

WONCANews

An International Forum for Family Doctors



2002 TO 2004 TRIENNium ISSUE

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FROM THE WONCA PRESIDENT:

'REACHING THE FINAL'

This final issue of Wonca News for this triennium provides us with an opportunity to reflect on the progress made since our last World Council meeting in Alpine Heath, South Africa more than three years ago. Hopefully it will help us to prepare for our forthcoming World Council in Orlando, Florida in October. At that meeting we will be setting our priorities for the next triennium under the leadership of Bruce Sparks.

This is therefore my last opportunity as President to record my gratitude to the large number of people in all parts of the world who have worked so tirelessly to build our organisation during my term of office. To single out individuals would be unfair and to report in detail on every initiative would take too long. Let me attempt therefore to describe the major areas of progress.

The establishment of the new Wonca Secretariat in Singapore has been an outstanding success. The secretariat previously run in Australia by Wes and Marian Fabb had set a high standard and the complexities of transferring from one national, legal, and financial system to another were considerable. The support of the Singapore College was very helpful. We have demonstrated that the Secretariat can be moved - but not easily. For the future it is probably best that the location of the Secretariat remain unchanged for at least three terms.

During these last three years I have been invited to many conferences and meetings. I have delivered more keynote lectures than I care to remember. It has been a great privilege and I am grateful to have been chosen.

Wonca's Membership Growth

The global mission of Wonca challenges us to develop a worldwide membership. Thus in the last three years we have increased the number of organisations, countries, and regions included in membership to a point where we are truly global. I congratulate the Membership Committee for the efficiency with which they facilitated this expansion.

Following years of patient negotiation with Central and South American colleagues, and an outstanding meeting organised by Spanish colleagues in Seville which I attended, we will formally welcome to Orlando a

new 'Region Iberoamericana - CIMF' with some 14 new members.

Last year inspiring and enthusiastic leadership from colleagues in Beirut, Lebanon brought together representatives from more than ten Arab countries who agreed to work towards the formation of an Arab Region. Later I had a chance to visit Libya and was encouraged by the level of interest in the proposed region amongst the Mediterranean countries of North Africa.



Dr Michael Boland,
Wonca President,
2002-2004

Just a few months ago a conference hosted by colleagues in Nairobi, Kenya brought together individuals and organisations active in East Africa. This Sub-Regional approach to the enormous challenges of the African region is an important strategic development which could be usefully applied in other large regions, particularly where travel is difficult and expensive.

Much important ground work has been done and contacts made in the central Asian Republics and Mongolia. Meanwhile the eastern border of the European Region continues to expand. Here also, at least in the short-term, sub-regions may offer the best solution.

The Wonca web: www.GlobalFamilyDoctor.com

The last Council Meeting in South Africa endorsed the Executive decision to launch a new Wonca Website in collaboration with Medi + World with Wes Fabb as webmaster. In addition to the basic organisational information about Wonca, the site offered a wide range of new educational products and clinical information. Of these the 'Journal Alerts' and its associated features proved to be the most popular, generating most of the 1.8 million hits in a 6 month period. This unique, innovative and popular service, devised and delivered by Wes Fabb as Webmaster, will be the centrepiece of the website going forward.

However maintaining the service depends on the continuous use of a rare combination of skills - scanning large numbers of journals for new information

relevant to family practice, summarising key points and presenting it in a highly accessible web format. This work must be realistically remunerated. Given the state of Wonca finances external sources of funding must be found to enable the service to continue. To date this has proved to be very difficult but I remain hopeful that suitable sponsors may be found.

Wonca's Working Groups and Global Issues

The triennium has been an active time for standing committees and working parties. The Research committee convened a memorable global family medicine research conference in Canada. Progress was also recorded in the indexation of Family Medicine Journals following our direct approaches to the Library of Medicine.

The Classification committee received long awaited recognition for ICPC2e when WHO confirmed its inclusion in their family of Official Classifications. I believe this will have major implications for the choice of ICPC as the national classification system of choice for family practice worldwide.

The Rural Practice Working Party is one of Wonca's most active groups and I was privileged to attend several of their conferences. One held in Australia considered the future agenda for collaboration with WHO; another, held in Santiago de Compostella, Spain, laid the foundation for a future resolution of the World Health Assembly in support of rural people and practice. Both meetings included a heady mix of concern for people, a rigorous approach to science, and above all an active passion for justice and fairness.

The Quality Assurance Working Party has undertaken a strategic review of its activities. They have agreed to adopt a project approach in selected regions focussed on specific themes and countries, with active local involvement. They plan to offer technical assistance from initial design to dissemination.

Other Wonca interest groups and working parties have addressed a wide variety of concerns from The Environment to Ethics, from Psychiatry & Neurology to Care of the Elderly to Women & Family Medicine.

Our collaboration with WHO has changed as WHO has changed. The retirement of Dr. Charles Boelen and major internal restructuring led us to look beyond 'Human Resources for Health' to other areas such as Non-Communicable Disease and Tobacco Control. Under the leadership of the new Director General, Dr. Lee we look forward to closer collaboration.

As a world organisation rooted in practice and the pursuit of excellence through training education research and quality, Wonca must continue to develop its regional and global structures to reflect these goals. Major non-communicable disease is one of the most important areas of practice. Family practice needs to contribute to the content of international best practice guidelines and specifically to the strategies for their implementation.

We had hoped to find the funding to undertake these initiatives ourselves. Failing that, we have sought to collaborate with other groups. For example we now have in place a working partnership with 'GOLD' (the international chronic obstructive airways disease guideline group) and their primary care interest group, IPCRG. Similar initiatives in non communicable disease areas such as cardiovascular disease, and diabetes are under discussion. Other existing Wonca Working Parties and Special Interest Groups devoted to Quality, Informatics and Research can contribute positively to these developments.

Reform of our bylaws has continued. The committee has worked hard on a set of changes which will make our procedures more flexible and more responsive to our needs.

As Wonca becomes truly global the challenge of funding our activities becomes ever more pressing. All our new members will contribute financially to Wonca. However their needs will greatly exceed their ability to contribute. Traditional sources of funding - member organisation dues, conference levies, and direct member dues - will not be sufficient. Conferences in particular have suffered from a global downturn in international travel and rising costs.

We must therefore urgently seek new sources of funds. We must also review the level of member dues and invite richer nations to consider voluntary additional specific project funding in a spirit of solidarity with colleagues in developing countries.

Wonca will need to look beyond it's own resources. We should prepare suitable projects that 'fit' not only our priorities but the philanthropic agendas of international charitable foundations and major donors including the inter-national pharmaceutical industry.

In Durban we identified two 'advocacy issues' for the triennium - the first was HIV/AIDS and more specifically the availability of treatment in countries most affected at a price which they could afford. The second was about Tobacco Prevention and Cessation. I have spoken

about these issues at every available opportunity and I am aware of many initiatives taken by our member organisations. The WHO Framework Convention on Tobacco Control continues to progress. I have attended and spoken at several global conferences on Tobacco or Health. I will recommend to Council that Wonca continues to identify global non-political advocacy issues.

Finally readers of Wonca News will undoubtedly agree that the editor and staff have greatly enhanced this publication making it more interesting and relevant. I have been convinced that Wonca needs to have a regular internal publication. Congratulations to all concerned.

I am satisfied that Wonca has completed another significant chapter in its development as a global organisation. I congratulate the many unnamed individuals who have made it happen. I will enjoy watching its further progress from the sideline.

Our AAFP colleagues have gone to great lengths to make the Orlando World Conference an experience to remember. Their attention to detail and their determination to host a conference which will appeal to everybody has been extraordinary. I look forward to meeting you there.

Michael Boland
President
World Organization of Family
Doctors

FROM THE CEO'S DESK:

WONCA YEARS 2002 – 2004: THE WATERSHED TRIENNIUM

For anyone looking back at the history of Wonca, it will be obvious that the years of 2002 - 2004 have been a watershed Triennium for the Organisation. So much has happened and has been achieved that it will be impossible for me to give an exhaustive and comprehensive account. I will try in this column to give only the key achievements and events that have been of particular significance to Wonca and that will likely affect the Organisation in the immediate and long term.

The Wonca Secretariat

This beginning of this triennium witnessed the transfer of the Wonca Secretariat from Melbourne, Australia, which had been the 'home' of Wonca for over two decades, to its new home in Singapore. With this relocation came the change also in the Chief Executive Officer (CEO) and the Administrative Staff. The handing over of the hardware and software of the office administration and the duties of the CEO went very smoothly, helped by the fact that the two CEOs has had a very cordial working relationship in years past within Wonca.



Dr Alfred Loh, Wonca CEO (2nd from left), accompanied by Dr Michael Boland (center);

Wonca President, Professor Cheong Pak Yean, President, College of Family Physicians, Singapore (1st right) and Yvonne Chung, Wonca Administrative Manager (1st left), welcomes Mr. Chan Soo Sen, Senior Parliamentary Secretary (2nd right), Prime Minister's Office and Ministry of Health Singapore, to the new Wonca Secretariat in Singapore



From Left to right: Professor Cheong Pak Yean, President, College of Family Physicians, Singapore; Mr Chan Soo Sen, Senior Parliamentary Secretary, Prime Minister's Office and Ministry of Health Singapore; Dr. Michael Boland, Wonca President; Dr Alfred Loh, Wonca CEO; and Ms Yvonne Chung, Wonca Administrative Manager, at the opening of the new Wonca Secretariat in Singapore

There was a steep learning curve for the new officers of the Organisation during the first six months but the day to day management went smoothly. The relocation also provided Wonca the opportunity to register itself as a company limited by guarantee. This was necessary as Wonca had to be a legal entity to sign agreements and claim ownership of intellectual property of any kind. Wonca International Inc was hence incorporated. This important step was made after various options were considered. An Honorary Legal Advisor was also appointed to assist the CEO in Wonca's legal issues. The final step in this legal restructuring of Wonca was the establishment of the Wonca Trust which will have as its trustees, the Members of the Wonca Executive. To commemorate all these changes, the new logo of Wonca was introduced to the world and Member Organisations at the start of the triennium.

The Wonca Executive

In anticipation of an increase in organizational activities and to improve on the working efficiency of the Executive Committee for the triennium, the Wonca President decided that the Executive would meet six-monthly as a full committee. This was a first in the history of Wonca Executive and the

subsequent developments and achievements of the triennium have shown this to be a right decision.

Another innovative move by Executive was the inclusion of the Editor of Wonca News as a non-voting Ex-Officio of Executive Meetings. This allowed for better coverage of issues of importance to the Organization in Wonca News. This in turn helped to keep Wonca Direct Members and Member Organisations better informed through the newsletter.

The invitation to the newly appointed Chair of the Bylaws & Regulations Committee to sit as a non-voting Ex-Officio of the Executive was also instrumental in ensuring that the review of Wonca's Bylaws & Regulations recommended to Council were pertinent and workable.

Finally, the triennium saw the further expansion of the Executive Committee by the addition of the representative from Wonca's sixth and newest region - the Iberoamericana – CIMF Region. This meant that Wonca is now represented in all the continents of the Globe

The Wonca Website (www.globalfamilydoctor.com)

The start of the triennium saw the launch of Wonca's active global website. This was done in conjunction with medi + World International Inc, a media company selected after due process by the earlier Executive Committee of Wonca.

The appointment of the immediate past CEO of Wonca, Prof Wes Fabb, as the Webmaster ensured that the spirit, philosophy, mission and objective of Wonca as a Non-Governmental Organisation was not lost in its website. In just three short years, the website has become widely known, used and appreciated by Wonca members and others globally with over 40,000 visits every month to the website involving over 180,000 pages of the web contents. Of special value and interest to members is the Journal Watch Section of the site which features the latest in relevant FM/GP articles from various reputable medical journals worldwide summarized and presented in a very readable form. Journal Watch articles are also bulk e-mailed thrice a week directly to over 3500 recipients globally as Journal Alerts.

The website also provides valuable hyperlinks to the websites of the larger Member Organisations of Wonca and also gives updated information on future Wonca Conferences, publications, committees, working parties,

and special interest groups. With the phenomenal growth and potential of this website, Wonca hopes to interest sponsors keen to work with the Organisation to further the continuing medical education and professional training of family doctors globally, and especially in the developing countries where such facilities or programmes may not be so readily available.

The website has so far achieved limited success in securing some sponsorship from the pharmaceutical industry. It will be an important avenue of co-operation between Wonca and the pharmaceutical agencies in the move to upgrade healthcare and healthcare providers globally.

Wonca Committees, Working Parties, Task Forces, Special Interest Groups

These Wonca sub-agencies were all very active during the triennium and some achieved significant progress in their agenda and objectives.

The WICC continues to have its International Classification of Primary Care (ICPC-2) translated into different languages. To date, over thirty translations of ICPC-2 have been completed with more underway. Of even greater significance, the WHO recognized ICPC-2 as a member of the WHO Family of Classifications. This recognition has led to ICPC-2 being adopted by national governments as they seek to capture data in the primary healthcare context. The issuance of national licenses will in future be a useful revenue of income for Wonca and the WICC. The task ahead is now to have ICPC-2 harmonised with the other WHO-FIC member classifications.

The Working Party on Rural Practice continues to lead the global agenda on rural healthcare and related issues. The Wonca World Conferences on Rural Health has grown in size and attendance over the years with the two biggest ones held in Melbourne (5th World Rural Conference- 2002) and in Santiago De Compostella (6th World Rural Conference - 2003). Out of these conferences, emerged: (a) The Melbourne Manifesto - A code of Practice for the International Recruitment of Healthcare Professional, (b) The Wonca Policy on Female Family Physicians in Rural Practice and (c) The Wonca Policy on Quality and Effectiveness of Rural Health Care. Efforts are being made now to have these policies adopted by WHO.

The triennium also saw the launch of Wonca's Global Initiatives in HIV-AIDS and tobacco control. The Special Task Force on Tobacco Cessation has been active throughout the triennium and will be pre-senting a

special session on its findings at the Orlando World Conference. Wonca's call for greater governmental and community involvement in preventing the spread of HIV infections and the care for HIV-AIDS patients have been made on many occasions in different forums globally over the triennium.

In March 2003, the "First Wonca Invitational Conference on Improving Healthcare Globally - The Necessity of Family Medicine/ General Practice Research", was held at Queens University, Kingston, Ontario, Canada. During the Conference, seventy-four experts from thirty-six countries were involved. The conference reviewed the many challenges and opportunities in the development of family/general practice research and found a considerable number of models of success. The Conference noted that it is essential that research be directed at the health problems with the highest impact on patients' health and wellness. This would vary between communities and emphasizes the importance of sentinel systems to monitor morbidity in the community.

Perhaps the most phenomenal change in Wonca during the triennium has been its physical growth in terms of global reach and influence. At the start of the triennium (June 2001), Wonca had 65 Member Organisations with 5 Members in Collaborative Relations. Towards the end of the same triennium (as at end June 2004) there were 88 Member Organisations and 9 Members in Collaborative Relations. There was hence an increase in 23 Member Organizations and 4 Members in Collaborative Relations during the triennium. This rate of physical growth of the Organisation has never occurred before in the 30 years of its history. The new Member Organisations added to the 'Wonca Family' have also given rise to the formation of the Sixth Region of Wonca - The Iberoamericana-CIMF Region with 12 Member Organisations.

What is also important is that the groundwork has been laid during the triennium for the possible formation of two other new Regions of Wonca - a Central Asia and a Middle-East Region. Contacts have been made with family doctors' organizations in these areas that are in the process of formally applying for Wonca membership. These organisations have also expressed the desire to establish their own Regions within the 'Wonca Family' when sufficient numbers of member organizations are present in the grouping. The other significant aspect of this organisational growth is the fact that almost all of the new organizations joining Wonca in the triennium have been from developing and newly independent nations. These are nations where the concept and relevance of General Practice/Family

Medicine in the formulation of healthcare policies are more likely to be appreciated and implemented.

The triennium will end at the forthcoming 17th Wonca World Conference in Orlando. It is not surprising that this final event itself will be special in many ways. Besides being the biggest Wonca World Conference ever with more than 12,000 participants (including delegates from the AAFP Congress), the Orlando Conference will also be known for the largest numbers of scientific paper submissions and abstracts selected. The sheer size of the scientific programme, the magnitude of the trade exhibition and the opportunities for continuing medical education and professional development has no precedence. To match all these is the generosity of the Host Organising Committee in instituting the Conference Bursary Programme in which over 90 recipients from over 40 countries will receive financial assistance to come to Orlando for the Conference.

The above issues are only some of the achievements of Wonca in the past three years. In many ways it has been a productive and eventful triennium which will pave the way for the further growth and maturity of the Organisation in the years ahead.

Dr Alfred WT Loh

Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:

CHRONICLING WONCA'S JOURNEY: THE 2002-4 TRIENNIAL ISSUE

"Civilization is a movement and not a condition, a voyage and not a harbor". Arnold Toynbee

This combined August-October issue of Wonca News records the journey of our global community and Wonca family during the 2002 to 2004 triennium following the 16th Wonca World Conference in Durban South Africa in 2001.

In his President's column, Michael Boland reflects on Wonca's important journey he has led since assuming the Presidency in Durban, South Africa. In his CEO's column, Alfred Loh reflects on the historic opening of Wonca's Secretariat in Singapore in 2002 and the opening of GlobalFamilyDoctor.com, the new Wonca

web. Both cited our phenomenal membership growth as one of Wonca's most significant achievements this triennium. As Warren Heffron, Wonca's Executive member and Membership Chair reports in detail, Wonca has grown to 97 member organizations from 79 countries, a record increase of 26 member organizations, including Wonca's new Iberoamericana-CIMF Region under the leadership of Interim President, Javier Dominguez. As Michael and Alfred note, Wonca today has become truly a global organization.

Wonca is the sum total of its component organizational parts - - its Regions, member organizations and its interest groups. This issue of Wonca News reports on the June, 2004 Wonca Europe Conference in Amsterdam and publishes highlights from the previous Regional Conferences of this triennium. Wonca's Committees, Working Parties, Task Forces and Special Interest Groups report on their triennium activities in this issue. Some of Wonca member organizations reported on their triennium highlights. Finally, this issue high-lights the major health and health system challenges that Wonca has addressed during this triennium.

It is important to acknowledge that many, many other vitally important and historic events took place in addition to that which is recorded in this triennium issue. Each of Wonca's 97 Member Organizations has filled their publications with important contributions to world health and to Wonca in the past triennium. During this past triennium, individual contributions of Wonca's almost 2,000 direct members and the more than 160,000 family doctors Wonca represents helped meet people's health needs around the world. Please send me your stories so that Wonca News may record our most accurate and comprehensive global picture of Wonca's journey in the upcoming triennium.

While a new story remains to be told of our future travels, this special issue of Wonca News documents that we have much to recall and celebrate during our collective journey this past triennium.

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FEATURE STORIES

THE 17TH WONCA WORLD CONFERENCE IN ORLANDO IS ALMOST HERE!!

Do not miss an opportunity to attend what will be the largest gathering of family doctors from around the world on Orlando from October 13-17, 2004 !! Click on <http://www.wonca2004.org/x14661.xml> to access the Wonca 2004 registration information.

Make Your Hotel Reservation Today! Several Hotels Are Already Sold Out

Don't forget to make your hotel reservation. Rooms are selling fast and the following hotels are already sold out: Embassy Suites Jamaican Court, Hampton Inn Convention Center, Howard Johnson Plaza Hotel & Suites, JW Marriott, Peabody, Rosen Centre, Rosen Plaza, Sierra Suites, and Springhill Suites.

Competitive room rates are still available, but you should book now in order to get your preferred hotel choice. All hotels reserved for the meeting are conveniently located near the Orange County Convention Center and will have access to shuttle service. Make your hotel reservations online at <http://www.wonca2004.org/x14652.xml>.

Critical Issues Addressed in Two Plenaries: HIV/AIDS and Discrimination

Dr. Godfrey Sikipa from Zimbabwe has one of the most challenging plenaries on a health care topic of epidemic proportion, "AIDS in Africa and Around the World". Areas he will cover are possible approaches to make treatment more accessible; the impact on the health sector in developing countries, and the social, economic and development impact of HIV/AIDS. He will present a worldwide epidemiologic picture of this destructive disease.

In her plenary "Discrimination as a Worldwide Health Issue," Dr. America Bracho who is originally from Venezuela will give examples of discrimination and what role it plays in the creation and maintenance of disease. She will talk about how institutionalized discrimination affects health and what family doctors could do to address the issues.

Do You Need a Rental Car?

Avis has been selected as the official car rental

company. Special rates will be available from October 7 to October 24 for Wonca registrants. Additional information is available at: <http://www.wonca2004.org/x14698.xml>

Do you need transportation from the airport to your hotel?

Mears Transportation is the official airport shuttle company providing transfer to Orlando hotels. To make a reservation, call the 24-hour reservation line: 407-423-5566 or fax: 407-841-6851, or online at: www.mearstransportation.com. Shuttle rates are approximately:
 US\$14 - US\$16 per person one way transfer rate
 US\$24 - US\$28 per person roundtrip

Interested in Seeing Who Else Is Attending Wonca 2004?

Would you like to see who else is registered to attend the Wonca 2004? You can search by Country and/or Family name. You must be a registered attendee to search this listing. Visit <http://www.wonca2004.org/x14661.xml> to access the attendee list.

A Triennium of Record Growth: Wonca Reaches 97

The current triennium has seen a dramatic growth in Wonca membership to a record number of 97 organizations that are Full Members, Associate Members or Members in Collaborative Relations. In the three years between the meetings in Dublin and Durban from 1998 to 2001 Wonca only had two new full member organizations and two new associate members. During that time, two member organizations were removed. Thus, our net growth was two during the past triennium. A count of the member organizations after the Durban meeting revealed a total of 65 member organizations. Also at that time there were 6 organizations in collaborative relations and 1,379 direct members.

We have welcomed a record number of 26 new Member Organizations during this triennium, plus one prior member moving from Associate to Full member status (see below for list of new members organizations). During each Executive Meeting (Singapore, London, Galway, Beijing, and Singapore again) this triennium, we accepted new member organizations. After the last meeting in Singapore we now have at total of 97 member organizations representing 79 countries. Of the record total of 97 member organizations, 79 are Full Member organizations, 9 are Associate Members and another 9 are Organizations in Collaborative Relation-

ships. This record setting net increase of 26 member organizations during the 2001-2004 triennium almost matches the 30 new member organizations added during the prior record setting decade of the 1990s (see below).

In addition, one of the most exciting developments during this triennium was our becoming truly worldwide in our membership. We created a new region representing the Spanish and Portuguese speaking countries in Central and South America. The new region Iberoamerica/ CIMF was created and brought in 11 new full members. Dr Javier Dominguez del Olmo has capably served as Regional President for the new region. It has been very functional from the beginning and is a strong region already. Family Medicine has continued to become an even larger worldwide force and strengthened as a movement impacting medicine on a global basis

Direct membership has also grown dramatically. As of August 2004, Wonca has almost 1900 Direct Members (ie, individuals who joined Wonca) from 85 countries, an almost 40% increase from the 1,379 at the beginning of the Triennium. A total of 494 new Direct Members joined Wonca in 2004. In July alone, 179 (36%) new Direct members applied, a one month total exceeding all those joining in all of 2002. The majority of new Direct Members joined to take advantage of the substantial discount in the registration fee offered to Direct Members to attend the world meeting this October in Orlando, Florida, USA.

We continue to receive inquiries from organizations that are interested in applying for membership in Wonca. We expect to have at least one new member organization at the meeting this fall which will be a transfer from Associate to Full status. One or two others have started the process and may or may not meet acceptance criteria by the time of our next meeting.

Wonca and Family Medicine are alive and well in the world.

Warren Heffron, M.D.
 Chair, Wonca Membership Committee

Member Organizations Joining Wonca as of September 2004

s/n	Date Joined	Country	Organization	Member type	Region
1	1-Jun-04	ITALY	Scientific Interdisciplinary Association of Both Family and Community Medicine (AsSIMEFaC)	F	EUROPEAN
2	17-Apr-04	BAHRAIN	Bahrain Family Physicians Association	F	MIDDLE EAST SOUTH ASIA
3	17-Apr-04	BELARUS	The Belarussian Association of General Practitioners (BAVOP)	C	COLLABORATIVE
4	17-Apr-04	GEORGIA	Georgia Family Medicine Association	F	EUROPEAN
5	17-Apr-04	JORDAN	Jordan Society of Family Medicine (JSFM)	F	MIDDLE EAST SOUTH ASIA
6	1-Jan-04	BANGLADESH	The Bangladesh Academy of Family Physicians	A	MIDDLE EAST SOUTH ASIA
7	1-Jan-04	KENYA	Institute of Family Medicine of Kenya Trust	C	COLLABORATIVE
8	1-Jan-04	KENYA	Kenya Association of Family Physicians	F	AFRICA
9	12-Apr-03	BRAZIL	Brazilian Society of Family Medicine / Sociedade Brasileira de Medicina Familia (SOBRAMFA)	C	COLLABORATIVE
10	12-Apr-03	KAZAKHSTAN	Kazakhstan Association of Family Physicians	F	EUROPEAN
11	12-Apr-03	LEBANON	The Lebanese Society of Family Medicine	F	MIDDLE EAST SOUTH ASIA
12	12-Apr-03	TURKEY	Turkish Association of Family Physicians (TAHUD)	F	EUROPEAN
13	1-Jan-03	KYRGYZSTAN	Association of Family Group Practices, (FGPA) Kyrgystan	F	EUROPEAN
14	6-Jun-02	ARGENTINA	Argentine Federation of Family and General Medicine Federación Argentina de Medicina Familiar y General (FAMFyG)	F	IBEROAMERICANA
15	6-Jun-02	BOLIVIA	Sociedad Boliviana de Medicina Familiar		
			Bolivian Society of Family Medicine	F	IBEROAMERICANA
16	6-Jun-02	BOSNIA AND HERZEGOVINA	Association of Family Medicine Specialists and Residents of Federation Bosnia and Herzegovina and Republika Srpska	F	EUROPEAN
17	6-Jun-02	BRAZIL	Brazilian Society of Family and Community Medicine Sociedade Brasileira de Medicina de Familia e Comunidade (SBMFC)	F	IBEROAMERICANA
18	6-Jun-02	CHILE	Scientific Society of Familiar and General Medicine of Chile Sociedad Cientifica de Medicina Familiar y General de Chile	F	IBEROAMERICANA
19	6-Jun-02	COLOMBIA	Colombian Society of Family Medicine Sociedad Colombiana de Medicina Familiar SOCMEF	F	IBEROAMERICANA
20	6-Jun-02	ECUADOR	Sociedad Ecuatoriana de Medicina Familiar (SEMF)	F	IBEROAMERICANA
21	6-Jun-02	MEXICO	Colegio Mexicano de Medicina Familiar A.C.	F	IBEROAMERICANA
22	6-Jun-02	PANAMA	Asociacion Panamena de Medicina Familiar	F	IBEROAMERICANA
23	6-Jun-02	PERU	Peruvian Society of Family Medicine and Integral Health Sociedad Peruana de Medicina Familiar, Integral y Gestion en Salud	F	IBEROAMERICANA
24	6-Jun-02	URUGUAY	Sociedad Uruguay de Medicos de Familia (SUMEFAM) Uruguayan Society of Family Medicine	F	IBEROAMERICANA
25	6-Jun-02	VENEZUELA	Sociedad Venezolana de Medicina Familiar	F	IBEROAMERICANA
26	8-Nov-01	CYPRUS	The Cyprus Medical Association for Primary Care	F	EUROPEAN
27	8-Nov-01	INDIA	International Association of Agricultural Medicine & Rural Health	C	COLLABORATIVE
28	1-Feb-00	AUSTRALIA	Australian College of Rural and Remote Medicine	A	ASIA PACIFIC
29	5-Oct-99	ITALY	Associazione Italiana Medici di Famiglia (AIMEF) Italian Academy of Family Physicians	A	EUROPEAN
30	28-Jun-99	GHANA	West African College of Physicians Ghana Chapter Faculty of Family Medicine	F	AFRICA
31	7-Feb-99	UKRAINE	Ukrainian Association of Family Medicine	F	EUROPEAN

*Membership Status: F = Full, A = Associate, C= Organization in Collaborative Relations

Member Organizations Joining Wonca as of September 2004

s/n	Date Joined	Country	Organization	Member type	Region
32	7-Jun-98	MONGOLIA	Mongolian Association of Family Doctors	F	ASIA PACIFIC
33	1-Jun-98	BELGIUM	Belgian Society of General Practitioners/Family Physicians	F	EUROPEAN
34	22-May-98	ROMANIA	Romanian National Society of General Practice/Family Medicine	F	EUROPEAN
35	1-Jan-98	NIGERIA	Faculty of GMP/FM National Postgraduate Medical College of Nigeria	A	AFRICA
36	16-Oct-97	CROATIA	Croatian Association of Family Medicine	F	EUROPEAN
37	16-Oct-97	USA	North American Primary Care Research Group, NAPCRG	C	COLLABORATIVE
38	27-Jun-97	LITHUANIA	College of General Practitioners of Lithuania	F	EUROPEAN
39	22-Jun-97	NEPAL	General Practitioners' Association of Nepal GPAN	F	MIDDLE EAST SOUTH ASIA
40	16-Dec-96	AUSTRIA	Osterreichische Gesellschaft fur Allgemeinmedizin OGAM Austrian Society of General Practice/Family Medicine	F	EUROPEAN
41	16-Dec-96	PAKISTAN	Pakistan Society of Family Physicians, Lahore	A	MIDDLE EAST SOUTH ASIA
42	28-Jun-96	POLAND	Kolegium Lekarzy Rodzinnych w Polsce College of Family Physicians in Poland	F	EUROPEAN
43	11-May-96	ESTONIA	Estonian Society of Family Doctors	F	EUROPEAN
44	29-Sep-95	FRANCE	College National des Generalistes Enseignants CNGE	A	EUROPEAN
45	10-Aug-95	CHINA	Chinese Society of General Practice	F	ASIA PACIFIC
46	11-May-95	PHILIPPINES	Philippine Society of Teachers of Family Medicine Foundation	A	ASIA PACIFIC
47	11-May-95	SWITZERLAND	Swiss Society of General Medicine SSMG/SGAM	F	EUROPEAN
48	24-May-94	ANDORRA	Associacio Andorrana de Metges D'Atencio Primaria Andorran Society of Primary Care Doctors	F	EUROPEAN
49	24-May-94	FIJI	Fiji College of General Practitioners	F	ASIA PACIFIC
50	24-May-94	SAUDI ARABIA	Saudi Society of Family and Community Medicine	F	MIDDLE EAST SOUTH ASIA
51	9-May-93	CZECH REPUBLIC	Czech Society of General Practice	F	EUROPEAN
52	9-May-93	SLOVAK REPUBLIC	Slovak Society of General/Family Practice	A	EUROPEAN
53	9-May-93	SLOVENIA	Slovenian Family Medicine Society Slovenian Medical Association	F	EUROPEAN
54	17-May-92	JAMAICA	The Caribbean College of Family Physicians	C	COLLABORATIVE
55	7-May-92	MACAU	Associacao dos Medicos de Clinica Geral de Macau Macau Association of General Practitioners	F	ASIA PACIFIC
56	1-Jan-92	BELGIUM	European Academy of Teachers in General Practice EURACT	C	COLLABORATIVE
57	1-Jan-92	NETHERLANDS	European General Practice Research Network EGPRN	C	COLLABORATIVE
58	14-Aug-91	ITALY	Centro Studi e Ricerche in Medicina Generale CSerMEG	F	EUROPEAN
59	11-May-89	ITALY	International Society of Doctors for the Environment ISDE Scientific Office	C	COLLABORATIVE
60	1-May-89	MALTA	Malta College of Family Doctors	F	EUROPEAN
61	3-Oct-88	GREECE	Greek Association of General Practitioners ELEGEIA	F	EUROPEAN
62	1-Oct-88	SPAIN	Spanish Society of Family and Community Medicine, SEMFYC	F	EUROPEAN
63	2-May-88	TAIWAN	Chinese Taipei Association of Family Medicine	F	ASIA PACIFIC
64	3-Sep-87	BANGLADESH	The College of General Practitioners of Bangladesh	F	MIDDLE EAST SOUTH ASIA
65	30-May-86	USA	American Board of Family Practice	A	AMERICAS
66	14-Sep-85	IRELAND	The Irish College of General Practitioners	F	EUROPEAN

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Member Organizations Joining Wonca as of September 2004

s/n	Date Joined	Country	Organization	Member type	Region
67	28-Mar-85	JAPAN	The Japanese Academy of Primary Care Physicians	F	ASIA PACIFIC
68	28-Mar-85	PORTUGAL	Associacao Portuguesa dos Medicos de Clinica Geral		
			Portuguese Association of General Practitioners	F	EUROPEAN
69	28-Mar-85	THAILAND	The General Practitioners/Family Physicians Association, Thailand	F	ASIA PACIFIC
70	2-Jun-84	FINLAND	Finnish Association for General Practice Suomen Yleislaaketieteen Yhdistys	F	EUROPEAN
71	21-May-83	KOREA	The Korean Academy of Family Medicine	F	ASIA PACIFIC
72	14-Aug-82	INDIA	Indian Academy of General Practice	F	MIDDLE EAST SOUTH ASIA
73	14-Aug-82	INDONESIA	The Indonesian Association of Family Physicians Perhimpunan Dokter Keluarga Indonesia	F	ASIA PACIFIC
74	1-Jan-82	GERMANY	Deutsche Gesellschaft fur Allgemeinmedizin EGAM German Society of General Practice/Family Medicine	F	EUROPEAN
75	29-Aug-81	SOUTH AFRICA	South African Academy of Family Practice/Primary Care	F	AFRICA
76	29-Aug-81	USA	Society of Teachers of Family Medicine	F	AMERICAS
77	3-Oct-80	NIGERIA	Association of General and Private Medical Practitioners of Nigeria	F	AFRICA
78	5-Aug-80	ICELAND	The Icelandic College of Family Physicians	F	EUROPEAN
79	12-May-78	HONG KONG	The Hong Kong College of Family Physicians	F	ASIA PACIFIC
80	12-May-78	SRI LANKA	College of General Practitioners of Sri Lanka	F	MIDDLE EAST SOUTH ASIA
81	8-Nov-77	FRANCE	Societe Francaise Medecine Generale SFMG	F	EUROPEAN
82	6-Sep-77	SWEDEN	Swedish Association of General Practice		
			Svensk Forening for Allmanmedicin, SFAM	F	EUROPEAN
83	2-Jun-76	ZIMBABWE	The College of Primary Care Physicians of Zimbabwe	F	AFRICA
84	8-Jan-76	DENMARK	Danish College of General Practitioners		
			Dansk Selskab for Almen Medicin DSAM	F	EUROPEAN
85	1-Jan-76	NORWAY	Norwegian College of General Practitioners		
			Norsk Selskab for Allmennmedisin, NSAM	F	EUROPEAN
86	1-Jan-75	MALAYSIA	Academy of Family Physicians of Malaysia		
			Akademi Kedokteran Keluarga Malaysia	F	ASIA PACIFIC
87	1-Jan-73	AUSTRALIA	The Royal Australian College of General Practitioners	F	ASIA PACIFIC
88	1-Jan-73	CANADA	College of Family Physicians of Canada	F	AMERICAS
89	1-Jan-73	INDIA	IMA College of General Practitioners	F	MIDDLE EAST SOUTH ASIA
90	1-Jan-73	ISRAEL	Israel Association of Family Physicians	F	EUROPEAN
91	1-Jan-73	NETHERLANDS	Nederlands Huisartsen Genootschap NHG		
			Dutch College of General Practitioners	F	EUROPEAN
92	1-Jan-73	NEW ZEALAND	Royal New Zealand College of General Practitioners	F	ASIA PACIFIC
93	1-Jan-73	PAKISTAN	College of Family Medicine Pakistan	F	MIDDLE EAST SOUTH ASIA
94	1-Jan-73	PHILIPPINES	Philippine Academy of Family Physicians	F	ASIA PACIFIC
95	1-Jan-73	SINGAPORE	College of Family Physicians, Singapore	F	ASIA PACIFIC
96	1-Jan-73	UNITED KINGDOM	Royal College of General Practitioners	F	EUROPEAN
97	1-Jan-73	USA	American Academy of Family Physicians	F	AMERICAS

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Wonca's Committees, Working Parties, Task Forces and SIGs

Most of Wonca's Committee, Working Parties, Task Forces and SIGs will be holding Preconference meetings on Tuesday, October 12, 2004 and hosting events during the Wonca world conference. Please see the Wonca web, www.GlobalFamilyDoctor.com or the Wonca 2004 web site at www.Wonca2004.org for specific times and locations. The following is a brief Triennium report.

Wonca International Classification Committee

The Wonca International Classification Committee (WICC) is the longest standing Committee of Wonca, established along with Wonca at the World Conference in Melbourne in 1972. WICC's main task is develop relevant classification for General/Family Practice around the World. Since then WICC has met almost yearly in North America, Europe, Australia and Asia. The 2002 - 2004 triennium has been a historic time for WICC.

In 2003, history was made when WHO accepted ICPC-2 'into the family of classifications to be used for health information in primary care. WICC had worked with WHO throughout this triennium in a joint working group in order to collaborate in the development of a primary care classification, which would fit into to WHO-FIC (WHO-Family of International Classifications), which was lacking such a classification. A joint working group is established to further the work of harmonizing the ICPC and other WHO-FIC member classifications including relating ICD-10 and the International Classification of Functioning, Disability and Health (ICF) to ICPC-2.

WICC regards ICPC as a comprehensive classification which can both classify the patient's reason for encounter, the doctor's diagnosis and the process of care. It is ideal for describing what happens to patients when seeking medical help in primary care. The ICPC-2 book, published by Oxford University Press (OUP) in 1998 contained so many errors, that 2 chapters had to be revised. The revision was published in Family Practice and is available at: <http://fampra.oupjournals.org/cgi/content/full/17/2/101/DC1>

The book is out of print, but can be obtained from OUP as a 'print on demand' copy for the same price as the original book.

ICPC-2 has been translated into different languages (Catalan, Chinese, Croatian, Danish, Dutch, Finnish, French, German, Italian, Japanese, Norwegian, Portuguese, Romanian, Russian and Spanish). Some countries have signed national licenses with Wonca in order to obtain the full rights of using ICPC-2 in their primary health care system, including Belgium and Norway with others on the way.

In the years to come WICC's main area of work will be to implement ICPC-2 in as many countries' primary care systems as possible in close cooperation with WHO and its classification work for secondary care. A special challenge is to revise ICPC-2, so that it fits well in general/family practice in developing countries in Africa, South America and Asia. It is therefore important to recruit new WICC members from these countries, and ensure sufficient funding so that they can take part in the work, through participation in the yearly meetings.

Anybody who wants to translate ICPC-2 should contact Wonca's CEO: Dr. Alfred Loh: ceo@wonca.com.sg or Dr. Inge Okkes: i.m.okkes@amc.uva.nl

Members of WICC attended a special North American Primary Care Research Group (NAPCRG) pre-conference meeting in Banff, Canada. The resultant Banff Declaration and its recommendations call for standards and conventions that enable the concerns of patients to be identified and data routinely collected in frontline primary care practice, in order to move health services towards patient centered care in a continuous healing relationship:

- Routine documentation of the essential content of primary care should be incorporated in the US.
- The standards should include patient's reason for encounter and the family practitioners diagnosis in an episode of care structure.
- ICPC-2-E, with its linkage to ICD-10 as an underlying nomenclature, should be used as a primary care classification.
- Cooperation between relevant health care classifications should be established.

In 2003, WICC published the Wonca Dictionary of General/Family Practice, the first international, comprehensive dictionary for general/family practice. The Wonca Dictionary can be purchased through the Wonca website: www.GlobalFamilyDoctor.com, and select 'publications'.

Professor Niels Bentzen, Chair Wonca International Classification Committee.
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Wonca Working Party on Rural Practice

The 2002 - 2004 triennium has been a particularly busy period for the Wonca Working Party on Rural Practice. There had been two hugely successful World Rural Health

Conferences, as well as the development and adoption of a series of Wonca policies and statements on Rural Health issues, and the WHO-Wonca co-sponsored consultation, "Health for All Rural People".

The Fifth Wonca World Conference on Rural Health, held in Melbourne, Australia, in April/May 2002, was attended by over 900 participants drawn from 40 different countries. The Melbourne Conference had a very full program of plenary sessions, oral paper presentations, workshops, skills training sessions and poster presentations, many of which were webcast by the Australian Broadcasting Corporation. There were also major pre and post conferences held in a variety of rural and remote parts of Australia.

The Sixth Wonca World Rural Health Conference was held in Santiago de Compostela, Spain followed by a post conference in Portugal in September 2003. The Santiago Conference, attended by over 600 participants from more than 30 different countries, was notable not only for its academic sessions, but also for its cultural program which included formal workshops related to literature and anthropology, as well as music, dancing and other cultural activities.

Rural Health Policies and Statements

The following policies and statements developed at World Rural Health Conferences and refined by the working party on rural practice have been endorsed by the Wonca:

- The Santiago de Compostela Statement on HIV/AIDS.
- The revised Kuching Statement for action: The Health of Indigenous Peoples. This statement was revised and updated as part of the Sixth Wonca World Rural Health Conference in Spain.
- The Melbourne Manifesto: A Code of Practice for Recruitment of Health Care Professionals together with recommendations for the way forward formulated at the Sixth Wonca World Rural Health Conference in Spain.
- The Wonca Policy on Quality and Effectiveness of Rural Health Care. This document had been widely disseminated and reviewed in detail at the Sixth Wonca World Rural Health Conference in Spain.
- The Wonca Policy on Female Family Physicians in Rural Practice. This document had been widely reviewed and updated at the Sixth Wonca World Conference on Rural Health in Spain.
- The updated Wonca Policy on Using Information Technology to Improve Rural Health Care. The Wonca Rural Information Technology Exchange (WRITE) had revised and updated this policy document.

In addition, the Working Party on Rural Practice is seeking Wonca Council endorsement of the Santiago Statement on Child Labour. This statement was developed at the Santiago Conference with input from representatives of the International Labour Organisation and the United Nations, and subsequently refined by the Working Party.

Eighty-five invited participants from around the world attended the WHO-Wonca Co-Sponsored Consultation held at the Monash University School of Rural Health, Traralgon, Australia, in April 2002. This Conference was an intense and involving experience for all participants. Following from the Conference, a small writing group refined the Health for All Rural People (HARP) Action Plan which was endorsed formally by Wonca in November 2003.

Subsequently, Dr. Ilse Hellemann made a presentation on behalf of Wonca to the WHO Executive Board meeting in January 2004. The Working Party has continued to seek further engagement with the World Health Organization (WHO). It is anticipated that a Draft Resolution may be presented by Wonca to the World Health Assembly in 2005.

During the last three years, the Working Party on Rural Practice has continued to pursue its mission of improving rural health care around the world with considerable vigour and enthusiasm. This will continue in the next triennium as Professor Jim Rourke takes over as Chair of the Working Party.

The Working Party on Rural Practice is looking to recruit new members with a commitment to making a difference in Rural Health, particularly from countries and parts of the world not previously represented on the Working Party. If you are interested, come to the Wonca Rural booth at the Orlando conference or contact me by e-mail.

Professor Roger Strasser, Chair,
Wonca Working Party on Rural Practice.
roger.strasser@normed.ca

Wonca Working Party on Quality in Family Medicine (QIFM)

The aims of QIFM are to establish regional networks of family doctors interested in quality to:

- Facilitate the exchange of ideas, increase capacity and develop leadership.
- Provide mutual support for quality activities within a region.

- Serve as resources for concepts and methodologies for quality in family medicine.
- Conduct educational sessions on quality.

The WP decided at the 2001 World Congress in Durban that its 2001-2004 priorities were to:

- Enable national organizations to develop.
- Collaborate across countries (e.g., surveys, research).
- Write QIFM articles.
- Provide internal support to think through a national issue using quality circles.
- Promote the culture of quality.

The traditional work style for QIFM has been an annual in-person meeting, complemented by writing and teaching on quality at regional and national meetings. Since 2001, changes in Working Party membership, travel challenges due to international conflict, and reduction in Wonca funding caused a change in the traditional operations of QIFM. While individual Working Party members continued their writing and teaching in quality, QIFM met only once since 2001: in Finland at the end of November 2003.

At its November 2003 meeting, it was reported that there were only about 800 copies remaining of the Working Party's 2001 book, *The Family Doctor's Journey to Quality*. The publisher STAKES (<http://www.stakes.fi/english/publication/Mu%20176.htm>) has agreed to maintain inventory for 2 more years.

During its November 2003 meeting, QIFM went through a priority setting exercise and decided to shift its focus from education to projects. Educational efforts have been very helpful in raising awareness on quality. It was felt however, that the maturation of the quality movement in family medicine should be reflected in a shift for the QIFM from teachers on the topic of quality to consultants assisting in quality development projects in targeted regions. As such, the Working Party agreed that its overarching strategy should be to target select regions for quality development. The targeted activities for these regions would include facilitating partnerships between these regions and other regions with more experience and to emphasize patient perspectives and participation; capacity building; and sharing ideas, educational materials, and other resources through networking. This strategy will be reflected in our goals and action plans for the upcoming Triennium.

This will be my last report as the QIFM chair, as I will be stepping down after 10 years of service. It has been a wonderful and enlightening experience. I have learned much about quality and more about the family doctors of the world. The best part has been that the journey

was shared with extraordinary QIFM members who have become dear friends: Barbara Booth, Javier Dominguez, Per Hjortdahl, Jannie Hugo, Tawfik Khoja, Marjukka Mäkelä, Rene Torres. My thanks to all of you.

Richard G. Roberts, Chair
Wonca Working Party on Quality in Family Medicine
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Working Party on Women and Family Medicine

As part of the meetings in Durban, South Africa in 2001, the WONCA Governing Council granted the Special Interest Group on Women and Family Medicine a new status as a WONCA Working Party for Women and Family Medicine (WWPWFM), thus giving the group an annual budget and greater opportunity to influence decisions of WONCA. A Steering Committee was established to plan for the WWPWF pre-conference to be held in Orlando consisting of Dr. Lucy Candib (USA), Dr. Barbara Lent (Canada) and Dr. Cheryl Levitt (Canada). Since that time, the Steering Committee has been working diligently on several exciting initiatives.

The biggest project is the writing of a monograph/literature review on Women and Family Medicine based on a review of the international literature, and a 7-section working document, which we will use to guide our strategic planning. The documents look at the unique issues facing women family physicians around the world — in training, in practice, in academia and in organizations. The materials are supported by an extensive annotated bibliography. We have disseminated the materials widely to international colleagues through our WONCA Women and Family Medicine Working Party listserve, and will be discussing them in more detail at the upcoming meeting in Orlando.

The upcoming meeting in Orlando in October 2004 will include several exciting sessions to which the steering committee and other members of the working party have contributed. We are planning a 2-day pre-conference as an opportunity to develop a strategic action plan, based on the working party's written materials. We are very excited to have Dr. Amanda Howe, chair of Primary Care at the University of Anglia in England as facilitator. During the main part of the meeting Dr. May Cohen, Professor emeritus from McMaster University in Hamilton, Canada, will be speaking on Women and Leadership. Later that day the symposium "Women in Family Medicine: Making a difference around the world!" will showcase the special activities of women in family medicine around the world.

The WWPWF will develop a strategic plan at the

pre-conference in Orlando and we encourage interested members to attend. We hope to prepare an WWPWF Action Plan for the WONCA Governing Council on how WONCA can uniquely contribute to challenges experienced by women family physicians as they provide exemplary care to their patients, participate in the training of medical students and family medicine residents, and contribute to their communities, as individuals and leaders within medical and other organizations.

Those interested in more information on the WONCA Working Party on Women and Family Medicine can email lcandib@massmed.org to join the WONCAWOMEN listserv.

We would like to acknowledge the following individuals who have dedicated many hours of work to help continue the work of the Working Party on Women and Family Medicine (in alphabetical order): Ms. Kelly Anderson (student), Dr. Lucy Candib (family physician), Ms. Kristiina Farquhar (medical student), Ms. Michelle Howard (research coordinator), Dr. Amanda Howe (family physician), Ms. Marguerite Jackson (clerical assistant), Dr. Barbara Lent (family physician), Dr. Zorayda Leopando (family physician), Dr. Cheryl Levitt (family physician), Ms. Leila Salehi (medical student), Ms. Kiara Smith (medical student)

Dr. Barbara Lent
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Dr Lucy Cadib
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Cheryl Levitt
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Wonca Working Party on Informatics

The Wonca Working Party on Informatics was established following the 1995 WONCA World Conference in Hong Kong. The mission of the Wonca Working Party on Informatics remains to promote the appropriate use of information technology and telecommunications to improve clinical care, education and research in family medicine/general practice.

Over the past triennium responsibility for the Wonca website has been transferred to Medi+World with the establishment of the GlobalFamilyDoctor website. During the triennium the mantle of Wonca Webmaster was passed from Rob Wilson, from the UK, to Wes Fabb, from Australia. Wonca Informatics Working Party members have been active throughout the triennium in

supporting the ongoing development of the GlobalFamilyDoctor website, especially the excellent work of Lesley Pocock and her team, and of our Wonca Webmaster, who has greatly expanded our vision with his daily alerts service.

The Working Party has worked with the General Practice Special Interest Group of the British Computer Society and the Primary Care Working Party of the International Medical Informatics Association on the development of the journal Informatics in Primary Care. The journal is formally endorsed by Wonca and serves as the journal of the Wonca Informatics Working Party, as well as of our collaborating organisations. During the triennium, Informatics in Primary Care has been successful in obtaining Medline listing. This is a great credit to all involved, especially the Editor in Chief, Sheila Teasdale, from the UK.

Over the past triennium the Working Party members have been active in promoting the appropriate use of information technology and telecommunications to improve clinical care, education and research in family medicine/general practice. The Working Party has had a focus on three main areas:

- The development of the Electronic Health Record for Family Medicine/General Practice
- The use of the Internet to support high quality clinical care in Family Medicine/General Practice
- The potential for IM/IT to support the development of Human Genetic Applications in Family Medicine/General Practice

The Working Party has hosted workshops on these areas at conferences and meetings around the world over the past three years including workshops at the Wonca Europe meetings in London, Ljubljana and Amsterdam, and the Wonca Asia Pacific meetings in Kuala Lumpur and Beijing. The Working Party will be hosting a forum at the Wonca World Conference in Orlando with a focus on these topics.

In addition the Working Party will be supporting an international meeting on Standards for Informatics in Family Practice, being held as part of the International Medical Informatics Association triennial conference, Medinfo 2004, in San Francisco in September 2004, in conjunction with the Primary Care Working Party of the International Medical Informatics Association and the Primary Care Group of the American Medical Informatics Association.

In particular we would like to focus on the sharing of resources by our member Colleges, many of which have been active over the past three years in developing

guidelines and standards to support primary care informatics. There is a great need for such developments to be shared especially between our developed and developing member nations.

Professor Michael Kidd, Chair
Wonca Working Party on Informatics
michael@gp.med.usyd.edu.au

The Wonca Working Party on the Environment

The Wonca Working Party on the Environment will be active at the Orlando meeting in October. We will hold a 2-hour symposium immediately following the Opening Plenary on Wednesday, October 13, entitled, "The Family Doctor and the Environment: Do we have a role to play?" Topics include:

- Children are more vulnerable to environmental pollutants. How to address this in our daily practice., by Peter Van Den hazel, President of International Network on Children's Health, Environment & Safety (INCHES)
- "Stepping out into the ecosystem: the family physician as community environmental health advocate" by Warren Bell, Chair of Canadian
- What legacy will we pass on to our children? Climate change, sustainability and health. By Alan Abelsohn, Chair of the Working Party.

Other workshops related to Environmental Health at Orlando, include a case based session on taking an environmental exposure history, and a workshop on how pesticides affect the health of the family and community. At the symposium we hope to engage family physicians in an ongoing active working party, involved in research education and promotion of environmental health. Please contact me if you are interested this Working Party.

Alan Abelsohn, Chair
Working Party on the Environment
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Health Behaviour Change Special Interest Group and Task Force on Tobacco Cessation

Dr Giorgio Visentin asked me a challenging question about how the focus on tobacco at the 2004 Wonca Conference will address the needs of developing countries. Thanks to Professor Wes Fabb and Wonca Global Alerts for this relevant article.

<http://thorax.bmjournals.com/cgi/content/full/59/7/623#R87>. It still remains a challenging issue. The Wonca conference will feature a preconference meeting,

symposium, a forum, and plenary sessions by Dr. Sean David and Professor Pekka Pushka.

Tuesday, October 12th Preconference meetings on Health Behaviour Change Special Interest Group (900am-12 noon) and the Task Force on Tobacco Cessation (130pm-430pm) will be held. The agenda is open for sharing work-in-progress. Please send in your requests. Let me know if you would like to attend. I can present on how to become e-facilitator for online learning about motivating behavior change. (go to www.MotivateHealthyHabits.com for more details). We are inviting World Council members or a tobacco champion from their respective organization to attend the Task Force meeting. We will give preference to organizations that have completed the online Tobacco survey at www.globalfamilydoctor.com/tobacco. Space is limited.

A Wednesday, October 13th Tobacco symposium, "Professional Fatigue about the Tobacco Pandemic: Rejuvenating Our Efforts", will help us develop innovative approaches to combat the Tobacco industry. The Framework Convention on Tobacco Control describes a comprehensive approach to addressing these challenges. This ecological approach integrates macro (policy), meso (organizational) and micro (practitioners, patients) strategies with multi-modal methods to generate synergistic collaboration among the top-down, side-to-side and bottom-up processes. This symposium will highlight:

- The Framework Convention on Tobacco Control
- The WHO Code of Practice for Health Professional Organizations
- Wonca Call for Action on Tobacco Cessation
- An Overview of the Wonca Survey
- Best Practices in Wonca-Dr Carlos Brotons (Spain), Dr. Steve Shih-Tzu Tsai (Taiwan), Dr. Maxime Mancini (Switzerland),
- AAFP - Tar Wars Program- Dr Jeffrey Cain (USA)
- Globalink - an international resource
- Behavioral Innovations and New Modalities
- Advances in the pharmacological therapy of nicotine addiction

This forum will set the stage for workshops on tobacco presentations, including the World Forum that will be held on Friday. The goal of this Forum is foster organizational, national and international collaboration on tobacco cessation.

A "World Forum on Tobacco Prevention and Cessation" will be held Friday, "October 15th from 1:30 - 3:00 PM. In 2001, the Wonca Executive Committee passed a Call for Action on Tobacco Cessation. The Task

Force developed an online survey for member organizations www.globalfamilydoctor.com/tobacco. This voluntary benching activity survey will be repeated in three years as part of quality improvement process. This activity will help member organizations assess their strengths and needs, so that they can network and learn from one another. In the first half of the session, this forum, "Coordinating Organizational, National and International Initiatives", will address:

- The WHO Code of Practice for Health Professional Organizations - Michael Boland, President of Wonca
- Fostering organizational and national initiatives: Lessons Learned from the US - Dr. Steve Schroeder
- Respondent and Group Discussion facilitated by Tom Houston. Respondents from National Organizations - Dr Carlos Brotons (Spain), Dr. Steve Shih-Tzu Tsai (Taiwan), Dr. Maxime Mancini (Switzerland), Dr Jeffrey Cain (USA)
- Forum Discussion forum

All member organizations are invited to send a representative to this discussion forum. The goal of this session is to encourage member organizations to participate in the WHO Code of Practice and the Wonca Online Survey in order to develop an international community of practice and an action plan for the 2007 Wonca conference in Singapore.

Professor Rick Botelho
 Convenor of the Tobacco Cessation Task Force & SIG on Health Behavior Change
Rick_Botelho@urmc.rochester.edu

Wonca Special Interest Group on Psychiatry and Neurology

The SIG on Psychiatry & Neurology has generated a great deal of interest since its launch at the WONCA Conference in London in 2002. It now has members in all continents and has become a training resource for GP's, primary care physicians, patients and caregivers. The SIG has organised a number of international conferences and workshops and continues to make a contribution to WONCA conferences worldwide. Further details are available on www.globalfamilydoctor.com.

The SIG convenor, Dr Gabriel Ivbijaro is based in London and is supported by regional representatives: Dr Henk Parmentier (UK), Dr Filippo Zizzo (Italy), Dr Jill Benson (Australia), Dr Abdul Abyad (Lebanon), Dr Badar Ali (Pakistan), Dr Helen Rodenberg (New Zealand), Dr Hakan Yaman (Turkey), Dr Eleni Palazidou & Dr Lucja Kolkiewicz (Interface with Secondary Care).

Because of the increasing prevalence of mental illness, especially depression, the recent global phenomenon of migration and the conflicts taking place in various parts of the globe, family doctors and GP's need to be more aware of the cultural influences on the presentation of common psychiatric and neurological disorders. In recognition of this geopolitical shift and the process of urbanisation, the SIG is currently writing a transcultural mental health handbook with the aim of promoting a better understanding of culture specific presentations and therefore the more appropriate management of common mental disorders. Chronic fatigue syndrome is one such cultural enigma. This commonly presents to the family doctor. In acknowledgement of this, the SIG was invited to lead a workshop on Chronic Fatigue Syndrome at the 6th Sainsbury Centre Primary Care Conference in London in 2003. It has been suggested that the SIG should develop the theme of Chronic Fatigue Syndrome further by leading an international workshop with an emphasis on the cultural contribution to the presentation of this disorder and its management.

The SIG contributed to WONCA Europe (Amsterdam) 2004 by running a training workshop on mental state assessment and the recognition of mental illness in ethnic minorities. A number of trainee GP's from the Netherlands also attended and many of them have since joined the SIG. The SIG was also represented at the conference of GP's in Karachi, Pakistan in April 2004.

The SIG in Psychiatry & Neurology believes in contributing to the knowledge base of grass roots practitioners so that they can apply this knowledge to the day to day management of their patients. We are holding a two-day workshop in Tripoli, Lebanon in September 2004 with the theme of the balance and tension between the body and mind. If you would like to attend this meeting send an e-mail to Dr Abdul Abyad (aabyad@aku.edu) for further details. We will be launching a culturally sensitive depression guideline at the WONCA meeting in Orlando, USA in October 2004. This will be a major resource for GP's all over the world as it will give GP's a window through which to see how this common disorder presents and is managed in a variety of continents.

It has been a pleasure to be the convenor for this exciting group, which has attracted a lot of enthusiasts and people committed to the development of mental health management in primary care. By continuing to welcome new members from all around the globe with varied interests and experiences the group will continue to produce exciting projects. If you would like to make a difference and contribute to the continued development

of the SIG in Psychiatry & Neurology, contact me, by e-mail at gabluc@aol.com.

Dr Gabriel Ivbijaro
 Convenor, WONCA SIG in Psychiatry & Neurology
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Wonca Special Interest Group on “Ethics in General Practice”

This Special Interest Group was founded at the occasion of the WONCA EUROPE 2000 Conference in Vienna in order to discuss situations which produce ethical dilemmas to general practitioners all over the world. It is the aim of the group to identify common principles, to consider the development and - if possible - the solution of some of these ethical problems. Ultimately, the group aims to design an instrument which might be useful to assess professional attitudes of students or junior family doctors during training which they might find helpful to them and which might be useful to their teachers in their attempt to teach appropriate attitudes.

The group has held conference- workshops during the Durban and Ljubljana Conferences - both with very good attendance. A business - meeting of the group was held just before the London Conference and an open forum was organized during the Ljubljana Conference in 2003. During the London Meeting the terms of reference agreed upon were “to attempt to illustrate the nature of ethical issues encountered by WONCA and its members (both Organisations and Individuals) and to explore the principles, values and beliefs which inform decisions”.

The group has established a list of interested colleagues worldwide and has identified colleges, academies or other general practice groups which have working groups on ethical issues; the teaching situation for professional attitudes in different countries was reviewed and a forum to collect and discuss situations which produce ethical dilemmas to colleagues worldwide has been provided; further, groups and individuals were encouraged to develop similar activities back home in their countries.

During the WONCA World Conference in Orlando, Florida, a workshop to discuss such situations will be held and an open forum for a get together of interested colleagues and for a presentation of the goals of the Special Interest Group will be organized.

Lotte Newman	Manfred Maier
Co-Convenor	Co-Convenor
Special Interest Group on Ethics in General Practice	
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Wonca Special Interest Group in Travel Medicine

A Special Interest Group (SIG) in travel medicine is being established within the World Organization of Family Doctors. People are traveling greater distances more frequently. Aircraft are carrying more and more people and fly quicker - there is overcrowding at airports and conveyance of vectors responsible for disease and infectious diseases before they manifest occurs rapidly and easily. Many travellers seek advice from the family doctor.

If you are interested, please email me at gkb@brink.za.net and I will contact you with further information. The SIG will be launched at the 17th World Congress of Family Doctors in Orlando.

Garth Brink
 gkb@brink.za.net

WONCA REGIONAL NEWS

WONCA EUROPE 2004: THERE'S MORE THAN TULIPS IN AMSTERDAM

More than two thousand participants gathered in the RAI Congress Center in Amsterdam from June 1 to 4 for the WONCA Europe Regional Conference 2004. Some eight hundred of them were Dutch GPs, the others came from other countries in Europe and far beyond. For the first time in WONCA history, part of the programme was dedicated to GP-trainees; some five hundred of them made the air swirl from time to time. All in all it became a special conference, with many highlights.

Preconferences, the Opening Ceremony and Plenaries

On June 1 there were several preconferences. One of those was about 'Women and Leadership: Enhancing Career Opportunities'. Two lectures were held during this meeting, one about 'cracking the glass ceiling' and one about the difference between the management skills of men and women. However, the main goal of the meeting was to create a network of European women, for which the first steps were taken.

Also the 'Junior Doctors' met for the first time during a preconference. Thirty three Dutch and thirty three

'foreign' GP-trainees and recently graduated GPs partook in the programme. They set out to create the basic demands that should be met by all European GP vocational trainings.

The third preconference was organized by NIVEL, a Dutch research institute that recently published the results of their 'Second National Study' of all activities in general practice. The research covers the whole country. It provides a very valuable record of all complaints presented and treatments offered in general practice. The same research was held in 1989, thus providing good comparison of the changes over the past 15 years.

The official WONCA conference opened in the evening of June 1, with welcomes from the Host Organizing Committee President, Arno Timmermans, from WONCA Europe President, Philip Evans, and Scientific Programme Committee Chair, Wim Stalman. Professor Marjukka M kel , GP in Finland, opened with a wonderful plenary talk, "From Evidence to Action", how evidence based medicine can be applied in daily general practice.



Guest at the opening ceremony of the Conference. From left to right: Dr Philip R. Evans, WONCA Europe Regional President; Prof. Chris van Weel, imm. past WONCA Europe Regional President; Prof. W. Stalman, Chairman of the Scientific Programme; Dr Fons Sips, chairman working party JDP; Dr Justin Allen, President of EURACT; Dr Arno Timmermans, President of the College of GP the Netherlands; Prof. em. Harry Crebolder, liaison person.



Attentive listening to information about the general practice training situation.



Inspiring and relaxed discussion around the lunch table

In his plenary presentation, Dutch Minister of Health, Hans Hoogervorst, described the health care challenges of the aging population. "In the Netherlands we now have four workers for every person over 65. In 2040 only two workers will remain for every retiree. We therefore need to restructure the health care system, not only in Holland, but also in the rest of Europe." The GP will have an important role in solving the problems, according to Hoogervorst, as in Holland no less than 96 percent of all health problems are dealt with by GPs. "Even though many things must change, I am proud of the way Dutch GPs do their jobs", said the Minister of Health.

Workshops, Lectures, Posters

The conference participants then spread over the vicinities for the numerous parallel workshops, lectures and poster sessions. Also, some new working methods are introduced. Quite successful were the 'debate sessions' in which the pros and cons of controversial topics in healthcare were discussed.

Most interesting were "mega workshops" on "communication and attitude" involved 1500 GPs in an enormous hall. They sat in groups of about five or six around small tables. Most people had never met each other before and the cultural differences often were large. 'Try to trust the people sitting at your table, as sometimes there will be discussions about sensitive subjects', the workshop moderator suggested. When the participants were asked to discuss a topic for the first time, an awkward silence fell. But then the roar of hundreds and hundreds of human voices filled the hall. It worked! Three mega workshops were held: 'If you know what I mean' (about giving information and advice), 'Am I supposed to think that's normal?' (about the influence of personal norms, standards and frames of reference), and 'Oops... I'm so sorry!' (about making mistakes and legal litigation). For many participants, these mega workshops were the highlights of the conference.

On this last day of the conference the participants went to work with the theme of “practice management”. Attention focused on task delegation, personal learning plans, and the use of quality indicators in general practice. The junior doctors met for the last time during the conference: they did not only come to seven recommendations for the European GP vocational training (which should be taking three years), but they also established a ‘European junior doctor organization’. More of them will be heard in the near future!

The final lecture was held by professor Richard Grol. He explained the reasons why implementing changes take so much time. After talking about the learning possibilities in daily practice, Grol concluded: ‘Let’s invest in young GPs. We have seen during this conference how important they are for the future of our profession.’ Wim Stalman thanked everyone for an outstanding conference and Phillip Evans welcomed the participants to meet him at the WONCA World Conference in Orlando!

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‘The Junior Doctor Project’: A Report from the Wonca Europe Preconference

General Practice / Family Medicine in Europe has grown since the establishment of national colleges and academies in general practice / family medicine in the 1960s and 1970s. They created a scientific base for the discipline and formulated the essentials of the tasks and duties of a general practitioner. In most European countries GP/FM is nowadays recognized as a unique specialty with a well-defined position in the health care system and a specific vocational training scheme.

International contacts and exchanges blossomed in the eighties. Several network organisations were founded and prosper today, including EURACT (the European Academy of Teachers in General Practice, EGPRN (European General Practice Research Network), and EQUIP (European Working Party on Quality in Family Practice). In the 1990s, such international togetherness led to an European umbrella structure for GP/FM. On the 4th of October 1995, we celebrated the inauguration of ‘the European Society of General Practice / Family Medicine - The WONCA Region Europe’, during a pan European Conference in the European Parliament in Strasbourg.

In addition, a European Journal of General Practice was founded in 1995, and this peer reviewed scientific journal was indexed in the NLM in 2003. In recent years, Wonca Europe has devoted much thought and writing, captured in the European Journal, to clarify and promote a unification process in our discipline in Europe. During the WONCA Europe Regional Conference in London in 2002, the document ‘A European Definition for General Practice/ Family Medicine was discussed and accepted.



The twelve tutors of the Junior Doctor Conference. From left to right: Egle Zebiene, Lithuania; Filipe Gomes, Portugal; Justin Allen, UK; Yvonne van Leeuwen, the Netherlands; Fons Sips, the Netherlands; Mladenka Vric-Keglevic, Croatia; Athanosios Simeonidis, Greece; Peter Manschot, the Netherlands; Geurt Essers, the Netherlands; Herman Bueving, the Netherlands; Ben Bottema, the Netherlands; Roar Maagaard, Denmark.



Participants of the JDP conference, enjoying the scenery of Amsterdam

Yet, Europe remains a patchwork of different health care structures. Similarly, the position of the GP in these systems is divergent as are the training programmes to become a general practitioner. No common standards exist for the duration of the schemes, training and coaching systems, certification and recertification terms, formal position of the trainees, and the role and duties of the trainers.

When our College of General Practitioners in the Netherlands organized the WONCA Europe Regional Conference 2004, we were eager to learn how trainees in our profession and the youngest generation of general practitioners, together called 'Junior Doctors', regard the European situation. We were keen to enhance their involvement in the process of unification.

We planned an Invitational Preconference to discuss these matters with the 'Junior Doctors'. We invited national colleges and academies, members of the WONCA Region Europe, to nominate delegations of young doctors, preferably members of boards or committees involved in the training schemes in their countries. Eleven countries nominated three delegates each and these 33 representatives were matched with an equal number of trainees from the Netherlands. The participants were distributed in six international groups. Each group had two GP tutors, a EURACT council member and a GP trainer, a senior staff member of the training scheme in the Netherlands.

Two months before the conference, group tutors asked participants to fill in a personal file, collecting information about their study carrier, their training situation and some personal information. The aim was to make acquaintance in a virtual way and exchange relevant information on beforehand. Later they were asked to describe the health care structure in their counties, with special emphasis on the position of the general practitioner in their system, and describe their training scheme, and its strengths and weaknesses. They were also asked to comment on the 'The European Definition of General Practice / Family Medicine'.

The Preconference was held the 31st of May and the 1st of June, and continued during the WONCA Regional conference on the 2nd and 3rd of June. After an opening address, the participants worked for two days in their groups. They recognized the great differences among the national health care systems and the position of GP/FM in these structures. They discussed the most relevant features as are described in 'the European Definition': the gate keeping function of the general practitioner; the importance of a cooperative and non-competitive relationship between GPs and specialists regarding quality of care for their patients; the record holding for their patients and the importance of referral letters to specialists and reports from specialists examinations and interventions; and the influence of different reimbursement systems for GPs on quality, efficiency and cost effectiveness.

They also compared the different training systems in their countries. Trainees were surprised to recognize the differences in personal guiding during their training episode. They recognized the importance of having a personal trainer or tutor responsible for their personal and professional development. After the Wednesday plenary exchange of group discussion, the participants developed and presented on Thursday afternoon, June 4th to the Wonca Europe Conference delegates their overall conclusions. The main points were:

- There should be more (political) actions to implement the European Definition of GP/FM in all the European countries.
- Participation of Junior Doctors in International Conferences must be facilitated in the future. A reduced conference fee for Junior Doctors and a programme fitted to their needs will be very useful. Continuation of a Junior Doctor Programme for the next WONCA Europe Regional conferences is recommended.
- International exchange of trainers and training programmes could be stimulated.

The most important result of this preconference meeting for Junior Doctors was their decision to establish a European Network Structure for Junior Doctors. The network organisation should be part of and under the aegis of WONCA Region Europe. They formulated a declaration of intent to work out in detail this initiative, and presented that to Dr Philip Evans, President of the WONCA Region Europe.

We owe a debt of gratitude to the College of General Practitioners in the Netherlands and Dr. Arno Timmermans, its President, who gave us the opportunity to organize this conference; and to our National Institute in charge of the vocational training scheme in the Netherlands (called the SBOH), who sponsored the project. Dr. Justin Allen, President of EURACT, was very helpful in the planning and collaboration. Professor Harry Crebolder was our highly respected intermediary to EURACT and the Conference Organizing Committee. Professor Chris van Weel, former President of WONCA Region Europe, was very helpful with his creative suggestions in planning this conference and his stimulating support in realizing the project. The dedication of the 12 group tutors was the mainstay of our success. It was a great pleasure for our working party to organize this conference. The enthusiastic involvement of the young participants in European matters is a promise for the future. The new network organization for Junior Doctors is the best way to involve them in the unification process of GP/FM in Europe.

The JDP Working Party of the WONCA Europe Regional Conference
 Fons Sips, Chairman
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 Ingrid van der Heijden, Secretary
 Erik Teunissen
 Justian Hofmans

Wonca Triennium Regional Highlights

The following is a brief highlight of major milestones during the Triennium. These include the establishment of Wonca's new Iberoamericana-CIMF region, Wonca Designated Regional Conferences in Europe, MESAR, and the Asia Pacific, and the establishment of the Association of Family Physicians of East Africa..

East Africa: An Opportunity for Collaborative Subregional Development

A regional 'Association of Family Physicians of East Africa' (AFPEA) has been established. The plan is to make it an academic accrediting body - 'The College of Family Physicians of East Africa' - focused on accrediting training programmes, publishing a journal, coordinating research, and establishing a 'Society of Teachers of Family Medicine'.

I was very honoured to be invited recently to visit Kenya and to address The First International Family Medicine Symposium held at the Aga Khan Hospital in Nairobi in May, 2004. The Aga Khan Hospital Network has been particularly supportive of Family Medicine. The Kenya Association of Family Physicians was recently established by Dr Humphrey Belcher and colleagues and the KAFP has joined Wonca. Similar national associations are being considered for Uganda and Tanzania.

The Symposium was well attended by family doctors, not just from Kenya, but from Uganda, Tanzania and even the Democratic Republic of the Congo. Some had made considerable personal sacrifices and arduous journeys to attend the meeting. The symposium brought together INFA-MED (the Institute of Family Medicine), Moi University Medical School in Eldoret (the first Kenyan medical school to establish an M.Med Course in Family Medicine), and representatives of the Royal College of General Practitioners (United Kingdom). The programme included a number of powerful personal accounts of the difficulties of delivering personal and family healthcare in the African setting.

The vision of WHO is that all citizens should enjoy a level of health that permits them to lead socially and economically productive lives. Recent developments in East Africa provide some grounds for optimism. There is evidence that leaders of education and health care in Kenya have identified primary health care systems as critically important in meeting the challenges they face. As a result a national system of continuing professional development (CPD) for all doctors is proposed.

Those of us representing Wonca - President Elect Bruce Sparks, Africa President Abra Fransch and myself – joined our KAFP and other African colleagues in meeting with senior Health Ministry officials to discuss not just the CPD proposal but the future of family doctor education and training in Kenya.

Evidence already assembled by Wonca in the 'Guidebook' ("Improving Health Systems: The Contribution of Family Medicine") has confirmed that well trained generalist physicians are integral to the delivery of quality care that is cost-effective, relevant and equitable. These personal care services are enhanced when integrated with public health measures such as immunisation, nutrition, and health surveillance.

In November 2003, a needs assessment report on family practice and community oriented primary care training programmes in the East Africa was undertaken on behalf of The World Organisation of Family Doctors (Wonca), (The Network: TUFH) and Global Health Through Education, Training and Service (GHETS). The University Medical Schools such as Moi University in Kenya and Makerere University in Uganda have been very supportive.

The report challenges Wonca to share our expertise and to coordinate our activities with those of other agencies in the field. Together with them we can assist in the development and adaptation of relevant curricula and educational modules, and disseminate information through electronic means. We can facilitate publications describing innovative work in the region. Within our countries we must try to identify individuals and institutions willing to contribute their resources. Working together with African regional stakeholders it should be possible to reach a strategic consensus that reflects the heritage and resources of the countries while maximising the contributions of all involved.

Six years ago in Killarney, the Wonca World Council identified the development of family medicine in countries and regions where it was weak or non-existent, as our number one priority. The nations of

Africa represent the greatest challenge to the achievement of that aspiration. These East Africa initiatives are an important start.

Michael Boland
Wonca President
(Excerpted from the June, 2004 Presidents' Column)

Wonca Europe 2003 Exceeds Expectations

The number of participants showing in the computer data had to be double checked, because it sounded rather unbelievable. Yet it was true. A total of 1,652 delegates from 62 countries around the world had come to Ljubljana, Slovenia for the 2003 Wonca Europe Regional Conference from June 18-21, 2003.

The opening ceremony took place late afternoon in the Gallus hall of the Ljubljana congress center, which comfortably seated the eager participants. On behalf of the President of the Republic Slovenia, National Assembly President Borut Pahor officially opened the congress. He expressed hope that the conference would enable the delegates to exchange views and experiences and further the growth and development of family medicine and primary care around the world. Professor Igor Svab, the Scientific Programme Chair, Dr. Phillip Evans, President of Wonca Europe and Dr. Michael Boland, President of World Wonca, welcomed the participants. Various Slovenian choirs performed, emphasizing the point that we in Slovenia are a singing nation. The final song, a symbolic blessing for peace by the Shira Choir from Israel, reminded us of those who are less fortunate and deeply moved everyone.

The next few days of plenary speakers, workshops, and free-standing papers ran smoothly. Parallel sessions addressed the main conference topics, including lifestyle problems in general practice, acute care in general practice, effective patient communication, new technologies, quality in primary care, and humor in general practice. Several of Wonca's priority health issues outlined by Dr. Boland, such as HIV-AIDS and smoking cessation and prevention, were also addressed during the course of the congress.

The uplifting melody of Beethoven's Ode to Joy, performed on one of the biggest pipe organs in Europe, punctuated the closing ceremony in the great hall of the congress center. Doctor Janko Kersnik, Chair of the Host Organizing Committee, shared his hope that Slovenia, a

small country with large ambitions, was now a known part of the world. In his letter to the organizing committee, Dr Chis van Weel, past Wonca Europe Region President, observed that the success of this undertaking was not determined by the size of the host organizing college, but by their intellectual richness, their creativity and their dedication.

Assistant Nena Kopcavar Gucek, MD
Chair of Social Program of Wonca Europe 2003
Dr Phillip Evans
Wonca Europe Region President
(Excerpted from the August 2003 issue)

Wonca 2003 Asia-Pacific Regional Conference Held in Beijing

The 13th Wonca Asia Pacific Regional Conference opened as planned on 4th November 2003 and ran on to 7th November 2003. It was hosted by the Chinese Society of General Practice (GSGP) under the umbrella of the Chinese Medical Association. The Conference also marked the 10th Anniversary of the founding of the Society. The conference also marked the 10th Anniversary of the founding of the Society. The conference was a tremendous success, as more than 400 delegates and guests attended, including 134 from overseas.

The Host Organizing Committee (HOC) under the Chairmanship of Prof Wu Zhenglai deserves our accolades in getting the conference off the ground amidst the uncertainty that SARS might revisit Beijing and Asia again in November. Happily it did not. At the Conference Opening Ceremony and dinner, participants from China, the Asia-Pacific region and from around the world were warmly welcomed by Professor WU Zhenglai, HOC Chair, Professor DAI Yuhua, Scientific Program Chair of the Chinese Society of General Practitioners (CSGP), Dr Ziaoziren, Vice President of Chinese Medical Association, Wonca President Dr Michael Boland and Asia-Pacific Regional Chair, Professor GOH Lee Gan.

The theme of the Conference was "Quality General Practice in the New Century". A highlight of the conference was to witness the tremendous progress of family medicine in China.

Professor GOH Lee Gan
Wonca Asia Pacific Region President
(Excerpted from the February, 2004 issue)

Delegates Enjoy Wonca MESAR Conference in Sri Lanka

Almost 300 delegates from throughout the world shared information, good food and festivities at the Hotel Galadri in Colombo, Sri Lanka during the Wonca Middle East South Asia Regional Conference from 7 to 10 November 2002. The theme of the conference was "Challenges and Opportunities in Family Medicine". Participants came from India, Pakistan, Nepal, Singapore, Malaysia, Lebanon, Philippines, Ireland, New Zealand, Austria, Australia, Bahrain, the United Kingdom, USA, Korea, Portugal and of course Sri Lanka.

A pre-conference session was held at the same venue on 7th November 2002. The session focused on the "Referral System", a problem faced by family doctors in the region. Dr Preethi Wijegunawardene (Sri Lanka) and Prof Zorayda Leopando (Philippines) were resource personnel. The session was chaired by Prof W A Ferdinand (Sri Lanka).

On the evening of the 7th, The Inaugural ceremony took place. Wonca President Dr. Michael Boland and Professor Shatendra K Gupta, President of Wonca MESAR, led the ceremonial procession to the dais, which included the past Presidents of the College of General Practitioners of Sri Lanka, Host Organizing Committee (HOC) President, Prof W A Ferdinand, Secretary Dr. B.G.D.Bujawansa, Scientific Committee Chair Professor Leela A Karunaratne, Wonca CEO, Dr. Alfred Loh. The Chief Guest was the Honorable D. Dayaratna, The Minister of Health of the Democratic Socialist Republic of Sri Lanka. The Guest of Honour was Dr. A. Arhulraj, President of the Indian Medical Association.

The welcome address was given by the HOC President, Prof. Ferdinand, followed by speeches from Prof. Shatendra Gupta and Dr. Arulraj. The Hon. Minister Mr. P. Dayaratne then highlighted the current global health problems and pointed out the possible contribution of the family doctor. Then, Dr. Michael Boland gave the keynote address on the topic "Challenges and Opportunities in Family Medicine in Wonca-MESAR". Finally an expression of thanks was given by Dr. Bujawansa. The inaugural ceremony ended with a cultural show featuring traditional Sri Lankan dances.

Participants received a college oration by Prof. Dennis J Aloysius on the topic "Research in Family Medicine in Sri Lanka – Trials, Tribulations and Triumphs". The conference ended on 09 Nov. 2002 with

a symposium on the theme of "Human Rights, Heritage and Values in Family Practice". A post conference workshop on 10 Nov. 2002 devoted to the topic "Cognitive Behavioral Therapy in Family Practice" was conducted by Dr Athula Sumathipala, Consultant Psychiatrist, Sri Jaywardanapura General Hospital, Sri Lanka.

Shatendra K Gupta
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Dr BGD Bujawansa
Secretary General, Host Organising Committee
(Excerpted from the June, 2003 issue)

Wonca Establishes New Iberoamerica-CIMF Region

During the last Wonca Executive Meeting which took place in London in June 2002, the membership of 11 Latin American countries was approved, as well as the creation of the new Wonca Region called *Wonca Region Iberoamericana- CIMF*. This important and historic development was the result of nearly 6 years of negotiation between Wonca and the Iberoamerican Confederation of Family Medicine (CIMF).

CIMF has been the international institution responsible for the impulse of family medicine among the Latin American countries. It was founded more than 2 decades ago. At first it was a consultant organization called the International Centre for Family Medicine. Six years ago, it became a confederation of national societies. It is nowadays integrated by 15 Latinamerican National Societies of Family Medicine -Argentina, Bolivia, Brazil, Colombia, Cuba, Chile, Dominican Republic, Ecuador, Mexico, Panama, Paraguay, Peru, Puerto Rico, Uruguay and Venezuela- and of two European ones - Spain and Portugal. CIMF has played quite an important role in the creation of family medicine post-graduate training programs and has also actively worked for the inclusion of family medicine within the health systems of the region's countries.

Scientific collaboration between Wonca and CIMF was present from the very beginning, even when the latter was still the International Centre for Family Medicine. Both organizations equally benefited from this scientific and technical dialogue which was undoubtedly respectful.

Having followed the recommendations of the historic 1995 WHO-Wonca document "Making Medical Practice

and Education More Relevant to People's Needs: the Contribution of the Family Doctor", CIMF organized a meeting in Buenos Aires, Argentine, in 1996. During this meeting, the "Buenos Aires declaration" was released. This important document, which integrates the proposals of the Ontario document, sums up a series of political, financial, technical and academic recommendations which are meant for the Latin American governments. The development of family medicine in the region was boosted by this declaration and the political, scientific and technical ties between CIMF and Wonca were strengthened.

It was only after this Buenos Aires meeting that both organizations began to initiate negotiations which would allow CIMF to join Wonca. In order for this to happen, several negotiation meetings took place during a number of events: the Cuban Family Medicine Congress (Santiago de Cuba, Cuba. 1997), Regional CIMF Congress (Tijuana, México. 1998), World Conference on Family Medicine (Dublin, Ireland, 1998), Primary Health Attention International Seminary (La Habana, Cuba. 1999), Family Medicine Iberoamerican Congress (México City, México. 1999), Wonca World Council Meeting (Alpine Heath, South Africa. 2001), and the First Iberoamerican Summit on Family Medicine (Seville, Spain. 2002). The Wonca and CIMF representatives are to be acknowledged, for they played an important role in the negotiation process: Dr. Robert Higgins, Dr. Reg Perkin, Dr. Warren Heffron, Dr. Michael Boland, Dr. Javier Domínguez, Dr. Rub n Roa and Dr. Juan Mendive.

For the Latin American family medicine societies, Wonca membership represents a step forward in their development. Being the world's most important family medicine scientific, educational and political organization, Wonca provides them with both recognition and prestige. They will be offered important technical assistance which will aid them in the human resources, professional practice and investigation fields. New communication tools and information resources will be within their reach.

Conversely, for the first time in history, Wonca will be able to officially incorporate national societies of Latin American countries into their organization. The possibilities of technical and scientific exchange have increased as Wonca brings together all regions around the world.

Dr. Javier Dominguez
Interim Vice President
Region Iberoamericana-CIMF
(Excerpted from the February, 2003 issue)

The Americas Region

It has been my pleasure to serve Wonca as President for the Americas region during this triennium. Perhaps the most exciting part of my job actually resulted in a downsizing of my region with the establishment of Region Iberoamericana-CIMF but greatly enhanced Wonca in terms of finally becoming a truly worldwide organization. Significant parts of the first half of the Triennium were spent actively working with the Confederacion Internacional de Medicina Familiar (International Confederation of Family Medicine) to create Wonca's sixth region encompassing the Spanish and Portuguese speaking countries in Central and South America.

I worked with the bylaws committee to propose bylaws changes which will let the Caribbean College of Family Physicians enter as one organization but will represent 24 smaller organizations of the English speaking Caribbean area as soon as the bylaws are finally amended. Finally, I was able to visit annual meetings for all of our Canadian and American member organizations in the region, AAFP, STFM, CFPC, and CCFP.

Family medicine is alive and well on all fronts

Warren A. Heffron M.D.
President for the Americas Region.

Wonca Europe Celebrates in London

More than 2000 family doctors from 31 countries across Europe and around the world converged on London, England from June 10-13, 2002 for the Wonca Europe Conference. The Queen Elizabeth II Centre, alongside the stately Houses of Parliament and Westminster Abby in London, England, offered a regal setting for conference delegates, exhibitors and guests. The conference theme, "Promoting Excellence in Family Medicine", allowed delegates to identify local, regional and national developments in health, health and the latest issues and advances in family medicine. Over 750 presentations were submitted by more than 50 countries.

Patient choice was an important theme throughout the conference. Workshops focused on patient use of alternative therapies, effective smoking cessation and obesity treatment, and the detection and treatment of chronic conditions such as cardiovascular disease, cancer and HIV/AIDS.

Expanding the research base of general practice and family medicine was the focus of a plenary, numerous

workshops, abstracts and discussion breaks. Researchers involved in the Primary Care International Study of Medical Errors from Australia, the Netherlands, New Zealand, the United Kingdom, Germany and the United States shared the initial results of their landmark collaborative study. This conference marked the release of the historic publication from Wonca and the World Health Organization, *Improving Health Systems: The Contribution of Family Medicine*. This conference also marked the release of Wonca Europe's new Definition of General Practice/Family Medicine. Delegates poured over the many new technological developments, such as electronic patient records, PDAs, interactive patient websites and computers systems that will serve as the information foundation of the redesigned family doctor's office of the 21st century.

Different models of health care systems throughout Europe, and the contribution of the family doctor, were discussed and compared. Delegates listened with interest as presenters described new systems developing in Kazakhstan and Uzbekistan and the emerging role of family doctors through Central Asia. At this year's meeting, delegates from Bosnia and Herzegovina attended the conference and presented papers and posters. Importantly, Wonca officially recognized Bosnia and Herzegovina as a member organization.

The festive atmosphere was stimulated by two major British celebrations taking place around the time of the London conference. In addition to ceremonies marking the 50th Anniversary of the accession to the throne of Queen Elizabeth II, this also marked the 50th anniversary of The Royal College of General Practitioners (RCGP). Since its founding in 1952, the RCGP has worked to encourage and maintain the highest standards of general practice and acted as the 'voice' of GPs on issues concerning education, training, research and standards. Milestones in the RCGP's history include developing training in general practice, ensuring departments of general practice exist in all universities, expanding general medical practice research and promoting primary health care in the UK and around the world. Many family medicine associations, departments, residency programs, research institutes and office practices across the globe owe their existence to the assistance of the RCGP. What a fine way for the RCGP to mark its Golden Anniversary than to host such the Wonca Europe conference in jolly London and for the conference delegates to honor them with their enthusiastic participation!

Dr Phillip Evans
Wonca Europe Region President
(Excerpted from the Dec 2002 issue)

HEALTH AND HEALTH SYSTEM NEWS

TREATING 3 MILLION WITH AIDS BY 2005

On World AIDS Day 2003, WHO and UNAIDS released a detailed and concrete plan to reach the 3 by 5 target of providing antiretroviral treatment to three million people living with AIDS in developing countries and those in transition by the end of 2005. This is a vital step towards the ultimate goal of providing universal access to AIDS treatment to all those who need it.

An Urgent Problem: Antiretroviral Therapy (ART) Works

30 million people have died in two decades. 40 million more people are infected. In poor countries, 6 million people with HIV/AIDS need immediate ART. Less than 8% get it. Worst hit is sub-Saharan Africa. With 28.5 million people infected, HIV/AIDS has destroyed communities, health care systems and put a shadow upon the future of entire countries.

ART is successful:

- ART prolongs lives, making HIV/AIDS a chronic disease, not a death sentence. Affluent countries have seen a 70% decline in HIV/AIDS deaths.
- ART will help calm fears and change attitudes towards HIV.
- ART, as part of a prevention plan, can significantly reduce HIV transmission.
- ART, once very costly, is now much more affordable.
- ART can reduce overall health care costs and restore quality of life.
- WHO and UNAIDS are working to make ART accessible to all.

The Global Strategy to Treat 3 Million by 2004

To reach the 3 by 5 target, WHO and UNAIDS will focus on five critical areas:

- Simplified, standardized tools to deliver antiretroviral therapy.
- A new service to ensure an effective, reliable supply of medicines and diagnostics.
- Rapid identification, dissemination and application of new knowledge and successful strategies.
- Urgent, sustained support for countries.
- Global leadership, strong partnership and advocacy.

The 3 by 5 target is to distribute antiretroviral treatment to 3 million people in 50 developing countries

by the end of 2005. To do so, WHO, countries and other partners need to train 100 000 health workers, develop health systems and build infrastructure and standards. 3 by 5 has an estimated funding gap of US\$ 5.5 billion over current commitments.

Further information, guidelines and other resources are available on the WHO website at: <http://www.who.int/3by5/about/en/>

Health and Health Care News Stories During 2002 to 2004

During this Triennium, the world faced old foes to global health, including HIV-AIDs and tobacco related illnesses. The world also confronted a new risk to global health, Severe Acute Respiratory Syndrome, or SARS. Wonca continued to implement initiatives and advocate for measures to meet people’s health needs and collaborate with such efforts with the World Health Organization. The following are brief excerpts of such events covered in Wonca News during the 2002 to 2004 Triennium.

Family Medicine Researchers in Six Countries Analyze Errors in Family Practice

Eighty family doctors from six developed countries with similar primary health care systems — Australia, Canada, England, the Netherlands, New Zealand and the United States — reported on the first international, collaborative study of errors in family medicine. The so-called Linnaeus Collaboration is among the first study of its kind to focus specifically on identifying what kind of errors take place outside the hospital setting.

The international study of medical errors in family medicine is coordinated by Susan Dovey, M.P.H., an analyst with the American Academy of Family Physician’s Robert Graham Center in Washington, D.C. The purpose of the Linnaeus Collaboration was to describe errors reported by general practitioners in six developed countries with relatively similar primary care systems and to develop an international taxonomy.

The researchers found that the most medical mistakes in family medicine are administrative or process errors, such as filing patient information in the wrong place, mistakenly ordering the wrong tests or prescribing the wrong medication. Only about one-fifth of the errors come from a lack of knowledge and skills. Overall, the 80 physicians from the six countries reported 340 process or administrative errors and 89 knowledge and skill errors. From these error reports, the International family practice researchers drafted the first

international taxonomy of medical errors. The types and numbers of reported errors are listed in the table below.

Types of Errors in Family Practice

Process Errors	340 Reported
Treatment Errors	110
Office Administration Errors	81
Investigation Errors	72
Communication Errors	62
Health care workforce errors	10

Knowledge and Skills Errors	89 Reported
Errors in Diagnosis	54
Error in Treatment Decisions	21
Errors in Execution of a Clinical Task	14

From “An International Taxonomy of Errors in General Practice: A Pilot Study. Medical Journal of Australia, July 15, 2002.

The researchers found that the kinds of mistakes that occur in family medicine office can be reduced through the use of computerized clinical-information systems that replace paper-based patient records. With the new, computerized patient record systems, family doctors can properly record patient demographics, track diagnostic tests, preventive services and other clinical data, prompt evidenced-based clinical interventions and provide patient medication and educational information. Today, a growing number of companies are now designing computerized record systems that can be used by individual family doctor’s offices.

(Excerpted from December 2002 issue)

The World Confronts Severe Acute Respiratory Syndrome (SARS)

As the SARS pandemic passes the midpoint of its first year, a cumulative total of more than 8000 probable SARS cases and 700 deaths have been reported from 28 countries. The countries and areas most affected include China (more than 5000 cases and 300 deaths), Hong Kong China (more than 1700 cases and 250 deaths), Taiwan (more than 475 cases and 60 deaths), and Singapore (more than 200 cases and 25 deaths). As the SARS pandemic passes the midpoint of its first year, the global pandemic is still evolving. No drug or vaccine has been developed and some health officials believe that SARS will reappear next flu season in Europe and North America. Yet, there is some room for cautious optimism in the rapid global response and collaboration against the SARS epidemic.

(Excerpted from the June 2003 issue)

The Brisbane Initiative: International Education for Leadership in Primary Care Research

The Brisbane Initiative brought together leaders in primary care research from eight different countries in Brisbane, Australia in 2002. The goal of the Brisbane Initiative is to develop international support for and coordination of education for future research leaders in General Practice and Family Medicine. As this is directly related to the research program of the World Organization of Family Doctors (Wonca), the Brisbane Initiative will pursue its goals under the aegis of Wonca.

Internationally, there is clear disproportion in the amount of funding for research on uncommon problems versus what is spent for the common problems in health care. This has been called “the 10/90 gap”, in reference to the fact that only about 10% of the research resources are directed at 90% of the health problems of the world population.

Improving the health of populations requires a strong primary health care system founded in good science. Future research leaders in general practice/family medicine need to possess scientific skills: the ability to design projects with rigorous science, collaborate with researchers in other disciplines, apply for funding, and administer projects and research groups. But at the same time, they must be able to analyze the need for research from a general practice/family medicine perspective, to communicate results, and to pursue strategies to implement research into practice. These leaders will be instrumental in the further capacity building of primary care research as they will lead research programs, develop research strategy and educate future research leaders.

The Brisbane Initiative will address the international shortage of scientific leadership in primary care by enlarging the pool of available training resources and enriching the educational environment through cooperation both between existing primary care research units and between these units and other disciplines (e.g. industrial engineering, public health) with a program that transcends national boundaries. Further, the Brisbane Initiative will help to establish a critical mass of current and future leaders in primary care research by bringing together leaders from many nations.

Building upon our two-year history of success will require financial support for secretariat and clearing-house functions and ongoing operations. Funding will be required for the support of fellowships at all levels,

especially fellowships for physicians from developing countries.

Chris van Weel, Convenor, Wonca Task Force on Research (The Netherlands), John Beasley (US), Geert Jan Dinant (The Netherlands), Frank Dobbs (Northern Ireland), Michael Kochen (Germany), Andre Kottnerus (The Netherlands), David Mant (England), Chris del Mar (Australia), Lucy McCloughan (Scotland), and Walt Rosser (Canada).

(Excerpted from June, 2004 issue)

Newly Elected WHO Leader Calls for Global Response to Disease Outbreaks

In his first speech as newly elected Director-General of the World Health Organization (WHO), Dr Jong-Wook Lee announced a major new expansion of a global disease surveillance and response system. Doctor Lee was elected by the World Health Assembly during their May, 2003 annual meeting in Geneva, following his nomination to the post at the Executive Board meeting in January. He is the first person from the Republic of Korea chosen to head a United Nations agency.

Dr Lee announced that he would immediately expand and strengthen the Global Outbreak Alert and Response Network to identify and respond to disease outbreaks around the world. “SARS is the first new disease threat of the 21st century, but it will not be the last,” Dr Lee said in his acceptance speech to the Assembly.

Dr Lee told the World Health Assembly, “The world today needs leadership in the ongoing struggle for security and justice. Security from infections, and justice for those worst affected by diseases of poverty.” He recalled the commitment of the WHO Constitution to work for the highest attainable standard of health for every human being without distinction of race, religion, political belief or economic or social condition.

The Director-General Elect emphasized his clear commitment to improving primary health care across the world and to achieving clear, measurable results in countries. “We must renew the fundamental commitment to equity expressed by “health for all,” he said. “WHO must work to translate this ideal into measurable results.”

Dr Lee said his five key priority areas will be:

- 1) meeting the health targets of the Millennium Development Goals;
- 2) shifting resources to serve countries more effectively;
- 3) running WHO more efficiently;
- 4) ensuring that WHO becomes more accountable, both financially and in its contribution to

health outcomes; and 5) strengthening human resources both inside WHO and within Member States.

(Excerpted from the June 2003 issue)

World Health Assembly adopts historic Tobacco Control Pact

The 192 members of the World Health Organization, meeting in Geneva in May, 2003, unanimously adopted the Framework Convention on Tobacco Control (FCTC) aimed at curbing tobacco-related deaths and disease. This is the first international treaty negotiated under the auspices of the World Health Organization (WHO).

The Convention requires countries to impose restrictions on tobacco advertising, sponsorship and promotion, establish new labeling and clean indoor air controls and strengthen legislation to clamp down on tobacco smuggling.

“Today, we are acting to save billions of lives and protect people’s health for generations to come. This is a historic moment in global public health, demonstrating the international will to tackle a threat to health head on,” said Dr Gro Harlem Brundtland, Director-General of the WHO to the 56th World Health Assembly.

“Now we must see this Convention come into force as soon as possible, and countries must use it as the basis of their national tobacco-control legislation,” she said. Four years in the making, the Framework Convention on Tobacco Control has been a priority in the WHO’s global work to stem the tobacco epidemic. Tobacco now kills some five million people each year. This death toll could double to reach 10 million by 2020 if countries do not implement the measures of the FCTC. While smoking rates are declining in some industrialised countries, they are increasing, especially among the young, in many developing countries. These will account for over seventy percent of that projected death toll.

“We must do our utmost to ensure that young people everywhere have the best opportunities for a healthy life. By signing, ratifying and acting on this Tobacco Convention, we can live up to this responsibility,” said Dr Brundtland.

(Excerpted from the June 2003 issue)

The WHO Recognizes Wonca’s Important Role in Global Health

In a series of high level interactions with the World Health Organization, Wonca communicated its global vision and action plan for improving people’s health. In response, the WHO responded positively and affirmed

the importance of the Wonca-WHO strategic collaborative activities.

In January 21, 2004, at a 113th meeting of the WHO Executive Board, Wonca’s Executive Member At-Large and Liaison to the WHO, Dr Ilse Hellemann, delivered a statement on behalf of Wonca and its Working Party on Rural Practice. The statement delivered to WHO Director General Dr. Lee and Executive first described Wonca’s global mission. In her opening remarks, Dr Hellemann told Dr Lee and the Executive Board, “Wonca, the World Organization of Family Doctors, at this time has 93 member organizations in 77 countries, and represents about 160,000 General Practitioners and Family Physicians worldwide.

“Wonca’s primary goal is to improve the health of the peoples in the world through fostering and maintaining high standards of care in general practice and family medicine”, Dr Hellemann said. “In many countries where it is active, Wonca is a strong supporter of a primary health care orientation in health system development.”

Dr. Hellemann went on to add, “Wonca recognizes though that many developing nations cannot afford a full complement of highly-trained family physicians. However, all nations can afford to adopt the concept of family medicine for all its primary care workers. Doing so, the quality of health care will be improved substantially.”

In her remarks, Dr Hellemann told the WHO Executive Board, “In 1994, Wonca and WHO conducted a conjoint strategic action forum in Canada to discuss the theme “Making Medical Practice more relevant to People’s Needs: the Contribution of the Family Doctor”. In 2000, Wonca published a guidebook in collaboration with WHO, entitled, Improving Health Systems: The Contribution of Family Medicine. In 2002, a WHO co-sponsored global conference was organized by Wonca on “Health for All Rural People”. Following the conference, a draft global plan “Creating Unity for Action: An Action Plan for Rural Health” was developed as a model for improving health care delivery in underserved areas.” Ending her formal comments, Dr Hellemann offered a draft resolution and Wonca’s assistance to the WHO Delegates to pass a resolution seeking a global effort to enhance health services to rural, disadvantaged and vulnerable populations.

In addition to the oral presentation to the WHO, Wonca submitted at the end of 2003 to the WHO its “Structured Report on Wonca- WHO Collaborative Activities: 2000 - 2003” and Wonca’s “Proposed Action

Plan for 2004 – 07”. These reports summarized the broad spectrum of collaborative activities between Wonca and the WHO during the past triennium and plans for the upcoming triennium. In a letter dated March 4, 2004 to the Wonca World Secretariat from Dr Kazem Behbehani, WHO Assistant Director-General for External Relations and Governing Bodies, the WHO acknowledged Wonca for its leadership and reaffirmed its collaborative relationship for the upcoming 2004-2007 triennium. In making its decision, the review board commended the efforts of Wonca for its collaborative work with WHO.

These important recent developments bode well for Wonca’s collaborative agenda with the WHO in the upcoming triennium. The positive feedback from the WHO should help strengthen Wonca’s global role in enhancing health systems to better meet people’s health needs.

(Excerpted from April 2004 issue)

MEMBER AND ORGANIZATIONAL NEWS

Member Organization Triennium Highlights

Wonca’s member organizations play a major global leadership role helping countries better meet people’s health needs. The following member organizations shared with the Wonca News Editor their highlights during the past Triennium.

Brazilian Family and Community Medicine Society

The Brazilian Family and Community Medicine Society (Sociedade Brasileira de Medicina de Fam’lia e Comunidade - SBMFC) has grown in influence since its foundation 23 years ago. The government’s “Family Health Program”, implemented in 1994, has opened the discussion about the importance of Primary Health Care as an instrument to improve health system equity. The National Family Health Program is composed of more than 20,000 health teams and each team is integrated by one “Family Practitioner”. The universities and the teaching hospitals have supported this new working market for specialists in family and community medicine. Many Family and Community Medicine residency programs have been created during the last 10 years.

The local health authorities, who are implementing the teams, are still hiring any physician from any specialty.

This lack of selectivity is seen as a problem because young, inexperienced physicians tend to enter directly into the working market to access this relatively lucrative job instead of going through some specific residency program.

Today, our organization represents almost 1,000 effective members located in 15 branches out of 27 states. More than 1700 attended The 6th Family and Community Medicine Conference in Rio de Janeiro, from 3rd to 6th of April of 2004. Although we were recognized in 1981 by the National Medical Residency Council in 1986 by the Federal Medical Council, recognition by the Brazilian Medical Association occurred only last year, which enabled the Society to promote the first Certification Exam of its history.

Gustavo Gusso
Cultural and Communication Director,
Brazilian Family and Community Medicine Society

SOBRAMFA - Sociedade Brasileira de Medicina de Fam’lia (Brazilian Society for Family Medicine)

SOBRAMFA is an academic society founded in 1992 in to promote family medicine and to establish the proper basis and scientific methodology for family practice. Student support has been one of SOBRAMFA’s major initiatives in the past Triennium. During the last 8 years (1997-2004) almost 3,000 medical students were involved in some of the activities promoted by SOBRAMFA. Family Medicine Interested Groups were created in 8 Medical Schools in Sao Paulo State, and students from another 10 ten Medical Schools came to SOBRAMFA’s meetings. SOBRAMFA runs an academic project called PRAMEF-21 (academic project for the 21 Century Family Doctor) where students from 5 different medical schools see patients in the community, learn skills and methodology of Patient Centered Medicine, and share with their peers about experiences in learning, in a reflective practicing manner. The Monthly Meetings of the Family Medicine Committee in the APM (Associao Paulista de Medicina - Sao Paulo Medical Association) are led by medical students. An innovative learning model, student-teaching-student is integrated in this ongoing medical education course, focused on family medicine knowledge.

The last three Annual Meetings SOBRAMFA invited family medicine leaders from abroad, respected professors from the Society of Teachers of Family Medicine (Joshua Freeman, MD, Cynthia Haq, MD, and Stephen Bogdewic, PhD). During the last meeting, we

had family doctors from México (Dr. Rafael Bustos Saldaña), England-India (Dr. Prasantas Bhowmik) and Honduras-USA (Dr. Javier Sevilla). It was very valuable for the medical students to learn from other countries.

Marco Aurilio Janaudis, MD, Sobramfa General Secretary
Adriana F.T. Roncoletta, MD, Sobramfa PreDoctoral Programs Director

Graziela Moreto, MD, Sobramfa Management Director
Marcelo R. Levites, MD, Sobramfa Residency Program Director

Pablo G. Blasco, MD, PhD., Sobramfa Scientific Director

College of Family Physicians of Canada

June 17th, 2004, marked the 50th anniversary of the College of Family Physicians of Canada. Since the beginning, the College of General Practice, later to become the College of Family Physicians of Canada (CFPC), has remained focused on promoting the highest standards in education, research, and practice among Canada's family doctors.

College membership has grown from a few hundred in the 1950s to 10,000 in 1991 to almost 17,000 today. Ten active Chapters have been established as key parts of the National College, each leading the way in representing CFPC members in their respective provinces. Every Canadian medical school now has a vibrant department of family medicine active in teaching and research. Five schools have named family physicians as their Deans of Medicine. Research has grown from a few dozen family medicine researchers to hundreds of family doctors participating in important clinical and health service studies.

Continuing medical education, the first focus of College activity back in the 1950s, remains an area where the College provides strong leadership both in Canada and abroad. The CME/CPD requirements for Maintenance of Certification, Fellowship, and Maintenance of Fellowship continue to evolve to ensure not only that our programs meet the highest nationally and internationally accepted standards but also that they are sensitive to our members changing needs. Our Self Learning, Patient Education, Janus, and National Physician Survey (NPS) programs are acclaimed for their contribution to the ongoing education of family doctors, patients, and health system leaders.

At special events across Canada on June 17th and again on November 25th at the Opening Ceremonies of Family Medicine Forum (FMF) 2004 in Toronto, Ontario, in honor of our 50th anniversary, CFPC leaders are signing

a Declaration of Commitment recommitting our College to the values and principles of family medicine.

At FMF we will also launch an illustrated 112 page hard cover book, *Patients First: The Story of Family Medicine in Canada*. Published by Key Porter, a major Canadian publishing house, this book will be our College's offering to Canada at this important time in our history and will be sold in book stores across the country.

In 2004, the CFPC will also release its position paper, *Family Medicine in Canada; Vision for the Future*. It will capture the work completed by the CFPC's Future of Family Medicine in Canada Project which has unfolded over the past 3 years. We invite you to join us in our 50th anniversary celebrations at Family Medicine Forum in Toronto, Ontario, November 25th – 27th, 2004. For more information and registration, visit our website at www.cfpc.ca. We look forward to seeing you there!

Cal Gutkin, MD
Executive Director and CEO
College of Family Physicians of Canada
cgutkin@cfpc.ca

Hong Kong College of General Practitioners

In the past three years, Hong Kong had been struck with the avian flu and SARS, two most threatening infections with often fatal consequences. Family physicians were affected like the rest of the community and trainees working in government facilities particularly so in the SARS crisis. A few family physicians succumbed to SARS and the medical fraternity mourned their loss. Vocational training was disrupted as family medicine trainees were deployed to carry out SARS related duties. Thankfully, no trainees came down with the infection. The Hong Kong College of Family Physicians devised several initiatives to help the government to relieve the burden of maintaining community medical services while resources were diverted to combat the spread of the infection. For those few months, the medical profession was united in containing this deadly virus. On a brighter note, a legacy of this episode is that there is now a heightened awareness of infection control in our clinics.

The College celebrated its 25th anniversary in 2003. The occasion was marked with a special scientific meeting and a Fellowship diploma conferment ceremony. We were graced by the presence of Prof Michael Kidd, the President of the Royal Australian College of General Practitioners, who gave the prestigious Dr. Sun Yat Sen Oration and guests from the UK and the USA.

We are pleased to announce that the Hong Kong College of Family Physicians has signed an agreement to train family doctors in China starting this year. The programme is based on our own Diploma in Family Medicine course which has already received government recognition. With the extensive networking the College has established with China, the future looks exciting.

Kris Lam
Executive Manager
The Hong Kong College of Family Physicians
krislam@hkcfp.org.hk

The Indonesian Association of Family Physicians

Our new National Health System has been released. The good news is the private health care system will be served only by Family Doctors/GP in primary care clinics. Health services are now divided into three levels: primary, secondary, and tertiary.

The Faculty of Medicine have announced a new curriculum in which the outcome of a faculty of medicine will be Family Doctor. The graduates should complete at least one year internship program in a primary care clinic prior to their own independent practice.

At least 139 GPs have been trained as teachers in Family Medicine. Besides, we have standardized training curriculum that will be applied throughout Indonesia this year.

Dr Sugito Wonodirekso MS
Wonca Council Member
The Indonesian Association of Family Physicians

International Primary Care Respiratory Group

International primary care guidelines for common respiratory conditions such as COPD and asthma and are soon to be launched by the International Primary Care Respiratory Group (IPCRG). The IPCRG is seeking collaboration with Wonca to safeguard the guidelines' implementation, to encourage the development of best practice and to stimulate research.

The guidelines present excellent opportunities to involve regional and national academic bodies of family medicine. Therefore the IPCRG and Wonca have been in close consultation and it is hoped that at the Wonca Council in Orlando this collaboration will be formalised.

Siân Williams
Chair, International Primary Care Respiratory Group

The Lebanese Society of Family Medicine

The Lebanese Society of Family Medicine has become a member of the Wonca family since 2003. For the past three years it has been regularly organising annual medical conferences where updates on common medical problems are presented and problems of concern to the practice of family medicine within Lebanon and in the Arab World are discussed. These regular meetings helped establish a network among family medicine societies in the region working for a regional branch of the Wonca. The upcoming scientific meeting, titled "Family Medicine: Evidence for a better care" is to be held in Beirut Lebanon from September 17 till September 19. The Lebanese Society of Family Medicine has also been actively involved in the continuous medical education programs for doctors, providing regular lectures and training workshops. It also held several activities providing health education to the public like health fairs, TV spots and issuing pamphlets in Arabic regarding common medical complaints.

Jinan Usta, MD, MPH
Family Medicine Department
American University of Beirut
Medical Center
Beirut Lebanon

The Royal College of General Practitioners

The Royal College of General Practitioners (RCGP) is committed to promoting excellence in family medicine, and maintaining the highest standards of general medical practice. It continues to act as the voice of general practitioners on education, training and standards.

The last three years has been an exciting time for the RCGP, not least in its continuing work with overseas partners. The year 2001 saw the launch of the MRCGP International (MRCGP[INT]), with Oman, the first pioneer country, achieving accreditation in November 2001, followed by Brunei in November 2003. Similar work is underway with colleagues in Cyprus, Egypt, Hong Kong, Kuwait, Malta, Qatar, and South Asia.

What does MRCGP[INT] mean to Family Doctors worldwide? The fundamental reason for creating the MRCGP[INT] is to support the development of family medicine world-wide and by doing so, to assist in raising standards of the discipline. Until recently, it had proved difficult to identify the principles for the

academic rigour to develop and accredit examinations of competence for Family Doctors across the diversity of culture, language, geography, epidemiology and health systems.

The standard of the MRCGP[INT] is set at same level of academic rigour as the MRCGP examination in the UK and is in addition to, rather than replacing any qualification awarded by the relevant national body. The RCGP has developed the exam over a thirty-year period and is recognised as a leading standard for the assessment of the competence of GPs working in the UK. Success of MRCGP[INT] also leads to Membership to the RCGP and access to its academic clinical, educational, research, and quality assurance programmes.

Dr John Howard FRCGP
 Chairman RCGP International Committee
 Chairman MRCGP[INT] Board

Wes and Marian Fabb: That ‘Elusive Retirement’

May 5, 2001 was a red-letter day for Marian and Wes Fabb. That day they handed over the Wonca laptop with its hundreds of files to the new CEO, Alfred Loh, and the next Administrative Manager of Wonca, Yvonne Chung. This symbolic act occurred at Itala game reserve in South Africa at the beginning of the Executive meeting just prior to the Durban World Conference. After 20 years at the helm of the Wonca Secretariat, retirement beckoned.

It evoked for them strong, mixed feelings – relief at having no longer to maintain an increasingly busy Secretariat, yet sadness at departing from an organization they’d lived with and nurtured for so long.

But a funny thing happened on the way to retirement. In pursuit of its key objectives Develop family practice training and services in areas of greatest need, in the spirit of equity and Facilitate education in general practice/family medicine, Wonca Executive decided to expand its website, and at that same meeting awarded a contract to medi+World International, a Melbourne multimedia firm, to develop the website into an educational resource. So it was not long before Wes and Marian, who live in Melbourne, were enlisted to assist. Wes was appointed Webmaster and Marian as his assistant.

They were soon spending countless hours contributing to the design of the new website – Global Family Doctor – which was launched on November 5, 2001 at

the Wonca Secretariat in Singapore. It was soon known as GFD.



Marian and Wes at their seaside home at Inverloch, on the south coast of mainland Australia

At first it was thought that quality education was the way to attract visitors, and GFD had an abundance of it from medi+World sources. But statistics from other websites indicated that education alone would not attract sufficient visitors to interest sponsors – and sponsorship was seen as essential to keep the website viable.

So a unique idea emerged. Everyone knew how difficult, indeed impossible it was for busy clinicians to keep up with the medical literature. Family doctors felt they were lagging behind their specialist colleagues. What if GFD could help them to keep up? Wes began scanning the journals for articles of relevance and interest to family doctors, then summarized and posted them on GFD. The visits to the site began to increase. As the number of items posted went up, so did the visits. Then the idea surfaced that emails sent to doctors alerting them to the new items posted each day on GFD would attract more attention to the site. So starting with 150 selected family doctors, emailed alerts began in late 2002, and visits jumped again. Eighteen months later, over 3,300 doctors worldwide receive Journal Alerts, and they attract an average of 1,400 visits to the site every day they’re posted. Website pages visited average 6,000 per day, and hits about 10,000 daily.

The Alerts service has been widely applauded. All the feedback is positive and encouraging. It does for busy family doctors what they cannot do for themselves – keep up with the journals.

Wes now scans over 100 online family medicine, general and specialist journals and news services. Out of the thousands of articles they contain, he has consistently found, to his great surprise, that only about 25 articles per week are relevant and of interest to family doctors. These are posted each week – six are clinical reviews on topics important to family doctors, and the rest are cutting edge clinical, epidemiological or

health services research. Wes says; “The realization that it is possible to keep up with the medical literature, after believing all these years that it was impossible, is one of the most exciting discoveries of my professional life. That burdensome myth has at last been exploded.”

So what’s the future of GFD? Wes insists that until substantial sponsorship is obtained, GFD is in jeopardy. “It’s too big a job for us to do alone – yet until there’s sufficient sponsorship, it will not be possible to engage any help. Without help, GFD is vulnerable because it’s dependent on too few. We’ve agreed to keep it going until Orlando, but then new arrangements will need to be made. To secure GFD and ensure its continuity, a team is needed to sustain it day by day.”

“It would be a pity if GFD, providing as it does a journal update service like no other, were to disappear through lack of financial support. With its consistently high visit rate, GFD represents a rich opportunity for a sponsor who wishes to support a unique and valuable educational service for family doctors world wide, and at the same time achieve a high level of exposure to these doctors.”

“We live in hope” he says, “and in the meantime get great personal satisfaction providing this service, and in doing so retaining contact with our beloved Wonca.”

Retirement for Marian and Wes has been elusive, but their heartfelt hope is that they will soon be able to hand over a fully functioning high quality GFD to a well funded team that will keep it alive and growing”. Then the contentment of real retirement would be theirs.

Celebrating the Life of Patricia Game

Dr. Pat Game, one of Adelaide’s most colourful and dedicated anaesthetists, died on June 5, 2004 at the age of 77. Pat was best known to our Wonca family as the devoted wife and partner of Dr David Game, one of Wonca’s founding fathers, its first Secretary-Treasurer and home of the Wonca Secretariat, its President from 1983-86, and it’s Editor of Wonca News for over two decades.

Pat had an exemplary career in her right. Pat attended medical school at the University of Adelaide, at the age of 16, at a time when few women studied medicine. She graduated in December, 1949, and in the same week married David Game, a fellow student, whom she had met on her first day of University. As a practicing anesthesiologist, Pat was energetic, inventive

and hard working. She built up a very busy practice and a loyal following of surgeons and their patients.



Doctors David and Patricia Game

While a consummate professional, family life was of central importance. Pat was very proud of her family and was a loving and caring mother to her four children.

In all their endeavours, Pat and David Game worked closely together. Pat was always supportive of and present in David’s professional activities, most notably the early development of the Royal Australian College of General Practitioners, the establishment of Wonca in 1972, and its continued development and growth over the next 30 years.

During her last years, Pat was suffering from Alzheimer’s Disease. She was cared for by David with great love and devotion. Pat is survived by her husband David, her children, Ann, Philip, Tim and Ruth, and six grandchildren.

RESOURCES FOR THE FAMILY DOCTOR

IMPROVING HEALTH SYSTEMS: THE CONTRIBUTION OF FAMILY MEDICINE, PUBLISHED BY WONCA, JUNE 2002.

Health systems throughout the world are undergoing change, in many cases driven by new understanding of the importance of primary health care. In the UK, Primary Care Trusts have taken on purchasing of secondary care services, and in the USA health maintenance organisations purchase similarly. In New Zealand, Primary Health Organisations will use an integrated capitation model partially with purchasing of laboratory and pharmaceutical services as well as personal care.

But many countries in the developing world have poorly developed primary health care systems, resulting in poor access to care, and higher costs of service delivery. Frequently the contribution of family medicine is under-recognised, leading to under utilization and higher costs of medical care.

So it comes as no surprise that the World Organisation of Family Doctors (WONCA) and the World Health Organisation (WHO) have collaborated to publish a guidebook *Improving Health Systems: The Contribution of Family Medicine*. This guidebook shows how family medicine/general practice can help countries throughout the world maintain and improve their citizens health and well-being by developing more productive, co-ordinated and cost effective approaches to health care.

In broad terms the book considers the rationale for health care systems to be more responsive to the needs of people; the role that family medicine can play in such reformed systems, the challenges and barriers for family medicine; and the responses, and ways and means to strengthen family medicine.

The strength of this book is the fact that this is a collaborative effort between WONCA/WHO, drawing together the evidence for the contribution of family medicine towards the health communities and countries. The values of family medicine are seen as central to effective delivery of health care.

The complementarity of clinical and community health skills is noted, along with strategies to educate family doctors in community health, epidemiology, community organisation and health development strategies. Medical Schools are encouraged to express

social accountability by directing their education, research, and service activities toward the priority health concerns of community, region or nation that they serve. Comprehensive patient care, communication skills, working with families, medical ethics, preventive medicine, management of prevalent conditions, community and population health, and leadership and management skills are all covered.

The role of postgraduate organisations in vocational training, alongside observations of the content of the family medicine curriculum is discussed. Sections also cover financing of primary care services, improving access to primary care, supporting primary care research, and enhancing quality of care and outcomes.

The WHO-Wonca Guidebook, Improving Health Systems: The Contribution of Family Medicine, is available through the Wonca Secretariat by surface mail at a cost of \$10 (US) for Wonca members and \$15 for non-members and by air mail* at a cost of \$15 (US) for Wonca members and \$20 for non-members. Payment by Visa or Mastercard is preferred and quicker to process. Please forward your credit card number, card expiration date and name on the credit card by email to admin@wonca.com.sg or by fax: +65 6324 2029 .*

Alternatively, you may pay by bank draft or check drawn on a US bank made payable to ÅgWonca International Inc.Åh for the appropriate US dollar amount. Please state the number of copies of the Guidebook you wish to purchase. Send your order and check payment to: Ms. Yvonne Chung, Wonca Administrative Manager, College of Medicine Building, 16 College Road #01-02, Singapore 169854.

**Please note: depending on the destination, surface mail can take up to 2 months; air mail takes 7-10 days*

For those interested in the essential contribution that family practice can make in health reforms internationally, to provide better health care for patients and populations, this book is required reading. WONCA and WHO should be complimented for this outstanding publication.

Prof Gregor Coster
Royal New Zealand Collage of General Practitioners
(From July 2002 issue)

WONCA CONFERENCES 2004 – 2009 AT A GLANCE

 Information correct as at August 2004.
 May be subject to change

 See Wonca Website www.GlobalFamilyDoctor.com for updates

2004	Region	Venue	Theme
13 – 17 October	17th Wonca World Conference	Orlando USA	Family Medicine – Caring for the World **Wonca Direct Members get US\$300 discount **
2005			
27 – 31 May	Asia Pacific Regional Conference	Kyoto JAPAN	Family Practice/ General Practice – As a Global Standard
3 – 7 Sept	European Regional Conference	Kos GREECE	From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine
2006			
27 – 31 Aug	European Regional Conference	Florence ITALY	Theme to be confirmed
4 – 9 November	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 28 July	18th WONCA World Conference	SINGAPORE	Human Genomics and its Impact on Family Physicians
October	European Regional Conference	Paris FRANCE	Theme to be confirmed
2008			
September	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed
2009			
5 – 8 June	Asia Pacific Regional Conference	HONG KONG	Building Bridges

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

17th Wonca World Conference, Florida 2004

Theme : Family Medicine– Caring for the World
 Host : American Academy of Family Physicians (AAFP)
 Date : 13-17 October, 2004
 Venue : Orlando, Florida, USA
 Contact : Daniel J. Ostergaard, MD
 Chair, Host Organizing Committee
 11400 Tomahawk Creek Parkway
 Leawood, Kansas 66211-2672, USA
 Tel : 1 913 906 6000 (outside USA)
 Fax : 1 913 906 6082
 Email : Woncacongress@Wonca2004.org
 Web : <http://www.Wonca2004.org>

Asia Pacific Regional Conference, Japan 2005

Host : Japanese Academy of Primary Care Physicians
 Theme : Family Practice/General Practice – As a Global Standard
 Date: 27-31 May, 2005
 Venue : Kyoto, Japan
 Contact : The Japanese Academy of Primary Care Physicians
 Tokyo Medical Association Bldg 302
 2-5, Kandasurugadai Chiyoda-ku,
 Tokyo 101-0062 Japan
 Tel : 81 3 5281 9781
 Fax : 81 3 5281 9780
 Email : pc@primary-care.or.jp
 Web : <http://www.primary-care.or.jp>

Wonca Europe ESGP/FM Regional Conferences, Kos Island 2005

Host : Greek Association of General Practitioners
 Theme : From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/ Family Medicine
 Date : 3-7 September, 2005
 Venue : Island of Kos, Greece
 Contact : The Greek Association of GPs (Elegeia)
 Mr. Raoul Merkouris
 21, N.Kountourioti Str. (5th floor)
 54625-Thessaloniki
 Greece
 Tel : 30 2310 550048, +30 2310 539995
 Fax : 30 2310 539995
 Email : elegeia@woncaeuropa2005.org
 Web : <http://www.woncaeuropa2005.org>

18th Wonca World Conference, Singapore 2007

Host : College of Family Physicians, Singapore
 Theme : Human Genomics and its Impact on Family Physicians
 Date : 24-28 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 #10-02
 Singapore 169854
 Tel : 65 6223 0606
 Fax : 65 6222 0204
 Email : rccfps@pacific.net.sg

MEMBER ORGANIZATION AND RELATED MEETINGS

The Royal College of General Practitioners (RCGP) Spring Symposium, Bournemouth 2004

Theme : A Sea Change in General Practice
 Date : 23-25 April 2004
 Venue : Bournemouth, United Kingdom
 Contact : Alison Sage
 Wessex Faculty
 Royal College of General Practitioners
 Andover War Memorial Hospital
 Charlton Road
 Andover
 Hants.
 SP10 3LB
 Phone : 01264 355005
 Fax : 01264 355115
 Email : spring2004wsx@rcgp.org.uk
 Web : www.rcgp.org.uk

The Society of Teachers of Family Medicine 37th Annual Spring Conference, Toronto, 2004

Date : May 12-16, 2004
 Theme : New Times, New Solutions: Reflecting, Redefining and Reemerging
 Venue : Westin Harbour Castle, Toronto, Ontario, Canada
 Contact : Priscilla Noland
 STFM
 11400 Tomahawk Creek Parkway
 Leawood, KS, 66211-2672, USA
 Tel : 1 800 274 2237, ext. 5410
 Fax : 1 816 906 6096
 Email : assndfm@stfm.org
 Web : <http://www.stfm.org>

CME Congress 2004, Toronto, 2004

Date : May 15-18, 2004
 Theme : Linking Information, Education and Implementation
 Venue : Fairmont Royal York Hotel
 Toronto, Ontario, Canada
 Contact : Conference Secretariat
 C/O Continuing Education
 Faculty of Medicine
 Toronto, Ontario
 Canada M5G 1V7
 Tel : 416 978 2719
 1 888 512 8173 (North America only)
 Fax : 416 971 220
 Email : ce.med@utoronto.ca
 Web : www.cmecongress.org

The Royal New Zealand College of General Practitioners (RNZCGP)

Annual Conference, Wellington, 2004

Title : Facing Complexity
 Dates : 15-17 July, 2004
 Place : Wellington, New Zealand.
 Contact : RNZCGP
 PO Box 10440
 Wellington, NZ
 Phone : 64 4 496 5999
 Fax : 64 4 496 5997
 Email : rnzcgp@rnzcgp.org.nz
 Web : www.rnzcgp.org.nz

Association of Health Care Professionals (AHCP) 15th Conference, Edinburgh 2004

Theme : Maintaining the Challenges in Family Medicine/ General Practice
 Date : 18-22 July, 2004
 Venue : Edinburgh, Scotland, UK
 Contact : Secretariat
 International Medical Conference Services (IMCS)
 PO Box 18265
 London EC2A 3TT England UK
 Tel : 44 20 7749 7220
 Fax : 44 20 7739 8683
 Email : lmedico@yahoo.co.uk

The Romanian-Dutch Matra Program PACARO (Palliative Care in Romania) Congress, Bucharest 2004

Theme : Palliative care: experiences and perspectives
 Date : September 29-October 2 , 2004
 Venue : The Crowne Plaza Hotel, Bucharest, Romania
 Contact : Alina Serban
 15, Sos Stefan cel Mare , Bl 15, Sc. E, Apt 12,
 020123 Bucharest-2
 Romania
 Tel/fax : +40 21 210 6540, 211 3060, 610 3417
 Email : pacaro2004@ralcom.ro
 Web : www.ralcom.ro/pacaro2004 ;
www.pacaro.go.ro

North American Primary Care Research Group (NAPCRG) Meetings

NAPCRG 32nd Annual Meeting, Orlando, USA

Date : October 10-13, 2004
 Venue : Wyndham Orlando Resort, Orlando, Florida
 Contact : Jenny Wood
 Member Services Coordinator
 NAPCRG
 PO Box 7370
 Shawnee Mission, KS 66207-0370
 Email : depasst@stfm.org
 Web : www.napcrg.org

21st International Conference of the International Society for Quality in Health Care, Amsterdam 2004

Date : October 19-22, 2004
 Venue : Amsterdam, The Netherlands
 Contact : International Society for Quality in Health Care
 Clarendon Terrace
 East Melbourne
 Australia
 Tel : 61 3 9417 6971
 Fax : 61 3 9417 6851
 Email : isqua@isqua.org.au
 Web : www.isqua.org.au

College of Family Physicians of Canada, Toronto 2004

Theme : Family Medicine Forum 2004
 Date : November 25-27, 2004
 Venue : Toronto, Ontario Canada
 Contact : Marilyn McDonell/Joanne Langevin
 2630 Skymark Avenue
 Mississauga, Ontario L4W 5A4
 Canada
 Tel : 905-629-0900/1-800-387-6197
 Fax : 905-629-0893
 E-mail: mmcdonell@cfpc.ca/jlangevin@cfpc.ca
 Web : www.cfpc.ca