belief that it is only in community settings that students can really understand how illnesses affect people, and what makes health care effective.

"As an academic you learn to structure your thinking to find out what is already known and what changes, if any, need to be made. GPs are out there really trying to do the best they can, often in extremely difficult situations, and the College is there to help to strengthen the development and the quality of practice."

"I like people and I like to help them achieve their potential. Having a life outside general practice does help too, but I must say that general practice is my passion. I've been a College member since finishing my VTS, and feel the RCGP is the most important body for professional GPs, especially at this time. It's a privilege to play a senior role for an organisation that really matters, and to contribute through WONCA to the same challenge in other countries."

Amanda also has a cautious side which has proved useful in tackling her responsibilities, not least in acting as the College voice on the hundreds of consultations to which the RCGP responds each year - with issues ranging from safeguarding children to the role of pharma companies.

"I do pride myself on being able to watch the back of an organisation, and will do everything I can to protect and enhance the reputation of the College".

She is still very much involved in caring for patients, working one day a week at the Bowthorpe Health Centre in Norwich – and she remains "in awe" of how resilient patients can be.

"It's a privilege to work with people faced by adversity and illness. People are often very courageous and extremely strong, they really do inspire me, that's why general practice is such a great place to learn"

Another area Amanda is passionate about is that of promoting leadership within primary care with a view to ensuring the profession has enough leaders for the future.

"Every doctor needs to be an effective leader at various times in their career but I'm concerned that sometimes GPs just don't feel they have the time or the confidence to be leaders" she says. "We really need to turn that attitude around to ensure the full impact of the profession.

"I think that women in particular do not have enough confidence in their ability to become leaders: they need to be supported to take on responsibilities where they can build up leadership skills to become leaders of teams, communities, and the profession.

"When I entered general practice, women made up one in 10 of the profession. While that has improved over the years, the RCGP needs to be conscious that everyone gets an equitable chance within general practice to develop as leaders.."

One of her major contributions to developing family medicine has been the landmark RCGP report on the contribution made by medical generalists - 'Experts in whole person medicine' . Amanda led the work on this, and the Commission which underpinned it, and recently ran a workshop at WONCA Europe in Vienna. The report can be found on the RCGP website at http://www.rcgp.org.uk/policy/commissn_on_generalism.aspx

Amanda will be a keynote speaker at the WONCA triennial in 2013 in Prague. Her theme is 'Doctors' health and wellbeing', and she is inviting contributions from WONCA members via the new WONCA website (you need to join the WONCA forum to add your story www.globalfamilydoctor.com/register). So please consider adding to the theme – as at RCGP, Amanda is encouraging member engagement in everything she does!

Dr Pavlo Kolesnyk of Ukraine reports as Montegut Scholar

Dr Pavlo Kolesnyk PhD MD, from Ukraine, reports on being the second European Montegut scholar. His scholarship enabled him to attend the WONCA Europe Vienna conference in July 2012. Pavlo is currently the Assistant Professor (Docent) of Uzhgorod National University; a practicing family doctor of the city Family Clinic; a trainer of doctors during their residency and internship and the head of the Family Medicine Course at the Academic Department.

The Montegut Global Scholars Program

The Montegut Global Scholars Program (MGSP) was established by the American Board of Family Medicine Foundation (ABFM-F), in April 2010. It was named in honor of Alain Montegut, MD, a member of the Board of Directors of the ABFM from 2005 to 2010 and WONCA North America region president from 2007 to 2010.

The MGSP was established to foster international education, research and collaboration, in the specialty of family medicine. It supports the attendance of one family physician from each of the seven regions of the international organisation of family physicians (WONCA) to their regional meetings or to the international meeting in the year when it is held. In years when the local

region does not hold a meeting it will be permissible for the nominee from that region to use the scholarship to attend a meeting in another region.

Dr Kolesnyk’s experience



It has been a great luck and experience for me to visit this outstanding meeting of family doctors from all over the world. I met with many interesting people; I had the chance to learn much about new achievements in science and practice of family medicine; as well as I could observe the new ways of presenting information and interactive work with the audience.

1. New experience from Workshops:

Of all the workshops attended during the Congress I have been mostly impressed by the following :

- * Workshops: IPCRG workshop on strategies towards smoking cessation. (The new way of smoking prevention intervention as brief intervention is a practical step that I am going to use both in my practice as well as in my academic course for residents).
- * Learning coaching skills for family doctors: a new perspective. This was a nice presentation of the ways of working with patients and of presenting the information. The “wheel of life”, interactive game is supposed to change the living philosophy and it could be useful to memorize these methods and to spread the idea among my residents.
- *Academy for sexual health. It was a useful experience to know more about sexual problems, as well as to understand that our family doctor’s training program practically ignores this field of medicine and I have to improve my knowledge in this field and have to add it into my training course.
- *The Hippocrates Exchange Programme: A Vasco da Gama Workshop. It was useful to know about these exchange possibilities and I am going to spread this information among my residents and young doctors.

2. New experience from the Lectures

For me as an academic trainer of family doctors it was very interesting to learn the modern approach to Congress organizing and lecturing and to know interactive ways of presenting information. The lectures *Age-dependent D-dimer cut-off values* and *Facilitated physical activity as a treatment for depressed adults* are a great example of

implementing evidence-based medicine into family medicine practice and also can be used in my practice as well as in my scientific life.

I liked the idea of combining *Art and Practice in Family Medicine* as a main topic of the whole Congress.

3. Activities

During the program I’ve was able to become acquainted with the daily routine and organizational methods of the Austrian family doctor’s clinic. It was a good experience to see the family medicine practice where modern instrumental methods of patient investigation were combined with the old-fashioned ways of treatment on the elderly patient’s demands.

4. Joint efforts

Attending the Congress activities I had a lot of chances to get in touch with many family doctors and scientists from different countries. We exchanged information about family medicine organization in our countries and discussed ways for future collaboration. Thanks to daily close contacts with Austrian doctors, I know more about the rich culture of Austria. I can express only a highly positive opinion about all social event and workshops I had the chance to attend.

5. New views

Because of this program I became more convinced that doctors in my country should try harder to improve the quality of healthcare, to search for the possibilities to visit other countries, to get more international experience in order to implement it into Ukrainian health care system.

I am planning to perform Training Family Medicine Center in my country, therefore knowledge and experience gained during this program might definitely help me to achieve my goals. To create The Trancarpathian regional training center of family medicine using new knowledge gained in Vienna, I would like to establish contacts with the Society of Rural Medicine; to establish contacts and to become a member of EURACT – organization of family doctors trainers; to visit the university training center in Turkey; to implement the received international experience into the practice of the new established training center of family medicine.

EGPRN at work in Vienna

At the 18th WONCA Europe Conference in Vienna Austria, held from July 4-7 2012, the European General Practice Research Network (EGPRN) has shown itself once again to be one of the most active organizations among the WONCA Europe networks.

The EGPRN Conference booth manned by the Executive Manager Ms Hanny Prick was quite busy since many participants seemed to appreciate EGPRN Policy: low conference fee, low membership fee with the added value of free on line access to the European Journal of General Practice and highly interactive conference with a reasonable number of participants.



EGPRN and EURIPA members met to chat in Vienna (from l to r): Jean Karl Soler, Malta (EGPRN executive); Tanya Pekez Pavlisko, (Croatia) EURIPA; Michael Kidd (WONCA president elect); José Lopez Albuin, Spain, (EURIPA President); John Wynn-Jones, UK (EURIPA, immediate past president); Oleg Kravtchenko, Norway, (EURIPA); Ferdinando Petrazzuoli, Italy (EGPRN executive); Christos Lionis, Greece (EURIPA and EGPRN).

EGPRN presentations at the WONCA Europe conference:

1)The International Classification of Primary Care (ICPC) and the hows and whys of classification systems in family medicine.

This symposium was organized and conducted by Drs J K Soler, I Kunnamo, F Petrazzuoli, N Buono, M Jamouille.

It aimed to outline key features of the ICPC and its use in different health care systems in Europe, for documentation of practice content, and for research into diagnostic associations.

The basic principles of classifying data with ICPC were presented, with practical examples. Because it reflects the essential elements of each patient/provider encounter and allows for the description of episodes of care, ICPC is fully compatible with and fully supports the use of problem oriented clinical records. Why it is the ideal tool to use to study the content of practice, and especially the process of diagnosis in primary care, was illustrated. Examples were shown on the simultaneous utilization of ICPC and ICD-10, which has been recommended by WICC and supported by the ICPC-ICD-10 mapping, published by WONCA.

2) TRANSFoRm symposium - improving patient safety in primary care.

This symposium was organized and lead by Drs B Delaney, J K Soler, D Corrigan, T N Arvanitis, V Curcin, R A Verheij, S Visscher, A Taweel.

TRANSFoRm is a collaborative research project for the integration of primary health care clinical and research activities, to support patient safety and clinical research.

The first year of the project has defined three clinical research and three knowledge translation 'use cases' which will underpin the development of the software and its evaluation. An analysis of requirements of these use cases, linking to the relevant EU legal and ethical frameworks has informed the development of a confidentiality and privacy framework. This framework is reflected in plans to manage provenance (audit and tracking), security (access control) and the plans for development of the system architecture.

3)Using the Arts in Medical Education. How, Why, and does it work? EGPRN Workshop.

This workshop lead by Elaine Powley and was aimed at showing how using the arts as a tool and resource in learning and teaching can promote an enhanced capacity for communication and reflective practice; and encourage a holistic approach alongside science, leading to intuitive and creative responses in patient care. It was an interactive workshop exploring some of the methods to achieve this through exercises which use art, literature and poetry.

4)Writing for publication: a joint VdGM / EGPRN / EJGP workshop.

This highly interactive workshop was lead by Drs J Stoffers, T Freund, C Lygidakis, L

Chovarda The participants were both authors interested in research or medical writing with little or no previous experience in publishing and also more experienced authors willing to share their experiences. The aim of this workshop was to give participants knowledge about successfully preparing a manuscript for medical journal.

5)European translational research on the management of respiratory tract infections in primary care: implications for clinical practice and research.

This symposium was organized and lead by S Coenen, T Verheij, C Butler, S de Vries-van Vugt, L Broekhuizen, M Godycki-Cwirko, H Goossens and E Hummers Pradier

Lower respiratory tract infections (LRTI) and acute cough are among the commonest acute conditions managed in primary care and a major reason for antibiotic prescribing. So far EGPRN has been actively promoting collaborative research and developed a research agenda for primary care, including challenging research on clinical diagnosis and prognosis, mixed methods, and translational research. The TRACE project (Translational Research on Antimicrobial resistance and Community-acquired infections in Europe) aims to consolidate the expertise within several European research programs, and to disseminate their results, in particular GRACE (Genomics to combat Resistance against Antibiotics in Community-acquired LRTI in Europe) focuses on the management of LRTI/acute cough. The GRACE project results were presented while the chairs fostered discussion on the presentations among the over-crowded audience.

6)Academic definition of multimorbidity a systematic review of literature

Oral presentation by Drs J Y Le Reste, N Patrice, C Lygidakis, C Doerr, L Heidrun, M Munoz, S Czachowski, M Fernandez, S Argyriadiou, C Amélie, P Van Royen, C Lietard.

Multimorbidity is a new concept close to comorbidity with a global vision in addition. This concept is deeply in touch with general practitioner core competencies as described by WONCA, and especially with the holistic modeling core competency. It could also help to detect frail patients in primary care before decompensation. However, as often for new concepts, its definition and subsequent operationalisation are still unclear.

The presentation was aimed at find out more about the academic definition of multimorbidity

via systematic qualitative review of literature with nine national teams from EGPRN. At the end the following definition was achieved:

Multimorbidity is defined as any combination of acute or chronic diseases with or without associated or non-associated biopsychosocial factors or risk factors. These factors may also function as modifiers, alongside the social network, the health care consumption and the coping strategies of the patient. It may modify the health outcomes and lead to an increased disability, a decreased quality of life or frailty.

7)Study FPDM (Depression and multimorbidity in family medicine): Systematic review of the literature: what validated tools are used for depression diagnosis and screening in general practice?

Oral presentation by Drs P Nabbe, J Y Le Reste, A Le Prielec, E Robert, S Czachowski, C Doer, H. Lingnier, M I San Martin Fernandez, M A Munoz, C Lygidakis, S Argyriadiou, A Claveria, B Chiron, H Van Marwijk, P Van Royen, C Liétard.

Tools for depression screening and diagnosis in primary care have been available for several years, but their validity in practice is unclear. The objective of this presentation was to identify the tools validated against reference test. Systematic review of literature with ten national teams of the EGPRN was presented.

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WONCA REGIONAL NEWS

WONCA Africa Regional conference from November 19-21

We have less than 80 days before the 3rd WONCA Africa Regional Conference at Victoria Falls, Zimbabwe (November 19 - 21, 2012). It is all systems go as the [conference academic program](#) has been finalised and is now available.

Accommodation at the conference venue, the Elephant Hills Resort, is already half full with paid-up delegates. All delegates and intending delegates should kindly finalize their travel arrangements (flights and accommodation) plus payment for conference registration urgently.

It is going to be a wonderful conference and an opportunity to see one of the world's natural wonders - Victoria Falls.

Don't miss it!!!

<http://www.3rdwoncaaficaregionconf.org/>

Prof G A Ogunbanjo

on behalf of Dr Muriel Fallala (convener)

MEMBER AND ORGANIZATIONAL NEWS

New member organisation conferences added to website this month

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

Pan-Caribbean Family Medicine conference

November 22-25 2012

Venue: St Augustine, Trinidad

Host : Caribbean College of Family Physicians (CCFP)

Theme : *Enhancing your earning potential. Widening your horizons.*

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General Practitioners Association of Nepal conference

November 25-26 2012

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

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

Abstract close: September 15,2012.

E-mail: gpancon2012@gmail.com

Website: www.gpanepal.com

Featured WONCA leader: Professor Pratap Narayan Prasad – Nepal



"Greetings from Kathmandu"

What work are you doing currently?

I am currently head of the Department of General Practice and Emergency Medicine, in the Tribhuvan University Teaching Hospital, in Kathmandu, Nepal. I also serve as the thesis guide for MD and post-graduate courses in general practice and n Emergency Medicine.

I am also the President of the General Practitioner Association of Nepal (GPAN). Over the years I have held many roles within various medical bodies in Nepal including as life member and council member of the Nepal Medical Association; examiner for undergraduate course within the country and Christian Medical Academic Science, in Vellore, India.

What does it mean to be a family Dr in your country?

A primary and emergency life saving care provider,

What are your areas of interest within the profession?

Within the Institute of medicine at the University, my interests are family health and emergency medicine services, teaching and research. Privately, they are preventative medicine and primary care,

You have a long history of involvement in WONCA in the South Asia region, what do you enjoy about the WONCA involvement?

I enjoy attending council meetings (on WONCA Council since 2001) and WONCA conferences. I was on the membership committee (2001 to 2010) and now am a member of the conference committee. In this time I have enjoyed seeing the South Asia region development.

Are there some other high points of your career?

In 2002 and 2010, I received the prestigious education award from the Ministry of Education and Culture, Government of Nepal.

In 2002, I received a travelling scholarship award from the Royal College of General Practitioners which took me to the United Kingdom. I learned about the RCGP exam process and evaluation system by being an observer in these processes.

In 2009, I was lucky enough to receive the Australian Aid Fellowship award for study at the University of Melbourne, for leadership training in health sector. During this training, the project that had been assigned to me was strengthening and improving the emergency services in Nepal. This training guided me on how to develop emergency medicine in my hospital and develop emergency medicine as sub speciality for general practice. I achieved this goal in my institute and started a Doctorate of Medicine (in emergency medicine) from 2011.

Featured doctor:

J Humphreys MD – a family doctor in Antigua

Where do you currently work?

Generally, I enjoy my private practice (Optimum Health Clinic Ltd) and the excellent

working relationship I share with my colleagues, particularly, Dr Rasheda Williams at Belmont Medical and Surgical Inpatient Center. I enjoy the fulfilment of my practice and the opportunity to assist so many in their attempts to lead healthy lives.

My most noted mentor is Dr Eumel Samuel, former president of the Antigua and Barbuda Medical Association and current chairman of the Medical Council. Dr Samuel took me under his wings and nurtured my growth to the point



where I could be an independent and confident physician.

In addition to my medical profession, I also am a passionate missionary. I have always had a zeal for helping others and

always sought every opportunity to do so. My big chance came, in 2010, when I travelled to Haiti during the period of its devastating earthquake. I worked in the field and in its hospitals while trying to assist in rural clinics and shelters. Needless to say, I went to Haiti to help the Haitians. I never truly understood how much the situation in Haiti would have helped me to appreciate the simple things in life even more. I have since done mission trips to South America (yearly), Eastern Europe and locally in Antigua and Barbuda.

What does being a family doctor mean to you in your country?

Sometimes scoffed at, sometimes barely tolerated and hardly recognized for what we are worth. This is my experience as a family physician in Antigua and Barbuda. Though some might disagree, there are countless other family physicians/GPs that share the same sentiments. Perhaps it is a genuine misunderstanding of the important role of family physicians or perhaps it is blatant disregard for the same. Whatever the reason, our experiences are real.

The internecine rivalry between family physicians and specialists is counterproductive and destroys the fiber of medical teamwork and proper patient care. It is not only the prejudice of some specialists, however, but some family physicians have an “inferiority

complex” and lack the confidence in themselves while constantly harboring the notions that they are just “basically trained physicians”. Locally, I hope to see family physicians more involved in CME events and research. This will encourage respect among peers and within the medical fraternity.

Recently, my dear friend and mentor fell ill. I rushed to the hospital and after assessment; my colleague and I concluded that this patient had a myocardial infarct. As family physicians, my colleague and I were able to make a timely diagnosis, stabilize the patient under an Intensive Care situation and prepare the patient for specialist referral and management overseas. The Interventional Cardiologist was quite generous in his compliment regarding our life saving role in the patient’s management. This is a very important point: family doctors often temporarily “fill the gap” where specialist care is not immediately available.

There are a number of medical specialists who recognize the worth of family practitioners and I commend them for this.

What your hobbies or passions outside work are?

My motivation is family; my late mother Rosalind Nathan-Browne, my wife Gaylon and children Demanté, Devanté, Tiliyah, and Maria coupled with an incalculable passion for helping others. I appreciate every moment spent with my wife and children and the opportunity to be a leader and role model in my community. I enjoy playing music and singing; both of which were once full time jobs for me. Quiet dinners with family and close friends are priceless! I enjoy writing. I have authored several published books, magazines and newsletters. Oh, how could I forget my passion for travelling and adventure?

Aspirations

Yes, I am content being a family physician here Antigua. Our national anthem encourages us to, “*raise the standard; raise it boldly*”. That is my objective. In Antigua, we have small hospitals/medical centers that are owned and operated by specialists. It is my intention to open a hospital; one that is owned and operated by a family physician.

RESOURCES FOR THE FAMILY DOCTOR

Resource from Spain: ‘End of life care’

The Spanish Society of family and Community Medicine (semFYC) is a federation of 17 Regional Family Societies. One of the most active is the Catalan Society of Family Medicine. It has many working Groups.

One of them is the Working group on bioethics which was founded in 2001 and it has produced nine papers so far in the series “Reflections from everyday practice”.

<http://ecamfic.wordpress.com/>

Their last paper is called *END OF LIFE CARE* and has been translated into Spanish and into English from the original in the Catalan language. It is a 33 page comprehensive work including case studies. The English version is available here.

New resources added to the website this month

PEARLS

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

PEARLS 360 Brief interventions may benefit heavy alcohol users admitted to hospital

PEARLS 359 Stem cell treatment improves heart function after myocardial infarction

PEARLS 358 Longer-treatment regimen more effective for asymptomatic bacteruria during pregnancy

PEARLS 357: Situations Limited evidence for exercise in smoking cessation

PEARLS 356: Electronic health records assist clinicians in smoking treatment

Other

[Checklist for Family Medicine education experiences](#)

[General Practitioners' responses to global climate change - lessons from clinical experience and the clinical method.](#)

[Climate change and human health--What can GPs do?](#)

NOTICES

KoHOM seek young doctors to attend Croatia congress

Twenty young doctors wanted to attend Croatia congress:

The Coordination of Croatian Family Medicine (KoHOM) is inviting twenty young doctors - GP trainees - to participate in a Family Medicine Congress. Congress is held from October 4 - 7, 2012. Lectures and workshops are intended for family medicine residents and will be held in English.

Plan:

Arrival to Croatia: 01.10.2012. or 02.10.2012. For the first two or three days colleagues will be situated with one of our hosts and spend a day or two in his/ her office. Departure for the Congress in Bol (island of Brač) is planned for October 4th.

Sponsorship available:

Congress expenses such as entry fee, as well as hotel expenses are covered by KoHOM as a donation/ gift. Participants should cover their own travel expenses to and from Croatia.

<http://kohom2012.conventuscredo.hr>

To participate contact your National Europe Council member (you can find the full list [here](#)).

About Bol:

Bol is located on one of Adriatic's most sunny islands and is most famous by its Zlatni Rat beach -one of most beautiful and most famous surfing beaches of the Mediterranean. Zlatni Rat beach is in the proximity of the Congress location. <http://www.bol.hr/>

Doctor wanted to attend conference on missing and exploited children

Dear colleague,

WONCA has been asked to identify a family doctor with special interest and experience to attend a global conference on missing and exploited children. Sponsored by the International Centre for Missing and Exploited Children, the conference will be convened in Zurich, Switzerland on 10 October 2012.

As can be seen on the [Centre's website \(www.icmec.org\)](#), its leadership consists of a number of prominent individuals and global leaders from multiple countries and professional backgrounds. Additional background information on the conference can be found in the attached. Unfortunately, WONCA is not able to provide travel support, but the Centre is investigating possible travel funds. Individuals interested in participating in this conference should contact Yvonne Chung at the WONCA Secretariat (admin@wonca.com.sg).

Thank you,

Richard Roberts, MD, JD

WONCA President 2010-2013



WONCA CONFERENCES

2012-2014 AT A GLANCE

2012

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

2013

26 – 29 June 2013	20 th WONCA WORLD CONFERENCE	Prague CZECH REPUBLIC	Family Medicine: Care for Generations www.wonca2013.com
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2014

May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.wonca2014kuching.com.my
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.woncaeurope2014.org/
May 21-25 2014	WONCA Rural Health conference 2014		Rural health: an emerging need www.sbmfc.org.br/woncarural

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

MEMBER ORGANIZATION MEETINGS

EURACT: Bled Course

Host: European Academy of Teachers in General
Practice
Theme: Managing difficult relationship with patients
Date: September 18–22, 2012
Venue: Bled, Slovenia
Web: <http://www.bled-course.org>

RCGP annual national primary care conference

Host: Royal College of General Practitioners
Theme: Global general practice
Date: October 3–6, 2012
Venue: Glasgow, United Kingdom
Web: www.rcgp.org.uk

AAFP annual scientific assembly

Host: The American Academy of Family Physicians
Date: October 17–20, 2012
Venue: Philadelphia, USA
Web: www.aafp.org/philly2012

EGPRN autumn meeting

Host: European General Practice Research network (EGPRN)
Theme: Research on patient-centred inter-professional collaboration in primary care.
Date: October 18-21, 2012
Abstracts close: June 30, 2012
Venue: Antwerp, Belgium
Web: www.egprn.org

RACGP GP '12 conference

Host: The Royal Australian College of General Practitioners
Date: October 25-27, 2012
Venue: Gold Coast, Queensland, Australia
Web: www.gp12.com.au/

Family Medicine Forum / Forum en médecine familiale 2012

Host: The College of Family Physicians of Canada.
Le Collège de médecins de famille du Canada
Date: November 15-17, 2012
Venue: Toronto, Canada
Web: <http://fmf.cfpc.ca>

Fifth triennial Pan-Caribbean Family Medicine conference.

Host : Caribbean College of Family Physicians (CCFP)
Theme : Enhancing your earning potential.
Widening your horizons.
Date : November 22-25, 2012
Abstracts close: September 1, 2012
Venue : Port of Spain, Trinidad
Email : rohan.maharaj1@gmail.com
pidjsam@gmail.com

General Practitioners Association of Nepal conference

November 25-26 2012
Theme: 'Role of general practitioners in primary health and emergency care - present and future'
Venue: B P Koirala Institute of Health Sciences, Dharan, Nepal
Last date for abstract submission: September 15, 2012.
E-mail: gpancon2012@gmail.com
Website: www.gpanepal.com

4th Asia Pacific Research conference

Host organization: Singapore College of Family Physicians
Date: December 01-02 2012
Abstracts close: 31 August 2012
Email: enquiries_appcrc@cfps.org.sg
Web: <http://www.cfps.org.sg/appcrc2012>

City health conference

Host: The Royal College of General Practitioners (England)
Date: April 24-26, 2013
Theme: Tackling inequalities, preventing illness, improving health
Venue: Euston Square, London, UK
Web: www.cityhealthconferences.org.uk

EGPRN spring meeting

Host: European General Practice Research network (EGPRN)
Theme: **Risky behaviours and health outcomes in primary care and general practice**
Date: May 16-19 2013
Abstracts close: January 15, 2013
Venue: Kusadasi, Turkey
Web: www.egprn.org