

## **6 Reports from the Network Organisations**



Network organisation within WONCA Region Europe - ESGP/FM  
www.euract.org

## **Report of EURACT activities 2006-2007**

### ***WONCA Europe Council meeting, Singapore***

July 20th 2007

Since the last WONCA Europe meeting in Florence EURACT held two Council meetings - in Prague, October 2006 and Zagreb, May 2007. The number of EURACT member countries has increased, now being 37 member countries and over 700 individual members in the organisation.

A number of decisions, important for the further development of the organization, have been taken during the year. New rules for collecting the membership fees have been developed and introduced; these will allow better management of the finances within the organisation. Barbara Toplek was elected as the EURACT administrative secretary and the secretariat has moved to Ljubljana since the beginning of the year 2007. According to our byelaws, the election of the Council representatives was organized in January – February 2007, and the new Council took over at the meeting in Zagreb. Elections for the President and 3 Executive Board members were organized in Zagreb according to our regulations. Egle Zebiene (Lithuania) has been re-elected as EURACT President for another three year term. Members of the Executive Board elected in Zagreb are: Job Metsemakers (The Netherlands), Luis Filipe Gomes (Portugal), and Janko Kersnik (Slovenia). Roar Maagaard is continuing as the Honorary Secretary, Okay Basak - as Honorary Treasurer.

EURACT continues to run the Leonardo Training the trainers' course, which is still very popular. The latest course was held in Magglingen (Switzerland), in May 2007 and the next one is planned for Iceland in 2008. We estimate that due to the successful cascading of courses locally more than 600 trainers have been already trained on the modern methods of one-to-one teaching in practice. Some countries, such as Serbia, have organized 10 courses for trainers within the country, and more courses will be organized in future. The success of Leonardo-EURACT course has increased interest in training in up-to-date educational activities; therefore another course has been developed by EURACT experts. The first course on Educational Assessment in General Practice will take place in November 2007 in Zakopane (Poland), using the same sponsorship and dissemination strategy as Leonardo-EURACT course.

EURACT continues successful collaboration with organisations both within Europe – e.g. EGPRN (on educational research in GP/FM), Euripa, and also outside the European region – e.g. WONCA Iberoamericana. Collaboration with colleagues from the region, successfully started in May 2006 in Turku developed into wider cooperation working on both issues of FM education and General

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Practice/Family medicine in general. EURACT is also providing support to Vasco da Gama movement, acting as facilitators during their pre-conference meetings and helping in other activities.

EURACT members are contributing as before to the WONCA and other Conferences; a number of EURACT activities are planned for the WONCA Conference 2007 in Singapore and WONCA Europe 2007 Conference in Paris. EURACT will hold its General meeting during WONCA Europe Paris Conference. National events within EURACT member countries are also supported by contributions from Council members. Next Council meeting will be organized in Sweden in October 2007.

More information on EURACT activities and documents is available on the website [www.euract.org](http://www.euract.org)

Egle Zebiene

EURACT President

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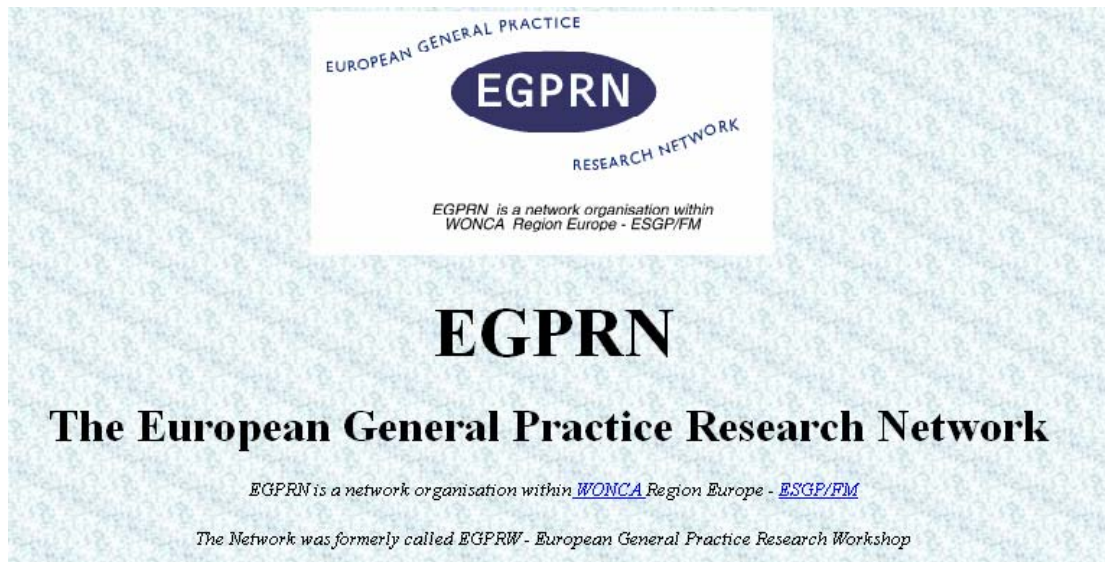
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## **EGPRN REPORT**

Dear colleagues,

I am happy reporting very promising news from the part EGPRN meeting that hold in Nijmegen, the Netherlands between 10-13 May, 2007. It was very successful in terms of a very high participation rate (the highest that EGPRN has been experienced), workshop activities and interactive discussion in between.

The workshop that had as theme the Gender matters' (*gender in research, medical education, profession and patient care in general practice/family medicine*) was also flourished with the elections of 5 Executive Board members and a meeting with the WONCA World President elect, the WONCA Europe President (Paul and Christos on behalf of EGPRN), where information on the latest EGPRN achievements was shared and potentialities strengthening the collaboration of EGPRN with WONCA World and Europe were explored.

Both, the educational and research committees of EGPRN are continuing their work on the EGPRN and WONCA Europe agenda. It is also a pleasure for me informing the council about the second EGPRN paper that has been submitted to the Eur J Gen Pract (**Enclosure I**). A detailed description of EGPRN activities can be found in the report of EGPRN President, Prof. Paul van Royen (**Enclosure II**).

EGPRN continues working on networks and SIG collaboration, exploring the potential of working together. The minutes of the last meeting with EQUIP are enclosed and this experience can be used as an example of network collaboration (**Enclosure III**).

Finally, EGPRN has an important contribution in the design of the Paris WONCA Europe meeting.

On behalf of EGPRN,

Christos Lionis, Associate Professor  
EGPRN Vice President

# **European Research Capacity in General Practice/Family Medicine: A multiple key informant survey**

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## **Abstract**

**Objectives:** To give a cross-sectional description of research capacity in general practice/family medicine (GP/FM) in European General Practice Research Network (EGPRN) member countries.

**Materials and Methods:** Data of all incoming EGPRN national representative (NR) reports of the year 2003, collected using a semi-structured questionnaire (multiple key informant survey technique), were analyzed quantitatively and qualitatively with respect to research infrastructure, policy and organization. Research outcome was analysed using these reports and by a PubMed search for primary care publications in 2003. Research outcome was classified in terms of content and methodology according to research domain and study design.

**Results:** Nearly half of all NRs (14/30) delivered a report on the GP/FM research situation in their country. The data were characterized by a large variability and many missing values. The NRs experienced difficulties in finding readily available detailed information on research organisations, projects, publications, and funding bodies. Among 178 identified research projects, diagnostic (4%) and therapeutic (9%) topics were studied relatively little, whereas epidemiologic studies (25%) and studies on organisation, quality and costs of care (25%) were relatively well represented.

**Conclusion:** Important GP/FM domains were insufficiently addressed in European GP research as disclosed in this study. This survey also underlines the necessity of the creation of a clearinghouse for GP/FM research expertise.

**Keywords:** research capacity, research outcome, research agenda

## Introduction

General Practice/Family Medicine (GP/FM) has established itself as an academic discipline with its own curriculum, research base and peer-reviewed journals. Its importance in health care is now widely accepted. However, there remains variation in the development of the discipline across European countries. Contemporary scientific society stresses the necessity to determine health policies on the basis of sound evidence rather than political expediency [1]. Important factors for the recognition of an academic discipline include a specific research domain and appropriate research methodology to generate its evidence base. Strengthening research in the setting of GP/FM both promotes optimal functioning of health care systems directed towards improving the health of the population and enhances the role of family physicians [2]. The encouragement of high quality research in GP/FM requires an effective research infrastructure, competence in research techniques, appropriate training facilities to support GP researchers, recognition of research findings from GP/FM in the determination of health policy decisions and implementation of appropriate practice based evaluation of policies [3]. The integration of all these factors is needed if the academic status of research in primary care is to be advanced.

Lionis and colleagues discussed that research in primary care in Europe was suffering from a number of organizational disadvantages [4]. The enhancement of primary care research capacity was governmental policy in the UK and in the Netherlands but this was not the case in most European countries [5]. Acceptance of the notion that primary care research is a prerequisite of primary health care development rather than a luxury is crucial to bridge the gap between research and policy [6]. This gap remains a barrier to primary care recognition and further development, especially in the countries of southern and eastern Europe [7].

The European General Practice Research Network (EGPRN) aims to promote and stimulate research in primary care (1) by organising scientific meetings twice a year (exchange, mentoring), (2) by fostering, initiating and co-ordinating multinational studies, and (3) by organising research methodology courses [8]. By monitoring development of research expertise, a database of research organisations, research collaborations, researchers and teachers could be created ('clearing house') [9]. In a first attempt to get insight in the infrastructure and research capacity in GP/FM in European countries, we performed a 'multiple key informant survey' using EGPRN's National Representatives as key informants. We wondered whether EGPRN's National Representatives would succeed in gathering meaningful data on research expertise in their country.

## Materials and Methods

### *Data collection*

National Representatives (NRs) of the EGPRN are invited to report annually on research capacity in their country. The format of the national report is a semi-structured questionnaire on primary care research capacity and outcome, mainly consisting of open-ended questions. For this study original data enclosed in the national reports on the year 2003 were used. Data were collected in 2004. Non-responding NRs were repeatedly requested to complete the questionnaire.

With regard to research outcome, additionally a PubMed database search was executed, according to the method used by Ovhed et al. [10]. The following keywords were used: “primary health care OR family medicine OR general practice” for all publications from primary care in the different countries. The name of the country could be running in the text of the article or in the author’s address (i.e. “Finland OR Finland [ad]“).

### *Data analysis*

Quantitative and qualitative methods were applied for content analysis of reported items. Content items were assigned to three research capacity domains: (1) infrastructure (characteristics of manpower, research institutions, know-how, academic organization), (2) research policy and organization (governmental or private funding or other means of motivating/supporting research in GP/FM) and (3) outcome (characteristics of publications and research projects). Quantitative items are presented in a descriptive manner using median and range. To obtain an overview of GP research interests, research projects and publications were qualitatively classified into major research domains. Open-ended answers were textually analyzed: two researchers independently identified emerging ideas and main themes, with a consensus rating producing the final results.

## Results

Reports were provided by 14 out of 30 NRs: Estonia (EST), Finland (FIN), Sweden (S), the UK (GB), Ireland (IRL), Germany (D), The Netherlands (NL), Belgium (B), Spain (E), Slovenia (SLO), Croatia (HR), Malta (M), Greece (GR), and Turkey (TR). Reports varied in length from 1 to 31 pages (median 2.5) and there was great variation in the content and detail of answers, as well as in the number of unanswered items.

### *Content analysis of reports*

Characteristics of research capacity are given in Table 1. Established *academic infrastructure* (teaching, research) was mentioned in all NR reports, and a majority of NRs (13/14) reported national *GP research courses* (12/14). All country reports contained information about *research policy* (funding, support and organisation). With regard to this respect, a division between north and west (governmental support available) vs. south and east Europe (less governmental support) became apparent.

Regarding research outcome, the reports included 178 general practice based *research projects* in 13 European countries (2003), with considerable variation in numbers and topic areas (Figure 1). Diagnostic (4 %) and therapeutic (9 %) topics were studied relatively little, whereas epidemiologic studies (25 %) and studies on organisation, quality and costs of care (25 %) were relatively well represented.

Only eight reports contained information about publications from GP/FM research. Numbers of published manuscripts varied widely per country (median 16, range 1-163). The PubMed search revealed additional information, also on countries with missing data in the NRs' reports. For five countries the NRs identified more GP/FM publications than the PubMed literature search (Table 2).

### *Qualitative textual analysis of comments*

Although most of the 14 European countries have an established academic infrastructure, the NRs reported that detailed information (number per country, modalities, status, contacts etc.) was not readily available. According to the NRs, human resources for research were not expanding in the majority of reporting countries. In most countries no structures were in place to monitor developments in research expertise, or to create a database of researchers. In some countries financial barriers hinder development of research in primary care. In countries with funding opportunities for GP/FM research, modalities of funded projects (source, amount of funding, research topics/methodologies prioritized for funding etc.) were not always easy to identify.

## Discussion

The EGPRN survey on European GP/FM research infrastructure for the year 2003 was based on key informant questionnaires sent to all EGPRN NRs. Nearly half of them (14/30) succeeded in delivering a meaningful report on the GP/FM research situation in their country. Despite the standardized format of the questionnaire the data were characterized by a large variability and many missing values. The NRs had difficulties in finding readily available detailed information on research organisations, funding bodies, projects and publications. In the 14 countries reported on, academic GP/FM infrastructure (education, research, research courses) seemed well established. However, in the six southeastern European countries a relative lack of funding was apparent. In general the PubMed literature search revealed more publications than was identified by the NRs, although in five countries more GP/FM publications were found by the NRs. Discrepancy between the numbers of publications reported by the NRs and found through the PubMed search may either result from publications being labelled as GP though they do not report on GP research (for example, if recommendations are published by specialists) or from articles published in journals not listed in Medline.

Although GP/FM is well established as an academic discipline in most European countries, research capacity in primary care often fails to match the importance of the discipline. Historically, general practice is a service-based discipline and the notion of “academic general practice” is relatively new and is viewed with scepticism by many people, even inside the field by some general practitioners [11]. The present data show that neither human resources, nor research institutions in GP/FM are systematically assessed in European countries. A general lack of information on research initiatives in general practice impedes the academic development of general practice. Information about modalities of and criteria for funding of GP/FM research projects have to be clearly identified. This information has to be organized and shared in a collaborative effort in order to be used effectively to obtain more funding and better recognition for European GP/FM research projects.

The reports of EGPRN NRs also showed that there is variability in academic organization of GP/FM and its research outcomes. There is a rising trend of practice based research output in terms of research projects and major publications but many important (clinical) topics of the discipline are rather neglected. In addition, the results of practice-based research are sometimes not adequately disseminated nor do they achieve publication in major medical journals of primary care.

There is a substantial variation of research themes and priorities in EGPRN member countries, which can be seen in articles published in primary care journals. Publication topics reflect specific research needs of the various countries [7, 12, 13]. In 2003 GP research in the European countries represented in this survey focused on epidemiology, organisation, quality and costs of care and medical education and communication skills. Other domains, such as health promotion and preventive care, therapy and rehabilitation, diagnostic tests and psychometrics were less studied. This is in contrast with findings of a previous survey, which identified ‘clinical issues’ (common diseases, chronic diseases, risk groups) including diagnostic strategies as the perceived core content of general practice research [4]. A topic review of the Medical Research Council in 1997 identified several important GP/FM domains, including the organization of primary care, health seeking behaviour, acute illness, evaluation of different clinical approaches to chronic illness and preventive care/health promotion [14]. None of these themes were sufficiently addressed in European GP research as

disclosed in this study. This accords with the uneven progress in the evaluation of health care interventions in Europe reported by Mc Daid et al. [15].

The results of our study underline the necessity of the creation of a clearing house “to provide a central repository of knowledge about family medicine research expertise, training and mentoring” as stated by Van Weel et al. in a WONCA World consensus paper [9]. The authors also recommended funding of international collaborative research in family medicine, which seems to be a key issue in European GP/FM research capacity.

There is a potential role here for research groupings such as the EGPRN to promote research capacity building through training programs and perhaps through the provision of a screening service for research in general practice. Greater co-operation and better data-information management and communication in the European GP/FM community are a substantial need for this purpose.

## **Acknowledgements**

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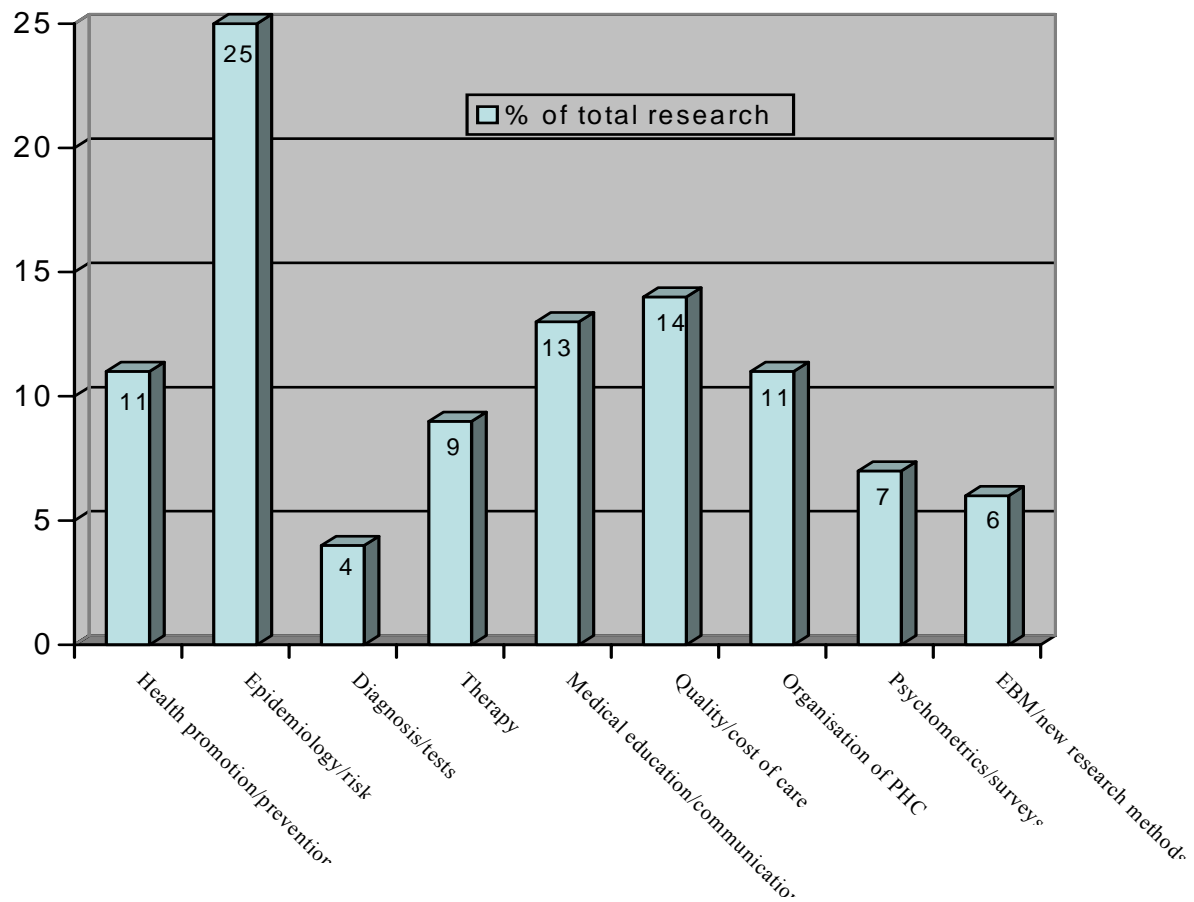
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**Table 1: GP/FM research capacity as reported by EGPRN national representatives of 14 European countries (2003)**

<i>Item in questionnaire</i>	Country	EST	FIN	S	GB	IRL	D	NL	B	E	SLO	HR	M	GR	TR
<i>Academic teaching in GP?</i>		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	<b>No</b>	Yes	Yes
<i>National GP research courses in the last year?</i>		Yes	<b>No</b>	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	Yes	Yes	Yes
<i>Is GP research governmentally funded?</i>		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
<i>Is GP research governmentally motivated/organized?</i>		Yes	Yes	Yes	Yes	-	Yes	Yes	Yes	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>

- : not reported

**Figure 1: GP/FM research outcome: research projects by research domain**  
(n= 178 GP/FM research projects in 13 European countries)



**Table 2: GP/FM research outcome: characteristics of publications from 14 European countries**

	Country	EST	FIN	S	GB	IRL	D	NL	B	E	SLO	HR	M	GR	TR
<b>GP Publications as reported by EGPRN NRs</b>		11	20	-	-	-	24	163	41	-	12	2	1	9	-
		7	15	-	-	-	8	161	39	-	12	0	-	8	-
➤ <i>Reported publications in international journals *</i>		64%	75%				33%	99%	95%		100%			89%	
➤ <i>Percentage 'international' of total number reported</i>															
➤ <i>Reported publications in GP (related) journals **</i>		1	7	-	-	-	5	38	10	-	8	2	1	0	-
<b>Publications found in PubMed on primary care/FM/GP</b>		4	38	103	1038	32	125	151	24	91	5	4	1	7	18

\* Medline indexed Journals, published in English language

\*\* Fam Pract, Eur J Gen Pract, Br J Gen Pract, Ann Fam Med, J Fam Pract, Scand J Prim Health Care, Public Health, Eur J Public Health, J Clin Invest

**Chairperson's report EGPRN Spring meeting 2007 in Nijmegen (The Netherlands)**

**1. Ex. Board management issues**

Since the last meeting of EGPRN Executive, there have been many activities and contacts (mostly by emails and phone calls). Purpose of most contacts was to address the actions points of the minutes of the EGPRN meeting in Kavala (October 2006).

In addition to this the following contacts may be informative for the Council: with Pinar Topserver, Christos Lionis, Eva Hummers-Pradier and Jelle Stoffers on finalizing the article of NR's reports sent in to EJGP, with Christos Lionis on the upcoming Wonca World Conference in Singapore (July 2007), with Hanny and Teresa on the upcoming meeting in Lithuania and the planned research courses.

I had also three meetings in Maastricht with Hanny on the planning and agenda of our meetings, teleconference of the Executive Board and other actual matters.

**2. WONCA Europe congress 2007**

In preparation of the Wonca Europe 2007 congress in Paris (17-20 October 2007), I attended the meeting of the scientific council in Paris, 11<sup>th</sup> January 2007. The theme of the conference is 'Re-thinking Primary Care in the European context'. At the conference we will have an active contribution:

- On behalf of EGPRN, I will be keynote speaker on the congress, approaching the theme of the conference from research point of view.
- Just after each keynote, Vasco Da Gama movement representatives will shortly present their view on the theme. I had a fruitful contact with the Executive Group of the Vasco Da Gama movement at their meeting in Belgium 26-28 January 2007
- Three workshops were already submitted and accepted  
Workshop : Formulating the European Research Agenda for general practice/  
Family medicine (GP/FM)  
Workshop : Collaborative research in general practice  
Workshop : Questionnaire on GPs attitude towards implementation of  
guidelines

We have to discuss if we plan still other workshops within the specific time slots for the network

- There has been contacts with other colleagues and representatives – in co-organizing activities at the congress (Leo Pas and europrev, ....)

**3. Travel and contacts with ESGP/FM and other networks**

**CNGE (Collège National des Généralistes Enseignants) National Congress – Poitiers (France) (23-24 Nov 2006)**

I had a keynote lecture on the 'Primary health care research in Europe: state of the art'

I have seen many good presentations of excellent research projects. There is a good progress of primary care research in France !

Paul Van Royen, Antwerp, May 2007

## ENCLOSURE 3

### **Report EQUIP 5<sup>th</sup> Invitational Conference Barcelona 23<sup>rd</sup> – 25<sup>th</sup> November 2006**

Dr. Lieve Peremans and Prof. Christos Lionis represented EGPRN in the 5<sup>th</sup> Equip Invitational Conference held in Barcelona between 23 and 25 November 2006. This report summarizes the key issues and events relevant to EGPRN policy and activities and particularly:

- A. Meeting between EQUIP and EGPRN delegates.
- B. A workshop on clinical affectiveness and action research.
- C. A key lecture on research in primary care.

#### **A. Meeting EQUIP –EGPRN**

24<sup>th</sup> November 2006

Participants: Prof Joachim Szecsenyi, Dr. Luis Pisco, Dr. Antonios Karotsis, Prof. Christos Lionis, Dr. Lieve Peremans

Aim of the informal meeting: to explore some ideas about potential collaboration during the meetings between EGPRN and Equip .

Opportunities: how to integrate research methods in quality of care projects?

Opportunities during EGPRN meetings

- Equip-members can participate in the EGPRN-workshop (presentations)
- One keynote speaker from EQUIP in the EGPRN-meeting
- Pre-conference workshops EQUIP-EGPRN

Opportunities during EQUIP meetings

- Participation at the open meetings

Opportunities within WONCA-meetings

- WONCA-board has decided not to reimburse only individuals but to give more attention to reimbursement for collaboration between networks
- Collaboration workshop with EGPRN-Equip- Euract round a certain theme or subject

#### Views

Equip : teaching quality improvement in undergraduate education

EGPRN integration of research methodologies in quality improvement

#### Barriers

Capacity: Equip is a smaller group with 30 to 35 people with more or less 20 active GPs.

#### Concrete proposals

WONCA 2007 in Paris is too early for organisational reasons, but WONCA 2008 in Istanbul is a suitable event for a first collaborative workshop.

Equip 2008 6<sup>th</sup> Invitational Conference in Bucharest is an open meeting and an opportunity for:

- one workshop for EGPRN
- one keynote lecture

EGPRN 2007 Vilnius

- one keynote speaker of Equip
- one pre-conference workshop in collaboration with Equip
- invitation to Equip members with the call for abstracts

## **B. A workshop Clinical effectiveness and action research in general practice/family practice: discussing methodology in improving quality of care in clinical practice.**

Contributors: Prof Christos Lionis and Dr. Antonios Karotsis

**Aim:** combining issues pertaining to quality assurance with research methods responding to the WONCA invitation seeing Equip and EGPRN working together.

This workshop started with the overview of some definitions on quality improvement and medical audit. The quality circle with clearly defined steps is a well-known tool to work on quality improvement

Antonios Karotsis summarizes the steps from this quality circle but gives also the barriers in the process concerning lack of interest and commitment, own perception (insufficient knowledge, no awareness of own performance, overestimating own performance), acceptance of change.

In a short exercise the gap becomes clearer between, GPs working on a project in the field and those who are working more from a researchers point of view.

- the importance of defining the relevance of a topic for quality improvement
- which outcome parameters are suitable for evaluation

Christos Lionis stressed the possibilities of rapid action research for quality improvement projects and the experience of researchers within EGPRN.

### **Action research**

Setting the stage: who is involved in the project, what about its aim and content, positive climate.

Looking:

Thinking: enabling participants to understand and interpret the situation

Acting: setting the goal and objectives and assessing

Research methods

Qualitative: focus groups, in depth interviews, consensus methods

Quantitative: standardised questionnaires

## **Some learning and discussion points**

There are certainly challenges for the future. Most of the projects of qualitative research need additional support from researchers. There are publication problems particular with projects concerning community oriented projects.

Even important instruments as Europep and EPA are not validated.

If we do a workshop together we need a concrete issue, not a theoretical approach.  
Concrete examples

Equip presents EPA or Europep and there is a workshop on how we can validate the questionnaire

- identifying problems
- proposing solutions

EGPRN presents the burn-out study, or the Eurostacle project

- what can we do with the results in practice for quality improvement

## **C. A key lecture on Research in Primary Care The EU perspective Prof Octavi Quintana**

### **The 7<sup>th</sup> research Framework Programme**

New research duration increased until 7 years  
More flexible funding schemes

Cooperation – collaborative research projects with at least 3 countries

Health objectives

1. Improving health of European citizens
2. Increasing the competitiveness of European health related industries and business
3. Addressing global health issues including emerging epidemiology

Three domains

1. Biotechnics
2. Translation of research into human health
3. Optimising the delivery of health care to European citizens

The last domain is particularly interesting for primary care

- Enhanced health promotion and disease prevention
- Translating clinical research into clinical practice
- Quality, solidarity and sustainability of health systems

### **Enhanced health promotion and disease prevention**

- Evidence for best public health measures in terms of life time interventions

## **Translating research into clinical practice**

Better use of medicine

- to identify the best clinical practice
- to understand decision making in clinical settings
- to foster evidence based medicine and patient empowerment

## **Quality, solidarity and sustainability of health systems**

Human resources: support system, impact and causes of migration

Mobility of health care professionals to, from and within European countries

Important messages for EGPRN

First call 22<sup>th</sup> December

Become an evaluator: you have the opportunity to look how Europe is working

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23 April 2007

Lieve Peremans and Christos Lionis

**17      The HER Statement -  
Wonca's 10 Steps to Gender Equity in Health  
The Norwegian College of General Practice**

WWPWFM  
Wonca Working Party on  
Women and Family Medicine



**THE HAMILTON EQUITY RECOMMENDATIONS  
THE *HER* STATEMENT**

24<sup>th</sup> AUGUST 2006

The Wonca Working Party on Women and Family Medicine (WWPWFM) was charged with the responsibility for developing recommendations on how to achieve and maintain gender equity within the World Organisation of Family Doctors (Wonca). Twenty-five leading women from 16 different countries and all six Wonca regions met in August 2006 at McMaster University, Hamilton, Canada.

The WWPWFMM makes the following statement:

1. Cognizant of the fundamental aspiration of all individuals, families, communities and peoples to achieve and maintain the highest quality of life;
2. Recognizing the centrality of improved and optimal health to the achievement of the highest quality of life;
3. Recalling the important provisions of the charters, declarations and instruments of the United Nations, WHO, UNDP and other international organizations regarding human rights, equity, development, health and human dignity;
4. Convinced of the centrality of women's and girls' status as a determinant of the health of women and children, and of the families and communities of which they are part, throughout the world;
5. Recognizing that the elimination of gender inequality (as well as other violations of universal human rights) is an important prerequisite for development, including the improvement and achievement of optimal health;
6. Affirming that the improvement and achievement of optimal health is dependent on high standards and levels of health care provision, organization, teaching and research;
7. Convinced that general practice/family medicine is the cornerstone of the achievement of high standards and levels of health care provision, organization, teaching and research throughout the world;
8. Noting the global benefit of organization and knowledge exchange between general practice/family medicine organizations and practitioners, and between general practice/family medicine and other organizations concerned with health and medical care;

The WWPWFMM urges the general practice/family medicine organizations of the world that are constituted as the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (Wonca) to adopt the following fundamental recommendations regarding gender equity:

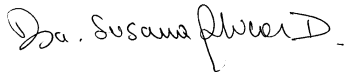
1. Enshrine the principle of gender equity within Wonca governance by amending the Wonca By-laws and Regulations, as proposed by the WWPWFMM.
2. Implement gender equity in all activities of Wonca, in particular the scientific programs of its triennial, regional, and rural meetings.
3. Promulgate the pivotal role of gender as a key determinant of health.

4. Promote the equitable inclusion and advancement of women general practitioners/family physicians in Wonca.

Signed in Hamilton, Ontario, Canada  
24<sup>th</sup> August 2006



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Dr. Susana Alvear  
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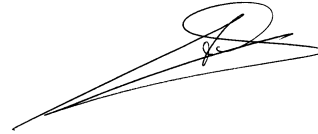
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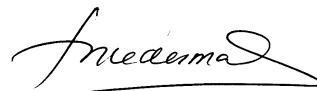
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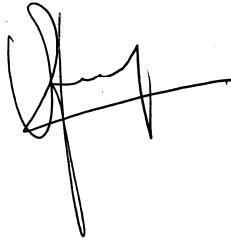
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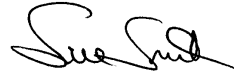
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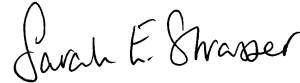
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## **Strategy for endorsement of conferences by Wonca Europe**

The growing importance of General Practice/Family Medicine in European countries and the increasing international collaboration between Family Physicians and between Family Physicians and other specialists in medicine has resulted in increased requests to WONCA Europe to endorse international conferences or other events. This could be viewed as an important activity for the organisation supporting international development of General Practice/Family Medicine, as well as strengthening its role within the medical profession, therefore a general strategy is necessary in order to ensure that the event meets certain requirements and is important for further development of our discipline.

WONCA Europe Executive Board has developed rules for providing WONCA Europe (WE) endorsement for the Conferences and other events related to activities of Family Physicians. These rules are presented to WONCA Europe Council meeting 2007 in Singapore for approval and should be used as guidelines for international organisations applying for WE endorsement for conferences and other international events.

If the Conference or any other event relevant to General Practice wishes to receive endorsement from WONCA Europe, Conference organisers should submit the official application for endorsement to the WE Secretariat. The decision about endorsement will be made by the WONCA Europe Executive Board, based on approved principles. The application will be evaluated by WE Executive Board and organisers informed about the decision within 10 working days.

### **General Principles**

1. The conference has to be oriented to the needs of General Practitioners/Family Physicians
2. The Conference aims should be in accordance with the WONCA Europe strategy for General Practice, as defined in European Definition of General Practice/Family Medicine
3. The conference should be international, including participants from at least two countries
4. A WONCA Europe appointed person should be involved in the planning of the scientific programme of the conference up to an appropriate level
5. At least one of the organisations involved in Conference should be a WONCA Europe member organisation or an organisation in collaboration.
6. The Conference should be organised in accordance with WONCA Europe sponsorship strategy.

In cases that are not defined by the suggested principles, WONCA Europe Executive Board will decide on the possibility of endorsement according to the relevance of the event to European General Practice, target audience of the event, and the involvement of General Practitioners in its Scientific programme. Aims of the event should be in concordance with principles of General Practice /Family Medicine as defined in the European Definition of General Practice/Family Medicine.

Egle Zebiene,  
President of EURACT,  
WONCA Europe Executive Board member

Tony Mathie,  
Hon. Treasurer of WONCA Europe