

WONCA News

An International Forum for Family Doctors



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FROM THE WONCA PRESIDENT:

OUR COMMITMENT TO DEVELOP FAMILY MEDICINE IN AREAS OF NEED

As we look forward to the Wonca World Council Meeting in Orlando Florida in October it is important that each member organisation prepares to review its global commitment.

As a world organisation, Wonca has grown substantially in recent years. It now has member organisations in all regions. Most of the countries of Central and South America have joined ‘en bloc’. Important contacts have been made with the countries of Central Asia including Mongolia. These will hopefully lead to the creation of a new region in that area. At a historic meeting of Arab countries in Beirut at the end of last year, representatives agreed to prepare for the establishment of a Wonca Arab Region. Europe has continued to expand along its eastern border. Already it is clear that the special needs of Western, Southern, and Eastern Europe may, at times, require a sub-regional approach. Wonca as a global organisation must have the flexibility to respond appropriately according to the needs of its member organisations.

Africa: Challenges to Health for All

This sub-regional approach will be particularly necessary in Africa. Travel costs are prohibitive; the vast distances, currency weakness, and communication difficulties make effective collaboration at the Pan-African level almost impossible.

Africa’s communicable diseases – particularly HIV/AIDS, TB and Malaria ñ pose challenges which are almost beyond our comprehension. Healthcare in East Africa is underdeveloped. It relies heavily (40 percent of healthcare in Kenya) on hospitals and medical stations operated by externally funded faith-based missions. As Table 1 shows, average per capita healthcare spending in the United States in 2000 was between 60 and 100 times greater than in three countries of East Africa. Furthermore, in Tanzania more than a quarter of all public spending was devoted to healthcare.

Table 1. The World Health Report (2000)

	Total Public Funds Spent on Health (as % of total spending)	Total per Capita Spent in USD\$
Kenya	11.2	58
Uganda	9.9	44
Tanzania	27.2	36
United States	18.5	3724
United Kingdom	14.3	1156

It is disappointing, to say the least, that 25 years after the Declaration of Almaty for Health for All, so little has changed for the peoples of sub-Saharan Africa. If anything, disparities are widening and economic disadvantage has been compounded by catastrophic epidemics and political instability. Healthcare reform must go hand-in-hand with political and economic reform.

One of the lessons of the last 25 years must be that healthcare reform has to go beyond the important traditional concerns of public health. Primary health care for the future must include the personal care provided by family doctors and office practice and community based nurses working together. For too long the importance of a quality system of personal primary care has been undervalued and poorly resourced.

Not surprisingly, given the perilous state of family practice in Africa, Wonca has had very few member organisations in the Region; they include South Africa, Zimbabwe, Nigeria (2 organizations), and Ghana.

East Africa: An Opportunity for Collaborative Subregional Development

At last, in East Africa, this is beginning to change with the establishment of the Kenya Association of Family Physicians by Dr. Humphrey Belcher and his colleagues. The KAFP has joined Wonca. Similar national associations are being considered for Uganda and Tanzania.

I was very honoured to be invited recently to visit Kenya and to address The First International Family Medicine Symposium held at the Aga Khan Hospital in Nairobi last month. The Aga Khan Hospital Network has been particularly supportive of Family Medicine.

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

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

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

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

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

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

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

Six years ago in Killarney, the Wonca World Council identified the development of family medicine in countries and regions where it was weak or non-existent, as our number one priority. The nations of Africa represent the greatest challenge to the achievement of that aspiration. These East Africa initiatives are an important start.

It will be a matter for each of our member organisations when we meet in Orlando to tell us how they plan to meet the challenge.

Michael Boland
President
World Organization of Family Doctors

FROM THE CEO'S DESK:

THE APRIL 2004 CORE EXECUTIVE MEETING

The full Wonca Executive Meeting in April 2004 did not take place as planned. It was earlier decided at the Beijing Wonca Executive Meeting in November 2003 that the financial status of Wonca at the end of 2003 did not permit the additional expense of a full Wonca Executive Meeting.

Nevertheless, as there were important issues that needed urgent followup and decisions, it was decided that a small group from the Executive would meet. This gave rise to the 15th – 17th April 2004 Core Executive Meeting in Singapore attended by the Wonca World President, the President Elect, Honorary Treasurer, Chair of the Orlando Conference Organising Committee, the Wonca CEO and the Secretariat Administrative Manager. The smaller group meeting in Singapore meant considerable savings in terms of airfare, accommodations and per diem reimbursements. The other Members of Executive not present were kept informed as all agenda and agenda papers were sent to them early thus allowing for comments and feedback on issues to the Core Executive.

The Agenda for the Core Executive Meeting was a very full one. I wanted to highlight in my column several important issues that would be of special interest to Wonca's Member Organisations and Direct Members.

Conference Levies

This issue arose from a working paper presented by the CEO on the

disadvantages of the current conference levy policy in the bidding process by organisations keen to host a World or Regional Conferences. It was felt necessary that some other method be applied that would ensure that the bid be made financially neutral. After much discussion, Core Executive recommended that for future conferences :

- The use of levies as part of the bid process in securing the hosting of a Wonca World or Regional Conference be abandoned;
- The Member Organisation selected to host a conference be advised of the levy to be paid by Wonca Executive in consultation with the Regional President or the CEO;
- The agreement between Wonca and the Member Organization to host a conference be in the form of a contract specifying the respective duties and obligations of both parties;
- The levies be allowed to be stratified into specific categories with fixed amounts of discounts allowed;
- The guidelines once approved at the next Executive Meeting be implemented beginning January 2008 and applicable to all subsequent Wonca World and Regional Conferences.

The above guidelines by Core Executive will be discussed further at the next Wonca Full Executive Meeting in St Augustine, USA in October 2004 at which time the final guidelines would be drafted.

Cost Cutting Measures for Wonca

As in all past Wonca Executive Meetings, financial matters took up a considerable part of the time and attention of Executive. Of particular

interest to Core Executive at this meeting were the ways in which Wonca could set about reducing the cost of running the Organisation.

The CEO spoke at length to his report on cost cutting measures for the Organisation. This was followed by extensive discussions within Core Executive. The following measures were identified as possible avenues for cost savings :

- reorganising the conduct of business by the World Executive Committee, such as reducing the frequency of Full Executive Meetings to an annual basis and introducing Core Executive Meetings between the Full Executive Meetings.
- restructuring the manner in which funds are granted to Regions, Committees, Working Parties and Task Forces.
- reducing Wonca representation at international invitational events or meetings.
- ceasing the printing and distribution of hard copies of the Wonca Directory while posting it on the Wonca Website with certain safeguards.
- reducing the cost of production and distribution of Wonca News.
- reexamining the subscription rates for Direct Membership and its apportioning between the Regions and World Wonca .

Core Executive also suggested that for Wonca to position itself well financially in the years ahead, there needed to be a "reserve policy" whereby a certain agreed percentage of its funds would be set aside annually. This would require very stringent cost cutting measures as outlined above and could only be done over a long period of time. Core Executive felt that with the current financial volatility in Wonca, at least a one-year reserve policy would be necessary.

New Member Organisations admitted

This triennium (2002 – 2004) has seen an unprecedented growth in membership of Wonca. This trend has continued. At its meeting the Core Executive, on the recommendation of the Membership Committee, admitted the following organizations :

- The Bahrain Family Physicians' Association as a full member of Wonca.
- The Georgia Family Medicine Association as a full member of Wonca.
- The Jordan Society of Family Physicians as a full member of Wonca.
- The Scientific Interdisciplinary Association of both Family and Community Medicine (AsSIMeFaC) of Italy as a full member of Wonca.
- The Belarussian Association of General Practitioners as an Organization in Collaborative Relations with Wonca.

With these latest additions, Wonca has now 88 Member Organisations in its fold with 9 Organisations in Collaborative Relations. I am confident that the next triennium will see the admission of the 100th Member Organisation of Wonca. The increasing numbers of Member Organisations in this triennium also required the establishing of a whole new Wonca Region – the Iberoamericana CIMF. There is a strong likelihood that another new region — The MiddleEast Region of Wonca — will be formed within this triennium or at the start of the next triennium.

We have grown significantly as a global organization in this triennium!

Junior Direct Membership

This item was discussed by Core Executive following the discovery that a large number of FM/GP residents had registered for the Conference in Amsterdam. Executive also felt that having a “Junior” category of Wonca Direct Membership would be a small step in the right direction to train future leaders for the Organisation.

After much discussion, it was decided by Core Executive that the following be recommended that:

- the “Junior” Direct Membership would be included under the Wonca Direct Membership category;
- an appropriate name be given to the category of “Junior” Direct Membership (JDM);
- the JDM would be open to Residents of FM/GP only. The definition of Resident would be a doctor in a defined period of training to be a Family Physician / General Practitioner.
- That the JDM fee would be 50% of the full Wonca Direct Membership fee.
- That JDM would receive the same benefits of membership as full Wonca Direct Members.
- That JDM would be listed separately in future Wonca Directories for easy reference.
- That the CEO and Wonca World Secretariat would administer the JDM scheme.

Other items of agenda covered

Several other major agenda items of importance were also covered by Core Executive:

1. Wonca Bylaws & Regulations: the final details of and procedural requirements on changes for the Wonca Bylaws & Regulations were discussed.
2. ICPC-2: the promotion of the use of ICPC-2 by Wonca Member

Organisations, its recognition by the World Health Organization's Family of International Classifications and the need for a review of the Wonca contract with Oxford University Press were items discussed.

3. Wonca World Conference: the Orlando Conference and associated Wonca World Council and full Wonca Executive Meeting were covered in detail with the Dr Dan Ostergaard, the Wonca 2004 Host Organizing Committee Chair, present.
4. Wonca Website: a review of the past 2.5 years of www.globalfamilydoctor.com and plans for the future of the website were covered by Core Executive.
5. Relations with the World Health Organization and other international Non- Governmental Organizations, the state of international relations with these bodies and the future areas of collaborations were discussed.

In future issues of Wonca News, I hope to cover in my CEO's Column some of the topics mentioned above in greater detail.

Conclusion

This Core Executive Meeting was a useful first attempt by Wonca Executive to keep down the cost of running the Organisation. It is probable that the next triennium may see Wonca Executive meetings as a full Committee annually with the Core Executive meeting between these full Committee Meetings in cheaper venues to help keep costs down.

Dr Alfred WT Loh
 Chief Executive Officer
 World Organization of Family Doctors

FROM THE EDITOR:**MEET WONCA'S WORKING PARTIES, TASK FORCES AND SIGS IN ORLANDO!**

If Wonca's member organizations and regions represent the permanent and stately trunk and branches of our organizational tree, then Wonca's Working Parties, Task Forces and Special Interest Groups (SIGs) represent its leaves and flowers which contribute to our appearance and character.

Today, these Working Parties (WP), Task Forces (TF) and SIGs address key areas fundamental to our role as family doctors:

- International Classification (WP)
- Rural Practice (WP)
- Quality (WP)
- Informatics (WP)
- Woman in Family Medicine (WP)
- Environment (WP)
- Respiratory Diseases (WP)
- Research (TF)
- Website Development (TF)
- Tobacco Cessation (TF)
- Health Behavior Change (TF)
- Ethical Issues (SIG)
- Psychiatry and Neurology (SIG)
- Men's Health (SIG)

This June issue of Wonca News features the work and plans of our newest and oldest working groups. Wonca's International Classification Committee (WICC), our oldest, was reported as being established at the convening of Wonca's first Executive Meeting in 1973. This issue's Resources section describes two of WICC's recently available products for family doctors - - - the International Classification of Primary Care (ICPC-2E) and the Dictionary of General/Family Practice.

This issue also features the work of Wonca's Working Party of Women in Family Medicine, established during the 2001 Wonca World Conference in Durban, South Africa. Finally, this issue features Wonca's newest group, the Special Interest Group in Travel Medicine, which will be convening for the first time during the October 2004 Wonca World Conference in Orlando. The other Wonca Working Parties, SIGs and Task Forces are most welcome to email me for publication in the next issue of Wonca News any reports, updates and announcements to share prior to the 2004 Wonca World Conference.

The 2004 Wonca World Conference in Orlando presents a unique opportunity for family doctors to learn about, join and contribute to the important work of all the above groups.

You may learn more about Wonca's work groups and their plans during the upcoming Wonca World Conference and by visiting the Wonca web at www.GlobalFamilyDoctor.com

In addition, Wonca's FP/GP Editors (or their designees) who are planning to attend the Wonca World Conference are invited to a special workshop for FP/GP Editors on Tuesday, October 12th at 2PM. Please contact me if you are interested in attending.

The opportunity to learn about all of our magnificent Working Parties, Task Forces and SIGs are even another reason to make plans as soon as possible to join what may be the largest gathering of family doctors in history for the Wonca World Conference in Orlando, October 13-17, 2004.

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FEATURE STORIES

WONCA WORKING PARTY REVIEWS THE GLOBAL STATUS OF WOMEN FAMILY DOCTORS

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



Steering Committee members, Cheryl Levitt, Barbara Lent, and Lucy Candib, meeting at Langdon Hall in Ontario, Canada, in February 2002 to develop the Working Party document on Women and Family Medicine

The biggest project is the writing of a monograph on Women and Family Medicine based on a review of the international literature, and a 7-section working document, which we will use to guide our strategic planning. The documents look at

the unique issues facing women family physicians around the world — in training, in practice, in academia and in organizations. The materials are supported by an extensive annotated bibliography. We have disseminated the materials widely to international colleagues through our WONCA Women and Family Medicine Working Party listserv, and will be discussing them in more detail at the upcoming meeting in Orlando.



Four women Chairs of Family Medicine Departments in four different world regions meeting at McMaster University in March 2003: Dr. Shameela Kamali, Aga Khan Medical School, Tanzania; Dr. Amanda Howe, University of East Anglia, England; Dr. Cheryl Levitt, McMaster University, Canada; and Professor Zorayda (Dada) Leopando, University of Philippines, Manila, Philippines.

In order to better understand the experiences of women in family medicine in all WONCA regions, we also developed a needs assessment questionnaire to look at the challenges facing women in family medicine in training, practice, academic and leadership settings. Data have been collected and collated from individuals and groups in 9 countries. We see this as a 'work in progress' and continue to circulate questionnaires at national and international conferences.

The upcoming meeting in Orlando in October 2004 will include several exciting sessions to which the steering committee and other members of the working party have contributed. We are planning a 2-

day pre-conference as an opportunity to develop a strategic action plan, based on the working party's written materials. We are very excited to have Dr. Amanda Howe, Chair of Primary Care at the University of Anglia in England as facilitator. During the main part of the meeting Dr. May Cohen, professor emerita from McMaster University in Hamilton, Canada, will be speaking on Women and Leadership. Later that day the symposium "Women in Family Medicine: Making a difference around the world!" will showcase the special activities of women in family medicine around the world.

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

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

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Visa Assistance Provided for 2004 Wonca World Conference

International delegates should get your Visas in order for the 2004 Wonca World Conference in Orlando. Delegates may print your own letter of invitation for your visa by visiting <http://www.wonca2004.org/woncavisa.xml>. This document can be personalized, printed and submitted with your application for a visa at the nearest United States Embassy or Consulate.

Wonca Direct Members Save \$300 off Registration plus \$100 for early registration

Register before July 14, 2004 and save US\$100 on your general registration fee. In addition, Wonca direct members who register save an additional \$300 compared to non-Wonca members. Registration form must be received (not postmarked) at the American Academy of Family Physicians' headquarters by July 14, 2004, to qualify for the early fee. Your registration fee includes:

- Wonca/AAFP Opening Ceremony Welcome Reception
- President's Address and Awards Ceremony
- Program/Abstract Books
- Wonca/AAFP Exposition
- All No Extra Fee Assembly Educational Elements
- Two complimentary Tickets to Wonca/Assembly Celebration
- Shuttle transportation between official Wonca hotels and convention center and social events. (If you are not planning to stay at an official Wonca hotel, you will be responsible for your own transportation to and from the convention center and all social events.)

Register online at www.wonca2004.org.

Make Your Hotel Reservations Today – Rooms will fill fast!

Those attending the Wonca World Conference can now make their hotel reservations, and the rooms will fill up fast. Make your reservation now in order to get the hotel of your choice. Competitive room rates have been negotiated at 36 hotel properties conveniently located near the Orange County Convention Center in Orlando.

Make your hotel reservation online at <http://www.wonca2004.org/x14652.xml>.

Joint Wonca and AAFP Opening Ceremony Planned

Plan to attend the first-ever joint Opening Ceremony for Wonca and American Academy of Family Physicians (AAFP) Scientific Assembly attendees. The keynote speaker is Francis S. Collins, M.D., Ph.D., Director of the National Human Genome Research Institute at the National Institutes of Health, who will speak on "Genomics and the Family Physician: Realizing the Potential." To learn more about the National Human Genome Research Institute, visit <http://www.nhgri.nih.gov/>. To learn more about the Wonca/AAFP Opening Ceremony, please click on: <http://www.wonca2004.org/x19524.xml>

Exclusive Wonca and AAFP Celebration at Universal Studios.

Join your Wonca friends as they venture into the famous Universal Studios Florida®. The park will be reserved exclusively (without the public) for Wonca attendees and guests as well as AAFP Scientific Assembly Attendees and guests. Each paid Wonca attendee will receive two complimentary tickets to this event and may purchase additional tickets for US\$40 each. To purchase additional tickets, order them when you register at <http://www.wonca2004.org/x14661.xml>. To learn more about the Wonca/Assembly celebration, click on <http://www.wonca2004.org/x14699.xml>

Friday Evening Events - - - October 15, 2004

Two evening events are being offered for Wonca attendees - - - Dinner at Sharks Underwater Grill/SeaWorld and Poolside Dinner at the Rosen Plaza Hotel. To learn more about these events, go to <http://www.wonca2004.org/x20827.xml>. There is limited seating for both events. Sign-up your family today to enjoy dinner at SeaWorld or the Rosen Plaza Hotel by registering at <http://www.wonca2004.org/x14661.xml>.

Wonca Video Available on the Web

The promotional video for Wonca 2004 is now available on the Wonca Web site at <http://www.wonca2004.org>, scroll down the page and click on Wonca 2004 Promotion Video. The video provides an overview of the 17th World Conference of Family Doctors, and highlights the beautiful city of Orlando, Florida, USA.

WONCA REGIONAL NEWS

BLED 2004 -13TH EURACT COURSE AND 1ST ANNUAL EUROPE GP/FM TEACHERS MEETING



The world is getting smaller. General practitioners are increasingly coming in contact with people from different countries and culture is becoming an important issue that determines communication between the doctor and the patient. Family doctors need tools that would help them in their work in a multicultural environment. The Slovene Family Medicine Society, Department of Family Practice, University Ljubljana and the Institute of Family Medicine and under the patronage of the European Academy of Teachers in General Practice (EURACT) and with the support of the EURACT service function task force, has organized the 13th International course for teachers in GP/FP in Bled, Slovenia: September 7 – 11, 2004. The course theme is “Learning and Teaching about Patient Centred Clinical Care in Modern Cross-Cultural Communities in General/Family Practice”.

EURACT council members also serve as additional resource persons. The course directors are Yonah Yaphe (Israel), Manfred Maier (Austria), Jaime Correia de Sousa (Portugal), Amanda Howe (Great Britain) and Janko Kersnik (Slovenia) with the contributions of resource persons Igor 'vab, Gianluigi Passerini, Janos Szabo, Mladenka Vrci_Keglevi_, Mateja Bulc and many others. Social programme will be organised by the Social Program Chair of the Wonca Europe 2003 conference in Ljubljana, Professor Nena Kop_avar-Gu_ek, so you can be sure that it will be exquisite.

Bled is a tourist resort in the Northwest of Slovenia and is easily accessible by car, train or plane. From the conference rooms you can enjoy the view of the lake and the town celebrating its 1000th anniversary (seen at <http://www.bled.si>) or the rims of the mountains surrounding the picturesque landscape. You will be able to take the boat to an island in the lake and ring a bell of good wishes, to visit a castle above the lake or to have a jogging trip around the lake during the meeting breaks. There is a famous traditional water polo game between the participants in the pool at the top of the hotel, a grapevine inspection and many other surprises.

The course will end September 10 - 11, 2004 with the 1st European GP/FP Teachers Conference on Education in Primary Care. The conference theme will be “At the crossroads of the Education in General/Family Practice”. Because of the nature of general practice it is important that these issues are properly taught in a GP setting. This is the challenge that this year’s course of learning and teaching in family medicine is aiming to address. The participants will have an opportunity to share their views and experiences with dealing with patients from different cultures. Because of the international nature of the course, we will be able to exchange opinions and views from different health care systems, societies and cultures.

The course is aimed at general practitioners involved in teaching general practice at the university or practice level and will be held in English. It will be based on presentations by experts, group work, field work and open discussion in small groups and plenaries. The participants will be supplied with course material in advance. A EURACT certificate will be issued to the participants at the end of the course. The participants will be able to visit family doctor offices and explore the organisation of primary health care in Slovenia. The participants of the course will be able to attend the 1st Annual Meeting of GP/FM Teachers in Europe and present their products from the groups during it for the price of attending the course.

At the end of the course the participants will be able to:

- Understand the meaning of patient centeredness and the “partnership model” of clinical care in the doctor-patient relationship
- Understand the importance of an appropriate relationship between patient and the doctor in the context of his/her everyday routine and the principles of general practice
- Use strategies for dealing with delicate issues of the doctor-patient relationship
- Apply the strategies in a practical situation
- Understand the importance of incorporating teaching about doctor-patient relationships in their students’ and trainees’ programmes
- Develop a teaching strategy on the doctor-patient relationship in general practice that can be used in his/her country

The course fee is set at 200 EURO and will include course materials, organisation of the course, conference attendance and the participation in exciting social events. There is a 40 EURO reduction of the course fee for EURACT members. A limited number of sponsored

places is available through the EURACT sponsorship programme. Details are available at the EURACT website: www.euract.org. The detailed programme is available on Slovene Family Medicine Society webpages www.drmed.org and www.drmed-mb.org.

The participants of the course and educators in primary care will be also able to attend the 1st annual meeting of GP/FM teachers in Europe and to present their products from the group for the price of attending the course. All others are invited to submit their work ñ abstracts for presentations and workshops – by e-mail (janko.kersnik@s5.net) to the board of directors, which will decide which presentations will be accepted and the way the papers will be presented. Abstracts for the presentations and workshops not exceeding 250 words should be send in word format by e-mail to the programme committee by the June 20.

The conference is aiming at the educators in primary care who are involved in teaching at the university or practice level and will be held in English. The main aim is to exchange the experiences and to propose effective strategies, models, curricula and methods of teaching GP/FM on undergraduate and postgraduate level. During the conference there will be a mixture of invited lectures, presentations, panel discussions, poster presentations and group work. The modules produced during the 13th international course will be presented to the conference audience. The conference fee for those attending only the conference is 100 EURO. We have chosen an array of interesting keynotes and have invited distinguished speakers to cover the issues. We invite you to send an abstract for the parallel presentation or for the workshop. Three workshops will be covered by the products of the course on teaching patient centred care.

The interested participants should send their preliminary applications until June 20 to Janko Kersnik, Koroska 2, 4280 Kranjska Gora, Slovenia, phone: +386-4-58-84-601, fax: +386-4-58-84-610, e-mail: janko.kersnik@s5.net.

Asia-Pacific Regional Workshop on Research Network Development to be Held in Thailand

On behalf of the General Practitioners / Family Physicians (GP/FP) Association of Thailand, the College of Family Physicians of Thailand and the WONCA Asia Pacific Region, we are pleased to organize a Workshop on Research Network Development for the Asia Pacific Region in Phuket, Thailand from July 10-12, 2004. This Workshop is organized to meet the current and future research needs of family doctors in the Asia Pacific Region.



The Regional workshop advisors include Goh Lee Gan, MD, Asia-Pacific Regional President, Prasong Tuchinda, MD, President of the GP/FP Association of Thailand, and Kachit Choopanya, MD, President of the College of Family Physicians of Thailand. Research Workshop participants are encouraged to bring along their research projects, results and proposals for sharing.

The A-P Regional Workshop will be held at the magnificent Thavorn Grand Plaza Hotel in Phuket, Thailand. Hotel information is on the web at www.thavorngrandplaza.com. If you are planning to attend, please confirm your participation as soon as possible via phone, fax or email to the GP/FP Association, Thailand at 66-2-716-6651 (phone) or 66-2-716-6653 (fax) or thai_fammed@yahoo.com (email).

We hope all the Colleges / Academies in the Asia-Pacific Region will send their colleagues to participate in this wonderful Workshop.

Additional information and workshop registration forms for the Asia-Pacific Regional Workshop can be found on the Wonca web at www.GlobalFamilyDoctor.com

Somjit Prueksaritanond, M.D.

Chairperson, Organizing Committee

HEALTH AND HEALTH SYSTEM NEWS

THE BRISBANE INITIATIVE: INTERNATIONAL EDUCATION FOR LEADERSHIP IN PRIMARY CARE RESEARCH

The Brisbane Initiative has brought together leaders in primary care research from eight different countries in Brisbane, Australia in 2002. The goal of the Brisbane Initiative is to develop international support for and coordination of education for future research leaders in General Practice and Family Medicine. As this is directly related to the research program of the World Organization of Family Doctors (Wonca)¹, the Brisbane Initiative will pursue its goals under the aegis of Wonca.

Internationally, there is clear disproportion in the amount of funding for research on uncommon problems versus what is spent for the common problems in health care. This has been called “the 10/90 gap”, in reference to the fact that only about 10% of the research resources are directed at 90% of the health problems of the world population². Improving the health of populations requires a strong primary health care system founded in good science.

For this scientific base to be created and maintained a robust primary care research enterprise is required to enable primary care clinicians to:

- use the best clinical tools in a cost effective manner
- answer common clinical questions
- incorporate more effectively findings from other fields of research into practice in a cost-effective manner
- work with other health professionals and the makers of health policy to establish effective country and region-wide health care systems and policies

The primary care research enterprise is in the early stages of development. Strong, well-educated leadership is in relatively short supply. However, there are examples of leadership training in a number of countries including and extending beyond Masters and Ph.D. programs. To sustain primary care growth it is essential that the best and brightest students enter the field of general practice/family medicine and develop research interests and leadership skills. International collaboration is essential to bring together experience and critical mass.

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

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

The programs of the Brisbane Initiative will include projects that identify and support future leaders, which provide scientific and related training, and which support existing research leaders. Finally, we will explore ways to involve new primary care researchers in developing countries through the development of distance education techniques and mentoring opportunities. Specifically, these educational projects will include:

- Fellowships and visiting traineeships: These will range from rather short experiences for medical students (individual or group which will be designed to stimulate interest and be a tool for “talent spotting”) at the one end to longer, more formal experiences for trainees at higher levels. These latter programs will be part of Ph.D., M.P.H. or Masters Primary Care programs.
- Formal Leadership Training Programs: These programs will build upon existing models and will be designed as post-doctoral (or post-masters) programs and will address specifically the need to develop the skills for scientific leadership in individuals who already have a good scientific background.
- Development of educational resources: The Brisbane Initiative will develop cooperative agreements between research units with expertise in primary care

and related disciplines and make scientific education available internationally both through fellowships (above) and through a catalogue of distance learning programs as well as opportunities for on-site learning and mentoring.

- Development of Expert Groups: The Brisbane Initiative will support the development and funding of Expert Groups to provide a focus for primary care research with topic specific interests such as HIV or care of the ageing.
- Creation of International Think Tanks in primary care research: The Brisbane Initiative will bring together leaders in primary care research from many countries to continue to develop new structures and programs to help build the enterprise.

Building upon our two-year history of success will require financial support for secretariat and clearinghouse functions and ongoing operations. Funding will be required for the support of fellowships at all levels, especially fellowships for physicians from developing countries.

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

References:

1. Van Weel C, Rosser WW. Improving Health Care Globally. *Annals of Family Medicine* 2004; 2(suppl. 2): in press
2. Global Forum for Health Research. *The 10/90 Report on Health Research 2001-2002*. Geneva: Global Forum for Health Research, World Health Organization, 2002.

MEMBER AND ORGANIZATIONAL NEWS

WONCA TO ESTABLISH SPECIAL INTEREST GROUP IN TRAVEL MEDICINE

A Special Interest Group (SIG) in travel medicine is being established within the World Organization of Family Doctors. Why a need for a SIG in travel medicine? People are traveling 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 than there is overcrowding at airports and conveyance of vectors responsible for disease and infectious diseases before they manifest occurs rapidly and easily. Most travelers seek advice 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.

what would the role of the SIG be?

The role of the Special Interest Group would be 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 organizations

Provide the infrastructure for networking amongst family practitioners

Encourage collaborative research within WONCA, in the field of travel medicine, through member organizations, academic department members; working parties and SIGs.

How do I become involved? All you have to do is to email me at gkb@brink.za.net and I will contact you with further information. The SIG will be launched at the 17th World Congress of Family Doctors to be held in Orlando in October next year – so book your ticket now!

I look forward to hearing from you.

Garth Brink

30 Savell Ave
Glenashley 4051
South Africa

Telephone: +27 (0) 31 562 8505

Facsimile: +27 (0) 31 572 7812

Email: gkb@brink.za.net

Educating Physicians for the Health of Brazil: The Role of Family Medicine

Through a series of exciting initiatives, family medicine is poised to improve primary health care in Brazil. In 1988 the Brazilian Federal Constitution declared that all Brazilian citizens have the right to primary health care services. In 1994, the Brazilian government established the Family Health Program (PSF- Programa de Saude da Familia), to train, distribute and support primary health care teams. Each team is responsible for the health care of 3,000 people. The Brazilian government has allocated resources support to the PSF, funded the establishment of residency programs in family medicine, and has guaranteed jobs with competitive salaries for residents after graduation. Yet many challenges must be addressed for family medicine to fulfill this potential.

The Public Health System (SUS- Sistema Unico de Saude) is responsible for development and support of the Brazilian primary health care system. Universities and medical schools are responsible for preparing health professionals to deliver such care. However, medical schools continue to focus on preparing students to care for hospitalized patients. Most medical schools have not yet integrated family medicine into the curriculum.

The expansion of the PSF is now limited by a severe shortage of appropriately trained personnel including family physicians. Without a clear identity, core educational objectives, and a well- defined process for certification, it is difficult to attract young professionals to family medicine careers. While there remains a mismatch between the comprehensive health plans initiated

by the government and the type of physicians that are being trained, there are several initiatives in progress to address these challenges.

Specialists and Generalists in Brazil

Currently more than 50% of Brazilian medical school graduates are unable to secure residency training positions. Family medicine is not yet a defined specialty in Brazil and is not incorporated into the curriculum of most medical schools. While a minority of those practicing general medicine do so by choice, the majority of generalist physicians were unable to complete specialty training. Practicing generalists have limited access to continuing medical education and there is no examination or certification process to evaluate the quality of these professionals. As a result generalist physicians are commonly perceived as a second rate health care professionals.



Congress lunch with Joshua Freeman and 10 medical schools reached by Sobramfa. The traditional Brazilian food named FEIJOADA.



Sobramfa's poster presentation at the 2003 Society of Teachers of Family Medicine (USA) Annual Meeting

Family Medicine has been a specialty in some countries for more than 40 years, yet many countries and medical schools have not yet incorporated family medicine into medical education. The presence of family medicine in the medical school curriculum allows transmission of the content and values, and provides opportunities for students to participate in delivery of comprehensive primary health care. Well-trained family physicians can provide services required for robust primary health care programs.

Students need exposure to family medicine early in the course of training to gain an understanding of the discipline and to consider family medicine as a career choice. Grumbach describes the importance of generalist family physicians in academic settings. All patients, especially patients with chronic illnesses, multiple co-morbidities and complex family circumstances benefit from working with a health professional who can approach these problems from a broad perspective. A family physician offers more than a simple sum of solutions to the diverse health problems from which the patient suffers. The family physician provides a new perspective in patient care, a different gestalt, and a vision to address patients and their needs in a comprehensive fashion. This new paradigm may be presented, experienced, taught and learned in medical education. If

family medicine is incorporated into academia, it is better positioned to teach, set standards and provide continuing education for those who practice primary care.

Family Medicine in Brazil: Opportunities and Challenges

There are many opportunities for family medicine to strengthen the primary health care system of Brazil. The Brazilian Government has made a bold commitment to establish the PSF to provide primary health care. Family doctors are needed to join efforts to deliver comprehensive primary health care and improve the health system of Brazil.

Medical schools are beginning to make commitments to prepare well-trained primary care physicians to fill the need created by the PSF. If academic efforts are carefully organized, coordinated and promoted, they will be better able to attract medical students into family medicine.

Residency programs in family medicine are now scattered in diverse departments such as public health, preventive medicine, community medicine, or coordinated by multiple other specialties, resulting in a lack of consistency and identity. While these programs represent a serious effort to respond to community needs and produce physicians for the PSF, uniform standards, core curricula and certification will help these programs gain credibility within the academic community. Universities can fulfill their commitment to society by coordinating these efforts.

Generalist physicians who are practicing primary care may join with their colleagues in academia and professional societies to establish a rigorous process of certification and programs of continuing education. Practicing physicians are well positioned to identify gaps in their training and to design programs to improve their knowledge and skills.

Students can make powerful contributions to the growth of family medicine in Brazil. SOBRAMFA (the Brazilian Society of Family Medicine) has already played an important role in this process by creating opportunities outside the formal medical school setting for students to experience family medicine by working with practicing generalists.



SOBRAMFA's Delegation at STFM Meeting



SOBRAMFA's 2001 student congress staff

Private health insurers are seeking to improve health care quality, cost effectiveness, coordination and responsiveness. Family physicians are in an excellent position to work with insurers to design and deliver such care.

Towards a Healthy Future for Brazil

Brazil is uniquely poised to strengthen primary health care with family medicine. Representatives of the government, academic institutions, health professionals, students, community members and insurers can each make valuable contributions to address this challenge. Efforts are underway to define the specialty, to establish benchmarks of quality, and to develop and promote Brazilian family medicine.

The Brazilian Medical Association (AMB) has indicated interest in sponsoring a national conference on family medicine to involve key stakeholders. While there are many challenges ahead, Brazilian family medicine is planted on fertile ground and ready for

rapid growth. The desire to improve the quality of life and health of the Brazilian population inspires collective efforts to meet these challenges.

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- ^a McWHINNEY, I. (1997) A textbook of Family Medicine. New York. Oxford University Press.
- ^b Boelen C, Haq C, Hunt V, Rivo M, Shahady E. Improving Health Systems: the Contribution of Family Medicine; a Guidebook. Singapore: Wonca (World Academy of Family Doctors), Bestprint publications, 2002.
- ^c Grumbach, K, Chronic Illness, Comorbidities, and the Need for Medical Generalism. Annals of Family Medicine. 1: 1, 4-6, 2003. www.sobramfa.com.br

RESOURCES FOR THE FAMILY DOCTOR

Wonca Offers New International Certificate in CME/CPD in Family Medicine

The Wonca International Certificate in Continuing Medical Education (CME) and Continuing Professional Development (CPD) in Family Medicine (WIDFM) has just been launched. Detailed information is available on Global Family Doctor – Wonca Online (see www.globalfamilydoctor.com/widfm/index.htm). This Wonca CME and CPD Program in Family Medicine has been long awaited, particularly by those countries that have few educational resources.

The Program requires participants to complete six out of eight topic based programs within three years. Initial topics are: Women's Health, Stroke, Diabetes Type 2, Palliative Care, Dermatology, Common Cardiological problems and Hypertension and Heart Failure. One program, the Virtual Consulting Room (VCR), is compulsory. The VCR provides a two-way approach to global medical education. Participating doctors are free to submit their own cases to this compulsory unit, with a view to providing education on topics, that may not be explored well in 'Western medicine', such as malaria prevention, diagnosis and treatment. The Program Director is Emeritus Professor Neil Carson. Successful candidates will be awarded a Wonca Certificate and a Wonca 'pin'.

While costs have been kept as low as possible to ensure maximum participation, a three tier approach to payment, based on national per capita GDP has been applied. There is a list of all countries and their categories, on the Wonca website (see above).

Additionally, Wonca have commenced a Scholarship program to provide free scholarships to those most in need and organizations and individuals are welcome to provide scholarships for which they can select criteria and have naming rights. All scholarships will be listed on Wonca Online and will be allocated by a committee set up for that purpose.

The program is CD based. The CD based program includes multimedia elements such as video and animation which cannot be utilized on the internet, and some countries have poor internet access. Programs include a pre test, minimum ten case presentations on a given topic, and a post test and evaluation survey. In addition, each topic comes with a suite of related resources, such as videos of procedures, further reading, patient education materials.

Professional (adult) learning techniques have been used and all topics have been 'internationalized' to ensure maximum relevance. The language in the Program is for those who have English as a first or second language. The navigation of CDs has been kept intuitive for those with little computer knowledge. Our premise is that every doctor in the world should have access to the highest quality continuing medical education. Wonca is happy to assist doctors to equip themselves to take advantage of the program.

It is also recognized that those most in need of continuing education may not have the equipment to play the CDs. We are therefore seeking assistance in purchasing computers for developing nations doctors and suggest that such nations may be interested in setting up 'lending libraries' of laptops to enable doctors to make better use of the program.

Additional Asthma and COPD Programs Offered during the WONCA World Conference in Orlando

The largest gathering in history of family physicians from all over the world are expected to come to Orlando in October to attend the joint WONCA and American Academy of Family Physicians (AAFP) Conference. The Conference will have an extensive scientific agenda addressing a wide range of issues in today's family practice. In addition to the official scientific program, a number of additional educational opportunities will be presented. In particular, WONCA has identified asthma and COPD as highly relevant topics for continuing medical education in family practice.

Asthma is one of the most common health problems in primary care. For children in some countries, it is the most common chronic health problem. Despite effective treatment being available, there still is substantial under diagnosis and under treatment of asthma. Physician-related factors as well as patient-related factors play a role in this.

COPD is one of the most common health problems in the developed and a growing problem in the developing world. Family doctors around the world have to provide care to patients with COPD. The effectiveness of their task has been severely hampered by the fact that COPD is usually diagnosed in a late stage of the illness; patients are reluctant to present their health problem; measurement (severity of) airflow obstruction is not always reliably possible, due to a lack of access to facilities and consequently a lack of expertise; and there has been a lack of evidence-based guidance of clinicians to a more pro-active approach.

A major recent innovation in asthma and COPD was the development of International Primary Care Airways Guidelines (IPAG) which will be made public for the first time during the AAFP/WONCA Conference. IPAG was prepared by a working group of family practice physicians to be a practical coherent set of guidance for family practice, based on the existing global workshop reports on asthma by the Global Initiative for Asthma (GINA); on COPD by the Global Initiative for Chronic Obstructive Lung Disease (GOLD); and on "Allergic Rhinitis and its impact on Asthma" (ARIA).

Two satellite educational symposia, one on asthma, and one on COPD, will be offered in Orlando by WONCA in collaboration with a medical communication company, MCR Vision. The educational messages of these evening symposia will be focussed on issues relevant specifically to family practice in asthma and COPD – problems in diagnosis and management in primary care settings, child asthma, differentiating between COPD and asthma, overview of the new IPAG guidelines, interfacing with secondary care, physician-patient cooperation, and newly available diagnostic and treatment strategies.

High profile faculty consisting of both US and international experts are working to deliver information of high relevance to AAFP and WONCA attendees. The primary care experts in this symposium will be recruited from the International Primary Care Respiratory Group (IPCRG), the group that may, in the future, become a Wonca Working Party of the clinical domain of (chronic) respiratory health problems. Among faculty members being asked to participate are such internationally recognized experts as Chris van Weel (WONCA), Barbara Yawn (AAFP), and Homer Boushey (ATS).

The symposia are supported by unrestricted educational grants from ALTANA Pharma (asthma), Boehringer Ingelheim (COPD) and Pfizer (COPD).

The asthma symposium, titled "Reducing the Burden of Asthma Morbidity in Family Practice" will be held on Tuesday October 12, 2004, 6:00 pm to 8:00 pm with the following educational objectives:

- Review key issues of diagnosis and management of asthma in primary care
- Inform participants on primary care aspects of latest evidence-based asthma guidelines
- Present current concepts of diagnosis and management of childhood asthma, in particular in adolescence
- Review the relevance and methods of educating asthma patients and their families
- Inform participants on new research in asthma therapies
- Provide opportunity for discussion with a panel of international and US experts

The COPD symposium, titled "Primary Care and the Silent Epidemic of COPD" will be held on Wednesday October 13, 2004, 7:00 pm to 9:00 pm with the following educational objectives:

- Update participants on the growing burden of COPD
- Review key issues of diagnosis and management of COPD in primary care

- Review of high quality office-based spirometry to assess severity of airflow obstruction and differentiate between COPD and asthma
- Present primary care aspects of latest evidence-based COPD guidelines
- Review modern methods of assessing treatment outcomes in COPD
- Provide opportunity for discussion with a panel of international and US experts

Both symposia will be conducted in the Peabody Orlando Hotel, located near the convention centre, in the Orlando Ballroom. These symposia are not part of the official program as planned by the AAFP or Wonca committees on Scientific Program.

The symposia have been submitted for AAFP CME credits.

For more information, please call Laura Brockwell at 416-915-7734. To receive confirmed speaker names and a formal invitation, please e-mail lbrockwell@mcrvision.com with your contact details.

(Editor's note: Further information may be found through the web on the Global Initiative for Asthma (GINA) at <http://www.ginasthma.com>; on the Global Initiative for COPD (GOLD) at <http://www.goldcopd.com>; and on the WHO's Chronic Respiratory Diseases Programmes at <http://www.who.int/ncd/asthma/index.htm>)

ICPC-2E and Wonca Dictionary of General/Family Practice

Several important and useful publications developed by the Wonca International Classification Committee and its Chair, Professor Niels Bentzen, are available for downloading and/or purchase through the Wonca web at www.GlobalFamilyDoctor.com

The ICPC-2 book published by Oxford University Press in 1998 has been updated to a new version, ICPC-2-E. The changes have been detailed in the April issue of 'Family Practice' in an article by Okkes et al. 'The electronic version of ICPC-2, Fam Pract 2000, 17:101-6. The article about the changes and the list of changes both are copyrighted to WONCA.

ICPC-2-E is an electronic version of the revised and corrected chapters 10 and 11 of the ICPC-2 book. From the moment of its publication in April 2000 this "ICPC-2-E" will serve as the standard for the use of ICPC-2 as a classification system both in electronic systems and in written form. However, chapters 1 to 9 of the book remain indispensable in order to understand the underlying principles and concepts of the classification, and contain information on the additional use of the Severity of Illness Coding (DUSOI/WONCA) and the Functional Status Assessment (COOP/WONCA charts).

The non-commercial user is free to use ICPC-2-E, since it replaces chapters 10 and 11 of the book, but the copyright remains with WONCA, and all rights are reserved and the same conditions apply as apply to the ICPC-2 book.

If the electronic version of chapters 10 and 11 is to be used for commercial purposes or in national/local coding systems, it will be necessary to negotiate with WONCA about user fees. In that case, please contact the CEO of WONCA (wonca@bigpond.com) about an agreement for the use the classification in a commercial computerised medical/health record system or coding system.

The Wonca Dictionary of General/Family Practice is a comprehensive work of more than 20 years in the making by Professor Niels Bentzen. The Wonca Dictionary is available for downloading free from GFD and is published in four languages, English, French, Romanian and Spanish. For further information, please contact Professor Bentzen at 47-7359-8876 (phone), 47-7359-7577 (fax) or niels.bentzen@medisin.ntnu.no (email).

WONCA CONFERENCE 2004 – 2008 AT A GLANCE

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

See Wonca Website www.GlobalFamilyDoctor.com for updates

2004	Region	Venue	Theme
1-4 June	European Regional Conference	Amsterdam NETHERLANDS	Quality in Family Practice
13 – 17 October	17th Wonca World Conference	Orlando USA	Family Medicine – Caring for the World **Wonca Direct Members get US\$300 discount on early bird registration fees**
2005			
27 – 31 May	Asia Pacific Regional Conference	Kyoto JAPAN	Family Fractice/ General Practice – As a Global Standard
3 – 7 Sept	European Regional Conference	Cos Island GREECE	From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine
Date to be confirmed	7th World Rural Health Conference	Venue to be confirmed	Theme to be confirmed
2006			
27 – 31 Aug	European Regional Conference	Florence ITALY	Theme to be confirmed
4 – 9 November	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 28 July	18th WONCA World Conference	SINGAPORE	Human Genomics and its Impact on Family Physicians
2008			
Date to be confirmed	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Wonca Europe ESGP/FM Regional Conference, Amsterdam 2004

Theme : Quality in Practice
 Host : Dutch College of General Practitioners
 Date : 1-4 June, 2004
 Venue : RAI Congress Centre, Amsterdam, Holland
 Contact : Secretariat
 Dutch College of General Practitioners
 PO Box 3231
 3502 GE Utrecht, Holland
 Tel : 31302 881700
 Fax : 31302 870668
 Email : evenementen@nhg-nl.org
 Web : www.woncaeurope2004.nl

17th Wonca World Conference, Florida 2004

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

Asia Pacific Regional Conference, Japan 2005

Host : Japanese Academy of Primary Care Physicians
 Theme : Family Practice/General Practice – As a Global Standard
 Date: 27-31 May, 2005
 Venue : Kyoto, Japan
 Contact : Japanese Academy of Primary Care Physicians
 Ebata Building 4th Floor
 2-14, Kandaogawa-cho
 Chiyoda-ku, Tokyo 101-0052, Japan
 Tel : 81 3 5281 9781
 Fax : 81 3 5281 9780
 Email : pc@primary-care.or.jp
 Web : <http://www.primary-care.or.jp>

Wonca Europe ESGP/FM Regional Conference, Cos Island 2005

Host : Greek Association of General Practitioners
 Theme : From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/ Family Medicine
 Date : 3-7 September, 2005
 Venue : Island of Cos, Greece
 Contact : The Greek Association of GPs (Elegeia)
 Mr. Raoul Merkouris
 21,N.Kountourioti Str.(5th floor)
 54625-Thessaloniki
 Greece
 Tel : 30 2310 550048, +30 2310 539995
 Fax : 30 2310 539995
 Email : elegeia@woncaeurope2005.org
 Web : <http://www.woncaeurope2005.org>

18th Wonca World Conference, Singapore 2007

Host : College of Family Physicians, Singapore
 Theme : Human Genomics and its Impact on Family Physicians
 Date : 24-28 July, 2007
 Venue : Singapore International Convention and Exhibition Centre
 Contact : Dr Tan See Leng, Chairman, Host Organizing Committee
 College of Family Physicians, Singapore
 College of Medicine Building
 16 College Road #10-02
 Singapore 169854
 Tel : 65 223 0606
 Fax : 65 222 0204
 Email : rccfps@pacific.net.sg

MEMBER ORGANIZATION AND RELATED MEETINGS

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

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

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

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

CME Congress 2004, Toronto, 2004

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

**The Royal New Zealand College of General Practitioners
(RNZCGP)**

Annual Conference, Wellington, 2004

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

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

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

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

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

North American Primary Care Research Group (NAPCRG) Meetings**NAPCRG 32nd Annual Meeting, Orlando, USA**

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

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

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

College of Family Physicians of Canada, Toronto 2004

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