

# ATTENTION

## DIPLOMATES OF THE ABFP

It is very important that the ABFP office in Lexington, Kentucky, have *current* addresses for all Diplomates. This is necessary for communication from the Board relating to the Examinations, updated recertification information, etc., as well as to ensure receipt of *The Journal of the American Board of Family Practice*. We prefer that all address changes be by written communication on the Diplomate's stationery or on the Address Change form below.

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### **What is WONCA?**

WONCA is the accepted name for the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians.

Until 1972 there was a loose association of colleges and academies of general practitioners and family physicians, whose primary activity was to sponsor world conferences. At the 5th World Conference held in Melbourne in 1972, WONCA was formally inaugurated. Since then, the affairs of WONCA have been under the control of a world council comprising a representative from each member organization, which meets every three years at world conferences. An executive board meets annually to implement the decisions of the council. Since 1972, the secretariat has been maintained in Australia.

### **What does WONCA do?**

WONCA's most obvious activity is the sponsoring of world conferences—for example, Mexico City in 1974; Toronto, 1976; Montreux, 1978; New Orleans, 1980; Singapore, 1983; and London in 1986—and conferences are planned for Jerusalem in 1989 and Vancouver in 1992.

The objective of WONCA is to improve the quality of life of the world's peoples through fostering and maintaining high standards of care in general practice/family medicine by:

- Providing a forum for exchange of knowledge and information between member organizations of general practitioners/family physicians.
- Encouraging and supporting the development of academic organizations of general practitioners/family physicians.
- Representing the educational, research, and service provision activities of general practitioners/family physicians before other world organizations and forums concerned with health and medical care.

Full membership is available to national colleges, academies, or organizations concerned with the academic aspects of general family practice. Usually there is only one such member of each nation, but the bylaws do permit admission of other international or national bodies as associate members providing they represent the academic interests of a significant number of general practitioners and are concerned with the educational or research aspects of general family practice.

Thirty-five member organizations are now represented. Several other national bodies are seeking membership.

### **What's in it for the individual general practitioner?**

General practitioners can be part of this world organization by becoming direct members. In addition to other advantages, direct members receive *WONCA NEWS*, which includes the *WONCA Research Newsletter*. Involvement in the activities of standing committees is also encouraged.

### **How does WONCA work?**

The real work of WONCA, its strength, and its future depend on its standing committees, which have world-wide representation and which deal with such major topics as:

- Medical education
- Research

- Classification of problems related to general family practice
- Practice management

WONCA has produced the now widely accepted and used **International Classification of Health and Problems in Primary Care** (ICHPPC-2-Defined), the **International Classification of Process in Primary Care** (IC-Process-PC), and the **International Classification of Primary Care** (ICPC). They are published by Oxford University Press.

WONCA has produced a literature index on family medicine—**FAMLI**—which includes references to articles in journals not listed in **Index Medicus**, as well as those already listed. **FAMLI** makes attainable those relatively inaccessible articles.

WONCA has collated examination techniques from many colleges and academies that are now used as a guide not only by other member organizations, but also by universities and other examining bodies. **The Assessment of Clinical Competence in General Family Practice**, published by M.T.P. Press, contains this material.

**WONCA NEWS** is published quarterly and distributed to member organizations and direct members. It contains news of WONCA activities and keeps readers in touch with events worldwide. **WONCA NEWS** is now published by Oxford University Press as part of **FAMILY PRACTICE An International Journal**, to which direct members are entitled to have a reduced subscription rate.

The *WONCA Research Newsletter*, which details activities in family medicine around the world, is published in *WONCA NEWS*.

WONCA is a non-governmental organization in official relations with the World Health Organization. This working relationship focuses on the classification of problems in primary care, the education and training of primary care professionals, and the development of programs of continuing education in relation to audit and quality assurance.

WONCA is also a non-governmental organization in consultative status with UNICEF.

### **WONCA as a world forum**

General family practice is recognized worldwide as the cornerstone on which any cost-effective health care system must be built.

WONCA provides an ongoing forum for the exchange of information and expertise between member organizations and individuals involved in general family practice, and provides a link with other world bodies involved in health care. It enjoys the support of member organizations and general practitioners/family physicians the world over.

You are invited to participate in this worldwide forum by becoming a member of WONCA.

**Contact: Dr. Wes Fabb, WONCA,  
4th Floor, 70 Jolimont Street,  
Jolimont, Victoria 3002, Australia**

## Information for Authors

These guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." (The complete document is available in the June 12, 1982, issue of the *British Medical Journal* and the June 1982 issue of the *Annals of Internal Medicine*.)

### Manuscripts

Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted for publication elsewhere before appearing in the *Journal*. This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any possibly duplicative manuscripts should be submitted to the Editor along with the manuscript that is to be considered by the *Journal*. The *Journal* strongly discourages the submission of more than one article dealing with related aspects of the same study. In almost all cases, a single study is best reported in a single paper.

Submit an original and one copy of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. Only typed copy, on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to the Editor, *The Journal of the American Board of Family Practice*, 2228 Young Drive, Lexington, KY 40505. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors.

### Conflict of Interest

The *Journal* expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Other kinds of associations, such as consultancies, stock ownership or other equity interests, or patent-licensing arrangements, should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

### Units of Measurement

The *Journal* will print measurements in Système International (SI) and conventional units (this practice applies only to clinical investigation and review articles). Authors may use either as their principal system; however, they must also provide the alternative numbers and units in parentheses.

### Titles and Authors' Names

With the manuscript, provide a page giving the title of the paper; a running head of fewer than 40 letter spaces; the name(s) of the author(s), including the first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. Any grant support that requires acknowledgment should be mentioned on this page.

### Abstracts

Use another page to provide an abstract of not more than 175 words. This abstract should be factual, not descriptive, and should present the reason for the study, the main findings (give specific data if possible), and the principal conclusions.

### Key Words

The *Journal* has a policy of requiring authors to submit two to four key words with their manuscripts, to be used for purposes of classification by subject.

### References

References must be typed in double spacing and numbered consecutively as they are cited. References first cited in tables or figure legends

must be numbered so that they will be in sequence with references cited in the text. The style of references is that of the *Index Medicus*. List all authors when there are six or fewer; when there are seven or more, list the first three, then "et al." Sample references are as follows:

1. Lahita R, Kluger J, Drayer DE, Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide. *N Engl J Med* 1979; 301:1382-5.
2. Bearn AG. Wilson's disease. In: Stanbury JB, Wyngaarden JB, Fredrickson DS, eds. *The metabolic basis of inherited disease*. New York: McGraw-Hill, 1972:1033-50.
3. Pellegrin FA, Ramcharan S, Fisch IR, Phillips NR. The noncontraceptive effects of oral contraceptive drugs: the Kaiser-Permanente Study. In: Ramcharan S, ed. *The Walnut Creek Contraceptive Drug Study: a prospective study of the side effects of oral contraceptives*. Vol. 1. Bethesda, Md.: National Institutes of Health, 1974:1-19. (DHEW publication no. (NIH)74-562).

Numbered references to personal communications, unpublished data, and manuscripts either "in preparation" or "submitted for publication" are unacceptable (see "Permissions"). If essential, such material may be incorporated in the appropriate place in the text.

### Tables

Type tables in double spacing on separate sheets, and provide a legend for each. Excessive tabular data are discouraged. If an article is accepted, the *Journal* will arrange to deposit extensive tables of important data with the National Auxiliary Publications Service (NAPS); we will pay for the deposit and add an appropriate footnote to the text. This service makes microfiche or photocopies of tables available at moderate charges to those who request them.

### Illustrations

Figures should be professionally designed. Glossy, black-and-white photographs are requested. Symbols, lettering, and numbering should be clear, and these elements should be large enough to remain legible after the figure has been reduced to fit the width of a single column.

The back of each figure should include the sequence number, the name of the author, and the proper orientation (e.g., "top"). Do not mount the figure on cardboard. Photomicrographs should be cropped to a width of 8 cm, and electron photomicrographs should have internal scale markers.

If photographs of patients are used, either the subjects should not be identifiable or their pictures must be accompanied by written permission to use the figure. Permission forms are available from the Editor.

Legends for illustrations should be typewritten (double-spaced) on a separate sheet, and should not appear on the illustrations.

Color illustrations are used from time to time. Send both transparencies and prints for this purpose.

### Abbreviations

Except for units of measurement, abbreviations are discouraged. Consult the *Council of Biology Editors Style Manual* (Fifth edition. Bethesda, Md.: Council of Biology Editors, 1983) for lists of standard abbreviations. The first time an abbreviation appears it should be preceded by the words for which it stands.

### Drug Names

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Obtain permission in writing from at least one author of papers still in press, of unpublished data, and of personal communications.

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