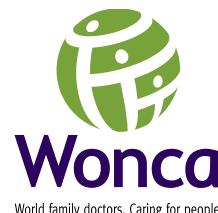


WONCA News

An International Forum for Family Doctors



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FROM THE WONCA PRESIDENT-ELECT:

TOWARDS A GP IN EVERY COMMUNITY IN THE WORLD

Wonca, the World Organisation of Family Doctors, is the world academic body of general practitioners. Its aim is to promote the highest quality of general practice around the world. Wonca is an organisation of organisations: national colleges of general practice/family medicine. Collaboration with its member organisations is important but in order to fulfil its ambitions, the contributions of individual general practitioners and other primary care experts in the world are essential.

Wonca's objective to promote excellence of general practice and primary care is subordinate to its mission of improving health, globally. In pursuing this, there are two core considerations. First, the effectiveness of individual medical care depends to a large extent on the structure of the health care system. Where primary care is provided and generalists take care of unselected health problems as the basic point of service, health care outcomes are the best. This is independent of a countries' level of development, population characteristics or geography.

The second consideration is that health is determined by multiple factors, of which individual medical care is only one. Promoting and improving the health status of individuals and communities means operating in this multifactor context and linking individual health care to social, cultural and economical actions. Only under conditions of physical, mental and social safety, prosperity and protection against health threats is it possible to help individuals to improve and maintain their health.

The logical consequence in pursuing the Wonca mission in the long term is general practices in every community around the world, with GPs well trained, educated and supported, functioning under a primary care oriented health care system and operating in an integrated inter-sectorial approach to the society they serve. This is a truly long-term (one may even say: unrealistic) ambition. At this moment, only a minority of countries around the world operate in this way and in most countries GPs lack recognition as a medical specialty and the specialty training that has to go with

it. But some important progress has been made, as 82 countries –with the unfortunate exception of Russia and India, all the large ones –and more than hundred academic organisations of primary care are united in Wonca. Even though in many of these countries the population health status and development of general practice is poor, this is a major achievement: general practice now has at its disposal a global forum for its academic development that brings together leaders in primary care.

This forum enables general practice to think globally and act locally. It allows the innovation of primary care, but as important as the de-novo development is transfer and exchange of products Wonca member organisations have developed themselves. The richness of Wonca is the vast collective resources and experiences of its member organisations. Particularly when operating in a regional structure the flow of exchange is powerful, as the experiences in Europe, Asia-Pacific, North America and the Ibero-American region show. The grouping of member organisations in a regional structure, tuned to the realities and traditions of that region are vital for general practice to reach out to every community. At this moment Wonca is currently working hard to get this perspective right for Africa, the Middle East and the former Soviet Republics.

A number of key aspects of general practice development can only evolve under global direction and this is where contributions of individual primary care experts around the world are vital. Through the work of Wonca working parties, special interest groups, dedicated experts and other global organisations –the WHO being most prominent – much is possible. The following summarises the current achievements.

A basic requirement of primary care development is insight into the health status and health threats of the population under care. Only on the basis of empirical data is it possible to address the specific needs of that community and its individual members. For this, a *classification* that befits the realities of primary care is needed and this is the importance of *the International Classification of Primary Care (ICPC)* developed by the Wonca International Classification Committee. To be able to classify access to practices, patients and populations is needed. This is usually the first step in building general practice *research* and the *Working Party on Research* is currently building practice-based research networks and research expertise around the world. *Informatics* – the domain of yet another Working Party – plays an ever more important role in reaching

practitioners and practices. Wonca is currently collaborating with the WHO in an action plan to address social determinants of health.

Two other Wonca groups exemplify the importance of the patients' and practitioners' context on health and health care. A substantial part of primary care is provided in isolated rural areas, the challenge of the *Working Party for Rural Practice*. For health in the community the safety and wellbeing of families is crucial, *The Women and Family Medicine Working Party* promotes the health and wellbeing of women as patients, carers and physicians.

The historically strongest contribution Wonca has made is in the field of *teaching and education*. The need of undergraduate students' exposure to general practice and specialty training in general practice prior to certification are generally accepted – even though the reality in many countries leaves much to be desired. The current collaboration with the *NETWORK Towards Unity for Health*, the network of primary care oriented medical schools is taking this forward. The focus of the Working Party on Education will in the future be directed at professional development and quality of care, in collaboration with the *Working Party on Quality Assurance*. A point on Wonca's agenda is also the in-depth exploration of the clinical field of general practice. *Respiratory* and *mental health problems* (Special Interest Group Neurology and Psychiatry) have already demonstrated the importance of this.

Singapore, 24 – 28 July 2007 is the scene of the upcoming 18th Wonca World Conference, and preparations of the 19th World Conference, 26 – 30 May 2010 in Cancun, Mexico, are already well under way. These promise to present the best of general practice to a world audience and are a 'must' for everyone with an interest in the development of general practice beyond his or her own region. In-between, a run of regional conferences provides attractive opportunities to meet.

The period 2007 – 2010 is also an important period to make progress on the world forum of general practice. In my view there are three priorities:

- *Strengthening regional structures*. Most international (academic) organisations operate on a regional level and the development of regional structures in Africa, the Middle East and the former Soviet Republics should be urgently addressed. But the regional structure should feed into an even stronger global presence: through Wonca, general practice is one of the few disciplines with a potent world body, of which we must make the most.

- *Building primary care research*. For too long, general practice research has been conspicuous in its absence. Without empirical data on health problems and care in the community it is not possible to foster health of populations. This makes the building of a global general practice research capacity mandatory.
- *Development of clinical expertise*. GPs take care of the majority of health problems in the community, and this makes it important to engage in evidence-based recommendations that fit into the general practice setting.

This is the structure general practice through Wonca has to offer, but it is void unless it can count on the involvement and intellectual contributions of GPs and other primary care experts around the world. Wonca is keen to engage as many as possible to improve the health of people through excellent general practice, grounded in the principles that all individuals are equal – and are entitled to the best care irrespective of their background – and each of them is unique, requiring care tailored to their individual, personal needs.

If you would like to join one of the groups, be an individual member of Wonca or just know more, please visit the Wonca website, www.globalfamilydoctor.com.

Professor Chris van Weel

President-elect
World Organization of Family Doctors

(Editor's note: Due to personal circumstances, Wonca president Bruce Sparks has been unable to write his President's column. For that reason this Wonca News features a 'From the President-elect' column. Wonca News acknowledges our gratitude to the Royal College of General Practitioners, and The New Generalist, that had published this paper previously)

FROM THE CEO'S DESK:**THE WORLD HEALTH ORGANIZATION AND WONCA**

Wonca's relationship with The World Health Organization (WHO) dates back to September 1979 when Wonca Executive took the decision that the organization should enter into a two year working relationship with WHO with the view to admission as a Non-Government Organisation (NGO) of WHO. The Wonca Classification Committee through its activities then became involved with the corresponding division of WHO in the area of disease classification.

Dr Henk Lamberts was appointed the official Wonca representative as Chair of the Wonca Classification Committee and together with Dr Rajakumar of Malaysia and Dr Maurice Woods of USA, were to develop relationships with WHO in four identified areas:

- Classification of Diseases
- Health Information System
- Mental Health
- Health Manpower Development and Training.

In the subsequent years, work in two of the four agreed areas of co-operation, namely Classification of Diseases through the work of the Wonca Classification Committee and Mental Health through Dr Maurice Woods and his Committee, were actively pursued.

Five years later, in 1984, the Executive Board of WHO formally admitted Wonca into official NGO status with a three yearly review. This has continued without a break up to the present and the next review of Wonca's status as an NGO in collaborative relations with WHO will be at the end of 2006.

Currently Wonca has several areas of collaboration with the world body and these we hope will increase in the years ahead. Some of the ongoing collaborations include:

- 1 The Global Alliance against Chronic Respiratory Diseases (GARD): A WHO Initiative in which Wonca is a founding member to address the increasing burden of respiratory problems globally.
- 2 The WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders: A Wonca representative, Dr Gabriel Ivbijaro from the Wonca Working party on Mental Health, is a member of the Group to provide the primary health care perspective.
- 3 The International Classification of Primary Care (ICPC-2): This Wonca product, is a member of the WHO Family of International Classification (FIC). Members of the Wonca International Classification Committee are in discussions with the WHO to map the ICPC to the other classifications in the WHO FIC.
- 4 WHO Initiative on Social Determinants of Health: Wonca has Dr Jan de Maeseneer as representative and member of the Knowledge Network of Health Systems in this Initiative.

- 5 WHO Framework on Tobacco Control: Wonca is supporting WHO with on-going work in raising global awareness and development of educational tools for clinical practice via its Task Force on Tobacco Cessation.
- 6 Wonca-WHO Guidebook Project: Wonca Member Organizations are translating into their native language the Wonca-WHO publication, "Improving Health Systems: The Contribution of Family Medicine" and partnering with their Ministers of Health and other leaders to strengthen the role of the family doctor in their country.
- 7 The Patient at the Centre of Care Initiative of the Western Pacific Region of WHO: The Wonca CEO is a member of the Reference Group to give advice on the Initiative.

The recent election of Dr Margaret Chan as the Director-General of the WHO marks a new chapter in the relation between WHO and Wonca. Dr Chan will take up her post in January, 2007.

Dr Margaret Chan is no stranger to Wonca. In her capacity as Director of Health of Hong Kong, she has been involved on several occasions in Wonca activities associated with the Hong Kong College of Family Physicians and with the Wonca Secretariat when it was located in Hong Kong.

Dr Chan served as the Director of Health of Hong Kong for nine years before joining the WHO as Director of the Department for Protection of the Human Environment in 2003. She then rose to be Assistant Director-General for Communicable Diseases and Representative of the Director-General for Pandemic Influenza. She has a medical degree from the University of Western Ontario, Canada and a master's

degree in public health from the National University of Singapore.

In her submission to the WHO Executive Board and in her speech to the World Health Assembly, Dr Chan made special mention of efforts to control tobacco including the full implementation of the Framework Convention on Tobacco Control. Dr Chan also emphasized: (1) the importance of integrated primary health care as the cornerstone of national health systems; (2) the growing burden of chronic diseases in the world that needs to be addressed urgently; and (3) the importance of women and child health.

Dr Chan expressed the opinion that good and well integrated primary health care is the only way to ensure fair, affordable, and sustainable access to essential care across a population.

Wonca fully supports Dr Chan and endorses her priorities as she takes on the role of Director-General of the World Health Organization. Wonca wishes Dr Margaret Chan every success in her new role and looks forward to increasing areas of collaboration with her and her colleagues in the WHO.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family
Doctors

FROM THE EDITOR:

THE 18TH WONCA WORLD CONFERENCE IN SINGAPORE IS COMING

Now is the time to plan for Singapore. The last of three summer-fall Wonca Regional Conferences and the Wonca World Rural Health Conference are all pleasant memories. The next major opportunity for family doctors to reunite is in Singapore from July 24 to 27 at the 18th Wonca World Conference.

The deadline for submitting abstracts for the 18th Wonca World Conference is December 31, 2006. Please submit your abstracts online at www.Wonca2007.com. Also, online registration for Singapore is open at www.Wonca2007.com.

This issue of Wonca News continues to report on important gatherings of Wonca's Regions, Working Parties and Member Organizations in the year leading up to the 18th Wonca World Conference in Singapore. More than 3,000 family doctors and other participants from Europe and 64 different countries around the world met from August 27-30 for the Wonca Europe Regional Conference in Florence, Italy. Some 2,300 delegates from more than 30 countries celebrated in Buenos Aires, Argentina from October 11-14 the historic, first Wonca CIMF Iberoamericana CIMF Regional Congress.

This issue reports on other highlights of the Wonca Europe Regional Conference in Florence. These include meetings of the Wonca Working Party on Women and Family Medicine and the International Federation of Primary Care Research Networks. While in Florence, Wonca Europe Regional President Igor Svab presented Sam Everington with the Wonca-Europe Excellence in Health Care: The 5 Star Doctor Award, also reported in this issue.

These and many other family doctor gatherings continue to crescendo towards the triennial meeting of all meetings – the 18th Wonca World Conference in Singapore. Please send me news that you would like to share with your fellow family doctors as Singapore approaches.

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FEATURE STORIES**REGISTER AND SUBMIT ABSTRACTS ONLINE FOR WONCA WORLD 2007 IN SINGAPORE**

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

The deadline for submitting abstracts is December 31, 2006. Please submit your abstracts online at www.Wonca2007.com. Also, please register for the online at www.Wonca2007.com.

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

The medical technology exhibition will also provide a unique business matching opportunity for all family physicians and medical groups wanting to scale up their

practice profiles and offer an improved and vastly increased range of point of care testing services for their patients.

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

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

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

Dr Tan See Leng

Chairman
Host Organizing Committee
Wonca World Conference 2007
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Women Family Doctors in Practice

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

review, summary and annotated bibliography on Women Family Doctors in Practice.)

In many countries, although women make up half or more of practicing physicians, discrimination on the basis of gender affects their opportunities, access to medical careers and choice of specialty. This article promotes gender equity in health care, through an understanding of how gender stereotyping and discrimination may influence practice specialty choices and other professional and personal life options.

Family Medicine organizations can be supportive of global gender equity goals. In 2001, Wonca adopted the Beijing Declaration and Platform for Action and the Millennium Development Goals, both of which promote gender equity for development and equal access of women to education; improvement in women's access to vocational training, science and technology, and continuing education; development of non-discriminatory education and training; and allocation of sufficient resources for the implementation of educational reforms.

Social stereotypes which attribute various qualities to an individual simply based on sex, ethnicity, or religion can limit women's opportunities in career advancement in medicine. These stereotypes are present in medicine, as illustrated by expectations that women will choose specialties like pediatrics, obstetrics and gynecology and family medicine, which are thought to embrace women's attributes, while men are expected to choose surgery, cardiology, orthopedics, and emergency medicine, which are thought to embrace men's attributes. Some countries limit

women physicians to family medicine or gynecology. Overcoming these prejudices and stereotypes is important as both women and men can contribute to all specialties and much can be gained from encouraging a culture of gender equity within each specialty.

That being said, several studies have shown that women physicians choose different models of practice than men. In North America, compared to men, women are more likely to participate in group rather than solo practice, and to choose salaried positions over other forms of remuneration and often receive lower salaries than their men colleagues. The number of hours worked and visits billed are also lower for women compared to men. In family medicine, women are more likely to do more ‘cradle to grave’ activities and men are more likely to perform a wide range of non-gynecological procedures.

Traditional gender attitudes in different parts of the world have influenced the way in which women are valued in medicine. As the number of women employed in a given specialty increases, the prestige and income potential for that specialty declines. There is concern that as medicine becomes “feminized”, it will take on a lower status, and become a “pink collar profession”, as has been seen with other woman-predominant professions such as nursing and teaching.

Commentators in industrialized countries often attribute, correctly or not, the recent trends among physicians of a decline in hours of work, number of patients seen and services provided to the growing number of women physicians. In reality, there is a trend for younger physicians of both sexes to seek more balanced lifestyles and strive

to practice medicine in ways that allow them to balance their professional and personal lives better.

In many places there is system-level inequity for women physicians in practice. Medicine has not traditionally accommodated physicians who wish to practice part-time, and the definition of what constitutes part-time work is controversial. Many physicians, who classify themselves as part-time, work 40 hours per week, the equivalent of full-time work in other settings. Women who work part-time report feeling guilty for not contributing as much to health care, being excluded from decision making, being penalized for overhead costs and having a relatively higher clinical workload in comparison to their full time colleagues. However, studies have shown personal satisfaction, patient satisfaction, resource utilization, preventative services and other measures do not differ in full and part-time work situations.

Lack of maternity leave policies and overtly discriminatory sick benefits that exclude pregnancy are common for women physicians, as are loss of benefits for part-time physicians. Women in practice face unique challenges arranging coverage when they take maternity leave. Unless a locum can be found, the costs of overhead and staffing may force a woman to shorten her leave to durations far shorter than she would recommend to her own patients and shorter than what is available to other working women.

Having a career in medicine affects women’s and men’s lives differently. Many women find it challenging to combine marriage and parenthood with their careers. The complexity is magnified in dual-physician marriages. In North America, women in dual physician

marriages generally worked fewer hours than women married to non-physician professionals. Women physicians with children spend more time on childcare and household maintenance than their male partners, and women physicians with children decreased their time spent on professional activities, especially when their children were preschoolers. When childcare and other household responsibilities were also considered, women physicians had less personal, discretionary time than men physicians.

The challenges for women physicians described above are even greater for women practicing in rural settings. Reports from industrialized countries show that women doctors are currently even less likely than their male colleagues to go into rural practice because of the type of practice, acuity of patients, isolation, role strain, attitudes of the community and the challenge of spousal employment. In 2002, the Wonca Working Party on Rural Practice, developed a Policy on Female Family Physicians in Rural Practice directed at improving recruitment, training, support, structure of rural medical practice, and representation and leadership of women in rural practice. Rural physicians suggested that concerns for recruitment and retention of women rural physicians (and men as well) can be addressed through flexible on-call duties, child care services, funding and time off for CME/CPD, advanced skills training, supportive specialist and peer mentoring, support and email chat groups for women rural doctors, sensitive education in medical schools and in the community, and adequate workplace security, especially after hours.

With increasing numbers of women entering medicine predisposed to work part time, the

health care system is likely to require an increased number of physicians to maintain the same level of service. If this redistribution serves to reduce the paid work-week for both men and women to a more manageable 40 hours, then the impact of women on the profession will be to humanize working conditions. What remains unexamined is how decisions regarding work hours change over the course of a physician's career. Moreover, little is known about the relationship between reduced hours and quality of care.

Women physicians' efforts to promote more humane work hours and more flexible work schedules will enable both men and women physicians to achieve a better balance between the demands of their personal and professional responsibilities. Rather than limiting women's professional growth, such changes can help to make medicine a more attractive profession and to reduce burnout for men and women. Elimination of the gender stereotypes that limit both men's and women's career paths are essential to enhancing medical care and ensuring that all physicians can choose a professional career that will enable them to serve their communities most effectively.

Michelle Howard MSc
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Lucy Candib MD
Cheryl Levitt MBBCh.
Wonca Working Party on Women and Family Medicine

WONCA REGIONAL NEWS

Wonca CIMF Iberoamericana: Un Congreso sonado, un Congreso para soñar

La serie de Congresos Regionales de la Región Wonca CIMF Iberoamericana no podría haber comenzado de mejor manera. El Primer Congreso Iberoamericano de Medicina Familiar, Región Wonca CIMF Iberoamericana, que se acaba de celebrar del 11 al 14 de octubre en Buenos Aires, Argentina inauguró este proceso nada más y nada menos que con la presencia de 2300 delegados provenientes de mas de 30 pa'ses.

Toda la región se vio representada con delegados procedentes de: Bolivia, Brasil, Colombia, Chile, Costa Rica, Cuba, Ecuador, El Salvador, España, México, Nicaragua, Panamá, Paraguay, Perú, Portugal, Puerto Rico, Republica Dominicana, Uruguay, Venezuela y Argentina.

A su vez delegados de otros pa'ses como Dinamarca, USA, Australia, Canadá, Japón, Republica Checa, Eslovenia, Líbano, Israel, Holanda y Singapore se dieron cita en nuestro país para ser testigos de un Congreso maravilloso.

Nuestros invitados nos entregaron unas plenarias colmadas de conocimientos y reflexiones de gran utilidad para la práctica de la Medicina Familiar en toda Iberoamérica. Se hizo un especial énfasis en temas que reflejaron los distintos roles que hoy ocupa el Médico de Familia y que pueden favorecer la construcción de un sistema de salud centrado en la Atención Primaria.

En este sentido nuestro programa científico se vio engalanado con la presencia de invitados tales como: Barbara Starfield, Stephen Spann, Rafael Bravo Toledo, Carlos Brailovsky, Jerónimo Cello y Howard Tandeter entre otros.

En consonancia con nuestro lema "Construyendo un Sistema de Salud desde la Atención Primaria: El Rol del Médico de Familia", la plenaria inaugural de nuestro Congreso abordó este tema con un panel de lujo compuesto por la Dra. Barbara Starfield, quien disertó sobre los Imperativos Globales para la Atención Primaria, seguida por el Prof. Chris van Weel, quien desarrolló los Desafíos para la Medicina Familiar a nivel mundial, y finalmente el Ministro de Salud y Ambiente de la República Argentina, Dr. Gines González García expuso aspectos relevantes sobre la Atención Primaria en la Argentina.

Durante el desarrollo de nuestro Congreso tuvieron lugar 5 sesiones plenarias, 40 conferencias, 9 cursos, 23 talleres, 15 simposios, 15 mesas redondas, 7 estaciones de destrezas, 22 actualizaciones breves, una exposición de fotos y una sesión de videos, y 192 trabajos científicos fueron presentados por sus autores, provenientes, en su mayor'a de pa'ses de la región y también de USA, Eslovenia y Dinamarca.

Quizás una de las partes más novedosas e interactivas de nuestro Congreso sea la que ofreció el grupo de teatro Los Calandracas, quienes recrearon pequeñas escenas basadas en dificultades reales que tanto pacientes como médicos experimentan en forma cotidiana.

Como cortesía para nuestros visitantes de otras regiones, se desarrolló una parte importante del programa en inglés, con dos salones destinados durante todos los días de la conferencia a actividades con traducción simultánea.

Un apartado especial merece el apoyo y la participación de los miembros del Comité Ejecutivo de Wonca, quienes nos honraron con su colaboración y con sus presentaciones durante la Conferencia, muchas gracias a Chris van Weel, Warren Heffron, Igor Svab, Geoffrey Martin, Richard Roberts, Alfred Loh, Michael Kidd, Javier Dom'nguez del Olmo y Adolfo Rubinstein.

Con un interesante programa social también fue posible que los asistentes al Congreso visitaran una ciudad tan hermosa como lo es Buenos Aires, con una gran variedad de atractivos turísticos, culturales y sociales que estuvieron a disposición de los delegados, esperamos que hayan podido disfrutar también de todas las bellezas naturales que Argentina tiene para ofrecer.

Sin lugar a dudas este congreso ha sido una gran oportunidad para compartir experiencias y ampliar nuestros horizontes, encontrarnos con viejos amigos, y escuchar novedosas investigaciones e ideas que pueden servir para mejorar la salud de nuestros pacientes y nuestras comunidades, así son los Congresos de WONCA.

Ciertamente todo lo que ocurrió en Buenos Aires durante este encuentro va más allá de lo que todos anhelábamos y habíamos soñado para este Congreso, pero lo más importante es que todo lo que finalmente ocurrió nos permite celebrar por el continuo y soñado desarrollo que la Medicina Familiar sigue logrando en nuestra Región.

Reciban el más cordial de los saludos

Dr. Ezequiel López
Presidente Comité Científico

Prof. Sergio Solmesky
Chairman, Host Organizing Committee

Dr. Carlos Cantale
Executive Coordinator, Host Organizing Committee

Wonca Iberoamericana-CIMF's Regional Conference: Dreamed About, and a Dream

The first Wonca Iberoamericana- CIMF Regional Conference was everything that we dreamed about. A total of 2300 delegates from more than 30 countries inaugurated. The First Wonca CIMF Iberoamericana Regional Congress of Family Medicine was held from October 11th through October 14th in Buenos Aires, Argentina. Regional delegates came from: Bolivia, Brazil, Colombia, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Spain, Mexico, Nicaragua, Panama, Paraguay, Peru, Portugal, Puerto Rico, Dominican Republic, Uruguay, Venezuela and Argentina. In addition, delegates from other countries around the world, including Denmark, USA, Australia, Canada, Japan, Czech Republic, Slovenia, Lebanon, Israel, Holland and Singapore, to be witnesses to a wonderful Congress.

The opening Congress plenary highlighted the conference theme, "Building a Primary Care Centered Health System, the Role of the Family Physician". The opening plenary included Dr. Barbara Starfield, who lectured on the "Global Imperatives for Primary Care", Wonca President-elect, Professor Chris van Weel, who explained the "Worldwide Challenges for Family Medicine", and finally the Minister of Health of Argentina, Dr. Gines Gonzalez Garcia, who described the important aspects of "Primary Care in Argentina".



From left to right, Dr. Michael Kidd, Ms. Yvonne Chung, Prof. Igor Svab and Helena, Prof. Warren Heffron and Rosalind, Dr. Maria Fernanda Blanco, and Prof. Chris van Weel



The Host Organizing Committee, from left to right: Standing: Prof. Sergio Solmesky, President of the Congress, Dr. Carlos Garcia, Treasurer and FAMFYG President, Dr. Agustin Ciapponi, Scientific Reviewer, Seated: Dr. Carlos Cantale, Executive Coordinator, Dr. Ezequiel Lopez, Chairman Scientific Committee



Prof. Igor Svab and Helena, Prof. Javier Dominguez del Olmo and his wife Teresa, Dr. Alfred Loh and his wife Yiau Leng Loh, during the President's Dinner



Prof. Sergio Solmesky offering a toast during the evening gala, accompanied by Prof. Adolfo Rubinstein (right) and Prof. Chris van Weel (left)

Our special guest speakers delivered stimulating and informative plenary presentations regarding the central role of Family Medicine and the family doctor in Iberoamérica. Plenary speakers reflected on the different roles that family doctors face today how they can help contribute to more effective, primary care-centered health systems. The scientific

program included such respected researchers, practitioners and educators as Stephen Spann, Rafael Brave Toledo, Carlos Brailovsky, Jer-nimo Cello and Howard Tandeter among others.

During the Congress 5 plenary sessions took place, along with 40 conferences, 9 courses, 23 workshops, 15 symposiums, 15 panels, 7 skill workshops, 22 brief reviews, a photo exhibition and a video session, and 192 scientific papers. Presentations came from the Iberoamericana-CIMF countries of the region, as well as from other countries around the world, such as the USA, Slovenia, and Denmark. As courtesy for our visiting delegates from other regions, an important part of the Scientific Program was held in English, with two rooms destined during every day of the conference for activities with simultaneous translation.

A special mention deserves the support and the participation of the members of the Executive Committee of Wonca, who honored us with their collaboration and with their presentations during the Conference. Special thanks are due to Wonca Executive Committee members Chris van Weel, Warren Heffron, Igor Svab, Geoffrey Martin, Richard Roberts, Alfred Loh, Michael Kidd, Javier Dom'nguez del Olmo and Adolfo Rubinstein.

Like in every Wonca Congress, we have no doubts that this conference has been a great opportunity to expand our horizons, to meet old friends, and to listen and learn new research findings and ideas that can serve to improve the health of our patients and communities. Delegates to the Congress to a city as attractive as is Buenos Aires were afforded a great variety of social, cultural and tourist activities to sample the natural beauties that Argentina has to offer.

Certainly everything that occurred in Buenos Aires during this encounter goes beyond what all we longed for and we had dreamed for this Congress. Most important, the Iberoamericana-CIMF Congress allowed us to celebrate the continuous development of Family Medicine occurring in our region.

Dr. Ezequiel Lopez
Chairman, Scientific Committee

Prof. Sergio Solmesky
Chairman, Host Organizing Committee

Dr. Carlos Cantale
Executive Coordinator, Host Organizing Committee

More than 3,000 Gather for Wonca Europe in Florence

A total of 3,414 family doctors and other participants from Europe and 64 different countries around the world attended the 12th Wonca Europe Regional Conference, held August 24-27 in Florence, Italy. It is one of the best results in the history of Wonca. The attendance during the sessions was very high, and the delegates filled the conference with an enthusiastic atmosphere.

Florence was certainly a perfect venue for the conference theme, "Towards a Medical Renaissance: Bridging the Gap Between Biology and the Humanities". A total of 1292 abstracts were presented or shared, perhaps one of the biggest result in the history of Wonca international conferences. The participants left the conference with the correct impression that General Practice/Family Medicine is a very dynamic branch of medicine and that so many family doctors are contributing new ideas and significant advances to medicine, health systems and people's health.

The record setting number of abstracts presented was the result of new criteria and a proactive review process. New abstract criteria were written for this conference, in order to expand the new ideas or qualitative research to be shown. Once received, an abstract was sent immediately to 2 of 156 different referees from all the European countries and even some in Africa. Abstracts with 2 negative evaluations were rejected (96 abstracts). Others with one negative and one positive review were sent back to the authors with some suggestion to improve them. The new version was automatically accepted.

The conference was organized in 6 topics each one with a key note and a main workshop in the plenary room. These were: Research, Education, Biology and Humanities, Quality, Risk and Safety and Caring for the World. The Host Organizing Committee tried to choose these topics in accordance with the activity of Wonca in order to make this conference an important step forward for an ongoing process of development of the Organization. Each topic will be briefly reported on below.

The Florence Conference was an interesting occasion to start a discussion between the Research Working Party, chaired by Walter Rosser, and EGPRN, the network that is part of the Wonca European Executive dealing with research. During the conference, a one day meeting was dedicated to the Wonca Research Working Party. A plenary workshop made the comparison between different research approaches inside Wonca. Two subsequent workshops showed what has already been done and what is possible to do in the future. Particular attention was paid to the building of research capability

mostly in developing countries. At the end of the conference, participants committed to strengthen our research capacity and quality, and to implement 3 research projects before the Singapore meeting.

Trisha Greenalgh gave a stimulating performance in a keynote address on Education in General Practice/Family Medicine. Under the Education theme, the Vasco de Gama Movement organized a day and half of meetings to analyze the different settings in which general practice is working in Europe. The conference was an important opportunity to organize the Giotto group (the Italian section of VDGM) and to present to the European teachers the movement of the Italian School of General practice.

Biology and the Humanities was a challenging topic given its many different meanings. The keynote address by Sergio Bernab proposed that family doctors pay attention to every single word of the patient as an outcome of her/his body in the same way that GPs pay attention to a blood sample specific results. Effective communication and negotiation become essential tools for the GP to develop and master in such a humanistic relationship. The science of Neurobiology becomes the bridge to the gap between biology and the humanities.

An exposition of different approaches to the theme of Quality came from the keynote presentation of Jan de Maeseneer. On the one hand, he proposed a paradigm shift from problem oriented to goal oriented medical care. On the other hand, he suggested that the family doctor must integrate both an individual and a community approach to quality. Among quality indicators on which to focus,

efficiency and equity emerged of the workshops as key indicators to consider. Particular attention was paid to patient empowerment and on the continuity of care between the primary and secondary level.

The topic of Risk and Safety dealt with the ethical aspects in general practice and the importance of responsibility of patient follow up in screening, diagnosis and therapy. A main workshop focused on the different strategies that pharmaceutical companies adopt to influence the therapeutic choice of the GP.



A beautiful and meaningful dance among disabled people highlighted the opening ceremony



Prof. Walter Rosser chaired and spoke at the opening session on family medicine and primary care research



Delegates sing the National Hymn during the opening ceremony



Professor Igor Svab, President of Wonca Europa



Professor Bruce Sparks, Wonca President



During the closing ceremony, special thanks are given to the Host Organizing Committee, from left to right: Giorgio Visentin, Sergio Bernab, Chris Van Weel, Pino Parisi, Guido Danti, Roberto Della Vedova, Massimo Tombesi, Tiziana Galopin.

The influence of pharmaceutical sponsorship during the Florence Conference was minimal. A few groups of participants were supported by some company to attend the conference but the majority paid their own fee. Florence conference demonstrated that GPs may handle the meeting themselves if the number of participants is high. The feeling was that each GP was somehow the “owner” of the conference and the huge number of abstracts is the result of this sort of “ownership” this.

The final conference theme was introduced by Wonca World President Bruce Sparks, who emphasized in his keynote address the family doctor’s role in Caring for the World. He shared some South African Zulu phrases to remind the delegates that, in order to be effective healers, family doctors must first understand the setting, culture and other unique characteristics in which their patients are living. He suggested that GPs should be encouraged to live and work in rural and urban underserved areas in order to gain the knowledge and skills to promote lifestyle changes in the community. Family doctors should be influence policy makers in the early stage of policy development to better guarantee the legislation or policies adopted will have the best chance to improve the quality of life of their patients. And community. He concluded that Wonca Europe should stimulate the development of health care systems with no financial or other barriers to Primary Care/Family Medicine.

As with all the others Wonca Europe networks, Europrev is leading collaborative work in its area, the emphasis on disease prevention and health promotion in all European general practices. Europrev members led workshops on how to encourage proper diets. During the workshop of Heelsum collaboration, the Pyramid of Mediterranean Food was suggested as an example of a good daily diet. In addition, a new interesting project is underway using the family doctor to motivate improved physical activity for their patients.

At the conference closing plenary session, six designated “Wonca leaders” summarized their impression of the above six conference themes. They were assisted by a group of 20 family doctors who worked on behalf of the Host Organizing Committee and summarized in 120 papers all the keynote addresses and the six conference workshop themes. During the last hour final plenary session, each conference theme was summarized by a member of the Host Organizing Committee and a Wonca leader. This closing session helped delegates to understand the relevant points for each of the six conference themes that were presented during the 22 parallel conference working sessions. A special thanks to our six Wonca leaders, Evelyn Baumgarden van Weel, Christos Lionis, Maarten Klomp, Luis Pisco, John Wim Johnes, and Toni Dedeu, for the difficult task that they completed magnificently.

Dr Giorgio Visentin

Chairman, Host Organizing Committee
visentin@tin.it

Dr Massimo Tombesi

Chairman, Scientific Committee

Professor Igor Svab

President, Wonca Europe

The Women's Track at the Wonca Europe Regional Conference

Europe was represented at the Women's Working Party on Women and Family Medicine (WWPWFM) Hamilton meeting by European Regional Council member Ilse Hellemann. This short report relates to the Women's Track at Wonca Florence, which was well attended and enabled many members to learn about the Working Party.

The trend towards having a 'Women's Track' at Wonca meetings has been established since Durban (2001), and occurred both in Wonca Europe in Amsterdam in 2004 and also the World Wonca meeting in Orlando, where Amanda Howe was the pre-meeting facilitator. Other key members of Wonca Europe who have been actively engaged with the Working Party dialogue are Toine Lagro-Janssen and Sylvie Lo Fong Wong (The Netherlands), and Janecke Thesen and Kirsti Malterud (Norway). The focus has shifted from the needs of women physicians to a broader agenda that includes organisational transformation, advocacy for patients, and the fundamental principles of gender and equity (see the Working Party's linked website www.womenandmedicine.com).

The excellent scientific committee for the Florence meeting were kind enough to accept an abstract from the Working Party – this kind of support and opportunity is essential to show members what is achieved between international meetings. The speakers were Dr Henriette van der Horst (Netherlands), and Professor Amanda Howe (U.K.). At the European meeting we presented two keynotes on the impacts of feminisation in family medicine, and the work of

the WWPWFM. The workshop was attended by around 50 participants (mostly but not all female!) and also discussed the questions:

1. Do you think that the growing number of women in medicine will change [or has changed] professional behaviour and values? How do you value this change?
2. What issues does this raise for medical education and working practice? In particular, what are the positive and negative consequences of part time working, and how can we improve positive outcomes of flexibility in our jobs?
3. What are the main skills that you need to overcome barriers in your career, and how can you develop these?

Many of the comments made are addressed in the Working Party monograph and also in the commitments summarised in the 'Hamilton Equity Recommendations' – both shown on the website. The main ongoing themes of the WWPWFM are around:-

- Gender and equity
- The WONCA Bylaws – are they gender equitable?
- Leadership – what skills and ethos do our members want?
- Women in training, practice, academia, organisational medicine - and in their personal space (caring for themselves and their families /communities)
- Healthy practice and careers.

Within these focused themes, we want to see the agenda of Wonca continue to be responsive to these issues, and to see at each Wonca meeting some seminars or workshops where women across the world can debate and enhance these ideas.

The listserve hosted by the WWP provides a rich traffic of enthusiasm, queries and responses to our efforts, and allows us to work together outside the meetings structure. The next face to face is Singapore 2007 where we have already offered many women's track events. We would be really glad to hear from you before that – join the listserve (via Lucy M.Candib, MD [lcandib@massmed.org]) or via the website, or contact Amanda.howe@uea.ac.uk.

HEALTH AND HEALTH SYSTEM NEWS

Dr Margaret Chan to be WHO'S Next Director-General

In early November, the World Health Assembly confirmed Dr Margaret Chan of China as the next Director-General of the World Health Organization (WHO). The Director-General is WHO's chief technical and administrative officer. She was previously WHO Assistant Director-General for Communicable Diseases and Representative of the Director-General for Pandemic Influenza.

In her acceptance speech, Dr Chan brought attention to the health of women and of the people of Africa. Dr. Chan told the World Health Assembly, "All regions, all countries, all people are equally important. This is a health organization for the whole world. Our work must touch on the lives of everyone, everywhere," she emphasized. "But we must focus our attention on the people in greatest need, and two specific groups of people in particular. She

said, I want us to be judged by the impact we have on the health of the people of Africa, and the health of women. Improvements in the health of the people of Africa and the health of women are key indicators of the performance of WHO."



Dr Margaret Chan, WHO Director General

Dr Chan obtained her Medical Degree from the University of Western Ontario in Canada and also has a degree in public health from the National University of Singapore. She joined the Hong Kong Department of Health in 1978, and was appointed as Director of Health in 1994. As Director, she launched new services focusing on prevention of disease and promotion of health. She also introduced new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, and to establish better local and international collaboration. She has effectively managed outbreaks of avian influenza and the world's first outbreak of severe acute respiratory syndrome (SARS).

The procedures for the current nomination and election process were decided following the sudden death of Dr LEE Jong-wook, WHO Director-General, on 22 May 2006. Dr Chan paid tribute to her predecessor. "We are all here because of the untimely death of Dr LEE Jong-wook. We are also all here because of many millions of untimely deaths. I know Dr Lee would have wanted me to make this point. He will always be remembered for his 3 by 5 initiative. That was all about preventing untimely deaths on the grandest scale possible."

Dr Chan told the Assembly that as Director-General she would focus on six key issues for WHO: health development, security, capacity, information and knowledge, partnership, and performance. She emphasized the importance of global health security in her vision of the Organization's role: "Health security brings benefits at both the global and community levels. New diseases are global threats to health that also bring shocks to economies and societies. Defense against these threats enhances our collective security."

Underlining the importance of strong systems to deliver health care to the people who need it, she said:

"All the donated drugs in the world won't do any good without an infrastructure for their delivery. You cannot deliver health care if the staff you trained at home are working abroad."

She especially praised the people who deliver health care. "The true heroes these days are the health workers with their healing, caring ethic. They are determined to save lives and relieve suffering, and they work with impressive dedication, often under difficult conditions. The world needs many, many more of them."

Dr Chan underlined the diverse approaches needed to strengthen health and health care in different parts of the world. "Many countries in Africa face the challenge of rebuilding social support systems. Others in central Asia and Eastern Europe are undergoing transition from planned to market economies. They want WHO support. They want to make sure that equitable and accessible systems built on primary health care are not sacrificed in the process."

She said she would strengthen WHO's commitment to gather, analyse and build recommendations based on evidence: "I plan to set up a global health observatory to collect, collate and disseminate data on priority health problems. I will integrate WHO's research activities to more strategically address a common health research agenda."

There is a growing number of initiatives and players in the field of global health. Dr Chan said she would work strategically with partners to deliver the best possible results for global health. "Today, collaboration to achieve public health goals is no longer simply an asset. It is a critical necessity. WHO needs to develop an approach to collaboration that emphasizes management of diversity and complexity."

Ending her address, Dr Chan repeated her pledge to work hard to improve the health of people around the world. "The work we do together saves lives and relieves suffering. I will work with you tirelessly to make this world a healthier place."

New Zealand Government Approves More Training places for GPs

The Labour-led government will invest \$2 million to increase the number of GP training places by over 25 percent for each of the next two training years, Health Minister Pete Hodgson. The 15 extra places will be funded bringing the total number of GP Registrars to 69 per annum.

Early indications from the Clinical Training Agency's (CTAs) review of GP training and evidence from the Royal New Zealand College of General Practitioner's workforce survey show an increasing need to fund more GP registrars, especially in rural areas around the country. "The 15 extra registrars will be targeted for placements in rural practices, where we know we're going to need to encourage more young GPs to set up shop in the future," the College responded.

The College is delighted Minister of Health Pete Hodgson is following his own call for action, and taking a first positive move to help ease the GP shortage by announcing 15 additional GP registrar training places for 2007-8. "While the extra 15 places won't solve the current shortage, they give an earlier start to addressing the issue," CEO Karen Thomas said. "Next year's intake has already been finalised and so we will act quickly to identify the additional 15 registrars," Ms Thomas said.

"This boost in numbers means that at the end of next year we will have 69 highly trained GP registrars ready for advanced GP training."

The Royal New Zealand College of General Practitioners has completed some ground-breaking analysis to help establish a benchmark for the numbers of GPs required in New Zealand. "New Zealand has no agreed ratio of GPs to patients, therefore it is hard to identify just how great any shortage is," said College CEO Karen Thomas. In addition, there is no any applicable international benchmark. "The New Zealand health system is uniquely New Zealand," Ms Thomas said. College Policy Analyst Dr Judith Fretter and Research Fellow Madhukar Pande have produced an Occasional Paper that sets a series of scenarios that include the differing calculations that must be taken into account when setting any benchmark. (*Editor's note: This article was reported in the Royal New Zealand College of General Practitioner's "GP Pulse"*)

MEMBER AND ORGANIZATIONAL NEWS

News from the International Federation of Primary Care Research Networks

The International Federation of Primary Care Research Networks (IFPCRN) has had two regional meetings recently, the first in conjunction with Wonca Europe in Florence, Italy and the second in conjunction with the North American Primary Care Research Group (NAPCRG) in Tucson, Arizona, USA. We noted the good progress in membership being made with slow but steady growth to about 152 individuals representing 53 networks in 46 countries. Membership continues to be open to clinicians who are simply interested in PCRN research - actual network membership is not a requirement.

We noted continuing progress towards our second article. This is a project which Waris Qidwai (Karachi, Pakistan) is leading. The article, titled the "Future role of Family Doctors: A Perspective from the International Federation of Primary Care Research Networks" as been submitted. Manfred Maier and Heide Lingard (Austria) are continuing their work on a paper

describing the productivity of PCRNs around the globe and Christos Lionis is planning a paper on developing research in countries with insufficient resources and capacity.



ICFPRN Members relax during the busy Wonca Europe Regional Conference

With these two meetings we have established several areas for our work in the near future. First, we intend to work to build an inventory of networks around the world. At the same time that we do this, we need to update our website so that networks can sign up and update their information directly. We will be working with Wes Fabb and Alex from Paradigm to accomplish this. (They currently maintain our list server and website.) Second, we realized that as we are doing this, we should develop a set of descriptors of networks - the different goals they have, the different types of governance, the funding mechanisms, the types of projects they undertake and other descriptors that may emerge.

This work will be integrated with that of Jean Solar who is working with Francisco Gomez-Clavelina to better integrate the resources of the Wonca website with the pages on the IFPCRN website (which, since it started out separate from the Wonca website has its own identity and URL). We will integrate and present a uniform interface for all materials.

IFPCRN - Europe is also planning to run a workshop on network

development at the Wonca Europe meeting in Paris October 17 to 20 of 2007. Danica Rotar Pavlic is taking the lead on this project. We will, of course, also participate in the Wonca meeting in Singapore July 24 to 27 of 2007 as well.

The newsletter has reports on some of our member specific networks and is available at WWW.IFPCRN.ORG or through WWW.GLOBALFAMILYDOCTOR.COM. The website also has a huge number of links to research networks, technical help, professional organizations and other information. All of this information is available due to the excellent work of Francisco Gomez-Clavelina (Mexico City, Mexico). We plan to add 4 electronic newsletters a year to the Website.

John Beasley

Chair, IFPCRN

John.Beasley@fammed.wisc.edu

Sam Evergreen Receives Wonca Europe Award of Excellence in Health Care

During the Wonca Europe Regional Conference in Florence in August, President Igor Svab presented Sam Everington with the Wonca-Europe Excellence in Health Care: the 5 Star Doctor Award. Known by "Dr. Sam" in his local community at Bromley-by-Bow in London, Sam has been working for more than 20 years as a GP principal in a health centre used by the United Kingdom government as a model for "Health Living Centers".

Bromley-by-Bow is one of the most deprived areas in the country with multiple social problems. The Health Living Centers pioneer a new approach to health care, integrating general practitioners and other health professionals with community

projects – linking health with education and enterprise, environment with training and family support – serving as a focus for the energy and ability for the local community and helping regenerate the area. The health centre is not just a "health centre": it is an art gallery, community centre, public park, a caf, a nursery, a community cinema and a GP practice all rolled into one. Dr. Sam believes that you cannot separate patient health from their environment, employment, housing, education and creativity and therefore an holistic approach is needed. The centre is a unique partnership between the private, public and voluntary sector. The health centre reflects the ethnicity of its locality, with four out of 10 patients from the Bengali community. It holds diabetic fairs, it offers joint ante-natal child health clinics, where there are different groups e.g. "the art and asthma group" that creates sculptures of allergens that cause asthma. Empowerment of patients is a central strategy.

Dr. Sam believes unemployment makes people unwell. So, projects that contribute to social cohesion e.g. by letting work people together, are of utmost importance.

Dr. Sam spends 4 days a week in the practice. Moreover, he is involved in contacts and discussions about the future of primary health care in the United Kingdom and has published a lot in the scientific literature. He is continually working at the improvement of the quality of care using a broad strategy, and tries to contribute to solidarity in the local community, which is not easy nowadays in a multi-ethnic environment in the United Kingdom. Health promotion is central in his work as a practitioner in the primary health care team, and he relies on the possibilities patients have themselves in order to improve their health status.

By giving the WONCA-Europe award of excellence in health care "the five star doctor", to Dr. Sam Everington, the jury wants to make clear that at a time where the focus is on things that are measurable, in this time of market competition and privatization, the physician has an important task to contribute to those things you can't measure: to help people to live their lives, utilizing their own possibilities, diagnosing diseases in a comprehensive way, and discussing treatments with the active participation of patients. All of us involved in a development of family medicine in Europe may be inspired by what Dr. Sam does.

In 1999, Dr. Sam received the member of the British Empire from Her Majesty Queen Elisabeth for services to primary care. He now has added the prestigious WONCA-Europe Award of Excellence in Health Care: The 5 Star Doctor.

Prof. Jan De Maeseneer, M.D., Ph.D.

demaeseneer@ugent.be

John Howard Stands Down as Chairman of the RCGP International Committee

John Howard, the longest serving member of the Royal College of General Practitioner's International Committee and its Chairman since 2000, is retiring after 16 years of dedicated service. The RCGP International

Committee was formed in November, 1987; John joined it in 1990 and has served on it with distinction since then. He became Vice Chairman of the Committee in 1998 and over the last six years has developed the international work as Chairman.

John's forte has been education and teaching, particularly through his development of the RCGP International Teaching Skills Course which, with Rosslynne Freeman, he developed in 1996. Over the last ten years, this course has had a significant influence in the development of postgraduate teaching in General Practice in many countries throughout the world. Many of those who have taken part in the course have gone on to develop postgraduate training in their own countries.



John Howard,
Chairman of the RCGP
International Committee,
2000-2006

John's other major contribution to international work has been leading the development of MRCGP [INT] accreditation exam. In the early days of the international Committee it was felt that it wouldn't be possible to develop an international exam which would be of equivalent standard to the MRCGP in the United Kingdom. This was in spite of discussion with other major members of Wonca. But over the last six years, largely through John's enthusiasm, knowledge and expertise, it has been possible to develop this examination and for it to be taken up enthusiastically in a number of countries, particularly in the Middle East and Asia. The value of this examination is that it provides a specialist qualification for General Practitioners and has led to the

development of appropriate, high quality, postgraduate training for young doctors. It allows them not only to undergo training, but also to know that their level of knowledge and expertise is equivalent to other specialist qualifications in their own country and to MRCGP in the United Kingdom.

As well as his international work, John has continued as a partner in his practice in Surrey, and has contributed as a Trainer, Associate Dean, Lecturer and Undergraduate Tutor. His contribution to General Practice education and training, both at home and internationally, has been outstanding.

Philip Evans

Former Chairman, International Committee
Former Wonca Europe Regional President
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RESOURCES FOR THE FAMILY DOCTOR

SBMFC INVITES RESEARCHERS FROM DEVELOPING COUNTRIES TO PUBLISH

The Brazilian Society of Community and Family Medicine (SBMFC) will support five publications in open access journals for researches from developing countries. Articles must be submitted and accepted by the Public Library of Science (Plos) or BioMed Central (BMC).

The first author must work and live in developing countries for at least 2 years. Developing countries will follow Wonca's classification. The articles must use ICPC 2 as a classification code and the study must evaluate reasons for encounters and/or health problems (diagnosis).

The researches must assess at least 200 consecutive encounters (consultations). Patients must be classified by age (years for more than one year and months for less than one year) and gender. Articles will be accepted until February, 2008. SBMFC will support the 5 first accepted articles by e-mail with a letter of acceptance.

Gustavo Gusso

Director of Brazilian Society of Family and Community Medicine
gustavo.gusso@uol.com.br

Kanu Gopal Bala – Wonca Global Family Doctor for December

Professor Kanu Gopal Bala, MBBS, FCPS, FCGP, PhD, was born in Gopalganj, Bangladesh on 31 December 1953. He is currently President of The Bangladesh Academy of Family Physicians, and Professor and Medical Director of the Bangladesh Institute of Family Medicine & Research, University of Science & Technology, Chittagong. Professor Bala is very much involved in the development of the art and science of Family Medicine in Bangladesh.



Professor Kanu Gopal Bala – Wonca Global Family Doctor for December

Professor Kanu Gopal Bala has been a key person in the development of Family Medicine education in Bangladesh where he has had a number of roles:

- Played a significant role in the establishment of “The College of General Practitioners of Bangladesh [BCGP]. This is the first institute in Bangladesh for the Education of Family Medicine in Bangladesh, and served as Member of the Board of Governors of the BCGP.
- Developed the Prospectus, Course & Curriculum of the “Fellow of College of General Practitioners [FCGP]. The FCGP course started in 1990 and to date, more than 600 doctors are FCGP qualified.
- Served as Organizer and Founder Editor-in-Chief of the Bangladesh Family Medicine journals, including the ‘Bangladesh Private Medical Practitioners Journal’ and the ‘BCGP Annals’.
- Played a significant role in the establishment of “The Bangladesh Academy of Family Physicians [BIFMR]”, the only National Organization of the Family Physicians in Bangladesh. Served as Secretary General, President Elect and President of BAFP.
- Played a main role in the establishment of the Bangladesh Institute of Family Medicine & Research, an Academic Enterprise of the Bangladesh Academy of Family Physicians and Constituent Institute of the University of Science &

Technology Chittagong.

- Developed the Prospectus, Course & Curriculum of the ‘Family Medicine Diploma [FMD]’ course at the University of Science & Technology Chittagong. Served as Advisor to the FMD course of the USTC. The teaching and evaluation patterns can be used as model for many developing countries with low socioeconomic condition.
- Introduced the 2 Step Education Policy for Bangladesh. Step-1 Education is base line education in Family Medicine for all the Family Physicians. This is a one-year ‘Family Medicine Diploma [FMD]’ course and is run by USTC. Step-2 Education is advance education in Family Medicine. This is Master’s course and will be started very soon by the USTC.
- Author of “The Basis of Family Medicine”, a book written for students of FMD and MD.

Professor Kanu Gopal Bala is a deserving winner of the Wonca Global Family Doctor of the Month Award for December 2006.

(Editor's note: Please nominate a fellow family doctor for this prestigious award. If selected, their nomination letter will be published in Wonca News and they will receive a very expensive Welch Allyn office diagnostic set. The “Global Family Doctor of the Month” Award is an award to encourage philanthropy among primary care practitioners and to honour doctors giving their time and expertise to their global colleagues and their patients. The award is given to doctors who are recognised by their colleagues as having contributed significantly to the community in which they work by way of their practice, community involvement, charity work or other humanitarian acts.)

Each Award winner will receive:

1. A letter of congratulations from the Wonca CEO
2. An Award certificate signed by the President of Wonca and the CEO of Wonca suitable for framing.
3. A complete office diagnostic set from Welch Allyn worth approximately US\$400.

Submission Requirements:

1. Title and Full Name of nominee.
2. Photo of nominee. The winner and his/her photo would be featured on Wonca’s website www.GlobalFamilyDoctor.com
3. Postal address of nominee.
4. Reasons for nomination for the Award.
5. Brief resume or CV of the nominee
6. Any other relevant information that would assist Wonca in the selection process.

Please submit nominations and accompanying documents via email for this monthly Award to:

Dr Alfred Loh

CEO

World Organization of Family Doctors (Wonca)

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Fax +65 6324 2029
Email admin@wonca.com.sg

WONCA CONFERENCES 2007 – 2011 AT A GLANCE

Information correct as of December 2006.
May be subject to change.

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

2007

24 – 27 July	18th WONCA	SINGAPORE	Genomics and Family Medicine
	WORLD CONFERENCE		

17 – 20 Oct	European Regional Conference	Paris FRANCE	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
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2008

4 – 7 Sept	Europe Regional Conference	Istanbul TURKEY	Theme to be confirmed
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1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	A Celebration of Diversity
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2009

5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
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16 – 19 Sept	Europe Regional Conference	Basel SWITZERLAND	Theme to be confirmed
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2010

19 – 23 May	19 th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
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October	Europe Regional Conference	Malaga SPAIN	Theme to be confirmed
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2011

February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
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GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

18th Wonca World Conference, Singapore 2007

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

Wonca Europe Regional Conference, Paris, 2007

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

8th Wonca Rural Health Conference, Nigeria 2008

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

19th Wonca World Conference, Cancun 2010

Host: Mexican College of Family Medicine
Theme: Millennium Develop Goals: The Contribution of Family Medicine
Date: 19-23 May, 2010
Venue: Cancun Conventions and Exhibition Center, Cancun Mexico
Contact: Mexican College of Family Medicine
Anahuac #60
Colonia Roma Sur
06760 Mexico, D.F.
Tel: 52-55 5574
Fax: 52-55 5387
Email: javier.dominguez@unfpa.org.mx

MEMBER ORGANIZATION AND RELATED MEETINGS

6th Austrian Winter Conference on General Practice and Family Medicine, Austria 2007
Date : January 13-20, 2007
Venue : Hotel Rote Wand in Lech am Arlberg, Austria
Contact : Vienna Medical Academy, att. Christian Linzbauer, Alser Strasse 4, 1090 Vienna, Austria
Phone : +43 1 405 13 83-17
Fax : +43 1 405 13 83-23
E-mail : christian.linzbauer@medacad.org
Web : www.oegam.at

American Academy of Family Physicians (AAFP) Annual Scientific Assembly, Chicago, 2007

Date : October 3-7, 2007
Venue : Chicago, Illinois
Contact : AAFP
11400 Tomahawk Creek Parkway
Leawood, Kansas 66211-2672, USA
Tel : 1 913 906 6000
Fax : 1 913 906 6075
Email : international@aafp.org
Web : http://www.aafp.org

The Royal Australian College of General Practitioners 50th Annual Scientific Conference, Sydney, Australia 2007

Date : 4-7 October 2007
Venue : Sydney, Australia
Web : www.racgp.org.au



18th Wonca World Conference

24 – 27 July 2007

Suntec Singapore

Genomics & Family Medicine

Genomics & Family Medicine

PLENARY LECTURES



Impact of Human Genomics on the Practice of Medicine

Professor Edison Liu
Executive Director, Genome Institute of Singapore



Title to be advised

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



Future Health Agenda

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



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

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



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

Dr. Spencer Wells
Population Geneticist, National Geographic



Translational Research in Family Medicine

Professor Yvonne Carter
Dean, Warwick Medical School



Ethical and Medico-Legal Issues in the Age of Genomics

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

call for abstracts

Deadline for Abstract Submission : **31 August 2006**
Notification of Abstracts' Acceptance : **1 November 2006**

Online Registration and Abstract Submission is NOW OPEN!!!

For more information, visit us at:

www.wonca2007.com

Host Organisations



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Family Physicians
Singapore

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(Updated as of 30 May 2006)

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Journal Alerts en Espanol – a new batch is posted at the beginning of each month
Disease Alerts – the latest disease outbreaks from WHO and CDC
Travel Alerts – advice for you to give to your traveling patients
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Clinical Nutrition Updates – a new topic is presented every three weeks
POEMs – Patient-Oriented Evidence that Matters – a new POEM is posted twice a week
POEMs em Portugues – a new one is posted twice a week
eMedicine – a weekly clinical case for you to solve, with a visual cue: photo, ECG, radiograph
EBMsources – an appraisal of two evidence based medicine websites is posted every month
Cutting Edge – an interesting series about the latest medical hypotheses, posted weekly
Educational Resource Centre – a repository of educational materials for family doctors
Research – the latest on Wonca's research activities, and opportunities for research
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Publications – details of Wonca publications and Wonca News
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For the first time in its history, WONCA Europe will be holding its annual Congress in Paris at the Palais des Congrès from October 17 to 20, 2007.

Representing France in the WONCA Council and working with the three networks EGPRN, EURACT and EQUIP, involving the Vasco da Gama European Junior Physicians Movement, the French National College of Teachers in General Practice (CNGE) is the official organiser of this Congress.

The 2007 WONCA Congress will mobilize 3000+ GPs from France and Europe, while also offering a window into the French and European systems of Primary Care.

The CNGE will unite key players in the domain of Primary Care in France and throughout Europe: scientific societies, universities, pharmaceutical industry, research networks, public health institutions, etc, in order to ensure the success of this large event.

The theme “Re-Thinking Primary Care in the European Context” will offer a unique opportunity to analyse the orientation of health care systems towards effective Primary care that prevails throughout Europe.

With the aim of co-ordinating care, working sessions will unite representatives of General Practice as well as specialists from other areas related to Primary Care.



October 17-20, 2007
Palais des Congrès, Paris

Call for Abstracts

Opening: December 1, 2006
Deadline: March 31, 2007

Early bird registration

Opening: December 1, 2006
Deadline: June 30, 2007

The 1st European Congress of General Practice in France

Re-Thinking Primary Care in the European Context
A new challenge for General Practice

Official language English/French

www.woncaeurope2007.org

Official Partner



Information: OVERCOME

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