

WONCA News

An International Forum for Family Doctors



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From the President

“I love family medicine”

“I love family medicine.” These are the words of Dr Margaret Chan, Director-General of the World Health Organization (WHO), speaking at the Hong Kong Academy of Medicine in December. Dr Chan went on to describe how family medicine contributes to the health and well being of individuals, families and communities in many parts of the world. I echo Dr Chan’s sentiment.

WONCA, our World Organization of Family Doctors, exists to improve the quality of life of the peoples of the world through fostering high standards of care in family medicine.

There are many ways that WONCA can work with our member colleges and societies, our working parties and our individual members to make this happen.

WONCA is a strong global organisation and now represents over 500,000 family doctors through our member organisations based in 130 countries.

Your elected WONCA executive, with representation of each of the seven regions of the world, has been focusing over the past six months on three main areas.

First, increasing support for family medicine development and training of family doctors in each country of the world.

Second, continuing to strengthen our work with the WHO and other global organisations to ensure that the role of family doctors is recognized, respected and supported in tackling major health issues through strong primary care.

And third, supporting the next generation of family doctors, the medical students, recent graduates and junior doctors who will be the future leaders of family medicine in each of our nations.

Your WONCA executive meets by teleconference each month and held its annual face-to-face meeting in January in London.



*Photo: WONCA executive in London
(Back row from l to r) Donald Li (Member at large); Richard Roberts (Immediate Past President); Raman Kumar (young doctor); Matie Obazee (Africa); Garth Manning (CEO); JK Lee (Asia Pacific); Job Metsemakers (Europe); Karen Flegg (Member at large);
(Front row from l to r): Nongluck Suwisith (WONCA manager); Mohammed Tarawneh (East Mediterranean); Amanda Howe (President Elect); Michael Kidd (President); Ruth Wilson (North America); Pratap Prasad (South Asia); Luisa Pettigrew (Member at large); Inez Padula (Iberoamericana)*

At this meeting, each Regional President outlined the status of family medicine development in each of the nations of their region and the plans underway to support the development of family medicine and the training of family doctors in those countries where this is not yet happening. Your executive is committed to supporting the establishment of at least one new national member organisation from each region during this coming year and to actively support family medicine development in those countries that are not yet members of WONCA.

WONCA is a global organisation in official collaboration with the WHO. Our member organisations greatly value this recognition by the WHO of the important work of WONCA, and your executive is committed to strengthening our engagement with the WHO both at a global level and at a regional level. It is critical that the voice of family medicine is heard in the development of global health policy in areas such as mental health, prevention and management of noncommunicable diseases and infectious diseases, maternal and child health, medical workforce, environmental health, medical

education, safety and quality in primary care, healthy ageing, rural health, indigenous health, primary health care research, palliative care, disease classification, e-health, medical ethics, health equity, human rights, and many more. While a lot of WHO policy is driven from its main headquarters in Geneva, much of the program delivery is through its offices in each region of the world.

WONCA also seeks to work in partnership with other global health organisations to further strengthen our advocacy work to improve the quality of life of the peoples of the world. WONCA has also recently completed a survey with the WHO, led by Dr Luisa Pettigrew, of family doctors around the world responding to questions about ways family medicine is contributing in their countries to the strengthening of their health system.

Our Regional Presidents also shared recent developments in the support provided to young family doctor movements around the world. It has been wonderful to watch the formation and development over the past six months of AfriWON, the African Organization for young and future family doctors, and Al Razi, the young family doctor group of the Eastern Mediterranean region. Your executive is committed to supporting the establishment of a young family doctor movement in each region of the world by the end of this year.

At our January meeting, we were pleased to welcome Junior Doctor Representative, Dr Raman Kumar from India, as the newest member of WONCA executive. This is the first time WONCA has had a junior doctor position on executive and we are fortunate that Raman has agreed to meet this challenge. Your executive will be working with Raman over the coming year to also ensure that each WONCA working party includes junior doctor representation.

In order to achieve our goals WONCA must remain financially viable. One important source of support is through our direct members – those family doctors from all parts of the world who choose to support the important global work of WONCA through a small annual contribution. If you are not already a direct member of WONCA, I encourage you to join us. Details are available on our WONCA website.



Photo: Professor Michael Kidd (second from left) in Singapore with A/Prof Lee Kheng Hock (Singapore College president), Prof Goh Lee Gan, Dr Alfred Loh, Yvonne Chung and Gillian Tan

As your president, WONCA will also continue to celebrate the many achievements of family doctors and the members of our teams all around the world. In December, I attended a special meeting of the College of Family Physicians Singapore to recognise the contributions of our former WONCA CEO, Dr Alfred Loh, and our former secretariat staff, Yvonne Chung and Gillian Tan. On behalf of WONCA World Council, I presented the award of Honorary Fellow of WONCA to Alfred (photo), and Honorary Life Direct Member of WONCA to Yvonne and Gillian, in recognition of their many years of service to family medicine and the important work of our global organisation.



In December, we also celebrated the life of past WONCA president, Dr Peter C Y Lee, who passed away at the end of last year. Peter was one of the founders of the Hong Kong College of Family Physicians and, in the words of Wes and Marian Fabb, “an inspirational leader” who brought the concept of family medicine to people of China. Our thoughts are with Peter’s family and his many friends and colleagues in Hong Kong and around the world.

*Michael Kidd
President*

Del Presidente – febrero 2014

“Me encanta la medicina de familia”

“Me encanta la medicina de familia”. Estas son palabras de la Dra. Margaret Chan, Directora General de la Organización Mundial de la Salud (OMS), cuando habló ante la Academia de Medicina de Hong Kong en diciembre. La Dra. Chan pasó a describir cómo la medicina de familia contribuye a la salud y el bienestar de los individuos, las familias y las comunidades en muchas partes del mundo. Me hago eco de la opinión de la Dra. Chan.

WONCA, nuestra Organización Mundial de Médicos de Familia, existe para mejorar la calidad de vida de los pueblos del mundo a través del fomento de altos estándares de atención en medicina familiar.

Hay muchas maneras de trabajar con WONCA: nuestros colegios miembros y sociedades, nuestros grupos de trabajo y los miembros individuales, están para que todo esto suceda.

WONCA es una organización global fuerte y actualmente representa a más de 500.000 médicos de familia a través de nuestras organizaciones miembro, con sede en 130 países.

El ejecutivo de WONCA electo, con representación de cada una de las siete regiones del mundo, se ha centrado en los últimos seis meses en tres áreas principales:

-En primer lugar, aumentar la ayuda al desarrollo de la medicina de familia y la formación de los médicos de familia en cada país del mundo.

-En segundo lugar, continuar fortaleciendo nuestro trabajo con la OMS y otras organizaciones mundiales para asegurar que el papel de los médicos de familia sea reconocido, respetado y apoyado en la lucha contra los principales problemas de salud a través de una fuerte atención primaria.

-Y en tercer lugar, apoyar a la próxima generación de médicos de familia, los estudiantes de medicina, los graduados recientes y los médicos jóvenes, que serán los futuros líderes de la medicina de familia en cada uno de nuestros países.



foto: El ejecutivo de WONCA (Back row from l to r) Donald Li (Member at large); Richard Roberts (Immediate Past President); Raman Kumar (young doctor); Matie Obazee (Africa); Garth Manning (CEO); JK Lee (Asia Pacific); Job Metsemakers (Europe); Karen Flegg (Member at large); (Front row from l to r): Nongluck Suwisith (WONCA manager); Mohammed Tarawneh (East Mediterranean); Amanda Howe (President Elect); Michael Kidd (President); Ruth Wilson (North America); Pratap Prasad (South Asia); Luisa Pettigrew (Member at large); Inez Padula (Iberoamericana)

El ejecutivo de WONCA se reúne por teleconferencia cada mes y llevó a cabo su reunión anual presencial en enero en Londres.

En esta reunión, cada Presidente Regional expuso el estado de desarrollo de la medicina de familia en cada uno de los países de la región y los planes en marcha para apoyar el desarrollo de la medicina de familia y la formación de los médicos de familia en aquellos lugares donde aún no lo está habiendo. El ejecutivo se ha comprometido a apoyar la creación de, al menos, una nueva organización miembro nacional de cada región durante el próximo año y a apoyar activamente el desarrollo de la medicina familiar en los países que aún no son miembros de WONCA.

WONCA es una organización mundial en colaboración oficial con la OMS. Nuestras organizaciones miembro valoran enormemente el reconocimiento por parte de la OMS de la importante labor de WONCA, y nuestro ejecutivo se ha comprometido a reforzar nuestro compromiso con la OMS, tanto a nivel global como a nivel regional. Es muy importante que la voz de la medicina de familia se escuche en el desarrollo de la

política sanitaria mundial en áreas como la salud mental, la prevención y el manejo de las enfermedades no transmisibles y las enfermedades infecciosas, la salud materno-infantil, la mano de obra médica, la salud ambiental, la educación media, la seguridad y la calidad en la atención primaria, el envejecimiento saludable, la salud rural, la salud indígena, la investigación en atención primaria, los cuidados paliativos, la clasificación de enfermedades, la e-salud, la ética médica, la equidad en salud, los derechos humanos y mucho más. Mientras que mucha de la política de la OMS se impulsa desde su sede principal en Ginebra, gran parte de la ejecución de los programas se realiza a través de sus oficinas en cada región del mundo. WONCA busca también trabajar en asociación con otras organizaciones mundiales de la salud para fortalecer aún más nuestro trabajo de incidencia política para mejorar la calidad de vida de los pueblos del mundo. WONCA también ha completado recientemente una encuesta con la OMS, dirigida por la Dra. Luisa Pettigrew, en la que médicos de familia de todo el mundo respondieron a las preguntas acerca de la forma en la que la medicina familiar está contribuyendo en sus países en el fortalecimiento de su sistema de salud.

Nuestros presidentes regionales también compartieron los últimos acontecimientos en el apoyo prestado a los movimientos de jóvenes médicos de familia de todo el mundo. Ha sido maravilloso ver la formación y el desarrollo en los últimos seis meses de AfriWON, la Organización Africana de jóvenes y futuros médicos de familia, y Al Razi, el grupo de médicos de familia jóvenes de la región del Mediterráneo Oriental. Su ejecutivo se ha comprometido a apoyar la creación de un movimiento de jóvenes médicos de familia en cada región del mundo a finales de este año. En nuestra reunión de enero, tuvimos el placer de dar la bienvenida al joven doctor Representante, Dr. Raman Kumar de la India, como nuevo miembro del ejecutivo de la WONCA. Esta es la primera vez que WONCA ha tenido un puesto de médico residente en el ejecutivo y tenemos la suerte de que Raman se ha comprometido a afrontar este reto. El ejecutivo trabajará con Raman durante el próximo año para asegurar también que cada grupo de trabajo incluye la representación de un médico residente de WONCA.

Con el fin de lograr nuestros objetivos, WONCA debe seguir siendo financieramente viable. Una fuente importante de apoyo es a través de nuestros miembros directos: los médicos de familia de todas partes del mundo que optan por apoyar la importante labor mundial de WONCA través de una pequeña cuota anual. Si aún no eres es miembro directo de WONCA, te animo a que te unas a nosotros. Los detalles están disponibles en nuestro sitio web de WONCA.

Mientras, el presidente de WONCA continuará celebrando los muchos logros de los médicos de familia y los miembros de nuestros equipos en todo el mundo.

En diciembre, asistí a una reunión especial del Colegio de Médicos de Familia de Singapur para reconocer las contribuciones de nuestro ex presidente ejecutivo de WONCA, el Dr. Alfred Loh, y nuestro antiguo personal de la secretaría, Yvonne Chung y Gillian Tan. En nombre del Consejo Mundial de la WONCA,

presenté el nombramiento de Miembro Honorario de la WONCA a Alfred (foto),



and de Miembros Honorarios Vitalicios directos de WONCA a Yvonne y Gillian, en reconocimiento a sus muchos años de servicio a la medicina de familia y a la importante labor en nuestra organización mundial.

En diciembre, también homenajeamos al ex presidente de WONCA, el Dr. Peter CY Lee, quien falleció a finales del año pasado. Peter fue uno de los fundadores de la Universidad de Hong Kong de Médicos de Familia y, en palabras de Wes y Marian Fabb, "un líder inspirador" que llevó la idea de la medicina familiar a la población de China. Nuestros pensamientos están con la familia de Peter y sus muchos amigos y colegas en Hong Kong y en todo el mundo.

Michael Kidd
Presidente

From the CEO's desk: a new year



Photo: WONCA leaders with RCGP leaders (l to r)- Prof Michael Kidd (WONCA president), Prof Amanda Howe (WONCA president elect) and RCGP vice chair professional development), Prof Mike Pringle (RCGP president,) Dr Maureen Baker (RCGP chair), Dr Garth Manning (WONCA CEO).

The new year begins early for WONCA

Another year begins, and it has been a really hectic few weeks already! The WONCA Executive met in London for three days (January 17-19) with a very full agenda, and many issues were discussed and debated. I've highlighted several of the topics in more detail below.

The meeting was held at the wonderful new London Headquarters of the Royal College of General Practitioners in London (RCGP). Dr Maureen Baker, Chair of RCGP Council, together with Professor Mike Pringle (President), Professor Val Wass (Chair of International Committee) and other RCGP colleagues very kindly hosted our Executive for a splendid dinner on the Friday evening. This was a chance for WONCA and RCGP to chat more socially and to learn more about what each is doing internationally, and we are most grateful to them for their generosity.



Photo: WONCA executive members tour the heritage premises of the Royal College of GPs in London

WHO Executive Board

Immediately following the Executive meeting your President, Michael Kidd; together with President-elect, Amanda Howe; and WONCA-WHO liaison, Luisa Pettigrew; flew to Geneva to take part in the WHO Executive Board meeting. They will report more fully on this meeting elsewhere, but visits such as this to the WHO provide us with a great opportunity to network and to meet and debate and discuss with our various WHO contacts, all the time raising WONCA's profile within that organisation.

WONCA Executive Strategy

The first day of the Executive meeting was devoted to strategy – looking at where WONCA is now, where it wants to be at the end of the triennium and how the Executive plans to get there. All of the Executive, and most especially Regional Presidents, had agreed some key performance indicators (KPIs) last June, and this was a chance to report back to the whole group on progress so far. The main KPIs were:

- Closer liaison with WHO regionally
- Development of, and support to, the regional young doctors movements
- Growing the organisation through recruitment of new member organisations.

North America has only limited dealings with PAHO – the Pan American Health Organisation (as the WHO for the Americas is known) but all other regions reported increasing collaboration with the WHO, with WONCA representatives attending the WHO regional meetings and organising briefings of regional directors. I reported last month on our meeting with Dr Margaret Chan, the WHO's Director General, in Hong Kong, and Dr Chan has advised all her regional directors that they should meet with the WONCA Executive, either at the January Executive Board meeting or at May's World Health Assembly.

A lot of progress has also been made regarding the Young Doctors' movements. Of course this was the first Executive meeting for Dr Raman Kumar, recently appointed to Executive, as the Young Doctor representative. At Prague, the young doctors of Africa established AfriWON, and since then

the young doctors of the Eastern Mediterranean Region have established the Al Razi movement, so things are really moving forward. Raman has also been undertaking a survey among young doctors to make sure that their voice is heard at Executive level and is also exploring ways of collaborating more closely with the International Federation of Medical Students' Associations (IFMSA).

Regional Presidents have also been working hard to recruit new Member Organisations, and several countries are being guided through the application process. Meantime, Executive endorsed the application for full membership from the Faculty of Family Medicine of the National Postgraduate Medical College of Nigeria.

Operational Issues

The remaining two days were spent on more operational issues, including considering the reports from WONCA's statutory committees, Working Parties and Special Interest Groups (SIGs). Two new WONCA Special interest Groups (SIGs) were proposed – one on Family Violence and one on Health Equity – and both were endorsed by Executive.

Family Violence would previously have more commonly been referred to as “domestic” violence – but the change in terminology is to try to reflect the true extent of the problem, affecting as it does, not just intimate partner violence, but also abuse of children and abuse of the elderly. Abuse can take many forms – physical, sexual, psychological and negligence (whether neglect or deprivation) – and is extremely relevant to primary care/family medicine.

This group will doubtless work in close relation to many other WONCA Working Parties (WP) and SIGs, most especially the WONCA WP on Women in Family Medicine and the WONCA WP on Mental Health.

By coincidence, at the WHO Executive Board, a statement was being made on family violence, supported by the World Medical Association and the International Federation of Medical Students Association (IFMSA). Both of these are Organisations in Collaborative Relationship with WONCA - and our Executive team had the chance to add WONCA's name to this statement. The final version is [available elsewhere](#) in this newsletter, and will be presented to 2016 Council for endorsement as an official WONCA Policy Statement.

Speaking of Policy Statements, the Executive also spent some time looking at current WONCA policy statements and trying to identify those which need updating and areas or topics where a policy statement would be useful. They were really pleased to have received draft policy statements from four WONCA WPs, namely on the Environment, on Ethics, on Quality and Safety, and on Research. These statements were endorsed them all for recommendation to Council.

Of course many other issues were covered, and I'll write more fully on those in the coming months. In the meantime, all at the Secretariat wish all our members and member organisations a busy and productive 2014.

Dr Garth Manning
CEO

Rich Roberts finishes on WONCA Executive

The recent WONCA Executive meeting in London marked the end of many years of service to WONCA by Prof Richard Roberts.

Rich began his service on Executive in 2004 when Council chose him to be an At Large member. Council elected him President-Elect in 2007 in Singapore. He took office as President in Cancun in 2010. Rich served as President through the WONCA Council meeting in Prague in June 2013. His term as Immediate Past



President concluded at the London Executive meeting in January 2014.

Many national colleges, international organizations, governments, and other groups invited Rich to visit their countries. He visited as many as he could to spread the word about WONCA and Family Medicine. In total he travelled to more than 70 countries. He always tried to master a few words in the local language and was ever keen to meet young doctors and students. Most meaningful were his frequent observations of family doctors during

consultations with their patients. He sat in on nearly 3000 consultations involving almost 300 family doctors in more than 50 countries. Rich documented many of his visits in his monthly *WONCA News* column. To view the collection of Rich's writings during his time as President [click here](#).

Rich seemed to thrive when visiting other countries. A typical day might begin with a breakfast meeting with national college leaders. He would spend the morning observing local family doctors during patient consultations. Lunch often involved group conversations with young family doctors and students. The afternoon would find him in negotiations with that country's political and community leaders. He would finish the day with an opening ceremony reception and an evening keynote address at the college's annual conference.

Rich hopes others remember him as the WONCA President who inspired family doctors to do their best for each person they serve and who challenged the world to advance social justice by assuring robust health care systems committed to a family doctor for every family.

He is proud of several initiatives during his term. An excellent CEO, Dr Garth Manning,

was recruited and hired. There was a smooth transition moving the Secretariat from Singapore to Bangkok. WONCA helped the young family doctor movement to blossom and established formal relations with the International Federation of Medical Student Associations.

Rich is very excited about the future of WONCA – special outreach efforts have been successful to better engage family doctors that are younger, female, and from historically under-represented areas such as Africa, Latin America, the Middle East, and South Asia.

In his parting words to the Executive in London, Rich urged WONCA leaders to continue to support family doctors and their national colleges so that everyone everywhere can have a qualified and high quality family doctor. He told Executive that he may have finished his term as a WONCA officer, but he was ready to help WONCA and family doctors wherever and whenever needed.

Dr Karen Flegg
WONCA Editor

To read more about Rich Roberts [click here](#)

To view photo gallery [click here](#).

Rural Round Up

Dr Jo Scott- Jones (pictured) is a rural GP from Opotiki, in the North Island of New Zealand. He is the public relations person for the WONCA Working party on Rural Practice and this month the author of the his second WONCA Rural Round-up.'

*"He taru kahika" - Walk on, it is only summer rain falling.
(Maori Proverb about resilience.)*

Rural communities in the 21st Century need to build resilience and as health providers we can be powerful contributors to that work.

They need resilience because they are facing the challenge of climate change.

They need resilience because they are facing economic pressure.

They need resilience because they are getting smaller.

They need resilience because they are politically marginalised.

They need resilience because no-one else is going to be there when push comes to shove.

The rural New Zealand primary system depends mainly on small businesses owned and operated by GPs - this competitive model of providing care is prone to inefficiency and reduces resilience as what is right for a business is often not what is right for a community. Competition between providers may result in "lean" businesses, but people's needs are often sacrificed and long term planning and development takes second place to profit and short term gain.



As a profession we take responsibility for the whole person, we walk the talk when we adopt the biopsychosocial model of care - we approach the individual and their family in a holistic way and address their physical, emotional, and spiritual needs to enhance their sense of wellness. Increasingly we need to do this for their communities as well - people need communities to live and work in, and an unhealthy community makes life worse for everyone.

It may seem too hard to begin to embrace the task of developing sustainable, well connected communities in which our patients can live - the good news is that it starts with ourselves as a community of rural providers.

Small towns and communities may have rosy reputations as “rural idylls” but those of us that live in them know the truth that many small communities are exclusive, self absorbed, toxic to change and intolerant of difference. Rivalries are not diluted by the sense of anonymity and distance that can be achieved in larger places, individual and generational grudges can develop and tend to be sustained.

Health workers are not immune to these failings, we can develop professional jealousies and arrogance that make us inaccessible to others, and cut us off from our fellow health team members.

However there are great examples of how we can do better. In preparation for the upcoming [conference in Gramado](#) the wonca rural working party Google group has been discussing the role of rural hospitals in communities and disaster preparedness. Visit [Arran Resilience](#) to see how it can be done, if you have “the spark.”

(<http://www.globalfamilydoctor.com/News/RuralRoundupItsallaboutthepeople.aspx>)

It is also important that rural providers, despite being intensely busy day to day, become involved in national networks. We bring a unique perspective to these tables and without our involvement our communities will be less visible, by being involved we can help make the people who have power focus on the resilience of our communities.

We should be looking out for each other in our communities, especially at times of trial when we are under most stress - the WONCA community offers this for us internationally through conferences, through the chatrooms and website. If you are rural have a look at the [WONCA Working Party for Rural Practice](#) and follow the @ruralwonca twitter handle.

It doesn't have to be so hard. Ask yourself - how often do you sit down with the other health providers that work in your area and share a cup of tea? There is a wealth of expertise in your neighbours that can be learnt from and built on, and you have a shared experience of care and can support each other in your work. Make 2014 the year to take advantage of your networks, put aside past grievances, pull up your big boy / girl pants and get together for a chat.

Dr Jo Scott-Jones
Opotiki
New Zealand



Policy bite from Amanda Howe- invest in primary care

Different regions, one message – and a need to get that message across!



Professor Amanda Howe, our President-Elect aims to help with policy discussion and messages. This month's Policy Bite is inspired by strong and clear messages from our East Mediterranean region colleagues.

January saw both the WONCA World executive meet in London, and attendance at the WHO Executive Board in Geneva by the President, the President-Elect, and the WHO liaison Member at large (Luisa Pettigrew).

These are reported elsewhere, but the messages we discussed were consistent – focusing on *“the need to recognize the role of family doctors as a cornerstone in the delivery high quality Primary Care, the need to invest in training family doctors in community settings at undergraduate and postgraduate level, the need to invest in training of other primary care workers in order to be able to provide better health services, and the need to invest in well-resourced Primary Health Care Centres in the community that allow primary care teams to deliver high quality care.”*

Sound familiar? – these exact words were in the report of Dr Mohammed Tarawneh, WONCA East Mediterranean Region (EMR) President, from the WHO regional visit in Oman in October 2013; yet they describe our main messages at WHO in Geneva. Report [available here](#).

And these messages are not only being given consistently in meetings and correspondence: colleagues are also getting them across to the outside world, via journal articles.

Dr Waris Qidwai (pictured), Chair of the WONCA Working Party on Research, and also in EMR, writes in a recent editorial: *“A strong emphasis on health*



maintenance and disease prevention should be the backbone of any comprehensive approach to deal with curtailment of health care budget and costs. This will require a strong focus on strengthening primary health care and its function in the overall health care delivery. This change in focus will have to be part of an overall change in health care delivery system that ensures its proper functioning at primary, secondary and tertiary levels.”ⁱ

He has also, with other EMR researchers, published on a further core principle – person centred care – showing that there is an important learning curve in creating patient and physician valuing of this aspect of family medicineⁱⁱ.

The main aim of the policy bites are to help people with articulating the importance of our discipline. Thanks to EMR colleagues for this month's material! We can all talk the talk if we know what we need to say.

Prof Amanda Howe
President Elect

We are also inviting you to send us similar material - an important piece of policy from your own organisation or setting that relates to family medicine developments and that might be helpful to others. Please send a summary, a link, and make it short - it's not Twitter, we shall allow up to 500 words. email to editor@wonca.net

Or join the online discussion
[Login to the WONCA discussion forum](#)
[Join the WONCA discussion forum](#)

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WONCA adds name to family violence statement

At the recent WHO executive board (EB) meeting in Geneva, WONCA was represented by President Michael Kidd, President Elect, Amanda Howe, and WONCA -WHO Liaison, Luisa Pettigrew. They added WONCA's name to a statement being made to the WHO EB - on family violence - by World Medical Association and International Federation of Medical Students' Association, both of which are Organizations in Collaborative Relationship with WONCA.

The statement read as follows:

Honourable members of the Executive Board,

Thank you for this opportunity to speak on behalf of World Medical Association (WMA), the International Federation of Medical Students Associations (IFMSA) and the World Organization of Family Doctors (WONCA) representing millions of doctors and young people worldwide.

We welcome the report by the secretariat as well as the draft resolution on the role of the health system in addressing violence, in particular against women and girls. We deplore the costs of violence, its devastating health consequences to the women, their children and to the society as a whole. Violence against women being a manifestation of structural inequalities between women and men, we recall the "urgent need for the universal application to women of the rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings » as stated by the UN Declaration for the Elimination of Violence Against Women, 1993. We therefore fully support WHO's activities to

combat violence through multi-sectoral approaches. However, we believe that more is to be done.

Doctors have a unique role to play in combating one of the most severe human rights violations. They see the health problems individuals face in the context of that person, their family, community, workplace, living conditions and all the other complex factors that affect their health. The views of doctors and other relevant health professionals must therefore be incorporated systematically into any comprehensive strategies to prevent and respond to violence.

Furthermore, doctors and other health professionals are at the frontline in the provision of comprehensive services in support of victims, so that violence is identified, documented and victims rehabilitated. We believe that specific, accessible and affordable training must therefore be further developed in medical schools and in the framework of Continuing Professional Development. Such a requirement should be reflected into Member States, WHO and other international agencies commitments to stop violence.

Finally, given the alarming rate of sexual violence in humanitarian emergency situations, we demand to Members States, WHO and other relevant UN agencies to strengthen their response to violence against women and girls in situations of conflicts, as a matter of urgency.

Tribute to past president Peter CY Lee

The passing of Dr Peter Lee - A great loss of the Hong Kong College of Family Physicians

We pay tribute to Dr Peter C Y Lee, a family physician, a community leader, a university man who has given unsparingly his time and effort to make our cause known to a wider world. He was an astute and bonny fighter. Peter's precedence at the historic strategic forum on



"Making Medical Care relevant to Healthcare needs: The Contribution of Family Doctors" says it all about his contribution to Family Medicine. We are grateful for his leadership and support to WONCA throughout the years as President of the World WONCA (1992-1995) as well as serving WONCA in numerous other capacities. WONCA has indeed lost a good friend, a leader and a great supporter.

Peter was one of the founders of The Hong Kong College of Family Physicians (then called Hong Kong College of General

Practitioners) more than 30 years ago. Peter transformed general practice from a service delivered by untrained doctors to a true specialty, on par with any other medical specialty. When interviewed a few years ago during the College's 30th Anniversary, Peter was quite adamant in saying *"Prevention is better than cure! Ideally the family physician should make the best use of every consultation to educate patients on how to remain healthy."*

Peter was a truly accomplished Family Physician and a role model to all of us. Besides his work in leading the Hong Kong College in the training, assessment and accreditation of family doctors in Hong Kong, Peter was also the person who promoted the concept to mainland China. In 1986, he led a delegation from Hong Kong to introduce the concept, promote, and convince authorities to train family doctors in China. That was the beginning of an evolution in the enhancement of quality primary care in China through the practice of family medicine.

So many other areas have claimed Peter's attention from matters medical, academic, to matters civic and from television to public relations. He was executive officer on Hong Kong's most significant medical bodies and

has been the President of the Hong Kong Medical Association, Chairman of the Hong Kong St John's ambulance over the major part of the decade. He was chairman of the Society of Occupational Medicine, Honorary Medical Director and Acting Chairman of the Hong Kong Cheshire Home. He has also been an active worker in the affairs of the Civic Association and chaired the convocation of the Hong Kong University.

His bonny impish pugnacity has everywhere been in evidence. Despite his diversity, he spent all his life convincing the public, fellow medical practitioners and specialists of the value of Family Medicine and spared no effort in promoting it whenever possible. Peter has received numerous award and Honorary Degrees from international bodies and academic bodies. He is an Honorary Fellow of the Hong Kong Academy of Medicine.

We salute his courage, industry, public service and single-minded devotion to this our specialty. We have lost a great leader, a friend but he is a legend and will remain forever in our hearts.

Dr Donald K T Li –
WONCA Executive member at large.

WONCA WHO liaison

WHO launch of MiNDbank online platform

World Health Organization officially launched the MiNDbank online platform on the 10th December, Human Rights Day 2013. WHO MiNDbank is a product of the QualityRights Project, WHO's flagship campaign to improve care and end human rights violations against people with mental and psychosocial disabilities.

WHO MiNDbank brings together key policies, strategies, laws and service standards for mental health, substance abuse, general health, disability, human rights and development. The platform aims to facilitate debate, dialogue, advocacy and research in order to promote national reform in these areas, in line with international human rights and best practice standards.

WHO MiNDbank is an online platform bringing together key resources related to mental



health, substance use, disability, general health, human rights and development. It provides easy access to a range of national level and international resources from across the globe including:

- National mental health policies, strategies and laws
- National substance abuse policies, strategies and laws
- National general health policies, strategies and laws
- National disability related policies, strategies and laws
- National constitutions, human rights and child rights laws

- National poverty reduction and development strategies
- Health and mental health service standards
- International and regional human rights conventions and treaties
- CRPD Member States reports, Shadow Reports and Concluding Observations
- UN Special Rapporteurs reports
- Key World Health Organization resources
- UN and WHO resolutions

This online platform is the only single point globally to access all comprehensive information related to mental health, substance abuse, disability, general health, human rights and development. It will:

- Allow the sharing of key national resources and best practices across countries
- Bring together the key areas of mental health, substance abuse, disability, physical health and human rights to promote a holistic approach
- Reduce fragmentation and duplication of information and efforts across and within countries
- Facilitate advocacy
- Promote research

MiNDbank currently includes nearly 4000 documents and resources for over 160 countries.

To access WHO MiNDbank please go to: www.who.int/mental_health/mindbank

Working Party News

Quality improvement workshop held in Shenzhen, China

China's healthcare reform is marching forward. It is a mighty task and therefore it is important that the direction of changes conform to international norms. As such the WONCA working party on quality and safety was invited to conduct a one day workshop to introduce the methods of applying the principles of quality practice. On the 6th December, 2013 a group of about 80 primary care physicians from the community health centres in Shenzhen China gathered at the Postgraduate Institute of Medicine to participate in the workshop.

Quality Improvement Program

Venue: Shenzhen Continuing Medical Education Centre

Date: 6 December, 2013

Method: workshop format

Faculty members:

Director: Prof Xia Junjie

Convenor: Professor Daniel Thuraiappah, Chair, WONCA Working Party in Quality and Safety in Family Medicine

Co-ordinators: Dr Wang Su, Dr Li Yang, Dr Wu Sha, Dr Li Yue

All participants responded positively to the workshop. Most found this program new to them but found it challenging to implement the program in their working environment. The issue of team agreement was daunting. There was need of more courage and motivation as quality healthcare is not in purview. Currently an annual "audit" is carried out on equipment and facilities but not on services.



Shenzhen Continuing Medical Education Lecture Room with 80 primary Care Physicians. Drs Li Yang and Wang Su in the front.

The concept of developing indicators in management of diseases was important as it emphasised the issue of looking for the essential signs and symptoms of diseases in a very short time as time for seeing patients were short.

China, including Shenzhen is keen on transforming the healthcare as socialised medicine, although has sustained the safety net, is facing the reality of rising healthcare costs to the government. The government is spurred by WHO ideals of raising the standards of care and to spread the safety net wider especially the rural areas, which are still underserved. Workshops on quality and safety need to be duplicated and sustained and local human resources have to be developed.

Leadership skills to manage quality improvement programs have to be continuous.

Postgraduate training of general practitioners is carried out at the Hong Kong University-Shenzen Hospital built two years ago with state of the art facilities by the Shenzhen City Council and managed by the Hong Kong University Hospital. The Family Medicine specialists manage the primary care centre training local interested medical officer residents under contract for two years. Professor Cindy Lam teaches once a week.

The Shenzhen Medical Centre managed by the Hong Kong University Medical Faculty. The environment is spacious and facilities are well provided with health screening for adults, women and children, with chronic diseases management centre, substance abuse clinics are well provided. The healthcare system provides for a minimum package of services for the citizens, however, here the phenomenon of private care is looming where the increasing rich seek prime care. If transformation is slow, then the dual system will flourish.

The Shenzhen City Council has dedicated one community health centre to teaching where there is a floor with consultation rooms with CCTV facilities to monitor the sessions. At the outpatient centre both traditional Chinese medicine and allopathic medicine is practised. The consultation rooms are placed but often more than one patient is seen at the same time. The government statistics show that there is growing trends of being understaffed both officers and assistants



Prof Xia Junjie with Prof Daniel Thuraiappah

Professor Xia Junjie, Director of the Shenzhen Post Graduate Institute of Medicine is constantly in touch with Beijing for progress. Shenzhen has grown from a small fishing village in the hinterland of Hong Kong twenty years ago to a bustling commercial city of 7.5 million population most of whom are immigrants from other parts of China. It is a city of potential, especially health wise for systematic development in the healthcare industry. The primary health care systems will require post graduate education for all medical officers and development in quality and safety in family medicine.

The Workshop ended with a resolve that improvement in practice is important and is possible.

All delegates were awarded with a Certificate of Attendance in Quality Improvement Program. They will be expected to carry out an audit of their practice and implement recommendations of the quality program in their place of practice. After 6 months the second audit is to be carried out to see if there were improvements in their own practice. One of the ways of measuring improvement was to get patient feedback and would be part of the audit. On satisfactory completion of the quality program audit in their place of practice, the practice will be awarded a "Quality Clinic" certificate.



In order to encourage and motivate the practice of audit it was proposed that an annual prize be awarded for the best community health centre audit carried out. Recognition of achievement should be encouraged for progress.

Prof Daniel M Thuraiappah
Chair, WONCA Working Party on Quality and Safety in Family Medicine
(photographed on site)

Member Organization news

News from Canada

The College of Family Physicians of Canada is pleased to announce the 2013-2014 Executive Committee

2013-2014 Executive Committee Members:

President -Dr Kathy Lawrence, Regina, SK
 Past-President -Dr Marie-Dominique Beaulieu, Montreal, QC
 President-Elect/Chair of the Board -Dr Garey Mazowita, Vancouver, BC
 Honorary Secretary-Treasurer -Dr Jennifer Hall, Rothesay, NB
 Member-at-Large (3-year term) -Dr Claudette Chase, Thunder Bay, ON
 Member-at-Large (1-year term) -Dr David White, Toronto, ON
 Executive Director & CEO (non-voting) -Dr Francine Lemire, Mississauga, ON

Kathy Lawrence, MD, CCFP, FCFP - 2013-2014 President

Dr Kathy Lawrence completed her medical degree and family medicine residency at the University of Saskatchewan. She received certification in family medicine from the College of Family Physicians of Canada (CFPC) in 1996 and eleven years later, she became a CFPC fellow.

For the past 17 years, Dr Lawrence has been providing primary and in-hospital care, as well as intrapartum obstetric care in the Family Medicine Unit at the Regina Centre Crossing. With a focus on women's health, Dr Lawrence is Co-Chair of the region's family medicine obstetrical peer review at Regina's Qu'Appelle Health Region. She also served as the region's Women's Health Centre Director from 1999 to 2002.

Working with local physicians, academics, and the University of Saskatchewan's College of Medicine,

Dr Lawrence has participated in the expansion and development of six residency training sites and in the implementation of Triple C Competency-based curriculum training throughout the province. Currently, she is

working on opening two more training sites in the province.

Dr Lawrence has remained actively involved with the National College and its committees. From 1994 to 1996, she served as University of Saskatchewan's representative to the Section of Residents. She became a member of the CFPC's National Executive Committee in 2010 and completed terms as Honorary Secretary-Treasurer, President-Elect, and Chair of the Board. She currently serves as Chair of the Examinations in Family Medicine Committee and represents the College on the Royal College of Physicians and Surgeons' CanMeds 2015 project.

In 1996, Dr Lawrence received the Dr G. Ernest McBrien Postgraduate Award in Family Medicine. In 2012, she received the Queen Elizabeth II Diamond Jubilee Medal for her contributions to family medicine in the province of Saskatchewan and Canada.



Le Collège des médecins de famille du Canada a le plaisir de présenter le Comité de direction de 2013-2014

Membres du comité de direction de 2013-2014 :

Présidente -Dre Kathy Lawrence, Regina, SK
 Présidente sortante -Dre Marie-Dominique Beaulieu, Montréal, QC
 Président désigné et Président du Conseil d'administration -Dr Garey Mazowita, Vancouver, CB
 Secrétaire trésorière honoraire -Dre Jennifer Hall, Rothesay, NB

Représentante des membres (mandat de 3 ans) -Dre Claudette Chase, Thunder Bay, ON
 Représentant des membres (mandat de 1 an) -Dr David White, Toronto, ON
 Directrice générale et chef de la direction (sans droit de vote) -Dre Francine Lemire, Mississauga, ON

Kathy Lawrence, MD, CCMF, FCMF - Présidente, 2013-2014

Dre Kathy Lawrence a obtenu son diplôme en médecine et fait sa résidence en médecine familiale à l'Université de la Saskatchewan. Elle a obtenu sa certification en médecine familiale (CCMF) du Collège des médecins de famille du Canada (CMFC) en 1996, puis est devenue Fellow onze ans plus tard.

Depuis 17 ans, Dre Lawrence pratique la médecine familiale à l'Unité de médecine familiale du *Regina Centre Crossing*, où elle assure des soins primaires et hospitaliers, ainsi que des soins d'obstétriques intrapartum. Elle s'intéresse particulièrement à la santé des femmes; elle est médecin d'établissement en obstétrique pour la région sanitaire Qu'Appelle à Regina et co-présidente du *Family Medicine Obstetrical Peer Review Committee* de la région. Elle a aussi occupé le poste de directrice du Centre régional de santé des femmes de 1999 à 2002.

Elle collabore avec les médecins et les universitaires locaux, de même qu'avec la faculté de médecine de l'Université de la Saskatchewan. À ce titre, Dre Lawrence a participé à la mise en place et à l'expansion de six sites de résidence, de même qu'à l'implantation du Coursus Triple C axé sur le développement des compétences à l'échelle

de la province. À l'heure actuelle, elle travaille vers l'ouverture de deux autres sites de formation dans la province.

Dre Lawrence a travaillé activement au sein du Collège national et de ses comités. De 1994 à 1996, elle a représenté l'Université de la Saskatchewan à la Section des résidents du CMFC et en 2010, elle est devenue membre du Comité de direction du CMFC, où elle a occupé les postes de secrétaire-trésorière honoraire et présidente désignée/présidente du Conseil. À l'heure actuelle, elle est présidente du comité d'examen en médecine familiale et représente le Collège auprès du projet CanMeds 2015 du Collège royal des médecins et chirurgiens du Canada.

En 1996, elle a reçu le prix d'excellence Dr Ernest G. McBrien en médecine familiale postdoctorale. En 2012, on lui décerne la médaille du jubilé de diamant de la Reine Élisabeth II en reconnaissance pour son travail en médecine familiale dans la province de la Saskatchewan et au Canada.



News from the USA

New AAFP Leaders Announced at 2013 Congress of Delegates

On Sept, 25, 2013, the AAFP Congress of Delegates elected Robert Wergin, MD, of Milford, Nebraska, to be the Academy's president-elect. Others elected or chosen by acclamation for the following positions are:

- Speaker of the Congress -- John Meigs Jr, MD, of Centreville, Ala.
- Vice Speaker -- Javette Orgain, MD, MPH, of Chicago
- Directors -- Jack Chou, MD, of San Marino, Calif.; Robert Lee, MD, of Johnston, Iowa; and Michael Munger, MD, of Overland Park, Kan.
- New physician Board member -- Kisha Davis, MD, of North Potomac, Md.
- Resident Board member -- Kimberly Becher, MD, of Huntington, W.V.
- Student Board member -- B Tate Hinkle, of Birmingham, Ala.

AAFP President, Blackwelder: It's a Good Time to Be a Family Physician

by Matt Brown

This article is reprinted from AAFP News Now, Sept. 26, 2013. Copyright © American Academy of Family Physicians.

Newly installed AAFP President Reid Blackwelder, MD, of Kingsport, Tenn., addresses the crowd at the opening session of the 2013 AAFP Scientific Assembly.

Photo credit: Cindy Borgmeyer/AAFP News Now



Regardless of the challenges, family physicians are leading the way in transforming the U.S. health care system. That's according to newly installed AAFP President Reid Blackwelder, M.D.,

of Kingsport, Tenn., who spoke to his family physician colleagues here on Sept. 25 during the opening session of the 2013 AAFP Scientific Assembly.

"People are talking about us like never before and usually in good ways," Blackwelder told a packed house at the San Diego Convention Center. "From the White House to our statehouses, people are pushing primary care."

With family medicine at the nexus of such issues as the Patient Protection and Affordable Care Act, patient-centered medical homes, and meaningful use, payers are beginning to recognize the value that family physicians bring to the table.

"It's happening now because family physicians are leading the way," said Blackwelder. "We're adapting our practices to be more effective patient-centered medical homes, and we're working smarter, not harder."

Reminiscing about his early years as a solo small-town family physician, Blackwelder said he expanded his practice despite the obstacles in front of him. "Independently, we took care of our community," he said. "We did the best we could because it was the right thing to do. We didn't know it at the time, but

we were trying to be a patient-centered medical home, I just didn't have the resources back then to pull that off."

Today, Blackwelder said, family physicians have the tools at their disposal to take that next step that will improve patient outcomes at less cost. "We truly can do it all -- cradle to grave -- and we don't have to limit what we do to gender, age, organs, diseases or locations in the hospital," he said. "Even if we change our practice, we're still the most comprehensively educated and trained physicians and cannot be replaced. We are what this country needs, and they're starting to realize it."

Blackwelder said people want patient-centered care, and they are choosing family medicine because FPs treat the person, not the disease. "Family medicine is about making a connection," he said. "It's about relationships, and this ability to make that connection in the moment is what defines us as family physicians. No one does that as well as we do."

In addition to building relationships, AAFP members also must play a key role in addressing the pipeline issue in family medicine while also finding ways to maintain balance. "We have to maintain balance, and this is where it gets challenging," said Blackwelder. "We all sacrificed something to get where we are, but you always have options."

Amid all of the uncertainty currently surrounding the business of medicine, family physicians have a unique opportunity to effect a positive change. "Our role is unique and it is critical," said Blackwelder. "It's time that primary care is being discussed, and we are the true constant in this transformation. Family physicians cannot be replaced."

"We're remaking the system into one that's truly about health and caring. We need to tell our patients' stories." Although a job can be frustrating, "for us, this is not a job -- it is a calling. It's sacred, how we do what we do," said Blackwelder as his audience rose in acclaim.

Featured doctors

Dr Anna STAVDAL

WONCA Europe vice president (Norway)

The WONCA editor was recently lucky enough to visit Dr Anna Stavdal, at her home just outside Oslo in Norway. Anna is the current vice president of WONCA Europe and a long-term outspoken advocate for family doctors in her region. An interview conducted over several days cannot be reflected in this featured doctor column, so capturing the essence of who Anna is outside her professional life is not something that has been attempted. If you are interested to find out more about Anna, the WONCA editor suggests you attend the WONCA Europe conference in Lisbon, in July, and meet this remarkable woman yourself.

What work are you doing currently?

I'm working as a GP in the centre of Oslo, in a practice with two other colleagues, and an intern changing every six months. I've been working in the same area for 25 years.

I also teach medical students, the main topic being communication skills. As well as that, I give lectures to specialist candidates, at mandatory courses in their training programme. I also mentor candidates in groups in a two-year training programme, also mandatory.

I'm now in my second term of office as vice president of WONCA Europe.

Other interesting work things you have done (or are doing such as VP of WONCA Europe?)

I got involved in the Norwegian college early in my career, and had ten years on the board. My last two terms were as chair.

As a result of holding this position, and overlapping with this work, I engaged in the collaboration between the colleges of the five Nordic countries: Denmark, Sweden, Finland, Iceland and Norway. In 2005, we founded the Norwegian Federation of General Practice, consisting of the five national colleges. The federation owns the *Scandinavian Journal of Primary Care* and the biannual Nordic Congress for General Practice. I was the first president of the Nordic Federation and

stepped down in 2011, the same year I was elected as vice president of WONCA Europe.

For seven years, I also wrote a column in the biggest tabloid in Norway - I was "The GP of the newspaper". It was interesting work, as I have always been quite conscious of the importance of doctors being, and showing, their accountability to society. This work gave me an excellent opportunity to reach the general public and describe the nature of general practice, and why what we do is important to people's health.

Recently I had a couple of interesting years, dividing my time between my practice and The Norwegian Board for Health Supervision as a senior adviser. The Supervision Board handles serious complaints against GPs. In governmental bodies, of which the Supervision Board is one, the primary care perspective is not covered as well as that of secondary care, which made the work challenging, but meaningful.

Passions in and out of work

I'm almost insatiable when it comes to books, theatre and music.

I also like to be in the nature, at home and abroad. (*The WONCA editor can vouch for this having found Anna jogging early in the morning after a snowfall*). Most of all I enjoy being with people that can provide me with broader perspectives of life, that being over a meal around my own or other's dinner table, and through encounters not planned for.

I think I can say that I'm a curious person, in the best meaning of the word- I hope.



Your history of involvement in WONCA and what you enjoy about it.

WONCA has existed in my universe since I began with the board of the Norwegian college. I actually attended the meeting where WONCA Europe was founded, in Estoril/ Lisbon in 1994, bringing my youngest child, who was six months old at that time.

However, I must admit that for many years, WONCA to me, was a sort of a distant actor, that did not have any significance for my work, neither in my practice, nor in the college.

When I worked on the Nordic level my perspective changed. Developing the collaboration between countries in my region, I have experienced the benefit of collaboration and diplomatic work between actors with some mutual interests, but who at the same time are different in terms of culture, resources, political ways of thinking and historical experiences.

My main task as vice president of WONCA Europe, has been, and still is liaising work,

between WONCA and other organisations working in the same field, but from other perspectives. For example, UEMO is the umbrella organisation of the trade unions of GPs in Europe; and the European Forum for Primary Care is an inter-professional organisation working for development of primary care, not only health, in our region. Over the last three years I've been the WONCA representative working on establishing ways to collaborate. I have also been working on establishing a relationship between WONCA Europe and the WHO, at the European level. This is interesting work and currently is achieving good progress.

I find it interesting to work with a broader approach, and also from the GPs' perspective. I find that necessary if we are to achieve what we're aiming for: a better and sustainable primary care for all.

And, as I've already pointed out, I'm a curious person, and in WONCA I meet a lot of different people, which gives me an opportunity to develop and refine my own views and perspectives.

And: I like projects. To get things done.

WONCA CONFERENCES 2014

February 7 -8, 2014	Vasco da Gama Movement forum	Barcelona, SPAIN	One strong voice for the family doctors of the 21st century www.vdgm.woncaeurope.org/forum/
April 2 – 6, 2014	WONCA World Rural Health Conference	Gramado BRAZIL	Rural health, an emerging need http://www.sbmfc.org.br/WONCArural/
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/

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

Asia Pacific Regional Conference of the World Organization of Family Doctors (WONCA) 2014
Nurturing Tomorrow's Family Doctors

21 - 24 May 2014

Borneo Convention Centre Kuching
Sarawak, Malaysia



MEMBER ORGANIZATION MEETINGS

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

April 11-12 2014	V Cumbre Iberoamericana de Medicina Familiar 
	Quito, Ecuador
April 29-02 2014	The 10th JSFM International Conference 
	Amman, Jordan
May 08-11 2014	EGPRN Spring meeting 
	Barcelona, Spain
June 12-14 2014	XXXIV Congreso de la semFYC 
	Gran Canaria, Spain
June 21-22 2014	Fiji College of General Practitioners conference 
	Sigatoka, Fiji
July 25-27 2014	RNZCGP conference for general practice 
	Christchurch, New Zealand
September 01-02 2014	EFPC 2014 Bi-annual conference 
	Barcelona, Spain
October 02-04 2014	RCGP annual primary care conference 
	Liverpool, United Kingdom
October 09-11 2014	RACGP GP '14 conference 
	Adelaide, Australia
October 21-25 2014	AAFP annual scientific assembly 
	Washington DC, USA
November 13-15 2014	Family Medicine Forum / Forum en médecine familiale 
	Québec, Canada
November 19-23 2014	The Network: Towards Unity for Health conference 
	Fortaleza, Brazil
June 16-18 2015	19th Nordic Congress of General Practice 
	Gothenburg, Sweden