WONCA News

An International Forum for Family Doctors

Contents

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World family doctors. Caring for people.

From the President: Turning tasks to TRUST

I spoke recently at the 11th annual Beijing Symposium on Family Medicine. My remarks began with the story of Dr Wang Hao, a young physician at Harbin Medical University's No. 1 Hospital. On 23 March 2012, Li Mengnan, a teenage patient of the Hospital, broke into the

rheumatology and immunology department, slit

Obituary of Dr Wang Hao, age 28, 23 March 2012; Obituario del Dr. Wang Hao, de 28 años, 23 de marzo de 2012

the throat of Dr Wang, and stabbed three other doctors who were also in the room.

The motive for the killing was a tragic misunderstanding. Li had asked Dr Zhao Yanping, the deputy director of the department, to prescribe infliximab (Remicade) for his ankylosing spondylitis. Dr Zhao responded that Li first needed to have his tuberculosis treated to avoid infliximab toxicity. Li misunderstood and concluded that he was not going to receive any treatment. Dr Wang and colleagues were the unfortunate victims of that misunderstanding.

Shortly after the killing, the website of the People's Daily posted an on-line survey asking readers to indicate how they felt about the murder. About two out of three respondents selected the happy icon to describe their feelings about Dr Wang's death. The survey was removed from the website after one day. The young assailant was sentenced to life in prison on 19 October 2012. Li avoided the death penalty because he was 17 years old and not considered an adult at the time of the crime.

It seems unlikely that any of the People's Daily survey respondents knew or held anything against Dr Wang. By all accounts, he was a dedicated and capable young physician. More likely is that the survey caught a glimpse of some of the frustration voiced increasingly by Chinese patients. The government estimated that in 2010 there were 17,000 violent incidents involving 70% of public hospitals.

Some of the factors influencing violence against health workers may be peculiar to China, such as relatively low physician pay that creates pressures to accept red envelopes with cash or industry kickbacks. The violence against Chinese physicians however, is only a dramatic example of worrisome trends in health care that are common to most countries and most health care systems. These trends reflect an increasingly mechanistic rather than holistic approach to health care, an obsession with biometric measures rather than outcomes that are meaningful to patients, and an emphasis on disease rather than health. In short, while our technical and technological capabilities have increased dramatically, our trust in the motives and agenda of health care has decreased concomitantly.

The focus of doctors has shifted from seeking cure, relieving suffering, and providing comfort to accomplishing tasks and completing checklists. More resources and energy are dedicated to managing populations (usually those with chronic and expensive conditions), with relatively less effort spent learning about the concerns, values, and goals of the patient. The irony is that until our science is dependably predictive for every patient and until every patient chooses the same goals, our inability to nurture trust with the patient will keep us from successfully accomplishing our tasks or completing our checklists.

I propose that an essential and explicit goal of health care should be to foster TRUST: time, reliability, unity, skill, and transparency.

Time – Patients need and deserve our time with them. Ideal is face time, which is valued more by people than email, texting, or videoconferencing. Virtual communication will undoubtedly become more generally used and accepted. Time getting to know the patient, and having them get to know us, is crucial for TRUST. This vital activity is not and should not be easily delegated. It is often said that the top 3 concerns of primary health care should be access, access, access. Without providing ready access, patients must turn to any available resource when problems arise, such as emergency departments or hospitals. For certain individuals with certain conditions and

in certain settings, these other resources will be exactly the right place for care, but not for most people with most conditions in most situations. The lack of awareness of their individual needs and expectations, and the greater risk for over-utilization or iatrogenesis, make these other places more costly and potentially dangerous for patients than seeing their family doctor.

Reliability – People value consistency and dependability. There are the apocryphal stories of patients remaining loyal to grumpy doctors because they are consistently grumpy and their behaviors are predictable. Punctuality is also a sign of reliability and signals respect for the patient's time. This attribute of TRUST – reliability - is where checklists and care pathways come into play. When all are agreed, including most importantly the patient, that a certain plan of action should be pursued, then a more reliable care system will emerge as more effective and efficient strategies are developed for accomplishing those plans.

Unity – A critically important part of TRUST is to establish shared expectations between doctors and patients as to the goals to be achieved and the methods and time to achieve them. These shared expectations create unity of purpose and produce a stronger relationship built on common goals and mutual responsibilities. In the sad case of Dr Wang, it is apparent that at best there was insufficient communication about the plan of care and that at worst there was no explicit or trusted plan of care. The most trusted and powerful patient-doctor relationships develop when patients are convinced that their doctors have their best interests at heart and will do their best to help them.

Skill – TRUST is about more than satisfactory relationships. Patients expect their family doctors and other health professionals to possess diagnostic and therapeutic skills that reflect currency and competence. Health professionals often fret that patients expect perfection. They do not. They do expect a sincere effort using the most appropriate knowledge and resources given their specific circumstances.

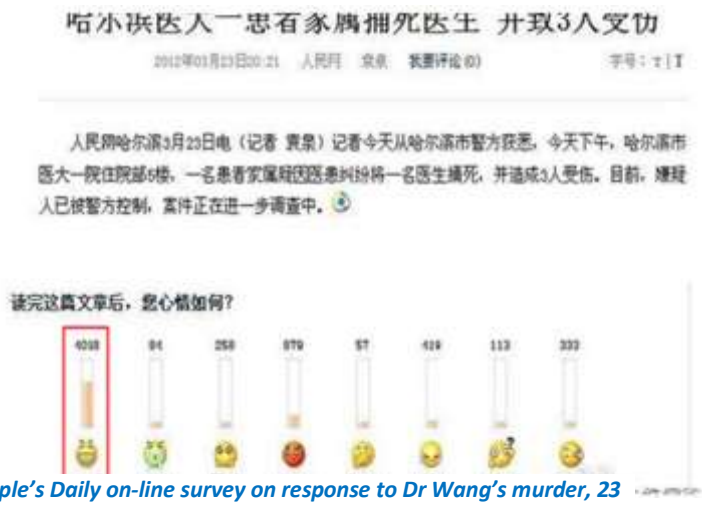
Transparency – Perhaps the most important element of TRUST is transparency. Patients want clarity about what needs to happen for their condition and why. The extent of disclosure will vary depending on the patient's age, desire or capacity to know, and cultural expectations. Related to the issue of disclosure about diagnosis and treatment is the question of self-disclosure by the doctor. People are more likely to TRUST another when they have a better sense of that other person. It can be quite challenging to accomplish self-disclosure without misleading the patient about the doctor's intention to strengthen a professional, rather than personal, relationship and without turning the doctor into the center of attention. Transparency becomes especially important when an error or unexpected or unwanted outcome has occurred. Seeking the patient's perceptions on what happened and what went wrong demonstrates respect and concern. Briefing the patient with a clear accounting of what happened and why provides a reality check for what was possible given current knowledge and resources. A useful approach is to employ "magical" language that acknowledges the magical thinking that people often use to explain and comprehend their current situation. An example might be, "I also wish you did not have diabetes, but we can work together to reduce its effect on your health." When a mistake in care has occurred, transparency makes it possible to express empathy about the undesired result and to seek forgiveness when appropriate.

The ability to develop and maintain TRUST is essential for family doctors. Without TRUST, patients will doubt professionals' motives, adherence to recommendations will be less dependable, and outcomes will suffer. Patients are unlikely to TRUST the health care system unless they TRUST the individual professionals from whom they seek care. The best way to build TRUST in the system is one patient at a time.

Professor Richard Roberts

President

World Organization of Family Doctors



People's Daily on-line survey on response to Dr Wang's murder, 23 March 2012; Encuesta on-line de El Diario del Pueblo sobre el asesinato del Dr. Wang, 23 de marzo de 2012

Presidente de WONCA: Convirtiendo tareas en CONFIANZA

Hablé recientemente en el 11 Simposio anual de Beijing sobre Medicina Familiar. Mis observaciones se iniciaron con la historia del Dr. Wang Hao, un joven médico en el Hospital Nº 1 de la Universidad Médica de Harbin. El 23 de marzo de 2012, Li Mengnan, un paciente adolescente del Hospital, irrumpió en el departamento de reumatología e inmunología, cortó la garganta del Dr. Wang, y apuñaló a otros 3 médicos que también estaban en la habitación.

El motivo del asesinato fue un trágico malentendido. Li pidió al Dr. Zhao Yanping, director adjunto del departamento, que le prescribiera infliximab (Remicade) por su espondilitis anquilosante. El Dr. Zhao respondió que primero, Li tenía que tener tratada su tuberculosis para evitar la toxicidad de infliximab. Li entendió mal la respuesta y llegó a la conclusión de que no iba a recibir ningún tipo de tratamiento. El Dr. Wang y sus colegas fueron las desafortunadas víctimas de este malentendido.

Poco después de la muerte, el sitio web del *People's Daily* (*Diario del Pueblo*) publicó una encuesta *on-line* pidiendo a los lectores que indicaran cómo se sentían en relación al asesinato. Alrededor de 2 de cada 3 encuestados seleccionaron el icono feliz al describir sus sentimientos acerca de la muerte del Dr. Wang. La encuesta fue retirada de la página web después de un día. El joven agresor fue condenado a cadena perpetua el 19 de octubre de 2012. Li evitó la pena de muerte porque tenía 17 años y no era considerado un adulto en el momento del crimen.

Parece poco probable que ningún encuestado del *People's Daily* conociera o tuviera nada contra el Dr. Wang. A todos los efectos, él era un joven médico entregado y capaz. Lo más probable es que la encuesta mostrara algo de la frustración expresada cada vez más por los pacientes chinos. El gobierno estima que en 2010 hubo 17.000 incidentes violentos relacionados con el 70% de los hospitales públicos.

Algunos de los factores que influyen en la violencia contra los trabajadores de la salud pueden ser propios de China, como los salarios relativamente bajos del médico, algo que genera presiones para aceptar sobres con dinero en efectivo o sobornos de la industria. La violencia contra los médicos chinos, sin embargo, es solo un ejemplo dramático de las tendencias preocupantes en el cuidado de la salud, que son comunes en la mayoría de los países y en la mayoría de los sistemas de salud. Estas tendencias reflejan una vez más un enfoque mecanicista y no holístico hacia la salud, una obsesión con las medidas biométricas en lugar de con los resultados que son significativos para los pacientes, y un énfasis en la enfermedad y no en la salud. En resumen, si bien nuestras capacidades técnicas y tecnológicas han aumentado de manera espectacular, nuestra confianza en los motivos y la agenda de la atención de la salud ha disminuido de forma concomitante.

El enfoque de los médicos se ha desplazado de la búsqueda de la curación, el alivio del sufrimiento y el proveer comodidad a la realización de tareas y a completar listas de verificación. Más recursos y energía se están dedicando a la gestión de las poblaciones (generalmente de aquellas con enfermedades crónicas y costosas), y se invierte relativamente menos esfuerzo en el aprendizaje de las preocupaciones, valores y objetivos de la paciente. La ironía es que hasta que nuestra ciencia sea fiablemente predictiva para todos los pacientes y hasta que cada paciente elija los mismos objetivos, nuestra incapacidad para cultivar la confianza con el paciente nos impedirá llevar a cabo con éxito nuestras tareas o completar nuestras listas.

Propongo que estimular la CONFIANZA deba ser un objetivo esencial y explícito de atención de la salud: el tiempo, la fiabilidad, la unidad, la habilidad y la transparencia.

Tiempo - Los pacientes necesitan y merecen nuestro tiempo con ellos. El ideal es el tiempo cara a cara, que es más valorado por la gente que el correo electrónico, los mensajes de texto, o la videoconferencia. La comunicación virtual, sin duda, se convertirá en algo que se usará y se aceptará de manera más generalizada en el futuro. El tiempo dedicado a conocer al paciente y que ellos nos conozcan es crucial para la CONFIANZA. Esta actividad vital no es y no debe ser fácil de delegar. A menudo se dice que las tres principales preocupaciones de la atención primaria de salud deberían ser el acceso, el

acceso y el acceso. Sin proporcionar acceso inmediato, los pacientes deben acudir a cualquier recurso disponible en caso de problemas, tales como los servicios de urgencias y hospitales. Para ciertas personas con ciertas condiciones y en determinados entornos, estos otros recursos serán exactamente el lugar adecuado para la atención, pero no para la mayoría de las personas con la mayoría de las condiciones en la mayoría de las situaciones. La falta de conocimiento de sus necesidades y expectativas individuales y el mayor riesgo de sobreutilización o iatrogenia, hacen que estos otros lugares sean más costosos y potencialmente peligrosos para los pacientes que ver a su médico de familia.

Fiabilidad - La gente valora la consistencia y la fiabilidad. Existen historias apócrifas de pacientes que permanecieron leales a médicos con mal humor porque mantenían consistentemente el mal humor y sus comportamientos eran predecibles. La puntualidad es también un signo de fiabilidad y señala respeto por el tiempo del paciente. Este atributo de CONFIANZA – fiabilidad - es donde las listas de control y las vías de atención entran en juego. Cuando todos estén de acuerdo, incluso y más importante, el paciente, en que un determinado plan de acción debe llevarse a cabo, surgirá un sistema de atención más fiable y se desarrollará la más eficaz y eficiente de las estrategias para llevar a cabo esos planes.

Unidad - Una parte muy importante de la CONFIANZA es establecer expectativas compartidas entre médicos y pacientes en cuanto a los objetivos a alcanzar y los métodos y tiempos para alcanzarlos. Estas expectativas compartidas crean unidad de propósito y producen una relación fuerte basada en objetivos comunes y responsabilidades mutuas. En el triste caso del Dr. Wang, es evidente que a lo mejor no había suficiente comunicación sobre el plan de atención y que a lo peor, no había un plan explícito o de confianza en la atención. La más confiable y poderosa relación médico-paciente se desarrolla cuando los pacientes están convencidos de que sus médicos están interesados de corazón y que harán todo lo posible por ayudarlos.

Habilidad - La confianza es algo más que relaciones satisfactorias. Los pacientes esperan de sus médicos de familia y otros profesionales de la salud que posean las habilidades diagnósticas y terapéuticas que reflejan uso habitual y competencia. Los profesionales de la salud a menudo se preocupan de que los pacientes esperen la perfección. No lo hacen. Esperan un esfuerzo sincero que use el conocimiento y los recursos más adecuados, teniendo en cuenta sus circunstancias específicas.

Transparencia - Tal vez el elemento más importante de la CONFIANZA es la transparencia. Los pacientes quieren claridad acerca de lo que debe suceder en su situación y por qué. El alcance de la revelación variará dependiendo de la edad, el deseo del paciente, su capacidad de saber y las expectativas culturales. En relación con la cuestión de la revelación del diagnóstico y el tratamiento está la cuestión de la sinceridad por parte del médico. Las personas son más propensas a CONFIAR en otros cuando tienen un mejor juicio de esa otra persona. Puede ser bastante difícil lograr sinceridad sin inducir a error al paciente acerca de la intención del médico de fortalecer una relación profesional, en lugar de personal, y sin que el médico se convierta en el centro de atención. La transparencia es especialmente importante cuando se produce un error o un resultado inesperado o no deseado. Buscar las percepciones de los pacientes sobre lo que pasó y lo que salió mal demuestra respeto y preocupación. Al informar al paciente con una justificación clara de lo que pasó y por qué, se verifica la realidad de que era posible, dado el conocimiento y los recursos actuales. Un enfoque útil es emplear el lenguaje "mágico" que reconoce el pensamiento mágico que la gente suele usar para explicar y comprender su situación actual. Un ejemplo podría ser: "Yo también desearía que usted no tuviera diabetes, pero podemos trabajar juntos para reducir sus efectos sobre la salud." Cuando se produce un error en la atención, la transparencia permite expresar empatía con el resultado no deseado y buscar el perdón cuando sea apropiado.

La capacidad para desarrollar y mantener la CONFIANZA es esencial para los médicos de familia. Sin confianza, los pacientes dudan de los motivos profesionales, la adherencia a las recomendaciones será menos fiable y los resultados se verán afectados. Es poco probable que los pacientes confíen en el sistema de atención de salud, a menos que CONFÍEN en los profesionales individuales en los que buscan atención. La mejor manera de construir la CONFIANZA en el sistema es atender a los pacientes uno a uno.

Profesor Rich Roberts
Presidente de WONCA
Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director

From the CEO's Desk: Another month, another WONCA region

Delhi and the question of 'superspecialists'

Another month and another WONCA Region. April saw me in South Asia, and a visit to Delhi to take part in the National Conference on Family Medicine and Primary Care, organised by the Academy of Family Physicians of India (AFPI).

India is moving towards Universal Health Coverage. Multi-skilled and competent primary care providers are a key part of the evolving healthcare system and family medicine is, somewhat belatedly, receiving increasing acknowledgement and support from Government of India. AFPI had arranged this two day conference and brought together many of the key health policymakers in India, together with national and international family medicine practitioners to debate and discuss family medicine, its academic foundation and its place as a specialty. As one senior Indian expert so aptly said – India is the only country in the world to refer to SUPER-specialists when in fact they should be referred to as SUB specialists, and the limitations of their practice emphasised!

Only family medicine practitioners can truly offer the comprehensive, continuing, coordinated and personal care which India so desperately requires, especially if it is going to address the many health inequities faced by its citizens. My warmest congratulations to Drs Raman Kumar, Piyush Jain, Vandana Agarwal, KS Prasanth and the rest of the AFPI team for putting together such a stimulating and challenging conference. They really are the future of family medicine in India and in the region.

World Family Doctor day

Two key events are coming up in May. On 19th May it's World Family Doctor Day. I know I've mentioned this in previous columns, but it really is a great opportunity for Member Organisations throughout the world to celebrate our specialty, and to remind everyone about the excellent service we provide. At the time of writing we've only had a few responses so far telling us of plans, but please do let Karen Flegg (WONCA Editor on editor@wonca.net) know of any plans which YOUR organisation might have, and then write to us afterwards to tell us how it went. We'll feature as many events as we can in future WONCA Newsletters.

World Health Assembly

The other key event in May is the annual World Health Assembly (WHA) in Geneva, this year starting on 20th May, and of course World Family Doctor Day was timed to coincide with this annual event. WONCA will be represented at WHA by the President, Professor Rich Roberts, President-elect, Professor Michael Kidd, the WONCA-WHO Liaison, Dr Iona Heath, and by me. More details will be included in next month's column.

Finally a very brief reminder that early bird registration for the WONCA World Conference in Prague expires on 24th May so do make sure you register for the conference before then.

Until next month

Garth Manning

World Family Doctors' Day May 19

World Family Doctors' Day is coming up on May 19. The WONCA editor, Dr Karen Flegg, is keen to receive information about and photographs of this year's activities for *WONCA News*.

Email Dr Karen Flegg on editor@wonca.net

WONCA declared World Family Doctor Day in Cancun, Mexico in 2010. The first *World Family Doctor Day* was celebrated on 19 May 2010. It has been taken up with enthusiasm around the world and has given us a chance to celebrate what we do to provide recognition to family doctors, to highlight important issues and the work we perform in supporting health care for all people in our local communities, our nations and around the world.

We have much to celebrate as governments around the world have really begun to realise the value of our specialty. In some countries there is work to do, and celebrating *World Family Doctor Day* will open up many opportunities to highlight the important contributions of family doctors.

This day creates an atmosphere of global solidarity among family doctors and it will be a positive and visible contribution of WONCA's leadership and contribution to family medicine.

Feature stories

WONCA groups to run workshops in Prague – why not join in?

WONCA Working Parties, Special Interest Groups, and European networks will be running a large number of workshops at the coming WONCA World Conference being held in Prague next month. Why not come along, learn something and perhaps even join one of the WONCA Working Parties or Special Interest Groups? These groups are comprised of enthusiastic general practitioners and family physicians who welcome the participation of other interested colleagues.

Alan Abelsohn, chair WONCA Working Party on the Environment running a workshop at the last world conference in Cancun 2010.

The following WONCA Working Parties will be conducting workshops: International Classification Committee (WICC); Working Party on Education; Working Party on the Environment; Working Party on Ethical Issues; Working Party on Informatics; Working Party on Research (three workshops and a meeting); Working Party on Rural Practice (four workshops); and the Working Party on Women and Family Medicine (who have a total of five workshops running).

All WONCA Special Interest Groups are holding a workshops - so this means workshops on Cancer and Palliative care; Complexities in Health; Elderly Care; Migrant Care and International health and travel medicine

WONCA Working Party on Women and Family Medicine in Cebu 2011

WONCA Europe Networks and Special Interest Groups holding workshops include: the Vasco da Gama Movement for young doctors; EGPRN; EURACT; EQuiP; EURIPA; EJGP; IPCRG, European Society for Primary Care Gastroenterology, European Primary Care Cardiovascular Society.

Pre-conferences are also being held on Monday 24 or Tuesday 25 June by the WONCA Special Interest Group on Cancer and Palliative Care; Working Party on Women and Family Medicine; Vasco da Gama Movement for young doctors.

Full list of workshops available later in this newsletter or online
http://www.globalfamilydoctor.com/Conferences/WorkshopsofWONCAgroups.aspx

WONCA Preconferences in Prague - Monday and Tuesday June 24 -25

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

Preconference for Young Doctors

The Vasco da Gama Movement for new and young family doctors welcomes you to the World Preconference, which will be held in Prague on June 24–25, 2013, prior to the WONCA World Conference. The event is organized jointly by the Vasco da Gama Movement, the Rajakumar Movement, the Waynakay Movement, the Spice Route and the First Five Years in Family Practice in Canada and is open to trainees and junior General Practitioners / Family Physicians (GPs/FPs), up to five years after their qualification.

Related videos of interest available online

WONCA Working Party on Women in Family Medicine (WWPWFM) preconference

Are you interested in Gender Equity and Women's Health? The WWPWFM takes a leadership role in WONCA, in advocating the concerns of women doctors and women's health issues, and the pivotal role of gender equity in health, and Family Medicine/General Practice. If you are interested in finding out more, and working with colleagues internationally and regionally to implement practical strategies, please join us Tuesday June 25 at this pre-conference.

Email chair for more information
WPwomen@wonca.net

WONCA Special Interest Group On Cancer And Palliative Care Preconference

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

This group will hold a preconference at WONCA Prague from 1.30 to 4.30 on Tuesday 25 June 2013 before the official opening ceremony. Open to all interested people. More information and registration form available online

This will be a great opportunity to network with GPs interested in cancer and palliative care from throughout the world and to learn of the key challenges and opportunities in clinical practice, teaching and research in these areas. Members of the international primary palliative care network will also update members about their progress over the last year

Young doctors speak – I love being a GP

"Jack of all trades, master of none"

"I can do everything"

" I like the diversity, I like the challenge"

"The most interesting job you can do as a doctor"

The Vasco da Gama movement for young GPs/FPs in Europe has released a video of interviews with young GPs from the 2012 Vienna preconference. In the video the young doctors speak about what they like about being a GP and also what they like about the Young GPs movement. The video has been released in conjunction with another video to promote a preconference, being held on June 24-25, before the coming WONCA World conference in Prague. To view information about the preconferences at Prague click here.

I love being a GP! video
http://www.youtube.com/watch?v=jiEWq6QOY34

Prague preconference video
http://www.youtube.com/watch?v=tgFSqRiL4Bk

Junior researcher award

The Vasco da Gama Movement Junior Researcher Award aims at promoting a generation of junior GP/FM doctors who include research skills with patient care as a life time career. This award honours outstanding research proposals and researchers' careers who are GP/FM trainees or junior GP/FM with up to five years' working experience after graduation.

The 2013 edition of the Junior Researcher Award will be given to the following three junior champions in family medicine research:

- Nikki van Dessel (Netherlands) for her proposal *Prognosis and perpetuating factors of Medically Unexplained Physical Symptoms (MUPS): a prospective cohort study*

- Joao Sarmento (Portugal) for his proposal *Clinical Information Integration Project*

- Pavel Vychytil (Czech Republic) for his proposal *Compliance and non-compliance with GP/specialty training requirements*.

Four international reviewers rated these outstanding research ideas to be meaningful for clinical practice and of high methodological quality. These ideas may inspire junior GPs and GP-trainees from all over the world to engage with research in family medicine.

All winners are invited to present their proposals during the WONCA World Conference in Prague. Last but not least, we would like to thank all the candidates and sincerely congratulate them on their outstanding achievement.

Tobias Freund
VdGM Junior Research Award Coordinator

Two groups seek to become new WONCA Special Interest Groups in Prague – Indigenous Issues, Health Equity

At the WONCA World Council meeting in Prague, Special Interest Group status will be sought by at least two groups. The first group, the WONCA Asia Pacific subcommittee on Indigenous and minority group health issues, is already a subcommittee in the Asia–Pacific region. The second group will seek interest in establishing WONCA Special Interest Group on health equity, at a workshop the proposers (including WONCA President–elect, Prof Michael Kidd) are conducting during the conference program on Friday June 28.

The WONCA Asia Pacific subcommittee on Indigenous & minority group health issues

The WONCA Asia Pacific (AP) region subcommittee on Indigenous and minority group health issues was established on June 3 2009, in Hong Kong, sanctioned by the WONCA Asia Pacific region council. The AP Council stipulated that this work should include not just those countries in the Asia Pacific region, but across the world.

Dr Tane A Taylor (New Zealand) was charged with leading this subcommittee. Currently the sub-committee includes Dr Peter Jansen (New Zealand), Assoc Prof Jan Redford (Australia), Prof Khaya Mfenyana (South Africa). The subcommittee's first task is to develop a Draft Charter that will outline the intent and purpose for this subcommittee and then circulate for wider consultation.

Discrimination based on age, gender , race, sexual orientation or religious beliefs are uniformly condemned by our modern society. The subcommittee has shamelessly looked at and adopted work done by the WONCA Working Party on Women and Family Medicine (WWPWFM). We acknowledge and thank them for allowing us to incorporate their work.

For more on this group, their vision, objectives and activities please see the WONCA website.

http://www.globalfamilydoctor.com/AboutWONCA/Regions/AsiaPacific/Indigenousminoritygrouphealthissuessubcommittee.aspx

Health Equity Workshop in Prague

A workshop will be held During the WONCA Prague conference on Friday June 28, from 3.30-5.00pm "Addressing Health Equity: The Role of General Practitioners/ Primary Care Doctors". As part of the workshop, it is proposed to seek interest in establishing a WONCA Special Interest Group on health equity.

The workshop organisers are Dr William CW Wong, The University of Hong Kong; Prof Michael Kidd, WONCA President-elect; Prof Iona Heath, WONCA Executive Member-at-large; Dr Karen Kinder, Executive Director of ACG International.

This workshop seeks to explore how a better understanding of health inequities presented in a population that can enable the general practitioners/ family doctors to adopt strategies that could improve health outcomes in the delivery of primary health care; it will explore the development of a health equity curriculum and open a discussion of the future and potential impact of health equity training among general practitioners.

There is an indissoluble link between health equity and social justice, and our success to make a difference for our patients relies on all frontline doctors and health professionals to advocate for greater socioeconomic equity and the health rewards that would follow. Your input is critical to the success of the workshop and the development of a plan for health equity curriculum.

Workshop RSVPs requested please isabel_buechsel@yahoo.com

Meeting the challenges - reflections on partnership working with doctors in Yemen

A perspective from Prof Amanda Howe, secretary of the Royal College of GPs. She practises at the Bowthorpe Medical Centre in Norwich, England and has been Professor of Primary Care at the University of East Anglia since 2001. She is on the Executive of the WONCA Working Party on Women in Family Medicine.

My medical school in the UK which is well known for its modern approach to consultation skills and its integrated learning methods. Over two years ago, one of the many emails in my intray came from a colleague in another institution – she had been approached by a

group of doctors from Yemen who wanted to partner to improve their curriculum via undertaking a British Council ' DelPHE' partnership (DelPHE stands for Development Partnerships in Higher Education, see http://www.britishcouncil.org/delphe.htm). She wanted to know if I would help. In fact, she needed more than that – her own institution was giving her problems, as there was no overhead attached and they were not interested in supporting it. She admitted what she really wanted was a host so that she could undertake the work.

I could have said no. We were extremely busy, I had not been approached in my own right, and I also knew that Yemen was deemed high risk by the UK Foreign Office, so the chance of doing partnership visits (one of the perks) was low. But I liked my colleague, trusted her judgement, and was coming from a position of wanting to help anyone who was seriously interested in improving medical education; especially in a country which was troubled and relatively isolated by its political issues.

I approached my Dean. He shared my values, and agreed to do the institutional side, so that both medical schools would then provide the UK end of the partnership.

From there we heard little – then a request for a week's visit for five doctors came in, and latterly a second similar visit. These were not simple – the doctors had learning aims, they needed to join in a wide variety of learning activities to achieve these, this meant complex permission seeking and timetabling, and the grant had no budget for additional staff costs at the UK end. In addition, emails were scarce, visas a problem, and arrangements changed from day to day. When on site, there were additional responsibilities – to make the team welcome, ensure they could handle the transport and accommodation, avoid cultural 'beartraps', and also avoid any disruption of student learning and assessment by their presence.

We were hugely helped by a young English doctor who had been involved in the scheme's development, and by the goodwill on both sides to try to make everything work well and be useful. But after they left, both times we heard little: time passed, and the work we had put in was forgotten in the other busyness of life.

Then, again at short notice, the lead colleague reminded us that the scheme was coming to a close and a site visit was due 'before the end of March'. No one was easily available at such short notice: we could not go to Yemen (too risky): and the sense of obligation without reward was strong. But a colleague suggested we could meet in Jordan, which was mutually acceptable: we found a date: I put the time aside: and two of us went, unclear what would be needed.

And the work was wonderful: the team (four women and three men) presented the curriculum they had evolved, the training approach they had taken to 106 (106!!!) faculty, the role plays and case scenarios, and discussed in detail the challenges they still face. In parallel, I used material from a flexible set of 'Training the Trainers' resources to support their own further development. We worked on professionalism: on dealing with difficult encounters (they certainly had quite a few, and we were amazed at their resilience and achievements); on creating change: and on evaluation research methods. They talked of the change that the partnership had made to their working lives – of inspiration, of growing self confidence, and of deep bonds between themselves as colleagues. We wrote a very positive report, and came home.

What did I learn?

It is worth taking a risk if an opportunity presents itself. Working as a 'volunteer' can have huge benefits, even if this involves some personal costs and additional commitment. The work one does may be having effects which are hidden from view. And that we really need to help each other to make new achievements possible. I was also reminded that my own expectations often look silly when set against the very challenging lives of doctors in other countries.

Not all opportunities are practical – some are too difficult or demanding. Sometimes people do not make use of our precious efforts, and that can be annoying and frustrating. But this work was a real privilege, and again made me so proud to be part of the worldwide community of doctors – working together for change.

So, I hope WONCA will continue to promote partnership working, and skill exchange, using whatever routes we can.

Prof Amanda Howe

WONCA Europe Five Star Doctor 2013 – Dr Athanasios Symeonidis

WONCA Europe is proud to announce the winner of the WONCA Europe Award of Excellence in Health Care: the 5-Star Doctor 2013. The award will be presented at the WONCA Conference in Prague, June 25-29, 2013.

The winner of the 2013 WONCA Europe 5-Star Doctor Award will be one of the three European candidates for the WONCA World 5-Star Doctor Award of 2016 in Rio de Janeiro.

Dr Athanasios Symeonidis was Nominated by the Greek Association of General Practitioners (ELEGEIA). From the ELEGEIA, Dr Symeonidis meets the criteria of a 5-Star Doctor as follows:

A care provider

Dr Athanasios Symeonidis has been in active practice as GP since 1981. He was serving in a rural single handed practice in North Greece, from mid 1981 to February 1987, when he moved to Chalastra Health Centre of Thessaloniki county, until August 1999. From 1999-2009, he served the Health Centre of Paleohori in rural area of Chalkidiki and then from 2009, in the Health Centre of N Mihaniona.

He has developed a reputation for clinical skills in diagnosis and management of chronic diseases while he has a special interest in hypertension, diabetes mellitus, osteoporosis, pain relief, terminal care and depression, dementia.

He has worked with the Greek Association of GPs in a number of projects having to do with multidisciplinary home care, hypertension, prevention, health promotion, communication skills.

A decision maker

Dr Athanasios Symeonidis was one of the founders of the Greek Association of General Practitioners (ELEGEIA), in 1986. He has been serving ELEGEIA through offices like Honorary Treasurer , Gen. Secretary and Vice President. He had been the National Representative on EURACT from 1992-2007, being its Honorary Treasurer for six years.

He worked with a number of important European GPs (Igor Svab, Justin Allen, Adam Windak, Yonah Yaphe) in EURACT developing the Teaching the Teachers Course: that course was conducted in a number of countries, having as a result the production of more than 1500 GP teachers. Dr Athanasios Symeonidis transferred this know how to Greece; by designing, organizing and running the Teaching the Teachers Course for the last 12 years.

He also worked with the President of ELEGEIA for the acceptance of ELEGEIA as a full organisational member of WONCA. He was a member of the Host Organising Committee for the WONCA Europe conference 2005, which was held on Kos Island, Greece

Since 1992, he has been working as tutor in the vocational training scheme in Thessaloniki.

A community leader

Dr Athanasios Symeonidis has participated in community interventions dealing with the promotion of breast feeding, prevention of cervical cancer, hypertension, osteoporosis, mental health, cancer prevention.

He organised a network of active GPs who through a training programme got adequate skills for the implementation of screening and treating diseases as depression and dementia in rural areas.

A team member

Dr Symeonidis has been chairman of the Education Committee of ELEGEIA, since 1990. Currently, he coordinates ten task force groups.

He has been member of the Organising Committee of all 25 national conferences of ELEGEIA and designer, organiser and trainer of a big number of courses, seminars, workshops and symposiums for GPs.

WONCA congratulates Dr Athanasios Symeonidis on winning the WONCA Europe 5-Star Doctor Award.

Featured Doctors

A/Prof Inez PADULA: Brazil President-elect of WONCA Iberoamericana region

Maria Inez Padula Anderson is a Brazilian Family Physician, elected the president of the WONCA Iberoamericana CIMF for the period 2013 to 2016.

Inez Padula, as she is known, holds a degree in Medicine from the State University of Rio de Janeiro (FCM / UERJ- Medical Sciences,). She did her residency in Family and Community Medicine at UERJ, which pioneered this course in Brazil, offering the first three programs within this particular specialty. This program is coordinated by the Department of Integral Family and Community Medicine (MiFID) and it has been working continuously for 33 years now, although, for most of its existence, there has not been a specific field of work for its specialists.

After completing her residency, Inez Padula chose to dedicate her professional life to the training of residents and graduate students in the field of Family and Community Medicine and Primary Health. She also works on regular clinical activities within this specialty and, until 10 years ago, she worked in the field of Geriatrics too.

She holds an MA and a PHD in Public Health from the UERJ Institute of Social Medicine. She is an Associate Professor for the Department of Integral, Family and Community Medicine (MiFID), FCM / UERJ, for which she was also the head from 2007 to 2011. She is currently a professor of graduate courses in medicine and the coordinator for the Residency Program in Family and Community Medicine (PRMFC / UERJ), which at present offers 70 vacancies for residents.

She is also one of the coordinators of a Specialization Distance Course in Family Health, aimed at doctors, nurses and surgery dentists and is the representative of Family Medicine in a distance education program called “Telessaúde”. This program is a support service for diagnosis and treatment through teleconsultations online and offline and aims at the implementation of continuous education, offering courses and other educational activities.

In addition to her regular professional activities, since 2001, Inez Padula has participated in and dedicated herself to the growth and qualification of family medicine, notably through her work for the Scientific Societies of Family Medicine, nationally and internationally.

She was vice president for the Brazilian Society of Family and Community Medicine (SBMFC) from 2001 to 2003; SBMFC President from 2004 to 2008; Scientific Director of the SBMFC from 2008 to 2010 and vice President of the WONCA Iberoamericana – CIMF/Conesul, from 2006 to 2013.

She has experience in issues related to her specialty, with particular interest to those about the applicability of the complexity paradigm in health, the ambulatory medicine, the personal-centered approach and the family and community approach. In addition to this, she has dedicated herself to the study of active teaching and learning methods and of new educational technologies through the use of distance education as well.

Dr Tane Arataki TAYLOR : New Zealand - family doctor

He aha te mea nui o te Ao?

He tangata! He tangata! He tangata!

What is the most important thing in the world? It is people! It is people! It is people!

– Maori Proverb

Introducing Dr Tane Taylor

Dr Tane Taylor is a family doctor, GP teacher, primary care consultant - working as a general practitioner, mostly in South Auckland, Aotearoa New Zealand. His family origins are that he is Tanui, Te Arawa, Takitimu, English & Scottish descendent.

Recently retired from six years as chair of the Royal New

Zealand College of General Practitioners' (RNZCGP) Maori faculty: *Te Akoranga a Maui*, Dr Taylor is a Distinguished Fellow of the College and a former member of its Board of Education and Council. He is an honorary senior lecturer with the University of Auckland, examiner and assessor of the GP Fellowship Training programme and senior assessor for the RNZCGP's Cornerstone Practice Accreditation Programme. He also holds a Diploma in Obstetrics (Auckland), and FACNEM.

Tane is a consultant to East Tamaki Healthcare Group (ETHC) and Advisor to the Centre for Advanced Medicine Ltd in Auckland. He was Chief Clinical Advisor at *Raukura Hauora O Tainui*, a Maori health provider, before his current appointment.

Current work focus – indigenous peoples' health

Tane's current focus is on bridging the health gap between those who have, and those who have not.*"In New Zealand, those who have not commonly are our indigenous and minority groups and those living in lower socioeconomic areas."* He believes filling this gap is a matter of justice.

"*Not only that, if we get things right for our indigenous peoples, we get things right for everybody. The way I see it is to increase the value of your house, you first repair what will bring you the greatest value, or return on your investment. If the roof leaks you fix that first not redecorate the living room. In health we can be so busy rearranging furniture, buying curtains and light fittings that we have lost sight of the fact that the hard and costly to fix roof will, in the end, be the ruin of the entire house*"

"*Every country in the world has communities of people who are not receiving the kind of quality health care they are entitled to, this is not a dilemma faced by New Zealand alone, nor even by just one or two continents, it is a worldwide phenomenon – a hard nut that no one has cracked and only a few seem willing to try.*"

Tane's work with one of the largest primary care organisation in New Zealand, ETHC, is focused on delivering affordable high-quality healthcare to high-needs populations. To be successful this work requires creative, divergent thinking and compassion.

WONCA involvement

Dr Taylor is scheduled to run a workshop on indigenous and minority groups' health at the WONCA 2013 Prague 20th World Conference in June. He is currently leading the WONCA Asia Pacific region Indigenous and minority groups health issues subcommittee.

http://www.globalfamilydoctor.com/AboutWONCA/Regions/AsiaPacific/Indigenousminoritygrouphealthissuessubcommittee.aspx

"*The WONCA Mission is to promote equity through the equitable treatment, inclusion and meaningful advancement of all groups of people, yet the health of indigenous people is not specifically addressed. It is time to change this*."

It is his goal to follow in the footsteps of WONCA's women family doctors who raised their issue on an international scale and worked to ensure that what WONCA members said they would do, and they did.

Just as he initiated the first meeting of Maori doctors in New Zealand, that subsequently grew into the Maori Medical Practitioners' Association, Tane is now working to establish a WONCA indigenous health working party.

Dr Taylor's other career interests

GP Teaching And Integrated Health Options

With a great interest in undergraduate and postgraduate education and professional standards, Tane is also a GP teacher and examiner. He is a strong believer that medical students can and do play a significant role in the continued learning of general practitioners and the art of general practice itself.

In 2007, he introduced student training at ETHC, and the programme is a great success; it makes medical practice safer, more efficient and enjoyable. "*Being involved in the students' daily work improves staff self-worth and makes everyone more willing to change and learn.*"

Integrated Health Centre Founder And Advisor

Tane has an interest in integrative modalities that are evidence based. He lectures both nationally and internationally on these issues.

How he came to work in general practice

New Zealand-born, the young Tane lived in communist Albania from the age of seven until he was 27, and was to follow in his father's footsteps to become a dentist. However, upon his father's advice not to do so, he trained as a doctor. At the time of specialising in surgery, Tane, his Albanian wife and four-year-old daughter, fled the country to make a new life in New Zealand.

In order to be able to practice in New Zealand, Tane had to pass New Zealand registration

examinations. He took a while to get used to a new examination process before spending time in the public hospital system and then finally deciding on general practice.

When he's 'off the radar'

Tane indulges himself in watching basketball, playing golf, travelling, strong coffee and hearty food! He admits his mind is never really switched off from his work, he is in constant search to find ways to improve health systems. His overriding pleasure is being a provider for his family; seeing his wife and three adult daughters happy, brings him the most joy.

Editor's note: Tane is pronounced Tāne

Resources added

A-Z topic listing

WONCA A-Z topic listing contains clinical resources for busy GPs / family physicians. Why not submit your favourite resource. http://www.globalfamilydoctor.com/Resources/A-Ztopiclisting.aspx

Added this month :

Spotting the sick child

https://www.spottingthesickchild.com

Making health services adolescent friendly

Authors: World Health Organization

Publication details

Number of pages: 56

Publication date: 2012

Languages: English

ISBN: 978 92 4 150359 4

http://www.who.int/maternal_child_adolescent/documents/adolescent_friendly_services/en/index.html

Overview

Making health services adolescent friendly: developing national quality standards for adolescent friendly health services sets out the public health rationale for making it easier for adolescents to obtain the health services that they need to protect and improve their health and well-being, including sexual and reproductive health services. It defines 'adolescent-friendly health services' from the perspective of quality, and provides step-by-step guidance on developing quality standards for health service provision to adolescents. Drawing upon international experience, it is also tailored to national epidemiological, social, cultural and economic realities, and provides guidance on identifying what actions need to be taken to assess whether appropriate standards have been achieved.

The guidebook is intended to be a companion to the *Quality Assessment Guidebook: A guide to assessing health services for adolescent clients*, which was published by the World Health Organization (WHO) in 2009. These two guidebooks are part of a set of tools to standardize and scale up the coverage of quality health services to adolescents, as described in another WHO publication: *Strengthening the health sector's response to adolescent health and development*.

The current publication is intended for national public health programme managers, and individuals in organizations supporting their work. Its focus is on managers working in the government sector, but it will be equally relevant to those working in nongovernmental organizations (NGOs) and in the commercial sector.

WONCA CONFERENCES 2013-2014

2013 …. COMING SOON

26 – 29 June 2013	**20th WONCA WORLD *CONFERENCE***	**Prague CZECH REPUBLIC**	**Family Medicine: Care for Generations** **www.wonca2013.com**

2014

May 21 – 24, 2014	WONCA Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.wonca2014kuching.com.my
May 21 – 24, 2014	WONCA World Rural Health Conference	Gramado BRAZIL	Rural health, an emerging need http://www.sbmfc.org.br/woncarural/
July 2 – 5, 2014	WONCA Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine http://www.woncaeurope2014.org/

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

MEMBER ORGANIZATION MEETINGS

EGPRN spring meeting

Host: European General Practice Research network (EGPRN)

Theme: Risky behaviours and health outcomes in primary care and general practice

Date: May 16-19 2013

Abstracts close: January 15, 2013

Venue: Kusadasi, Turkey

Web: www.egprn.org

12th Brazilian Congress of Family and Community Medicine

Venue: Belem, Brazil

Theme: Family Medicine and community : access to quality

date: May 30-June 2, 2013

Website**:** www.sbmfc.org.br/congresso2013

Email: juliana@oceanoeventos.com.br

XXXIII Congreso de la semFYC

Host**:** SemFYC

Date: June 06-08 2013

Venue: Granada, Spain

Web**:** www.semfyc2013.com

21st Fiji College of General Practitioners conference

Host: Fiji College of General Practitioners

Theme: Holistic medicine

Date: June 22-23, 2013

Venue: Sigatoka, Fiji

Web: http://www.fijigp.org

Email: doctordevika18@yahoo.com

RNZCGP conference for general practice

Host: Royal New Zealand College of General Practitioners

Theme: to be advised

Date: July 11-13, 2013

Venue: Wellington, New Zealand

Web: www.rnzcgp.org.nz

18th Nordic Congress of General Practice

Host**:** Finnish Association for General Practice

Theme: Promoting partnership with our patients - a challenge & a chance ..

Date: August 21-24, 2013

Venue: Tampere, Finland

Web: http://nordicgp2013.fi

European forum for primary care conference

Date: September 9-10, 2013

Venue: Istanbul, Turkey

Host: European forum for Primary care (EFPC)

Theme: Balancing The Primary And Secondary Care Provision For More Integration and Better Health Outcomes

Web: http://nvl007.nivel.nl/euprimarycare/efpc-conference-istanbul-9-10-september-2013

Email: dr_raman@hotmail.com

AAFP annual scientific assembly

Host: The American Academy of Family Physicians

Date: September 24–28, 2013

Venue: San Diego, USA

Web: www.aafp.org

RCGP annual primary care conference

Host: Royal College of General Practitioners

Theme: Progressive Primary Care

Date: October 3–5, 2013

Venue: Harrogate, United Kingdom

Web:www.rcgp.org.uk

RACGP GP '13 conference

Host: The Royal Australian College of General Practitioners

Date: October 17-19, 2012

Venue: Darwin, Northern Territory, Australia

Web: www.gp13.com.au/

2013 Family Medicine Global Health Workshop

Host: American Academy of Family Physicians (AAFP)

Date: October 10-12, 2013

Abstracts close: May 15, 2013

Venue: Baltimore, Maryland, USA

Web: www.aafp.org/intl/workshop

Email: Rebecca Janssen or Alex Ivanov

Family Medicine Forum / Forum en médicine familiale 2012

Host: The College of Family Physicians of Canada.

Le Collège de médecins de famille du Canada

Date: November 7-9, 2012

Venue: Vancouver, Canada

Web: http://fmf.cfpc.ca

The Network: Towards Unity for Health annual conference

Host: TUFH

Theme: Rural and Community Based Health Care: opportunities and challenges for the 21st century

Date: November 16-20, 2013

Venue: Ayutthaya, Thailand

Web: http://www.the-networktufh.org/conferences/upcoming

WONCA 2013 PRAGUE
20th World Conference

e-news

No 8 | May 2013

Family Medicine – Care for Generations
25–29 June 2013
Prague, Czech Republic

SCIENTIFIC PROGRAMME PROGRESS

Scientific committee in cooperation with Host organising committee and Congress organiser GUARANT succeeded to issue draft of the final program (it is about to appear on the conference web page). The main task was to place great number of the presenters and posters into limited space of the conference venue within 3,5 days. This was hard work considering numbers of workshops and oral presentations and the time required for each. Outline of the sessions aimed to create rich and interesting program during every conference day to satisfy the taste and preference of every participant at each of the 17 parallel sessions. We hope we fulfilled this aim. Authors are being notified just now.

However, described composition of the final program gives little or no chance for any change. We already have obtained some individual requirements concerning the day and time of presentations. We cannot assure all these wishes can be satisfied – only in case of very rare cancellations we have got recently it may open limited space. So we call upon the authors: please make your personal and travel arrangements to be able to present at the day and time planned for your lecture/poster.

Scientific committee now tries to get names of possible chairpersons of the sessions. Anyone can apply via conference web page www.wonca2013.com or directly to Guarant: abstracts.wonca2013@guarant.cz. The sooner the better! Please do not forget to acknowledge your field of expertise so as we can let you chair appropriate session. We believe that with your help we shall make the conference interesting, „user friendly" and vivid.

Vaclav BENES, MD
Chair, Scientific committee, WONCA 2013 Prague

FACTS ABOUT CZECH REPUBLIC

- The Czech Republic is one of the countries with the highest density of castles in the world.
- The soft contact lens was invented in Czechoslovakia by professor Otto Wichterle in 1961.
- According to the Guinness Book of World Records, the prehistoric settlement of Dolní Věstonice in Southern Moravia is the oldest town in the world. It dates back to 27,000 BC, the Ice Age.
- The Czech film Kolja ("Kolya" in English) won the Academy Award for Best Foreign Film in 1996.
- The Academy Award winning film director Miloš Forman (One Flew Over the Cuckoo's Nest, Hair, Ragtime, Valmont, Amadeus, The People vs. Larry Flynt, Man on the Moon) was born in Czechoslovakia and emigrated to the USA in 1968.
- Oskar Schindler with whom you may be familiar from Spielberg's film Schindler's List was born in a Moravian town called Svitavy (now in Eastern Bohemia) in 1908.
- Czech beer has been brewed since 993 AD (at least).
- Meine Prager verstehen mich (My Praguers understand me) this is what Amadeus Mozart said of Prague, a city that brought him luck and support as opposed to Vienna.

  The relationship between Mozart and Prague has very deep roots and Don Giovanni, one of his masterpiece, was premiered in Prague in 1787.
- The word robot was invented by the Czech writer Karel Čapek, who later credited his brother Josef (a famous cartoonist) for coming up with it. Karel wrote the play Rossum's Universal Robots about a factory producing robots and explained that he wanted a name for these creatures that had something to do with the latin labor (work) and his brother suggested roboti (from the Slavic word robota, meaning labor).

THREE WEEKS LEFT TO SAVE ON REGISTRATION

Register now and save up to $ 90!

Early registration rates will end on May 25, 2013.

Register now and save

RUN THROUGH GENERATIONS

Unique run in the corners of historical centre of Vyšehrad (situated next to the conference venue) will be held on Thursday June 27 morning. The contribution of 5 USD (paid at the starting area at Vyšehrad) will be devoted to the charity.

Vyšehrad, a site standing as a memorial to Czech history, shrouded in legends and myths old as the nation itself, the seat of the mythical Přemysl princes, the last resting place of the most eminent of Czech artists and one of the symbols of Czech statehood. This is the mythical Vyšehrad – an extensive complex spreading out on a high promontory overlooking the River Vltava, whose dark silhouette of narrow towers makes up a dominant feature of the southern centre of Prague.

According to legend, it is here at Vyšehrad where the first Czech rulers resided. In the middle of the 10th century, the mint here was already coining denars, and later the first Czech king, Vratislaus II, began his reign here. As testament to these events, you can to this very day see the oldest rotunda in Prague, the St. Martin Rotunda. Did you know that the most famous of Prague legends tells of its foundation? It was right here at Vyšehrad that the mythical Princess Libuše foretold the great future of the city, whose fame would touch the stars. There can be no doubt nowadays that she was right.

Registration form is available here

SUPPLEMENT: WONCA EVENTS IN PRAGUE

Details are correct as at April 30, 2013. Please check the WONCA website regularly for updates and correction. http://www.globalfamilydoctor.com/News/OfficialWONCAmeetingscheduleinPrague.aspx

MEETINGS BEFORE PRAGUE

MEETINGS OF WONCA COUNCIL AND ITS COMMITTEES

WONCA council meeting is to be held at Corinthia Towers Hotel, Prague. Most World Council members will also be attending their regional council meetings which are listed separately (below)

Friday 21st June

WONCA Conference Planning Committee

13.00 - 17.00

WONCA Pre-Council briefing

17.30 – 18.30

WONCA Welcome reception for world Council members

19.00 - 21.00

Saturday 22nd June

WONCA WORLD COUNCIL MEETING

08.30 – 17.30

Sunday 23rd June

WONCA WORLD COUNCIL MEETING

08.30 – 17.30

Monday 24th June

WONCA WORLD COUNCIL MEETING

08.30 – 13.00

lunch for new WONCA Executive and Chairs of Working Parties

13.00 – 14.30

WONCA Organisational Equity Committee

14.00 – 15.30

Tuesday 25th June

Breakfast meeting - new WONCA Executive and chairs of working parties

07.30 – 09.00

Tuesday 25th June

WONCA Executive Meeting with ACG colleagues

09.00 – 10.00

MEETINGS WONCA REGIONAL COUNCILS ETC

All regional council meetings are to be held at the Corinthia Towers Hotel, Prague

Friday June 21

WONCA Africa Regional meeting

09.00-14.00

WONCA Asia Pacific Regional meeting

12.00 – 18.00

WONCA East Mediterranean Regional meeting

10.00-15.00

WONCA Iberoamericana-CIMF Regional meeting

08.30-17.30

WONCA Europe regional meetings

08.00 – 11.00 WONCA Europe Executive Board

11.00 – 13.00 WONCA Europe Council Meeting - Part 1

13.00 – 14.00 *Lunch*

14.00 – 17.15 WONCA Europe Council Meeting - Part 2 & 3

WONCA North America Regional meeting

09.00 – 12.00.

WONCA South Asia Regional meeting

14.00 – 18.00

MEETINGS OF WONCA WORKING PARTIES & WONCA SPECIAL INTEREST GROUPS

These meetings are preceding WONCA Prague will be held at the Corinthia Towers Hotel, Prague. Most are open to interested colleagues. For further information contact the chairs of the committee by email

Sunday 23rd June

WONCA International Classification Committee (WICC) Workshop (2 days)
08.30 – 17.30

wicc@wonca.net

Monday 24th June

lunch for new WONCA Executive and Chairs of Working Parties 13.00 – 14.30

WONCA International Classification Committee (WICC) Workshop (2 days)

08.30 – 17.30

wicc@wonca.net

WONCA Organisational Equity Committee
14.00 – 15.30

WONCA Working Party on Women and Family Medicine
16.00 – 17.00

WPwomen@wonca.net

WONCA Working Party on Research
14.00 – 17.30
more information

WPresearch@wonca.net

WONCA Working Party on Quality in Family Medicine
1330 – 1630

WPqualitysafety@wonca.net

Tuesday 25th June

Breakfast - new WONCA Executive and chairs of working parties 07.30 – 09.00

WONCA International Classification Committee (WICC)

0830 – 1630

wicc@wonca.net

WONCA Working Party on Education

09.00 – 16.30
more information

WPeducation@wonca.net

Tuesday 25th June

WONCA Working Party on Environment

1300 - 1630
more information

WPenvironment@wonca.net

WONCA Working Party on Ethics
1300 – 1600

WPethics@wonca.net

WONCA Working Party on Informatics
1330 – 1630 (to be confirmed)

WPinformatics@wonca.net

WONCA Working Party on Mental Health
1330 – 1630

WPmentalhealth@wonca.net

WONCA Working Party on Rural Practice
0830 – 1630

WPrural@wonca.net

WONCA Working Party on Women and Family Medicine
09.00 – 16.30

WPwomen@wonca.net

WONCA Special Interest Group on cancer and palliative care
1330 -1630

SIGcanpal@wonca.net

WONCA Special Interest Group on Complexities
1330 -1630

SIGcomplexities@wonca.net

WONCA Special Interest Group on Elderly Care
1330 – 1630

SIGelderly@wonca.net

WONCA Special Interest Group on Migrant Care and International Health
1330 - 1630

SIGmigrant@onca.net

WORKSHOPS WONCA WORKING PARTIES, SPECIAL INTEREST GROUPS, AND EUROPEAN NETWORKS

These workshops are during the conference program and are included on the conference program

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

WORKSHOPS Wednesday June 26

1030-1200

WONCA WP on Women in Family Medicine

Hidden violence workshop

Abstract available online

WONCA WP on Research

Access to Person Centered Care

European Society for Primary Care Gastroenterology, SIG of WONCA Europe

Early detection of GI cancers

European Primary Care Cardiovascular Society, SIG of WONCA Europe

What is new in cardiovascular disease?

IPCRG, SIG of WONCA Europe

Strategies towards smoking cessation. How to maximize the opportunities for smoking cessation in primary care

1400-1500

WONCA WP on Women in Family Medicine

Women's health in the Developing World

Abstract available online

WONCA WP on Environment

Joint WONCA-WHO Workshop: Case studies in Environment and Health in Family Medicine

Led by Grant Blashki and Alan Abelsohn - For more information email them WPenvironment@wonca.net

WONCA WP on Education

Developing Global Standards in Postgraduate (Vocational) Family Medicine/General Practice globally.

For more information email Prof Allyn Walsh WPeducation@wonca.net

WICC

The IHTSDO, WONCA Family, General Practice SNOMED CT RefSet and ICPC-2 mapping project

For something different try : ***Brainstorm & innovation***

Dr Carl Steylaerts, WONCA Europe Treasurer

1530-1700

WONCA WP on Ethics

Challenges to our professional attitudes - the ethics of brain drain of health professionals in Africa and globally

For more information email Prof Manfred Maier WPethics@wonca.net

WONCA WP on the Environment

Climate change and health in family medicine

Led by Grant Blashki and Alan Abelsohn - For more information email them WPenvironment@wonca.net

WONCA WP on Women in Family Medicine

Health inequality

Abstract available online

WONCA Working Party on Research Meeting

Email chair: WPresearch@wonca.net

Vasco da Gama Movement with EURACT, Networks of WONCA Europe

Training for family physicians: time to go global? A collaborative workshop of VdGM with EURACT

EGPRN, Network of WONCA Europe

Evidence Based New WONCA Definition & EGPRN Research Agenda

European Society for Primary Care Gastroenterology, SIG of WONCA Europe

Prevention and Screening

IPCRG, SIG of WONCA Europe

Investigation and treatment of common allergic respiratory conditions that should be managed in general practice

WORKSHOPS Thursday June 27

1030-1200

WONCA WP on Rural Health / EURIPA, , Network of WONCA Europe

Developing a Rural Strategy for European Family Medicine

WONCA WP on Ethical Issues

Ethical dilemmas in general practice / FM

WONCA WP on Research

Workshop on Primary Care Research Strategies to improve global health

WONCA SIG on Migrant Care and International health and travel medicine

End-of-life care for migrants – cultural, spiritual and social aspects. (to be confirmed)

Vasco da Gama Movement, Network of WONCA Europe

Young family physicians/general practitioners - global initiative

IPCRG, SIG of WONCA Europe.

Asthma control and severity. What should the doctor do to support patients with difficult to control asthma

1400-1500

WONCA WP on Women in Family Medicine

Bringing about organisational change

Abstract available online

WONCA WP on Rural Health

Increasing access to Health Workers in Remote and Rural Areas

WONCA Asia Pacific subcommittee on indigenous and minority health issues

Indigenous Issues and Health Outcomes

Vasco da Gama Movement, Network of WONCA Europe

Shifting perspectives in healthcare: becoming partners with patients

European Society for Primary Care Gastroenterology, Network of WONCA Europe

Common clinical issues on liver and GI diseases relevant to primary care in the tropics

1530 -1700

WONCA WP on Rural Health

Family Medicine – Care for Generations: Developing Rural Resilience

WONCA WP on research

Practice-based primary care research networks: towards universal establishment in an Age of Austerity

WONCA SIG on Elderly Care

Looking to the future: Different innovative approaches for elderly in primary care

Vasco Da Gama Movement, Network of WONCA Europe

World Cafe for Early Stage Researchers in General Practice and Family Medicine

EUROPREV, Network of WONCA Europe

Prevention of CVD in general practice in Europe

European Academy of Teachers in General Practice EURACT, Network of WONCA Europe

Problem Based Learning – Teaching in Small Groups

WORKSHOPS Friday June 28

1030-1200

WONCA WP on Rural Health

Educating Rural Family Doctors for the Generations

WICC

Introduction to ICPC - the International Classification of Primary Care

Abstract available online

WONCA SIG on Complexity

Health driving Health Care

EGPRN, Network of WONCA Europe

TRANSFoRm: development of a diagnostic decision support tool for primary care

VdGM, EGPRN, EJGP workshop, Networks of WONCA Europe

Writing for publication: a joint workshop

1400-1500

WONCA WP on Rural Health

Rural Medicine Education: A Guide

1530-1700

WONCA WP on Informatics

Electronic Data in Family Medicine: Its Creation, Collection and Uses

For more information email Prof Peter Schattner WPinformatics@wonca.net

WONCA WP on Women in Family Medicine

Health and Wellbeing

click here for abstract and details

Abstract available online

WONCA SIG on Migrant Care and International health and travel medicine

Implementation of supports for cross- cultural communication: the value of Normalisation Process Theory (to be confirmed)

IPCRG, SIG of WONCA Europe.

COPD: Early detection and management of stable disease and exacerbations

WORKSHOPS Saturday June 29

1030 to 1200

WICC

The Future of ICPC—the International Classification of Primary Care, version 3 (ICPC-3)

Bstract available online

WONCA SIG on Cancer and Palliative Care

Promoting palliative care in primary care: producing an advocacy document for use in different countries.

Vasco da Gama Movement, Network of WONCA Europe

Social Media and mHealth Now! Applications in Primary Care

EQuiP, Network of WONCA Europe

WONCA Europe, EQuiP anniversary project: Patient Empowerment in Chronic Conditions

EURIPA, Network of WONCA Europe

The needs of and the solutions for rural practice in European countries: our national points of view

These workshops are during the conference program and are included on the conference program

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

PRAGUE SPECIAL AND SOCIAL EVENTS

Tuesday June 25

Opening ceremony and WHO Director–General Dr Margaret Chan.

1700 -1900

Venue – Prague Congress Centre (PCC)

Welcome cocktail party

1900 - 2100

Venue – Prague Congress Centre (PCC)

Thursday June 27

Run through generations

0700 -

Venue - Vyšehrad castle

Information - Unique run in the corners of historical centre of Vyšehrad castle (situated next to the conference venue).
Cost USD10 (proceeds donated to charity)

Thursday June 27

WONCA awards ceremony

0930 – 1000

Venue – Prague Congress Centre (PCC)

Czech evening

1930 - 2330

Venue- Žofín Palace

Saturday June 29

Closing ceremony

1215 -1245

Venue – Prague Congress Centre (PCC)