WONCANews

An International Forum for Family Doctors

Wonca
World family doctors. Caring for people.

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From the President: China and the rise of the family doctor

Photo: WONCA president with family medicine residents and staff of the General Practice Training Program at Central South University in Changsha

Dr Yin Shoulong is a rural general practitioner, in Tai Shitun Village, in China. He lives in a typical rural village house built around a central courtyard, with his clinic occupying one side of his home. His patients are from his farming community and many are impoverished and elderly and frail.

Photo: Dr Yin Shoulong, rural general practitioner, in his clinic in Tai Shitun Village in the Mi Yun District north of Beijing

Tai Shitun is in the Mi Yun District, two hours' drive north of Beijing and a very different world from the densely populated metropolis to the south.

Dr Yin has devoted his career to supporting the health and well being of the people of his village and the surrounding district. Recently he has become involved in providing experience in rural medicine to young family medicine trainees on rotation from the Capital Medical University in Beijing. He is part of the primary care revolution underway across China.

This month, I have been travelling in China, visiting family medicine training programs in Beijing, Shanghai and Changsha, as well as teaching clinics in urban and rural areas.

The Chinese health system, like that in many other countries, is facing many serious challenges including an ageing population, increasing prevalence of chronic diseases and mental health problems, and escalating use of expensive hospital services. Problems are compounded in

the world's most populous nation, by the significant disparities between the health services available to people living in major cities, compared to those living in rural areas.

Photo: *Traditional Chinese Medicine pharmacy in the Community Health Clinic of the Miyun People's Second Hospital in the regional centre of Miyun*

In 2009, the Central Government of China launched its comprehensive health system reform with the strategic goal of "Healthy China 2020". The reforms aim to strengthen primary care nationwide to ensure accessible, affordable and equitable health services for over 1.3 billion people by 2020, and to reinforce the importance of general practice/family medicine as a core part of the health care system.

The health care reforms underway in China are extraordinary and are based on building and strengthening the family medicine workforce, through education and training and a focus on quality care. The aim is to ensure that every person in China, no matter where they live, has access to high quality primary care delivered by a trained family doctor.

China's government has set a goal of training 400,000 general practitioners by 2020. This involves a combination of training large numbers of recent medical graduates to become family doctors, training experienced

doctors to work as family doctors, and upskilling the existing community-based medical workforce in both rural and urban areas.

Photo: *900 family doctors from around China participated in the 11th Scientific Conference of General Practice and Community Health of the Chinese Medical Doctor Association's General Practitioner's Sub-association, held at Capital Medical University in Beijing*

WONCA has been supporting the development of family medicine in China since its introduction in the 1980s. We have done this especially through our work with our member organization in China, the Chinese Medical Association College of General Practitioners, and our work in partnership with pioneering family medicine training programs at leading institutions like the Capital Medical University in Beijing and the Shanghai Medical College, at Fudan University.

These institutions and many others across the country are now moving the training of family doctors out of major teaching hospitals and into community health centres. There is increasing recognition that the training of future family doctors needs to be based in the community – with trainees working as members of primary care teams, and with the majority of training provided by family doctors.

There are some significant barriers to overcome. There is a strong belief among many members of the community in China that the best medical care is available through large hospitals. Many people have experienced poorly staffed and inadequately resourced community clinics in the past. The new generation of community health centre based family doctors is working hard to earn the trust of their local communities and the word about the improvements in the quality of care provided is spreading fast.

Many recent medical graduates are uncertain about the viability of a career as a family doctor. Career structures and opportunities for career progression are much more visible in teaching hospitals and local governments are having to develop new ways of attracting and retaining medical graduates to become family doctors.

Photo: Clinical simulation centre of the General Practice Structured Vocational Training Program of the Shanghai Medical College at the Zhongshan Hospital of Fudan University, supported by the Shanghai Municipal Commission of Health and Family Planning

Photo : Family medicine training clinic at the Kangjian Community Health Centre in Shanghai

The reforms underway in China will have implications for the rest of the world, and especially for those countries where family medicine is not yet well established. One of the biggest challenges is training the family doctor workforce to meet the needs of rural China. If the rural challenges can be met with success, then this should provide lessons that will flow to many other parts of the world facing the challenge of providing universal health coverage.

Michael Kidd
WONCA President

Del Presidente : China y el ascenso del médico de familia

foto: El Presidente de WONCA con los residentes de medicina de familia y el personal del Programa de Capacitación Práctica General en la Universidad Central del Sur, en Changsha.

El Dr. Yin Shoulong es un médico general rural en Tai Shitun Village, en China. Vive en una típica casa de pueblo rural, construida alrededor de un patio central. Su clínica ocupa un lado de la casa. Sus pacientes son de su comunidad agrícola y muchos son pobres, ancianos y frágiles.

Foto: El Dr. Yin Shoulong, médico general rural, en su clínica en Tai Shitun Village, en el distrito norte de Yun Mi (Pekín).

Tai Shitun se encuentra en el distrito de Yun Mi, a dos horas en coche al norte de Pekín, en un mundo muy diferente de las metrópolis densamente pobladas del sur.

El Dr. Yin ha dedicado su carrera a apoyar la salud y el bienestar de la gente de su pueblo y de la zona circundante. Recientemente, se ha implicado en ayudar a adquirir experiencia en medicina rural a los jóvenes residentes de medicina familiar en la rotación de la Universidad Médica Capital, en Pekín. Él forma parte de la revolución de la atención primaria que está en marcha en China.

Este mes he estado viajando por China, visitando los programas de formación de medicina familiar en Pekín, Shanghai y Changsha y en las clínicas de enseñanza en áreas urbanas y rurales.

El sistema de salud de China, al igual que en muchos otros países, se enfrenta a muchos desafíos graves, como el envejecimiento de la población, el aumento de la prevalencia de las enfermedades crónicas y los problemas de salud mental, y la escalada de la utilización de los servicios hospitalarios costosos. Los problemas se agravan en el país más poblado del mundo por las disparidades significativas entre los servicios de salud que se ofrecen a las personas que viven en las grandes ciudades y los que reciben quienes viven en zonas rurales.

En 2009, el Gobierno Central de China lanzó su reforma integral del sistema de salud con el objetivo estratégico "China Saludable 2020". Las reformas tienen como objetivo fortalecer la atención primaria en todo el país para garantizar los servicios de salud accesibles, asequibles y equitativos a más de 1,3 mil millones de personas en 2020 y reforzar la importancia de la medicina general / familiar como una parte fundamental del sistema de salud.

Foto Farmacia de medicina tradicional china en la Clínica de Salud de la Comunidad del Segundo Hospital Popular Miyun, en el centro regional de Miyun.

Las reformas en la atención de salud que se han puesto en marcha en China son extraordinarias y se basan en la construcción y el fortalecimiento de la fuerza de trabajo de la medicina familiar a través de la educación y la formación, y en un enfoque en la atención de calidad para asegurar que cada persona en China, no importa donde viva, tenga acceso a la alta calidad de la atención primaria ofrecida por un médico de familia capacitado.

El gobierno de China ha fijado la meta de capacitar a 400.000 médicos generales en 2020. Se trata de una combinación de formación de un gran número de recién graduados de medicina para convertirse en médicos de familia, con la formación de médicos experimentados para trabajar como

médicos de familia y la mejora de la cualificación de los profesionales sanitarios situados en las comunidades que existen en las zonas rurales y urbanas.

Foto: 900 médicos de familia de toda China participaron en la 11ª Conferencia Científica de Medicina General y Salud Comunitaria de la Sub-asociación de Médicos Generalistas de la Asociación Médica China, que tuvo lugar en la Universidad Médica Capital de Pekín.

Foto: Centro de Simulación Clínica del Programa de Medicina General Estructurada y Formación Profesional del Colegio Médico de Shanghai, en el Hospital Zhongshan de la Universidad de Fudan, con el apoyo de la Comisión Municipal de Shanghai de Salud y Planificación Familiar.

WONCA ha estado apoyando el desarrollo de la medicina de familia en China desde su introducción en la década de 1980, especialmente a través de nuestro trabajo con nuestra organización afiliada en China, el Colegio Asociación de Médicos Generales Chino y nuestro trabajo en colaboración con programas pioneros de formación en medicina de familia en importantes instituciones como la Universidad Médica Capital de Pekín y el Colegio Médico de la Universidad Fudan de Shanghai.

Estas instituciones y muchas otras en todo el país están ahora trasladando la formación de los médicos de familia fuera de los principales hospitales universitarios y hacia los centros de salud comunitarios. Hay un creciente reconocimiento de que la formación de los futuros médicos de familia tiene que estar situada en la comunidad, trabajando como miembros de los equipos de atención primaria y con la mayor parte de la formación impartida por médicos de familia.

Hay algunos obstáculos importantes que superar. Hay una fuerte creencia entre muchos miembros de la comunidad China de que la mejor atención médica está disponible en los grandes hospitales. Muchas personas han sufrido en el pasado las clínicas comunitarias mal dotadas de personal y con recursos inadecuados. La nueva generación de médicos de familia situados en los centros médicos de salud de la comunidad está trabajando duro para ganarse la confianza de sus comunidades locales y se está corriendo la voz rápidamente sobre las mejoras en la calidad de la atención prestada.

Muchos médicos graduados recientemente no están seguros de la viabilidad de una carrera como la de médico de familia. Las estructuras y oportunidades para la progresión profesional son mucho más visibles en la enseñanza de los hospitales y los gobiernos locales tienen que desarrollar nuevas formas de atraer y retener a los licenciados en medicina para que se conviertan en médicos de familia.

Foto: Clínica de formación en medicina de familia en el Centro de Salud Comunitaria Kangjian, en Shanghai.

Las reformas en curso en China tendrán consecuencias para el resto del mundo y especialmente para aquellos países en los que la medicina de familia todavía no está bien establecida. Uno de los mayores retos es la formación de la fuerza de trabajo de médicos de familia para satisfacer las necesidades de las zonas rurales de China. Si los problemas rurales se pueden resolver con éxito, esto debe servir de lección a muchas otras partes del mundo que se enfrentan al reto de proporcionar cobertura de salud universal.

Michael Kidd
Presidente WONCA

From the CEO's desk: Family Doctor Day coming soon

Greetings again from Bangkok, where each day is hotter than the one before. A busy month ahead, with various conferences and meetings, and I also want to look ahead to 19th May and World Family Doctor Day.

Meetings and Conferences
Meetings and conferences first of all. By the time you read this, the Rural Health conference in Gramado will probably be over, but we all look forward to reading the reports of the event next month. Both our President, Michael Kidd, and President-elect, Amanda Howe, were attending. The work of the WONCA Working Party on Rural Health is absolutely vital, and we have been blessed over many years with a very active and innovative group, driving forward the rural health agenda. In Gramado the WP launched their Rural Medicine Education Guidebook (RMEG), a really fantastic educational resource, which is readily accessible to all members via the WONCA website.

Rural Medicine Education Guidebook

I will then join Michael and Amanda in Quito, Ecuador, on 11th and 12th April for a major South American family medicine summit. Our WONCA Iberoamericana-CIMF colleagues, led by Regional President, Maria Padula Inez Anderson, have been intimately involved in the planning and organisation of the event, and we are delighted to be able to demonstrate WONCA's support through our attendance. Again, reports of the event will appear in future WONCA News.

Our colleagues in the Jordanian Society will hold their conference at the end of April, with Professor Amanda Howe as the keynote speaker. They hope to have representation from all over the Eastern Mediterranean Region.

And two significant meetings of note this month:

- On 24th and 25th April there will be a meeting at WHO Headquarters in Geneva on the subject of Global technical consultation on WHO strategy on people-centred and integrated health services, and we are grateful to Professor Igor Swab of Slovenia, a past WONCA Europe President, for agreeing to represent WONCA at the meeting.
- At the end of April there will also be a WHO Eastern Mediterranean Region (EMRO) meeting in Iran looking at work-related health issues. This is an area that WONCA has been more and more involved with in recent years, both through the occupational health experts at WHO HQ and also via ICOH – the International Commission on Occupational Health. Professor Waris Qidwai of Aga Khan University in Karachi (Pakistan is in EMRO for WHO purposes) will represent WONCA at this important event, and we are really grateful to him.

World Family Doctor Day 2014
World Family Doctor Day – 19th May - was first declared by the World Organization of Family Doctors (WONCA) in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports from countries as diverse as Bolivia, Croatia, Egypt, Ethiopia, Indonesia, Jordan, Kenya, Lebanon, Nepal, New Zealand, Nigeria, Pakistan, Republic of Srpska, Romania, Serbia, Slovenia, Switzerland, Taiwan and Trinidad and Tobago. WONCA News highlighted many of the events held previously - these can be viewed here.

This year we want to encourage even more organizations to celebrate in appropriate style on 19th May. We would love Member Organisations to tell us in advance of their plans – so that we can promote at least some in WONCA News – and then we look forward to receiving reports after the events to show and tell. WONCA News will publish as many reports as we can, to highlight the really wonderful work done by so many of our great Member Organisations. All news and reports should be sent to editor@wonca.net.

So…get your thinking caps on and drop us an email to tell us of your plans.

Secretariat Visitor – Dr David Game
Finally for this month, on 10th March we were delighted to welcome Dr David Game to the WONCA Secretariat office. David was one of the founders of WONCA way back in 1972, and also served as its President from 1983 to 86. It was a real pleasure to meet and chat with him, as he regaled the staff and I about life in WONCA in "the old days".

Dr Garth Manning
CEO

Read more about Dr David Game.

Photo: Dr David Game (left) in 1972 with Donald Rice MD, of Canada, who would become the second president of WONCA

Policy bite: Primary (health) care: what's in a name?

Each month, WONCA President elect, Professor Amanda Howe writes a policy bite column for WONCA News. This month, she features a joint effort with Monica Burns and Luisa Pettigrew.

There is widespread international support for the establishment of universal health coverage, with frequent reference to the essential role of primary health care in order to achieve this. However what does primary health care actually mean? Is it the same as primary care? Where does family medicine fit? The answer is not straightforward, as evidence suggests that these terms can mean different things to different people, and that the terms are often used interchangeably.

The 1978 *Declaration of Alma Ata* originally identified five principles underpinning 'primary health care' including; (i) equity in access, (ii) community participation, (iii) the effective and appropriate use of technology, (iv) inter-sectorial collaboration and (v) the provision of affordable and sustainable health care. Yet varying interpretations of the declaration led to 'selective primary health care' programmes, today paralleled by 'vertical' programmes, that have resulted in limited investment in health system strengthening in favour of condition specific programmes - hardly the scope envisaged at Alma Ata!

The 2008 World Health Report, *Primary Health Care: Now More than Ever*, revisited the concept, identifying (i) universal coverage, (ii) leadership, (iii) public policy, and (iv) service delivery reforms as essential to delivering 'primary health care'. The report identified the distinctive features of 'primary care' as the mechanism to deliver this more equitable, person-centred care with better health outcomes, and the role of the 'primary care team' as the hub of coordination, networking with the community and outside partners.

Based on this we could consider the term 'primary care' to refer to the health service delivery aspect of the wider political, social and economic concept of 'primary health care'. Yet the two terms are often used interchangeably. Recently a European public consultation led by

an expert panel on defining 'a frame of reference in relation to primary care' used the terms interchangeably, and - whilst proposing a definition that is in line with much of the preceding international research defining the concept - it also outlines that primary care is not a static concept.

The point of this policy bite is to note that, globally, packages of care referred to as 'primary care' are often extremely variable and sometimes so limited that they would be unlikely to provide accessible, community based, comprehensive care in a coordinated and continuous fashion. This is often because, for a range for political, economic and social reasons, policy makers, funders and even healthcare professionals have tended to seek secondary care-oriented solutions rather than primary care-oriented solutions.

In order to work towards a common goal, the pressing challenge facing all stakeholders, including individual governments, multilateral and non-governmental development organisations as well as healthcare professionals, is to ensure that the labels used and the actual services associated with those labels are understood in the same way, have the same meaning between all of the parties, and actually utilise the five pillars of care that underpin effective health care for the people.

Amanda Howe
Monica Burns
Luisa Pettigrew

Rural Round up: Uniting European rural GPs

Dr José Lopez-Albuin, President of EURIPA writes:
One of the greatest challenges that any continent faces may be bringing together its medical workforce and in particular its rural doctors. Europe has led other continents in achieving this. In 1995, a group of rural general practitioners lead by Dr John Wynn-Jones held a meeting that resulted, two years later, in the foundation of the European Rural and Isolated Practitioners Association (EURIPA).

EURIPA's mission statement says that it aims to address the health and wellbeing needs of rural communities and the professional needs of those serving them across Europe irrespective of location, culture or resource. This is a difficult task in a continent that represents 12% of the world's population speaking 200 different languages, in 50 different nations, of which only half share a solid political link (the European Union). These diverse countries have nominal GDP that range from some of the richest in the world to those as far down as 125th. Their climates range from the frozen arctic circle to arid desert surrounding the Mediterranean.

The European rural population (200 million) represents the 23% of its total population. Some countries are predominantly rural (up to 85% of the population) and others are almost entirely urban. Nevertheless, EURIPA is committed to unite their practitioners and address the particular needs of their different rural communities.

European rural practice, in comparison to other world regions, enjoys the advantage of particularly strong government-supported Primary Health Care. This implies a more efficient delivery of care, and mitigates the inequality of care between urban and rural communities, that may be found in other world regions. A recent survey conducted with among EURIPA members (n=407, from 33 nations) considered the needs and solutions for European Rural Practice. Emergency Care was the educational issue most requested. Others issues included the disparities in access to care, the different health profiles across Europe, working conditions for GPs and professional expectations. Incidentally rural practitioners seem happier in Europe than in other world regions, since 68.2% would like to keep living and working in a rural area.

European rural practitioners have, in EURIPA, a representative and supportive organisation which can provide information, assessment, communication and exchange. We hold face to face meetings and use social media (list server, Linked In, Twitter, etc). Our next meeting will be in Riga (Latvia), in September 2014, at our Rural Health Forum. The theme is "*Rural Medicine: today and tomorrow"*. This will complete the areas that have been identified in order to pursue a pan-European Rural Health Strategy and that have been

discussed at the past Forums, namely, Quality, Education and Research. (www.euripaforum2014.eu)

We are helping our Croatian colleagues who will be hosting the 13th WONCA World Rural Health conference, to be held in Dubrovnik in April 2015: a global world rural round up.

EURIPA has become an independent network under the umbrella of WONCA Europe. We participate in European WONCA discussions and meetings; we maintain strong links with other WONCA Europe networks; and we extend our commitment to other world regions.

Ultimately everything we do aims to promote rural health issues and encourage relationships between world rural practitioners.

*José López - Albuin_*

Uniendo a los médicos rurales europeos

José López - Albuin : Presidente de EURIPA

Uno de los mayores desafíos al que se enfrenta cualquier continente es quizás el poder unir a su personal médico y, en particular, a sus médicos rurales. Europa ha liderado a otros continentes para lograrlo. En 1995, un grupo de médicos generales rurales, capitaneados por el Dr. John Wynn-Jones, celebró una reunión que dos años más tarde dio como resultado la fundación de la Asociación Europea de Médicos Rurales y Aislados (EURIPA).

EURIPA tiene como misión y objetivo hacer frente a las necesidades de bienestar de las comunidades rurales y las necesidades profesionales de los que desempeñan su labor en toda Europa, independientemente de la ubicación, la cultura o de los recursos sanitarios. Esta es una tarea difícil en un continente que representa el 12% de la población mundial, habla 200 lenguas diferentes en 50 países distintos, de los cuales, sólo la mitad tienen un vínculo político sólido (la Unión Europea). Estos países diversos tienen un PIB nominal que oscila entre algunos de los más ricos del mundo hasta el que se sitúa en el puesto 125. Sus climas van desde el helado círculo ártico al árido desierto que rodea el Mediterráneo.

La población rural europea (200 millones de personas) representa el 23% de su población total. Algunos países son predominantemente rurales (hasta en un 85% de la población) y otros son casi enteramente urbanos. Sin embargo, EURIPA se ha comprometido a unir a sus médicos y atender las necesidades particulares de sus diferentes comunidades rurales.

La práctica rural europea, en comparación con otras regiones del mundo, goza de la ventaja de tener una Atención Primaria de Salud particularmente fuerte y con apoyo por parte de los gobiernos. Esto implica una prestación más eficaz en la atención y mitiga la desigualdad de la atención entre las comunidades urbanas y rurales que se pueden encontrar en otras regiones del mundo. Una encuesta reciente llevada a cabo con los miembros de EURIPA (n = 407, a partir de 33 países) considera las necesidades y soluciones para la práctica médica rural en Europa. La atención a la emergencia es el tema formativo más solicitado. Otros aspectos muestran las disparidades en el acceso a la atención, los distintos perfiles de salud en toda Europa, las condiciones de trabajo de los médicos y sus expectativas profesionales. Por cierto, los médicos rurales parecen más felices en Europa que en otras regiones del mundo, ya que al 68,2% le gustaría seguir viviendo y trabajando en una zona rural.

Los médicos rurales europeos tienen en EURIPA una organización representativa y de apoyo, que puede proporcionarles información, evaluación, comunicación e intercambio. Llevamos a cabo reuniones presenciales y mediante el uso de redes sociales (a través de listas de distribución, Linked In, Twitter, etc.). Nuestra próxima reunión será en Riga (Letonia) en septiembre de 2014, en nuestro Foro de Salud Rural. El lema es "Medicina Rural: hoy y mañana". Esto completará las áreas que se han identificado

con el fin de seguir una estrategia de Salud Rural paneuropea y que se han venido discutiendo en los últimos foros, concretamente, hablamos de la Calidad, la Educación y la Investigación. (www.euripaforum2014.eu).

Estamos ayudando a nuestros colegas croatas, que acogerán la 13ª Conferencia WONCA Mundial de Salud Rural, que se celebrará en Dubrovnik en abril de 2015, bajo el lema "Un mundo global y rural unido".

EURIPA se ha convertido en una red independiente bajo el paraguas de WONCA Europa. Nosotros participamos en las discusiones y reuniones europeas de WONCA, mantenemos fuertes vínculos con otras redes de WONCA Europa y extendemos nuestro compromiso hacia otras regiones del mundo.

En última instancia, todo lo que hacemos tiene como objetivo promover las cuestiones de salud rural y fomentar las relaciones entre los médicos rurales del mundo.

WONCA Special Interest Groups

WONCA SIG on cancer & palliative care

Symposium coming in Lisbon

The WONCA Special Interest Group on Cancer and Palliative Care will conduct a symposium at the WONCA Europe conference coming up in Lisbon in July. The talks will be a combination of recent research with 'practical tips' for family doctors in cancer early detection, screening and management. We think it will have wide appeal as these are topics which are frequently faced by GPs. The symposium will be delivered by leading researchers in primary care & cancer, who are also practising GPs. They will cover the following topics:

1. Early cancer diagnosis in primary care (lead Peter Vedsted, Denmark)
• Diagnostic intervals in primary care – are they too long?
• Do prolonged cancer diagnostic intervals lead to worse patient outcomes?
• Tips for reducing diagnostic intervals in your patients

2. Screening and primary care (lead David Weller, United Kingdom)
• New challenges, new tests – how can primary care respond to a changing landscape in cancer screening?
• International differences in the role of primary care in cancer screening
• How can family doctors and primary care teams improve uptake and informed choice in cancer screening?

3. After diagnosis: issues for the family doctor (lead Annette Berendsen, Netherlands)
• Do patients with cancer keep seeing their GP?
• One of your patients has been diagnosed with cancer. What next? What should be your role as a GP?

At the conclusion of the talks, we will have an interactive panel discussion. The symposium will include a 5 to 10 minute 'SIG Business' component, in which we explain the aims of the WONCA Cancer & Palliative Care SIG, ask for suggestions about the SIG, and seek new members.

Prof David Weller (convenor)

View WONCA Europe preliminary programme: http://www.woncaeurope2014.org

Region reports

WONCA EMR meeting report

WONCA East Mediterranean Region had an important meeting with WHO EMRO in January 2014, based on our first meeting with H E Dr Ala Alwann WHO RD, in Oman last October.

The important points that we focused on with WHO:
1. Share family practice [FP] status in the EMR countries.
2. Summarize WONCA EMR structure and current activities.
3. Discuss options for future collaboration between WHO and WONCA EMR.

Attendees:
• *Dr Sameen Siddiqi, Director, Health System Development.*
• *Dr Mohamed Tarawneh, President, WONCA EMR.*
• *Dr Mohammed Shafee, WONCA EMR Executive member, President, Oman Family Medicine Society.*
• *Dr Oraib Alsmadi, WONCA EMR Honorary treasurer, WONCA EMR Executive member, President, Jordan Society of Family Medicine.*
• *Prof Taghreed Farhat, WONCA EMR Executive member, President, Egyptian Family Medicine Society.*
• *Dr Mohamed Assai, Coordinator, Integrated Service Delivery.*
• *Dr Mohi Eldin Magzoub, Regional Advisor, Health Professionals Education.*
• *Dr Hassan Salah, Technical Officer, Primary and Community Health Care.*
• *Mrs Evelyn Hannalla, Programme Assistant, Primary and Community Health Care.*

The attendees had several observations during the presentations and discussions; the following is brief of their comments:

1. Importance of countries' political support for implementation of FP programs.

2. The need of short term training for general practitioners to overcome the major bottleneck of shortage in family physicians. Such training programs will not be replaced the current academic degree in family medicine.

3. Technical support to EMR low income countries with alternative models of care delivery to improve access to quality PHC services ensuring continuity of care.

4. Linkages of current primary and secondary health care services in support of FP program.

5. The importance of developing criteria for accreditation of PHC facilities.

6. Limited family medicine departments at EMR with unattractive FP career.

7. Family practice in private sector and its role to expand the FP concept.

8. Factors which attract physicians to family practice specialty including clear career path, decent salary (at least similar to other specialties), and practice in private sector and to include family medicine in the undergraduate curriculum.

9. The impact of family physicians' migration from Egypt, Jordan and Sudan to GCC.

10. The importance of joint missions for WHO and WONCA for technical support of EMR countries.

11. The importance of developing detailed FP norms and standards

12. The neglected significant community role in FP implementation

The following topics are those that WHO and WONCA agreed for collaboration during 2014.

1. Finalizing the document prepared by WHO/EMRO titled: "Conceptual and strategic approach for family practice" and sharing the comments of WONCA in this document, by the end of February, 2014

2. Organizing inter-country Consultation Meeting Towards UHC in the EMR through FP, in the first week of September 2014

3. Conduct "situational analysis of training programs on FP in EMR countries", first draft before end of May 2014

4. Technical support to EMR countries in implementation of FP, ongoing activity over 2014

Photo From right to left (Wonca EMR delegate and WHO EMRO delegate)

- *Dr Mohamed Assai, Coordinator, Integrated Service Delivery.*
- *Dr Sameen Siddiqi, Director, Health System Development.*
- *Dr Mohamed Tarawneh, President, WONCA EMR.*
- *Dr Mohammed Shafee, WONCA EMR Executive member, President, Oman Family Medicine Society.*
- *Dr Oraib Alsmadi, WONCA EMR Honorary treasurer, WONCA EMR Executive member, President, Jordan Society of Family Medicine.*
- *Prof Taghreed Farhat, WONCA EMR Executive member, President, Egyptian Family Medicine Society.*
- *Dr Hassan Salah, Technical Officer, Primary and Community Health Care.*

5. Organizing a short training course for GPs on family medicine, before end of October 2014

6. Improving quality of health care delivery, End of 2014

7. Advocating for WONCA , assign contact person/ association for WONCA in each EMR country, before end of April 2014

Moh'd Tarawneh
WONCA East Mediterranean Region President

WONCA South Asia region conference announced

Registration opening soon!
Conference website: www.woncasar2014.com
WONCA SAR 2014 is jointly organized by IMA CGP, AFPI & FFPAI for the first time in the history of family medicine specialty in India. The organizing committee is privileged to invite all Indian and international delegates for this mega event. We look forward to receive you in the historic city of Chennai India. In addition to a robust and rich scientific programme in family medicine, we promise the traditional warmth and hospitality of India, culinary delights of the acclaimed Indian food and a pageant of colours from the rich Indian culture.

Date: August 16-17, 2014
Venue: Hotel Green Park, Chennai, India
Theme: Hope, healing and healthy nation through family medicine

Jointly organized by IMA CGP (Indian Medical Association College of General Practitioners); AFPI (Academy of Family Physicians of India); and FFPAI (Federation of Family Physician's Associations of India)

Contact person - Dr. K.M. Abul Hasan drkmabulhasan@yahoo.com

'Happy Audit' –II South America

Working Together Across Borders to Curb the Development of Antibiotic Resistance

Excessive and inappropriate use of antibiotics is associated with the increase and development of drug resistant microorganisms. In 2008, the EU-funded intervention project 'Happy Audit' "Health Alliance for Prudent Prescribing, Yield And Use of Antimicrobial Drugs In the Treatment of Respiratory Tract Infection" was launched.

The aim of the project was to promote proper use of antibiotics across six countries with very different consumption of antibiotics and different patterns of resistant strains. WONCA Europe was partner in 'Happy Audit' and facilitated dissemination of the results.

In countries such as Argentina and Spain the intervention had a very positive impact on lowering the inappropriate use of antibiotics, especially for patients suffering from acute bronchitis, sinusitis and pharyngitis.

Following the success of the first intervention, the societies of family medicine from Argentina, Bolivia, Paraguay and Uruguay in partnership with the Department of General Practice at the University of Copenhagen, plan to launch a new intervention project in June 2014: 'Happy Audit' -II South America .

We plan to investigate factors that may influence the decision about antibiotic prescribing in patients with a suspected respiratory tract infection. These data will be analyzed to identify potential quality problems in each country. Afterwards, an intervention focused on health professionals and patients' education with special emphasis on the contextual quality problems will be implemented. The impact of the intervention will be assessed in June-August 2015.

We aim to improve the quality of antibiotic prescription as well as to set the basis for establishing research networks at primary care level in Latin America, which in turn will reflect a better provision of health care services for the patients.

The steering group looks forward to hearing from WONCA members, who could have suggestions about logistics, fundraising and research/implementation methodology. You are welcome to contact:

Global Coordinator of HAPPY AUDIT:
Professor Lars Bjerrum, GP Phd , Copenhagen University, lbjerrum@sund.ku.dk

Coordinator of HAPPY AUDIT-II SOUTH AMERICA: Lidia Caballero, GP , Posadas, Argentina. lijo@arnet.com.ar

On behalf of the steering group;
Gloria Córdoba MD-MPH, Phd fellow, Copenhagen University, Denmark gloriac@sund.ku.dk

Notice - World Health Day 7th April

More than half the world's population is at risk from diseases such as malaria, dengue, leishmaniasis, Lyme disease, schistosomiasis, and yellow fever, carried by mosquitoes, flies, ticks, water snails and other vectors. Every year, more than one billion people are infected and more than one million die from vector-borne diseases.

This World Health Day – 7 April – WHO is highlighting the serious and increasing threat of vector-borne diseases, with the slogan "Small bite, big threat".

The Organization also emphasizes that these diseases are entirely preventable. Newly published "A global brief on vector-borne diseases" outlines steps that governments, community groups and families can all take to protect people from infection.

On World Health Day 2014, WHO is calling for a renewed focus on vector control and better provision of safe water, sanitation and hygiene – key strategies outlined in WHO's 2011 Roadmap for the control, elimination and eradication of neglected tropical diseases, which sets targets for the period 2012–2020.

Member Organization news

The dawn of family medicine in Myanmar

The local perspective by Tin Myo Han

We, Myanmar GPs believe that we will achieve our target to establish the College of Family Physicians of Myanmar (CoFPM) in the very near future because of the assistance of our global partners and the enthusiasm and endless effort of Myanmar GPs.

[Global partners: WONCA, ARPaC (ASEAN Regional Primary Care Physicians Organization), GHETS (Global Health for Education and Training), Boston University Family Medicine Global Health Collaborative, RCGP-UK, DFiD-British Embassy, Chevron Corporation, University of California (San Francisco), Medicine and Beyond (USA)]
We had never seen such strongly motivated and energetic Myanmar GPs, as those who participated in the first International Seminar on Family Medicine Development in Myanmar, from February 11 to 15, 2014, in Yangon. Is it due to inspiration of the global leaders in Family Medicine which met with the family medicine spirit of Myanmar GPs?

At the first morning session of the seminar highlighted Myanmar GPs as invaluable partners of MOH (Myanmar) in an opening remark by Myanmar Medical Association President, Prof Rai Mra, on behalf of the Myanmar Health Authority. The British Ambassador (Myanmar) His Excellency Andrew Patrick addressed the willingness of the United Kingdom to support the improvement of Myanmar primary care and Myanmar GPs.

Prof Amanda Howe (RCGP & Wonca, President Elect) and Prof Garth Manning (CEO, WONCA) clarified the role of Family Medicine in Primary Care and its relevance to national health systems in their keynote speeches. The key theme of FM development, primary care and health system reform in Myanmar was addressed in a round-table discussion from which the audience of GPs from the Myanmar GP Society (MMA-GPS) gained greater insight into the needs for FM in Myanmar.

Dr Tin Aye, immediate past president of the Myanmar GPs society (MMA-GPS) and one of the key organisers of the international seminar, told me that he had never seen such meaningful family medicine round-table discussion in his life in Myanmar.

Photo: Dr Tin Myo Han (right) with Prof Laura Goldman

The afternoon session of the first day began with Global History of Family Medicine presented by Prof Stephen Cumming (GHETS & Boston University). Then, the presentations on the overview of family medicine training in USA (Prof Laura Goldman), UK (Dr Richard

Young), Malaysia (Prof Daniel Thuraiappah), Thailand (Dr Garth Manning), and Vietnam (Prof Stephen Cummings) as well as ARPaC initiatives (Prof Zorayda 'Dada' Leopando). We offer our sincere thanks to all speakers for sharing their regional and global family medicine experiences with Myanmar GPs which encouraged us to work hard for family medicine development in Myanmar.

The Strategic plan and organization of CoFP (Myanmar) were presented by Dr Tin Aye and Dr Christoph Gelsdorf, an honorary member of MMA-GPS and one of key resource persons of establishment of CoFP (Myanmar) in order to get valuable suggestions from the international family medicine experts.

The International Forum for Primary Care on the second afternoon, was composed of a health policy seminar and a technical hands-on workshop. A teaching methodology and faculty development workshop was conducted from the second to fifth day of the seminar. The topics presented by international family medicine specialists were teaching and learning methodologies; teaching clinical consultation skills; assessment of lecturers, teachers and curriculum; and designing a teaching session.

Photo: At the clinic of Dr Win Lwin Thein (vice -president of MMA-GPS); he and Dr Richard Young (UK) in front, mentors to three Myanmar GPs.

Interactive small group workshop activities were also conducted at 8-10 selected Myanmar GPs' clinics in the evenings. The Myanmar family physicians/GPs who were the host clinic owners of the teaching practicum sessions had to continue their practices until midnight as they missed their morning practices because of participating in the wonderful family medicine teaching methodology workshop. Regardless they maintained their smiling and satisfied faces. It indicates that how keen they were to learn family medicine and its teaching methodology.

Thus, we wish to share our happiness and experiences on family medicine development in a developing country like Myanmar, with colleagues who are still struggling for it in their own countries like us.

We would like to express our heart-felt gratitude to all global family medicine leaders and partners for their technical, financial and spiritual support at this successful International Seminar on Family Medicine Development in Myanmar. It would have been impossible to conduct this international seminar successfully without contribution of its organisers, secretariats, all participants and their family members.

Dr Tin Myo Han,
Secretary of International Relations, Myanmar General Practitioners' Society

The visitor's perspective by Daniel Thuraiappah

Prof Daniel Thuraiappah, Chair of the WONCA Working Party on Quality and Safety visited Myanmar for this meeting and reports on his perspectives and practice visits in Yangon. His full report is available at the link below but a taste of it follows:

The practices visited were either solo practices, partnerships or polyclinics. All the three types of clinics visited were operating for at least 14 or 16 hours a day and the polyclinic was open for 24 hours. The solo clinic provides basic consultation and dispensing services with minimal screening services....

The second clinic visited was a partnership of two doctors with a fully equipped clinic with a good consultation room, with a desk top,

closed circuit television to view the waiting room and the dispensary. They had the help of medical officers and specialists who did sessions in the clinic. The main staff was a retired nurse and a male attendant and three clinic assistants. It had a toilet and basic dipstick testing equipment. He had an ECG machine, and a X-ray viewing box. At the time of the visit he had a 19-year old boy who had newly diagnosed tuberculosis in his left apex....

The fifth visit was to a new facility being developed for a pathology laboratory being set up by two lady pathologists who have returned from abroad. The day after meeting they were off to Germany and France to purchase all their latest laboratory equipment. The location of their facility is about 100 meters from the Yangon General Hospital in order to augment the hospital services and also to service local clinics. It is located opposite another pathology laboratory because the demand for such services is increasing daily...

see Prof Thuraiappah's full report

Family Medicine in Ethiopia

Photo: Residents discussing cases at health centre

Ethiopia's first family medicine training program was inaugurated in February 2013 with eight residents. It has just completed its first year and welcomed four new residents to the program. The completion of its first year was marked by the country's first annual family medicine meeting attended by key officials from Ethiopia's Federal Ministry of Health, Addis Ababa University and the Regional Health Bureau of Addis Ababa. Dr Perry Pugno, Vice-President of the American Academy of Family Physicians, delivered the keynote address, and faculty from collaborators at the University of Toronto and University of Wisconsin also attended.

In 2008 educators from Addis Ababa University (AAU) began discussions with counterparts at the University of Toronto and the University of Wisconsin to establish a family medicine program at the country's largest university and teaching hospital, Tikur Anbesa (Black Lion) Specialized Hospital. A three-year curriculum was developed and approved by AAU.

Because there was no pre-existing discipline of family medicine from which to draw faculty, the University of Toronto offered to sponsor an academic family physician to work in Addis Ababa for the first year, joined by two other volunteer Canadian family physicians. They worked with key physicians at AAU under the direction of the Associate Dean of the School of Medicine to refine the curriculum and develop an entrance exam, objectives and evaluation methods. Five general practitioners sponsored by their employing hospitals became the first residents of the training program last February and were soon joined by three other GPs, including two who transferred from other specialty training programs. They were hailed as pioneers and acknowledged for their courage in embarking on training in an unknown discipline in their country.

Photo: Residents participating in surgical skills course.

In addition to participating in specialty rotations at Addis Ababa's major teaching hospitals, the family medicine residents provide care at one of Addis Ababa's many community health centres one afternoon a week to develop their skills in community-based continuing care, and they participate in weekly academic half-day programs for seminars and case presentations. In addition, the residents have participated in specialized training courses in obstetrics, surgical skills, cervical cancer screening, HIV management and research methods. They will all complete a research study during their residency.

The potential contribution of family medicine to the Ethiopian health care system is immense. The country is growing at a rapid rate and its population is approaching 90,000,000. Many people still have difficulty accessing anything more than basic care provided by health extension workers with one year of training. The country's doctor-patient ratio is extremely low, roughly one per 20,000 population, well below WHO's recommendation of a minimum of one per 10,000. Ethiopia is making significant strides in closing that gap; the ratio was one per 40,000 only a few years ago. Ethiopia doubled its number of medical schools in 2012 by opening thirteen new medical schools using an innovative community-based curriculum, and will soon be graduating 3000 new physicians annually. The community-based curriculum should be an ideal foundation for attracting new graduates to family medicine.

There is currently a gap between the community-based primary health care system staffed mainly by health officers, nurses and midwives and its hospital-based GPs and specialists, who may be several hundred kilometres from some communities. The Federal Ministry of Health has not yet developed a clearly-defined role for family physicians, although it is very supportive of the principle of expanding family medicine in the country. It is easy to visualize family physicians in Ethiopia providing care for patients with more complex problems, providing emergency and routine surgical and obstetrical care, taking leadership in local health care facilities, playing a role in community and public health, and participating in the training of students of family medicine and other health care providers.

Ethiopia faces a number of challenges in developing family medicine to its full potential. As an unknown discipline it may have difficulty attracting medical school graduates. However, future graduates of the community-based curriculum will hopefully already have a community focus conducive to choosing a career in family medicine.

The scope of the country's need for primary care physicians is immense, and Ethiopia would have to produce many hundreds of family physicians annually if it is to meet the needs of its current and growing population. Expansion of family medicine training to other medical schools and hospitals in the country will be required. Because family medicine is a new discipline in the country, developing teaching faculty is a major challenge. Residents in the current training program are being trained as future faculty, and some specialists in other disciplines may be recruited as family medicine faculty. Addis Ababa University's collaboration with the University of Toronto and the University of Wisconsin to support its family medicine program works well and is a model that could be adopted by other universities in Ethiopia that want to develop family medicine training programs.

Family medicine training in Ethiopia is off to an auspicious start, and family medicine could play a very important and indeed essential role in the country's health care system. The discipline is in its infancy in Ethiopia, and collaboration with international partners will be essential if family medicine is to achieve its potential to make a real difference in the country's health care system and in the health of its people.

Brian M Cornelson, MD, CCFP;
Dawit Wondimagegn, MD;
Risa Bordman, MD, CCFP;
Solomon Shiferew, MD

Featured doctor

Prof Edgar LEÓN

Ecuador - V Cumbre President

The situation in Ecuador
Ecuador`s government is at present dealing to reform the health's system. There are no more that 300 family physicians in Ecuador today, the government hope there will be three thousand in few years. This will be a interesting and complex transition and, for this, the Ecuadorian Family Medicine Association has taken the advice of other local associations.

The Ecuadorian Family Doctors Society (SEMF in Spanish) has existed for thirty five years, but just four years ago it became possible that Family Medicine be recognized as speciality in the public health system. It was a big change in the priorities of the SEMF, and this drove a change in its relation with WONCA and as a result we requested to host the next Iberoamerican summit.

What is your work at present?
At this moment I am working for the Public Health Ministry as the coordinator of the National Family Medicine Postgraduate Course. This course is developing with the participation of eight universities in our country, and there are 500 students who are receiving dual formation, meaning that the Family Medicine students are undertaking clinic service in the community , and at the same time university tutors are with them developing the training system.

I was the president of the Ecuadorian Family Medicine Society (Sociedad Ecuatoriana de Medicina Familiar, SEMF) from December 2012 until December 2014. Now our team is leading the Fifth Family Medicine Summit of the Iberoamerica Region, that will be in Quito Ecuador, South America, in April 2014.

Previously, I was Secretary and Scientific coordinator in the Executive committee of SEMF for two years. I was Director of a suburban medical center in the Ecuadorian Social Insurance System in Quito for eight years - this family medicine clinic was seen as a pioneer community health unit in the country for the last eight years. This family medicine clinic was visited by Prof Richard Roberts

(immediate past Wonca President)in his visit to Ecuador three years ago.

I think that the Family Medicine doctor is able to give an integral and integrative attention to the patient, the family and the community, for this reason I work with students of the Family Medicine Postgraduate course at Pontifical Catholic University, It is a great experience as a tutor work at classroom, but also in the hospital, the clinic and the community.

Photo: Dr Leon with patient and students.

Now I am the president of the meeting of a new amazing project called "V Cumbre Iberoamericana de Medicina Familiar". It´s a honor to work in the organization and in the development of political issues, such as universal health coverage, social participative decisions, educational programs, publications teams and certification system and accreditation.

More about the Fifth Family Medicine Summit of the Iberoamerica Region, that will be in Quito Ecuador, South America, in April 2014.

Dr Treena GREENE

Canada - remote family doctor

photo: Treena Greene in front of her house this week (March 2014)

Can you tell us something about yourself and your work?

My name is Treena Greene and I am a family physician practicing in Canada's arctic city of Iqaluit, Nunavut. I am from the small town of Port Saunders on Newfoundland's Northern Peninsula. I completed medical school at Memorial University and my residency training through Dalhousie University. I came to Iqaluit in 2002 for a six month locum – a way to see a part of my country that I was curious about – and I grew to love the medicine, the Inuit people and their culture. I have now been in the north for 13 years.

What is the practice like in such a remote location?
The practice of medicine here is multi-faceted. What I do today has changed from when I first started practicing here. We practice out of the Qikiqtani General Hospital – the only hospital in the territory of Nunavut. My work involves clinic, obstetrical shifts, hospitalist, rapid access clinic, remote phone support for community health nurses, community visits to remote communities further north, air medical evacuations, tuberculosis clinic, home care coverage and palliative care. I have also completed a three month fellowship in colposcopy to assist the women of this region in getting more timely access to treatment following an abnormal cervical cancer screen, as well as helping the medical officer of health in developing new territorial cervical cancer screening guidelines. I no longer practice in the ER as the above activities keeps me busy.

The health system in the north has proven to be a challenge but a rewarding one at that. We have limited physical resources and human resources. We rely heavily on locums to help sustain the care which has led to a strain on the value of continuity of care. Many clients never 'know' a family doctor to call their own but we ensure the access points to care are covered. Primary care is continuing to evolve here where the Inuit and non-Inuit clients are remarkably adaptive. We have our challenges – high suicide rates, high smoking rates, teen pregnancy, alcohol abuse, domestic violence and we cannot forget cancer. My elder clients are unilingual Inuktitut speaking, so my practice could not function without interpreters. Even with these challenges the medicine is rewarding as the people are very appreciative of the help they receive and I do see my work making a difference.

What other professional activities are you involved in?
Since coming north, I have been involved in the teaching of both family medicine residents and pediatric residents. Our most recent venture is NunaFam – a federally funded partnership between Nunavut and Memorial University. This involves us offering the two month core obstetrical rotation to family medicine residents during their first year of training and a 4 month family medicine rotation during their second year. This work is constantly challenging yet very rewarding when I see their academic progression and, hopefully, a new found appreciation for my specialty of family medicine and the people of the north.

I am involved with MoreOB at our hospital – a safety first obstetrical course for which I am a core team member. I also talk in the schools regarding sexual health and assist with prenatal classes when possible. As we live in a rather remote place, I felt a need to help with the continuing professional development for the medical staff. I have been the on-site coordinator for problem based small group learning since 2003. I, personally, received my fellowship from the College of Family Physicians of Canada in November, 2012. I am the Nunavut representative on the Membership Advisory Committee with the CFPC and try to have a strong voice for us northern, remote physicians.

My focus at work in the last few years has become prenatal, intrapartum and postpartum care as well as women's health. With that said, I still thoroughly enjoy the challenge still presented to us by tuberculosis infection/disease and striving to have equal access to care for my clients in such a unique part of the world.

And on a personal note?
I am supposed to tell you about hobbies – I am the proud mother of three daughters so I do not get much time for hobbies anymore. Molly (age 5), Lily (age 4) and Jesse (7 months) keep me very busy. I still try to find time to take them skating, snowmobiling, and hiking. I am a lover of music and love to sing which is one more thing to try and instil in my girls.

I could talk about so much more but I think I should end it here and thank you for giving me an opportunity to speak about a professional and a place that I love.

Qujannami (Inuktitut for thank you)

Notice

European Expert Panel seeks feedback on effective ways of investing in health

Dear colleagues

The European Commission has set up a multidisciplinary and independent Expert Panel on effective ways of investing in health (EXPH). The core element of the Expert Panel's mission is to provide the Commission with sound and independent advice on matters related to health care modernisation, responsiveness, and sustainability.

The Expert Panel was chaired by Prof Jan de Maeseneer, professor of Family Medicine in Ghent (Belgium). At this moment the Expert Panel has released its "*Preliminary Opinion*" which is open for comments or public consultation, as it is called.

I invite you to review the document *"Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems"* which is attached as a PDF.
Related information can be found here

In order to write a comprehensive reflection based on your comments we urge you to send your reactions before April 15, 2014 to all three addresses:

Job FM Metsemakers job.metsemakers@maastrichtuniversity.nl
Anna Stavdal Anna@forbord.com
Andree Rochfort Andree@ICGP.IE

Thank you in advance for your comments

Prof Job FM Metsemakers
President WONCA Europe

WONCA CONFERENCES 2014

May 21 – 24, 2014	WONCA Asia Pacific Region Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.WONCA2014kuching.com.my
July 2 – 5, 2014	WONCA Europe Region Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.WONCAeurope2014.org/
August 16-17, 2014	WONCA South Asia Region conference	Chennai, INDIA	Hope healing and healthy nation through family medicine. www.woncasar2014.com

See WONCA website conference page for updates.

WONCA CONFERENCES 2015

February 13-14, 2015	WONCA South Asia Region conference	Dhaka, BANGLADESH	For more information on these conferences as it comes to hand go to the WONCA website conference page:
February 18-21, 2015	WONCA Africa region conference	Accra, GHANA	
March 5-8, 2015	WONCA Asia Pacific Region Conference	Taipei, TAIWAN	
April 15-18, 2015	WONCA World Rural Health conference	Dubrovnik, CROATIA	
October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	

WONCA Direct Members enjoy *lower* conference registration fees. To join WONCA go to:
http://www.globalfamilydoctor.com/AboutWonca/Membership1.aspx

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http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx

April
28-30
2015

Mental Health for All

Lille, France

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to
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
June 28-28 2014	Kenya Association of Family Physicians Annual Meeting	Nairobi, Kenya
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 médicine familiale	Québec, Canada
November 19-23 2014	The Network: Towards Unity for Health conference	Fortaleza, brazil