

NAPCRG *newsletter*

May 2007.....*Volume 35, Issue 2*

NAPCRG Advocates for Primary Care Research: Take the Roadmap or Ask for Directions?

NAPCRG continues to be a leading voice for advocacy for primary care research—in publications, programs, and policy. Two recent JAMA articles by NAPCRG members highlight the importance of practice-based research to the NIH and the relationship between primary care research and policy. “Practice-based Research—‘Blue Highways’ on the NIH Roadmap,” and article by **Jack Westfall, MD, Jim Mold, MD, and Lyle Fagnan, MD**, describes the model of practice-based research as it relates to the NIH roadmap for translational research. It offers a compelling argument for why practice-based research and PBRNs are a vital link in the translation of research to practice—and practice to research. (*J Westfall, J Mold, L Fagnan. JAMA. 2007;297:403-6*)

“Potential Health and Economic Consequences of Misplaced Priorities,” an article by **Steve Woolf, MD**, demonstrates the tradeoffs that result from an under-investment in primary care research. He calls for a reordering of health priorities based on evidence, prevention, and effective care delivery. (*S Woolf. JAMA. 2007;297:523-6*)

At the institutional level, NAPCRG members have found ways

to become involved with the NIH’s Clinical and Translational Science Awards (CTSA) application process... or not. A NAPCRG member survey last fall showed nearly a third of respondents were involved and in some cases leading their institutions’ CTSA applications. The first group of grantees included programs with substantial family medicine involvement. At the NAPCRG annual meeting, Lloyd Michener, MD, explained that Duke’s application was successful because they were “bold, inclusive, embraced diversity, and gave back to the community.” On the other hand, other family medicine researchers have had a harder time getting to the CTSA table. A total of 60% of survey respondents had not heard of CTSA and many reported barriers to getting into their institution’s application process.

Finally, spring is the annual time to contemplate another disappointing US residency match result. According to the AAFP, 2007 is the 10th consecutive year that a smaller percentage of US seniors matched into family medicine in comparison with the previous year. While most agree that these results have more to do with the broken US health care system than the efforts of

family medicine researchers, we should take care to note the enduring effect that the last 10 years will have upon the family medicine research pipeline in the United States. Already, fellowship programs are finding fewer qualified candidates. NAPCRG’s Board has identified this growing problem and supports efforts to increase residency and fellowship participation in research.

Our international colleagues may be puzzled. Primary care appears to be resurgent in the UK, Canada, and Australia. With robust pipelines of family physicians distributing into clinical, teaching, and research careers just next door, these systems invite that rare American wistful speculation asking, ‘what if?’

—*Frederick Chen, MD, MPH*
NAPCRG Newsletter Editor

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New Sections on NAPCRG’s Web Site

We’ve recently added two new sections to the NAPCRG Web site.

The Student/Resident/Fellow section contains valuable information for the specific interests and needs of our most junior researchers and learners. This section includes leadership opportunities, research

awards, and fellowships. You can access this section at www.napcr.org.

The NAPCRG History section contains information about past NAPCRG presidents, award recipients, and plenary speakers, among others, dating back to 1978. You can access this section at www.napcr.org/history.htm.

Update From the Committee on Advancing the Science of Family Medicine

NAPCRG's Committee on Advancing the Science of Family Medicine (CASFM) was created to help consolidate work on the research and evidence needed to move to a new model of care. It specifically aims to:

- Promote the generation of new knowledge in all components of the Future of Family Medicine plan
- Identify means and needs for new knowledge to actively contribute to the transformation of primary care practice for the betterment of our patients and their communities
- Assure that the development, translation, and implementation of new knowledge becomes part of the fabric of what it means to be a family physician

These aims were driven by both the US *Future of Family Medicine* and the Canadian College of Family Physicians' *Family Medicine in Canada: Vision for the Future*. The

committee pursues these aims through the work of focused subcommittees with superb leadership and diverse international membership:

A Residency Research work group, chaired by **Frederick Chen, MD, MPH**, is exploring past efforts of the task force and is also considering research skill competencies related to new model practices, and how the new residency demonstration project (P4) will evaluate research competency and training.

A Practice-based Research work group, chaired by **Jim Mold, MD**, is exploring the role of these laboratories and learning communities in the development of new model practices. It is also considering advocacy needs of PBRNs.

A Health Information Technology work group, chaired by **Kevin Peterson, MD**, is considering the research and standards priorities in ambulatory/primary care, and oppor-

tunities to advance understanding of HIT needs in primary care. It will also consider how family medicine may maintain leadership in the HIT standards arena and identify specific advocacy requests/targets related to HIT in primary care.

An Economic Research work group, currently transitioning chairs, is assessing the economic research needs related to new model practice as well as other research presented at NAPCRG. It will consider specific economic applications for new model practice but will also try to develop economic measurement and methods generally in primary care research.

An Optimizing Practice Through Research Partnerships and Quality Improvement work group, chaired by **Leif Solberg, MD**, intends to explore and explain the methods of implementing and disseminating practice optimization knowledge and systems. This subcommittee will explore translation, implementation, and optimization in ways that are not specific to work by PBRNs and that are broader than quality improvement.

In less than one year, CASFM published a paper in JAMA entitled, "*Practice-Based Research—'Blue Highways' on the NIH Roadmap*." It has published a working paper for the Institute of Medicine on Practice Based Research Networks as learning communities. And, it has helped draft letters for NAPCRG and the AAFP to **Elias Zerhouni, MD**, director of the NIH, requesting a meeting to discuss primary care participation in his translational research efforts.

CASFM is building liaisons with each family medicine organization and would welcome the same with other primary care groups. NAPCRG members can expect to see more products from this lean and focused committee and will have an opportunity to learn more about where it is going at the annual meeting.

—Bob Phillips, MD
CASFM Chair

National Physician Survey Update

The data collection phase for the 2007 *National Physician Survey* (NPS) will end this month. This survey was sent to every physician in Canada (N=62,000), every medical student (N=9,000), and every 2nd year medical resident (N=2,400). If you're a physician working in Canada, don't miss this last opportunity to add your perspective to Canada's most important medical survey. After data collection closes in May, the research fun begins, at least for those who enjoy working with lots of data!

Beginning in the late fall of 2007, the survey results will be posted on the NPS Web site (www.nationalphysiciansurvey.ca).

As with the 2004 NPS database, we welcome your requests for analyses specific to your interests/research needs, as well as access to record-level data concerning Canada's physicians, second year residents and medical students. We encourage widespread use of the NPS data and invite folks to submit a request-for-analyses form, available online on the NPS Web site at www.nationalphysiciansurvey.ca.

For further information about this study or if you are interested in analyzing some of the data, contact Sarah Scott, National Physician Survey coordinator, at sks@cfpc.ca.

—Inese Grava-Gubins, MA
CFPC Director of Research

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Highlights of a P4 Residency: Lehigh Valley Family Medicine Program, Allentown, Pa

The Preparing the Personal Physician for Practice (P4) Initiative is a 6-year project to inspire and examine substantial innovation focused on changing the way family physicians are trained to practice medicine. Under this initiative, 14 residency programs were recently selected to conduct demonstration projects. In this issue, we highlight one of the P4 residency projects.

The Lehigh Valley Family Medicine Residency Program was started 12 years ago, focused on developing relationship-centered family doctors utilizing a longitudinal curriculum in the second and third years of residency with a traditional rotating internship. The P4 process came to us at a perfect time as we were struggling with the weaknesses of our current system and RRC requirements. Using a participatory action research process with our faculty, residents, community family doctors, and residency clinical staff, we redesigned our residency to reduce the amount of hospital-centered training, move continuity clinical experience into community practices, enhance educational sessions to weave didactic and clinical education together utilizing adult learning principles, and provide more opportunity for residents to personalize training to meet their professional goals. In addition, we will be developing competency assessment tools for resident evaluation. We will be testing 14 hypotheses related to these changes.

Clinical training sites are being developed in community practices, creating patient-centered medical



home experiences for patients and clinicians. Each training site will have a Continuity Care Team (CCT), including a resident at each level of training, a family physician faculty, and a mid-level clinician. Partner physicians at these sites will participate in the residents' education. The CCTs will become integral parts of the community practices and assist in the practices' transformation to the New Model of Care. This move will facilitate a closer collaboration with our local PBRN, EPICnet. Required hospital training will be limited to family medicine, emergency medicine, and pediatric experiences in the first year and family medicine/hospitalist and critical care experiences in the upper years.

Residents will learn to provide acute, chronic illness, and preventive care (including maternity care)

across the life span in primary care settings. Core concepts will be introduced through learning labs by multidisciplinary teachers with incorporated competency assessments. Residents will then apply skills in varied clinical settings. In addition, the knowledge and skills needed to manage systems, lead change, improve performance, create knowledge, and improve community health are included as core curricular components.

These changes will open time for residents to individualize their educational experience. Electives will support development of clinical and management skills in areas relevant to residents' individually identified learning goals. These may include directed experiences to develop competency in independently managing labor and delivery and/or hospital care, obtain additional certifications or degrees such as MPH or MBA, or pursue an in-depth research project.

Our primary goal is to enhance the partnership and life-long learning capacities of our graduates, faculty, staff, and community partners as we provide top quality primary health care in our communities.

*—Julie Dostal, MD
Vice Chair & Residency
Program Director
Lehigh Valley Hospital
Allentown, Pa*

**To check progress of the P⁴ Initiative, visit
www.transformed.com/p4.cfm**

mission & goals

Formed in 1972, the North American Primary Care Research Group is a multidisciplinary organization for primary care researchers in the United States, Canada, Mexico, the Caribbean, and throughout the world, with a mission to develop, disseminate, and promote new knowledge regarding primary care.

NAPCRG's goals are to:

- Serve as an incubator for ideas.
- Increase capacity for conducting research.
- Provide appropriate forums for presentation of original primary care research.
- Enhance communication among primary care researchers.
- Connect primary care research, patient care, and education.
- Advocate for policies that support primary care research.

NAPCRG 2007 Annual Meeting in Vancouver

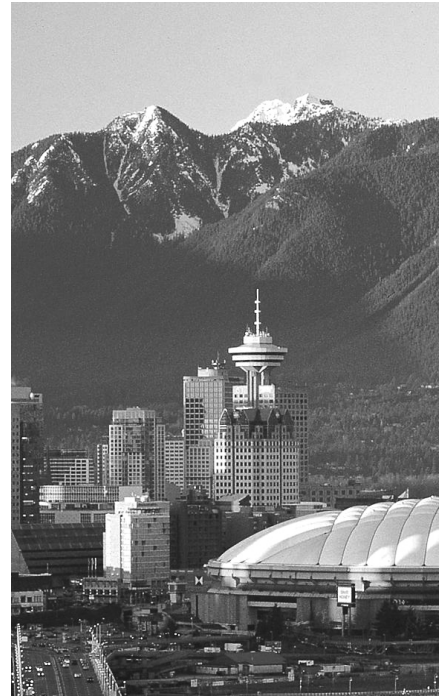
I am getting excited about the upcoming annual NAPCRG meeting in Vancouver. Judging from the submissions that were submitted for presentation at the 2007 meeting, it looks like I am not the only one who is getting pumped for this meeting. The number of submissions tied the record for total submissions (639) set in 2005. Yippee!

As usual, this year's meeting should provide what NAPCRG members have come to expect—opportunities for learning, networking, as well as some fun in a nice location. I was asked recently whether I thought that the research at NAPCRG had increased in quality and quantity in the last few years. The increasing numbers of submissions provide no doubt that the quantity is increasing but I, and the Program Committee, feel that the quality of the work presented at the NAPCRG annual meeting continues to improve, and it becomes harder and harder to decide what to make time to see. Consequently, the 2007 meeting should be great. In addition to the original research, workshops, forums, and networking, we have a group of

interesting plenary speakers who will provide us with a variety of insights and perspectives.

The opening plenary will feature **David Kuhl, MD**, an internationally renowned palliative care physician and a Soros Faculty Scholar. Dr Kuhl lives in Vancouver and is the acclaimed author of the book *“What Dying People Want.”* Dr Kuhl has conducted research into this area and focuses on the important role of patient-physician communication in the end-of-life process. In his book, Dr Kuhl makes the provocative case that insensitive communication by doctors creates more suffering for patients than either the illness or the knowledge of impending death; and he offers both the dying and their caregivers guidance on preventing painful interactions. He will talk about research into end-of-life issues and patient-physician communication in primary care along with his insights into this important process.

The second plenary will be presented by **Lawrence Green, DrPH**, adjunct professor of epidemiology and biostatistics at the University of California, San Francisco (UCSF)



as well as the Leader of the Society, Diversity and Disparities Program at the UCSF Comprehensive Cancer Program. Dr Green has had a distinguished career including faculty positions at Johns Hopkins University, Harvard, University of Texas at Houston, and University of British Columbia. He has also been the vice president of the Henry J. Kaiser Family Foundation, and director of the Office of Science and Extramural Research at the Centers for Disease Control and Prevention. He has been particularly influential in his work on theoretical models on health promotion and participatory research. Dr Green will provide us with an understanding of past and current work in health behavior and promotion and how they can be translated into practice and the community.

In the final plenary, we'll hear **Jeffrey Borkan, MD, PhD**, professor and chair of Family Medicine at Brown University. He is a family physician researcher and educator whose career has spanned two fields (family medicine and medical anthropology) and two countries (the United States and Israel). He has been on the faculty of the University of Massachusetts, the director of research for the

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Reminder: US Citizens Will Need a Passport to Attend NAPCRG 2007 Annual Meeting

For those Americans planning to attend the 2007 Annual Meeting in Vancouver, you will need a passport to reenter the United States. Beginning January 23, 2007, all persons traveling by air between the United States and Canada, Mexico, Central and South America, the Caribbean, and Bermuda will be required to present a valid passport, Air NEXUS card, or US Coast Guard Merchant Mariner Document, or an Alien Registration Card, Form I-551, if applicable.

HELPFUL LINKS

How to get a passport quickly:

www.travel.state.gov/passport/get/first/first_831.html

Where to apply in the US:

www.travel.state.gov/passport/get/first/first_832.html

How to apply in person:

www.travel.state.gov/passport/get/first/first_830.html

How to renew a passport:

www.travel.state.gov/passport/get/renew/renew_833.html

Guidelines for applications and forms:

www.travel.state.gov/passport/forms/forms_847.html

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NAPCRG Annual Meeting...

Ben-Gurion Department of Family Medicine, the founding coordinator of a national practice-based research network in Israel, and the vice-chair of behavioral science at Tel Aviv University. He is an active and skilled researcher who uses mixed methods research. As a successful primary care physician/investigator, he will provide a perspective and examples of how to integrate patient stories into a research framework and research career in primary care.

Located in the midst of dynamic, spectacular-by-nature Vancouver, Canada, the Sheraton Vancouver Wall Centre Hotel will provide the perfect setting for our Annual Meeting. On arrival you'll find spectacular gardens, cascading water, and Roman-styled, hand-laid paving stones, which provide a dramatic counterpoint to the hotel's stunning architecture and innovative glass design. The hotel is located in the heart of Vancouver surrounded by the boutiques of trendy Robson Street and Yaletown, outdoor markets, clubs, art galleries, and theaters, along with a wide variety of local and international dining choices. Just outside the doors of the hotel, Vancouver awaits you, colorful and friendly, with the open cosmopolitan flair for which west coast cities are known. We encourage you to come a day or two early or stay a few days after the meeting to enjoy the many attractions the city has to offer.

NAPCRG is also known for throwing great parties, and this year will follow the same tradition. This year's conference party will be an inspired evening of conversation, food, and entertainment. Watch for more details in future newsletters and the conference brochure, which will be available in July.

I look forward to a large crowd of friendly, smart people at the meeting. So come join us and share some ideas, learn something, and potentially find some new collaborators.

—Arch Mainous III, PhD
Program Committee Chair

Invest in the Future of Primary Care Research—Bring a Resident to NAPCRG

On October 20-23, 2007, NAPCRG will hold its Annual Meeting, and we urge you to bring a resident to NAPCRG! This is a wonderful opportunity to introduce strong residents of your campus community to primary care research. NAPCRG provides opportunities for residents to take part in engaging dialogue and to present and obtain valuable information about primary care research. In addition to the outstanding plenary speakers, informative small-group workshops, and motivational presentations, there are also planned activities for the specific needs of residents, such as opportunities to network with other residents, fellows, and research professionals.

Meeting topics of specific interest to residents include:

- The history and values of primary care research
- Personal stories about the rewards that come from working in the research field

- Research fellowships as an option to entering the profession
- Practical knowledge on how to design and execute a research study
- Networking with national and international members of the profession from a variety of institutions

Please take the time to personally invite students, residents, or fellows. Don't underestimate the impact that this invitation can make on a student/resident leader. We encourage institutional support to cover registration fees and travel for your students/resident participants. We are confident this will be a solid investment for your institution, the resident, and the future of primary care research.

Isn't there a resident in your department who has a real interest in primary care research? Why not invite that person to come with you to experience NAPCRG? It will be an experience to remember for both of you.

—Peter Abadir, MD
Resident Representative to
NAPCRG Board

NAPCRG and STFM Abstracts to Be Published Electronically

An exciting development is on the horizon prompted by recent discussions between and among members of the STFM Research Committee, STFM Board, NAPCRG Board, and the editorial/production staff of *Family Medicine*. We will soon have a venue to publish our meeting abstracts. Details are still being finalized, but plans are in place to have an electronic compendium of research abstracts from NAPCRG and STFM meetings.

The compendium, which will be an online supplement of *Family Medicine*, will be indexed in databases such as PubMed as an entire document. This means that individual abstracts will not be indexed, but the supplement itself will be easy to locate online and searchable for authors, titles, and keywords. Presenters will now be able

to cite these abstracts and list them in their CVs with the *Family Medicine* supplement volume number, page number, and web address. While we all still need to strive for publication of full papers, our abstracts will now be publicly available for the foreseeable future to a worldwide audience, instead of fading away with the conference programs. This will be a major step forward in disseminating and fostering family medicine research, and it may also help some faculty members with their promotion efforts at their home institutions. We appreciate the ongoing efforts of the team at *Family Medicine* in making this happen.

—Erik Lindbloom, MD, MSPH
STFM Liaison to NAPCRG Board

Join the International Research Community on Multimorbidity

The International Research Community on Multimorbidity (IRCMo) is a virtual international community bringing together researchers and health care professionals that are directing leading contributions to new understandings and approaches to multimorbidity in primary care. The mission of IRCMo is to create, transfer, and apply new knowledge to improve care for patients with multiple medical conditions in primary care through leading interdisciplinary research on multimorbidity. The goals of creating this community are to improve access to existing knowledge from experts and professionals focusing on multimorbidity, to facilitate knowledge exchange, and to use the community as a springboard for the creation, transfer, and application of new knowledge.

The IRCMo research team:

- Martin Fortin, MD, MSc
- Hassan Soubhi, MD, PhD
- Catherine Hudon, MD, MSc
- Elizabeth Bayliss, MD, MSPH
- Marjan van den Akker, PhD

The community Web site is hosted by the University of Sherbrooke, Canada, with funding from the Canadian Institutes of Health Research. The site provides support for a Web discussion board, e-mailing, and a library of relevant documents, papers, and reports. If you are interested in the work of the IRCMo, you may join the virtual community at <https://www.med.usherbrooke.ca/cirmo/> and find all the required information to become a member. If you need help or have questions about the IRCMo, e-mail jose.almirall@usherbrooke.ca.

NAPCRG Resident Survey Results

The NAPCRG Membership Committee has identified the recruitment and retention of residents, fellows, and medical students as a priority for the upcoming year. This came from the realization that, although this group of trainees represents the future of NAPCRG, they make up only a small percentage of its membership. As part of this initiative, a survey was sent electronically to family medicine residents in Canada and the United States to assess the interests, needs, and barriers to participation in an international primary care research organization.

A total of 403 US family medicine (FM) residents, in their first, second, or third year of training completed the survey. Only second-year residents were sent the survey in Canada and 156 responded. Common themes emerged from the two countries. The most startling result was the lack of awareness among Canadian and US FM residents about NAPCRG; 82% of Canadian and 75% of American residents reported they had 'never

heard of the organization.' Just over half (51%) of US residents said that they would be interested in attending an international conference on primary care research, while only 33% for Canadian residents reported interest in attending. Fees, travel costs, and time off were identified as barriers to attending such a conference. Mentorship and training in basic research methods, critical appraisal, and IT systems were identified as useful components for conference attendance and membership in NAPCRG. The Membership Committee plans to use these results to develop initiatives to bring more residents to NAPCRG in the future. The results of the Canadian and American resident survey can be viewed on the NAPCRG Web site at www.napcr.org.

—*Jessica Guimond, MD*
2nd year resident
University of Calgary

—*Peter Abadir, MD*
3rd year resident
University of Kentuck

conference calendar

NAPCRG Annual Meetings:

35th NAPCRG Annual Meeting
October 20–23, 2007
(Saturday-Tuesday pattern)
Sheraton Vancouver Wall Centre
Vancouver, British Columbia

36th NAPCRG Annual Meeting
(Additional day added to meeting)
November 15–19, 2008
(Saturday-Wednesday pattern)
Wyndham Rio Mar (formerly
known as the Westin Del Mar)
Rio Grande, Puerto Rico

37th NAPCRG Annual Meeting
November 14–18, 2009
(Saturday-Wednesday pattern)
Le Centre Sheraton
Montreal, Quebec

38th NAPCRG Annual Meeting
November 13–17, 2010
(Saturday-Wednesday pattern)
Westin Seattle
Seattle, Wash

39th NAPCRG Annual Meeting
November 12–16, 2011
(Saturday-Wednesday pattern)
Fairmont Banff Springs
Banff, Alberta

Other Conferences of Note:

**College of Family Physicians of
Canada**
2007 Family Medicine Forum
October 11–13, 2007
Winnipeg
www.cfpc.ca

**2008 STFM Annual Spring
Conference**
April 30-May 4, 2008
Baltimore, MD
www.stfm.org

NAPCRG Innovation Fund Now Accepting Proposals

Do you have an idea brewing for a small innovative project that you would like to collaborate with other NAPCRG members on? Perhaps you're new to research and are looking for an entrée into the field and would benefit from collaborating with other more experienced researchers. We have just the fund for you!

Application Process

Any group (of at least three NAPCRG members) with an innovative idea for a collaborative project can request up to \$2,000 by providing the following:

- Application form
- Summary of the idea and activity to be undertaken (maximum of two pages)
- Overall project budget

Selection Criteria

1. *Potential Significance:*

(a) Potential to address a topic important to the mission and goals of NAPCRG; (b) Potential to address one or more NAPCRG priorities and/or indicators of success

2. *Potential for Innovation:*

Potential to address an important topic in an innovative way and/or using an innovative strategy

3. *Potential Contribution:*

Potential to contribute new knowledge or advance an existing body of knowledge

4. *Potential Usability:* Potential for the project to yield a product that is usable for NAPCRG's membership and constituencies

Visit the NAPCRG Web site, www.napcr.org/innovation.htm, to find all the details, begin the application process, and transform those ideas from imagination to innovation.

special interest groups

Through Special Interest Groups (SIG), NAPCRG members with similar interests can come together at Annual Meetings and communicate throughout the year to share experiences, resources, and plans. Below is a listing of NAPCRG's current SIGs. To begin a new SIG, contact kparry@stfm.org with the name, university, and e-mail address of the SIG chair and the title of the SIG.

For more information on the SIGs, visit www.napcr.org/special.html.

Aboriginal Health	International Classification of Primary Care (ICPC)
Advocacy	Legislative Advocacy
Advanced Practice Nurses in Primary Care	Longitudinal Research in Family Medicine
Biobehavioral, Genomic, and Translational Research	Mental Health Problems in Primary Care
Cancer Research in Primary Care	Multimorbidity/Comorbidity
Cardiovascular Disease	New Model of Family Medicine
Complexity Science	North American Respiratory Infection Study Group
Diabetes	Obstetrics
Doctor-Patient Relationship	Participatory Research in Primary Care
Evidence-based Medicine Teachers Group	Patient Safety
Faculty and Community Research Development	Prison Research
Families and Health	Residency-based Research and Scholarly Activity
Fellows	Shared Decision Making in Primary Care
Generalist Physician Initiative	Women in Research
Geographic Information Systems	
Gerontology	
Health Disparities	

Call for Research Problems

Research problems that are difficult to address with current methodologies are the target of this call for research problems for the Methodological Think Tank that will be held during the AHRQ-sponsored Primary Care Research Methods and Statistics Conference in San Antonio, Tex from November 30 through December 2, 2007.

Since 1994, the think tank has met to assist in the development of new methodological approaches to the study of complex primary care research areas. During the conference, the content expert (the applicant) and four methodologists review the proposed research problem, brainstorm solutions, and hone a methodological approach.

For a full description of the process, see the September/October 2006 issue of *Annals of Family Medicine* (2006; 4(5):443-9). The conference organizers will identify methodological consultants and fund their travel to the conference.

Experienced investigators are encouraged to submit a problem for consideration to David Katerndahl (katerndahl@uthscsa.edu). Your submission should be no more than one page in length, including a specific research question to be addressed, a summary of the methodological problems it poses and brief statement of its importance. The deadline for submission is **July 31, 2007**.

First NAPCRG Regional Meeting in Auckland, New Zealand

This is a first for NAPCRG, a regional meeting in Auckland, New Zealand taking place October 17, 2007. This meeting is intended to attract those in the Asia-Pacific and Australian regions to get a taste of a NAPCRG meeting and to give those in North America and Europe a chance to visit New Zealand. The meeting is scheduled to precede the NAPCRG Annual Meeting in Vancouver, happening October 20–23, 2007.

Two distinguished keynote speakers will address regional meeting attendees. **Tony Kendrick, MD**, Southampton University, will address “The Depression Epidemic: Fact or Fiction? And What on Earth Can GPs Do About It?” **Dr Stephen Buetow**, University of Auckland, will speak about “Window Mirror: A New Model of the Patient-Physician Relationship.” These presentations promise to be controversial and challenging and to foster much lively discussion.

The regional meeting will be hosted by the Department of General Practice and Primary Health Care at the University of Auckland. This is a productive department with more than 50 peer-reviewed publications annually. The department will also host a day following the regional meeting to meet with local departmental researchers.

If you are considering attending both meetings, here are some quick facts to help you plan ahead:

- New Zealand is one day ahead of North America, which allows for adequate travel time between Auckland and Vancouver.
- The early registration fee is \$100 US before July 30 and \$120 US after this date.
- The regional meeting will accept submissions for papers, posters, workshops, and forums. **Deadline for proposal submission is June 15, 2007**
- The regional meeting will also have distinguished paper awards.
- You may present the same paper or poster at the regional meeting and the NAPCRG Annual Meeting.
- All meeting details about registration, accommodations, proposal submission, and a preliminary program

can be found on the NAPCRG Web site at www.napcrg.org/NZmeeting.html.

We expect to attract approximately 150 general practitioners and other primary health care professionals to this unique event. We hope you will consider joining us for this regional meeting and come enjoy Auckland. It is situated on two large harbors with many islands and beaches as well as 48 extinct volcanoes. There is a lot to see and do and the accommodations and costs for this region are reasonable compared with North American and European prices.

If you would like more information about this regional meeting, contact **Angela Robinson** at a.robinson@auckland.ac.nz or by fax at 649-373-7624.

—Bruce Arroll, MBChB, PhD
University of Auckland



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