

WONCANews

An International Forum for Family Doctors

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World family doctors. Caring for people.

World Organization of Family Doctors
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From the WONCA President: WONCA changes

Change is inevitable and evokes both anxiety and hope. Uncertainty about the eventual outcome of change induces anxiety. Anticipation that change may improve on the status quo inspires hope.

Several major changes are underway for WONCA that are the result of careful planning and will create a new WONCA. The first of these changes you are experiencing at this moment – the new WONCA website. While we will retain the familiar [globalfamilydoctor.com](http://www.globalfamilydoctor.com) (GFD) address, virtually every other aspect of the new website will be different.

The format, ease of use, and capabilities are going to be better. Over the following months, as new functions are added, family doctors around the world will find it easier and more compelling to use GFD as their portal to global Family Medicine.

You will be updated on these improvements by our new WONCA Editor, Dr Karen Flegg. As WONCA leadership reflected on the importance of and advances in electronic communication, we decided that WONCA needed to change how we communicate and create the position of Editor. We felt that the position demanded someone of extraordinary ability to oversee and coordinate all of our communications. Karen is that someone. Her success, innovations, and energetic leadership as editor of *WONCA News* over the past two years made her the obvious choice for this vital and expanded new role.

A third major change is a new CEO. When Dr Alfred Loh announced to the 2010 World Council in Cancun that he intended to retire during the next triennium, many of us felt acute anxiety over the departure of a trusted leader and good friend. Alfred, Yvonne, and Gillian have been the welcoming face and working hands of WONCA, since 2001. They will be missed. Indeed, they will be irreplaceable.

Yet, the CEO Search Committee and Executive were heartened by the many talented individuals from numerous countries who believed enough in WONCA to apply for the job. After a thorough vetting, the Executive offered the position of WONCA CEO to Dr Garth Manning. His approachable style, diplomacy skills, international and leadership experience, and proven ability to build robust programs give us hope

that he will help lead WONCA toward an even more successful and prosperous future. Garth will officially take on his new duties later this year in October. You will learn more about Garth when he is profiled in future months.

I believe that these three significant changes will take WONCA to a new level and demonstrate our capacity to effectively address changing times and needs. While change is inevitable, anxiety and hope are optional. We can choose either emotion. When it comes to WONCA, I highly recommend hope.

Professor Richard Roberts
President
World Organization of Family Doctors

From the CEO's desk: the new website

www.globalfamilydoctor.com

I am pleased to announce that WONCA has a new website and with it comes a new format for *WONCA News*. Click on a link on this email and view news stories. Those who need to print the full *WONCA News* .pdf document can still do so.

Enjoy the new format but most of all logon to the new website and take a look. On the website you can:

- Register for the WONCA discussion forum and "ask a colleague" a question.
- Post your own doctor's health and wellbeing story for Prof Amanda Howe's plenary to come in Prague in 2013
- Read about featured family doctors - Professors Christos Lionis of Greece and John Murtagh of Australia and Dr Oraib Al Smadi of Jordan.
- Checkout the resources <http://www.globalfamilydoctor.com/Resources/A-Ztopiclisting.aspx> and consider sending your favourite resource for inclusion.

I urge you to engage with your colleagues - visit www.globalfamilydoctor.com

Dr Alfred Loh
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From the Editor: 'Meet a doc' in Vienna

At the recent WONCA Europe Vienna conference participants were able to meet an Austrian GP in their practice. The WONCA editor was privileged to meet Dr Erich Lemberger, a solo GP, and his practice manager, his wife Elizabeth, in their practice not far from the centre of Vienna. The practice premises were situated on the first floor of a rather inauspicious looking residential apartment block. Inside however, the well equipped premises are thoroughly modern and welcoming. The waiting room has a pleasant ambience with beautiful modern décor including, artistic posters, leather 'tub' chairs for patients, a trendy and colourful coat rack, matching the colourful kids' toys all neatly stashed on a shelf. The consulting room had a professional air, being attractive, well equipped and orderly - the lovely desk in rich tones of wood had a noticeable absence of messy piles of paper as records and most needs are dealt with by electronic means. There is a smaller spare consulting room for students.

The Austrian GP in the health system

Before the event, participants and many other conference attendees who hoped to be granted a late booking visit, were given background information about the Austrian health system by Dr Wolfgang Spiegel.



Dr Wolfgang Spiegel

Austria has a social health insurance system "*Sozialversicherung*" with almost universal coverage. The insurance is paid for by employers and employees and the funds are administered by numerous different health insurance agencies. This enables all patients to attend a family doctor free of charge, unless they choose to attend a private GP – or a specialist.

Spiegel, who is the president of the Viennese Society of General Practice and a senior researcher at Medical University of Vienna, pointed out that, in general, consumer satisfaction with the health care system in Austria is, generally, high. Access to all

levels of care is easy, waiting times for in-patient procedures (eg for hip arthroplasty) are short and there is usually no payment at the point of care delivery. Therefore, Austria ranked highest in a European health systems quality rating (European Health Consumer Index 2007).

With regard to efficiency and coordination of care things look different: the patient's point of contact to the medical system is not well defined. The Austrian system has an overemphasis on specialist and hospital care, with patients able to self refer to specialists. There is a two-fold coverage with medical specialists – self-employed specialists who have contracts with the social insurance agencies as well as hospital based specialist doctors. The GP does not have a 'gatekeeping' role. A system which does not use the well established advantages of a structured and primary care-oriented system, is bound to result in excess use of secondary and tertiary care, and so it is unsurprising, that according to Spiegel, Austria has an extremely high number of hospital beds per capita and that it ranks first in Europe with regard to in-patient stays (27.9 per 100 inhabitants in year 2007).

Interestingly, Austrian consumers rate their health system higher than those from any other European country. No doubt the freedom to go to a GP, or to a self-employed specialist or to consult in the out-patient department of hospitals for any complaint, makes for good satisfaction for patients. "A popular system, but does it do well with regard to coordination of care?", asks Spiegel. Without the GP as the cornerstone of a system, can there be continuity of care, good preventative health measures and cost effective care? There also is an ongoing increase in the number of specialists in the system, as compared to GPs.

Doctors in Austria are comparatively well trained in high quality medical schools. Currently, to be licensed as a GP necessitates a three year vocational training period, which is mainly hospital-based, and the passing of a final licensing exam. The three years should contain a six month training period in GP offices but the government allows that this time is substituted with training in acute care outpatient departments which, according to Spiegel, has nothing to do with primary care. GPs take students and doctors-in-training at their own expense, as there is no compensation for teaching and mentorship, and no possible increase in income from the presence of trainees. Thus, both the duration and discipline-specific content of vocational training for general practice is low.

GPs in Austria struggle for recognition of our discipline as a speciality.

Dr Lemberger's working life

The core hours were given by Dr Spiegel as 15-20 hours per week, but in Dr Erich Lemberger's clinic, we found that each working day is more like 10 hours long. Dr Lemberger is a solo GP – there is no scope in the Austrian system for GPs to join together in a group practice. He services a population (patient list) of 8000 people, and as such, will see a minimum of 50 patients per day. In busy times this number may rise to as many as 120 per day, with added home visits to the elderly, frail and emergency cases. New patients account for 5-10% of attendees each week. Paperwork is onerous. GPs are contracted by the insurance companies and paid a basic fee of 19 Euros per patient per three months, to provide as many or as few consultations as each patient requires. Extra services, such as ECGs, do attract a further fee for the GP. Office overhead costs run as high as 60%.

The relief for the Viennese GP is that at 7pm the phones can be switched through to an after hours telephone service and that service will take the calls, visit the patients and provide care from 7pm to 7am and on weekends. So Dr Lemberger can finally relax

when he and his wife return home at night. Luckily for them they have only an adult-aged daughter.

Dr Lemberger and his wife welcomed a mixed group of WONCA doctors - from Canada, Sweden, Switzerland and Australia - with cool drinks (on a very hot day), snacks and the famous Mozart chocolates. About ten patients were eagerly and probably impatiently waiting downstairs for their evening consultations and

we appreciated the precious time we were given by Dr Lemberger as an insight to his daily life.

At the end of the visit, we all agreed: Dr Lemberger is a very dedicated and enthusiastic GP who works very hard for his money!

The WONCA editor would like to thank Dr Erich and Mrs Lemberger for their kind hospitality on this visit, and congratulate Dr Spiegel for organising such a high interest activity.

Dr Karen M Flegg
WONCA Editor



Dr Erich Lemberger and his wife Elizabeth (right) with (from l to r) visitors Christophe Simonett, Suzanne Gagnon, Andreas, Dr Blais and Prof David Moores

SPECIAL FEATURE - WONCA Europe Vienna 2012

Vienna photo gallery

WONCA Europe 2012 recently held in Vienna proved to be a highly successful and well run conference. There were 1058 abstracts submitted which were reviewed by 77 active reviewers. The final program included: the Vasco da Gama preconference; three satellite symposia; six key-note speeches; 72 workshops; 12 symposia; 45 sessions with 272 oral presentations; and 595 posters. WONCA Europe network meetings and 17 national meetings were also held. The largest numbers of abstracts were submitted by colleagues from Spain, Turkey and Portugal. From outside Europe the biggest contributors were Brazil and the Republic of Korea.

Over 100 registrants came from each of Austria, Croatia, Greece, Netherlands, Portugal, Serbia, Spain. As noted in the closing ceremony, there were many visitors from outside the region. The usual contingents from Australia, Brazil, Canada, USA and New Zealand were there. This time, however, there were more people from other regions with many countries represented from the East Mediterranean region (including the Islamic Republic of Iran, Iraq, Jordan, Oman, Qatar, Saudi Arabia, Yemen); some from Africa (Ghana, Rwanda); large groups from Thailand and the Republic of Korea; and a few each from Kazakhstan, Uzbekistan, Colombia, Peru, Venezuela. (Not all visiting nations are mentioned here).



Opening Ceremony: (from l to r) Susanne Rabady, (Vice President of the Austrian Society of General Practice); Peter Kowatsch, (Vice Treasurer of the Austrian Society of General Practice); Prof Michael Kidd, (WONCA President Elect); Gustav Kamenski, (Chair, host organising committee); Manfred Maier, (Chair Scientific Committee); Prof Wolfgang Schütz, (Rektor of the Medical University Vienna); Tony Mathie, WONCA Europe President.



The plenary hall



Music was always in the background



Prof Manfred Maier takes time out from organising the scientific program to admire the art show



Gustav Kamenski (Austria), chair of the host organising committee, found time to discuss the posters with his wife, Brigitte.



Carl Steylaerts (Belgium) wrote a play for the closing ceremony – see here at left with fellow actors Christian Schiller (Austria) and Raluca Zoitanu (Romania).





Mario Malnar and Tanya Pekez Pavliško, from Croatia



Professors Clare Gerada and Amanda Howe (UK) ran a 'world café' type workshop.



Prof Iona Heath (UK) delivers a key-note on 'the art of doing nothing'



EURIPA incoming president, José López Abuin with outgoing president, John Wynn-Jones.



Two of the many Spanish participants – José Miguel Bueno Ortiz and Juan Francisco Menarguez Puche.



Preparing for Prague 2013: (l to r) Dr Alfred Loh, WONCA CEO; Dr Vaclav Benes, HOC Vice -president; Renata Somolova, professional conference organiser; Dr Bohumil Seifert, President HOC; Dr Dan Ostergaard, WONCA Executive.

Croatia at the VdGM meeting in Vienna



Participants from Croatia: standing left to right: Josip Družijanić (student), Ivana Babić, Dijana Ramić-Severinac, Franko Haller (student), sitting: Tanja Pekez-Pavliško, Renata Pavlov

This year the Vasco da Gama Movement preconference was about “the art of becoming a general practitioner”. Participants discussed, in four groups, how to balance the art with science in family medicine. Is it art or Evidence Based Medicine (EBM), or art *and* EBM?

Soon I figured out we are looking for the Pythian answer (as from the Oracle of Delphi). My group skipped defining art, because you can look at it from many angles and never reach the answer. But still - the question was intriguing.

If we strive for 100% EBM, does it create a robot? If

all we are doing in our offices is art, are we then a medicine woman, a witchdoctor or a showman? Do we need talent as well as hard work? Is it going to be lot of players and just a few prima donnas? And isn't it that the patient is the main actor / player and we are there just for them? Can we learn everything there is to learn or would emotional intelligence be appreciated?

Isn't it all Yin and Yang? It's always the same circle. My patient and I; me and my patient.

And, as it is in every art - nothing without feelings! Feelings that the patient is expressing. Our feelings towards them. Even no feeling or an empty picture may have stronger message than you can handle.

Maybe that unpredictability or uniqueness of each consultation teases us - gives a flavour and texture to the art called medicine.



Dr Renata Pavlov, of Zagreb, in front of the WONCA Vienna sign



Group 4 take time out for a photo

The Spanish presence in Vienna

Spanish Family doctors had a strong presence in Vienna having submitted 228 abstracts and with 413 registrants.

The most viewed poster prize was awarded to a Spanish group: P05.316 *Community intervention in diabetic type 2 patients: monitoring a cohort, a poster* by V V Gavara Palomar, C Ariza Copado, B Aguilera Alcaraz, Z García Soto, B Badillo Puerta, M Soto Martinez, F Alcazar Manzanera, A Muñoz Ureña, J Borrachero Guijarro, F Agüera Mengual: Primary Health Care Centre, EAP Isaac Peral (Area 2 ,Servicio Murciano de Salud), Cartagena, Spain.

An interview is available in Spanish with Dr Gavara.

Entrevista en español con Vicente Gavara

<http://www.commurcia.es/NOTICIA.asp?id=679>



Dr Vicente Gavara is pictured with the most viewed poster award.



Spanish group in front of poster: Workshop on breast feeding in primary health care



Dr A Cánovas-Inglés had three presentations on the Dr Marx videos



José Miguel Bueno-Ortiz presented a practical workshop Low back pain: What can we do in our surgery?

European Journal of General Practice update

<http://informahealthcare.com/loi/gen>

In Vienna, Dr [Jelle Stoffers](#) PhD, editor-in-chief of the *European Journal of General Practice* (EJGP), gave an update to the WONCA Europe Council on the journal's progress.

The first impact factor for the journal (2011) was announced as 1.130, which ranks it eighth among primary care journals – an excellent result for a journal that is quite new. Dr Stoffers also noted that the editor's top ten articles are available for free access.

- Risk factors for vitamin D deficiency in women aged 20-50 years consulting in general practice: a cross-sectional study
- General Practitioners' report of continuous deep sedation until death for patients dying at home: a descriptive study from Belgium
- Migrant participation in Norwegian health care. A qualitative study using key informants.
- Disaster after the plaster. Fentanyl withdrawal symptoms in a curable hospice patient.
- A 'minimal core curriculum' for family medicine in undergraduate medical education: a European Delphi survey among EURACT representatives.
- Out of hours palliative care provided by GP cooperatives in the Netherlands: a focus group study.
- Acupuncture for insomnia? An overview of systematic reviews.
- Family physicians' ability to detect a physical sign (hepatomegaly) from an unannounced standardised patient (incognito SP).
- How to deal with a crying patient? A study from a primary care setting in Croatia, using the 'critical incident technique'.
- Asthma prescription patterns for children: can GPs do better?

The full presentation can be accessed at:

<http://www.slideshare.net/JelleStoffers/european-journal-of-general-practice-wonca-europe-2012-conference-vienna>

WONCA SIG on Migrant Care meet in Vienna.

The WONCA SIG on Migrant Care, International Health and Travel Medicine held several events recently at the WONCA Europe Vienna conference. In keeping with the conference theme a symposium was held on the *Art and Science of Migrant Care and International Health* and a workshop was held on *Migrant Care : Ramadan and health*

The organisers were: Marius Besson (Switzerland), Guus Busser (the Netherlands), Pinar Döner (Turkey), Daniel Gelzer (Switzerland), Prof Christos Lionis (Greece) Eldine Oosterberg (The Netherlands) , Wolfgang Spiegel (Austria) Maria van den Muijsenbergh (The Netherlands)

Symposium: Art and Science of Migrant Care and International Health

The Symposium was attended by approximately seventy participants. There were five oral presentations.

Migrant care, international health and travel medicine – an introduction presented by Maria van den Muijsenbergh (The Netherlands)

Brief overview of migration patterns and different groups of migrants, influence of migration on health and access to healthcare, the relation between poverty and health, and barriers and levers to deliver good primary care with limited means in Europe and in Africa, hereby introducing the rest of the program of the afternoon and clarifying the role of the SIG.

Searching for a model primary care system for Sub-Saharan Africa presented by Wolfgang Spiegel, (Austria) and Gurdeep Parhar (Canada)

Introduction: In its constitution the Republic of South Sudan (RSS), which has been established as a new country on July 9, 2011, stipulates that "... All levels of government shall promote public health, establish, rehabilitate and develop basic medical and diagnostic institutions and provide free primary health care and emergency services for all citizens.". After the long-lasting, terrible civil war quite a few of the Primary Health Care (PHC)-Centres are out of function or understaffed. But if they function there is where the necessary professional care needs to be delivered when hospitals are not in reach. Austrian Doctors for Disabled explores the PHC delivery process in RSS and their interfaces to secondary care to make suggestions for upgrading them.

Methods: Based on the results of a successful fact-finding mission to South Sudan in December 2011 the

researchers, in a first step, we will observe the kind and frequencies of medical problems (incidence, prevalence) and the clinical tasks which Clinical Officers (non-physician health workers) and other staff have to perform. Based on these structured observations we will hold focus groups with stakeholders of PHC using Participatory Learning and Action (PLA) which will aim at elaborating current shortcomings in service delivery and possible solutions to advance the system. In a second step, the results of the structured (in-depth) observations and the results of the focus groups with stakeholders will be discussed with health-policy makers (government) and secondary care providers (hospital-based doctors) so that a consensus can be reached to make a informed suggestion for an upgraded PHC model region. Austrian Doctors for Disabled will then apply for an international grant (together with the Medical University of Vienna) to equip and staff a pilot PHC-Centre in one region of a South Sudan. Service delivery, training of staff, and equipment of the facility will be done in accordance with the results of stage one and two of the pilot project.

Results: First results are expected to be presentable by July 2012.

Ecology of Care – health seeking behaviour of migrants in Austria presented by Otto Pichlhöfer, (Austria). Data were presented on the use of primary care of migrants in Austria.

Mental health problems of undocumented migrants in the Netherlands presented by Erik Teunissen, (The Netherlands)

In the Netherlands an estimated 150,000 migrants do not have a regular staying permit (van der Heyden 2005). Although most of them are living within hardship conditions, and report many mental health problems such as anxiety and depression (Schoevers 2009, Yosofi 2009), previous small-scale primary care research showed a rather low prevalence of these mental health problems, as registered by general practitioners in their medical files (Wolswinkel 2009).

It is unclear why these registered prevalence rates are low. Is this the result of a methodological flaw of this small-scale study? Do undocumented migrants report their mental problems when they contact their GP? Are there language and cultural barriers between GPs and migrants that lead to under-recognition of mental health problems? Or do GPs don't register mental health problems due to other reasons?

By applying quantitative and qualitative research methods we will try to clarify the following research questions:

1. What is the registered prevalence of mental problems of undocumented migrants in general practice files, compared to the registered prevalence

of mental problems of a matched control group of patients within the same practices?

2. How do GPs diagnose and register mental problems of undocumented migrants and what barriers or obstacles do they encounter in their mental health care for these patients?

We will present the results of an analysis of anonymised data of medical files of undocumented migrants and a matched control group gathered in general practices with at least 15 undocumented migrants on their practice list. We will also present results of semi-structured in depth interviews with these doctors.

The effect of the financial crisis on migrant care and internal migration in Greece: the role of General Practice by Joanna Tsiligianni, on behalf of Prof Christos Lionis (Greece)

In Greece between 2007 and 2010 the debt grew from 105.4% to 142.8% of gross domestic product (GDP; €239.4 billion to €328.6 billion) (Eurostat 2011) resulting in massive cuts to the health care system. This crisis has affected the daily life of the citizens of Greece in resulting in a 40% increase in the annual suicide rate (Anon 2011). The impact on low growth and current global economic crisis on migration and on health care services is still in questioning. In general, the employment situation of migrant workers, especially of national non- EU countries have deteriorated more rapidly than that of natives during the economic crisis, as the International Organization for Migration (IOM) reported (Koehler et al 2010). The impact of this on welfare and health care of immigrants in Greece is expected more since an integrated primary care system is not established yet (Lionis et al 2009). Thus, the role of general practice and primary care has not received the proper attention. It invites the policy-makers to take part in measures and actions relevant to migrant worker mobility that should be fostered (Koehler et al 2010), and focus on health and welfare issues.

Workshop: "Migrant Care" : Ramadan and Health

The workshop was attended by 53 participants from Austria, Belgium, Canada, Denmark, Estonia, Finland, Greece, Ireland, the Netherlands, Spain, Switzerland, South America, Turkey and the UK. The aim of the workshop was to provide participants with knowledge and skills to deliver good care to migrants, in particular to Muslim migrants during Ramadan (that starts this year around July 20th) We focussed on the care for migrants with chronic disease and medication during Ramadan.

First scientific information on guidelines and research was provided in an oral presentation by Mrs Eldine Oosterberg of the Dutch college of General Practitioners. Research among Muslim migrants in the

UK and the Netherlands revealed that most migrants with chronic disease (such as diabetes) and medication do participate in the fasting, despite the fact that they can be exempted from this. Many of them changed their medication schedule, often without consulting their doctor.

There is evidence among migrants in the UK that children whose mother was pregnant during Ramadan have slightly less favourable school results. This finding was disputed by the Turkish participants, who declared that, if this would be true, the whole population of Turkey would be less intelligent than they apparently are. This brought us to the very interesting discussion about differences between countries in which the majority of society (and also the doctors) participate in the fasting such as Turkey, and countries in which Muslims are a minority group and doctors don't know the fasting out of own experience. It seems that in the latter the positive effects of participating in Ramadan are less prominent and dominated by the negative effects of patients not telling their doctors, or not accepting the advices of non-Muslim doctors about the fasting.

This was illustrated in the interaction between Guus Busser (the Netherlands) and Pinar Döner (Turkey) who presented their view on a case of a woman with diabetes who needed antibiotic treatment but wanted to fast. The Dutch doctor had a problem as he did not know how to convince his patient to take the medication (and thus stop the fasting) where as the Turkish colleague had the experience her patients would follow her advice about medication and fasting.

After this we discussed in small groups our experiences with fasting patients during Ramadan and the advices we give these patients. Especially interesting in this discussion again was the contribution of the Turkish colleagues who not only had a huge experience with fasting patients, but also knew themselves the effects of fasting during Ramadan.

The most interesting results of this discussion were:

- Pregnant women don't have to fast, but can try.
- Kids practice fasting by joining partly.

- In countries such as Finland where the sun in July never sets, Muslims may follow the time of sunset and rise of Mecca.
- Ramadan is a well-being of the soul, a motivation for change to a healthier lifestyle.
- Very often diabetes is not regulated properly, compliance is always a problem, not just only during Ramadan. Is it necessary to bother?
- Patients are not aware they could be exempted for Ramadan, as a doctor you can involve the Imam, or give information in a mosque together with the Imam.
- Patients will appreciate if you share with them that you know something about Ramadan.
- Communication and the relation with the patient is, as always, central in dealing with patients during Ramadan.
- In contrast to what research suggests, most Turkish doctors don't experience many problems during Ramadan; there could be an interesting difference between patients and doctors in Turkey, where Ramadan is celebrated by nearly all society, and patients and doctors in other countries where Ramadan is not so common, and not joined by doctors.
- An international study to the effects of Ramadan on health in which participate countries with a Muslim majority and other countries would be very interesting.

The exchange of information and experience with colleagues with different religious views, living in different societies was seen as extremely fruitful, leading to the proposal to have again such a workshop next WONCA (in Prague) and to choose *Spiritual Health* as subject of this workshop.

As a result of the workshop, colleagues from Turkey immediately after the conference have taken the initiative to start such an international study.

Dr Maria van den Muijsenbergh, convenor

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FEATURE STORIES

WONCA announces new CEO

The World Organization of Family Doctors (WONCA) is pleased to announce Dr Garth Manning FRCGP FCGP[SL](Hon), as its new Chief Executive Officer. Dr Manning was selected after an extensive global search that followed the announcement by current CEO, Dr Alfred Loh, of his plan to retire.



Dr Manning (pictured) has more than 20 years of experience of diverse work experience in numerous capacities and many countries. He has been a practicing medical officer and leader in the Royal Air Force, including deployment in areas of conflict. He has been an international consultant advising governments and other authorities on health system reform and primary health care development. For the past 13 years, Dr Manning has served as Director of International Development for the Royal College of General Practitioners, in the United Kingdom.

Professor Richard Roberts MD JD, President of WONCA, said "WONCA is excited to have Dr Manning as our new CEO. Our worldwide search has resulted in a world class leader, who can help WONCA in its continued development and help advance Family Medicine around the globe."

Dr Manning commented, "this is a fantastic opportunity and I thank the WONCA Executive Committee for their confidence in me. I look forward very much to continuing the excellent work of Alfred Loh and his team and taking WONCA forward to the next stages of its development".

Dr Manning and his wife Monica, a health economist, are from Belfast, where they reside. Dr Manning will officially assume his duties on October 3, 2012.

The WONCA Jeju 2012 Declaration on Family Medicine Enhancement

Introduction

The 19th Wonca Asia Pacific regional conference was held from May 24–27, 2012, in Jeju, South Korea. The theme was "*Clinical Excellence in Family Medicine: Evidence-based Approach in Primary Care*. Observing the needs and support required for enhancing Family Medicine of each country in this region, on May 23 2012, the Wonca Asia Pacific Council formulated and released this *Declaration of Jeju* and called for all member organisations to act on this Declaration.

Observations

Asia Pacific is a region of diversity: *cultural differences, state of maturity in Family Medicine development, and structures of health care*.

Plan of action

There is a need to collaborate to take advantage of the diversity across the member organizations and work together as a region on actionable plans focusing on *clinical practice, research, and medical education* to realize the vision of enhancing family medicine .

Vision of family medicine enhancement

- Agreed to training family physicians in the seven roles of:
 - family medicine expert in primary, personal, preventive, comprehensive, continuing, and co-ordinated care
 - communicator
 - collaborator

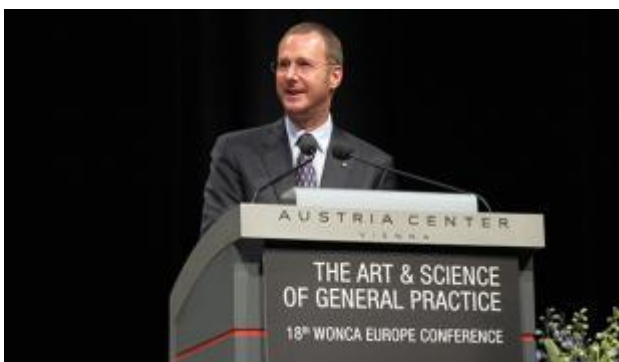
- advocate /leader
- manager
- medical professional,
- researcher and teacher
- Agreed to training of family physicians in the six core competencies :
 - relevant medical knowledge,
 - problem-based learning and improvement
 - medical practice
 - system-based practice
 - professionalism
 - interpersonal communication skills
- Allow learning from the diverse, old and young countries in our region where there are many models of family medicine
- Contribute to the development of new structures to support high quality primary health care with ideas from the future family medicine workforce.
- Develop global disaster response teams for immediate deployment as part of corporate social responsibility and advocacy role of family physicians.
- Organise research as the means to develop, consolidate and disseminate new knowledge in the development of the vision of Family Medicine and capacity building through
 - Training in evidence based medicine in its application to health care
 - Training in medical writing
 - Training in writing a clinical review
 - Training in doing original research.

Call for action

A call is made to all WONCA Asia Pacific member organizations to develop and implement the actionable activities with family physicians collaborating with health care providers, training providers, and the government to achieve the vision of Family Medicine enhancement enunciated in this Declaration .

Released by the WONCA Asia Pacific region council at Jeju, South Korea, on May 23, 2012.

WONCA launches new website in Vienna



World Organization of Family Doctors (WONCA) President Elect, Professor Michael Kidd, has launched the new website for the organization at the WONCA Europe 2012 conference being held in Vienna, Austria.

On launching the new site Prof Kidd said “We have developed a comprehensive web portal for the family doctors of the world. This will become the global reference point for family doctors accessing medical information and resources.”

The website encourages family doctors worldwide to register online for access to the user friendly WONCA

Forum that is password protected. The greater the involvement of individual family doctors, the greater the support the website will be able to provide to its members.

In an important step for family medicine, Prof Kidd noted that the new WONCA Forum has an ‘ask a colleague’ section where family doctors can post a question to their peers in the global family doctor community for discussion, interaction and advice. Prof Kidd predicts that this will become an important interactive resource.

Also included on the website is a collection of resource materials supporting ‘the case for primary care’. Many of the materials in this collection were written by Professor Barbara Starfield, and the collection is named after her. Barbara Starfield championed the value and need of strong primary health care systems worldwide, and testimonials to her work are also included.

WONCA is reintroducing its "featured doctor" section, allowing family doctors to find out more about colleagues from around the world. The first family doctors featured are Prof Christos Lionis, of Greece, a well-known contributor to the work of WONCA, and Prof John Murtagh, of Australia, author of the international bestselling textbook *Murtagh's General Practice*. Future featured doctors will include family doctors little-known outside their own country, as well as colleagues with regional and international profiles.

Family doctors from around the world are invited to submit their favourite clinical guidelines or resources for inclusion or linking to the website. Links to useful journals are also welcome. WONCA aims to create a repository of links to resources that are of high quality and specific to the needs of family doctors. Prof Kidd said "rather than covering all possible resources of a medical nature, WONCA aims to provide quality information for family doctors".

Prof Kidd believes that "family doctors now have a dynamic global, living breathing website".

Prof Amanda Howe seeks doctors' health and wellbeing stories for Prague 2013

Doctors do a demanding job - and nowhere more so than in family medicine, where we are close to the emotions and stresses of many individuals and their communities. Resources – financial, practical and personal – are often too little, so we have to find effective ways to protect and sustain ourselves to avoid the real risks of burnout and illhealth. As preparation for my keynote in 2013 on Doctors Health and Wellbeing, I would value brief views from WONCA colleagues anywhere in the world on the following issues:

- What effective ways have you found of sustaining your own health and wellbeing?
- What contribution can training (your own and when you train others) make?
- How can we assist each other and colleagues to stay healthy?
- What are the main risks that have undermined your ability to remain balanced ('resilient') under pressure?
- How can we help with this through WONCA?

A discussion area has been set up in the WONCA forum - please check www.globalfamilydoctor.com and register for the WONCA forum to gain access. Alternatively, email me on secure University address (amanda.howe@uea.ac.uk). I shall anonymise all material and handle with care!

Many thanks
Professor Amanda Howe MD FRCGP FAcadMEd
Key note speaker Prague 2013

WONCA world conference Prague 2013 latest newsletter

The conference organising committee for Prague met in Vienna last week and plans for next year's world conference are well underway. Newsletter number 3 contains a draft program, registration fee details, key note speaker names, messages from Professors Amanda Howe and Igor Švab, and many ideas for sightseeing in and around the Czech capital.

Download the newsletter:

<http://www.globalfamilydoctor.com/News/WONCAworldconferencePrague2013latestnewsletter.aspx>

WONCA REGIONAL NEWS

EMR: Jordan and Iraq announce new board members

Elections have taken place in Jordan and Iraq for new board members of the family medicine society in each country. WONCA Region President Prof Nabil Al Kurashi has offered his sincere congratulations to the new boards. He believes that there is no doubt that with their leadership and combined efforts, improving the quality of family medicine in the region is highly attainable. Together with the other regions, his East Mediterranean region of WONCA, will continue to work hand-in-hand to achieve all goals with regards to primary care, family medicine teaching/training, and continuous medical education through coordinated scientific activities.

Jordan

On June 19, 2012, an election took place for the new board members of Jordanian Society of Family Medicine (JSFM). New JSFM board members are:

President: Dr Oraib Alsmadi

Deputy: Dr Mohammed Rasol Tarawneh

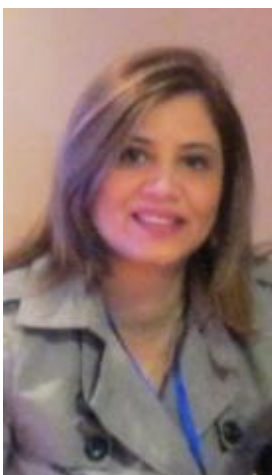
Treasurer: Dr Mohammed Edwan

Secretary: Dr Mohammed Tarawneh

PRO/Social: Dr Etaf Abusiam

Scientific Committee: Dr Suleiman Abbad

Honorary Member: Dr Mazen Albashir



Dr Oraib Al Smadi

To the new JSFM Board Members, headed by Dr Oraib Alsmadi, on behalf of WONCA East Mediterranean region, my warmest congratulations!

Iraq

The Iraqi Family Physician Society (IFPS) conducted their board member election on June 8, 2012 with the presence of the Ministry of Higher Education and Scientific Research Representative. The new board members are as follows:

President: Hassan H B Al-Kazzaz, MD

Vice President: Dr Ola Shakir Fadhel

Secretary: Dr Ali Shahab Fahad

Treasurer: Dr Jamal Abdel Hamid Al Ani

Members: Dr Lujain Anwar; Dr Ban Abdolredha; Dr Sana Jaffer

Honorary Member: Prof Abdul Munem Al Dabbagh

To the new IFPS Board Members, headed by Dr Hassan Baker, on behalf of WONCA East Mediterranean region, my warmest congratulations to all of you!

Prof Nabil Y Al Kurashi

President, WONCA East Mediterranean region



H Hassan H B Al-Kazzaz MD

The difference a bursary makes:

Tin Myo Han

Dr Tin Myo Han, of Myanmar, was one of 10 winners of a WONCA Asia Pacific bursary to attend the 19th WONCA Asia Pacific conference held in Jeju, South Korea, in May. She writes on her experiences at the Asia Pacific region conference, in Jeju – her attendance was made possible by a bursary.



Dr Tin Myo Han receives her bursary from Dr Wahid Khan (WONCA Asia Pacific region secretary) and Dr Alfred Loh (WONCA CEO)

As secretary of International Relations of Myanmar GPs society, I always try to attend the WONCA Asia Pacific Regional meeting and conference, other primary care conferences and the region Primary Care Research conference. Almost all of the costs to attend these conferences have to be borne myself because of the limited funds of our Myanmar General Practitioners' Society.

While I knew that I could get valuable experiences by attending the both WONCA Asia Pacific region council meeting and conference as a representative of

Myanmar, there were financial constraints. The bursary, of USD500, and the reimbursement of conference registration fees, assisted in solving the financial constraints for me.

When I attended the Council meeting on May 23, "*The Jeju 2012 Declaration on Family Medicine Enhancement*" was presented by our regional president, Dr Donald Li and discussed by our regional leaders/ scholars of family medicine including Prof Goh Lee Gan (Singapore). This declaration guided me on what I should do and how to do to upgrade family medicine in Myanmar.

All plenaries refreshed my knowledge on both clinical competency and provided the current situation of family medicine in our region. Of particular value was the symposium on *WONCA Asia Pacific Region: Challenges and Opportunity* presented by Dr Donald Li; *Future Perspective of Family Medicine in Asia Pacific Region*; and symposia regarding Clinical Practice Guidelines by Prof Michael Kidd (Australia) and Prof Hyeong Sik Ahn (South Korea).

I also participated in the *Women and Family Medicine Workshop and Writing for publication workshop*. The experiences I got from these workshops increased my confidence to continue my work of strengthening private primary care services provided by our Myanmar GPs.

I also shared my experiences on application of electronic medical records for quality primary care in the Health Informatics symposium. Prof K H Cho (South Korea) taught me a lot in the presentation *Semantically Interoperable Electric Health Records* in this symposium.

I also participated in the primary care oral presentation section, by sharing our findings on *Primary care Physicians Profile and CME activities of Malaysia, Myanmar and Philippines*. We got an opportunity to discuss with other primary physicians from the Netherlands, Japan, the Philippines, and South Korea regarding care consumption at GP co-operatives, adequacy of primary care, and patient-centered care.

All experiences I got from the conference highlighted for me, the ways I should approach things for Myanmar Primary Care. As well, I also had the opportunity to engage in discussion with our regional colleagues during coffee breaks and the social events of the conference.

Dr Tin Myo Han

MEMBER AND ORGANIZATIONAL NEWS

World Family Doctors' Day – Filipino Style

The Philippines celebrated World Family Doctors' Day with much aplomb. May 19, 2012 was institutionalized through Presidential Proclamation 168, by President, Benigno S Aquino III. And as if on cue, a majority of the 58 chapters and 45 accredited training hospitals of the Philippine Academy of Family Physicians (PAFP) participated in the grand event, providing significant services and assistance to countless patients and families.

The celebration was doubly rewarding in the light of the present government's thrust of *Kalusugang Pangkalahatan*, or Universal Health Care. The national leadership has paved the way for sponsorship of 5.2 million families so that they may have access to health delivery. This is through strengthening of the Philippine health insurance coverage and primary care program, which is really part of the mandate of family physicians.

Now more than ever, every Filipino family should have a family doctor with expertise and training on addressing the majority of medical problems, in the context of community and society.

PAFP recognizes this welcome development and was at the forefront of various activities, including lay fora (15 chapters), commemorative masses (seven chapters), free consultations with medications (18 chapters), exercise program / walkathon (four chapters), cholesterol /glucose screening/bone densitometry/immunization (four chapters), lecture/seminar (three chapters), breakfast and bonding with families (three chapters), poster presentation / AVP / flyers (three chapters), circumcision mission (Las Pinas and Taguig), a radio broadcast (Zamboanga del sur), and motorcade (Manila and Pagadian).



Start of celebration – Pagadian City



Lay fora on various topics such as lung health and wellness.



Consultations were offered free by PAFP member doctors



Circumcision mission was carried out, free of charge.



Numerous patients waiting for their turn in makeshift areas.



Posing after a job well done in Pangasinan



It was indeed something to cheer about in Cebu.

FEATURED DOCTORS

Dr Oraib Al Smadi - Jordan

Background

Dr Oraib Al Smadi is a family medicine consultant with 22 years' experience in Jordan's primary health care



field especially with the Ministry of Health. As the Director of the Ministry's medical training center during the years 2002-2005, she led the development and training of the primary health care curriculum. She is an experienced Master Trainer in reproductive health, family planning and family medicine and has vast experience in strategic planning, knowledge management and Primary Health Care accreditation.

Dr Al Smadi is a certified Trainer in Training of Trainers (TOT) with extensive experience in the pre-service and in-service training in Family Medicine Residency Programs and Jordan Medical Council.

She is also the secretary for WONCA East Mediterranean region.

She is a member of the Jordan Society of Family Medicine (JSFM). It was established in 1993 and aims at strengthening and updating the field of medicine in Jordan to meet international standards. It also aims at increasing the awareness of its' members by speciality by providing continuous medical education through workshops, conferences, scientific meetings and partnering with other health care entities in implementing health strategies at short and long term levels in the country. The JSFM has committed to its biannual medical conference - nine conferences have been taken place since 1996, along with many scientific days, since 1994. The society's president and six board members are elected every two years.

Aims as president of the Jordanian Society

Dr Al Smadi hopes to spread family medicine concepts in Jordan to attract more doctors and work with relevant partners to implement a structure that monitors and ensures provision of adequate resources in the PHC settings. She would also like to increase the acceptance of patients of this speciality and educate patients on our roles and responsibilities

within the system. She hopes to work with the government on restructuring the primary health care's role in the country to increase the emphasis on primary health care in the medical system.

View on family medicine

"Family medicine is unique; I enjoy practicing it and providing the education necessary to every patient to allow a better understanding of their disease and the function of their body. I love working in a friendly, caring and professional environment that promotes communication and to build an open and transparent relationship between myself and the patient."

Professor Christos Lionis - Greece



Where do you currently work?

Since 1995, I have served the School of Medicine at the University of Crete, where I am currently a Professor of General Practice and Primary Care and Director of the Clinic of Social and Family Medicine.

<http://www.fammed.uoc.gr>

My responsibilities include teaching, research and clinical duties. I teach two elective courses to undergraduate medical students: one on the doctor-patient relationship and another on compassionate care. I am also coordinator of a master's course where modules relevant to family practice and primary care are taught to qualified family physicians.

I am coordinator of a local GP Network, which engages in research activities and offers primary care services to people residing in rural areas. My clinical duties involve providing services to a deprived population in inner Heraklion, at a Primary Health Care Centre jointly operated by the University Hospital of Heraklion and the Municipality of Heraklion in the island of Crete. In addition, I offer clinical services to

residents of isolated mountainous areas on Crete, where access to health care is minimal. These services are offered via the 'University of the Mountains', a non-profit organization and an initiative of the University of Crete.

What your hobbies or passions outside work are?

In a country that is currently experiencing one of its largest challenges in its history, there is very little time for leisure activities and hobbies, because of my volunteer involvement and compassionate care of many underserved populations. However, I very much enjoy listening to music, reading philosophy and writing poems.

What does being a family doctor mean to you in your country?

In Greece, the discipline of Family Medicine is still growing and still seeks recognition by the Greek population, political leaders, health care authorities and academy. There are many challenges at the moment where Greece meets a high recession, and many efforts to build capacity should be undertaken. The role of the medical faculties and academia in general is crucial, but there remains some reluctance to general practice being recognised as an independent academic discipline. Combined efforts between the academic capacity, the Greek Association of General Practitioners, and the Ministry of Health and Solidarity are an urgent need.

What have you enjoyed about your involvement with WONCA?

My involvement with WONCA goes back many years and has always been enjoyable. I served on the WONCA Europe and EGPRN Executive Board, in the past. I am currently serving certain WONCA Working Parties and Special Clinical Interest Groups at the world or European level, while I am serving the Editorial Board of certain International and European Journals. I have learned and I am still learning much from this experience.

Firstly, to recognize the importance of networking and learning from others, and secondly that the holistic and comprehensive approach of patients in primary care is a unique resource in recognizing ones needs and limitations as a human being. This experience teaches us how to behave in a world of uncertainty and promotes our skills in working in a setting where at certain times; empathy and compassion are the best tools in alleviating human pain.

Professor John Murtagh - Australia

Professor John Murtagh, AM MD BSc BEd FRACGP DipObstRCOG, is the author of several internationally adopted textbooks including John Murtagh's General Practice which has been translated into eleven languages and is available in hard copy and electronically.

Murtagh J. *John Murtagh's General Practice*. 5th edn. Sydney: McGraw Hill, 2010. ISBN13: 9780070285385 ISBN10: 0070285381

WONCA recently asked Prof Murtagh to write a small amount about his impressive career.

Where do you currently work?

My current work takes many interesting forms which are all related to my privileged vocation as a family doctor. Apart from my work as a general practitioner, I have part time teaching responsibilities in the Departments of General



Practice/Family Medicine of three universities and work as an author of several textbooks or electronic programs.

Can you tell us a little about your past work?

My initial university degrees were in science and education at the University of Melbourne. My professional career started as a science-mathematics teacher but I soon redeveloped a long held ambition to become a rural doctor akin to the family doctor from my home town in rural Australia. I was fortunate to be admitted to the new medical school of Monash University where I obtained my degree in medicine and surgery. I was one of the first graduates who was admitted to the Family Medicine Program of the Royal Australian College of General Practitioners and I also trained as a surgical registrar.

I eventually entered general practice in the small farming community of Neerim South, Victoria with my wife who was a medical graduate of the university of Melbourne. Working in a new bush nursing hospital we were able to provide an almost complete service to

the community because of our complementary skills of surgery, anaesthetics, obstetrics, paediatrics and emergency medicine.

Of all the wonderful experiences the one that stands out is working full time as a country doctor where I became very close to the patients and was able to care for them around the clock. In a sense we were dependent on each other and enjoyed the interaction as sole doctors to the community. It was a special joy to work as a team with my spouse. The country was rugged, mountainous, bush land and this suited my passion of bush walking and exploring and snow sporting activities. I have also had the privilege of undertaking locum work in remote areas including King Island off the southern coast of Australia.

How did you come to write and be an medical author?

Based on my educational background I was invited to write educational programs (particularly *CHECK*) for the RACGP and provide a rural teaching base for the Department of Community Medicine at Monash university. After 12 years, I moved to Melbourne to become a full time senior lecturer at the University. Another interesting role was that of medical editor of the RACGP's flagship - *Australian Family Physician*.

Following an approach from McGraw Hill publishers I began a career as a medical author. This initially involved producing books such as *Cautionary Tales*, *Practice Tips* and *Patient Education* which I had developed and serialised in the journal.

In 1993, I was appointed Professor of General Practice and Head of Department at Monash and retired, in 2002, following which I concentrated on post graduate teaching and authorship with part-time family practice. As Emeritus Professor I continue to teach both undergraduate and postgraduate students.

What have you enjoyed about your involvement with WONCA?

I have relished the wider intellectual camaraderie of family doctors throughout the country and around the world. I attended my first WONCA meeting, in Mexico City, in 1974, and last year I experienced the honour of presenting the Wes Fabb oration at the Asia Pacific WONCA meeting in Cebu. Wes is a good friend and ran a country practice only about 100 km across the dividing range from Neerim South. I continue to be amazed at the universality of medical problems and the excellence of care from Family Doctors in all parts of the globe. WONCA promotes this great fellowship.

RESOURCES FOR THE FAMILY DOCTOR

Resources added to website this month:

<http://www.globalfamilydoctor.com/Resources.aspx>

PEARLS 354: Hydrogel may be effective for healing diabetic foot ulcers

PEARLS 355: Interventions may reduce anxiety during colposcopy

2020 Vision for a Sustainable Society (added to *Environmental medicine* in A to Z index)

WONCA CONFERENCES 2010-2013 AT A GLANCE

2012

October 9-14, 2012	Wonca World Rural Conference	Thunder Bay, Ontario CANADA	Rendez-vous 2012 Together and Engaged http://www.nosm.ca/rendez-vous/
November 19 – 21, 2012	Wonca African Regional Conference	Victoria Falls ZIMBABWE	Roles and Responsibilities of African Family Physicians http://www.3rdwoncaafricaregionconf.org/

2013

26 – 29 June 2013	20 th Wonca WORLD CONFERENCE	Prague CZECH REPUBLIC	Family Medicine: Care for Generations www.wonca2013.com
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2014

May 21 – 24, 2014	Wonca Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor www.wonca2014kuching.com.my
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 & RELATED MEETINGS

RNZCGP conference for general practice

Host: The Royal New Zealand College of General Practitioners
Date: September 13-16, 2012
Venue: Rotorua, New Zealand
Web: www.rnzcgp.org.nz

EURACT: Bled Course

Host: European Academy of Teachers in General Practice
Theme: Managing difficult relationship with patients
Date: September 18–22, 2012
Venue: Bled, Slovenia
Web: <http://www.bled-course.org>

RCGP annual national primary care conference

Host: Royal College of General Practitioners
Theme: Global general practice
Date: October 3–6, 2012
Venue: Glasgow, United Kingdom
Web: www.rcgp.org.uk

AAFP annual scientific assembly

Host: The American Academy of Family Physicians
Date: October 17–20, 2012
Venue: Philadelphia, USA
Web: www.aafp.org/philly2012

EGPRN autumn meeting

Host: European General Practice Research network (EGPRN)
Theme: Research on patient-centred inter-professional collaboration in primary care.
Date: October 18-21, 2012
Abstracts close: June 30, 2012
Venue: Antwerp, Belgium
Web: www.egprn.org

RACGP GP '12 conference

Host: The Royal Australian College of General Practitioners
Date: October 25-27, 2012
Venue: Gold Coast, Queensland, Australia
Web: www.gp12.com.au/

Family Medicine Forum / Forum en médecine familiale 2012

Host: The College of Family Physicians of Canada. Le Collège de médecins de famille du Canada
Date: November 15-17, 2012
Venue: Toronto, Canada
Web: <http://fmf.cfpc.ca>

Fifth triennial Pan-Caribbean Family Medicine conference.

Host : Caribbean College of Family Physicians (CCFP)
Theme : Enhancing your earning potential. Widening your horizons.
Date : November 22-25, 2012
Abstracts close: September 1, 2012
Venue : Port of Spain, Trinidad
Email : rohan.maharaj1@gmail.com
pidjsam@gmail.com

City health conference

Host: The Royal College of General Practitioners (England)
Date: April 24-26, 2013
Theme: Tackling inequalities, preventing illness, improving health
Venue: Euston Square, London, UK
Web: www.cityhealthconferences.org.uk

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