

# WONCA News

An International Forum for Family Doctors



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**World Organization of Family Doctors**  
[www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com)

### Wonca President

Prof Richard Roberts  
Department of Family Medicine  
University of Wisconsin  
School of Medicine & Public Health  
1100 Delaplaine Court  
Madison WI 53715  
USA  
Tel +1 608 263 3598  
+1 608 424 3384 (clinic)  
+1 608 263 5813 (office) /  
+1 608 424 6353 (clinic)  
Email [President@wonca.net](mailto:President@wonca.net)

### Wonca Chief Executive Officer

Dr Alfred W T Loh

### Wonca World Secretariat

World Organization of Family Doctors  
7500A Beach Road  
#12-303 The Plaza  
Singapore 199591  
Tel +65 6224 2886  
Fax +65 6324 2029  
Email [admin@wonca.com.sg](mailto:admin@wonca.com.sg)

### President-Elect

Prof Michael Kidd (Australia)

### Immediate Past President

Prof Chris van Weel (Netherlands)

### Executive Member at Large & Honorary Treasurer

Dr Francine Lemire (Canada)

### Executive Member at Large & WHO Liaison Person

Dr Iona Heath (United Kingdom)

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Dr Wesley Schmidt (Paraguay)

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Dr Sylvester Tola Osinowo (Nigeria)

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Dr Donald K T Li (Hong Kong)

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Prof Nabil Al Kurashi (Saudi Arabia)

### Regional President, Wonca Europe

Dr Anthony Mathie (United Kingdom)

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Prof Liliana Arias-Castillo (Colombia)

### Regional President, Wonca North America

Dr Dan Ostergaard (USA)

### Regional President, Wonca South Asia

Dr P Wijegoonewardene (Sri Lanka)

### Editor, Wonca News & Editorial Office

Dr Karen M Flegg  
PO Box 6023  
Griffith ACT 2603 Australia  
Fax +61 2 6244 4105  
Email [karen.flegg@optusnet.com.au](mailto:karen.flegg@optusnet.com.au)  
or [karen.flegg@anu.edu.au](mailto:karen.flegg@anu.edu.au)

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# WONCA 2012

## Asia Pacific Regional Conference

May 24-27, 2012 **JEJU, KOREA**

| **Theme : Evidence-Based Approach to Primary Care**

| **Program Includes**

- Opening Ceremony
- Plenary Lectures
- Clinical Case Discussions
- Poster Sessions
- Welcome Reception
- Symposia
- Parallel Sessions
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The Korean Academy of Family Medicine



The World Organization of Family Doctors

**FROM THE WONCA PRESIDENT :**

**LEADING AND LEARNING: REFLECTIONS HALF WAY THROUGH**

As 2011 came to a close, which is about halfway through my term as Wonca President, it seemed appropriate to reflect on the experience thus far. Traveling to more than 50 countries, meeting with heads of governments and global leaders, and leading Wonca through significant changes have been exciting, enlightening, and exhilarating. It has been an extraordinary 20 months.

**Sweet sorrow**

A painful task was informing Wonca members of the sudden and unexpected passing of Professor Barbara Starfield, in June. Barbara's death shocked all of us. She was such a giant intellect and was always so energetic that we thought we would have her forever. Her loss is inestimable – she was a true friend of Family Medicine and enormously influential among policy makers. We have lost a great thinker and a valued mentor. Her legacy will be the many young researchers she mentored and the many health systems she helped steer down the right path of primary care.

**High level highlights**

A leadership challenge this past September was the High Level Meeting on Non-Communicable Disease (NCD) that was convened by the United Nations (UN) in New York City. Wonca was concerned that health care would become even more fragmented if the UN were to adopt the proposed resolutions that

focused too narrowly on the four favored NCDs (cancer, cardiovascular disease, chronic respiratory disease, and diabetes). Linked through a well coordinated global alliance, more than 250 international organizations spent millions to market their message and lobby UN delegations, hoping for billions for their diseases. A disease-focused approach gained momentum in April at a Global Ministerial Conference, in Moscow, sponsored by the World Health Organization (WHO).

Wonca was determined to bring balance to the discussion, and to remind the health systems of the world that a solid primary care foundation was essential if progress was to be made on these four, or any, diseases. Yet, Wonca had virtually no funds and limited capacity to mount a campaign to broaden the focus from vertical to horizontal programs, from disease-centered to person-centered care. Since we could not afford to run splashy public relations advertisements or fly in patients to lobby UN delegations, Wonca had to work differently to make our case.



UN general assembly hall

Our first step was to meet with numerous groups during the World Health Assembly, in May, in Geneva, to better understand all sides of the issue and to encourage world health leaders to take primary care into account. With considerable effort, we were able to secure a two minute slot to give testimony, in June, at the UN interactive meeting for civil society, in New York. Yet, we remained on the outside looking in, with little apparent input into the resolution writing.

Our next step was to target the countries that had been identified as important to the drafting of the resolution, especially Argentina and Norway. We were able get the support of family doctors in those and other countries to communicate our message to their countries' UN delegations. Just before the start of the meeting, an Argentine family doctor now living in the United States was selected to serve on the Argentine delegation. Doctor Viviana Martinez-Bianchi was a superb ambassador for Family Medicine during the High Level Meeting. The end result of all of this was a UN resolution that was much better balanced. A special thanks goes out to Viviana and the many other family doctors from around the world who responded to our request for help and reached out to their UN delegations.

**Dutch discord**

In November, I was honored to speak in The Hague at the 60th anniversary celebration of the Dutch Association of General Practitioners. The Netherlands is rated as the top primary care system in Europe. So, while there was much to celebrate, there was also significant concern among Dutch GPs. In an attempt to drive more chronic care into the GP setting, the Dutch government provided incentives to GPs to hire

more staff to provide increased services. With a change in government came a change in priorities, and the current government was threatening to withdraw the support for the additional staff that the GPs had recently hired.

The ceremony took place in the throne room of the Ridderzaal (Knights' Hall). Nearly 800 years old, this magnificent building was the symbolic birthplace of the Netherlands. Heavy with history, the room was resplendent in red carpet, high timbered ceilings, and stained glass windows commemorating Dutch cities. The secured throne reminded us that this is where the Queen opens the Parliament each session. The proceedings began with a trumpet fanfare by costumed footmen.



Prof Roberts at the Ridderzaal, The Hague

The first speaker was the Health Minister, who described necessary changes given current economic realities. Against this regal backdrop symbolizing continuity, it struck me as ironic that I – an American from a health care system that glorifies specialism, technology, and everything new – should be asked to remind the Dutch government and health care leaders of the enduring value of primary care. But that is exactly what I did. My message was that there was a reason that primary care

was so successful in the Netherlands: it was a reflection of the shared commitment and investment of the Dutch government, people, and professionals who make it work. When outcomes validate the wisdom of that investment, it is unwise to retreat from the commitment. I do not know if my words had any impact on the assembled, but my understanding, as of this writing, is that there has been some softening of the Ministry's position.

### Best of all

The best part of my travels has been the chance to meet with, and observe, so many amazing family doctors. I often hear concern about today and worry about tomorrow from those I meet in my travels. I believe those concerns and worries would evaporate if I could share only a small portion of the passion, ingenuity, commitment, and respect from others, that I have witnessed among the family doctors of the world. And it is getting only better – just visit with young family doctors, and those in training. Our future is bright and in very good hands.

### Errata, mea culpa et cetera

It seems that some read my last column on Chile with a very sharp eye. It was noted that I had written that Chile was the first country in “Latin” America to be admitted to OECD. In fact, it was Mexico that was the first Latin country. I knew that. For reasons unknown, my initial draft, which read “South”, became “Latin” on the final draft. Mea culpa. Another concern was that I was thought to be equating the murderous regime of Pinochet with the overthrown Allende government that preceded it. That was not my intent. More importantly, that such a concern was raised validated the point that I was trying to make: that there remain deep wounds in Chile, as in many countries, that shape the current reality. Finally, there was a question about whether I had my statistics correct when describing the numbers of doctors in primary care. My data were taken from speakers that I heard in Chile and from a presentation by the primary care division of the Ministry of Health that I found online, which can be found at the following URL: <http://www.redsalud.gov.cl/portal/url/item/5b05ce050a029b92e04001011f0113ff.pdf>.

Thanks for reading the columns so carefully – your compliments and corrections are always appreciated.

### Professor Richard Roberts

President

World Organization of Family Doctors

## FROM THE CEO'S DESK:

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### WONCA EXECUTIVE MEET IN MUMBAI

The Wonca Executive committee met in Mumbai, India from December 14-17, 2011 just prior to the regional conference of the Wonca South Asia region. The three-day meeting consisted of morning sessions during which the Executive committee met to deal with organizational matters, whilst the afternoon sessions were reserved for selection interviews of four short-listed candidates for the post of Wonca Chief Executive Officer. All members of the Executive committee were present.

Some of the key issues discussed during the morning sessions included:

#### Review of GROW (Group to Redesign the Operations of Wonca)

The Executive Committee reviewed and accepted the GROW action items from the Cebu Executive Meeting and the relevant reports from the committees assigned with specific tasks. It felt no changes were required and accepted the progress update on the GROW action items.

I will be writing more on the GROW report in the next issue of Wonca News.

#### Review of the financial situation of Wonca

A considerable amount of the meeting time was spent by the Executive Committee in looking at the financial state of the organization. There were adjustments made to budget items and several applications by wonca regions, working parties and committees for supplementary budgets, for 2012, were discussed and allocations made where it was felt justified given the limitations of Wonca finances.

#### Approval of application of Wonca Membership in the various categories

The Executive Committee considered the applications for Wonca membership and the recommendations of the Wonca Membership Committee and approved the following:

*Full Wonca Membership:*  
 Indian Medical Association-  
 College of General Practitioners (IMA-CGP).

The Japan Primary Care Association.  
 The Association of General Practitioners in Macedonia

*Associate Wonca Membership:*

The Association of Departments of Family Medicine (ADFM), USA.

The Association of Family Physicians of India (AFPI).

*Wonca Academic Membership:*

The Hofstra-NSLIJ School of Medicine, Family Medicine Department, USA.

### The Wonca Website and its re-vamp

The CEO informed the Executive committee of the resignation of the Wonca webmaster, Alex Wescott, which was accepted with regret by the committee. Alex's resignation took effect from January 24, 2012. Alex had been the webmaster since the start of the website, in 2004, and had seen the website grow to its present state.

He also briefed the committee on plans to re-design and revamp the whole website and presented to the committee the terms of contract with BMD, the company selected for the re-design and management of the website, after the resignation of the current webmaster. The terms of the contract were accepted by the Executive committee.

The terms of the contract with HWR, the advertizing and marketing company appointed earlier by Executive committee, at its meeting in Cebu City to create a revenue stream for the website, were also discussed and accepted; with an amendment of reference to be made to Wonca's *Ethical Policies and Guidelines for Medical and Health Information Sites on the Internet* as an appendix to the agreement.

As part of the redesign of the Wonca Website, Executive agreed to also not renew the expired contracts of the three medical editors for *Journal Alerts* with effect from January 1, 2012. The newly appointed Wonca Editor will be requested to re-look at how *Journal Alerts* can be re-instituted on the website with minimal cost to Wonca.

Upgrade of the SIG on the Environment to a Wonca Working Party.

The Wonca Executive approved the upgrading of the Special Interest Group (SIG) on the Environment to a Wonca Working Party, as the SIG had been very active

in the past triennium and contributed at Wonca regional meetings, with involvement of increasing number of active and interested members.

### **The Wonca World Conference in Rio de Janeiro, Brazil**

The Executive committee discussed the issue of exactly in which year the world conference should be held in Rio, Brazil. The committee took into consideration the ongoing work by the conference committee on re-organizing Wonca conferences; and the results of its recent survey of member organizations. The Executive finally decided to have the Rio Conference, in 2016, as earlier planned.

#### **Dr Alfred Loh**

Chief Executive Officer  
World Organization of Family  
Doctors  
Email: ceo@wonca.com.sg

## **FROM THE EDITOR:**

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### **A NEW YEAR**

It's a new year and we find ourselves in 2012, or for the Chinese, the year of the Dragon. Interestingly while the dragon is the creature of myth and legend, is also an auspicious symbol signifying success and happiness. It is thought to be most lucky, so I wish all readers of *Wonca News* a happy and lucky 2012.

### **2011 and 2012 conferences**

Wonca will certainly be busy in 2012 with regional conferences to be held in Havana, Cuba; Jeju, South Korea; Vienna, Austria; and in Victoria Falls, Zimbabwe. As well as these regional conferences, there will also be a rural conference in Thunder Bay, Canada. There is certainly plenty of choice for those wanting to travel.

This issue offers reports on the South Asian region conference held in Mumbai, in December 2011. Our colleagues, in India, gained an unprecedented amount of publicity in the lay press from this conference and are pleased to provide a report about the revival of family doctors, in India, after the conference. The CEO updates us on a number of decisions taken by the Wonca Executive, at their meeting, also held in Mumbai.

### **Wonca groups have a busy year**

Wonca's young doctors have been busy. This issue includes features on the 2011 activities of The Spice Route (South Asian region young doctors) and the Vasco da Gama movement (Europe's young doctors). There will be more from the young doctors in 2012, of course. The Rajakumar movement, from the Asia Pacific region, have announced that they will be holding a joint meeting with the Wonca Women's Working Party, in Jeju.

The Wonca Working Party for Women in Family Medicine provides a report on their multiple activities held in 2011. The Wonca International Classification committee (WICC) celebrate 40 years in 2012, and recently met in Barcelona and they have launched a new website to celebrate. The Wonca Working Party on Research reports that at the recent Eastern Mediterranean region conference held in Dubai, in December 2011, there was some excitement with the establishment of a research network in that region. The Wonca Working Party on Education provides an update on its activities in developing a resource for student exchanges.

### **Special items in this issue**

At their meeting in December 2011, the Wonca Executive determined that the special interest group on the environment would become a working party. As a *Wonca News* 'first', Dr Grant Blashki, one of the members of the working party has written a poem to celebrate this occasion.

*Wonca News* congratulates Dr Gabriel Ivbijaro, chair of the Wonca Working Party on Mental Health, who was awarded the prestigious civil award, of a

MBE, by her majesty Queen Elizabeth II in the 2012 New Year's honours' list.

Young doctor and Wonca UK Council member, Dr Luisa Pettigrew, provides one of the most interesting articles in this issue, by relating her experiences at the recent executive board meeting of the World Health Organisation. It provides interesting reading for both those who are well versed with the functioning of the WHO, as well as those who know little of their processes.

A number of links to resources for family doctors are featured including, the WHO package on *Training in Children's Environmental Health* which is being promoted by our new Working Party on the Environment. First5™, an initiative developed by the Royal College of General Practitioners (RCGP) in the UK is an aid to support new general practitioners (GPs) from the time of completion of training through the first five years of independent practice.

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

Editor *Wonca News*

PO Box 6023

Griffith ACT 2603 Australia

Fax: +61 2 62 44 41 05

Email: karen.flegg@optusnet.com.au

or karen.flegg@anu.edu.au

## FEATURE STORIES

### REPORT: WONCA SOUTH ASIA CONFERENCE, MUMBAI 2011

#### **FFPAI's first international conference for the Wonca family: a feast of knowledge and fun.**

On December 16, 2011, all roads led to the Renaissance Convention Centre in Mumbai, India! Over 700 delegates, 550 from all parts of India and about 150 international family physicians participated in what appeared to be the largest South Asia Regional conference of Wonca, in history. The conference was held under joint auspices of Wonca and the Federation of Family Physicians' Association of India (FFPAI). The event was organised by the General Practitioners' Association - Greater Bombay (GPA). The venue was on the Powai Lake, in the centre of Mumbai City and took away everyone's breath!

#### **Pre-conference Events**

##### *Hospital Visits*

The pre-conference program started on December 16, with hospital visits, for over 100 delegates to see for themselves two centres of excellence namely, Hinduja Hospital and Kokilaben Dhirubhai Ambani Hospital.

##### *The Spice Route*

This program for young and future family physicians of the region met formally for the first time after it was launched last year in Nepal by Prof Richard Roberts. Inspired by the Vasco da Gama and Rajakumar Movements, The Spice Route responsibility is shared by Dr Raman Kumar of Academy of Family Physicians of India, an organisation of young doctors in Delhi; and Dr Sonia (Chery) Mehra, who trained in UK. Over 80 young family physicians from the region spent half day deliberating on spelling out a structure, action plan, funding and such basic issues to give a concrete shape to the movement. Prof Roberts inaugurated the pre-conference and Dr Preethi Wijegoonewardene, Dr Ramnik Parekh and Prof Prasad wished them well in the new endeavour.

##### *CME Program*

More than 260 practising family physicians spent half day, listening to ten experts, to update themselves in advances in medicine. Due to limited capacity of the hall many had to go back disappointed.

##### *Wonca Executive meeting*

The Host Organising Committee (HOC) appreciated the decision of the Wonca Executive to meet at the same venue. This thoughtful gesture gave confidence and encouragement to FFPAI that Wonca believed in them! The HOC felt indebted to them for their presence at the conference and for joining

the inaugural and social programs. It gave a unique opportunity for an average member to meet them in an informal setting.

## The Conference

### Attendance

The conference attracted 700 delegates of which 550 were from India and 150 from other countries; 42 from Nepal, 26 from Bangladesh, 15 from Sri Lanka, four from Pakistan and others from about 15 countries of the world. The whole atmosphere was charged with energy and enthusiasm.

### Inauguration

Wonca World President, Professor Richard Roberts, kindly consented to inaugurate the conference and gave his address in his inimitable style. Wonca South Asia Regional President, Dr Preethi Wijegoonewardene, appreciated the revitalisation of Wonca South Asia region activities, in his address. Dr R G Jimulia, Emeritus Chairman of the conference, welcomed the guests. Dr Ramnik Parekh, the executive Chairman gave an overview of the event and GPA President, Dr Chandrakant Kambli, expressed a vote of thanks. The HOC felicitated Prof Roberts, Dr Preethi and Prof Michael Kidd earlier. The short but very dignified inaugural ceremony concluded with the Indian national anthem.

### Scientific Content:

High quality scientific material was the highlight of this conference according to the feedback received. There were 10 CME talks, 15 Symposia/workshops, 38 guest/keynote lectures, 25 free papers and 10 poster presentations. Average attendance in each of three parallel sessions was 250! The faculty comprised of 38 Indian and 29 international speakers.

A number of remarkable panel discussions were held including: *one on the theme, Only family physicians can provide accessible, cost-beneficial and equitable healthcare*, chaired by Prof Rich Roberts: *The future of family practice- global scenario* led by Dr Dan Ostergaard, from the USA; *Women and family medicine: leadership challenges and opportunities in the regions*, led by Prof Amanda Barnard (Australia).

Delegates from Pakistan presented an excellent workshop on Hypertension. Scientific contributions by Sri Lanka, Bangladesh and the hosts India were all highly scholastic.

### Social Program:

A welcome dinner on December 16, for the delegates and the Wonca executive, set the ball rolling. The evening of December 17, began with a Bollywood Dancing Performance, and was interjected with Valedictory addresses from all the Wonca dignitaries, leaders of Nepal, Bangladesh, Sri Lanka and Pakistan contingents and others who wanted to share their experiences of the event. There was praise all around for the famous Indian hospitality.

Dr Geeta Vora, a senior member of GPA, was conferred with the *Dr L U Kirpalani Life-time Achievement Award* by Prof Roberts. He also declared open the on-line *Journal of Academy of Family Physicians of India*. Prof Pratap Prasad, of Nepal, handed over a gift from the General Practitioners' Association of Nepal to FFPAI President, Dr Ramnik Parekh. Festivities followed in form of cocktails and banquet.

Accompanying persons had a gala time, beginning with a cookery demonstration by nationally reputed expert Mrs Asha Khatau. Next two days were spent shopping and sightseeing, in Mumbai.

All delegates and accompanying persons were given a gift of wrist watch with Wonca-FFPAI logo; chairmen and guest speakers were given a gift of 4GB Pen drive with the logo.

## Media Campaign:

HOC took this conference as a unique opportunity to highlight the importance of family doctors in every family's life and the significance of primary care as the basis of healthcare system. With a systematic approach the print media and the news websites took notice of our event and our strong views on primary care. The presence of so many international delegates and Wonca dignitaries made the task easier.

Dr Ramnik Parekh  
Executive Chairman  
Wonca Mumbai conference

*Editor's note: Dr Ramnik Parekh has received many messages of congratulations from his colleagues for the enormous amount of work which he personally contributed to the success of this conference. The FFPAI should also be very pleased with the many items picked up by their national newspapers relating to the conference. A further article, in this issue of Wonca News, records the increased notice being taken of family doctors in India, and we would like to think that this is as a result of the Wonca Mumbai conference.*





Trade Exhibition



Inaugural Ceremony



Inaugural Ceremony: Dignitaries on the Dais



Inaugural Ceremony: Dr. Richard Roberts Lighting the Traditional Lamp of Learning



Delegates at the Lunch



Audience at the Inaugural Ceremony



International Delegates with Dr. & Mrs. Ramnik Parekh



Dr. Karen Kinder (USA)

## THE SPICE ROUTE HOLDS ITS FIRST PRE-CONFERENCE



'The Spice Route' is the Wonca South Asia Region working group for new and future doctors who have an interest in family/ general practice. It aims to promote excellence in this field and to address the challenges pertaining to global health. The creation of this group was inspired by the work of similar Wonca groups for new and future family/ general practitioners around the world: the Vasco de Gama movement in Europe, the Rajakumar movement in the Asia-Pacific region, Waynakay in the Ibero-american region, and NAFFDONA in the North America region.

The Spice Route was officially inaugurated at the Wonca South Asia /General Practitioners Association of Nepal (GPAN) conference, in Kathmandu, in December 2010. The Spice Route has just held its first pre-conference, in Mumbai, on December 16 2011, at the Wonca South Asia region /FFPAI (Federation of Family Physicians' Associations of India) conference held in collaboration with the AFPI (Academy of Family Physicians of India). There was active participation from approximately 80 new and future family / general practitioners from India, Nepal, Pakistan, Sri Lanka and Bangladesh.

The first The Spice Route pre-conference was inaugurated with words of blessing from senior colleagues, Prof Richard Roberts, Wonca President; Dr Preethi Wijegoonewardene, Wonca South Asia Region President; Dr Ramnik Parekh, FFPPI President; Prof Pratap Prasad,

GPAN President; and Prof Kanu Bala, president of the Bangladesh Academy of Family Physicians.

Dr Raman Kumar, president of the AFPI and chairman of The Spice Route Movement gave a summative talk about the concept of movements for new and future family/ general practitioners, such as The Spice Route; and Dr Sonia Mehra gave an outline of the pre-conference programme. Representatives of the five countries present; Dr Piyush Jain of India, Dr Pramendra Prasad of Nepal, Dr Samreen Kausar of Pakistan, Prof Kanu Bala of Bangladesh, and Dr Deepama Sumanasekera of Sri Lanka, gave overviews of their country's system of healthcare provision and the place of primary care within it, education and training systems for primary care, and challenges faced by new and future family/ general practitioners in their country. Though the South Asia region is rich in its diversity, there were similarities when it came to economic, social and cultural factors, as well as in terms of disease burden.



The Spice route members workshoping in Mumbai

All participants recognised the importance of a strong primary care to deliver the best possible services to their communities, especially for people with lower socio-economic status and for those in rural or remote areas.

Another common thread which emerged across the region is that family/ general practice does not seem to be given due recognition either by communities, policy makers and governments, or even the medical profession. It is therefore not generally an attractive career choice for medical graduates. This is further complicated by the difficulties in creating and maintaining a comprehensive, nationally and internationally recognised training programme for family/general practice in the region, to varying degrees.

Furthermore, it was on the whole felt that, compared to other specialities, there were sometimes few opportunities for family/general practitioners of the region to participate in meaningful continuing medical education activities, research and publication, or to develop leadership skills.

It was felt that The Spice Route's challenges would be to uphold the following aims and objectives, which were modified from previous ones, thanks to feedback from the participants at the time of the pre-conference:

- To improve education and training for young family physicians/ general practitioners in the South Asia Region.
- To increase opportunities for new and future family physicians/ general

practitioners to develop skills in:

- family and general practice research
- family and general practice publication
- family and general practice presentations at national and international conferences
- family and general practice exchanges
- To give a platform for new and future family physicians/ general practitioners to share their concerns, doubts and aspirations and help to address them.
- To encourage new and future family physicians/ general practitioners leadership through participation in The Spice Route's executive structure.

#### Contact The Spice Route

The Spice Route Secretary:

Dr Sonia Mehra, soniacherygp@gmail.com

The Spice Route National Liaisons:

*India:*

Dr Bijay Raj, bijayraj23@gmail.com

Dr Udit Thakker, uthakker@hotmail.com

*Pakistan:*

Dr Seema Bhanji, seema.bhanji@aku.edu

Dr Samreen Kausar, samreen.kausar@aku.edu

*Nepal:*

Dr Pramendra Prasad, dr.pramen@gmail.com

Dr Sanjeeb Tiwari, stiwari369@hotmail.com

*Sri Lanka:*

Dr Deepama Sumanasekera, rndeepama@gmail.com

*Bangladesh:*

Dr Md Innamin and Dr Islam Bhuiyan

nibhuiyan59@yahoo.com

Leading on from this discussion, small group workshops were held at the pre-conference to further discuss the Spice Route's needs for future development:

- Spice Route structure and communication channels workshop:
  - Strengthening of a core group of The Spice Route members and national representatives
  - Creation of a Facebook group (Spice Route Movement)
  - Creation of a website (to be announced)
  - Funding
  - Creating links with other countries in the South Asia region: Afghanistan, the Maldives and Bhutan, and with other groups such as Vasco de Gama, Rajakumar, NAFFDONA and Waynakay.
- Education, training and faculty development
- Comparative studies of education and training systems, and curricula within the region
- Development of recommendations to senior organisations and policy makers
- Research
  - Liaison with existing primary care research groups

- The Spice Route platform for presentation at future pre-conferences, and publications in affiliated journals such as the *Journal of Family Medicine and Primary Care* <http://www.jfmpc.com>
- Research methodology workshops at future The Spice Route events
- Exchange programmes
  - Organisation and funding of opportunities to learn from each other, first hand, at a national, regional and international level, including participation at Wonca conferences in the South Asia and other regions.

But let's not forget that the pre-conference gave us all a chance to meet our friends, old and new, compare stories and an anecdotes, share experiences, and was also, after all, good fun...

We would recommend anyone who is interested in joining The Spice Route movement to contact us via The Spice Route Movement Facebook group, or via email to Dr Sonia Mehra, Spice Route Secretary: soniacherygp@gmail.com or your national liaison person (see box).

Reported by Dr Nrutya Subramanyam (India) and Dr Sonia Mehra (UK)

*Acknowledgments: Dr Piyush Jain, Dr Raman Kumar, Dr Bijay Raj, Dr Venkatesan Pandian, Mrs Vasumathi Sriganesh, Dr Udit Thakker, Dr Navneet Gill, Dr Anita Goyal, Dr Mohit Gupta (India), Dr Samreen Kausar, Dr Seema Bhanji (Pakistan), Dr Pramendra Prasad (Nepal), Dr Deepama Sumanasekera (Sri Lanka), Prof. Kanu Bala (Bangladesh).*

## PAKISTAN PARTICIPATION AT MUMBAI

Three senior faculty members from Family Medicine department, Aga Khan University participated in the Wonca South Asia region conference, held in Mumbai. They were Dr Sameena Shah, Dr Seema Bhanji and Dr Samreen Kausar. Professor Waris Qidwai, Chair of International Committee for the conference was not able to attend because he was invited speaker at Wonca Eastern Mediterranean region conference, in Dubai.

Dr Sameena Shah also represented College of Family Medicine, Pakistan. Dr Seema Bhanji and Dr Samreen Kausar attended official Wonca South Asia region (SAR) meetings where strategies for collaboration in academics and research between Wonca SAR countries were discussed.



Some of the doctors from Pakistan in a group at Mumbai

In the introductory session on the first day, an overview of *Family practice Education and Training in Pakistan* was given by Dr Samreen Kausar, followed by perspectives by other countries and the future directions for the upcoming family doctors in The Spice Route young doctors' forum. Following this four workshops were organised simultaneously, one of which was the research workshop which was facilitated by Dr Seema Bhanji and Dr Samreen Kausar along with Ms Vasumathi (from India) in which orientation to formulation of a research project along with literature searching and reference writing was discussed. Simultaneously, Dr Sameena Shah presented on *Family Medicine training in Pakistan*.



Asst Prof Sameena Shah presenting with the Drs JV Shah, Vibhakar Adhvaryu and Pratap Prasad looking on

Dr Samreen and Dr Seema also attended the first The Spice Route meeting where they were made executive members of The Spice Route Movement with the task of forming national teams. Dr Seema was assigned additional responsibility of research liaison for The Spice Route.

On the second day of conference, a presentation on *Performing clinical audit in family practice* was given by Dr Seema Bhanji, followed by a talk on *Malaria-Evidence based practice* by Dr Samreen Kausar. Dr Sameena Shah deliberated on *Effective counseling skills in clinic*.



Dr Samreen Kausar presenting in Mumbai

On the third day of conference, a case-based workshop on Evaluation and management of hypertension was conducted by Dr Seema, Dr Samreen and Dr GC Dhar, from Bangladesh.

Dr Sameena Shah met Dr Janaka Ramanyake, Head of Department of Family Medicine, University of Kelaniya, Sri Lanka and discussed on-line distance learning programs for family physicians. She also met Dr Mohsin, invited delegate from Bangladesh, regarding the development of family medicine in Bangladesh and Pakistan and how they can collaborate and learn from each other's experience.

During the three days of conference we had multiple discussions with doctors from United Kingdom, Sri Lanka, Bangladesh and India for further development of family medicine in the region and exchanged ideas of research collaboration. Overall it was a wonderful experience to attend the Wonca Mumbai conference and meet people from different regions, exchanging experiences, making new connections and plans for better family medicine prospects.

Dr Sameena Shah, Dr Seema Bhanji & Dr Samreen Kausar

## WONCA WOMEN ACTIVE IN 2011, MORE PLANNED IN 2012

The Wonca Working Party on Women and Family Medicine (WWPWFM) has been active in regional meetings in 2011, and is looking forward to a productive 2012.

### Triennial meeting coming in 2012

WWPWFM has a tradition (well all of a six year tradition) of mid triennial meetings when the action plan is reviewed, major issues discussed, policy statements developed, and planning activities for the next World Wonca conference. They are a few days of intense work and collaboration.

The 2006 meeting in Hamilton, Canada produced the *Hamilton Equity Recommendations (HER) statement* which was subsequently adopted by Wonca World Council, in Singapore, in 2007, along with the *10 Steps to Gender*

*Equity in Health*. This meeting also started the process of the by-laws revision, which were adopted in 2012.

The 2009 meeting, in Norwich, produced the *Gender Equity Standards for Scientific meetings (GES statement)* which was adopted by Wonca World Council, in Cancun, in 2010, as well as the *LEAD statement* by young women doctors. Preparations in Norwich meant that Wonca World conference, in Cancun, had a dedicated women's track with 16 workshops, as well as the preconference.

The 2012 proposed meeting will be in early September, in Canberra, Australia, and despite the very tight financial circumstances of the moment, we are hoping to raise additional funds for bursary support. There will be further information about this in Wonca news, and on the WWPWFM list serve.

We are also actively planning WWPWFM work at Wonca regional conferences in 2012. In the Asia-Pacific conference in Jeju, we will be running a workshop for young women doctors in conjunction with the Rajakumar preconference, and also workshops during the main conference. There will be WWPWFM in Europe (Vienna) and Africa (Victoria Falls). The most recent regional activities have been in Mumbai and Wonca Europe (Warsaw)



Co-presenters in Mumbai, Dr Carmel Fernandopulle (2nd from left), and Dr Shreen Willatgamuwa (3rd from left) with other participants.

### WWPWFM at Mumbai.

I was delighted to attend the inaugural South Asia Wonca meeting in Mumbai, and would like to congratulate the organisers on an interesting, varied, and engaging program. From my perspective, it was great to see that the practice of chairing each session by a team of male and female family physicians has caught on, and to see

women doctors speaking and participating in plenary sessions.

The WWPWFM workshop was co presented by colleagues from Sri Lanka, Dr Shreen Willatgamuwa and Dr Carmel Fernandopulle. They presented their stories in '*A Day in the Life of a Female Family Physician*'. Their personal stories touched on many issues that resonated with the group in the discussion afterwards - a diversity of clinical works and settings, the challenges of being a female doctor in a sometimes all otherwise male world; balancing family and work, and a deep engagement in community work.

In the very interesting 'talking circle' that we finished the workshop with, one of the major issues in the region that was brought up was the challenge of empowering women patients. Those present shared their experiences, and discussed strategies and resources that help them help their women patients.

Prof Amanda Barnard  
Chair WWPWFM

### Wonca Europe Warsaw, September 2011

Warsaw provided an interesting and hospitable city for this very successful conference. You cannot be in Poland without being acutely aware of the impacts of history: I passed through the old ghetto area to reach the meeting, seeing political graffiti and other street art on the high rise buildings and apartment walls. One featured a naked torso of a woman mounted in a glass box at second floor level, past which were abseiling disinterested window cleaners. A sense of surreal and odd undercurrents continued when I went south to see Krakow and Auschwitz-Birkenau: recent trauma, brutality and death were all around in Poland, and an important reminder of how easy it is for inequity in society to lead to disaster.



WWPWFM session in Warsaw

I was delighted to be offered three parallel sessions by the conference organisers, who spontaneously approached Working Party leads to invite them to offer speakers and sessions for peer review. This is a win-win for organisers as they should get good speakers with well linked material that champions Wonca issues, and possibly adds to delegates who might not otherwise have attended!

I invited Professor Toine Lagro-Janssen, of Nijmegen University, to put together one parallel, which she titled *Gender and health – women's health in General Practice*; and Prof Leo Pas co-ordinated one titled *Dealing with family violence: from action to research and reverse*. I personally ran one with a group of younger female doctors called *Resilience and Doctors' Wellbeing*, where we looked at career facilitators and problems, and also health threats and selfcare. All were very well attended and well received.

As yet I have not had a similar invitation for 2012, but have put work in for Vienna and will ensure we have a presence there, while Prague in 2013 will be a focus for the wider group as it is the World conference. Look forward to seeing many of you there, or in London at RCGP any time you are coming that way!

Prof Amanda Howe  
Past Chair WWPWF

## WHO EXECUTIVE BOARD MEET IN GENEVA

*Dr Luisa Pettigrew, Wonca Council representative for the United Kingdom took the opportunity to attend the World Health Organisation (WHO) 130th Executive Board meeting, in Geneva, from January 16–23, whilst undertaking an internship at WHO headquarters. Following are excerpts*

*of her report to Wonca leaders on this meeting and her personal perspectives on the meeting and its issues.*

As my first attendance at a WHO Executive Board meeting, it was a real challenge to fully embrace the overwhelming range of terms and acronyms used as well as to understand the exact role of member-states and observers present. However by the end of the week I had started to get a grasp of proceedings.

For readers who, like me, may be novices to the world of WHO meetings I will share with you some background information (for those already familiar feel free to move on!):

### An introduction to WHO meetings

The WHO assembly is currently made up of 194 member states. This is the WHO's decision making body. It meets annually at the World Health Assembly (WHA) in May.

The WHO Executive Board (EB) is made up of 34 member states, each serve a three year term and are elected by the WHA. WHO EB meetings take place twice a year, these guide and follow-up on the WHA agenda.

Both WHA & EB meetings are attended by all member-states, although at EB meetings EB members speak first and ultimately decisions to pass resolutions lies with them. In addition, a range of different categories of observers are invited. These include: non-member states (e.g. the Holy See), observers (e.g. Global Fund), observers invited under special resolution (e.g. Palestine), representatives of the United Nations and Related Organisations (e.g. World Trade Organisation), specialised agencies (e.g. World Intellectual

Property Organisation), other intergovernmental organisations (e.g. European Union), and Non-Governmental Organisations (NGOs) in official relations with the WHO.

Wonca is recognised as a non-governmental organisation (NGO), which has been approved to be in 'official relations' with the WHO. Other organisations under this umbrella term include; patient interest groups, religious organisations, pharmaceutical organisations, food industry organisations, humanitarian and development organisations and other health professional organisations.

Throughout the course of the EB behind the scenes work takes place where informal country and observer coalitions form to propose changes to reports and draft resolutions. Prolonged discussions between groups of countries over what could be perceived as minor word changes, but could potentially have a significant impact, are a frequent occurrence at WHO meetings.

To speak on an agenda item, otherwise known as making an 'intervention', as an observer you must submit your statement 24 hours before the agenda item is discussed. If it is felt to be factually correct and relevant to the discussion by the WHO secretariat you will be granted an opportunity to speak.

This year for the first time a traffic light system was introduced to limit interventions by both member states and observers to three minutes. This seemed to be very welcomed by most!

In the spirit of collaboration, on even the most controversial of matters, the EB worked to reach a consensus and avoid resorting to a vote. It was interesting to hear the WHO's legal advisor indicate that he could remember few times when

the EB had not be able to reach consensus.

### **An overview of the 130th WHO EB meeting**

It is truly hard to do justice to the depth and breadth of discussions which took place over the course of a week within a couple of pages. Below I have only been able to highlight a handful of discussions and comments from countries, however all the agenda reports and resolutions for this EB meeting, which provide a wealth of information on the topics covered, can be accessed on the WHO website:

[http://apps.who.int/gb/e/e\\_eb130.html](http://apps.who.int/gb/e/e_eb130.html)

#### ***Director General's Report: Our lopsided world***

The observers' balcony and overflow balcony for member states were packed as Dr Margaret Chan, Director General of the WHO, gave her annual report. She indicated that

"our world is in very bad shape", noting that 2010/11 had brought an unprecedented number of natural disasters including floods, drought, starvation in the horn of Africa, a tsunami and the ensuing nuclear disaster. Also, she noted that it had been a year of economic crisis, protests and uprisings which were, as she described, a result of "social malaise". This had highlighted the need to pay greater attention to inequalities in terms of both income and opportunities, particularly for young people in the world today. Drawing attention to the fact that GDP is steadily rising in many countries whilst at the same time more people are falling below the poverty line she described a pressing "need to introduce greater balance in our lopsided world" where good policies that focus on equity, fairness and social justice are urgently needed.

She observed that we now have a much better understanding what works in public health and offered

examples of positive indicators, such as the fact that that mortality in children under five years old in Sub-Saharan Africa is falling at double the rate that it was between 1990 - 2000, and that the HIV epidemic appears to have stabilised. The polio eradication programme is on track, however she warned that the WHO must stay the course otherwise it may be one of public health's most expensive failures.

Dr Margaret Chan emphasised the pressing need to address the new challenge of Non-Communicable Diseases (NCDs) with the need to shift from a focus on acute care and treatment, towards long-term care and prevention. She acknowledged that the first wave of NCDs was already upon us, and warned that the second wave was yet to come which would be "much more horrific" if the root causes were not addressed now.

Changing actors within the global health arena and financial



WHO 130th EB meeting Jan 2012 - observations from the upper circle!

challenges have resulted in new breeds of research and development partnerships. These, Dr Margaret Chan indicated, need to continue to be developed alongside new methods of securing transparent funding.

Finally there was no escaping the fact that the WHO has embarked on a major reform process as a result of its own internal financial crisis and that there is mounting pressure for it to improve transparency (in particular with regards to stakeholder relationships), improve planning and prioritisation of work, as well as address issues in its human resource management.

### **Elections**

With only one candidate it was of limited surprise that Dr Margaret Chan was elected for her second five year term. The board also elected Dr Ala Alwan as Regional Director for the Eastern Mediterranean Region. The outgoing Regional Director, Dr Hussein Gezairy, will become the WHO envoy for polio and primary health care.

### **Monitoring the achievements of the health-related Millennium Development Goals (MDGs)**

As the 2015 MDG deadline draws closer it was noted that although statistics indicate that the death rate due to HIV is falling and despite progress being made in some countries, worldwide MDGs regarding child mortality and maternal health are the furthest away from being achieved.

Numerous countries highlighted the need for greater integration of health into wider global and political agendas, strengthening of multisectoral cooperation and strengthening of health systems. The more potentially politically 'controversial' comments came from the NGO observers such as Médecins

Sans Frontières, that highlighted the Global Fund's unprecedented decision to cancel new funding for this year, asking the WHO to urge countries who had not met their pledges to do so.

What new goals would be set after 2015 was a matter of concern. Many commented that 'good indicators' were needed alongside the recognition that targets were useful to monitor progress. Some countries indicated that new goals should reflect a changing global context where "action beyond aid" should be encouraged. It was also highlighted that the terms 'developed' and 'developing' country were outdated. There was general recognition of the need to address challenges that were relevant to all societies such as climate change, NCDs and financial crises.

It seems that the jury is still out on the UN's next set of development goals; however Dr Margaret Chan made it clear that both polio and health systems strengthening would be amongst her priorities.

### **Prevention and Control of NCDs**

The observers' balcony was packed for this session reflecting the momentum this subject has gained over recent years. Following the United Nations high-level meeting of the General Assembly last year, the WHO has been given the responsibility of implementing the *Global strategy for the prevention and control of NCDs and action plan*. This action plan has six objectives in relation to NCDs: including raising their priority level, strengthening policies for their prevention and control, promoting interventions to reduced modifiable risk factors, promoting research, promoting partnerships, and monitoring and evaluating progress at all levels.

There was widespread support

for this matter. Japan highlighted how NCDs had become a major issue due to ageing populations. India amongst several others highlighted the need to address the role that the alcohol and tobacco industries have. Brazil, with reference to the right to access medicines, urged here and at numerous other points during the meeting for there to be greater flexibility to intellectual property agreements.

There was frequent reference to the need to regulate the private sector and their involvement in influencing health policy and in their 'official relations' with the WHO. Opinions seemed to vary between countries on the subject of differentiating between types of NGOs. Some countries requested clearer definitions on what was civil society, whereas others suggested that all NGOs had vested interests and attempts to formally distinguish between them would be difficult.

### **Global Burden of Mental Disorders**

A resolution was brought forward by India, USA & Switzerland on the '*Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*'. Most countries were in favour of this resolution, although it was highlighted that the document lacked recognition of the need for wider social policies to strengthen preventive strategies. There was also debate on whether neurological disorders and substance abuse should be included in the resolution. After numerous modifications the resolution was accepted. This can be found on the WHO website.

### **Poliomyelitis: intensification of the global eradication initiative**

India was congratulated after reporting being free of polio for one year, but concerns were raised about



outbreaks earlier this year in Pakistan and Nigeria. Dr Margaret Chan gave a passionate speech about the need to continue to strive to eradicate polio. The budget for 2013–2018 is estimated at USD1,896 Million.

### **Global Vaccine action plan: update**

This item raised questions about the role of introducing new antigens in national immunisation campaigns, as many countries highlighted the document lacked clarity on this. Proposals were made to hold 'World Immunisation Week' again. The event is planned to take place around late April this year.

### **More....**

There were further resolutions passed on promoting active aging; schistosomiasis; 2011 world conference, held in Rio, on the social determinants of health; substandard / spurious / falsely-labelled / falsified / counterfeit medical products (although not on a definition of these yet!); the WHO's role in humanitarian emergencies; and numerous other progress reports were noted by the EB. Details of these are on the WHO website.

### **A personal perspective**

From a family doctor's perspective

the moment seems ripe for primary health care to be pushed forward again, to the frontline and into the core of health systems worldwide. The increasing awareness of the burden of NCDs and mental health, of the need to strengthen health systems, of the role of the social determinants of health, of the need to move away from purely vertical programmes, of the rising cost of health care and a general desire to revisit the objectives of the 1978 Alma Ata declaration all indicate, as the 2008 WHO report has done, that primary health care is really needed now more than ever.

The term 'primary health care' was frequently used. Although some reference can be found within the text of reports and resolutions, as an outsider observing discussions for the first time, I felt that there was limited debate amongst member-states around what was actually needed to have an effective primary care system. Such WHO meetings seem an extremely valuable forum to raise awareness of the need to invest in appropriately trained, equipped, empowered and motivated community health workers, nurses and family doctors; to work together to address the ongoing "brain-drain" of health workers worldwide; to find practical ways that health workers can be supported to help

address the social determinants of health and stimulate inter-sectorial collaboration at all levels; to prioritise work which moves health systems closer to universal coverage; and of course, for the political will to implement policies to support all of the above.

Further collaboration with other professional and patient interest NGOs, as well as increased dialogue between all Wonca representatives and their respective WHO delegations will help inform interventions that member state and observers make so that the primary care voice is heard loud and clear in the WHO.

Luisa Pettigrew

### **PICTORIAL REPORT: YOUNG DOCTORS IN WARSAW**

The young doctors who comprise the Vasco da Gama movement (VdGM) were prominent at the Wonca Europe conference held in Warsaw, in September 2011. A selection of photos from the VdGM Flickr page appear below. For more examples see:

<http://www.flickr.com/photos/vdgm/>



VdGM young doctors in Warsaw



VdGM women at booth: Zuzana Vaneckova, Czech Republic; Katerina Sklarova, Czech Republic; Magda Moszumanska, Poland; Karina Heleniak, France



Montegut scholar, Dr Maltezis Kyriakos from Greece (right) chats with Ioanna Iskra, a medical student from Poland



Lenia Chovarda, Greece and Sven Streit, from Switzerland



Wonca president, Prof Rich Roberts, seen with some members of the Vasco da Gama movement in Warsaw



Dr Magda Moszumanska, Poland, who did the local organising for the group



VdGM group from the pre-conference discussion groups on the subject of global health

## WONCA REGIONAL NEWS

### WONCA EMR PRIMARY CARE RESEARCH NETWORK LAUNCHED IN DUBAI

The first Wonca Eastern Mediterranean region (EMR) conference was held, in Dubai, in December 2011. It was widely attended by participants from the around the world and across the region.

Based on initiative of Professor Nabil Y Kurashi, Wonca EMR President and Professor Faisal Al Nasir, President, Family & Community Medicine Council, Arab Board for Health Specialties, the launching of the Wonca EMR Primary Care Research Network took place, during the conference.



Prof Taghreed Farahat of Egypt will co-lead the new research group

Professor Taghreed Farahat from Egypt and Professor Waris Qidwai from Pakistan have been requested to lead this network. Initially, 41 conference participants have signed as members. A yahoo group has been initiated and family physicians from Wonca EMR region are requested to join.

The sole aim of this newly formed network is to promote primary care

research in the region and to build capacity to achieve this objective. Two projects have been initiated, on *Information and Communication Technology* and *Access to Patient-Care*. The former is led by Prof Taghreed Farahat and later by Prof Waris Qidwai. It will be important part of the mission to increase collaboration between primary care research networks both within the region as well as globally.

Also in Dubai, Prof Waris Qidwai, chair of Wonca Working Party on Research delivered a key-note address on research strategies required to reduce disease burden from diabetes mellitus and hypertension in the developing world.

This region already has highly committed and rich well trained human resource in primary care research. It is expected that over the coming months and years, this network will become more active and will ensure that primary care research is at the forefront in the region.

For further information please contact  
Waris Qidwai  
waris.qidwai@aku.edu  
Prof Waris Qidwai  
Chair, Wonca Working Party on Research



Prof Waris Qidwai with Dr Tabinda Ashfaq and Dr Samina Hossein, from the Aga Khan University in Pakistan looking at looking at posters, in Dubai

# THE ART & SCIENCE OF GENERAL PRACTICE

18<sup>th</sup> WONCA EUROPE CONFERENCE  
AUSTRIA CENTER VIENNA

JULY 4–7, 2012

2<sup>nd</sup> ANNOUNCEMENT



**WONCA**  
**EUROPE**  
CONFERENCE  
**2012**

[www.woncaeurope2012.org](http://www.woncaeurope2012.org)

## LATEST UPDATE FROM WONCA VIENNA

2012

<http://www.woncaeurope2012.org>

Dear colleagues,

The year 2012 has just begun and the preparations for the 18th Wonca Europe conference 2012, in Vienna, are getting more and more intense. We are looking forward to sharing this exciting and interesting time with you and we will regularly keep you updated.

### ***Rich Roberts and Iona Heath to speak***

We are delighted to announce another detail of the program – next to Iona Heath as a keynote speaker for the “art” part of the plenary sessions, Richard Roberts recently confirmed his participation; he will give his keynote speech on The art of family doctoring – a global view.

Prof Roberts is currently president of Wonca and professor as well as past chairman of the Department of General Practice at the University of Wisconsin, School of Medicine & Health in Madison.

### ***Deadlines***

Moreover, we would like to remind you of the deadlines for registration and submission. The early bird special is still on till February 29, 2012! For the submission of latest research results (“Last Week Results”, deadline March 15, 2012) the online abstract submission site will be accessible from March 1 to March 15, 2012. Please click here for further information!

For authors whose abstract has been accepted under “Last Week Results” for presentation, the early bird registration fee applies till March 31, 2012.

We sincerely invite you to participate in this exciting conference in a fascinating city and are looking forward to welcoming you in Vienna!

Yours,

Gustav Kamenski, president of the 18th Wonca Europe conference 2012

Manfred Maier, chairman of the scientific committee

## REPORT: 3RD ASIA-PACIFIC PRIMARY CARE RESEARCH CONFERENCE

The Malaysian Primary Care Research Group (MPCRG), under the auspices of the Academy of Family Physicians of Malaysia (AFPM), has successfully organised the third Asia-Pacific primary care research conference (APPCR) conference.

The conference was held on December 3–4, 2011, at the Summit Hotel, Subang Jaya, Malaysia. This conference was made possible with the support from the Family Medicine Specialists Association of Malaysia, the Ministry of Health of Malaysia, the College of Family Physicians Singapore and Wonca Asia Pacific region.

A total of 169 delegates attended the conference, both from Malaysia (n=133) and across the world (n=36) including Australia, Hong Kong, Japan, Korea, New Zealand, Saudi Arabia and Singapore, United Kingdom and Yemen.

There were three plenary lectures and three concurrent workshops running throughout the conference. The Deputy Director-General of Health, Research and Technical Support, Ministry of Health of Malaysia, Dato' Dr Maimunah Abdul Hamid, gave the first plenary lecture on *Using evidence for health care reform*. She highlighted the importance of primary care research in support the upcoming "Care" health reform in Malaysia. Dr Moyez Jiwa, Curtin University, Perth, Australia delivered the next two plenary lectures on *Doing research in the real world* and *Medical informatics: application in research*. He enlightened the audience with how health innovation can be used to make general practice more effective, efficient and patient-centred.

There were three parallel workshops: *Health system research*, *Basic biostatistics with SPSS and Qualitative research*. There was an overwhelming participation from the delegates and their enthusiasm has definitely motivated the organisers to organise similar workshops in the future.

### Presentations and posters

A total of 51 abstracts were submitted to the conference; five were selected to compete at the oral free paper sessions while the rest competed in the best poster category. This year, both the quality and quantity of the abstracts have surpassed the past two conferences.

The best oral presentations were:

Rajakumar Award: Dr Suraya Abdul Razak whose topic was *Perceptions of unmarried teenage mothers in a Malaysian setting towards antenatal care: a qualitative study*

1st runner up: Dr Azainorsuzila Mohd Ahad whose topic was *Associated factors and predictors of asthma control in primary school children*

2nd runner up: Dr Loh Siew Yim whose topic was *Efficacy of a 4-week self management program for breast cancer as a chronic illness*

Consolation prize: Dr Noorlaili Tohit whose topic was *Healthy ageing*

*perspectives of older Malays in Selangor, Malaysia - a qualitative study*

Consolation prize: Dr Nazrila Hairin Nasir whose topic was *Evaluating the effectiveness of a fluid chart to improve oral fluid intake in suspected dengue patients: a feasibility study*

The best poster presentations were:

The Wong Heck Sing award: Dr Iliza Idris whose poster was entitled *Screening for microalbuminuria among patients with hypertension without concomitant diabetes, as a marker of cardiovascular risk*

1st runner up: Mr Lee Yew Kong whose poster was entitled *Insulin myths: Healthcare professionals' views of patients' perception towards insulin therapy*

2nd runner-up: Mr Chan Chun Wai whose poster was entitled *The association between medication adherence and hypertension control in primary care clinics*

### Research championship

A research championship workshop was held as a pre-conference on December 2, 2011, at the Rumah Universiti, University of Malaya. There were four groups and a total of 30 participants. The groups were facilitated by two facilitators each. The research championship was first introduced at the second Asia Pacific primary care research conference, held in 2010, in Singapore. The aim was to provide a platform for novice primary care researchers to work as a team and learn research through personal coaching by experienced researchers.

Twelve research proposal abstracts were submitted to the scientific committee and they were reviewed independently by three reviewers. The

four best abstracts were chosen for coaching at the Pre-Conference, and to compete at the research championship on December 4. The coaches were experienced primary care researchers, from Malaysia and Singapore.

The four teams that competed at the research championship were:

1. *PREPARE: Prescription error amongst paediatric patients review*

Josephine H Basil, Ng Sok Nee, Anis Adilah Jamaludin, Azzakirah Ishkandar, Chai Li Yen, Erik Tan Xi Ni, Goh Li Li, Priyal Gunasegaran, Pua Chiew Yean and Soo Gian Wan: from Pejabat Kesihatan Daerah Petaling, Selangor. (Winner)

2. *ADAPE (Atopic Dermatitis Action Plan Effectiveness Study): A pilot intervention study*

Ho Zhuan Yi, Chuang Di Fang and Tham Shu Qi: from the Yong Loo Lin School of Medicine

3. *Factors Affecting Primary Care Physicians in providing their handphone number to patients by medical doctors*

Dr Mohd Khairi Mohd Noor, Dr Siti Nurkamilla Ramdzan and Dr Maliza Mawardi: from the University Malaya Medical Centre

4. *Case control study on the biomechanical risk factors for trigger finger in Asian patients*

Poh You Kai, Justin Boey Jia Jun and Po Jing Yuh: from the Yong Loo Lin School of Medicine

### Malaysian primary care research awards

During the 3rd Asia Pacific primary care research conference dinner, the MPCRG awarded the inaugural Honorary MPCRG Research Award to Prof Teng Cheong Lieng, for his outstanding contribution towards primary care research in Malaysia.

The MPCRG logo, slogan and website were also launched at the conference dinner. The logo competition was won by Dr Mimi Omar.

The MPCRG slogan selected by the committee members was *'Improving primary care through research'*. The MPCRG website can be accessed at <http://www.mpcrg.net/>

### Summary

The conference is a social experiment to bring clinicians and researchers into the world of primary care research via experimenting & coaching, learning in the track courses, competition in a safe and supportive environment.

The 4th Asia-Pacific primary care research conference will be held in Singapore, in 2012. Details will be announced later in the Wonca website, and in Wonca News.

Dr Mimi Omar  
Prof Chirk Jenn Ng  
Prof Lee Gan Goh

### WONCA AFRICA TO MEET IN ZIMBABWE

The College of Primary Care Physicians of Zimbabwe is delighted to have been selected to organise the 2012 Wonca Africa conference and is looking forward to hosting delegates from all over Africa and from around the world. The College is an energetic organisation which is making great strides in improving the primary health care in independent Zimbabwe.

The theme of the conference is *Roles and Responsibilities of an African Family Physician*. We enthusiastically look forward to learning from colleagues in other lands and sharing our experience of the problems encountered by doctors in Africa.

The conference will be staged at the majestic Victoria Falls which stands unequalled as a world heritage site with facilities of highest standard. Delegates are assured of a long to be remembered experience, including the charity golf day to be held on 19 November at the elephant Hills golf club



Dr Muriel Selma Fallala, conference convenor

## First Call for Abstracts

Abstracts are invited for oral and poster presentations. They can be submitted online or via email.

## Pre and post conference meetings

The Wonca Working Party on Women and Family Medicine (WWPWF) will meet before the conference on November 18, 2012. The meeting will be held at the Elephant Hills hotel.

Primafamed will hold a post conference from November 22-24 also at the Elephant Hills hotel

### Wonca Africa 2012 at a glance

Dates : November 19-21, 2012  
Venue : Elephant Hills hotel, Victoria Falls, Zimbabwe  
Theme : Roles and Responsibilities of African Family Physicians  
Deadline abstract submission : June 30, 2012  
First Early bird registration closes : May 31, 2012  
Second early bird registration closes : August 31, 2012  
Web : <http://3rdwoncafricaregionconf.org/>  
E-mail : [nerisers@gmail.com](mailto:nerisers@gmail.com),  
[galen@gatorzw.co.uk](mailto:galen@gatorzw.co.uk) or  
[cpcpz@yoafrica.com](mailto:cpcpz@yoafrica.com)

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## WONCA WORKING GROUP NEWS

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### SIG ENVIRONMENT BECOMES A WORKING PARTY

The Wonca Special Interest Group (SIG) Environment continues to be active. We submitted documents noting our high level of activity, to the Core Executive Meeting, which was held in Warsaw, Poland, on September 6, 2011, with a proposal to upgrade the SIG Environment to the status of a Wonca Working Party. This proposal was supported in December 2011 by the Wonca Executive.

So we are now the Wonca Working Party on the Environment.

Our structure remains the same. Alan Abelsohn hosted a meeting of SIG Environment at Wonca South Asia region conference, in 2011, in Mumbai. Hopefully we will begin to develop our membership and interest in that region. Grant Blashki has set up a Facebook page for our WP Environment to increase communication and to reach out to the "next generation".

<http://www.facebook.com/groups/envwonca/>



Prof Alan Abelsohn, chair of the new Wonca Working party on the Environment presenting in Cancun in 2010.

## Co-chairs wanted in Africa and EMR

We are looking for regional co-chairs in the Eastern Mediterranean and Africa regions.

## Current projects

### *Greening the doctors' office/ clinic.*

We plan to develop a guide to "greening the doctors' office" for distribution through Wonca, and national colleges. We can use existing materials, including those from the Doctors for the Environment Australia and the Ontario College of Family Physicians. Alan Abelsohn discussed this in Mumbai.

### *Climate change and health; The role of the family doctor*

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

### *Meetings attended and conducted*

Grant Blashki held a very successful conference in Melbourne in October, on sustainability in healthcare and climate change. Alan Abelsohn is running a series of workshops on climate change and the family doctor in Canada, at national and provincial family medicine conferences, and gave a plenary on climate change and health at Wonca SAR 2011, in Mumbai.

Ernesto Mola and Giorgio Visentin (from Italy) attended a World Health Organization (WHO) workshop on Radiation Safety in Geneva in September, and Ernesto is now a member of the Working Group for Global Imaging Referral Guidelines through the WHO Global Initiative on Radiation Safety in Healthcare Settings. They presented at Wonca Europe in Warsaw.

Ezequiel Lopez attended an international meeting on occupational health and primary care, in The Hague, Holland, representing Wonca, in December and will continue to work with this group.

### *Research.*

Our survey on the attitudes of family doctors towards climate change has been completed. The survey results will be analyzed and written up for publication. The group working on this are Grant Blashki and Claudio Villella

(Australia) as leads, Gerald Koh Choon Huat (Singapore) and Alan Abelsohn (Canada).

## Children's Environmental Health.

We would like to promote training based on the WHO Training Package for Health Care Providers on Children's Health and the Environment in collaboration with ISDE and WHO. Alan Abelsohn met, by conference call, with Ruth Etzel and her support staff, of the Children's Environmental Health program, Public Health and the Environment, WHO, in January, and we continue to look for mutual opportunities to teach these modules. (The modules are also featured in this issue of Wonca News) <http://www.who.int/ceh/capacity/trainpackage/en/index.html>

Prof Alan Abelsohn  
Chair

### **Celebration of becoming a working party**

*A poem by Grant Blashki*

Asia Pacific Chair of Wonca Working Party  
on the Environment

Its 2012,  
And we're a Working Group!  
Join us on Facebook  
So you stay in the loop

Were no longer a SIG  
Yes- we've come of age  
It's time for the environment  
To take centre stage

It's Wonca connecting  
The Docs of the earth  
Clean air water and food  
From the moment of birth

Join us today  
Be part of our troupe  
It's a catchy name on Facebook  
The "Wonca Environmental Working Group"

So we'll see you online  
And hear your insights  
What family docs can do  
To keep the planet's health right



## WONCA INTERNATIONAL CLASSIFICATION COMMITTEE TURNS 40

*WONCA's longest serving committee, WICC has been instrumental in the effort to move us globally towards the adoption of a classification system that is practical and relevant to primary care, through the development of ICPC and ICPC-2. More about ICPC on page 31. The editor apologises for the acronym usage. Those who require more information are referred to WICC website or their local WICC member.*

In this issue of *Wonca News*, we celebrate the 40th birthday of the Wonca International Classification Committee (WICC).



Prof Mike Klinkman, current convenor of WICC

Under the leadership of Bob Westbury, Jack Froom, Charles Bridges-Webb, Niels Bentzen, and now Mike Klinkman; WICC has a tremendous record of accomplishment during its 40 years of existence: ICHPPC -1, ICHPPC-2, the Glossary of Family Practice, IC- Process- PC, ICPC-1, the COOP-WONCA charts, ICPC-2, the DUSOI-WONCA severity scale, the Dictionary of General/Family Practice, and ICPC-2-e. Members of WICC have developed many health information technology applications that have put its classification tools to work to serve the needs of family doctors and their patients worldwide, and have developed important concepts such as quaternary prevention.

### Mission

Over the past four years, WICC has been transforming itself to better represent the needs of family doctors and their patients in a new era. Members approved its formal mission statement in 2010:

*The mission of the Wonca International Classification Committee (WICC) is to develop and maintain classifications that accommodate the complete domain of family/ general practice, and to ensure that these classifications are interoperable to the highest degree possible with standard international health care terminologies and classifications, in order to contribute to equitable quality health care worldwide.*

This mission statement has led to the group's agreement upon the following primary goals:

- To achieve widespread international use of ICPC
- To maintain and revise ICPC to accommodate expanded health care knowledge
- To develop productive working relationships with other international standards development organizations
- To support the work of WICC and Wonca through licensing of ICPC
- To create and disseminate additional classification tools as needed to capture and codify the complete domain of family/general practice

### WICC now

WICC is still organized as an "expert volunteer" committee, led by an elected Chair (since 2007, Mike Klinkman from the USA) and Deputy Chair (Anders Grimsmo, from Norway) and three elected Executive members (currently Nick Booth from the UK, Helena Britt from Australia, and François Mennerat from France). WICC has at present approximately 48 full and associate members. Observers are permitted and encouraged at meetings; between 5 and 10 have been present at each of the last three WICC annual meetings. We try to reach out to find and encourage individuals who are interested in the work of the committee.

The work of the committee has become more complicated over the years. We more clearly understand the need to collaborate with other organizations that develop and disseminate health care classification and terminology standards, and we have created working groups to lead those efforts. Active working groups include a WHO liaison group, the General/Family Practice Special Interest Group within IHTSDO, and internal groups such as process classification, ICPC-2 maintenance and update, communications, and translations. Each working group is responsible for basic work, all coordinated by the executive group. Full Committee meetings are used for exchanging information, making core decisions, and establishing and maintaining consensus.

WICC is now following a strategic plan that aims to maintain close relationships with key international classification organizations (IHTSDO, WHO, ISO/CEN) while working to revise ICPC to better capture the full clinical domain of general/family practice. This revised version of ICPC, "ICPC-3", is the primary item on our work plan, but its target completion date is largely dependent on finding the resources necessary to fund the intensive revision work.



WICC met in Barcelona in October 2011

At its last meeting in Barcelona, members approved an ambitious work plan for 2011-2012. Highlights include:

- Revision of the ICPC process codes for use with ICPC-2
- Use of a Web-based classification management tool to facilitate revision and updates to ICPC
- Collaboration with the WHO classification unit on ICD-11 development, and harmonization with ICPC-2
- Continued work with IHTSDO to develop a primary care reference set for SNOMED-CT, and a SNOMED-ICPC-2 map, to enable use of ICPC to organize and retrieve SNOMED-coded data in electronic health records
- Exploration of a collaboration with ACG International on use of ICPC for case-mix adjustment in primary care
- Developing a collaborative Web-site to organize the Committee's work and create a public forum for discussion, dissemination, and collaboration on classification and health information technology in primary care
- Further efforts toward a business plan to support ICPC-3 development

We hope to send brief updates on our progress on this work plan from time to time over the next year: we will begin by highlighting one accomplishment by WICC members.



Jean-Karl Soler, of Malta (left) and Kees van Boven, of The Netherlands, facilitate discussion at the WICC meeting in Barcelona

### **New WICC website: primary health care classification consortium**

In this 40th anniversary year, we are especially proud to be able to launch the new WICC web site, the initiative of a group of WICC members led by Marc Jamouille of Belgium, Eric Falcoe of Denmark Sebastian Juncosa of Spain and Gustavo Gusso of Brazil. It will serve as the primary communication tool for WICC members, and will also offer a public forum. We chose the name "Primary Health Care Classification Consortium" to support Wonca while at the same time reaching out to bring together other groups or individuals from around the

#### **WICC's website**

There is a wealth of historical material about the activities of WICC and ICPC on both the new and old WICC websites: meetings and annual reports; WICC members all around the world; the first 20 years of Wonca - extract about WICC; the birth of ICPC; ICPC around the world 2003, and much more. For more information about WICC and its 40 years of activities please visit:

<http://www.ph3c.org/>

<http://www.globalfamilydoctor.com/wicc/about.html>

world. This site provides access to much of the work published by the committee since its creation in 1972, recent committee minutes, and other classification-related materials. Please add this URL to your bookmarks, make a link to it, tweet it, distribute it to your students, and use it.

The URL is: <http://www.ph3c.org/>

We hope it will become the place to disseminate information about Wonca's work in this area and to share lessons learned through research and field trials worldwide. We welcome your comments and advice and hope you will enjoy our efforts to share what we are collectively learning.

Mike Klinkman (USA)  
chair

## WONCA WORKING PARTY ON EDUCATION AND STUDENT EXCHANGES CHECKLIST

The Wonca Working Party on Education (WWPE) was very happy to be approached by the International Federation of Medical Student Associations (IFMSA) to help in developing student exchanges in primary care. As a first step in this process, our group has been developing a checklist for student experiences in family medicine. This checklist will become part of IFMSA's handbook that every medical student going on an exchange will take with them.

Our goal is to ensure that students will understand the essential experiences in understanding and learning about family medicine, in the context of the country in which they are learning. This is a challenge, given the international nature of student exchanges and the fact that family medicine/ primary care is very context specific. We also would like to see more medical students experience family medicine/ general practice during their training. The checklist is not a list of procedures and interventions, but much more of a guide to the sorts of things that family doctors all over the world do as they practice.

### The process

We used a modified Delphi process to develop a list of essential experiences, using the email list of the Working Party on Education. First, the core executive members of the working party developed a list of

experiences, having reviewed an existing checklist from IFMSA's handbook (one for an experience in obstetrics and gynecology). They were asked to consider what a medical student should experience in a short placement, in another country or in their own. Up to ten items could be forwarded to the working party chair. The resulting 27 items were combined, with wording made consistent and circulated to the email list of the working party. Members were asked to rate each item for its importance, and also offered an opportunity to add additional items. Space for comments were included. In the first round, 18 responses were received. In the second round borderline items, new and revamped suggestions were sent out. In this round, 13 responses were received. In all, responses were received from 15 countries and 5 continents.

Preliminary results were presented at Wonca Europe in Warsaw, September 2011.

The checklist is undergoing discussion and review amongst the working party members and we anticipate it will be finalized very soon.



Prof Allyn Walsh, of Canada, chairs the Wonca Working party on Education

We believe this checklist is a representation of a global consensus of what is important for medical students to experience in family/general practice, no matter where in the world the clinical placement. The preliminary consensus items for the checklist are as follows:

- Describe the health care system and the position and impact of primary care within this system
- Understand and describe which conditions are handled in family practice, and which by other levels of care in this health care system
- Explain Select differences in diagnostic procedures and treatments related to incidence and prevalence in primary care, as compared to secondary and tertiary care
- Discuss the doctor patient relationship unique to family practice

- Explain differences between illness and disease, using the patient centered clinical approach
- Perform and explain a patient centred consultation
- Demonstrate empathy and communication skills
- Provide care to patients over time (Same patient, several visits)
- Evaluate and manage patients with chronic diseases over time
- Evaluate, diagnose and propose initial management for patients with common acute presentations in this setting
- Deal with situations of clinical uncertainty
- Discuss ethical aspects in family practice
- Demonstrate respect for patients' culture and sensitivity to their own beliefs and assumptions

Prof Allyn Walsh MD  
Chair, Wonca Working Party on Education

## RURAL RENDEZ-VOUS 2012 CALL FOR ABSTRACTS

In October 2012, Northern Ontario will provide the setting for a joint-world conference that will inspire health professionals, educators, students, and researchers from around the globe.

In Thunder Bay, and other communities in Northern Ontario, you will be engaged by world-renowned keynote speakers, lively workshops, new ideas, and international networking opportunities. Rendez-Vous 2012 brings together the Wonca World Rural Health Conference and The Network: Towards Unity for Health annual conference, as well as the next Northern Ontario School of Medicine (NOSM) /Flinders Conference on Community Engaged Medical Education, the Consortium for Longitudinal Integrated Curricula, and the Training for Health Equity Network.

Under the conference theme of *Engaging community participation in education, health, research, and service*, the Rendez-Vous 2012 program offers you an unprecedented learning opportunity covering education, health, research, and service discussions from international perspectives of community participation and community engagement.

Six streams of abstract submission provide a diversity of topics for you to share your scholarly work and thought provoking presentations: *Community-Engagement in Health Professional Education; Transforming Health Professional Education Globally; Developing a Culture for Inter-professional (IP) Learning and Practice; Innovations*

*in Longitudinal Integrated Curricula; Social Accountability in Health Profession Education; Advocacy- Women and Health.*

We look forward to receiving your abstract(s) through our online abstracts submission form.

### Wonca rural health conference: Rendez-Vous 2012 at a glance

Dates: October 9-14, 2012

Venue: Thunder Bay, Ontario, Canada

Theme: Together and engaged

Deadline workshop submission: February 27, 2012

Deadline abstract submission (Oral/Poster):

March 26, 2012

Early Bird Registration Closes: July 3, 2012

Web: <http://www.rendez-vous2012.ca/>

Detailed information regarding abstract submission, format and presentation, review, registration and abstract publication can be found on the Rendez-Vous 2012 website.

The scientific co-chairs are Dr Lisa Graves MD CCFP FCFP and Dr David MacLean PhD.

### Thunder Bay

Autumn is one of the most beautiful seasons to experience in Northern Ontario, with searing red and gold leaves and cascading falls that will take your breath away.

Located on the shore of Canada's largest freshwater lake, Thunder Bay is a city that is nestled among Canada's boreal forests and Canadian Shield. The city itself is one of Canada's greatest outdoor cities, as it is home to the world-renowned Sleeping Giant Provincial Park, a gateway to the Lake Superior National Marine Conservation Area, Quetico Park, and tens of thousands of great angling lakes and thousands of kilometres of wilderness trails.

Thunder Bay is also home to Fort William Historical Park. Built as an educational homage to explorers, voyageurs and fur traders who once charted the rivers and streams across Northern Ontario, the Fort continues to come alive with re-enactments and festivals.

The majority of the Rendez-Vous 2012 program will be held at Thunder Bay's Valhalla Inn. Located within close proximity to Thunder Bay's airport, the Valhalla

Inn boasts 261 guest rooms and suites, two full-service restaurants, an indoor heated swimming pool, whirlpool, sauna, and fitness facilities, as well as 15 meeting and banquet rooms.



Prof Roger Strasser Chair, International Advisory Committee and Dean, Northern Ontario School of Medicine

Look up *Rendez-Vous 2012* on YouTube to see a promotional video clip.

**MEMBER AND ORGANIZATIONAL NEWS**

**DR GABRIEL IVBIJARO AWARDED MBE**

Chair of the Wonca Working Party on Mental Health, Dr Gabby Ivbijaro, has been awarded a Member of the Most Excellent Order of the British Empire (MBE), by Her Majesty Queen Elizabeth II. The news came out via the United Kingdom New Years Honours' List 2012 with the citation stating: "*Dr Gabriel Obukohwa Ivbijaro, General Practitioner and Clinical Director, Walthamstow, London, for services to the NHS*". Wonca leaders extend their congratulations to Gabby for this honour.

A reprint follows of profile of Dr Gabby Ivbijaro from *Wonca News*, April 2011.

Dr Ivbijaro MBBS FRCGP FWACPsych MMedSci DFFP MA graduated from the University of Benin in Nigeria in 1982 and became a fellow of the West African College of Psychiatry in 1990, before coming to England for further training. He completed the Membership examination of the Royal College of General Practitioners UK in 1998, a Masters Degree in Psychiatry and Neurology from the University of Leeds in 1999, and was appointed a Fellow of the Royal College of General Practitioners in 2004. He completed a Masters Degree in Leadership from the University of Middlesex in 2005 and has been a Visiting Fellow at the London South Bank University since 2002.

Dr Ivbijaro is current chair of the Wonca Working Party on Mental Health and editor-in-chief of Mental Health in Family Medicine. He has made a significant contribution to the development of mental health in primary care internationally, and is the co-editor of the 2008 joint Wonca / WHO publication *Integrating mental health into primary care: a global perspective*.

His area of interest is the empowerment of primary care worldwide to embrace the principles behind the Alma Ata declaration.



Dr Gabriel Ivbijaro

He is a member of NHS Waltham Forest (NHSWF) Board, in East London, which commissions and procures full medical services for a population of over 250000, in the London borough of Waltham Forest. The Board holds the budget for general practice, secondary and tertiary services for the whole population of this area. He is an appointed governor of the North East

London NHS Foundation Trust which provides psychiatric services to five North East London Boroughs. In his role as clinical governance lead, he has driven up standards in his local area through a number of important projects including the development of a practice professional development plan for all GP practices in his Primary Care Trust.

Dr Ivbijaro is a specialist on the general practice Quality Outcome Framework (QOF) and has piloted the use of this tool within a secondary care setting. He worked with other experts in developing guidelines for Primary Care and Continuing Professional Development (CPD) programmes in the Republic of Macedonia. He is a member of the Mental Health Task Force of the Royal College of General Practitioners and the Intercollegiate Group of the Royal College of Psychiatrists, tasked with developing a guideline on the management of gender dysphoria.

He continues to champion the role of primary care as a tool for health delivery and has a teaching practice in an inner city area of East London which has an interest in mainstreaming the marginalised and participates as a speaker in many national and international conferences.

## AFTER WONCA MUMBAI, FAMILY PHYSICIANS NOTICED IN INDIA

The following article which records a big advance for family medicine in India was published in *The Times Of India Delhi* on January 3, 2012 (p9).

### **Family doc concept back in business**

#### **MCI Starts 3-Year PG In Family Medicine, Asks States To Roll Out Course**

by Kounteya Sinha TNN

New Delhi: Family physicians — medical practitioners that were fast disappearing — are now being revived.

With India witnessing a rush of medical students keen on becoming “specialists”, the health ministry and Medical Council of India (MCI) have notified introduction of a new three-year postgraduate course - MD in family medicine.

Chairman of MCI’s board of governors, Dr K K Talwar said, “The curriculum has been prepared and sent to all state governments that have been told to roll out this broad speciality course.”

Experts say a doctor with MD (family medicine) will be the one “who will know a little of every discipline, from pediatrics to gynecology and will be able to treat the community as a whole.”

This will soon bring back the family physician in the forefront of primary healthcare. The steering committee on health has also been pressurizing the ministry to endorse family medicine.

In its recent report finalized last week, it said, “family medicine discipline needs to be introduced in all medical colleges so that they can effectively manage most of medical problems encountered at primary level, and referral to specialists occurs only when necessary.” Till now, most family physicians were MBBS doctors. “The MD course on family medicine is more advanced than a simple MBBS and will help doctors wanting to increase their acumen in community health,” Dr Talwar said.

At present, the only available post-graduate programme on family medicine was the DNB family medicine qualification, conducted by the National Board of Examinations-accredited community hospitals.

NBE executive director Dr Bipin Batra said, “The demand for DNB (family medicine) course run by the NBE

is seeing a major increase. We have 300 seats for this discipline. As against just 50 MBBS students enrolling to become family physicians a couple of years ago, the numbers reached close to 300 in 2011. This is mainly because private hospitals have increased their recruitment for general practitioners.”

Students pursuing MD (medicine) are taught more in-depth on diseases, functions of various organs and their treatment.

Professor Ranjit Roychoudhury, former member of MCI’s board of governors, said, “A person with a postgraduate degree in family medicine will look at preventive, prophylactic and promotive healthcare. He will have extensive knowledge on healthcare for the elderly who cannot move out of the house and will be taught on everything from gynecology, psychology to pediatrics.”

Introduction of family medicine as a PG discipline has been emphasized by the Bhore Committee, National Health Policy 2002, National Knowledge Commission and the taskforce on human resource for NRHM.

Dr K Srinath Reddy, president of Public Health Foundation of India, said, “Family medicine is a required discipline. The rush for specialization has deprived doctors of the ability to look at individuals as a whole and families as one unit. We require large number of persons trained in family medicine, which combines a broad set of clinical competencies.”

American Academy of Family Physicians defines it as “medical specialty that integrates the biological, clinical and behavioural sciences. The scope of family medicine encompasses all ages — both sexes - each organ system and every disease entity.”

## ICPC MEETING IN EGYPT

On Thursday, January 12, 2012, the Wonca Eastern Mediterranean region (EMR) president, Prof Nabil Kurashi, and general secretary, Dr Oraib Alsmadi, in collaboration with Dr Taghreed Farahat, the president of Egyptian Society of Family Medicine; conducted a meeting in Cairo on the ICPC concept, structure and use in primary health care. Around 250 participants from the Ministry of Health and different universities in Egypt participated in this meeting, in addition to many students from Cairo, Menofiya and other universities. The participants agreed to start a pilot study of ICPC use in Egypt in collaboration with the Ministry of Health.



Wonca EMR president, Prof Nabil Al Kurashi (centre) with some of the meeting group

Prof Nabil Kurashi stated that in Wonca EMR, ICPC is not promoted in the region. Part of Wonca EMR's future activities is to arrange a workshop of training of trainers, regarding ICPC, in every country, in collaboration with its Ministry of Health. This is essential to promote this program of modernizing Family Medicine practice in the region.

Prof Nabil Al Kurashi  
Wonca EMR president



Wonca EMR leaders, Dr Oraib Alsmadi (left) and Prof Nabil Kurashi (centre) look on as Dr Taghered Farahat speaks.

### What is ICPC?

International Classification of Primary Care (ICPC) now in its second edition (ICPC-2) classifies patient data and clinical activity in the domains of General/Family Practice and primary care, taking into account the frequency distribution of problems seen in these domains. It allows classification of the patient's reason for encounter (RFE), the problems/diagnosis managed, interventions, and the ordering of these data in an episode of care structure

It was developed by the Wonca International Classification Committee (WICC), and was first published in 1987 by Oxford University Press (OUP). A revision and inclusion of criteria and definitions was published in 1998. The second revision was accepted within the World Health Organization's Family of International Classifications.

ICPC-2 has a biaxial structure and consists of 17 chapters, each divided into seven components dealing with symptoms and complaints, diagnostic, screening and preventive procedures, medication, treatment and procedures, test results administrative.

ICPC-2 is available in electronic form and has been translated into many languages including Catalan, Chinese, Croatian, Danish, Dutch, English, Finnish, French, German, Greek, Italian, Japanese, Norwegian, Portuguese, Romanian, Russian, Serbian, Slovenian and Spanish

The copyright of ICPC, both in hard copy and in electronic form, is owned by Wonca.

*Source: World Health Organization. International Classification of Primary Care, Second edition (ICPC-2). Geneva. [Accessed 29 January 2012]*

## URUGUAY SUMEFAC FORMS

The international success of Uruguay in South Africa (playing soccer football) was a mixture of good players and team work. In my opinion the team work was essential. Indeed working together is essential and more important than winning.

Playing soccer is just an issue in my country. Is a kind of stigma not being a good soccer player?

I am an awful player but I am devoted to team work.

On November 25, 2011 the primary care professionals in formal assembly founded their scientific society with the name SUMEFAC (Sociedad Uruguaya de Medicina Familiar y Comunitaria- Uruguayan Family and Community Medicine Society). After two years' of work and negotiations the two institutions representing primary care professionals in the country agreed to join efforts and fuse.

In the middle of the eighties, the state create a few family oriented facilities. The Family and Community residency program started in 1997, with only four places, and academic support from the University came two years later. Today the residency program has 30 places and the Family and Community Medicine Department is responsible for teaching medicine students in first contact with communities and patients, applying a new curriculum from 2008.



Dr Miguel Pizzanelli

We hope this “team building” strategy is a tool oriented to improve primary care and give support to the system reform going on in Uruguay. Hopefully, to lead primary care development and give communities our best: to achieve equity, more life quality and happiness we will work hard - as one.

We wish for success in soccer. We wish for, we need success in team work in primary care.

Miguel Pizzanelli

## RESOURCES FOR THE FAMILY DOCTOR

### TRAINING IN CHILDREN'S ENVIRONMENTAL HEALTH

#### What is the WHO Training Package for Health Care Providers?

A collection of modules with internationally harmonized information and peer-reviewed materials to enable health care workers to be trained, and also to become trainers of their peers and colleagues. The modules include extensive notes and references, case studies and self-evaluation tools, backed up by manuals and guidelines. A selected team of experienced professionals from over 15 countries, the International Paediatric Association (IPA) and selected NGOs are participating in its preparation.

This initiative was made possible thanks to the financial support provided by the US EPA Office of Children's Health Protection, that also made available useful data, graphics and text for the modules.

#### Training package for health care providers

The aim of the package is to improve the capacity to diagnose, prevent and manage childhood diseases linked to the environment. A growing number of diseases in children from rural and urban areas are linked to unsafe, degraded environments. However, many health care providers are unable to recognize, assess and manage environmentally-related diseases in children.

#### What issues are covered?

- The special vulnerability of children to physical, chemical and biological environmental threats
- The health and developmental effects of specific chemical, physical and biological hazards (e.g. pesticides, persistent toxic pollutants –POPs-, lead, arsenic, radiation, noise, moulds, other) present in specific settings (e.g. home and surroundings, school, recreation areas, workplace, fields, other)
- Sources, routes and mechanisms of exposure (contaminants in air, water, food, cosmetics, objects, toys, medical devices, that may be inhaled, ingested or absorbed...)
- Illustrative case studies.



## How are the training programmes organized and by whom?

Training events are organized according to the needs identified by the countries and/or scientific groups concerned and financial resources available. WHO provides technical advice on the contents and methodology. The event may go from a 1-day introductory course to a full 40-hour course that enables to cover the entire contents of the package. WHO and its partners provide the initial training and distribution of materials, some of which are available as informal versions in Spanish, French and Russian thanks to the contribution of partners in different countries.

<http://www.who.int/ceh/capacity/trainpackage/en/index.html>

## FIRST5™ – A NEW UK INITIATIVE

First5™ is an initiative which has been developed by the Royal College of General Practitioners (RCGP) in the UK since 2009 to support new general practitioners (GPs) from the time of completion of training through the first five years of independent practice.<sup>1</sup> The concept of supporting new GPs through the crucial early years is relevant to Wonca member organisations across the world. First5™ is about empowering the next generation of new GPs, encouraging their energy and enthusiasm and equipping them with the skills needed to lead the profession in the years ahead. The concept seems to have captured the essence of what being a new GP is all about and given an identity to this somewhat lost tribe. First5™ has recently been trademarked so the name and concept remain true to the original aims set out by RCGP in 2009. The five pillars of First5™ are:

1. Connecting with College - Promoting a sense of belonging and appropriate representation for the First5 cohort within the college.
2. Facilitating networks – Encouraging peer support and mentoring through the development of local networks using the RCGP faculty structure.
3. Supporting revalidation – Offering support through revalidation.
4. Career mentorship – Highlighting the opportunities a career in general practice offers and helping new GPs get the most out of being a GP.
5. Continuing professional development (CPD) – Identifying areas of CPD which members in the first five years feel are not well provided and developing materials which will be address their learning needs.

For further information please e-mail us at [first5@rcgp.org.uk](mailto:first5@rcgp.org.uk), join our Facebook page at 'RCGPfirst5' or follow us on Twitter '@rcgpfirst5'.

Dr Clare J Taylor, First5™ Clinical Lead, Royal College of General Practitioners, London

[1] Taylor CJ, Parsons J, Sparrow N and Gerada C. The First5 Concept. *Br J Gen Pract* 2011; 61(582):72-73

## ESSENTIAL INTERVENTIONS, COMMODITIES AND GUIDELINES FOR REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH

*Joint press Release:*

*PMNCH, WHO and Aga Khan University*

### Three-year study identifies key interventions to reduce maternal, newborn and child deaths

15 December 2011 | Geneva - A new global consensus has been agreed on the key evidence-based interventions that will sharply reduce the 358,000 women who still die each year during pregnancy and childbirth and the 7.6 million children who die before the age of five, according to a massive, three-year global study. The study, *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*, is designed to facilitate decision-making in low- and middle-income countries about how to allocate limited resources for maximum impact on the health of women and children.

The study reviewed more than 50,000 scientific papers to determine the proven effectiveness of interventions and impact on survival, identifying 56 essential interventions that when implemented in "packages" relevant to local settings, are most likely to save lives. The study is released today by the World Health Organization (WHO), the Aga Khan University and The Partnership for Maternal, Newborn & Child Health (PMNCH).

Some of the interventions include:

- Manage maternal anaemia with iron;
- Prevent and manage post-partum haemorrhage;
- Immediate thermal care for newborns;
- Extra support for feeding small and preterm babies;
- Antibiotics for the treatment of pneumonia in children.

"What is new," says Dr Elizabeth Mason, Director of WHO's department of Maternal, Newborn, Child and

Adolescent Health, and an author of the study, "is putting together information in a different way and building consensus among physicians, scientists and professional organizations to lay out an evidence-based path to help women before, during and after birth and their children. Everyone now agrees on the 56 essential interventions."

### **Suitability for low- and middle-income countries**

The first step was a global landscape analysis of what countries and the 440 PMNCH partners were doing to reduce maternal and newborn deaths.

"What came back was a hodge-podge," says Dr Zulfiqar Bhutta, Founding Chair of Women and Child Health at the Aga Khan University, Pakistan, who headed the study team. "PMNCH partners had very different ideas of what should be undertaken."

In all, 142 interventions were assessed for their effectiveness and impact on survival by addressing the main causes of maternal, newborn, and child mortality. Drs Bhutta and Mason and their team also studied the intervention suitability for use in low- and middle-income countries.

They asked what health and outreach workers with limited training could handle at the community level where specialized care is not available. They identified what could be handled in community settings by nurses, midwives and workers with more training. They also identified which patients need to be referred to hospitals where physicians and emergency care are available.

After very extensive consultation and review by a wide group of experts, the list was honed down to 56 essential interventions, accompanied by brief guidelines and reference materials.

We now have a clear consensus, critical for the survival of women, their infants and children," says Dr Carole Presern, Director, of The Partnership for Maternal, Newborn & Child Health. "This was a meticulous effort involving many partners. It is truly a landmark moment in advancing the health of women and children."

### **Maternal and child deaths still a problem**

Though considerable progress has been made toward reducing maternal, infant and child deaths, many countries in Africa and India will fall short of the United Nation's Millennium Development Goals 4 & 5, which aim to reduce child deaths and improve maternal health.

Sub-Saharan Africa and south Asia, which have the highest maternal and child death rates, have made some progress, but not enough to meet the Millennium Development Goals by 2015.

More than half of maternal deaths are caused by excessive bleeding (35%) and hypertension (18%).

A child's greatest risk of dying is during the first 28 days of life, accounting for 40% of all deaths among children under the age of 5. Half of newborn deaths occur during the first 24 hours and 75% during the first week of life, with preterm birth, severe infections and asphyxia being the main causes.

*A link to the essential interventions summary table and other information can be found on:*

[http://www.who.int/pmnch/topics/part\\_publications/201112\\_essential\\_interventions/en/index.html#](http://www.who.int/pmnch/topics/part_publications/201112_essential_interventions/en/index.html#)

**WONCA CONFERENCES 2012 – 2014 AT A GLANCE**

Information correct as of February 2012.  
May be subject to change.

\*\*Wonca Direct Members generally enjoy lower conference registration fees.  
The level of discount is determined by the Host Organizing Committee of the conference.  
See Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) for updates & membership information

<b>2012</b>			
12 – 16 March	Wonca Iberoamericana - CIMF Regional Conference	Havana CUBA	Strengthening Family Medicine and PHC in Health Systems: Call for the XXI Century <a href="http://www.cimfcuba.com/">http://www.cimfcuba.com/</a>
24 – 27 May	Wonca Asia Pacific Regional Conference	Jeju SOUTH KOREA	Clinical Excellence in Family Medicine: Evidence Based Approach to Primary Care <a href="http://www.woncaap2012.org">http://www.woncaap2012.org</a>
4 – 7 July	Wonca Europe Regional Conference	Vienna AUSTRIA	The Art and Science of General Practice <a href="http://www.woncaeuropa2012.org/cms/">http://www.woncaeuropa2012.org/cms/</a>
9 - 14 October	Wonca World Rural Conference	Thunder Bay Ontario CANADA	Rendez-vous 2012 Together and Engaged <a href="http://www.nosm.ca/rendez-vous/">http://www.nosm.ca/rendez-vous/</a>
19 – 21 November	Wonca African Regional Conference	Victoria Falls ZIMBABWE	Roles and Responsibilities of African Family Physicians <a href="http://www.3rdwoncaafriregionconf.org/">http://www.3rdwoncaafriregionconf.org/</a>
<b>2013</b>			
26 – 29 June	20 <sup>th</sup> Wonca World Conference	Prague CZECH REPUBLIC	Family Medicine: Care for Generations <a href="http://www.wonca2013.com">www.wonca2013.com</a>
<b>2014</b>			
21 – 24 May	Wonca Asia Pacific Regional Conference	Sarawak MALAYSIA	Nurturing Tomorrow's Family Doctor <a href="http://www.wonca2014kuching.com.my">www.wonca2014kuching.com.my</a>
2 – 5 July	Wonca Europe Regional Conference	Lisbon PORTUGAL	New Routes for General Practice and Family Medicine <a href="http://www.woncaeuropa2014.org/">http://www.woncaeuropa2014.org/</a>

## GLOBAL MEETINGS FOR THE FAMILY DOCTOR

### MEMBER ORGANIZATION AND RELATED MEETINGS

#### Mental health and family medicine

Host : World Psychiatric Association with Wonca working party on mental health  
 Date : February 8–11, 2012  
 Venue : Granada, Spain  
 Web : [www.thematicconferencegranada2012.com](http://www.thematicconferencegranada2012.com)

#### 6th IPCRG world conference

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

#### EGPRN spring meeting

Host : European General Practice Research network (EGPRN)  
 Theme : Quality improvement in the care of chronic disease in family practice  
 Date : May 10-13, 2012  
 Venue : Ljubljana, Slovenia  
 Web : [www.egprn.org](http://www.egprn.org)

#### EURIPA invitational forum

Host : European rural and isolated practitioners association  
 Theme : Education and Training for rural practice  
 Date : May 11-13, 2012  
 Venue : Porto, Portugal  
 Web : [www.euripa.org](http://www.euripa.org)

#### 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](http://www.rnzcgp.org.nz)

#### RCGP annual national primary care

#### conference

Host : Royal College of General Practitioners  
 Theme : Global general practice  
 Date : October 4–6, 2012  
 Venue : Glasgow, United Kingdom  
 Web : [www.rcgp.org.uk](http://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](http://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](http://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/](http://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>