

WONCA News

An International Forum for Family Doctors



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FROM THE Wonca PRESIDENT:

FAMILY DOCTORS - CARING FOR MEN

Recently I was invited to participate in the 3rd World Congress on Men's Health in Vienna. It reminded me of the importance of gender in the delivery of comprehensive quality family healthcare. We must recognize that men and women use our services differently, communicate differently, and present us with a quite different array of clinical problems. Member organisations of Wonca responsible for the training, research agendas and continuing professional development of family doctors should review the care provided for men.

Men's Health Status in Ireland

Ireland, where I practice as a family doctor, provides an example of the differences in illness burden between men and women. For example, men die younger - most often as a result of cardiovascular disease. A review of male deaths reveals that men account for 70% of premature deaths from circulatory causes. In Ireland, as part of the Secondary Prevention of Cardiovascular Disease Programme, 470 GPs are identifying all their patients who have had an acute myocardial infarct, a coronary bypass graft or a coronary angioplasty. With almost 10,000 patients identified so far, men outnumber women three to one in the prevalence of serious heart disease.

Men account for 60% of road traffic fatalities. Suicide and fatal road traffic accidents are particularly common in young single men. They are more prone to insecurity, stress, impulsive behavior, and depression. Risk taking is linked to problematic social behaviors involving alcohol, smoking, and illegal drugs.

Lung cancer deaths in Irish men currently exceed those in women by 66%. However, if present trends in the number of deaths continue, by 2010 women will exceed men. More than 90% of these deaths are attributable to smoking

In Ireland, 80% of men drink regularly and 27% exceed the recommended limit of 21 units per week. The direct consequences include alcoholic liver disease, pancreatitis, gastritis, alcoholic brain injury, cardiomyopathy, and colorectal cancer. This scale of consumption interferes with the management of a range of chronic illnesses. Diabetes, psoriasis, Crohn's disease, depression, personality disorder, and upper gastrointestinal conditions including Gastro Esophageal Reflux Disease, all also affected by alcohol consumption.

Men, and particularly young men in Ireland, are at relatively greater risk of death from suicide. A 1995 Irish report on suicide showed that 17 per 100,000 males completed suicide - more than four times the rate in women. Among young men aged 15 - 24 years the rate of 19.5 per 100,000 was almost ten times the rate for young women. Men cope poorly with life crises. They are less likely to consult their family doctors. This may be because they are too busy, too frightened, too 'macho' or too embarrassed.

Domestic violence by men against women is common. An estimated 5 to 25% of men are probably involved at some time. Women are most at risk if the man is about to leave, if they are socially and financially dependent, and if they have low self esteem and tend towards self-blame.

Sexual health has become critical since the HIV/AIDS pandemic. In most parts of the world marriage remains the contractual framework supporting stable family life. Today, 60% of marriages around the world are still arranged, in part or in whole. The highest divorce rate is in Hungary, followed by the USA and the Central African Republic. Around the world repressive laws exist for many aspects of sex. There are 8 countries with the death penalty for homosexuality: Afghanistan, Iran, Mauritania, Pakistan, Saudi Arabia, Sudan, United Arab Emirates, and Yemen. Four of these also have the death penalty for adultery. Religion has a profound impact on many aspects of sex, from masturbation, adultery and homosexuality to birth control and divorce.

HIV/AIDS continues to ravage Southern Africa. Yet half the world's sexually transmitted infections are in Asia. It

follows that the shadow of HIV/AIDS will eventually fall most heavily across Asia, in part because of large population numbers. Male attitudes to marital fidelity and casual sex, and health beliefs about prevention and cure will be crucial to the spread of the pandemic. Family doctors must act now to educate their patients.

It seemed for a while that men's health and erectile dysfunction were synonymous. Fortunately a more comprehensive view of men's health now prevails. We know that psychogenic causes include performance anxiety, relationship disharmony and anxiety/depression. Physical causes are predominantly vascular or neurovascular; but medication or drug abuse including alcohol can also contribute.

The Prostate Cancer Screening Controversy

Prostate cancer is almost as common in men as breast cancer is in women. In Ireland there are over 1000 new cases diagnosed each year and some 500 deaths (3.25% of all male deaths). It is the commonest cause of new cancers in men - accounting for 17% of all cancers and 13% of cancer deaths.

An estimated 34% of men aged 40 - 49 yrs are found to have histological prostate cancer. In men aged over 80 yrs the proportion rises to 70%. Yet, 90% of prostate cancer deaths are in men over the age of 65 years. It is rare before the age of 50. With a first degree family history, the risk is 2 - 4 times greater. Survival after diagnosis is 79% at 1 year, and 49% at 5 years.

The prevalence of prostate cancer have increased pressure on family doctors to screen asymptomatic men for prostate cancer. Digital rectal exam alone is not a screening test. However, using PSA to screen remains controversial. It has not yet been shown to save lives. Over the age of 50, 15% of men have PSA greater than 4 ng/ml, the widely used upper limit of normal. Yet, only 20 - 30% of those with a PSA greater than 4 ng/ml will have cancer. On the other hand, 20% of men with cancer have normal PSA levels.

PSA is unreliable if a digital rectal examination was performed in the previous week, or an active urinary

infection is present. Ejaculation or vigorous exercise in the previous 48hrs or a prostate biopsy in the previous 6 weeks also renders it unreliable. PSA levels rise with age and with benign prostatic hypertrophy and prostatitis. PSA testing is not diagnostic. Only a positive biopsy can confirm cancer. Yet up to 20% of cancers are missed at biopsy and a negative biopsy must usually be repeated at intervals.

Positive reinforcement of both patient and doctor is a feature of prostate screening regardless of the result. If screening is negative the patient is grateful for reassurance. If screening is positive the patient is grateful for early detection. A patient made impotent and incontinent after curative treatment still attributes his survival to surgery and is grateful to have his cancer 'cured'. However, while some men with aggressive tumours may benefit from detection at an earlier stage, many of the cancers detected and treated would never have posed a significant threat to life or health.

Thus, it is not certain today that benefits of PSA screening outweigh the risks of further tests and treatment. All doctors - family doctors and specialists - should accept that fact. Policy makers and managers must be made aware of the unwanted effects of screening.

So how should family doctors respond when asymptomatic patients ask to be screened. I suggest we can only be honest and explain that we are hoping for a safer more sensitive and specific test capable of sorting aggressive from harmless tumours. We should explain that we await the results of definitive large scale randomised controlled trials. We should make sure patients understand the limitations of PSA as a screening test.

Family doctors would not be alone in cautioning against screening. For example, in the United Kingdom, the current National Health Service website is unequivocal: 'Until there is clear evidence to show that a national screening programme will bring more benefit than harm, the NHS will not be inviting men who have no symptoms for prostate cancer screening.' 'The UK National Screening Committee has recommended that a prostate cancer screening programme should not be introduced in England at this time.'

Meantime family doctors have a crucial role as advisers. Our overall aim should be to preserve the patient's confidence in his own health and encourage him to take personal responsibility for it. His awareness of complaints requiring attention should be raised. If after discussion the doctor is asked to screen for cancer s/he must spell out the 'pro's and 'con's. This should be backed up by a simple information leaflet and the patient advised to think carefully about it.

Family Doctors: Caring for Men

With the above information, family doctors can play a central role in improving men's health. Based on the above information, we can be especially sensitive in several key areas.

Family doctors have a crucial role in suicide prevention in men. A previous suicidal attempt, a family history, alcohol and/or substance abuse, a recent setback to health or circumstances, and chronic pain and disability - all should raise the index of suspicion. GPs should be vigilant for hints or warnings. Between 40 - 70% of suicide victims contact their doctors in the month prior to their deaths. In particular, symptoms and signs of depression should be sought and if in doubt antidepressant medication given. There is compelling epidemiological evidence of links between improved identification and treatment of depression and reduced numbers of completed suicides.

Family doctors are amongst the few who have a mandate to question a man on his drinking. Simply asking will identify 50% of problem drinkers. Five or ten minutes of advice can reduce heavy drinking by 25 - 35%. For confirmation of diagnosis, questionnaires are more valuable than blood tests.

Family doctors should be sensitive to the possibility of domestic violence by men against women. We are frequently involved at some stage and need clear strategies. If there are grounds for suspicion always ask the question - whether of the victim or the perpetrator. Assure confidentiality and note the details. Try to validate a one-sided version, assess safety, and discuss options. If in any doubt call the police, use the law, and follow-up.

Finally, what can family doctors do to make our offices and consultations more male friendly? Perhaps our surgery hours don't suit. Consulting styles may need to be more open and direct. Do we give space for their ideas, concerns, and expectations? Are there issues of 'control'? Do men ask fewer questions? And yet expect more certainty? Is the prevailing model of 'open' style consulting essentially 'female'? Do men behave differently depending on the gender of the doctor? Family doctors certainly have a central role in improving men's health.

Dr. Michael Boland

President

World Organisation of Family Doctors

FROM THE CEO'S DESK:

THE WONCA EXECUTIVE MEETING IN BEIJING

The Wonca World Executive met for two and a half days in Beijing, China in early November 2003. As in all past Wonca Executive Meetings, the Agenda was very extensive and occupied the whole of the two and a half days with frequent spill-over into the lunch times. Several important items were covered in detail at the Meeting and a significant amount of time was spent examining the financial status of the Organisation. I shall highlight some of these important items in this column.

The Wonca Award for Excellence in Healthcare - The 5-Star Doctor

The exact nature and distribution of this new regional and global award was discussed. The Executive decided that the award be given at two levels - an annual award to be given at the Wonca Regional level (ie, one awards a year for each of the six Wonca Regions) and a major World Award to be given at a Wonca World Conference triennially.

The criteria for the Award had been finalized at an earlier Wonca Executive Meeting and would form the common basis for all Wonca Regions in their selection of the regional winners as well as the World Award winner. Executive decided that the Award, at the Regional and World level, will consist of a well designed certificate and a medal . Recipients of the World Award will be honoured by the inscription of their names on a plaque to be kept at the Wonca World Secretariat.

Changes in the Nature of the Wonca Conference Levies

A paper presented by the CEO to the Executive proposed that Wonca do away with the term "Designated Wonca Conference" for selected conferences held at Regional levels but to have all conferences carrying or using the Wonca logo termed as Wonca Conferences where an agreed levy will be paid.

After much discussion, Executive agreed that the levy in each case will be set by Executive after consultation with the Region involved and that there should be flexibility in the amount of levy payable depending on that Region under consideration. It was also decided that each Region may also receive a levy,

in addition to the Wonca World levy, and that the quantum be decided by the Region itself.

This new approach in conference levies will come into effect after 2007. As proposed by the CEO, Executive also agreed that there should be a defined stratification of the levy payable according to the category of the delegate. This will mean full levies for registrants from developed countries, and discounted levies for those from developing countries, day delegates and family medicine residents/students.

Special Interest Group in Men's Health

Following his attendance at the recent 3rd International Conference on Men's Health in Vienna, the President Elect proposed to Executive that Wonca should consider the setting up of a Special Interest Group (SIG) on Men's Health . He felt that there was a large interest globally by family doctors on the subject.

Executive agreed to the suggestion and felt that one of the aims of this SIG would be to promote men's health from the generalist point of view. Executive noted that Wonca had been a sponsor to the conference these past 3 years, and that the setting up of such an SIG would also contribute to a broadening of the perspective of future conferences on men's health.

Wonca's Financial Health

A considerable part of this Executive Meeting was spent on the issue of Wonca's financial situation. Following the presentation of the management accounts for 2003 by the CEO and the anticipated deficit for the year, Executive decided that a review of the financial state of the organisation for the triennium (2002 - 2004) was necessary. The review showed that the pace at which Wonca was expanding globally in membership and influence and also in terms of its involvement with other NGOs and WHO, had incurred a heavier than anticipated cost for the Organisation these past two years. With projections made for the financial year of 2004 showing a significantly reduced anticipated surplus, Executive felt that it would be prudent to immediately start on some cost cutting measures to improve on the budget figures.

Executive proposed that a two prong approach be used to try to improve the financial health of the Organisation. The first would be an across the board cut in fund allocations to all Wonca fund-holders (Regional Presidents, Committees, Working Parties, Task Forces) and including the Executive itself. The

second would be a more spirited attempt to obtain some sponsorship for the Organisation and its specific projects (eg Tobacco Cessation, HIV/AIDS) and especially the Wonca Website from the large pharmaceutical companies, especially those that were visited by the Wonca World President and the CEO in September 2003.

Cost cutting on the part of Wonca Executive would mean that the intended Executive Meeting in spring of 2004 in Nairobi, Kenya as part of the Wonca East Africa Initiative, would be scrapped. In its place will be a small core group of the Executive (President, President Elect, Treasurer, with the CEO) that will meet in Singapore in April 2004 instead. This meeting would look especially into the final arrangements and details of the Wonca World Council Meeting and the Wonca World Conference in Orlando in October 2004, in addition to the full agenda of the Executive Meeting. Other Members of Executive not present at the core group, will contribute by way of e-mails and teleconferencing if necessary as they will also be receiving all Agenda and Agenda Papers before the Singapore meet.

For future cost containment, it may be necessary for Wonca Executive to manage the Organisation with only one full Wonca Executive Meeting in each year and a meeting of the core group held at the mid point in time between these full Wonca Executive Meetings.

Classifying Wonca Member Organisations According to GDP Per Capita

For the past 30 years since its inception, the practice that Wonca had adopted for calculating the Membership Dues payable by newly admitted Member Organisations has

been somewhat arbitrary and often based on the recommendations of the CEO or the Wonca Executive . The amount of discounts on the Membership Dues given to developing countries have also been based on personal impressions of the levels of economic development, and the likely income of the general population and FPs/GPs of the country under consideration.

In his paper to the Executive to correct this arbitrariness, the CEO indicated that as Wonca evolves into a truly global organization, there was a need to standardize the method in which discounts are given and the amount of Membership Dues calculated for each new Member Organisation admitted into the world body. The CEO recommended, and Executive accepted, that the GDP per capita listing of all countries as found in ' The World Factbook 2001' by the World Bank be taken as the reference to classify all Member Organisations into three broad categories to which three levels of discounts are applied.

The three broad categories and their accompanying discounts granted are as follows :

1. Countries with GDP per capita at or above the World Average of US\$7,200 will pay the full Membership Dues. There will be no discount given.
2. Countries with GDP per capita between the World Average and half (50%) of that average (ie between US\$7,200 and US\$3,600) will be granted a 33% discount on their Membership Dues.
3. Countries with GDP per capita of less than half (50%) of the World Average (ie at less than US\$3,600) will be granted a 50% discount on their Membership Dues .

Executive also agreed that this new scheme of standardized discount policy for all Membership Dues be applicable from the next triennium 2005 - 2007 onwards.

Endorsement of Statements and Reports of the Wonca Working Party on Rural Practice

At this Meeting, the Working Party on Rural Practice, under the chairmanship of Prof Roger Strasser, presented a very comprehensive report to Wonca Executive. Executive reviewed the report and noted the significant progress made advancing the global rural health agenda. Executive also felt that the principals and messages contained in the various Rural Documents and Reports transcended rural practice and were relevant to family practice worldwide as well.

As requested by the Working Party on Rural Practice, Executive has agreed to endorse and adopt as Wonca Policy where appropriate the following reports, statements and manifestos:

1. The Santiago de Compostela Statement on HIV/AIDS.
2. The Revised Kuching Statement for Action : The Health and Indigenous Peoples.
3. The Melbourne Manifesto: A Code of Practice for Recruitment of Health Care Professionals.
4. The Report on Quality and Effectiveness of Rural Health Care.
5. Endorsement of the Report on Female Family Physicians in Rural Practice.
6. The Updated Wonca Policy on Using Information Technology to Improve Rural Health Care.

7. The Health for All Rural People (HARP) Action Plan.

These rural health reports and the activities of the Wonca Working Party on Rural Practice is described in this issue of Wonca News. The Executive also agreed to the presentation of The HARP Action Plan to the World Health Organisation through its Executive Board and the World Health Assembly.

Wonca Executive was appreciative of the vast amount of work done by The Working Party on Rural Practice under the able leadership of Professor Roger Strasser and wished him well as he steps down from the Chair of the Working Party. The Executive also warmly welcomes the appointment of Dr Jim Rouke as the new Chair of the Working Party and is confident that under his new leadership, the Working Party will continue onward to even greater achievements.

The next full Wonca Executive Meeting will be held prior to the Wonca World Council in October in Orlando, USA.

Dr Alfred WT Loh
Chief Executive Officer
Wonca

FROM THE EDITOR:

FAMILY DOCTORS: MEETING THE HEALTH NEEDS OF RURAL AND INDIGENOUS PEOPLE

Every day in rural, remote and isolated communities throughout the world, family doctors deliver essential health services to meet people's needs. In addition to delivering essential personal health care, these family doctors are leaders in the community. Many direct or coordinate public health services and advocate for justice, equity, and self-sufficiency in rural communities. This issue of Wonca News highlights the important contribution of Wonca's rural family doctors to people's health and updates our readers on Wonca's global rural health agenda.

In this issue, Professor Roger Strasser, founder and Chair of Wonca's Working Party on Rural Practice, reports on a series of special global meetings and rural health experiences that occurred during the last week of September, 2003. More than 600 family doctors and other health practitioners met in historic Santiago de Compostela in Northwestern Spain between September 24 and 27 for the Sixth Wonca World Rural Health Conference. Those attending made the most of a participatory meeting format hosted by the Spanish Society of Family and Community Medicine (semFYC), EURIPA (European Rural and Practitioners Association) and the Wonca Working Party on Rural Practice. About 60 participants continued on to participate in rural experiences and meetings in and around Braga, Portugal organized by the Portuguese College of General Practitioners.

Most importantly, the participants who gathered from around the world helped fashion an ambitious global rural health agenda for Wonca and other rural health organizations to implement. In this issue, Dr John Wynn-Jones, EURIPA President and World Rural Health Conference Scientific Committee Chair, summarized the 14 key statements and declarations that emerged and which will become the rural action plan for Wonca and others in the year ahead.

After reading the feature articles in this issue, as well as a "Passion in Spain", written by Dr Michael Boland in his President's Column in the October issue of Wonca News about the energy and spirit of the Wonca's 6th World Rural Health Conference participants, one cannot help but be enthralled by the conviction of Wonca's rural health advocates. Those wishing to join this important cause may obtain additional information on the activities of Wonca's Working Party on Rural Practice through the Wonca website at www.GlobalFamilyDoctor.com.

Subsequent issues of Wonca News will report on the declarations, publications and activities of Wonca's Working Party on Rural Practice. We welcome articles and photos from Wonca's family doctors who serve our world's rural, remote and indigenous communities and thank all of you for your important contributions to people's health around the world.

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FEATURE STORIES

Wonca Advances the Global Rural Health Agenda in Spain and Portugal

During one productive week in Spain and Portugal, Wonca's rural practitioners shared experiences and advanced an ambitious global workplan to improve the health of all rural people. The week began in historic Santiago de Compostela in Northwestern Spain with the Sixth Wonca World Rural Health Conference and continued during subsequent rural experiences in and around Braga, Portugal.

The Sixth Wonca World Rural Health Conference in Spain



Wonca Working Party on Rural Practice at the World Conference

From left standing: Alan Fataya-Williams (Nigeria), Victor Inem (Nigeria), John A. J. Macleod (Scotland), Bruce Chater (Australia), David Whittet (New Zealand), Jim Douglas (Scotland), Ijaz Anwar (Pakistan), Elizabeth Swensen (Norway), Jim Rourke (Canada, Chair-Elect), David Topps (Canada), Di. Wyatt (Australia), Neethia Naidoo (South Africa)

From front kneeling: Berta Nunes (Portugal), Roger Strasser (Canada, Chair), John Wynn-Jones (Wales), Barb Doty (USA), Dab Smith (USA) (photo contributed by John A J Macleod)

Like previous World Rural Health Conferences, this Conference brought together rural practitioners and others involved in rural health from around the world. Held September 24-27, 2003, the Wonca World Conference was attended by over 600 participants representing more than 30 different countries.

The main Conference theme was "Rural Health in a Changing World". The Conference was notable not only for its academic sessions (plenary sessions, open debate

forums, workshops, training skills sessions, oral paper presentations and poster presentations) but also for its cultural program which included formal workshops related to literature and anthropology, as well as music, dancing and other cultural activities.

I was struck by the level of energy and vitality of Conference participants. As with previous World Rural Health Conferences, I felt a strong sense of camaraderie and fellowship amongst all participants as they shared their experiences and discussed important issues in Rural Health. I was struck by the quality and diversity of the presentations, many of which were based on research which addressed questions raised by rural family doctors.

The Conference Host Organizing Committee (HOC) did a superb job. Special thanks are due to HOC Chairman, Dr Juan Mendive and Dr John Wynn-Jones, Chair of the Scientific Committee. The World Conference was successful because of individual contributions from our the host organizers: the Spanish Society of Family and Community Medicine (semFYC); EURIPA (European Rural and Practitioners Association) and the Wonca Working Party on Rural Practice.

In my role as Chair of the Wonca Working Party on Rural Practice, I participated in the closing session of the Conference which included presenting to Dr. John McLeod an award for a life time of service to rural practice and rural health.



Dr John Macleod and Loma, his wife and a nurse

Dr. John Wynn-Jones, Chair of the Scientific Program at the Conference had intended not to have a specific Conference Statement as had occurred at previous Conferences. In fact, there were fifteen Resolutions of the Conference endorsed during the Closing Session. As with previous World Rural Health Conferences, this was more than just an International Conference. There was a sense of excitement and commitment amongst all participants towards addressing major issues and improving rural health around the world.

WHO Resolution Being Developed for Health for all Rural People

On Saturday morning, September 27, there was a special meeting bringing together Dr. Michael Boland, Wonca President, Dr. Charles Boelen, International Consultant and former Director of Human Resources for Health with the World Health Organization (WHO) in Geneva, Dr. Ilse Hellemann, Wonca Executive Member and WHO Liaison, together with the Wonca Working Party on Rural Practice and the Health For All Rural People (HARP) Writing Group. This meeting marked a major step forward in the process of the WHO-Wonca Cosponsored Consultation which included an Invitational Conference held in Traragon, Australia in April 2002 associated with the Fifth Wonca World Conference on Rural Health.



Wonca President Michael Boland Entertaining Conference Participants

The meeting reviewed the August Draft Discussion of the Health for All Rural People (HARP) Action Plan and agreed on further refinements and editing of this document which is intended to be a "how to" manual for key stakeholders. The meeting agreed that the three pillars of the document are:

- "Think Local, Act Local, Transfer Globally" - an emphasis on community development and community empowerment.

- A "Rural Friendly" National Policy Environment which not only includes targeted rural health strategies but also "rural proofing" of all policy initiatives.
- Investment of real funding targeted to facilitate improvements in the health outcomes of people living in remote and rural parts of the world.

The meeting developed specific plans for the process of seeking endorsement of the revised Draft Document from Wonca and from the World Health Organization. Key target dates include the Wonca Executive meeting at Beijing in November and the WHO Executive Board meeting in January. If all goes well, a Resolution regarding Health for All Rural People will be endorsed by the World Health Assembly in May 2004. In addition, it is expected that the Health for All Rural People initiative will be presented prominently at the Wonca World Conference of Family Doctors at Orlando in October 2004.

Rural Conference and Experiences in Portugal

Following the World Rural Health Conference, some 60 participants most of whom traveled by bus from Santiago de Compostela to northern Portugal for a series of meetings and visits to rural communities. Components of this wonderful experience took place in Braga, Terrace de Bouro, Guimaraes and Geres. On the first day, participants were welcomed to Terrace de Bouro by the Mayor of the Municipality and other dignitaries including the Governor of the region, a representative of the Ministry of Health, a representative of the College of Medicine and the President of the Portuguese Association of General Practice. The first day concluded with a tribute to Miguel Torga a local rural physician who achieved international fame for his writing and was nominated for the Nobel Prize for Literature.

Day two of the Conference included a joint session with the 8th National Conference of the Portuguese Association of General Practitioners at Guimaraes. Dr. John Wynn-Jones and I addressed the forum which focused on Rural Health and Rural Training. I provided an international perspective and John Wynn-Jones complemented this from the European view.

Day Three of the Conference involved visiting health centres in and near Terrace de Bouro followed by a series of presentations on Portuguese Rural Society, Rural Health Centres and Rural Health Issues in Portugal. The afternoon session involved walking along the Roman Road which is well preserved within the local national park.

On the final day of the Conference, participants visited the University of Minho Medical School which is just beginning its third year. One of two new medical schools in Portugal, this medical school has developed a curriculum with an emphasis on horizontal and vertical integration, early clinical contact and learning through systems rather than individual disciplines. It is a six year program accepting students direct from high school. Conference participants raised questions regarding the lack of specific of clinical teaching in Family Medicine and the yet to be established connection with the medical practitioners in the communities in and around Braga.

This meeting and the rural experiences clearly showed how different Portugal is from Spain. Participants learned much about history and the challenges in rural health facing Portugal in the twenty first century. Special thanks are due to the Portuguese Association of General Practice (APMGG) for their hospitality and for organizing such a stimulating rural meeting experience, especially President Luis Pisco; Ant nio Afonso, the Mayor of Terras do Bouro; Dr Henrique Botelho, a rural family doctor in the Health Centre of Terras do Bourol; and Dr. Berta Nunes, a rural family doctor, teacher, and APMGG and EURIPA member.



Participants Visiting Rural Portugal

Wonca Working Rural Party on Rural Practice Finalizes Ambitious Work Plan

On Tuesday, September 30, the Working Party on Rural Practice met to complete discussions on the Agenda of the first part of the meeting held on September 23 in Spain. As I had not yet arrived in Spain, Dr. Jim Rourke had chaired that first part of the September 23rd meeting.

Major items discussed by the Wonca Working Party were the Health for All Rural People Action Plan, future nature and locations of World Rural Health Conferences, follow-up of the fifteen Resolutions from the Sixth Wonca World Conference on Rural Health in Santiago de Compostela, Spain and the Working Party's Report to the Wonca Executive meeting held in Beijing in November.

As usual, much ground was covered by the Working Party at its annual face-to-face meeting associated with the World Rural Health Conference. The next face-to-face Wonca Working Party on Rural Practice meeting will be held associated with the Wonca World Conference of Family Doctors at Orlando, U.S.A. in October 2004.

Dr. Roger Strasser

Founding Dean and Professor,
Northern Ontario Medical School
Chair, Wonca Working Party on Rural Practice

WONCA CELEBRATES 6TH WORLD RURAL HEALTH CONFERENCE IN SPAIN

I would like to share Ann McLeod's final reflection below on the 6th World Rural Health Conference with you all.

WONCA- Con Fuego

We came to Santiago as pilgrims
no hat, no staff, our boots less stout
but no less sure

and found- what?
Healing? Music? Passion?
All of these- and more- Galician fire

kindled, cheers the soul:
a generous tune
tendered to a brighter world

Anne MacLeod (Official Conference Poet)

I hope you will agree that we all found something valuable at the end of that road which took us to Santiago de la Compostela, Spain. European rural health is now a credible entity in its own right and is firmly on the world map. All of you will have returned home by now and I am keen to share some of the achievements of the conference which I hope will have a lasting impact in the future on the health of rural people around the world. I am also keen to persuade some of you to work further with us to pursue those final statements and declarations that we all signed up to do.

When we were planning the conference, I was keen to avoid a final declaration. With some embarrassment however, I must apologise to you all for coming up with fourteen in all! Some of these statements and declarations are ready to go to the WONCA Executive and other bodies such as EURIPA, while some need some more work over the next few months. Whatever the outcome, we have signed up to some very important promises and I intend to try and keep them.

We have collectively called our final statements The Santiago de Compostela Mission 2003: An Action Agenda for Rural Health. The action agenda was derived from

- Existing Wonca Policies and Declarations
- HARP action plan
- Emerging Themes Agenda
- Outcomes of Workshops and Plenary Sessions
- Outcomes of Working Groups

The Action Agenda includes:

1. **New and Emerging Themes.** Information was gathered during the conference by chairpersons during the workshops, seminars, debate forums and plenaries.

Delegates posted other information on the Emerging Themes bulletin board. A small working group collected the information and processed it, so that it could be presented during the closing ceremony. More work needs now to be done and we hope to disseminate the results to you later in the year. We hope that this agenda can act as an agenda and work plan for WONCA, EURIPA and other organisations and bodies involved in rural health over the next few years.

2. **HARP: Health for All Rural People.**

This important action plan which was co-sponsored by WONCA and WHO was brought to the conference in its final draft for discussion and debate. The HARP group ran a day-long workshop on the first day and met on Saturday morning to prepare the final document. We all felt that it was essential to put the action plan to the conference for discussion and approval. The final document now goes to the WONCA Executive and WHO and will be presented internationally at the end of the year. We are all excited with the outcome and wish to thank the conference delegates for their input and support.

3. **The EURIPA Declaration on Emergency Care.**

This European declaration was formulated by the EURIPA Emergency Care Working Party. It states that the pre-hospital care of accidents and medical emergencies is an integral and vital element of rural practice. It identifies that there is a need for the training and support for all rural practitioners to achieve this goal. The group now intends to produce an action plan to achieve their goal in Europe.

4. **The semFYC Rural Action Plan for Spain.**

This rural action plan has been produced by semFYC. More details are available on their website.

5. **The Conference Statement on Child Labour.**

This important statement emerged from the joint workshop run by WHO and ILO (International Labour Organisation). The statement reflects the appalling abuse of children around the world. Dr Gerry Eijkermans in her plenary presentation described the scale of the problem with approximately 250 million children worldwide involved in unacceptable working practices. (one in every six children between the ages of 5 and 17). The great majority of these are working in agriculture. The statements needs a little more work on it and we hope to present it to the WONCA executive in the spring.

6. **The Conference Statement on HIV/AIDS.**

We are facing a catastrophe of gigantic proportions around the world, especially in Sub-Saharan Africa. The statement commits us to work with other health professionals, non-governmental organisations and communities to ensure a comprehensive, equitable response to HIV/AIDS at a primary care level, within the philosophy of Health for All. It calls upon WONCA to recognise the critical importance and urgency of the situation regarding HIV/AIDS, and to lobby member countries and international agencies to commit resources to the problem, especially in the developing world, recognising the importance both of strengthening local health care systems and of addressing the issues of global poverty, injustice and inequity which fuel the spread of HIV/AIDS.

7. **The Conference Statement on International Collaboration in Rural Health Research.**

The conference recognised the importance of research in rural practice and recommended that the Wonca Working Party on Rural Practice supports the establishment of an International Rural Health Research Network to support skill

development and capacity building for rural health professionals, to enable them to engage in research activities within local environments, develop an international rural health research agenda and seek funding support for rural health research both within and across national boundaries

8. **The Rural Medical Education**

Provider's Network. Professor Richard Hays (Dean, James Cook University Medical School, Townsville, Queensland, Australia) ran a day-long medical education seminar for clinicians and academics working in the growing number of rural medical and clinical schools around the world. The successful meeting recognised the importance of international connections and supported the formation within WONCA of a Network of Rural Medical Education Providers to foster international collaboration and support for evidence based strategies to increase the production of appropriately trained rural doctors.

9. **The WRITE Statement.** The WONCA Rural Information Technology Group held a day-long seminar. The revised document on Information Technology in Rural Practice was presented. WRITE recommends that a framework be developed to foster and promote greater connectivity and discussions with developing nations, their rural health care providers and informatics groups. The group also aims to increase the awareness of informatics issues and resources amongst rural health care providers and recommends that greater emphasis be placed on developing connections and relationships with other informatics groups.

10. **Proposed European Section of the International Journal on Rural and Remote Health.** The Conference identified the importance of promoting European rural health

research and supported the proposal to develop a European section of the International Journal on Rural and Remote Health. We are all particularly excited in EURIPA at the prospect of our own journal. The International Journal would also like to establish other regional sections in the future, such as Africa.

11. **Progress on the Wonca Statements.**

The proceedings of the Debate Forums on the 4 previous conference declarations were presented at the closing ceremony. Action plans were established and amendments were made in order to bring the declarations up to date.

- **The Durban Declaration:** Health for All Rural People. It was decided that the principles of the Durban declaration are the same as those of HARP and energies be focused on taking the HARP action plan forward
- **The Kuching Statement:** The Health of Indigenous Peoples. The conference endorsed changes to the original document and the Kuching group now intend to take the revised statement to NGOs such as WHO, UN etc.
- **The Calgary Commitment to Women in Rural Family Practice.** The Calgary Commitment is to be submitted to the WONCA Executive for endorsement as a policy statement
- **The Melbourne Manifesto:** A code of Practice for the Recruitment of Health Care Professionals. The Manifesto is to be presented to the WONCA Executive for endorsement as a policy statement. A comprehensive action was also established.

I hope that you will agree that we have achieved a lot. I hope that Santiago de Compostela will be remembered as one of the defining moments in rural health. We need to do more work and your help and support will be appreciated. May I take the opportunity to thank all those involved in organising the conference for their help and support. Special thanks to semFYC and Host Organizing Committee Chair Juan Mendive, Margaret Townsend (and all those at the Congressos), Jose Miguel Bueno, Luis Garcia Buriel, John Gilles, John McLeod, Berta Nunes and all the members of the organising and scientific committees.

Finally, many heartfelt congratulations to Dr John McLeod for his "Rural WONCA Lifetime Award" for services to Rural Health. We can not thank John enough for all that he has done for the WONCA Working Party and his wonderful friendship and support over the years. Well done John!

Further information on The Santiago de Compostela Mission 2003: An action Agenda for Rural Health can be found on www.irh.ac.uk or the Euripa web site at www.euripa.org

Dr John Wynn-Jones

Chair Scientific Committee ,
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Wonca REGIONAL NEWS

REGISTER NOW FOR WONCA EUROPE 2004 IN AMSTERDAM

It is an honour for us to invite you to attend the European Society of General Practice/Family Medicine (ESGP/FM) - WONCA Region Europe Conference June 1 to 4, 2004 in Amsterdam, The Netherlands. More than 2000 GPs from all over the world will gather in one of the most beautiful cities of Europe to discuss the implementation of quality improvement in daily practice. This event offers general practitioners the opportunity to improve their clinical performance, communication skills, and practice management and to update their knowledge on the main topics relevant to daily practice.

The theme of WONCA Europe 2004 is "Quality in Practice". We will pay special attention to the most important aspects of quality improvement in general practice. We will offer you a platform to discuss the state of the art in several fields and to debate in 'hotnews sessions' on the latest and most relevant research results and on controversial scientific issues. In interactive poster sessions participants can share their views and experiences. Workshops and symposiums will broaden their horizons. They will get new ideas about quality improvement measures that can be implemented in their own situation. And they can practice their new skills immediately in training sessions.

Every day will have a different subtheme: **Day 1** - Clinical performance; **Day 2** - Communication skills; and **Day 3** - Practice Management. Within the most important clinical areas, attention will be focused on diagnostic features and co-morbidity, ethics, gender, prevention, emergency care, therapy, and interdisciplinary collaboration. In a, we think, exciting mega-manifestation with two thousand colleagues, we will exercise and reflect on doctor-patient communication. Concerning practice management we will focus on leadership and team building, quality systems, work stress, and time-management. All of these issues will be treated together with practising colleagues, scientists, and teachers. Not just plans and ideas, but specific, successful projects and best practices will serve as examples. And last but not least, there will be separate workshops for trainees concerning the relations between improving clinical performance and vocational training. Posters will be discussed in small-group sessions moderated by international key persons in the referring fields. The three outstanding posters will be presented during the 'best-junior-investigator award' session.

The Scientific Programme Committee has carefully prepared this programme with the help of the international advisory board that includes the ESGP/FM network organizations EURACT, EGPRW and EQUIP and other medical topic related European general practice working groups. The Netherlands does have a long-lasting tradition in general practice to show you.



Dr Philip R Evans
President, Wonca
Europe Region



Prof. Wim Stalman
Chairman, Scientific
Programme
Committee



Dr Ted van Essen
President, Dutch
College of General
Practitioners

It is hardly necessary to promote the charms of Amsterdam. We offer exciting daily excursions and pre and post conference tours by land, by canal and by sea. You will see old and new parts of this beautiful capital city, the canals in the centre with their beautiful merchant's houses, the typical Dutch countryside of polders, canals and windmills and our world-famous fishing villages. You will see our Kröller Müller Museum, world-famous for its large collection of paintings by Vincent van Gogh, as well as impressive works by George Seurat, Pablo Picasso, Fernand Léger, Piet Mondriaan, and many others. Even those who already know the city from former visits will probably be surprised by a new art gallery, an unexpected corner, or the atmosphere of a well-known terrace. So, Amsterdam and the Dutch College are expecting you. We look forward to welcoming you to WONCA Europe 2004 in Amsterdam, the Netherlands, from June 1 till June 4, 2004!

Dr. Ted van Essen
President,
Dutch College of General Practitioners (NHG)

Prof. Wim Stalman
Chairman,
Scientific Programme Committee

Dr Philip R Evans
President,
Wonca Europe Region
<http://www.wonca-europe2004.com/>

HEALTH AND HEALTH SYSTEM NEWS

THE AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE ESTABLISHED

The Australian Primary Health Care Research Institute now officially exists. It is the last major component of the Australian Government's Primary Health Care Research Evaluation and Development Strategy to be implemented. In light of WONCA's recent commitment to promote the establishment of primary care research institutes worldwide, we expect that this new institute will be viewed with much interest from abroad, as well as (of course) within Australia.

Australia is a large country with a dispersed population. State and federal government agencies have different responsibilities for funding and managing health care, and there is often debate about where responsibility for a particular issue in the health sector lies. In this context, the Institute has a national, integrating mission: to provide national leadership in improving quality and effectiveness in the primary health care sector through the conduct of high quality priority-driven research. Its activities will focus on important questions relating to the organization, financing, delivery and performance of primary health care. An independent Research Advisory Board, including members from key stakeholder organisations and others, such as patients, is being established to define exactly what these questions are. The Commonwealth government committed to funding \$15 million of the Institute's activities over 5 years. This amount is not expected to fund all the Institute's research but it is expected to be sufficient to secure the infrastructure that will support a vital, active research program that uncovers new knowledge able to deliver demonstrable benefits to Australians. The Institute itself will from time to time combine its resources with other national and international health research agencies to support primary care research projects and programs of mutual interest.

The Institute's structure is based on a "hub and spoke" model. The hub resides at the Australian National University in Canberra. It comprises a Director, a research team, and a secretariat. The hub also runs a Visiting Fellow program to ensure frequent injections of new ideas and to assist networking within Australia and abroad. Staff of the hub lead, coordinate, and participate in

Institute research. We expect that, sometimes, entire projects will be completed within the hub but just as often Institute research will involve researchers who are not hub staff. A spoke is a priority-driven research project or program, rather than a structure or institution. Researchers and institutions may participate in more than one spoke at any time. Each spoke consists of researchers and organisations undertaking an Institute research project or program. Spokes will vary in location, identity and duration.



Members of The Australian Primary Health Care Institute, from left to right, Dr Susan Dovey, Visiting Fellow; Professor Deborah Saltman, Consultant; Professor Nicholas Glasgow, Director; Ms Nicole Mies, Administrative Support Officer; and Dr Bev Sibthorpe, Interim Deputy Director

The Australian Primary Health Care Institute is brand new. What it will do and how it will do it are as yet just gleams in many peoples' eyes. Although it is clearly an initiative that has been greatly looked forward to for some time, it is just as clear that in its details there are hundreds, if not thousands, of different ideas about how the Institute will operate. Some seem to see it as mainly a research-funding agency, others as a mainly research-doing agency, and there have been debates about its location, its singularity (in this federally governed country it is not unusual to have similar agencies replicated in each state) and its scope (what is "primary health care"?). A permanent director, Professor Nicholas Glasgow, has

been appointed. Over the next few months the Institute's interim Deputy Director, Dr Bev Sibthorpe, consultant Professor Deborah Saltman and Visiting Fellow, Dr Susan Dovey, will help the new Director establish the Institute's operations. The plan is to have the Australian Primary Health Care Research Institute up and running in 2004, with its research agenda defined and its research questions widely advertised and its first project funded. We plan for it to make an impact nationally and internationally. Watch this space for more details!

Acknowledgement: The Australian Primary Health Care Research Institute is supported by a grant from the Australian Government Department of Health and Ageing. The information and opinions contained in this paper do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Australian Government Department of Health and Ageing.

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UNITED KINGDOM GP OFFICES GOING PAPERLESS

Paperless practices, already a reality for some GPs, are set to become the norm. New good practice guidelines for general practice electronic patient records were published to support and encourage doctors in their switch to computer based systems.

The guidelines, sponsored by the Department of Health, have been prepared by the Royal College of General Practitioners (RCGP) Health Informatics Standing Group and representatives of the BMA's General Practitioners Committee. They are available on the Department of Health, England, website at: www.doh.gov.uk/pricare/computing/ with links from the BMA and RCGP websites: www.bma.org.uk www.rcgp.org.uk

The main purpose of the guidelines is to provide a framework within which general practice can move from paper-based patient records to electronic patient records. It is intended as a source of authoritative guidance for practices, primary care organisations and other bodies involved with general practice computing.

A foreword to the Guidelines states that "current practice computer systems contain vital records on which patient care depends. It is important that practice and primary care organisation staff should be fully aware of the procedures and management arrangements that should be in place to ensure that the dependence of these electronic records is safe and justified."

These good practice guidelines have been written by national experts who are also users of clinical systems in their own practices. They come at the start of a new phase in the development of NHS information systems as integrated systems are developed and implemented. The national Programme for Information Technology will drive policy implementation over the next few years delivering innovations such as the electronic booking system for appointments, the integrated care records service which will extend the concept of the electronic patient record across the whole health community, and the N3 contract (a working project name to develop services for delivery of IP data communications for the NHS in England) for new networking services.

In eight chapters the guidelines cover every aspect of moving towards a paperless patient record system including the way data can be used, access to the information and patient consent, data transfer, education and training and accreditation of paperless practices. The appendices contain useful practical information on topics such as GP to GP record transfer, a proposed standard checklist for paperless practice preparation, and proposed standard letters for practices to use when applying to become paperless.

The good practice guidelines draw on experience gained since the last guidelines were published in May 2000 and reflect NHS developments since then.

RCGP press office
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MEMBER AND ORGANIZATIONAL NEWS

KAFP ORGANIZES WORLD COPD DAY IN KAZAKHSTAN

November 19, 2003 was proclaimed by GOLD, the Global Initiative for Chronic Obstructive Lung Disease, as World COPD Day. The motto of this day was "To raise COPD awareness throughout the World!" Wonca is a GOLD member organization supporting this important initiative.



Wonca President Dr. Michael Boland and GOLD President Romain Pauwels asked the Kazakhstan Association of Family Physician's (KAFP) President Damilya Nugmanova to organize and conduct World COPD Day this year in Kazakhstan.

COPD is a serious problem in Kazakhstan, in part because of our high smoking prevalence and environmental pollution. COPD is under diagnosed and treated by physicians especially in the early stages when patients have "the smoker's cough". Yet, at this early stage, COPD can be halted if patients can be assisted to stop smoking and get needed treatment.

KAFP Planning for World COPD Day in Kazakhstan

In preparation, the 12 KAFP branch directors and managers were informed of World COPD Day and provided with letters for Heads of the Oblast (ie, region) and City Health Departments to ask support in holding this Day in their regions. The Ministry of Health distributed official information to the all 16 Oblast and city Health Departments about the Day. Also professors and trainers from medical universities and scientists from National Research Centers were invited to take part in these conferences.

KAFP published 1000 COPD Guides for patients entitled, "What you can do About a Lung Disease called COPD" and 1000 Physician Pocket Guides for COPD diagnosis, management and prevention. Both were translated into Russian by KAFP President Damilya Nugmanova and CPG Specialist Riza Kazhanova. The Physician Pocket Guide was distributed to family doctors and specialists. The Family Group Practices (FGPs) where our family doctors practice distributed the patient brochures.

KAFP Holds Press Events to Publicize COPD Day

A Pre World COPD Day Press Conference in Almaty on November 12 attracted mass media attention. Reporters attended from such Kazakh TV channels as "Kazakhstan", "Rakhat", "Yuzhnaya Stolitsa" and radio stations such as "Kazakhstan Radio", "Radio Svoboda". Journalists came from such newspapers as "KazPharmVestnik", "Vashe Zdorovie", "Pharmatsiya Kazakhstana".

KAFP representatives explained the GOLD Initiative, WHO and Wonca's role in COPD care. We presented the translated guidebook, patient education book, and COPD poster and announced that KAFP has received a grant from GOLD to cover part of our publishing expenses.

A presentation of the COPD Guidebook for patients was held in Almaty in November 17, 2003. This event was held in collaboration with 200 patients with the Asthma Pulmonary Union, a patient's organization. Almaty branch member, Family Medicine trainer Azhar Nugmanova provided a book presentation. We conducted a friendly competition among patients on which teams best understood COPD. At end of this event everyone got COPD Guides for patients and medicines, which were given by representatives of pharmaceutical companies in Kazakhstan such as "Lek", "IVAX", and "Gedeon Richter". Reporters from many Kazakh TV channels attended and broadcast the event to the public.

KAFP Conducts World COPD Day in Kazakhstan on November 19

As a result of our preparations, press conferences for physicians and nurses were held in 10 Oblasts through Kazakhstan. Many different World COPD Day events for physicians, nurses and the public were conducted across Kazakhstan. Here are just a few of these events marking World COPD Day on November 19th.

In Almaty, a presentation of the Pocket COPD Guide for physicians and nurses was held in the city polyclinic #2. More than 80 KAFP members, physicians and nurses from Almaty and all regions of Kazakhstan, faculty of the Family Medicine Department of Almaty Postgraduate Institute (PGI) for Physicians, the Kazakh State Medical University faculties, and representatives of the USAID funded ZdravPlus Project. Nadezhda Nurkina, Almaty KAFP branch Director and Associate Professor of Almaty's Family Medicine Department, did a presentation of the Pocket Guide. All participants received one copy of Pocket Guide. Journalists from "Kazakh radio" attended this presentation.

A COPD radio campaign in Almaty to attract public attention to this disease and the risks of smoking and environment pollution was also held with sponsor support from such radio stations as "Retro Radio", "Kazakhstan Radio", "Europe Plus". These radio stations were selected because of their high rating and wide audience. A Hot-line was also organized the same day on two KAFP phone lines for the public to ask highly qualified family physicians their troubled questions. Family Medicine Residency students answered the phone calls. They booked patients for consultations with trainers of the Family Medicine Department of Almaty PGI. As a result of this hot-line campaign 22 patients made an appointment with highly qualified family physicians.

In Astana, a physician conference in polyclinic #2 was attended by 72 physicians from FGPs, city polyclinics, pulmonary hospitals and trainers of the Family Medicine Department of the Akmola State Medical Academy. All participants got a COPD Pocket Guide for physicians and COPD Book for patients.

In Atyrau, KAFP branch Director Mira Nurmanova organized a COPD conference attended by 35 physicians in city polyclinic #2 with the city Health Department. The media ("Prikaspijskaya kommuna" newspaper) and television ("Rakhat" channel) were invited to the conference. A COPD session was held in the oblast hospital and all district health departments were observed World COPD Day.

In Akmola, the KAFP branch together with Oblast Departments of Education and Health conducted a competition for best poster among all Kokshetau city schools on "Smoking is a threat of life". Children from 20 schools participated. All participants were awarded with diplomas, thank you letters and small gifts.

In Kokshetau city, a round table on smoking prevention and reduction was held in the Oblast Center for Healthy

Life Style attended by Oblast Health, Justice, Custom, and Education Departments specialists, Heads of local Universities, and physicians. Representatives from the Moslem clergy, youth associations, television, radio and newspaper also participated. KAFP Akmola Oblast branch Director Raikhan Ospanova attended and presented a COPD Guide for patients. As a result of the round table, the mosque Imam urged youth to quit smoking, two cafe directors decided to forbid smoking inside their cafes. Representatives of the youth movement "Rassul" urged the media to promote healthy life styles. Two articles devoted to COPD were published in Kokshetau newspaper on World COPD Day and smoking cessation and prevention.

The KAFP is proud and gratified to see how many physicians, and representatives of the community, government and media came together to publicize World COPD Day in Kazakhstan on November 19th.

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**UPDATE ON THE 17TH
WONCA WORLD CONFERENCE
IN ORLANDO 2004**

One location, two meetings, one unforgettable event and the cost is lower than past Wonca World

Conferences! Register for the World's largest gathering of family doctors by July 14, 2004 and save US\$100 with a special "early bird" registration fee. Access the registration form at <http://www.wonca2004.org/x14661.xml>.

Invitation Letter for Visa

If you need a visa to enter the United States, plan early and apply for your visa now. If you need an invitation letter, click on <http://www.wonca2004.org/x14686.xml> to print your personal invitation. Apply for your visa today!

Updated Passport and Visa Information

To learn more about the United States passport and visa requirements, please go to www.unitedstatesvisas.gov. This site includes up-to-date information everyone should review.

Make Your Hotel Reservation Today!

Make your hotel reservation for Wonca 2004 online at <http://www.wonca2004.org/x14652.xml>. Competitive rooms rates have been negotiated at 36 hotels conveniently located to the Orange County Convention Center in Orlando, Florida.

Educational Program Update

The Wonca 2004 Committee on Scientific Program is planning a wide array of topics and venues for the meeting including rural health care, research in family medicine, women's health, global development of family medicine and health behavior change. We encourage you to take advantage of the many clinical, technological, leadership and practice development sessions available. Look for updated topics and speakers on the Wonca 2004 Web site at: <http://www.wonca2004.org/x19386.xml> and in the Third brochure.

The Wonca 2004 Committee on Scientific Program invites your abstracts for oral presentations, posters and workshops. Please complete the abstract submission process in as much detail as possible. The deadline for submission of abstracts is March 15, 2004. Coming soon, information on how to submit abstracts in Spanish. Visit the Web site at <http://www.wonca2004.org/x14653.xml> for instructions on how to submit an abstract.

Thirty-nine high-quality educational abstracts, covering a wide range of topics, have already been received from Australia, Brazil, Canada, Congo, Ireland, Israel, Lithuania, Nigeria, Pakistan, Poland, Saudi Arabia, South Africa, Taiwan, Turkey and the United States.

AMA Physician Recognition Award (PRA) Category 1 Credit

The 17th World Conference of Family Doctors has received AMA PRA category 1 credit for non-US licensed physicians. The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA Category 1 credit.

Request a Wonca Brochure

If you are not a Wonca Direct Member and would like to receive a copy of our brochure, email woncacongress@wonca2004.org with your name and complete mailing address.

Wonca Video on the Web

In January, 2004, you may view the promotional video for Wonca 2004 on our Web site at www.wonca2004.org. This video gives an overview of the conference and highlights the beautiful city of Orlando, Florida, USA.

This educational program is supported in part by an educational grant from Wonca 2004 Gold Supporters: Aventis and Pfizer

KENYA ASSOCIATION OF FAMILY PHYSICIANS ESTABLISHED

In June, 2003, the Kenya Association of Family Physicians was established to help develop quality family medicine to meet people's needs. Through a special partnership with academic and private organizations, the major initiative is on continuing professional development of the nation's general practitioners.

Two General Practitioner Systems Existed in Kenya

There have always been two streams of General Practitioner in Kenya: the Private Practitioner and the Government Service Doctor.

The Government doctor working as a generalist, even though he might hold a specialist degree, was stationed almost entirely in the rural areas, running the district or regional hospitals. He was expected to deal with any and all cases referred to the hospital from the local health centers, which were run by locally trained clinical officers. He could and did look after all emergencies, including performing emergency surgery, before passing the patient on to the Government Provincial Hospital, where true specialist care was available.

In addition he was in charge, under the Provincial Medical Officer, of the Health matters of the District, which

could involve a very extensive area.

This included supervising all clinical officers in his area, overseeing the Public Health matters in the District; the training of all staff under his control and, in short being responsible for everything pertaining to the health and well-being of the local population.

On the other hand, the Private Practitioner was based mainly in the urban centers, the towns and the larger villages serving the areas where the European settlers were concentrated. He too, though to a far lesser extent than his Government colleague, was capable of and expected to cope with any emergency that might arise. Many of them in the smaller centers performed simple operations, almost all delivered the babies of their patients and all admitted and looked after their patients whenever they required hospitalization, referring them to specialists only when necessary.

At first all the doctors in Kenya were trained overseas and all at the beginning were expatriates. Later local doctors began to appear but until Makerere University in Uganda opened its doors even they were trained outside of East Africa.

Also for a few years in the early part of the last century, the two streams of Practitioners were kept strictly apart in medical matters. Government doctors were not allowed to examine or treat the European settlers, and even Government Specialists not otherwise available in the private sector were not officially allowed to be consulted by their private colleagues, although this order was more honoured in the breach than in the observance. By the mid-1920s, this unusual rule had been abolished.

Development Begins

Today, in some ways the situation remains similar, although the distinctions have become far more blurred than they were. Many Government doctors engage in private practice also to supplement their incomes, although under the new Government this is being strongly discouraged and will soon be banned entirely. Conversely, many private doctors now practice in their rural home areas, often having been supported in their training by the communal fundraising activities known as 'Harambee' or 'pull together'.

With Makerere University falling on hard times in the era of Idi Amin, Nairobi University started a Medical Faculty followed shortly by Moi University in Eldoret. A few years later these Institutions began offering M.Med programmes in most of the major disciplines such as Medicine, Surgery and Obs/Gynae. Family Medicine became more and more the poor relation in the Medical hierarchy, steadily losing status and a sense of its unique identity. No M.Med programme had been offered in this discipline in Kenya until just now.

This trend came to an end some four or five years ago with the appearance on the scene of an NGO known as INFA-MED, the Institute of Family Medicine. This was started by a group of Christian doctors with the aim of up-grading Family Medicine in all ways, but particularly in the field of Continuing Professional Development and postgraduate training.

Under their urging Moi University has been persuaded to start an M.Med course in Family Medicine. The first candidates are due to start this September.

Two years ago INFA-MED and Moi University were engaged in a serious debate on the nature of the curriculum to be offered for this course. The Moi Senate was adamant that only an almost entirely residential course with a thesis would suffice. On the other hand INFA-MED was firmly of the opinion that a course involving training 'on-the-job' at designated hospitals and using the principles of problem-based learning was much more appropriate.

Because of this debate, in 2001, two of the INFA-MED doctors approached a group of private General Practitioners associated with Nairobi Hospital - the only semi-cohesive group to be found in Kenya at that time -- to ask their opinion. This group agreed with INFA-MED on the question of the curriculum under dispute, but even more were of the opinion that they themselves were hardly typical of General Practitioners throughout Kenya. What was needed, they argued, was a representative body to seek and express the views of General Practitioners for the whole country. From this, the idea germinated to establish The Kenya Association of Family Physicians (KAFP). Two years later, in June 2003, it was finally officially registered.

First Priority Focused on Continuing Professional Development

Since that first meeting, the emphasis has changed. We have realized that our first priority must be the provision of regular, easily accessible and affordable continuing professional development (CPD) materials to our members, and particularly those in the more remote rural areas, for whom there is currently nothing of this nature. Urban practitioners are at least offered regular CPD opportunities by the Pharmaceutical Industry, with all the

disadvantages that this implies, but rural doctors have nothing. Within the next year or two a certain level of CPD will be required of all doctors for re-validation and re-registration, making this effort an urgent matter.

The KAFP is therefore earnestly seeking resources for this endeavour. We need access to good modules for individual or small-group study. Since these appear to be only available in the developed world, we would undertake to edit them to make them more suitable for our own situation. We need the technology to get these modules out to the rural General Practitioner, some of whom cannot afford to have even a computer. Many of them have very poor or non-existent electricity supply and so the problems multiply. We need to be able to train facilitators who will be prepared to go out to the rural areas to help these small-group practices, and until they are available, we need to be able to invite trainers from overseas to come to Kenya to fulfill this function. Most of all, we need funds to help provide CPD to facilities who cannot afford them for themselves.

KAFP: Looking to the Future

We are now just beginning to take the first steps towards considering employing a qualified person to plan, organise, initiate and promote a programme of CPD throughout the country, and indeed throughout East Africa. In conjunction with INFA-MED we have made contact with an organisation in Canada that provides regular CME material to its subscribers, which we believe would be suitable for our members with some modification for local conditions. The subscription is expensive for local doctors but we hope to negotiate a reduced price for our members.

Financing the programme is of course a big problem, but we are now partners with INFA-MED and Moi University Community Medicine Faculty and others in a nonprofit 501 c-3 organisation based at the moment in Minnesota. This organisation is set up to channel donations tax free to the partners in East Africa, and some US-based members are prepared to seek funds for specific projects. We hope to take advantage of this opportunity.

The scheme is still in its infancy but there have been encouraging signs from those approached so far. If it gets off the ground it will go a long way to realising our ambition of providing CME to even the remotest of Family Practitioners. KAFP is committed to this path. We are looking to provide CPD to all general practitioners. We are hoping and we will be encouraging some of our members to use these facilities to gain postgraduate degrees such as the International FRCGP degree from Britain. And we are also seeking to link up with our colleagues in neighboring countries in order eventually to establish a College that will be empowered to confer Degrees or Diplomas in Family Medicine.

To this end we are now in the process of discussing a regional Association involving in the first instance Tanzania and Uganda, with hopefully further links beyond this area.

It is in this spirit that we welcome any initiative or help of any kind in bringing the ideal of good Family Medicine to everybody throughout East Africa.

Humphrey Belcher
hebb@bidii.com

INDONESIAN FAMILY PHYSICIANS AND GENERAL PRACTITIONERS HOLD 6TH NATIONAL CONFERENCE

The 6th National Conference and the 2nd Periodic Scientific Meeting of Indonesian Family Physicians and General Practitioners was held by the East Java branch of the Indonesian College of Family Physicians (ICFP) from 8 - 10 August 2003. The conference was held in Surabaya, the second largest city of Indonesia.

This was the most successful conference held. Around 300 GPs, consisting of members and non-members, attended. The conference was opened by Prof Azrul Azwar, MD, MPH, PhD, The President of ICFP, on behalf of the Ministry of Health. Several keynote speakers enlivened the opening plenary sessions, including Professor Goh Lee Gan, Wonca Asia Pacific Regional President, and Dr. Alfred Loh, Wonca World CEO. New organizing boards of ICFP were elected successfully.

Many interesting and important free paper presentations, seminars, and symposiums were held in parallel settings. Participants enthusiastically received the scientific sessions. Scientific books related to general practice sold well during the conference, indicating the growing interest in continuing medical education. Local keynote speakers delivered interesting news on health care regulatory system, financing strategies, and health insurance reforms, attracting many participants and keeping their attention until the end of the sessions.

Administratively, there are 20 branches of the ICFP throughout Indonesia. Most of them do not have

complete and accurate member registration processes. Collaboration and research with two main local health insurance companies has helped ICFP to run its organization and pay the WONCA levies regularly. This most successful 6th national conference and the fully attended sessions encourage us to work harder in the future to get more conference participants and organization members.

Dr Sugito Wonodirekso MS

Wonca Council Member

The Indonesian College of Family Physicians

titago@rad.net.id

PROFESSOR JOHN MURTAGH AWARDED RAGCP'S MOST PRESTIGIOUS AWARD

Professor John Murtagh has been honoured with the Royal Australian College of General Practitioner's (RAGCP) most prestigious award, the Rose Hunt Award, for his outstanding service to the general practice profession and in promoting the aims and objectives of the College.

Professor Murtagh is Adjunct Professor of General Practice, Monash University and Professorial Fellow in the Department of General Practice, University of Melbourne. He practices part-time as a general practitioner in East Bentleigh and has teaching responsibilities at three Melbourne based universities. He is also author of several internationally



RACGP President Michael Kidd and Professor John Murtagh

adopted textbooks, including General Practice.

The Rose Hunt Award is a medal named in honour of two of the founding members of the Royal College of General Practitioners in the UK, Dr Fraser Rose and Dr John Hunt, and is a gift to the RACGP from the UK college.

Presenting the award at the RACGP National Scientific Convention at the Hotel Grand Chancellor in Hobart, 5-10 October, RACGP President Professor Michael Kidd said that Professor Murtagh has given many years of distinguished service to the College, to general practice and to the community.

"As well as being Australia's most internationally respected general practitioner and an eminent medical educator, Professor Murtagh has provided enormous personal and professional support to generations of general practitioners, especially through his books and through our College journal, *Australian Family Physician*,"

said Professor Kidd. "Like many Australian general practitioners, I have personally benefited from his inspiring mentorship which has greatly influenced my professional development and my clinical skills. This award gives something back to John in return for all that he has given to our profession."

Professor Murtagh's relationship with the College dates back to 1973 when he joined the RACGP Medical Education Committee of Victoria and the RACGP Examination Panel, and proceeded to develop several educational programs for the College. He was also a member of the College's Victorian Censors Group and of the Publications Editorial Advisory Panel. In the late 1980's he was appointed Medical Editor of RACGP's *Australian Family Physician*, a position he held for almost 10 years, and he published a book titled "Travelling" with the RACGP. His expertise was also utilised on the RACGP Courses of Advanced Training Committee, as Provost for the Victorian Faculty between 1997-99 and in 2000, when he became Executive

Director of Education for RACGP for 12 months.

"Professor Murtagh is one of our most distinguished Fellows," said Dr David Thompson, Chair of the RACGP National Rural Faculty. "The Rose Hunt Award celebrates the long and proud tradition of the College, and it is appropriate that this year's recipient has contributed to so many of the most important areas of College life."

Current Australian Family Physician Editor in Chief, Dr Steve Trumble said, "The College as an organisation and general practice as a profession have benefited immeasurably from his commitment."

RESOURCES FOR THE FAMILY DOCTOR

THE WONCA WORKING PARTY ON THE ENVIRONMENT

One of the major factors determining the health of our patients, and the communities in which they live, is the health of the environment. WONCA created a Working Party on the Environment in 1995, but it has been relatively inactive. This article is intended to discuss the potential of the working party, to describe the experience of the Environmental Health Committee of the Ontario College of Family Physicians in Canada, and to invite communication and networking toward creating a vital WONCA Working Party on the Environment.

Environment and health issues include global problems such as ozone depletion, climate change and sustainable development, regional issues such as drought and air pollution, local problems of sanitation and safe water supplies, and more individual issues such as indoor air pollution or exposure to pesticides or lead in the home. Broader issues are usually the domain of public health professionals. However, family physicians have an important role as advocates for their communities, as well as in diagnosing and treating patients and families affected by environmental toxins or hazards.

The Ontario College of Family Physicians established an Environmental Health Committee in 1992(1). We have been active in two main ways. Firstly, by educating our colleagues about environmental health, a topic usually not given much attention in medical training. We have run conferences, courses, and tried to introduce environmental health into undergraduate and residency training. We have designed a "Curriculum in Environmental Health for Family Physicians"(2,3), a case-based series with teaching modules on Indoor and outdoor air pollution, lead, pesticides, persistent organic pollutants, and drinking water (detecting a cluster), and with a focus on teaching skills in taking an exposure history. Secondly, we have been involved in numerous policy and public awareness initiatives, including air pollution, pesticide use reduction, childrens environmental health, climate change, and health care without harm (reducing the environmental impact of hospitals and other health care institutions) . This often involved cooperation with others, frequently environmental NGOs. We work closely with the Canadian Physicians for the Environment (CAPE) (4), an affiliate of the International Society of Doctors for the Environment (ISDE)(5).

A Wonca Working Party on the Environment would allow physicians involved in environmental health to network with and support each other, to share resources and ideas, on projects involving clinical issues, education, research and advocacy. Although local and regional issues might be unique, there would be many problems of common interest. We might broaden our reach by collaborating with national organizations, as well as international groups such as ISDE, WHO, HCWH(6) and INCHEs(7).(see below).

Proposed activities.

1. Develop educational materials on environment and health for family doctors, both clinical and community oriented.

2. Facilitate collaborative actions on health and the environment between Wonca members, Wonca affiliates and other interested parties towards promoting sustainable development.
3. Promote research by family physicians on health and the environment topics
4. Develop a web site to promote communication and collaboration within Wonca.

Web based organizations and resources on environmental health include:

- OCFP Ontario College of Family Physicians
www.ocfp.on.ca/English/OCFP/Members/Committees/EHC
- Curriculum in Environmental Health for Family Medicine; for free CD contact "Jim Houston" <houstonj@ottawa.ijc.org>
- Canadian Medical Association Journal series on environmental health
http://www.cmaj.ca/cgi/collecti on/environmental_contaminant s_series
- CAPE Canadian Association of Physicians for the Environment.
www.cape.ca or kapil1@sympatico.ca
- ISDE International Society of Doctors for the Environmnet
<http://www.ISDE.org/>
- HCWH Health Care Without Harm
www.noharm.org/
- INCHEs The International Network on Childrens Health, Environment and Safety
www.inchesnetwork.org/

WONCA 2004 in Orlando is fast approaching. In order for the Wonca Working Party on the Environment to have a presence there, I would encourage those of you active in environmental health to submit abstracts for presentations, posters and workshops. I would propose a meeting for the working party during the conference to initiate an ongoing process.

Please contact me if you are interested in the Wonca Working Party on the Environment. Please also be in touch if you plan to be in Orlando in October 2004.

Dr Alan Abelsohn

Co-Chair, Wonca Working Party on the Environment
Alan.abelsohn@utoronto.ca

A WEB BASED RESOURCE FOR FINDING ONLINE TOBACCO AND HEALTH SITES

Want to find information on the web related to "environmental tobacco smoke"? Or "smoking cessation"? Or "Camel" and "Marboro" cigarettes? Or "tobacco advertising"? A wealth of useful resource information, from "addiction" to "tobacco use" is easily accessible on just one online tobacco and health site at:
<http://keoz5.com/tobacco/online.html>

Professor Rick Botelho

Convenor, Wonca Task Force on Tobacco Cessation
Rick_Botelho@URMC.Rochester.edu
www.MotivateHealthyHabits.com

A CELEBRATION OF GENERAL PRACTICE

A Celebration of General Practice, a collection of essays edited by Dr Mayur Lakhani, Director of the Royal College of General Practitioner's Quality Unit, demonstrates the value of general practice to the public and the health service by examining family medicine in an historical and contemporary context. The book marks the achievements of the United Kingdom's general practice by considering the influence and leadership of GPs. In Dr Lakhani's words it "is intended to speak up for general practice."

In the opening chapter, **The Essence of General Practice**, Professor Ian McWhinney, who has written extensively on family medicine, stresses the importance of unconditional acceptance of the patient. He writes: "Patients should feel confident that they will never be told 'this is not my field'. We must not say, 'I will be your doctor as long as you don't have AIDS, or as long as you are not house-bound, or dying or too complicated.'" Indeed if the patient is not accepted unconditionally, Professor McWhinney believes the relationship cannot work.

In her essay, **The Effectiveness of Primary Healthcare**, internationally renowned practitioner and writer, Professor Barbara Starfield, argues that preventive interventions, not related to any one disease or organ system, should take place in primary care. She says that, in the United States, the states with higher ratios of primary care physicians to the population have better outcomes than states with lower primary care to population ratios.

Of course, no book on primary care today would be complete without a chapter on quality and standards.

Professor Richard Baker explores methods of quality assessment and then examines how successful these methods are. Once the fundamental issues of effectiveness and quality have been covered, **A Celebration of General Practice** looks at a range of issues in greater depth including: the British National Health Service, postgraduate training in general practice; and the contribution of women to general practice. RCGP Chairman David Haslam moves the debate along by looking at the future of general practice.

Writing in the foreword outgoing RCGP President Professor Dame Lesley Southgate says:

"This is not just a snapshot in time. In tackling their particular theme, each author seeks not only to place their work in an historical and contemporary context but looks to the future with confidence and a firm belief in the enduring value of the discipline."

A Celebration of General Practice is published by Radcliffe Medical Press. You can order the book online at www.radcliffe-oxford.com

WONCA CONFERENCES 2003 – 2008 AT A GLANCE

 See Wonca Website www.GlobalFamilyDoctor.com for updates

 Information correct as at May 2003.
 May be subject to change

2003	Region	Venue	Theme
24 - 27 September	6th World Rural Health Conference	Santiago de Compostela SPAIN	Rural Health in a Changing World
4 - 8 November	Asia Pacific Regional Conference	Beijing CHINA	Quality General Practice in the New Century
2004			
1 - 4 June	European Regional Conference	Amsterdam NETHERLANDS	Quality in Family Practice
13 - 17 October	17th WONCA WORLD CONFERENCE	Orlando USA	Family Medicine- Caring for the World ** Wonca Direct Members get US\$300 discount on early bird registration fees **
2005			
27 - 31 May	Asia Pacific Regional Conference	Kyoto JAPAN	Family Practice/General Practice - As a Global Standard
18 - 22 September	European Regional Conference	Athens GREECE	Theme to be confirmed
Date to be confirmed	7th World Rural Health Conference	Venue to be confirmed	Theme to be confirmed
2006			
27 - 31 Aug	European Regional Conference	Florence ITALY	Theme to be confirmed
4 - 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24-28 July	18th WONCA WORLD CONFERENCE	SINGAPORE	Human Genomics and its Impact on Family Physicians
2008			
Date to be confirmed	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

Wonca WORLD AND REGIONAL CONFERENCE CALENDAR

Wonca Europe ESGP/FM Regional Conference, Amsterdam 2004

Theme: Quality in Practice
 Host: Dutch College of General Practitioners
 Date: 1-4 June, 2004
 Venue: RAI Congress Centre, Amsterdam, Holland
 Contact: Secretariat: Mrs Jolanda Bladt
 Dutch College of General Practitioners
 PO Box 3231
 3502 GE Utrecht, Holland
 Tel: 31 30 288 1700
 Fax: 31 30 287 0668
 Email: evenementen@nhg-nl.org
 Web: <http://www.knmg.nl/nhg>

17th Wonca World Conference, Florida 2004

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

Asia Pacific Regional Conference, Japan 2005

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

Wonca Europe ESGP/FM Regional Conference, Athens 2005

Host: Greek Association of General Practitioners
 Date: 3-7 September, 2005
 Venue: Athens, Greece
 Contact: The Greek Association of GPs (Elegeia)
 Str. N. Kountouriotov Nr 21
 Code: 546 25
 Thessaloniki Greece
 Tel: 30 31 539995
 Fax: 30 31 550048
 Email: elegeia@otenet.gr
 Web: <http://www.elegeia.gr>

18th Wonca World Conference, Singapore 2007

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

MEMBER ORGANIZATION AND RELATED MEETINGS

Title: 3rd Austrian Winter Conference on General Practice and Family Medicine, Vienna 2004

Date: 17-24 January, 2004
Venue: Hotel Rote Wand in Lech am Arlberg, Austria
Contact: Vienna Medical Academy
att. Hedwig Schulz
Alser Strasse 4
1090 Vienna, Austria
Phone: +43 1 405 13 83-10
Fax: +43 1 405 13 83-23
E-mail: h.schulz@medacad.org
Web: www.oegam.at

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

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

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

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

CME Congress 2004, Toronto, 2004

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

The Royal New Zealand College of General Practitioners (RNZCGP)**Annual Conference, Wellington, 2004**

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

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

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

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

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

College of Family Physicians of Canada, Toronto 2004

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

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Name _____
Professional title _____ First name(s) _____ Family name in CAPITALS _____

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Telephone Office _____ Telephone Home _____

Fax _____ Email _____

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- > I am willing for my name & above details to appear in the Directory of Direct Members of WONCA. Yes [] No []
- > I am willing for my name to appear in the Directory of Direct Members on the Wonca website, Global Family Doctor. Yes [] No []

Signature _____ **Date** _____

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I wish to subscribe to Volume 20 of Family Practice, 2003	US dollars	92.00	[]

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I wish to subscribe to Volume 20 of Family Practice, 2003	US dollars	100.00	[]

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B. I wish to apply for Direct Membership of “WONCA World & WONCA Asia Pacific” * (For doctors living in Asia Pacific)
 * Includes other benefits and free ONLINE subscription to Asia Pacific Family Medicine.

I wish to take out Direct Membership for 1 (one) year	US dollars	50.00	[]
I wish to take out Direct Membership for 3 (three) years	US dollars	140.00	[]
I wish to subscribe to Volume 20 of Family Practice, 2003	US dollars	100.00	[]
I wish to subscribe to Volume 2 of Asia Pacific Family Medicine (print)	US dollars	60.00	[]

TOTAL US dollars _____

I am interested in subscribing to **Family Practice**. Please send me a free sample copy []
 I am interested in subscribing to **Asia Pacific Family Medicine** (print). Please send me a free sample copy []

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World Organization of Family Doctors (Wonca)
 College of Medicine Building
 16 College Road #01 – 02
 SINGAPORE 169854

Inquiries about Direct Membership Tel: +65 6224 2886 Fax: +65 6324 2029
 Email: admin@wonca.com.sg
 Website: www.GlobalFamilyDoctor.com

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All are referenced, and in most instances the reference is hyperlinked to the actual online article – there you can get more details when you want them.

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Corporate souvenirs	Direct Members' price	Non-members' price	QUANTITY Required
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Wonca Silk Ties (100% silk) Colours: Claret red, navy blue, bottle green	US\$ 15	US\$ 20	
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Wonca Cufflinks & Tie pin set Boxed presentation	US\$ 15	US\$ 20	
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Wonca Publications	Direct Members' price	Non-members' price	QUANTITY Required
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	US\$ 10 Surface mail (5-7 weeks) *	US\$ 15 Surface mail (5-7 weeks) *	
Towards Unity for Health and Family Medicine A working paper based on the proceedings of the Wonca-WHO Collaboration Meeting in Durban, South Africa, May 17-19, 2001.	US\$ 5	US\$5	

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Name on credit card.....Cardholder's signature

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