

# WONCANews

An International Forum for Family Doctors



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## Family medicine - practice, science and art

8<sup>th</sup>-11<sup>th</sup> September 2011  
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**New, extended deadline  
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All information at:  
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Organizer:

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**FROM THE WONCA PRESIDENT :**

**TO INDIA: TWO INDIAS**

Standing in my room, I hear the adhan, the Muslim call to prayer, float over greater Mumbai (formerly Bombay) and its 20 million inhabitants, 80% of whom are Hindu. My hotel is located in the area known as Bandra, which has the highest concentration of Roman Catholic churches in the world. Gazing west, I see the sun burn bright as it falls into the Arabian Sea. Turning to the southeast, I look past one of Mumbai’s slums, politely known as reclamation land, and in the distance, see a just-completed skyscraper glowing orange-red as it reflects the sun.

Known as Antilia, the edifice is the most expensive private residence in the world. A home like no other, it is valued at USD1 billion, and stands 27 stories tall, like a stack of crystal Lego blocks piled one on another. Looking down, I watch a Mercedes with blacked-out windows glide past a plodding ox cart, on Bullock Street, a name both ironic and British. Every Indian man seems to be working two or three mobile phones as he speeds down the street in the back of a sputtering motorized rickshaw. To say that India is complicated is to state the obvious. And so it goes with Family Medicine in India.

Within a space of six weeks, I attended two meetings of family doctors in India. The first was in Chennai (formerly Madras), a city with one third the population and a fraction of the wealth of Mumbai. Chennai is situated on the southeast coast along the Indian Ocean and is the headquarters location of the Indian Medical Association’s College of General Practitioners (IMA-CGP). The IMA has about 200,000 physicians, with about 20,000 being members of the CGP. Organized by the IMA-CGP, the annual International Congress on Family Medicine attracted about 700 registrants. My IMA-CGP hosts were the President, Dr G Samaram, and the Chief Advisor, Dr S Arul Rhaj, who also serves as President of the Commonwealth Medical Association. They were wonderful hosts. The conference was an excellent meeting and included a number of international speakers.

I returned to India to attend the 12th National Convention of the Federation of Family Physician Associations of India (FFPAI) in conjunction with the 41st Annual Conference of the General Practitioner Association (GPA) of Greater Bombay. Dr Ramnik Parekh, the newly installed President of the FFPAI, was superb as my host in Mumbai. Most of the speakers were Mumbai area specialists who shared cutting edge advances in their

specialties. The conference was well received by the 850 registrants.



Prof Roberts meeting with residents of all specialties at Sir H N Hospital.



Prof Roberts meeting with Prof Oak and faculty of Seth G S Medical College.

In addition to attending the two conferences, I had the opportunity to meet with medical students, trainees (registrars), and medical school leaders. I was privileged to visit family doctors in their practices both in Chennai and Mumbai. My visits taught me much about the complexity of Family Medicine in India.

In 1968, Delhi hosted one of the four annual world conferences on general practice that led to the official founding of Wonca in 1972. India was one of the original 18 members of Wonca. Trained in good medical schools, most built during British rule, general practitioners (GPs) in India appeared ready to claim a central role in Indian health care as had British GPs. Then things became more complicated in India.

Rather than building a broad foundation of post-graduate training in family medicine, India medical education constructed a spire of narrowing specialism. Over time, this meant that many Indian physicians became GPs because they were unable to secure a specialty training post, not because they were making a conscious choice to become GPs. India lacked a single unifying advocate for quality Family Medicine, such as

a national academy or college connecting all of India's family doctors. The groups that could rally Indian family doctors, such as a network of local GP colleges linked to a powerful national organization, seemed stuck in feudal perspectives and focused on local issues. Declining interest in general practice and personality clashes among leaders caused India to drift away from Wonca, with no official representation for almost the past decade. Over the past year, India has returned to the Wonca family.

The result of these trends has been two very different Indias when it comes to health care. For the affluent few, India has some of the best technology and sub-specialty experts anywhere. With the world's largest population of those with diabetes, the Indian solution to obesity and diabetes appears to be laparoscopic bariatric surgery, touted by Bollywood actresses on the television. At the same time, many millions lack access to basic health care, either because of geography with few doctors serving in rural villages, or because of poverty with 75% of Indian health care paid by private funds beyond the means of many. Today's Indian GPs struggle with low morale and prestige, and inadequate resources. They compete in a chaotic medical market alongside legions of specialists trumpeting all manner of procedures and cures. Few Indian medical students choose careers as family doctors.



Dr Jyoti Parekh (2nd from right) and her staff with Prof Roberts.

Yet, I saw reasons for optimism in India. The tradition of general practice has been preserved by a dedicated cadre of family doctors. Visits to the practices of Dr Jyoti Parekh and Dr N Seth confirmed that Indian GPs did indeed care for families and had relationships going back 40 or more years. One of Dr Seth's patients travels 2 hours by train to see him. I was encouraged by a meeting with Professor Sanjay Oak, a pediatric surgeon and Dean of the Seth G S Medical College. He has committed to starting a post-graduate course in family medicine. He and his faculty understand the need for robust primary care.

Just as India is poised for greatness, I believe that Indian family medicine is about to soar. Assuring quality family doctors through post-graduate training and continuing education; creating solidarity among Indian family physicians through a well organized national organization; and bridging India's fascination with technology and specialism with the need for more and better primary and preventive care – these will be the challenges and determinants of success for Indian Family Medicine.



Dr Vibhakar, Prof Roberts and Harendra Adhvaryu.

Let me conclude by sharing the story of Doctors Vibhakar (family physician) and Harendra (Ayurvedic physician) Adhvaryu. These two brothers have been practicing together for 40 years, in the same site as their father and grandfather before them. Their business card lists Dr Vibhakar on one side and Dr Harendra on the other side. They consult each other depending on the patient's problems. With their blend of Occident and Orient, they teach each other and better serve their patients.

It is fortuitous that India has re-connected with Wonca at this time. Wonca can help India advance family medicine, which will be essential for the development of truly equitable and effective health care systems on the South Asia sub-continent. With its passion for innovation and technology, India has much to teach us about transforming primary care to meet the needs of a changing world. With the world's largest democracy, India also has much to teach us about living with complexity and diversity. It is important for all of us that family medicine thrives in India.

To India: welcome back to Wonca.

**Professor Richard Roberts**  
 President  
 World Organization of Family Doctors

## FROM THE CEO'S DESK:

### THE SOUTH ASIA REGIONAL CONFERENCE IN KATHMANDU, NEPAL

In early 2010, I met Dr Pratap Prasad, President of the General Practice Association of Nepal ( GPAN ), and two other senior members of the GPAN, in Singapore, when they were on their way to Melbourne for a study tour. We discussed the state of the Wonca South Asia Region and the need for more regional activities. It was then that the suggestion to revive the organizing of regional conferences in Wonca South Asia came about. Pratap Prasad volunteered to look into the possibility of GPAN hosting a regional conference in South Asia. This idea was further developed in Cancun, Mexico, in May 2010, just before the start of the Wonca South Asia Regional Council Meeting and detailed plans were made.

The last Wonca South Asia Regional Conference was held way back in 2005, hosted by the Sri Lanka College of General Practitioners. Prior to that in 2003, an earlier regional conference was hosted by the Pakistan College of General Practitioners, in Karachi. Despite security concerns, both these conferences were well attended by over 300 participants and were successful with good quality papers presented and workshops held.

Despite the very short time available, Pratap Prasad and the Host Organizing Committee of GPAN worked very hard to put together a regional conference, which was scheduled for early December 2010. Special efforts were made to promote the conference via the Wonca Website, Wonca News and numerous emails were sent to Wonca Direct Members and Wonca member organizations.

The conference in Kathmandu, Nepal was held from 2–4 December, 2011, at the Everest Hotel. The theme of the conference was Bridging Rural and Urban Health by General Practice. There were 375 participants from over 20 countries representing almost all of the seven Wonca Regions. Members of the colleges and associations of family doctors in South Asia were very well represented at the conference and of special significance was the large numbers of young family doctors from the region.

There were six plenary topics presented in the three-day conference including:

- Bridging Rural and Urban Health by General Practice
- PMTCT(Prevention of Mother-to-Child transmission):
- Strengthening Rural Health by General Practice
- Strengthening Health System: Role of General Practice in South Asia Region

There were also four workshops conducted during the conference and poster sessions as well.



General practitioners of Nepal with VIPs in front row (from 2nd left to 2nd right), Wonca SAR president, Dr Preethi Wijegoonawardene; Health Minister of Nepal, Dr Umakat Chaudhary; President of Nepal Dr Ram Baran Yadav; President of GPAN, Prof Pratap Narayan Prasad; Wonca President, Prof Rich Roberts.

The Opening Ceremony was held in the afternoon of the first day, in the usual Nepali tradition, with pomp, pageantry, traditional music and cultural dances. The Guest of Honour for the occasion was the Rt Honorable President of Nepal, Dr Ram Baran Yadav, accompanied by the Honorable Minister of Health and Population, Mr Umakant Chaudhary. The Wonca leadership was represented by the Wonca World President, Prof Richard Roberts; Wonca President-Elect, Prof Michael Kidd; Wonca Asia-Pacific Regional President; Dr Preethi Wijegoonawardene; and the Wonca Chief Executive Officer, Dr Alfred Loh. Following the ceremony, a lavish reception was held, in the beautiful garden fronting the Everest Hotel, for all participants and their accompanying persons.

The official conference reception was held on the evening of the second day, in the beautiful garden of the almost two hundred years old, Shankar Hotel, followed by cultural items and dinner in the banquet hall amidst its colonial architecture. There were ample opportunities for renewal of old friendships and the making of new ones in the informal atmosphere of the occasion.

Some important developments and useful lessons emerged from the Kathmandu Conference :

- The gathering of young family doctors from the South Asia Region at the conference, gave rise to a meeting at which these doctors proposed the idea of forming a regional body of young family doctors very much along the lines of the Vasco da Gama Movement of Wonca Europe, the Rajakumar Movement of Wonca Asia Pacific and the Waynakay Movement of Wonca



Wonca President- Elect Prof Michael Kidd delivered the oration of the conference and was awarded Honorary Life Membership of GPAN by the President of Nepal, Dr Ram Baran Yadav.



Conference inauguration by the President of Nepal, Dr Ram Baran Yadav.

Iberoamericana-CIMF. The idea has now taken root and moves are now being made to formally institute such a body, in Wonca South Asia, by member organizations, to be called “The Spice Route” Movement.

- The success of the Kathmandu Conference has revived the regional spirit and enthusiasm of Wonca member organizations in South Asia and there are now several proposals for future regional conferences in Mumbai, Sri Lanka and Pakistan, in 2011 and 2012, and beyond.
- The success of the Kathmandu Conference organized by a small member organization of the Wonca family in such a short time has demonstrated that with dedication, good planning and team work much can be achieved.

Following the event and after the conference accounts had been finalized, Wonca was informed by the host organization, GPAN, that it was making a donation of US\$500 to the Wonca world body. This is the first, and only time, in my ten years of office as Wonca CEO that such a gesture had been made. Even though the donation is small, the gesture must be applauded, as it is in this spirit of “family” that Wonca will grow and mature.

**Dr Alfred Loh**  
 Chief Executive Officer  
 World Organization of Family Doctors  
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*See also the report from GPAN under Regional News and from The Spice Route movement in the Special Feature section of this issue of Wonca News.*

## FROM THE EDITOR:

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### NEW YEAR REFLECTIONS

A new year dawns and as always there will be new challenges and new successes for Wonca. It is also a time for reflection on the past year and this edition features a mix of articles on last year and thoughts for 2011.

#### Young doctors

Three new regional groups for young and future doctors were formed in 2010. This makes a total of five groups and this issue sees a report from the newest group *The Spice Route*. The Vasco da Gama group from Europe met at Malaga and is planning for Warsaw. The Rajakumar group have a meeting coming up in late February at the Asia Pacific Region conference in the Philippines. The newest members of our profession are very active and fuelled with the enthusiasm that makes us look forward to the future of general practice / family medicine around the globe.

#### Foundation award

In this issue, Dr David Whittet of New Zealand is finally acknowledged for his second Wonca Foundation award, this time to contribute to primary care in Cambodia.

#### Wonca SIGs

Wonca's five special interest groups all provide a report in this issue. Some of these were only formed in 2010. Most are looking for interested colleagues to join. So if you have an interest in complexity, aged care, palliative care, the environment, or travel medicine you may be interested in the report and the contact people.

Also for those interested in mental health, the Wonca Working Party on Mental Health chaired by Dr Gabriel Ivbijaro of the United Kingdom provides a report on their activities.

#### Conferences

Conferences seem to always be a feature of Wonca news: coming soon in February is the next Asia Pacific Conference which is also a Wonca Rural Health conference. Wesley Schmidt, Wonca Executive member, from Paraguay, is profiled in this issue and is a guest speaker at the Cebu conference.

This issue also sees an invitation to all to join Wonca Europe in Warsaw in September, while reports are still coming in from Malaga 2010. Nepal hosted the South Asia region conference in December and there is a report on that meeting and mentions of it in the CEO column.

#### The president's travels

Our President, Professor Richard Roberts, continues the excellent work of Professor Chris Van Weel, his predecessor, promoting Wonca at all levels. The issue sees his and others' reflections on his visit to India. His schedule for 2011 is gruelling and he seems in demand in his home country of the USA as much as the rest of the world. It looks like he will be seen in Europe (several times), India, the Middle East, Australia, the Philippines, South America (more than once), Canada and his home country of the United States. His visiting of member organisations not only helps each organisation as well as Wonca, but we all benefit by hearing the wonderful stories he tells of his interactions with colleagues. His dedication and sincere interest in family medicine around the world is inspiring.

#### Remembering our colleagues

The tragic shooting of Dr Claudio Carosino just a couple of weeks after he joined his colleagues, in Malaga, must surely play on the minds of all family doctors. Most of us rarely think of our own safety when the call comes from a patient. Two moving tributes to Claudio are included and readers are urged to go to the memorial webpage mentioned in these and place their own tribute to a well loved colleague.

For there to be any gain from Claudio's senseless passing, we must all give thought to improving safety and security, as we go about our daily work. In my own country, a similar tragic killing of a GP in her clinic, has led to educational initiatives about doctor safety, computer linked desktop alarms that resemble children's playthings and wide discussion of a previously rarely discussed issue.

We also honour the long standing President of the College of Family medicine of Pakistan Dr Shariatullah Siddiqui and family medicine leader from Argentina, Jorge Galperin.

#### Floods, good wishes and Dr Chater

I would like to take this opportunity to express my gratitude to all Wonca colleagues who have firstly, sent me

their good wishes for Christmas and the New Year and then, expressed their concern for my safety in the widespread devastation that floods have caused, in Australia, from the end of December into early January. I am personally safe, though we are all linked to those who have been less fortunate.

Associate Professor Bruce Chater, secretary of the Wonca Working Party on Rural Health is in fact very much affected. He returned from speaking at the Wonca South Asia Region conference in Nepal to face a harrowing time, at the end of December. His small rural town, of Theodore, was evacuated on 29 December. His clinic was flooded. His house inundated. His family and pets airlifted to safety.

Bruce himself has been reported as one the last to leave the town and one of the first to return. While dealing with his personal disaster, Bruce also had to attend patients such as one fitting in an evacuation centre, ensure all patients had enough medications with some medications having to be airlifted to patients stranded on the other side of the river. Photos before evacuation show Bruce's clinic with water almost going over the desktops.

The Wonca family is indeed far-reaching and cares very much for their colleagues and I am sure we all extend our best wishes to Bruce and his family as they and their town clean up and rebuild.

#### **Dr Karen M Flegg**

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## **SPECIAL FEATURE:**

### **YOUNG DOCTORS' MOVEMENTS MOVE**

The young doctors' movements of Wonca are going from strength to strength and it seems, growing at every Wonca conference.

#### **VdGM**

The Vasco da Gama Movement (VdGM) in Europe was formally launched in September 2005, at the Wonca Europe conference in Kos, Greece. Recently the VdGM met in Malaga and Dr Sara del Olmo Fernández, of Spain, reports on this meeting.

Contact: Dr Andrea Poppelier (France) andreapoppelier@hotmail.com

#### **Rajakumar**

The Rajakumar Movement, from the Wonca Asia Pacific Region, held their initial meeting at the Wonca Asia Pacific conference in Melbourne, Australia in 2008. They will meet again in Cebu in just a few weeks' time and Dr Naomi Harris, of Australia, invites all young doctors to join them in Cebu, The Philippines.

Contact: Dr Naomi Harris (Australia) nhar34@hotmail.com

#### **Waynakay**

In May 2010, at the Wonca world conference in Cancun, Mexico, the young doctors from the Wonca Ibero-americana region formed their own group called the Waynakay movement. This was report in *Wonca News* in August 2010.

Contact: Dr Bruno Souza Benevides (Brasil) bsbenevides@gmail.com

#### **NAFFDONA**

Also in 2010, North America followed with the New and Future Family Doctors of North America (NAFFDONA) being formed. We anticipate more details in future.

Contact: Dr Jonathan Kerr (Canada) dr.jonathankerr@gmail.com

#### **The Spice Route**

The latest group to be launched is *The Spice Route*. This group for young doctors from the South Asia region was announced in Nepal, in December 2010, at the Wonca South Asia regional conference. A report on their aims and objectives follows.

Contact: Dr Ramnik Parekh (India) ramnik.parekh@gmail.com



## NEW YOUNG DOCTORS GROUP FOR SOUTH ASIA REGION



The South Asia Region of Wonca now has its own young doctors' movement. Inspired by the Vasco da Gama Movement in Europe and the Rajakumar Movement in the Asia Pacific, a new group called "the Spice Route" was launched at the recent South Asia Region conference in Nepal. Dr Ramnik Parekh made a presentation at the conference outlining the details of the group. Dr Sonia Chery of UK described the need for such a movement and Dr Raman Kumar gave a sketch of the contemporary scenario of training of general practitioners, in India. The session was chaired by Wonca President, Professor Richard Roberts.

### Mission and Vision

Foster mentoring between current and future leaders in family medicine in the South Asia Region.

Promote representation by young family medicine leaders in the South Asia Region.

Allow young and future family doctors an avenue to explore the greater depth of our clinical discipline.

Expose young doctors to the cultural differences in family medicine across our region.

Provide an international perspective on training in family medicine and enable us to work together within our region to strengthen the role of primary health care in each of our communities.

Contribute to the development of new structures to support high quality primary health care with ideas from the future family medicine workforce.

Promote training in family medicine and induct fresh graduates in family practice.

Promote family medicine in the South Asia region.

Allow learning from the diverse, old and young countries in our region where there are many models of family medicine.

Explore possibilities of exchanges with other movements.



Wonca President, Prof Richard Roberts, presiding at The Spice Route launch with Dr Ramnik Parekh (India), Dr Sonia Chery (UK) and Dr Raman Kumar (India) in the background.

### Aims and Objects

Providing a forum, support and information for trainees and young GPs through access to WONCA South Asia regional conferences and national GP conferences wherever possible.

Establishing a communication network between South Asian trainees and young GPs and identifying their concerns, doubts and aspirations and helping to address them.

Improving the quality of training programs for general practice by establishing a central information database on South Asian programs, and setting quality standards.

Writing and publishing newsletters concerning the movement for national colleges and associations.

Working with host Organizing Committees in organising junior doctors' preconference meetings held during WONCA South Asia regional conferences.

Collaborating with national colleges and associations in general practice, and stimulating the formation of national representation of young and future GPs.

Collaboration with international organisations of general practice and the representation of the movement at international meetings.



Working party of The Spice Route - participants from India, Pakistan and Nepal

### Next steps for The Spice Route

The groups' next steps are to develop a constitution and form an Executive Committee and working groups, ensuring wide regional involvement. They also want to develop a Website, establish ties with the other Wonca young doctors' movements, plan pre-conference programs in national conferences. They intend to establish links conference with senior GPs and GP organisations and develop a mentoring program.

The Spice Route will be a significant part of a conference that the Federation of Family Physicians' Associations of India (FFPAI) is organising under the auspices of Wonca South Asia Region, in Mumbai, India, from 16-18 December 2011, with the Spice Route preconference on 16 December. For conference information send queries to [ramnik.parekh@gmail.com](mailto:ramnik.parekh@gmail.com)

### THE RAJAKUMAR MOVEMENT TO MEET IN CEBU

At the coming Wonca Asia Pacific Regional conference, being held in Cebu, in February 2011, there will be a dedicated preconference program for medical students, registrars and new fellows. This is the inaugural Rajakumar Movement Preconference meeting and is a free program scheduled for February 20, 2011 from 1400-1800. It is aimed at developing our region's peer network for new and future general practitioners.

The Rajakumar Preconference will be opened with a keynote address and will include workshops and participant presentations, as well as fantastic opportunities to network. A social dinner is also planned for the evening of February 20.

If you know someone who you believe would like to participate please pass this notice to them. It would also be appreciated if it could be generally advertised to all members of your organisation. We hope to see you in Cebu.

For further information contact Dr Naomi Harris  
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### YOUNG DOCTORS MEET AT WONCA MÁLAGA AND PLAN FOR WARSAW 2011.

*Dr Sara del Olmo Fernández, the Spanish representative of Vasco da Gama Movement reports on the activities of the movement in Malaga*

In Malaga, from October 5-6 2010, the Vasco da Gama Movement (VdGM) preconference took place before the Wonca Europe Malaga conference. There were 58 participants from 22 countries, with 38 new delegates joining the VdGM community for their first time.

The main aim of the preconference was to introduce new and future GPs to the idea of being a GP in a European context.

Eight facilitators (three Spanish and five European, with four of them former VdGM members) facilitated five groups working separately. Each working group showed a summary of their two days' work at the closing ceremony of the Preconference.

The following themes are normally discussed: recruitment of students and GP trainees, representation of young GP's, recognition and promotion of family medicine, career development in family medicine, continuous medical education, and quality of vocational training.

VdGM usually invites two junior-doctors from every European country, one for the preconference and one for the European Council meeting, meetings which take place simultaneously. There are always several countries that either do not respond to our invitation or are not able to find a delegate to attend. Each year VdGM sends invitations to every country in Wonca to expand the number of participating countries and enlarge the people working on a

same subject *Family medicine and young GPs in Europe*. This topic involves many different activities, all focused on international cooperation for young doctors in family medicine.

Each year we enjoy our VdGM annual meeting at the Wonca conference. Sometimes we are honored to hear visionary speeches such as this year's inspiring presentation during the preconference *Find the gap: Doubt and Freedom in General Practice*, by Iona Heath, Wonca Executive member-at-large.

The Wonca Basel 2009 preconference manager, Dr Monica Reber Feissli, enlightened us with the *Take a GP* program. This program saw doctors from all around the world, who attended the Wonca conference, being hosted by local doctors in their homes. This year, we organised a similar hosting program, getting many people involved. Feedback was positive from both those hosting, and those being hosted.

This year, VdGM organized two main lectures named *Getting lost in general practice* instead of the two "traditional" workshops. VdGM changed the workshops this time in order to get more people attending and learning from our activities.

VdGM was also present at the main Wonca Malaga conference for the five workshops collaborating with the other European networks (EURACT, EURIPA, EGPRN) and the Wonca Working Party on Women and Family Medicine.

The Hippocrates Program workshop deserves to be mentioned, a program on which VdGM is working hard. Hippocrates is an exchange programme for family doctors / general practitioners aimed at encouraging exchange and mobility among young doctors thus providing a broader perspective to the concepts of Family Medicine at both professional and personal levels. The workshop presented in Malaga by Luisa Pettigrew, the current leader of the program, summarised what the program is and how it is being constantly updated as the demand of participants increase. This activity highlights some of the interesting achievements of VdGM and it has been a great success so far.

This year for the first time, VdGM offered two bursaries for the Waynakay Movement, the young doctors' movement from Ibero-americana that was formed, in Cancun, in May 2010. The purpose was to make the Waynakay doctors familiar with our internal organisation and the European activities that are run by the VdGM.

Last but not least, VdGM's activities in Malaga culminated with a very interesting Keynote lecture by Dr Yvonne van Leeuwen and Dr Erik Teunissen on the last day of the conference. Both doctors have been very supportive to VdGM since its inception, and the lecture inspired us with the differences between the younger and older generations of general practitioners.

*Dr Andrea Poppelier of France looks to 2011 activities*

At the time of going to press, the VdGM Executive Group was meeting in Paris to prepare the preconference to be held in Warsaw, in September this year. We are working, amongst other things, on posters and other advertising material for our booth at the WONCA Europe 2011 conference. We would like to put up a poster to present names, logos and regions of the young doctors' movements over the world. Further details will be available in the future.



Vasco da Gama group at Malaga: (from l to r) Sara del Olmo, Spain; Erik Teunissen, (plenary speaker); Yvonne van Leeuwen, (plenary speaker); Raquel Gomez Bravo, Spain.

## FEATURE STORIES

### WONCA FOUNDATION AWARD: DR DAVID WHITTET

The Wonca Foundation Award has been made possible by an initial donation of ten thousand Pounds Sterling from the Royal College of General Practitioners. This Award is made once every three years at the Wonca Council Meeting. The Award is to be used to further the aim of “fostering and maintaining high standards of care in general practice/ family medicine” by enabling physicians to travel to appropriate countries to instruct in general practice/ family medicine, and appropriate physicians from developing countries to spend time in areas where they may develop special skills and knowledge in general practice/ family medicine.

At Wonca Cancun 2010, Dr David Whittet, of New Zealand, received the Wonca Foundation award. Dr Whittet has previously received the Wonca Foundation Award in 1998 and with his first award he worked to develop family medicine, in Orissa, in India.



Dr Whittet (centre) receives his award in Cancun from Professors Chris Van Weel (left) and Rich Roberts (right)

Delivering the inaugural Wesley Fabb Oration at the opening ceremony of the Wonca Asia Pacific Regional Conference in Kuala Lumpur, Malaysia, in 2002, Professor Fabb said, in regards to Dr Whittet, “Should we be concerned about the plight of general practitioners in India or Zimbabwe struggling to provide health care to a poor and often unappreciative population, under difficult economic and political circumstances? Often inadequately trained, short of supplies, poorly paid, overworked, harassed – should we care? Some do. New Zealander, David Whittet, went to Orissa State in India on a Wonca Foundation Award of just £1000 sterling and worked marvels. That can be repeated, if the motivation is there.”

Dr Whittet has the motivation to repeat his work in India and his 2010 award relates to a “Project to Develop Family Medicine in Rural Cambodia”. Details of the work Dr Whittet undertook in India and his coming plans for Cambodia are outlined below.

#### 1998 Award: Orissa, India

In 1998, Dr Whittet’s Wonca Foundation Award enabled him to develop family medicine in the Mayurbhanj region in rural Orissa, which was one of India’s poorest areas. Eighty per cent of the population in the project area were illiterate and below the absolute poverty level and there was a devastating under-five mortality of 300 per thousand, twice the rate for the rest of India.



A local team at work in India

Poor housing, lack of essential food and nutrition all played a large part, but polluted water proved to be the greatest cause of morbidity and mortality in the Mayurbhanj region. Leprosy and malaria were widespread. Traditional birth practices contributed to the devastating maternal and infant mortality figures.

His aim with the Orissa project was to help Indian colleagues develop an infrastructure for family medicine

within their area, staffed and run by local family doctors. An essential goal was to have the project entirely self sufficient at the conclusion of the work. To be of lasting value, the project must enable the local family doctors to be independent and able to continue the project initiatives themselves.

Developing community clinics within each of the villages allowed the team to reach a maximum number of people with minimal set up costs.

The traditional birth attendants were a powerful group in the community with huge influence. It took diplomacy and determination to reach agreement with the birth attendants, but once achieved, maternal health improved significantly. Developing a childhood immunization program required much community consultation to make it appropriate to the specific needs of the project area and sensitive to the people's beliefs.

Health education needs in the communities and schools were identified, as vital to promote self-awareness on health issues and preventable disease.

Dr Whittet believes the most significant contribution was to raise funds to build a well to provide safe, clean drinking water for all in the community. The project was also successful in developing a family medicine infrastructure to the Mayurbhanj region and was self sufficient at the conclusion in mid 2000. Setbacks did happen such as when they raised sufficient funds for a complete immunisation program for the project area, but local authorities refused permission to administer the vaccines to the children in the project communities. The message was clear: for a program to be implemented, protocols must be developed which are not just culturally sensitive to the local people but even more importantly, politically acceptable to the local authorities.

### **2010 Award: Project to Develop Family Medicine in Rural Cambodia**

Dr Whittet's 2010 proposal for a Cambodia project, builds on the aspects of the Orissa project which were most successful. As with the Orissa project, he sees it as fundamental that the project becomes self sufficient with a short space of time and is able to continue without further outside support. Shortly after publishing his Orissa work in the Australian Journal of Rural Health, Dr Whittet was approached by a professor of general practice in Cambodia about setting up a project in the Samrong Tong region of Cambodia, which is an area of extreme need with many similarities to the Mayurbhanj region.

Like Orissa, many of the scattered population are below the absolute poverty level. Many of the healthcare problems in Samrong Tong are remarkably similar to those of the Mayurbhanj region, but in a country with a quite different political history. A major challenge for the proposed project will be rebuilding trust and a sense of community amongst the people.

Dr Whittet's role will be to help develop the infrastructure for family medicine, to provide support to the Cambodian professors and education and training to the young family physicians who will staff the project. Land-mines have devastated Cambodia. The project team hopes to work closely with those organisations committed to healing the legacy of land-mines. Medicine of Hope and Médecins Sans Frontières are the principal groups treating victims of land-mines. They also plan to work with area and village development committees and Rotary international to fund supplies of medicines and the building of wells.

For Dr Whittet, The Orissa project was a richly rewarding experience and he now hopes to make a difference to this community in Cambodia, where the needs are equally urgent and extreme. He believes this project is another opportunity to further Wonca's mission to improve the quality of life of the peoples of the world through fostering and maintaining high standards of care in general practice/family medicine.

Congratulations to Dr David Whittet of New Zealand - we look forward to hearing the outcome of his work in Cambodia.



Dr David Whittet (centre) with Wonca VIPs, Prof Zorayda (Dada) Leopando of the Philippines, chair of the HOC for the coming Wonca Cebu conference and Dr Bob Higgins of the USA, Past President of Wonca.

## EUROPREV POLICY STATEMENT

*At the Wonca Europe Malaga conference in 2010, the assembly meeting of the European Network for Prevention and Health Promotion in General Practice / Family Medicine (EUROPREV) was held. As reported in Wonca News in December 2010, the EUROPREV “Policy Statement on Prevention and Health Promotion in Primary Care” was approved and endorsed by the Wonca Europe Council and has now been forwarded to Wonca World Council for approval. It was considered very important to disseminate this document and thus it is reproduced in full.*  
<http://www.europrev.org/documents/FINAL%20POLICY%20STATEMENT.pdf>

### ***EUROPREV Policy Statement on Prevention and Health Promotion in Primary Care***

Over the past thirty years general practice/family medicine (GP/FM) has become the cornerstone of most national healthcare systems in Europe. New research and evidence and other advances are inspiring major changes in health care systems all over the globe and in GP/FM.

Medical organisations representing GP/FM both nationally and internationally strongly believe that health promotion and disease prevention should represent an essential part of primary care.

From this standpoint, EUROPREV makes the following observations:

- a. Recommendations on preventive care may come from multiple sources, sometimes contradicting each other.
- b. Although the evidence on effectiveness and efficiency of some preventive interventions is not always well assessed, they are still promoted.
- c. The ‘media’ and other interest groups stimulate consumerism amongst patients in the field of preventive activities, resulting in a variety of interventions that are not evidence-based or needed, but might be expensive, and have no impact on the health of the population.
- d. A patient undertaking preventive activities can require simultaneous treatments, increasing the risk of interactions and adverse effects.
- e. The agenda of diseases doctors are encouraged to prevent may be influenced by commercial interests, resulting in low priority given to prevention of certain areas of ill-health such as psychosocial problems.
- f. Strong and selective preventive interventions may result in undue worry for the individual if not perceived as relevant or realistic, and may also distract attention from other healthcare issues of importance to the patient.

Bearing these observations in mind, EUROPREV strongly endorses the following statements:

1. Disease prevention and health promotion should form an important part of the daily practice of European general practitioners/family physicians.
2. High-quality primary care emphasises evidence-based health promotion and disease prevention. All preventive activities in GP/FM must be based on evidence and consider all possible iatrogenic and/or psychological risks.
3. Most chronic non-communicable diseases have common avoidable risk factors (smoking, unhealthy diet, physical inactivity, risky alcohol consumption). General practitioners/family physicians have a particularly important role in:
  - a. counselling and promoting healthy lifestyles;
  - b. identifying possible health risks in their patients;
  - c. offering interventions to decrease health risks;
  - d. evaluating outcomes.
4. When implementing preventive activities in clinical practice, issues such as cost effectiveness, resource prioritization and other logistical factors should be considered at local, national and international levels.
5. Ethical and legal concerns must be resolved before any preventive activity in GP/FM is undertaken. The benefits and any possible harm should be clearly explained to adult patients and the parents of child patients, maintaining respect for the patient’s autonomy and informed choice.
6. Adult patients and the parents of child patients must be involved as a partner in the planning of preventive activities and also in decision making as regards the measures needed. Their decisions, concerns and preferences must be respected. Unless public health is threatened, patients or their parents should be free to decline the preventive activities offered with no repercussions regarding any other health care provided.
7. A high level of vigilance is required when medications are used to prevent illness in healthy individuals. Such measures

should be evidence-based, focused on individuals at high risk, and accompanied by rigorous documentation for long-term results and side effects.

8. While appreciating the benefits of preventive activities, general practitioners/family physicians should be fully aware of the possible harm that these may entail (i.e. unnecessary preventive activities, medicalisation and overestimation of individual or societal expectations). Relevant medical education of general practitioners/family physicians should only be carried out by independent parties with no conflict of interest and by the national and regional public health services.
9. General practitioners/family physicians should consider equity and accessibility issues in preventive tasks, ensuring these reach those who need them most.

## WONCA EUROPE COLLABORATION WITH UEMO AND EFPC

Wonca Europe is working with European Union of General Practitioners (UEMO) and the European Forum for Primary Care (EFPC). During the Wonca Europe Conference in Malaga in October 2010, liaison persons representing the three networks (Wonca Europe, UEMO and EFPC), outlined a plan for further and much needed collaboration. The appointed liaison representatives are Diederik Aarendonk (EFPC), Neena Kopcavar (UEMO), and Anna Stavdal (Vice President of Wonca Europe).

A communication model has been agreed upon to secure the exchange of relevant information between the networks and the board about ongoing internal processes and issues; about new initiatives taken; and to map and link working groups working on the same fields within the three networks, for example, European Network for Prevention and Health Promotion (EUOPrev) with the UEMO Prevention Group, and European Working Party for Quality on Family Medicine (EQuiP), with the Quality Assurance group of UEMO.

There is a great need for efficiency improvement within our organization concerning the important issue of influencing the European Union (EU) health policy agenda. UEMO has a legal officer in Brussels acting on EU initiatives, mainly from a trade union perspective. A more comprehensive plan will be developed in order to improve our lobbying capacity.

The promotion of primary care as the corner stone of health systems in Europe is a mutual objective / ambition within all three networks, as illustrated at the European Public Health Association (EUPHA) Amsterdam conference in November 2010, where the three networks joined

forces with a common stand, under the heading *Primary health care in Europe*. The EFPC will take the lead in working out a plan on how to achieve this goal. Wonca Europe has taken an initiative to renew the European definition of "General Practice". A working group has been set up, to start at the beginning of 2011. This new definition hopefully will prove to be a useful element in these important political processes.

The liaison persons of the three networks will have at least one yearly meeting, rotating among the networks arenas. Next time will be in November 2011 in Torino, at UEMO's meeting.

### EFPC at a glance

The European Forum for Primary Care was initiated in early 2005 by a group of interested parties from several countries. The aim of the Forum is to improve the health of the population by promoting strong Primary Care. This is done by advocating for Primary Care, by generating data and evidence on Primary Care and by exchanging information between its members. The Forum seeks to expand its membership and thereby to become a leading force for in Primary Care in Europe.

<http://www.euprimarycare.org/>

### UEMO at a glance

The European Union of General Practitioners (UEMO) is the organisation for General Practitioners and Specialists in Family Medicine in Europe. UEMO has today about twenty member countries represented by the national medical association and/or the most representative association of GPs.

The principal objectives of UEMO are to promote the highest standard of training, practice and patient care within the field of general practice throughout Europe as well as to defend the role of general practitioners in the healthcare systems.

<http://www.uemo.org/>

Job Metsemakers  
Secretary of Wonca Europe  
Anna Stavdal  
Vice President of Wonca Europe

## WONCA REGIONAL NEWS

### GOLDEN REASONS TO COME TO CEBU IN FEBRUARY



Prof Zorayda 'Dada' Leopando, Chair of the host organising committee for Cebu

If I were asked for the reasons why you should come to Cebu from 20–24 February 2011, I would say the scientific program especially the workshops, the plenary sessions and speakers; the social activities; the warm hospitality of the Filipinos; the beaches of Cebu, Bohol, and Boracay; and the wonders of Palawan.

#### Scientific program in detail

Our scientific program is close to the heart of family physicians.

A plenary on *Climate Change, Environmental Protection and Health* will be delivered by Dr Wesley Schmidt, Wonca Executive Member-at-large (whose profile is featured in this edition of *Wonca News*), and Professor Sir Andrew Haines. After this plenary, a number of the Chapters of the Philippine Academy of Family Physicians (PAFP) will present their community based environmental project. The PAFP continues to advocate for

the environment, inspired by the 1993 *Manila Declaration* formulated during the 8th Wonca Asia Pacific Regional Conference. That declaration called for concerted efforts for environmental protection.

In addition to a plenary on *Primary Health Care Reforms Work Through Family Medicine Research*, there is a symposium on revitalising primary care across Wonca regions, with a specific presentation for rural areas.

A series of sessions on *Primary Care Assessment Tools* shall be conducted with Professor Barbara Starfield herself as resource person, and complemented by a critique of papers. Then there is regional collaboration on the *Primary Care Assessment Tool*. This will enable the region to produce evidence of the strengths of primary care that is based on family medicine and facilitate acceptance of the important role of family physicians as the entry point in health care: providing continuing and comprehensive care.

To complete the circle we shall have a symposium organised by the editors of *Asia Pacific Family Medicine*, on enabling research and writing for publication.

The workshop which follows *Family Medicine Education: Think Global and Act Local* is on international accreditation which we hope can formulate draft criteria relating to the standard and mechanics of family medicine residency/ general practice vocational training. The topic has special meaning for countries who are exploring mutual recognition of qualifications. It is noteworthy that there are many papers on the various levels of family medicine education.

The fourth plenary session *Family Medicine Health Care, Quality and Patient Safety* is supplemented by

a workshop on *Quality and Patient Safety* and an plus a plenary on *Universal Health Coverage*. This topic has gained global significance with *World Health Report of 2010*<sup>1</sup> focused on the issue.

We shall have family case presentations to be followed by a workshop on *Making Family Case Presentation Scientific*. We also have case reports which will be followed by a workshop on how to make case reports interesting. The Wonca Working Party on Women and Family Medicine led by Professor Amanda Barnard has organised a workshop for women.

There is also a symposium workshop on linkages and networking and hopefully, with many universities coming from Asia Pacific, a viable networking and collaboration scheme may soon be in the offing.

There is so much to learn from each other within the region.

#### Young doctors meet

The Rajakumar Movement shall be working together with the PAFP Residents Organization (PAFPRO) scientifically and socially. Dr Naomi Harris of Rajakumar Movement and Dr Marilyn Anastacio of PAFPRO have been emailing each other to ensure that the program for young family physicians can help in harnessing the talents of our emerging leaders. There are workshops planned on leadership, research, practice and training opportunities in the rural areas, and looking after your health. There will be social activities such as a fun-run and a residents' night of music and dances.

#### Social activities

A welcome dinner is set on February 21, 2011 where Filipino family physicians will showcase



their talent through dances and songs unique to their respective areas of practice. Everyone is encouraged to wear his/her national/ tribal/ ethnic costumes. This will hopefully be a most colourful night. On February 22, the PAFP shall celebrate its Golden Anniversary by honouring its lifetime achievers. A show band is expected to provide guests memorable evening.

### Invitation

To everyone around the world as well as in the Asia Pacific region, please do not miss this rare opportunity. Come and join us in Wonca Cebu, the only four-in-one affair, with the 18th Wonca Asia Pacific Regional Conference, 10th Wonca Rural Health World Conference, Golden Anniversary of the PAFP and Silver Anniversary of the Foundation for Family Medicine Educators (Philippines).

'Dada' Zorayda E Leopando MD MPH  
Chair, Host Organizing Committee  
Professor of Family and Community Medicine  
Vice Chancellor for Planning and Development  
University of the Philippines. Manila  
dfcmdada@yahoo.com  
<http://wonpacebu2011.org/>

<sup>1</sup> See other articles in this edition of Wonca news relating to the World Health Report 2010

## WONCA EUROPE 2011 – WARSAW WELCOMES ALL

Family doctors from all over the World are welcomed to the 17th Wonca Europe Conference in Warsaw, Poland, with the theme: *Family Medicine – Practice, Science and Art*.

### General Practice & Family Medicine in Poland.

Before the Second World War in Poland, general practice used to be the basis for primary medical care. After the war, Poland and other central and eastern European countries were influenced by the new Soviet model based on multi specialist clinics. Quite quickly this system proved to be ineffective, but for political reasons, the system survived more than 40 years.

At the beginning of the 1990s, and after the collapse of European communism, deep changes began in social life, including medical care. Nowadays, Poland and other countries of the region celebrate the 20th anniversary of return of family physicians to the system.

Today every second Polish resident is under the care of his/her own family doctor. One can say that the “the glass is half full and half empty” – depending on the point view. We believe that we have achieved important and significant progress for family medicine.

Family medicine is now an academic discipline and subject taught at all medical schools in Poland. Over 10 000 doctors hold specialist diplomas in family medicine. Many of them participate in research studies and all levels of thesis work, at the universities. Despite the successes, we are aware of new challenges and work to be done in future.

One of the milestones in the rather short history of family medicine in our country was creation of the College of Family Physicians in Poland.



Prof Adam Windak is the chair of the scientific committee for Warsaw.

### The Polish College

Currently, our organization includes over five thousand family physician members. The College, being the biggest Polish academic association representing family doctors, was admitted to Wonca, in 1996. The College

of Family Physicians in Poland is a professional and scientific organization of family physicians, consistently striving to build a high quality health care system, serving health, dignity and the good physical and mental condition of the Polish people. The College fulfils its mission by developing and representing the specialty of family medicine; fostering and maintaining high standards of medical education; supporting the development of research in the area of family medicine; educating society; as well as assisting its members in professional and academic development. The College aspires to enable all citizens and their families to receive the services of a competent family doctor.

Being a part of WONCA – a worldwide, global family of GPs – The College of Family Physicians in Poland will enjoy the great privilege of hosting the 17th WONCA Europe Conference which will be held on 8-11 September 2011 in Warsaw, Poland. The theme of the Conference is *Family Medicine – Practice, Science and Art*.

### **Family Medicine – Practice, Science and Art.**

Throughout Europe, general practitioners and family doctors practice modern medicine and care for their patients. They apply scientific knowledge in a rational manner during their everyday consultation with the patients. However, they also need to take into account psychological, social, ideological and even political factors. They need to use their skills and judgments carefully to consider costs, patient values, prejudices and emotions that may influence their care. Do these aspects make family medicine more an art than just a science? We want to explore this issue more deeply during the coming Wonca Europe conference.

### **WONCA EUROPE 2011**

Call for abstracts for oral presentations, posters and workshops

Deadline 28 February 2011

For more information about submitting an abstract, the conference program, registration and accommodation go to: [www.woncaeurope2011.org](http://www.woncaeurope2011.org)

### **Welcome to Warsaw**

We would like to warmly welcome family doctors, students, nurses and all other primary care professionals, from all over the world, to come to Warsaw and participate in this exciting and challenging event. During the conference we hope to broaden the scope of discussion referring to *Family Medicine – Practice, Science and Art* and enrich it with many additional meanings.

It will be interesting to share experiences and hear the views of participants from Europe and the world.

We are looking forward to seeing you in Warsaw!

A/Professor Adam Windak MD PhD  
Chairman of the Scientific Committee  
17th WONCA Europe Conference,  
Warsaw

### **WONCA SAR NEPAL CONFERENCE A HUGE SUCCESS**

Prof Dr Pratap Narayan Prasad, chair of the host organising committee for the Wonca South Asia Region conference held in Nepal, in December wishes to express his

gratitude on behalf of the General Practitioners' Association of Nepal (GPAN), to all who contributed in making this conference a grand success.

There were 383 delegates from 20 countries: India, Bangladesh, Sri Lanka, Pakistan, Saudi Arabia, Oman, Singapore, South Korea, Japan, Norway, Denmark, Australia, United Kingdom, United States, Brazil, Sweden, Romania, Portugal, Greece and Nepal. All delegates from abroad were welcomed in the arrival area at the airport and transferred to hotels by GP residents.

The conference was inaugurated by the President of our country, Nepal, Dr Ram Baran Yadav, with the presence of the cabinet health minister and health secretaries. There were also many dignitaries and authority from the health sector and different organisations. In total, 600 people attended the inauguration.

Wonca VIPs present were the President, Professor Richard Roberts; President-Elect Professor Michael Kidd and CEO, Dr Alfred T Loh. Professor Kidd delivered the oration of the conference and he was awarded an Honorary Life Membership of GPAN by President of Nepal. Professor Kidd had also been honoured by receiving the GPAN Oration Medal.

There were eight plenary sessions including the oration. Other guest speakers were Wonca President, Professor Richard Roberts, Assoc. Professor Bruce Chater (Australia), Professor Suniti Acharaya (Nepal), Dr Mark Zimmerman (Nepal), Professor Pratap Narayan Prasad (Nepal), Professor Riaz Qureshi (Saudi Arabia), and Professor Waris Qidwai (Pakistan). Besides these plenary sessions there were also many research papers and workshops as well as symposia on *Vertigo in General Practice* and *Medical Ethics*.

Social and cultural programmes we organized including a preconference dinner organized by the President of GPAN, Professor Pratap Narayan Prasad. A clinic visit was organised for the Wonca President. Half-day sightseeing was available for all delegates.

Overall this conference was grand success, as rated by all delegates and Wonca VIPs.

Prof Dr Pratap Narayan Prasad  
Chairperson Organising Committee  
President GPAN

### WONCA PRESIDENT VISITS INDIA

In the very first major event after admission as Wonca Member, the Federation of Family Physicians' Associations of India (FFPAI) welcomed the Wonca President, Professor Richard Roberts to inaugurate 12th FFPAI biannual national convention, at Mumbai, on 8 January 2011. The two day convention which coincided with 41st Annual Conference of General Practitioners - Greater Bombay (GPA), was attended by over 800 family doctors from all over India.

Prof Roberts, in his inaugural speech gave a broad-brush picture of Wonca's role in the world healthcare scenario and also brought home the importance of primary care as the main pillar of equitable, accessible and affordable health for all families.

The president also had an 'in camera' round table discussion with leading family physicians of India who attended the FFPAI convention.

Prof Roberts also used this opportunity to visit three family practices in Mumbai; Sir Harkishandas Hospital which is a part of Reliance Group's Health Initiative; the G.S. Medical College & KEM Hospital of Mumbai Municipal Corporation. He held discussions with the management and residents of both the hospitals.

Ramnik Parekh  
Secretary, Wonca South Asia Region

### WONCA WORKING GROUP NEWS

#### WORKING PARTY ON MENTAL HEALTH UPDATE



*The Wonca Working Party on Mental Health met in Cancun in May 2010 but have much to report on activities since then. The Working Party Chair, Dr Gabriel Ivbijaro, who is also the London Regional Primary Care Advisor Increasing Access to Psychological Therapies, provides this report.*

*Dr Ivbijaro is featured later in this edition of Wonca News*

*For more information or to participate in the Working Party's discussion forum go to their website:  
<http://wwwpomh.ning.com/>*



Dr Gabriel Ivbijaro,  
Chair of the Working Party on Mental Health

When the Wonca Working Party on Mental Health began this journey, initially as a Wonca Special Interest Group, mental health was the 'Cinderella' of all long term conditions managed in primary care. With Wonca members holding an interest in this field working together and, in collaboration with organisations such as the World Health Organisation (WHO), World Psychiatric Association (WPA), the European Union (EU), the West African College of Physicians (WACP), the World Federation for Mental Health (WFMH) and a variety of other stakeholders, large and small, we have come long way. We still need to double our efforts to collaborate with patient organisations so that we can better consolidate the gains we have already made.

## WORLD MENTAL HEALTH DAY

### Mental Health and Long Term Conditions

The focus of World Mental Health Day, in October 2010, was the relationship between mental health and long-term physical conditions.

People with mental health problems are more likely to suffer from long term physical health problems than the general population. The evidence shows that people with severe mental health problems die about twenty years younger than their contemporaries and people with long term physical health problems are more likely to suffer from mental health conditions.

The combination of physical health and mental health problems, so called co-morbidity, leads to worse outcomes than for those people who suffer with a single condition.

Very often, health care systems are not designed to cater for both types of conditions simultaneously because many systems focus on specialisation, rather than holistic integration. The 2010 World Mental Health Day provided us with the opportunity to refocus on the best way to manage co-morbid mental and physical health problems.

### WFMH Launch Malaga, Spain

Wonca are proud of our collaboration with the World Federation for Mental Health (WFMH) and the support of the Wonca Europe Malaga conference host organising committee in for affording us the opportunity to celebrate World Mental Health Day 2010 at Wonca Europe. Dr Patt Franciosi from WFMH introduced the session highlighting the importance of advocacy for mental health conditions which continue to carry increased burden of stigma. Other contributors included Dr Mrigendra Das from the United Kingdom, Professor Anthony Stern and Professor Todd Edwards from the USA, Professor Igor Švab from Slovenia, Dr Luis Galvez from Spain and Dr Gabriel Ivbijaro, Chair of the Wonca Working Party on Mental Health and, as usual, Dr Henk Parmentier from the UK, provided technical expertise.

The PowerPoint presentations from the following seminars from Malaga are available for viewing on the Wonca Working Party on Mental Health website. <http://www.pomh.ning.com/>

Dr Patt Franciosi - *World Mental Health Day 2010: global awareness campaign*

Dr Mrigendra Das - *Physical health in the in-patient mental health setting*

Dr Gabriel Ivbijaro - *Mental health and physical health: the role of primary health care*

Professor Anthony Stern - *Stigma and mental illness: a barrier to health seeking*

Dr David Clarke - *Solving medical mysteries: hidden stress and unexplained symptoms*

Professor Igor Švab - *Depression and physical health co-morbidity*

### Granada conference 2012

The success of the Wonca Working Party on Mental Health is based on good collaborative work and we are currently collaborating in with the World Psychiatric Association (WPA) in Europe to hold another conference, in Granada, Spain, from 8 –11 February 2012, entitled *Mental health and family medicine: professionals working together* [www.thematicconferencegranada2012.com](http://www.thematicconferencegranada2012.com)

I encourage you to look at the website and submit abstracts so that Primary Care can provide a showcase of its achievements in the mental health field thus far, so that ideas can be shared with our colleagues in psychiatry and frontiers moved forward.



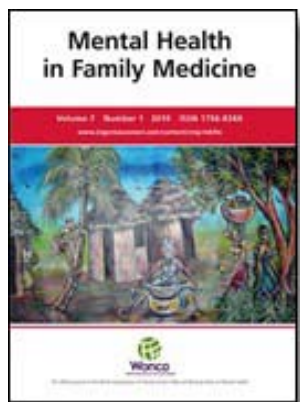
Members of the Mental Health Working Party in Cancun (from L to R) Evelyn van Weel- Baumgarten, Alfred Loh, Susan Martin, Meng Chi Lee, Gabriel Ivbijaro (chair), Igor Švab, Manfred Maier, Chris Dowrick, Sandra Fortes, Henk Parmentier, Matie Obazee.

## Publications

The official journal of the Wonca Working Party on *Mental Health, Mental Health in Family Medicine* is freely available to access from PubMed Central on the link below:

<http://www.ncbi.nlm.nih.gov/pmc/journals/968/>

Please continue to send in manuscripts for publication and provide us with your continued support.



Official journal:  
Mental health in family medicine

This year, 2011, will mark another milestone for the Wonca Working Party on Mental Health as another publication is being developed in collaboration with many of our Wonca members and non-Wonca members with an interest in primary care mental health. I will keep you informed.

## Acknowledgements

I would like to personally thank all of you for your hard work and contributions as I am sure that your contributions are beginning to erode the stigma of mental ill health and family doctors are continuing to develop their expertise in this field. The future can only be brighter.

Dr Gabriel Ivbijaro  
MBBS, FRCGP, FWACPpsych, MMedSci, MA  
Chair, Wonca Working Party on Mental Health  
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## WONCA SPECIAL INTEREST GROUPS

Wonca currently have five Special Interest Groups (SIGs). All of the SIGs are actively seeking new members from a variety of countries. Reports and details of the activities of all five SIGs are included in this section of *Wonca News*.

The SIGs, their convenors and the year of establishment are as follows:

**SIG on Systems and Complexities in Health**, formed in 2010 with co-convenors: Prof Joachim Sturmberg, Australia; Prof Carmel Martin, Ireland; Dr Jim Price, UK.  
jp.sturmberg@gmail.com

**SIG on Cancer and Palliative Care**, formed in 2010 with co-convenors: Prof David Weller, United Kingdom; Prof Eric van Rijswijk, The Netherlands.  
david.weller@ed.ac.uk or E.vanRijswijk@elg.umcn.nl

**SIG on Elderly Care**, formed in 2007 with convenor: Prof Hakan Yaman, Turkey.  
hakanyaman@akdeniz.edu.tr

**SIG on Travel Medicine**, formed in 2003 with convenor: Dr Garth Brink, South Africa.  
gkb@brink.za.net

**SIG on the Environment**, formed in 2001 with convenor: Prof Alan Abelsohn, Canada.  
alan.abelsohn@utoronto.ca

## A NEW SIG ON COMPLEXITY

### Introducing: SIG on Systems and Complexity on Health

*The fascination of complexity: dealing with individuals in a field of uncertainty*, the theme of the 2009 Wonca Europe conference in Basel, introduced complexity sciences to the field of general practice.

A group of complexity researchers in primary care – Carmel Martin, Jim Price, Bruno Kissling, Stefan Topolski and Joachim Sturmberg – formed the nidus for a complexity Special Interest Group (SIG), formally agreed to, by Wonca Executive, in March 2010. This newly-formed SIG is co-convened by Joachim Sturmberg from Australia, Carmel Martin from Ireland and Jim Price from the United Kingdom.

**Why we need a Complexity SIG.**

Since its inception, Wonca has led the way in addressing, both the pressing issues and the emerging challenges, of general practice and family medicine around the globe.

The next big challenge for the discipline arises in that the familiar patterns of investigating problems no longer provides answers that fit our daily experiences – we have reached the limits of the ‘reductionist research paradigm’.

As much as this research approach has provided us with great detail about the underlying mechanisms of many health problems, it has not been able to fully describe the occurrence of health and illness as a whole. Complexity Sciences provide a conceptual framework to gain the knowledge necessary to solve the many subtle and context-specific problems encountered in daily practice.

Systems and Complexity Sciences developed in the latter half of the 20th century in response to the realisation that the reductionist understanding of any discipline does not fully describe the whole field. In short, complex adaptive systems are characterised by a collection of individual agents, that act in an interconnected way through feedback loops. These interactions cannot be precisely predicted and outcomes emerge that may be unexpected and surprising.

Family medicine and primary care are practiced in complex systems. We work with complexity every day in clinical practice, yet, linear models and assumptions still dominate our research methods and approaches. It is clear that general practice/ family medicine needs new ways to generate relevant knowledge in

order to solve the problems encountered in daily practice. To paraphrase Einstein, *the solutions that created today's crises are no longer suitable to solving them.*

Fundamental to understanding complex adaptive systems is the notion of a core driver. This is the central point of orientation of a system. We believe that the *patient's experience of his / her health* should be the core driver, in the presence (and in the absence) of discrete pathologies.

To secure sustainable and stable people-centred health systems for the next 50 years requires a coordinated and concerted effort by everyone; policy makers, educators, health and health services researchers, health care professionals and patients.

**The aims of the Complexity SIG.**

The Complexity SIG wants to be a meeting place for all those who are interested in exploring the new concepts of systems and complexity, and to allow the exchange of research ideas and encourage the presentation of complexity based research at all Wonca meetings.

The Complexity SIG will run introductory workshops at all future Wonca meetings, so watch out and come along and get hooked!

The longer term aim of this SIG will be to promulgate systems and complexity sciences within Wonca, to offer workshops in systems and complexity methodologies, and to become an expert body to advise on research and policy issues within general practice/ family medicine.

Some SIG activities.

Web-presence: <http://complexity-in-health.ning.com/>



SIG on complexity website

Journal:

A forum on Systems and Complexity in Medicine and Healthcare, is now published in the *Journal of Evaluation in Clinical Practice*. We gratefully acknowledge Professor Andrew Miles, editor, for his encouragement and support in setting up the Forum.

<http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291365-2753>

Relevant lectures:

to find out more about complexity in health, see the following lectures:

Joachim Sturmborg - *An Introduction to Complexity in Health* [http://monash.academia.edu/JoachimSturmborg/Talks/20851/An\\_Introduction\\_to\\_Complexity\\_in\\_Health](http://monash.academia.edu/JoachimSturmborg/Talks/20851/An_Introduction_to_Complexity_in_Health)

Stefan Topolski - *Clinical Applications of Chaos and Complexity* [http://umassmed.academia.edu/StefanTopolski/Talks/28948/Clinical\\_Applications\\_of\\_Chaos\\_and\\_Complexity](http://umassmed.academia.edu/StefanTopolski/Talks/28948/Clinical_Applications_of_Chaos_and_Complexity)

**Convenors**

The SIG has three co-convenors.

**Prof Joachim Sturmborg**



Prof Joachim Sturmborg of Australia

Joachim P Sturmborg MBBS, DRACOG, MFM, FRACGP, PhD is A/Prof of General Practice at the Departments of

General Practice of Monash University, Melbourne and the Newcastle University, Newcastle, Australia.

Joachim has been a practice principal at Wamberal Primary Care, Wamberal, Australia for over 20 years. He is a general practice educator and researcher, with a main focus on the foundations of primary care, continuity of care and health systems reform. He is a member of the New South Wales Health Council on Primary Care.

He has a longstanding interest in the application of systems and complexity principles to health care delivery, education and health systems organisation. He is co-editor-in-chief of the forum on systems and complexity in health, published in the *Journal of Evaluation in Clinical Practice*.

**Prof Carmel M Martin**



Prof Carmel Martin of Ireland

Carmel Martin MBBS, MSc, PhD, MRCGP, FRACGP, FAFPHM is currently working in a mixture of roles related to general practice in Ireland. She works half time as visiting professor at the National Digital Research Centre, in Dublin; does general practice one and one half days per week with Kildare and County West Wicklow Doctors on Call; and is a visiting academic for one day per week at Department of Public Health and Primary Care, Trinity College Dublin, Ireland. She is also currently Associate Professor of Family Medicine, Northern Ontario School of Medicine, Canada.

Carmel currently has two major streams of interest in complex non-linear systems. One is the theory and methods of research and evaluation that inform the practice and policy of general practice. The other interest is the operationalising of chronic illness care around trajectories of illness and wellness using complex systems theory and IT systems. For more information about Carmel academic interests and achievements see: <http://tcd.academia.edu/CarmelMartin>

**Dr Jim Price**



Dr Jim Price of the UK

Jim Price MA FRCP FRCGP FAcadMed is Deputy Head of School, Principal Lecturer in Medical Education and Programme Leader for Professional Development at the Institute of Postgraduate Medicine (IPGM), Brighton & Sussex Medical School and the University of Brighton.

Jim has been a general practice principal in West Sussex for over 20 years, with experience as a GP Trainer, postgraduate GP tutor and, since 2001, as an academic at Brighton and Sussex Medical School. He was involved in the development of the new undergraduate medical school's clinical curriculum, and has developed and led several masters' programmes at postgraduate level.

He has a longstanding interest in the application of complexity theory/ science to medical and health education, in particular as it relates to leadership and how it might

inform teaching and educational research. He holds a Masters in Applied Professional Research, a Diploma in Health Care Management (Keele) and is a Fellow of the Academy of Medical Educators.

SIG on Systems and Complexity in Health -  
Would you like to join the group?

For any questions or further information contact  
Prof Joachim Sturmberg  
jp.sturmberg@gmail.com

## A NEW SIG – ON CANCER AND PALLIATIVE CARE

### Why we need a Cancer and Palliative care special interest group

There is growing worldwide interest in the role of primary care in cancer diagnosis and management.

Primary care plays a vital role in early diagnosis of cancer yet this is a very significant challenge given the frequency of potential cancer symptoms in primary care and the relative rarity of a diagnosis. Primary care also has a key role in promoting uptake and informed choice in cancer screening programmes; it has the potential to work closely with the public health sector in achieving the best possible outcomes in cancer screening. There is a growing recognition that primary care has a vital role in cancer follow-up and survivorship; there is an emerging body of evidence supporting the role of primary care in managing and supporting patients with cancer. Primary care has long had a well recognised role in end of life care in cancer patients and also palliative care for non cancer patients is of growing importance.

Primary care is in a unique position to provide care for all patients with cancer throughout the world.

The time for a Cancer and Palliative care Wonca SIG, therefore, is long overdue. Family doctors and researchers within Wonca need to have a recognised grouping to accommodate their interests.

### Aims of the Sig on Cancer and Palliative Care

- To provide a forum for Wonca members to discuss clinical and research issues in cancer and palliative care.

- To promote best practice in cancer and primary care, from early diagnosis through to survivorship and palliative care.
- To promote the role of primary care in cancer early diagnosis and management in both developed and resource poor countries.
- To encourage education and training in care for patients with cancer and in palliative care for all primary care physicians and health professionals
- To help utilise the very significant potential that primary care has to improve cancer outcomes and to improve palliative care in a range of international contexts.

### Some SIG activities

We had a very successful launch at the Wonca World conference, in Cancun, in May 2010, attended by Professor Chris van Weel and other Wonca dignitaries! We combined the launch with a workshop profiling current international research in early diagnosis, cancer screening, survivorship and palliative care. The workshop and launch were well attended and generated a great deal of enthusiasm.

Since that time, we've been seeking out new members of the new SIG; and planning activities. We aim to cooperate with Cancer in Primary Care (Ca-Pri) and International Primary Palliative Care Research Network (IPPCRN) for advocacy and research.

One example of a recent activity was an early cancer diagnosis workshop at the Wonca Europe conference, in Malaga, in October 2010, sponsored by the European Primary Care Gastroenterology Society.

Our aim is to have many more such events at forthcoming meetings and to canvas SIG members for ideas. We are particularly interested in engaging with colleagues in developing countries; primary care has a very significant but sometimes under-utilised role in areas such as early diagnosis and cancer screening in these countries and we need more colleagues to help us develop the profile of primary care and cancer in these regions of the world.

### Co-convenors

The co-convenors of the SIG are Professors David Weller, from the United Kingdom and Eric van Rijswijk, from The Netherlands.





David Weller, from UK

**Prof David Weller**

Professor David Weller, an academic general practitioner, graduated from the University of Adelaide Medical School in 1982. He undertook PhD studies in Adelaide and Nottingham, and from 1995 to 2000 was senior lecturer, Department of General Practice, Flinders University of South Australia. He has been

James Mackenzie Professor of General Practice at the University of Edinburgh since 2000, and Head of the School of Clinical Sciences and Community Health since 2005. Current research interests include primary care oncology and medically unexplained symptoms in primary care. He leads the Cancer and Primary Care Research International Network (CA-PRi) promoting international research collaboration, and is actively engaged in activities to build capacity in primary care and cancer research in the UK.

Areas of interest - primary care, screening, early diagnosis, follow-up, survivorship and prevention.

**SIG Cancer and Palliative Care**  
- input and engagement sought

The convenors are happy to receive your input for the SIG on Cancer and Palliative Care. As noted above we are particularly interested in engaging with colleagues in developing countries.

Please contact Prof Eric van Rijswijk [e.vanrijswijk@elg.umcn.nl](mailto:e.vanrijswijk@elg.umcn.nl)



Eric van Rijswijk, from The Netherlands

**Prof Eric van Rijswijk**

Professor Eric van Rijswijk, an academic general practitioner, graduated from the University of Maastricht in 1991. He was trained as a general practitioner and undertook his PhD studies in Nijmegen (The Netherlands). He is a senior researcher in the Department of Primary

Care and Community Care in Nijmegen. He leads the research program on complex and palliative care. Current research interests include primary palliative care, primary care oncology, depression and medically unexplained symptoms in primary care. He co-convenes Wonca SIG Cancer and Palliative Care and is on the executive board of the International Primary Palliative Care Research Network.

Areas of interest - primary care, early diagnosis, follow-up, survivorship and palliative care.

**SIG ON ELDERLY CARE**

The Wonca Special Interest Group on Elderly Care was established in October 2007 and serves as a focus for the development of elderly care issues for Wonca worldwide. The SIG on Elderly Care is a new movement to enhance quality of care of elderly in family practice and is chaired by Professor Hakan Yaman from Turkey with the honorary chairman being Professor Jürgen Howe.

**Why we need a SIG on Elderly Care.**

The greying of nations is a common observation which will have impact on health systems. Rising health care costs and the need for care to be more rehabilitation and care-oriented, than curative, will be the challenges for the near future.

Chronic health conditions are among the most common causes of mortality and morbidity in all countries around the world. Developing countries are expecting to suffer increasingly from these conditions. In aging populations, we can assume an accumulation of different chronic conditions, which lead to co-morbidity, polypharmacy, and increased health expenditures. The family physician needs to deal with this new problem.

The proportion of study in medical school and family practice residency relating to ageing is still low. The availability of age-friendly services and the provision of social and care-giving services in the community are often scarce. Difficulties involved in the provision of elderly care in the family practice setting include: the volume of older patients, lower reimbursement, the duration and quality of doctor-patient relationship, the level of physician training, medical complexity, patient vulnerability, administrative burden, communication barriers, family support, ethical issues, and time pressure.

The SIG on Elderly care has a vision to see a universal gold standard of care for elderly care by primary care in collaboration with all interested disciplines and stakeholders involved.

## The aims of the SIG on Elderly Care.

The SIG on elderly care aims to improve elderly care in primary care in all countries by developing new primary care models for the elderly; advocating the implementation of undergraduate and postgraduate family physician training in elderly care; promoting research in elderly care in family practice; integrating care of elderly in primary health care services.

Its specific objectives are:

- To stimulate and promote standards of excellence in primary care to empower high standard evidence based elderly care.
- To promote the concept of trans-generational well-being and active aging.
- To promote and develop research on elderly care in primary care.
- To organize scientific meetings, during Wonca and relevant conferences
- To promote the discipline of elderly care in primary care world-wide through working within Wonca, international organisations and agencies, NGOs, government organisations, patient groups & other medical colleges.

## Some SIG activities.

The WHO *Age-friendly Primary Health Care Centres Toolkit* is a response to “active aging” concept, which evolved from the Madrid Plan of the United Nations (UN). The SIG on Elderly Care is working with WHO to implement this toolkit. More information can be found in this newsletter under Resources.

A newly founded peer-reviewed journal *GeroFam* aims to publish original research and review articles of relevance to primary health care practitioners, family medicine specialists and academics from both the developing and developed worlds, public sector and private practice with a focus in gerontological sciences. Papers are peer reviewed to ensure that the contents are understandable, valid, important, interesting and enjoyed. All manuscripts must be submitted per e-mail.

Scientific presentations on elderly care issues – the have had a symposium accepted at the International Association of Gerontology and Geriatrics - European Region (IAAG-ER) in Bologna in April, 2011.

The group also hopes to aid in guideline and curriculum development on elderly care issues and to provide a regular newsletter and educational materials.

## Prof Hakan Yaman - convenor



A/Prof Hakan Yaman

Associate Professor Hakan Yaman is Professor of Family Medicine and the Chairman of the Department of Family Medicine at the Faculty of Medicine, University of Akdeniz in Antalya, Turkey.

He is a trained Specialist of Family Medicine from the Turkish Ministry of Health and has a Master of Science degree in Physical Education and Sports Sciences. He has been the convenor of Wonca's SIG on Elderly Care since 2007 and is Editor-in-Chief of a new journal, *GeroFam*, a peer-reviewed gerontology-oriented family practice journal.

A/Prof Yaman is involved in safety and preventive care issues for the elderly, such as home safety, institutional safety, and falls prevention. He is involved in the implementation process, in Turkey, of the World Health Organization Elderly-friendly Primary Health Care Toolkit and has a special interest in the geriatric assessment of elderly people in primary health care.

He is married and has one daughter.

**SIG on Elderly care** -  
further information from A/Prof Hakan Yaman  
Email: hakanyaman@akdeniz.edu.tr

## SIG ON TRAVEL MEDICINE

A Special Interest Group (SIG) on travel medicine has been established within Wonca for some years now.

### The need for a SIG on Travel Medicine

People are travelling greater distances more frequently. Groups of people are seeking refugee status in other countries. Certain focused groups are tackling challenging adventures in foreign countries with inherent dangers of injury and contracting exotic infectious diseases.

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.

Most travellers seek advice before they travel from us, the family practitioner. On return from their travels, should they fall ill, we are again consulted.

Companies are sending employees to foreign countries; often the spouse and children remain in their home country. This places a huge burden on all parties and frequently results in breakdown of the marriage and a disgruntled employee whose productivity falls dramatically. It is to us that such families turn for help.

As family physicians, we need to be in a position to provide the appropriate advice for our patients on matters of travel medicine. With the rapid spread of disease, being well informed is critical to supplying the correct advice and medication.



Dr Garth Brink, convenor of the SIG on Travel Medicine, travelling away from his home country of South Africa and enduring the icier climate of a German winter.

### The role of the SIG on Travel Medicine

The role of the Special Interest Group is to:

- Educate and inform.
- Define the roles and responsibilities of the family practitioner.
- Develop guidelines for ethical and appropriate practice.
- Provide resources.
- Network with other interested organisations.

- Provide the infrastructure for networking amongst family practitioners.
- Encourage collaborative research within Wonca, in the field of travel medicine, through member organisations, academic department members; working parties and SIGs.

Should you wish to become involved, I look forward to hearing from you.

Dr Garth Brink  
Convenor

**SIG Travel Medicine** - to become involved, email Dr Garth Brink gkb@brink.za.net

### SIG ON THE ENVIRONMENT

The Wonca SIG on the Environment has recently been reinvigorated, with increased membership, and we are involved in a dynamic series of projects and research endeavors, ranging from the impacts of the environment on our patients in our offices and our communities, to global concerns such as climate change and ecosystem health.

Degradation of the environment has a significant impact on health, with the attributable burden of illness estimated at 24% of DALYs, 23% of all deaths, and 36% of deaths in children aged 0-14 years.<sup>1</sup> We believe that as family doctors we can do a lot to promote a healthier planet, in the ways we live and practice, our personal habits (walking or biking to work), the facilities we occupy, and, perhaps most importantly, through the influence we have on our patients and local communities.<sup>2</sup>

### Office bearers

The SIG convenor is Alan Abelsohn from Canada, with Grant Balshki from Australia as co-convenor. Regional leads are: North America - Bob Woollard; Ibero-America - Ezequiel Lopez; Europe - Roberto Romizzi; South Asia - Sudha Nanthan; and Asia Pacific/Australia - Grant Blashki. We still have vacancies for regional leads from Africa and the Eastern Mediterranean regions.

### Cancun meeting

The SIG met at Cancun, a number of us in person, others by Skype; and we continue to meet and collaborate in working groups, mostly by email and Skype. We have an active listserve to keep connected and share information and ideas.

The major projects that we are involved in are as follows.

### Greening the doctor's office/clinic.

We plan to develop a *Guide to greening the doctors' office* for distribution through Wonca, and national colleges. There are a number of existing resources that we can use, including from the Doctors for the Environment Australia and the Ontario College of Family Physicians brochure. Both are available on our website:

[http://www.globalfamilydoctor.com/aboutWonca/working\\_groups/environment/sigenvironment.asp?refurl=wg](http://www.globalfamilydoctor.com/aboutWonca/working_groups/environment/sigenvironment.asp?refurl=wg)

### Climate change and health: the role of the family doctor

Climate change has been called the defining issue for public health in the 21st century.<sup>3</sup> There have recently been a number of presentations at Wonca meetings on climate change

and health. We plan to develop a user-friendly power point presentation, with speaker notes and references that can be used by colleagues in Wonca and beyond. We will develop a network of interested family doctors, in collaboration with other climate change and health medical groups.

**Children’s environmental health.**

Children (especially the foetus) are considered the most vulnerable group to environmental pollutants, both because they are more exposed to pollutants, and because their immature and developing bodies are more sensitive to the health impacts of pollutants. We would like to promote training based on the World Health Organization’s (WHO) children’s environmental health modules (<http://www.who.int/ceh/capacity/trainpackage/en/index.html>) in collaboration with the International Society of Doctors for the Environment (ISDE), and the WHO. The modules address many environmental health problems relevant to the family medicine clinic, or children in our communities. A few of us are trained as facilitators for this program.

**Radiation and imaging**

Ernesto Mola and Giorgio Visentin, both family doctors from Italy, were invited through the SIG to attend a WHO workshop on *Radiation Safety* in Geneva in September 2010, and Ernesto is now a member of a working group for *Global Imaging Referral Guidelines* through the WHO Global Initiative on Radiation Safety in Healthcare Settings.

**Research**

Claudio Villella and Grant Blashki from Australia have completed a survey on the attitudes of family doctors, members of Wonca, towards climate change. The survey results are being analysed and will be written up for publication.



The SIG on Environment meets in Cancun (from l to r) Ezequiel Lopez, Bob Woollard, Sudha Nanthan, Alan Abelsohn, Johan Hallberg. Sonia Roache- Barker not in the photo and on Skype: Neil Arya, Erica Bell, Grant Blaskhi, Lisa Mu

**Convenor: Prof Alan Abelsohn**



Prof Alan Abelsohn presenting in Cancun

Alan Abelsohn is a family physician in group practice in Toronto, Canada. He is Assistant Professor in the Department of Family and Community Medicine and the Dalla Lana School of Public Health, and lectures at the Centre for Environment, at the University of Toronto. He also works with Health Canada as physician-epidemiologist in the Air Quality Health Index program.

He graduated from the University of Cape Town Medical School, studied family medicine at the University of Toronto, and obtained a Diploma in Environmental Health at McMaster University in 1997. He is co-author of: *Addressing the health effects of climate change: Family physicians are key*, and *A Curriculum in environmental health for family medicine* for the Ontario College of Family Physicians, and a number of publications on environmental health, including the series *Identifying and managing adverse environmental health effects* in the *Canadian Medical Association Journal*.

**SIG on the Environment -**

welcomes new members to listen in by joining our listserve, or to join in on one of our projects, or to initiate new ideas. We also have vacancies for regional representative from Africa and the Eastern Mediterranean regions.

Please contact Alan Abelsohn  
alan.abelsohn@utoronto.ca

1. Pruss-Ustun A, Corvalan C. How much disease burden can be prevented by environmental interventions? *Epidemiology* 2007;18:167-78.
2. Roberts R, Abelsohn A. Wonca: A (greener) world of family doctors. *Primary Care* 2010;10(15)279
3. Chan M. WHO: Climate change and health: preparing for unprecedented challenges. Available at [http://www.who.int/dg/speeches/2007/20071211\\_maryland/en/index.html](http://www.who.int/dg/speeches/2007/20071211_maryland/en/index.html).

## MEMBER AND ORGANIZATIONAL NEWS

### PROFILE: DR WESLEY SCHMIDT - WONCA EXECUTIVE MEMBER-AT-LARGE

Wesley Schmidt was born in USA to American parents who decided to migrate to Paraguay, the heart of South America, when he was barely five years old.



Dr Wesley Schmidt

His father was a missionary doctor who developed a program for ambulatory treatment in leprosy, which 60 years later continues to be a model for this and other tropical illnesses in the region. His family was closely related to a large community of Mennonite immigrants to Paraguay, mostly of European and North American origin. Early in the 1900's these immigrants pioneered and "developed" the Paraguayan wilderness, with great sacrifice, gradually substituting thousands of hectares of rain forest with rich farm and cattle country. Little did they know that this would reduce the forest reserves necessary to sink the carbon excess produced by an ever increasingly industrial world. At the present time, the same community is concerned about the climate change resulting from the combined environmental damage caused by

developed countries' glut and their own disregard for mitigating action relating to these forests.

Wesley's participation at the plenary on climate change at the Wonca Asia-Pacific conference in Cebu is a reflection of his background in this rural multicultural environment, which has had a great impact on his generalist-oriented, environmental interests.

After finishing basic medical training in Asuncion, Dr Schmidt was fortunate to complete his family practice residency training at the University of Alabama, where Dr Gail Stephens was the chairman. Her mentoring and that of other legendary giants of family medicine in the United States has served as a guide to most of the medical activities in which Dr Schmidt has been involved during the subsequent 30 years in Paraguay.

In 1981, Dr Schmidt returned to Paraguay, where he was the only residency trained family physician, in an environment increasingly hostile toward generalists who were at that time, considered to be the worst part of the medical profession. Professors in Asuncion considered that generalists were to be substituted as quickly as possible by "modern" specialties.

Dr Schmidt was fortunate to have strong support from the administration of the *Hospital Bautista* of Asuncion, where he was asked to develop a family practice residency program. Wesley's wife, Esther Martinez, her father and a small number of other Paraguayan generalists helped develop the Paraguayan Society of Family Medicine (PSFM), as well as a three year residency program. They had the support of teachers from the American Academy of Family Physicians (AAFP), the Society of Teachers of Family Medicine (STFM), and the Department of Family

Medicine at the Kansas University School of Medicine in Wichita, where strong ties of exchange and service have marked this entire period. The program found fertile soil at the Bautista, and continues to be the model for some ten family medicine residency programs in the Paraguay.

In the 1980's, there were very few specialty trained family physicians in Latin America, so it was natural for Dr Julio Ceitlin to make contact with Dr Schmidt to join the small group of visionaries who would develop CIMF (at that time, the Centro Internacional de Medicina Familiar), with headquarters in Buenos Aires. Over the years, this organization has grown into what is now known as the Confederacion Ibero-Americano de Medicina Familiar (CIMF). Dr Schmidt was beaming like a proud father when the group of countries represented by CIMF marched into the convention halls of the Wonca world conference meeting, in Orlando, in 2004. Many believe that this Latin group of representatives has brought a bit of flamboyance into the well ordered routine of Wonca.

In the past few years, Paraguay has attempted to shift from the medical model based on specialists and medical centres, towards a model based on the primary health care system as its foundation. As part of this effort, the Ministry of Health has set up over 500 family health centres throughout the country, and suddenly there is an acute shortage of family physicians.

Dr Schmidt has been fortunate to count on a small group of family medicine teachers who are now working together to provide a family medicine based post-graduate program which reaches all corners of the country by virtual lessons on a Moodle platform. The program, projected to continue for a total of three years, has just completed eight

months of successful operation, for close to one hundred young doctors who have not had adequate training in primary care, and there is a plan being implemented to include several hundred more in a new program.

In the World Wonca council meeting, in Cancun, 2010, Dr Schmidt was flattered by his appointment as Wonca Executive member –at-large, and this has been one of the greatest highlights of his rich career in Family Medicine. His campaign speech centered on the multi-cultural richness of this great organisation, and he drew applause when he declared in German “zum beischpiel, warum sind unsere deutschen Häusaerzte nicht zugegen”<sup>1</sup>.

Dr Schmidt is determined to utilise his background (he speaks four languages), as a member of Wonca Executive - to make this experience one of learning and sharing experiences that are similar, and always innovative, in the various regions of World Wonca.

<sup>1</sup> “For example, why are our German general practitioners not present”

## REMEMBERING CLAUDIO CAROSINO - THE ARCHETYPAL RURAL PRACTITIONER.

*The news of the death of Dr Claudio Carosino has shocked our Wonca medical community. Wonca News joins the expression of deepest condolences to his family and friends.*

*Just two weeks before his death, Dr Carosino chaired the EURIPA meeting with Dr John Wynn-Jones at the 16th WONCA Europe conference in Malaga. Dr Wynn-Jones provides one tribute to Dr Carosino and Dr Harris Lygidakis another. Further tributes can be viewed and left on <http://www.ruralgp.com/wp/2010/10/claudio-carosino-remembered>*

Claudio Carosino was a great rural general practitioner who upheld the principles of care for his patients, a critical enquiring intellect, leadership amongst his fellow colleagues and as a loving family man. I last saw Claudio in Malaga during the Wonca Europe conference with his wife Maurizia. He was his usual enthusiastic, dynamic self and it is hard to believe that such a tragedy befell him so soon after.



Dr Claudio Carosino at a EURIPA meeting

Ask most GPs whether they encounter personal risk during their daily lives and most will minimise and pooh-pooh any threats that exist. We live to the creed that our patient’s wellbeing is paramount and usually put their needs above personal considerations. In rural practice, most dangers are physical, such as extreme weather or road traffic accidents. It’s difficult to imagine that Claudio could be killed by one of his patients that he had known for many years.

The accolades that flowed in after his death were a fitting tribute to someone who was so popular and dynamic. Perhaps the time is now right to mourn our friend, by identifying his legacy and maintaining his memory through establishing future activities and innovations as a tribute to him.

Claudio was a GP in Roncole Verdi, in Parma Province, Italy, and worked in three local clinics in this close-knit rural agricultural community for many years. It is clear from the

considerable coverage in the local press that he was well loved and respected. He apparently responded to a request for a visit to visit a 78 year old retired farmer who had a history of depression and had reacted badly to a ‘flu injection a few days earlier. The patient shot Claudio on his arrival with his hunting rifle.

Claudio’s interests were many and his influence far reaching. He was a man of great faith and was involved in his church and other local activities and organisations. Most of us knew the other, international Claudio, tirelessly promoting research in rural practice through his membership of the European General Practice Research Network (EGPRN) and the chairmanship of the European Rural and Isolated Practitioners Association’s (EURIPA) Research Group. He pursued this passion with his usual infective zeal. Other international activities included projects in the developing world such as Peru. Claudio was an accomplished linguist who spoke many European Languages with ease, becoming a natural ambassador and diplomat in the field of Rural Health Care.

The Wonca Vasco de Gama movement (the network of young GPs in Europe) has established a prize for young family doctors with an interest in rural practice in Claudio’s honour and it is time for us in EURIPA to ask ourselves how we intend to celebrate this remarkable man’s legacy. We must dedicate future activities to him in order to ensure that his vision of rural general practice is maintained across Europe.

In the meantime our thoughts must remain with Maurizia and their two children at this particularly difficult time.

Dr John Wynn-Jones  
President EURIPA.

The shocking death of Dr Claudio Carosino has overwhelmed the medical community.

On Sunday, 24 October 2010, at the age of 59, he was tragically shot and killed by a patient, while conducting an off-duty house call in the rural village of Bussetto in Italy. He was a family man and left behind his beloved wife, Maurizia, who often accompanied him during various scientific meetings and conferences, and two children.

His cordial heart, warm smile, humility, but also culture, professionalism and hard work, made him an exemplar of a general practitioner. Loved and respected by all the inhabitants of his small village, he responded to the calls of his patients at any time, even after midnight, and did house calls regardless of whether he was on duty, or not. He followed his patients and their families for years with humanity, love and distinguished care, and assisted rural society in many ways. As many said after his death, he was one of the hard-working doctors of former times.

Dr Carosino was enthusiastic about a plethora of scientific related activities. He was a member of the national scientific society of general practice (SIMG) and participated actively in many Wonca conferences. He also maintained a special interest in the particular problems and characteristics of rural medicine and was the Italian representative of the European Rural and Isolated Practitioner Association (EURIPA). He was responsible for organising a collaborative network of rural GPs. He spread the culture of research within the EURIPA by contributing, for instance, in the launch of the EURIPA acute chest pain study and by leading the research workshop of the Rural Health Forum, in Majorca, in May 2010.

Moreover, he was an inspirational tutor of the general practice vocational training course, being always accessible to his trainees, and teaching research methodology with passion. He narrated that he had realised the importance of research in general practice just before his forties. Beginning from a simple question on how effectively he treated his diabetic patients, he discovered and became passionate about research. Twenty years later, he would be the research coordinator of EURIPA, a member of the European General Practice Research Network (EGPRN), as well as a keen teacher of the vocational course.

Dr Carosino was among the first of the Italian doctors who welcomed trainees and junior GPs of other European countries to their practices, participating in the Hippocrates exchange program, of the Vasco da Gama Movement.

In memory of Dr Carosino, his friends and colleagues from all over the globe have left a tribute on this condolence page:  
<http://www.ruralgp.com/wp/2010/10/claudio-carosino-remembered>

Dr Harris Lygidakis

### **DR SHARIATULLAH SIDDIQUI REMEMBERED: 1932-2010**

The President of College of Family Medicine Pakistan, Dr Shariatullah Siddiqui, expired on 5 December 2010.

He was a popular family doctor and liked and appreciated by the poor and down trodden people for whom he worked in the low income localities.



Dr Shariatullah Siddiqui

Born in Lakhnow in India in 1932, he studied medicine in Karachi, graduating in 1957. His early work history, saw his involvement in programs to treat and eradicate diseases like smallpox, during the 1960 epidemic; tuberculosis; and cholera during the 1959 epidemic.

He gave up his lucrative job in the city government in 1969 to carry out his ambition to serve the common people and in 1970 he established a private medical practice.

He served on the executive of the Pakistan Medical Association from 1970 until the time of his death. He was one of the founding members of the College of Family Medicine Pakistan and was elected to the office of president repeatedly serving in this capacity from 1999 to the current time, and as Vice President for ten years as well.

He attended numerous Wonca world conferences since 1978 at various places like Toronto, Canada also conferences at Switzerland, Singapore, London, and Canada. He represented Pakistan on Wonca Council and in 1992 was elected as region vice-president for South East Asia region. He also presented a number of papers at seminars and conferences and was particularly interested in research relating to cardiac disease.

Throughout his Presidential tenure he guided the College of Family Medicine Pakistan in organizing various academic programs like the MRCGP (Int.) South Asia training

program and regular CME programs for family doctors in collaboration with various national and international medical societies.

Dr Siddiqui was truly a giant of the College of Family Medicine Pakistan and will be sorely missed by his colleagues.

He leaves behind a widow, two sons and one daughter, one son being Dr Danish, a gynaecologist in the USA.

Dr Aziz Khan Tank  
Ex-Officio President,  
Pakistan Medical Association  
Secretary General,  
College of Family Medicine Pakistan

## JORGE GALPERÍN REMEMBERED

On Monday 25 October 2010, Dr Jorge Galperin passed away.

Jorge was a former President of the Argentinean Association of Family Medicine. He obtained the recognition of family medicine as a specialty in Argentina. He was also the medical education secretary of the medical faculty at the Buenos Aires University, where he was Professor of Family Medicine. He also dedicated his work to the Pan-American Health Organization. He was an influential leader of family medicine in the region, without having striven for this as one of his goals. Jorge left us; however, he lives on in many of our hearts.

Jorge Galperin was above all a visionary, a man who knew how to practice medicine at a time in which many of the basic values of the art/profession were being left aside and forgotten. In spite of his long and painful illness, he was at his office until two days before his death, seeing patients and attending to their needs.

His patients and friends remember him practicing holistic medicine, while still being very respectful to diversity of beliefs. He was a responsible person who transmitted confidence to his patients. He was always open to dialogue; he was humble, solid, and essentially, a humanist.

He promoted the development of family medicine in different countries such as Uruguay and Portugal. He was defined as a universal man. In his most private space, he was a gifted tango pianist and an admired magician, especially by children.

Jorge leaves Silvia without a lifelong partner, his sons Hernán and Miguel without a generous father, his four grandsons without a wise grandfather, and his patients and friends with a painful feeling of emptiness. And, he leaves to all of us, who had the pleasure of sharing part of our lives with him, a legacy of warmth, patience and sensitivity.

Dr Diego Bernardini  
Family doctor,  
disciple from Argentina  
Dr Liliana Arias-Castillo  
Regional President Wonca  
Iberoamericana-CIMF

## JORGE GALPERIN - OBITUARIO

El lunes 25 de Octubre de 2010 nos dejó el Dr Jorge Galperin. De Jorge se podría citar que fue Presidente de la Asociación de Medicina Familiar de Argentina, que hizo que se reconociera como especialidad a la Medicina Familiar en Argentina, que fue Secretario de Educación Médica de la Facultad de Medicina de la Universidad de Buenos Aires, que fue Profesor de Medicina Familiar, fue un líder de la Medicina Familiar en la región sin proponérselo, y muchas otras más. Como a él le gustaba ver las cosas, me gustaría decir

que hoy Jorge partió y sin embargo, continua viviendo en muchos de nosotros como se ve en los múltiples comentarios que acompañaron a la noticia de su muerte.

Jorge Galperin fue ante todo un visionario, alguien que supo ver y ejercer la medicina en un momento en que se empezaban a olvidar o dejar de lado valores básicos de este arte-profesión. A pesar de su larga y penosa enfermedad estuvo en su consultorio hasta dos días antes, hasta última hora, viendo pacientes y contestando llamados de ellos.

Sus pacientes y amigos lo recuerdan practicando una medicina holística, respetuosa de la diversidad de creencias, como una persona responsable, que transmitía seguridad a sus pacientes, una persona abierta al diálogo, humilde, sólido, un humanista, acompañando el nacimiento de la especialidad en Uruguay o en Portugal, jerarquizando la educación médica desde Brasil, un motivador en todo caso. Alguien bien lo definió como un hombre universal. En su ámbito más privado ejercía como un virtuoso pianista de tangos y un admirado mago para niños y otros no tanto.

Jorge deja a Silvia y a sus hijos Hernán y Miguel sin un compañero de vida y un padre generoso, a sus cuatro nietos sin un abuelo sabio y a sus pacientes y amigos con un doloroso vacío. A sus discípulos nos deja el ejemplo de calidez, paciencia y sensibilidad como guías.

Dr Diego Bernardini  
Médico de Familia argentino,  
amigo y discípulo



## RESOURCES FOR THE FAMILY DOCTOR

### WHO AGE-FRIENDLY PRIMARY HEALTH CARE CENTRES TOOLKIT

The World Health Organization (WHO) in collaboration with partners and Ministries of Health from developed and developing countries, has produced an age-friendly Primary Health Care (PHC) toolkit aimed at sensitising and educating PHC providers about the needs of older clients.

The toolkit addresses key concerns such as comprehensive and integrated care; continuum of care; physical and social environment; and PHC workers' core competencies. It has been endorsed by Wonca, the International Association of Gerontology and Geriatrics, the International Federation on Ageing, HelpAge International and the New York Academy of Medicine among others.

Preceding the toolkit WHO also produced a document to outline the approach to more age-friendly PHC. The two documents can be found on the WHO website.

*WHO Age-friendly Primary Health Care Centres Toolkit 2008*  
[http://whqlibdoc.who.int/publications/2008/9789241596480\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596480_eng.pdf)

*WHO Towards Age-friendly Primary Health Care 2004*  
<http://whqlibdoc.who.int/publications/2004/9241592184.pdf>

### ESSENTIAL MATERNAL NEWBORN CHILD HEALTH KNOWLEDGE PORTAL

Publisher/Organizer: The Partnership for Maternal, Newborn and Child Health  
 Publication date: 2010  
<http://portal.pmnch.org>

Bridging the gap between knowledge and action for health is key to reaching Millennium Development Goals (MDGs) 4 & 5, and to strengthening health system so that women and children around the world have the care they need to live healthy, productive lives. Currently, much of the knowledge is scattered over diverse sources, is of variable quality, is not equitably accessible, and is insufficiently 'translated' for policy and practice.

The Partnership for Maternal, Newborn and Child Health (PMNCH) brings together over 300 partner organizations

from: governments; multilateral organizations; non-governmental organizations; health care professionals; donors; and the academic, research, and training communities. PMNCH provides a systemic mechanism, or gateway, to partners' MNCH knowledge resources and expert networks, and builds on the commitment of partner organizations to share and translate knowledge to promote policies and practice that in turn promote maternal, newborn, and child health. This portal -- Essential MNCH Knowledge -- is a gateway to knowledge resources from more than 300 PMNCH partner organizations working on maternal, newborn, and child health (MNCH). This first phase provides an integrated, customised search function to these resources. It is supported by PMNCH.

### THE WORLD HEALTH REPORT 2010

#### *Health systems financing: the path to universal coverage*

Good health is essential to human welfare and to sustained economic and social development. WHO's Member States have set themselves the target of developing their health financing systems to ensure that all people can use health services, while being protected against financial hardship associated with paying for them.

In this report, the World Health Organization maps out what countries can do to modify their financing systems so they can move more quickly towards this goal - universal coverage - and sustain the gains that have been achieved. The report builds on new research and lessons learnt from country experience. It provides an action agenda for countries at all stages of development and proposes ways that the international community can better support efforts in low income countries to achieve universal coverage and improve health outcomes.

Available in Arabic, Chinese, English, French, Russian, Spanish, Portuguese, and the executive summary in German  
<http://www.who.int/whr/2010/en/index.html>

### INFORME SOBRE LA SALUD EN EL MUNDO 2010

#### *Financiación de los sistemas de salud: el camino hacia la cobertura universal*

La buena salud es fundamental para el bienestar humano y el desarrollo económico y social sostenible. Los Estados Miembros de la OMS se han fijado el objetivo

de desarrollar sus sistemas de financiación sanitaria para garantizar que todas las personas puedan utilizar los servicios sanitarios mientras están protegidas contra las dificultades económicas asociadas al pago de los mismos.

La Organización Mundial de la Salud identifica con este informe lo que los países pueden hacer para modificar sus sistemas de financiación, de manera que puedan avanzar más rápidamente hacia este objetivo, la cobertura universal, y mantener los logros que ya se han conseguido.

El informe está basado en las nuevas investigaciones y las lecciones aprendidas a partir de las experiencias de los países. Ofrece un programa de actuación para los países en todas las fases de desarrollo y propone formas en que la comunidad internacional puede apoyar mejor los esfuerzos de los países de ingresos bajos, para que logren una cobertura universal y mejoren los resultados sanitarios.

<http://www.who.int/whr/2010/es/index.html>

## RAPPORT SUR LA SANTÉ DANS LE MONDE 2010

### *Le financement des systèmes de santé: le chemin vers une couverture universelle*

Une bonne santé est essentielle au bien-être humain et au développement économique et social durable. Les États membres de l'OMS ont pour objectif de développer leurs systèmes de financement de la santé pour garantir à tous l'utilisation des services de santé et la protection contre les difficultés financières associées à leur paiement.

Dans ce rapport, l'Organisation Mondiale de la Santé décrit les mesures que les pays peuvent prendre pour modifier leurs systèmes de financement afin d'atteindre plus rapidement ce but - une couverture universelle - et le maintenir une fois concrétisé.

Il se base sur les nouvelles recherches et les leçons tirées de l'expérience des pays. Il fournit aux pays un calendrier d'actions à toutes les étapes du développement et propose à la communauté internationale des moyens lui permettant de mieux soutenir les efforts des pays à faible revenu dans leur objectif de mettre en place la couverture universelle et d'améliorer les résultats sanitaires.

<http://www.who.int/whr/2010/fr/index.html>

## POSTSCRIPT

### USA: FAMILY MEDICINE HISTORY FELLOWSHIP

The Center for the History of Family Medicine (CHFM) is proud to announce the creation of a Fellowship in the History of Family Medicine. Beginning in 2011, the Center will sponsor one \$1,500 Fellowship in the History of Family Medicine each year. Interested family physicians, other health professionals, historians, scholars, educators, scientists and others are invited to apply.

The fellowship grant, of up to \$1,500, is to support travel, lodging and incidental expenses relating to conducting research on a project of their choosing dealing with any aspect on the history of General Practice, Family Practice, or Family Medicine in the United States.

The deadline for application is March 31, 2011. The Fellowship award will be announced by May 31, 2011.

Complete application forms and instructions are available online through the Center's website at the following link:

<http://www.aafpfoundation.org/online/foundation/home/programs/center-history/fellowship.html>

The CHFM is located at the national headquarters of the American Academy of Family Physicians (AAFP) in Leawood, Kansas and is part of the non-profit AAFP Foundation.

For more information, please contact:

Don Ivey, MPA  
Manager, CHFM  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211  
Telephone: (800) 274-2237, ext. 4420  
Fax: (913) 906-6095  
E-mail: [chfm@aafp.org](mailto:chfm@aafp.org)

**WONCA CONFERENCES 2010 – 2013 AT A GLANCE**

Information correct as of December 2010.

\*\*Wonca Direct Members enjoy lower conference registration fees

See Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) for updates & membership information

<b>2011</b>			
21 – 24 February	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
8 – 11 September	Europe Regional Conference	Warsaw POLAND	Family Medicine - Practice, Science and Art
<b>2012</b>			
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Theme to be confirmed
4 – 7 July	Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice
16 – 19 October	3rd Wonca Africa Conference	Victoria Falls Zimbabwe	Roles and Responsibilities of Africa Family Physicians
<b>2013</b>			
June	20 <sup>th</sup> Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations

## GLOBAL MEETINGS FOR THE FAMILY DOCTOR

### MEMBER ORGANIZATION AND RELATED MEETINGS

#### 39th EQuIP Assembly meeting

Date : April 7-9, 2011  
 Venue : Copenhagen  
 Web : [www.equip.ch](http://www.equip.ch)

#### EGPRN Spring meeting

Host : European General Practice Research Network (EGPRN)  
 Date : May 19-22, 2011  
 Venue : Nice, France  
 Web : [www.egprn.org](http://www.egprn.org)

#### 2nd IPCRG Scientific Meeting

Host : International Primary Care Respiratory Group  
 Date : May 26-27, 2011  
 Venue : Amsterdam, The Netherlands  
 Web : [www.theipcr.org](http://www.theipcr.org)  
 Email : [BusinessManager@theipcr.org](mailto:BusinessManager@theipcr.org)

#### 5e Congrès de la Médecine Générale France 2011

Thème : La Médecine Générale: dynamiques, réalisations et réalités  
 Date : June 23-25, 2011  
 Venue : Nice, France  
 Web : <http://www.congresmg.fr>  
 Email : [congresmg@overcome.fr](mailto:congresmg@overcome.fr)

#### FCGP conference 2011

Host : Fiji College of GPs  
 Theme : People's Health in our hands  
 Date : June 11-13, 2011  
 Venue : Intercontinental Fiji Golf resort and Spa, Sigatoka, Fiji  
 Web : <http://www.fijigp.com/index.aspx>  
 Email : [dr\\_arti@yahoo.com](mailto:dr_arti@yahoo.com)

#### IAHCP 22nd Annual Scientific Meeting

Host : International Association of Health Care Professionals (IAHCP)  
 Theme : Maintaining the Challenges in Medical Practice, Family Medicine and Education  
 Date : August 20-23, 2011  
 Venue : London, United Kingdom  
 Web : [www.ahcpuk.org](http://www.ahcpuk.org)  
 Contact : Mary Kelly/Maria Ivanova  
 Email : [ahcpconference@ymail.com](mailto:ahcpconference@ymail.com)  
 Tel : +44 1375 387209

#### 2011 RNZCGP conference for general practice

Host : The Royal New Zealand College of General Practitioners  
 Theme : Playing the Advantage - Tackling the Wicked Issues  
 Date : September 1-4, 2011  
 Venue : The Langham Auckland, New Zealand  
 Web : [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)

#### AAFP Annual Scientific Assembly, United States 2011

Host : The American Academy of Family Physicians  
 Date : September 14 - 17, 2011  
 Venue : Orlando, Florida, USA  
 Web : [www.aafp.org](http://www.aafp.org)

#### RACGP GP '11 Conference

Host : The Royal Australian College of General Practitioners  
 Date : October 6-9, 2011  
 Venue : Hotel Grand Chancellor, Hobart, Australia  
 Web : [www.racgp.org.au](http://www.racgp.org.au) or <http://www.gp11.com.au/>

#### EGPRN autumn meeting

Host : European general practice research network (EGPRN)  
 Date : October 13-16, 2011  
 Venue : Krakow, Poland  
 Web : [www.egprn.org](http://www.egprn.org)

#### RCGP Annual National Primary Care Conference, United Kingdom 2011

Host : Royal College of General Practitioners  
 Theme : Diversity in practice  
 Date : October 20-22, 2011  
 Venue : Liverpool ACC, United Kingdom  
 Web : [www.rcgp.org.uk](http://www.rcgp.org.uk)

#### IAHCP 46th Joint Medical Congress

Host : International Association of Health Care Professionals (IAHCP)  
 Theme : Progress in Medical Practice, Primary Care and Education in the 21st Century  
 Date : October 24-27, 2011  
 Venue : London, United Kingdom  
 Web : [www.ahcpuk.org](http://www.ahcpuk.org)  
 Email : [ahcpconference@ymail.com](mailto:ahcpconference@ymail.com)  
 Tel : +44 1375 387209

#### Family Medicine Forum / Forum en médecine familiale 2011

Host : The College of Family Physicians of Canada. Le Collège de médecins de famille du Canada  
 Date : November 3-5, 2011  
 Venue : Montreal, Quebec, Canada  
 Web : <http://fmf.cfpc.ca>

#### Mental health and family medicine

Date : February 8-11, 2012  
 Venue: Granada, Spain  
 Web : [www.thematicconferencegranada2012.com](http://www.thematicconferencegranada2012.com)

#### 6th IPCRG World Conference

Host : International Primary Care Respiratory Group  
 Date : April 25-28, 2012  
 Venue : Edinburgh, Scotland  
 Web : [www.ipcrp-pcrs2012.com](http://www.ipcrp-pcrs2012.com)