WONCA is health organization, the main objective of it is to improve the quality of life of the people of the world through fostering and maintaining high standards of care in general practice/family medicine, one of the major means by which it achieves its goals are conferences. WONCA conferences are major scientific feasts, which encompass lectures, case presentation, workshop, symposia and tutorials. The participants and lecturers come from around the world. I have attended the latest WONCA conference in London, Westminster, which was the WONCA European regional conference – in many ways it was a unique experience for me. That conference concentrated on international cooperation in primary care research, care values, philosophy and aspiration in family medicine. It highlighted effective clinical practice in partnership with patient, general practice/family medicine as career, and information in health. It promoted quality in primary care, development in the organization and deliveries of primary care. Quality assurance had attracted me as we in Bahrain about to start this project . Of course, I was influenced greatly by general practice/family medicine as career because I chose and I love this profession.

The mission of WONCA is to improve the quality of life of the peoples of the world through defining and promoting its values. It aims for comprehensive and continuing care for the individual in the context of the family and the community. WONCA encourages and supports the development of academic organizations of general practitioners/family physicians and provides a forum for exchange of knowledge and information between member organizations of general practitioners/family physicians.

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WONCA conducts three yearly world conferences, which attract large participation. Over 4,000 family doctors attended the 1998 world conference in Dublin, Ireland. Over 2000 attended the 2001 world conference in Durban, South Africa. The 2004 world conference in Orlando, USA, to be hosted by the American Academy (AAFP) which will be held in conjunction with AAFP's Annual Scientific Assembly. It is anticipated some fifteen to twenty thousand family physicians to attend that conference. This could be the largest gathering of family physicians/GPs in the world. The 2007 world conference will held in Singapore and will be hosted by the College of Family Physicians, Singapore. These are major occasions for family doctors to present papers, discuss issues and enhance their professional networks. Regional conferences have been held for many years. In 2000 regional conferences were held in New Zealand and Austria, and in Finland in 2001. In 2002, regional conferences were held in London, Kuala Lumpur, and Sri Lanka. Future regional conferences will be held in China and Slovenia in 2003, Amsterdam in 2004, Athens and Kyoto in 2005, Florence and Bangkok in 2006, and Melbourne in 2008.

WONCA conferences are, in fact, a chance to share experiences and broaden our horizons, to meet old friends and make new ones, and to hear of new research and ideas from around the world in the field of family medicine. These conferences present an outstanding numbers of abstracts, almost all of excellent quality. They have keynotes, oral presentations, workshops, symposia, case presentations, and posters covering unbelievable range of topics.

Since WONCA is made up of national colleges, academies or organizations concerned with the academic aspects of general family practice all over the world, the total membership of the member organizations of WONCA is over 150,500 general practitioners/family physicians. And this number of memberships is reflected through the great number of delegates and lecturers that attend these conferences, which usually exceeds 2000.

I attended the regional WONCA conference “WONCA Europe 2002”. The conference was at the center of London, Westminster. The WONCA conference, that I have attended, is still vivid in my mind and I thought this experience should be shared with my colleagues, the family physician/general practitioners, for promoting our profession.
The program that was presented at this conference considered the variety of environments in which family practitioners work and the impact of these environments have on patients’ care. It highlighted existing areas of excellence, while placing special emphasis on the achievements of healthcare equalization throughout the European region. The conference program focused on around seven key themes: these were as follow:

- Theme 1: International cooperation in primary care research.
- Theme 2: Core values, philosophy and aspirations in family medicine.
- Theme 3: Effective clinical practice in partnership with patients.
- Theme 4: General practice / family medicine as a career.
- Theme 5: Informatics and health.
- Theme 6: Promoting quality in primary care.
- Theme 7: Developments in the organization and delivery of primary care.

Because of my interest in the research area of job satisfaction, I tried my best to attend the sessions on theme 4, which focused on general practice, and family medicine as a career. I have attended, as well, most of the activities under theme 6 that were related to promoting quality in primary care, in order to expand my knowledge in this subject as the ministry of health is introducing the medical quality assurance project.

Career paths in family medicine are changing. In many countries family physicians are taking roles in management, research, and teaching and are often seeing fewer patients as a result. Meanwhile, nurses and other professions are increasingly undertaking tasks previously carried out by GPs. Sessions and presentations on this theme encouraged delegates to explore issues of “role drift” as experienced within primary care. Furthermore, they discussed the difficulty of balancing the demands of family and work, particularly given that the percentage of women in primary care workforce is currently rising in many countries. In addition, some of the papers studied the phenomenon of burnout (distressed emotional/psychological state experienced on the job) in primary care among GPs at risk. These studies are worth doing in Bahrain as our situation in primary care, if stayed the same without quick and prompt intervention, is reaching the edge.

The conference explored, how primary care throughout the world is responding to the demand for clinical practice to be more consistent and more qualified. One of the most interesting papers that I have attended in this regard is “Quality Team Development Program: an approach to clinical governance in primary care”. Quality Team Development (QTD) is a multidisciplinary project lead by the Royal College of general practitioners (RCDP). It aimed to provide a framework to enable
primary health care teams (PHCTs) and their primary care group and trusts (PCG) to assist the quality of the services they provide for patients and the way the team functions; and to promote quality improvement, team development and primary care development planning. The results of these projects revealed a successful experience after eighteen months of its implementation. Another interesting paper presented by Dr. Bill Taylor, the director of quality assurance initiatives in the Royal College of General Practice in Scotland. He focused on the steps and procedures that were undertaken in their college to establish the quality assurance system in general practice and the national accreditation scheme. I found it very useful to attend as we in Bahrain are introducing the same project. At a personal level of the quality improvement, I had an interesting time attending a workshop in one of the hottest topics in UK. That was how to build your own portfolio, which taught me for the first time the basic methodological steps of developing my own portfolio and organizing my personal development, learning, plans and organizational and clinical activities.

Finally, I would like to submit the following recommendations:

1) To encourage the regular attendance on such international conferences which are overwhelmed by an immense choice of papers and posters distributed across many themes and running side by side with an exciting array of workshops and symposia. In fact I was the only candidate from Bahrain representing MOH, to attend this conference, which is obviously not enough to represent a country. I recommend that more candidates be selected in the forthcoming conferences.

2) As we are starting our new project on Quality Assurance in Bahrain, I think it is worth to focus on the experiences that were presented to the conference, to get benefit from their expertise in developing a program on quality assurance in their countries especially that everybody now all over the world is moving in this direction.

3) To encourage all our GPs to be WONCA members as it will enable them to have special rates on all WONCA related conferences and journals subscriptions. In addition to the regular updates on the many research areas and the global Internet sites like www.globalfamilydoctor.com.

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