



The 6th Annual Conference of Japan Primary Care Association

Training and nurturing of healthcare professionals
in the support of people's daily life



Date June 13^{SAT}-14^{SUN}, 2015

Venue Tsukuba International Congress Center
2-20-3, Takezono, Tsukuba, Ibaraki 305-0032, Japan

President Tetsuhiro Maeno
Professor, Department of Primary Care and Medical Education,
Faculty of Medicine, University of Tsukuba



<http://www.c-linkage.co.jp/jpca2015/>

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● Message from the President of the Conference ●



It is my great pleasure and honor to invite you to the 6th Annual Conference of the Japan Primary Care Association to be held in Tsukuba.

The theme of the conference is “training and nurturing of healthcare professionals in the support of people’s daily life.” Even as Japan’s society ages at a rate unparalleled in the world, its systems for providing medical care remain inadequate. Given this, the training of healthcare professionals who can support communities is urgently needed to ensure that people can live in good health and with peace of mind.

Family physicians who possess the skills and mindset needed to tackle various health issues are being looked to with great expectation by society as the persons best suited for this role. Also, inter-professional work is vital to handle various and complicated healthcare services. As an organization that includes a great many healthcare professionals in its membership, JPCA has an extremely important part to play with respect to these matters.

Our intention is to make the annual conference an opportunity for sharing ideas on what we must take action in order to train human resources capable of supporting community healthcare for the next generation.

Tsukuba is an easy place to get to, located less than an hour by train from Tokyo. Designed to be a “science city,” it is a pleasant community that boasts a splendid natural environment. I sincerely hope to see you there.

Tetsuhiro Maeno

**Professor, Department of Primary Care and Medical Education,
Faculty of Medicine, University of Tsukuba**
President of the 6th Annual Conference of Japan Primary Care Association

Information for Participants

Registration Desk

Entrance Hall at the 1st Floor, Tsukuba International Congress Center

Saturday, June 13	8:00-17:00
Sunday, June 14	7:30-14:00

Registration Fees

Doctor/Dentist/Pharmacist	JPY 15,000
Medical trainee	JPY 9,000
Other medical staff	JPY 4,000
Student	JPY 2,000

* The Congress Badge must be worn all the time during the Congress Period.

* In order to register for a student ticket, you are required to present your student ID card.

* You are required to pre-register for the workshops.

Wireless Internet Service

A wireless Internet service is available at the congress venue, including the lobby.

SSID: jpca2015

Password: jpcatsukuba

Lunch Box

A lunch box can be purchased for JPY1000 at the entrance located on the 1st floor of Tsukuba International Conference Center during the times listed below.

Saturday, June 13	12:00-13:50
Sunday, June 14	12:00-13:30

For those who have registered previously, your ticket is attached to your name badge.

Those who register on-site should come to the General Information Desk to purchase a ticket.

As the number of lunch boxes is limited, please note that they are sold on the first-come first-serve basis.

Cloakroom

Entrance Hall at the 1st Floor, Tsukuba International Congress Center

Saturday, June 13	8:00-20:30
Sunday, June 14	7:30-15:30

*Umbrellas and valuables cannot be deposited here.

*We may refuse to store your belongings if there are space constraints.

If you have any question...

Please feel free to seek clarifications from the General Information Desk.

Program at a glance

Pre-congress June 12 (Fri)

Room	Floor	15	16	17	18	19	20	21
		00	30	00	30	00	30	00
Room 1 [Main Convention Hall]	2F							
Room 2 [Multi-Purpose Hall]	1F							
Room 3 [Convention Hall 200]	2F							
Room 4 [Conference Room 201A]	2F		15:30~17:30 Pre-congress Workshop 1 ECGs for the primary care physician		18:00~20:00 Pre-congress Workshop 7 Learning community-based medicine			
Room 5 [Conference Room 201B]	2F		15:30~17:30 Pre-congress Workshop 2 Next step for "The Diagnostic Reasoning Never Taught" -Challenging a case of complicated presentation-		18:00~20:00 Pre-congress Workshop 8 Beyond qualitative research -Collaboration with medical anthropologists in clinical case conference in family medicine			
Room 6 [Conference Room 202A]	2F		15:40~17:20 Pre-congress Workshop 3 Let's design the Japan Primary Care Association's mission		17:40~20:00 Pre-congress Workshop 9 A systematic career education for medical students and residents			
Room 7 [Conference Room 202B]	2F		15:30~17:30 Pre-congress Workshop 4 A course to improve the management ability for chronic pain -Mainly on approach of cognitive behavioral therapy-					
Room 8 [Convention Hall 300]	3F				17:45~20:45 Pre-congress Workshop 10 Long case conference at night			
Room 9 [Conference Room 303]	3F				17:40~20:00 Pre-congress Workshop 11 How to critically appraise clinical practice guidelines?: Invitation for GRADE system			
Room 10 [Conference Room 304]	3F		16:00~19:00 Pre-congress Workshop 5 Introduction of "KAIZEN" into clinical practice					
Room 11 [Conference Room 403]	4F							
Room 12 [Conference Room 404]	4F							
Room 13 [Conference Room 405]	4F			17:00~20:00 Pre-congress Workshop 6 The 12th Clinical Research Seminar -Designing study from your question - using QMentor-				
Room 14 [Conference Room 406]	4F							
Conference Room [101+102]	1F							
Residency Training Program [Lobby]	1F							
Exhibition Venue	2F							

Day 1 June 13 (Sat)

Room	Floor	8		9		10		11		12		13		
		00	30	00	30	00	30	00	30	00	30	00	30	
Room 1 [Main Convention Hall]	2F		8:40 9:00	Opening Ceremony	9:00~10:30 Symposium 1 Role of hospitalist in Japan				10:45~12:15 Education Lecture 2 Comprehensive geriatric care based on sensory, emotional, and verbal communication; Humanitude, implementation into practice				12:35~13:05 Special Talk	13:05~13:35 Presidential Lecture
Room 2 [Multi-Purpose Hall]	1F				9:00~10:30 Symposium 17 Kampo therapeutic strategy in primary care - Kampo Dr. G (Dr. General) -				10:45~12:15 Education Lecture 3 [Eng] The erosion of the teacher-student relationship in medical education: A need to return to the social capital model of medical education				12:35~13:35 Live Streaming	
Room 3 [Convention Hall 200]	2F				9:00~10:30 Education Lecture 1 Is there evidence in primary care? - The third edition				10:45~12:15 Joint Program 1 BPSD management in primary care				12:35~13:35 Live Streaming	
Room 4 [Conference Room 201A]	2F				9:00~10:03 Oral Presentation 1		10:05~11:08 Oral Presentation 2		11:10~12:13 Oral Presentation 3			12:35~13:35 Live Streaming		
Room 5 [Conference Room 201B]	2F				9:00~10:03 Oral Presentation 6		10:05~11:08 Oral Presentation 7		11:10~12:13 Oral Presentation 8			12:35~13:35 Live Streaming		
Room 6 [Conference Room 202A]	2F					10:00~12:00 Workshop 6 Clinical practice on advance care planning and end-of-life decision making					12:35~13:35 Live Streaming			
Room 7 [Conference Room 202B]	2F					10:00~12:00 Workshop 7 Let's try simulated discharged conference and think connect to home medical care					12:35~13:35 Live Streaming			
Room 8 [Convention Hall 300]	3F				9:30~12:15 Symposium 2 Dawn of the primary care nurse training						12:35~13:35 Live Streaming			
Room 9 [Conference Room 303]	3F				9:00~10:30 Workshop 1 The action of the community-pharmacy supporting health, and the role of the pharmacist			10:45~12:15 Workshop 8 To do or not to do? Evidence - Supported clinical decision making in geriatric care				12:35~13:35 Live Streaming		
Room 10 [Conference Room 304]	3F				9:30~12:15 Workshop 2 Social determinants of health: Application to primary care						12:35~13:35 Live Streaming			
Room 11 [Conference Room 403]	4F				9:00~10:30 Workshop 3 Geriatric clinical bundle for physician - How to use checklists effectively to prevent falls -			10:45~12:15 Workshop 9 An encouragement of EBN(Evidence-Based Nutrition care) - Helping to improve outcomes for patients through nutrition therapy -				12:35~13:35 Live Streaming		
Room 12 [Conference Room 404]	4F				9:00~10:30 Workshop 4 Let's make an informed consent form			10:45~12:15 Workshop 10 Educational inequality and selection of medical students: from viewpoints of community medicine				12:35~13:35 Live Streaming		
Room 13 [Conference Room 405]	4F				9:30~12:15 Workshop 5 Using learning portfolio for continuing professional development of generalist physicians in Japan						12:35~13:35 Live Streaming			
Room 14 [Conference Room 406]	4F					10:00~12:00 Workshop 11 Strategic management for dysphagia and aspiration pneumonia in primary health care: Joint workshop with the Society of Swallowing and Dysphagia of Japan					12:35~13:35 Live Streaming			
Carrier cafe [Conference Room 301]	3F													
Conference Room [101+102]	1F		Set up						Poster Presentation					
Residency Training Program [Lobby]	1F		Introduction of Residency Training Program											
Exhibition Venue	2F		Company Exhibitions											

14		15		16		17		18		19		20			
00		30		00		30		00		30		00			
13:50~15:50 Symposium 3 Sports medicine symposium "What is required to be a primary care sports physician?"				Tea Break				16:20~18:40 Main Symposium Career development of the family physician-generalist				<div>Eng = English Program</div> <div> = Simultaneous Interpretation</div>			
13:50~15:50 Symposium 4 Evidence-based clinical practice guidelines for acute abdomen: its outline and application												19:00~20:30 Social Gathering			
14:00~15:30 Hinohara Awardees Presentation															
13:50~15:50 International Session															
13:50~14:44 Oral Presentation 9		14:45~15:48 Oral Presentation 10													
13:50~15:50 Workshop 12 Development and maintenance for the department of general medicine in the hospital															
13:50~15:50 Workshop 13 Vaccine Update - Can you explain the need of vaccine properly? -															
13:50~15:50 Symposium 5 Discover possibilities about community-based interprofessional education: Part one (on behalf of JPCA and JAYPE)															
13:50~15:50 Workshop 14 Clinical pearls for infant well - Child exam that you cannot find in the text books - Talk to patients' parents with confidence!															
13:50~15:50 Workshop 15 Skills-Up seminar for chairpersons: Make the case conference more exciting															
13:50~15:50 Workshop 16 Let's discuss health care for lesbian, gay, bisexual, and transgender patients															
13:50~15:50 Workshop 17 Challenge! Delphi technique as a consensus method															
13:50~15:50 Workshop 18 Prenatal, antenatal, and postnatal care for family physicians															
13:50~15:50 Workshop 19 Let's take full advantage of behavioral sciences in a clinic to avoid diagnostic pitfalls															
Carrier Cafe															
Poster Presentation								Removal							

Day 2 June 14 (Sun)

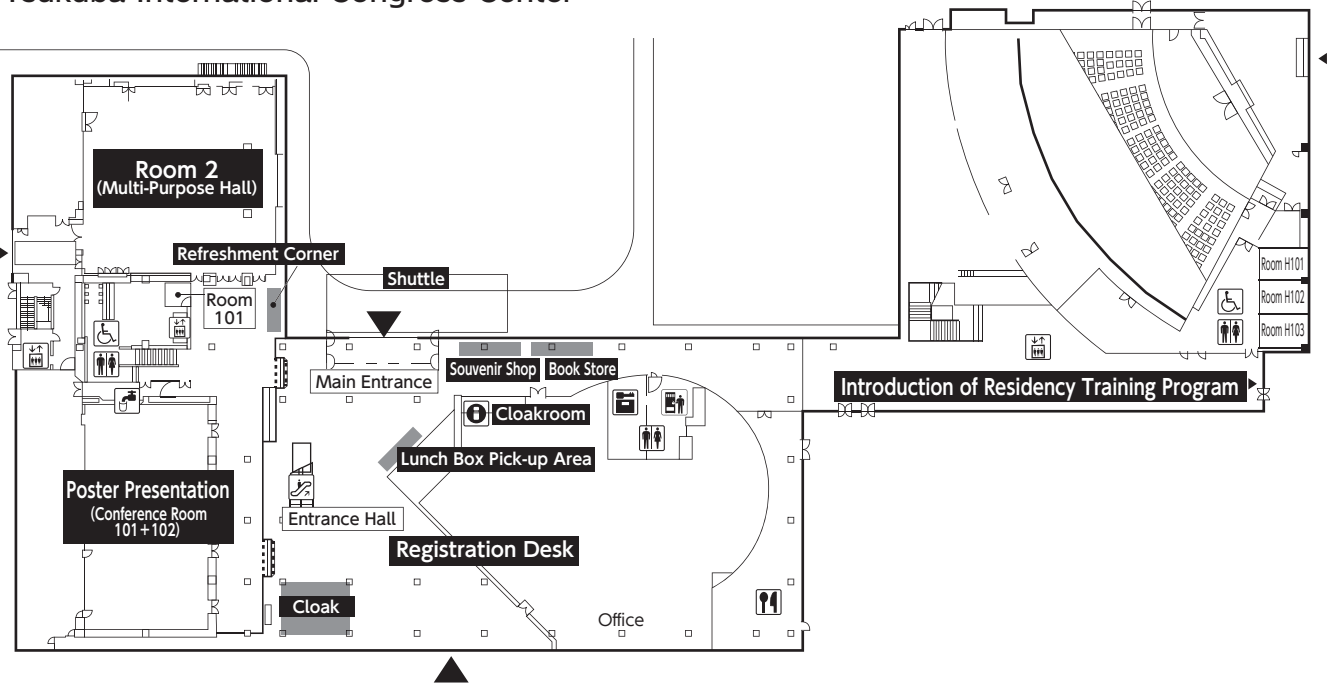
Room	Floor	8		9		10		11		12	
		00	30	00	30	00	30	00	30	00	30
Room 1 [Main Convention Hall]	2F		8:00~9:00 General Meeting of Members	9:00~9:30 Award Ceremony		9:40~12:00 Symposium 7 The assessment system in the board certification of general practice - To improve the quality of board examination and program assessment -					
Room 2 [Multi-Purpose Hall]	1F		8:00~9:00 Interest Group 1 Community-based primary care approach to nicotine dependence and a tobacco-free society			9:40~12:00 Symposium 8 The role of universities in nurturing primary care physicians					
Room 3 [Convention Hall 200]	2F		8:00~9:00 Interest Group 2 The outcome of community-based medical education for an integrated community care system			9:40~12:00 Symposium 9 Integration! -Aim of citizen-centered community care-					
Room 4 [Conference Room 201A]	2F		8:00~9:00 Interest Group 3 Activity report and the future direction of PCFM net			9:40~10:43 Oral Presentation 13	10:45~11:57 Oral Presentation 14				
Room 5 [Conference Room 201B]	2F		8:00~9:00 Interest Group 4 Communication of young doctors of the Asia-Pacific region - Where we are and where to go -			9:40~10:43 Oral Presentation 17	10:45~11:57 Oral Presentation 18				
Room 6 [Conference Room 202A]	2F		8:00~9:00 Interest Group 5 Enjoy simulated job interviews: from the viewpoint of work-life balance			9:40~10:43 Oral Presentation 21	10:45~11:57 Oral Presentation 22				
Room 7 [Conference Room 202B]	2F		8:00~9:00 Interest Group 6 Do opioids have a place in chronic noncancer pain management?			9:40~12:00 Workshop 28 Which do you choose among brand-named and generic products?					
Room 8 [Convention Hall 300]	3F		8:00~9:00 Interest Group 7 Walking across the country - Angya Project in Japan for medical students -			9:40~12:00 Symposium 10 Talk about "end-of-life care" with patients and their families facing the problems associated with life-threatening illness - How to start the advance care planning -					
Room 9 [Conference Room 303]	3F		8:00~9:00 Interest Group 8 Ultimate Girls' society@primary care conference (We are all different and all wonderful)			9:40~12:00 Workshop 29 Eng Medical generalism: An international workshop, part 2					
Room 10 [Conference Room 304]	3F		8:00~9:00 Interest Group 9 FPNs (Family Practice Nurses) project, part1			9:40~12:00 Workshop 30 Let's create a safety culture at your clinic: patient safety in primary care settings, part 2					
Room 11 [Conference Room 403]	4F		8:00~9:00 Interest Group 10 How do we apply the new Patient-Centred Clinical Method to the Japanese context?			9:40~12:00 Workshop 31 Writing scientific papers in English and tips for manuscript review					
Room 12 [Conference Room 404]	4F		8:00~9:00 Interest Group 11 Medical care based on values and relationships			9:40~12:00 Workshop 32 Compiling cases of community -Oriented primary care					
Room 13 [Conference Room 405]	4F		8:00~9:00 Interest Group 12 The conflict of interests around general practice.			9:40~12:00 Joint Program 3 What skills would be required to work on IPE/IPW in primary care fields.					
Room 14 [Conference Room 406]	4F		8:00~9:00 Interest Group 13 Come on, Hospitalists - How do you manage handoff of inpatients? -			9:40~12:00 Symposium 11 Discussion about the crisis of increasing elderly population in 2025					
Conference Room [101+102]	1F	Set up					Poster Presentation				
Residency Training Program [Lobby]	1F	Introduction of Residency Training Program									
Exhibition Venue	2F	Company Exhibitions									

2		13		14		15		16		17		18	
00		30		00		30		00		30		00	
12:05~13:15				13:30~15:00		Closing Ceremony		15:00 15:15		Eng = English Session			
Room for Lunch				Symposium 12 Alcohol-related problems in primary care - Current state and challenges, collaboration, and the point of view of the parties and families									
				13:30~15:00									
				Symposium 13 Light and shadow of our senior residency program - How did we overcome the crisis?									
12:20~13:15		Eng		13:30~15:00									
Lunchtime Session 1 Let's think about the role of family doctors!				Symposium 14 Interprofessional work in primary care and at-home rehabilitation									
12:05~13:15				13:30~14:15		14:15~15:00							
Room for Lunch				Oral Presentation 15		Oral Presentation 16							
12:05~13:15				13:30~14:15		14:15~15:00							
Room for Lunch				Oral Presentation 19		Oral Presentation 20							
12:20~13:15				13:30~14:15		14:15~15:00							
Late Breaking Disaster Medicine - Sharing experiences of the earthquakes in Nepal and Japan -				Oral Presentation 23		Oral Presentation 24							
12:05~13:15				13:30~15:00									
Room for Lunch				Education Lecture 4 The family physician work in cooperation with a physical therapist, occupational therapist, and speech therapist. - Rehabilitation management starts with the physician's prescriptions -									
				13:30~15:00									
				Symposium 15 Drug labeling for clinical practice									
12:20~13:15				13:30~15:00									
Lunchtime Session 2 Escape from malnutrition in the field of elderly medical care				Workshop 33 ABC of Insulin practice! - Get skills of insulin therapy -									
12:20~13:15				13:30~15:00									
Lunchtime Session 3 Let's discuss and analyze the future of group practice in Japan				Workshop 34 Theme for helping departure Are you alright if left unaware about making preparations for death, inheritance and ending notes?									
12:05~13:15				13:30~15:00									
Room for Lunch				Workshop 35 "Open-sesame" for orthopaedic exam (cervical and low back diseases)									
				13:30~15:00									
				Workshop 36 Strengthening the role of the regional branches; Contribution to local communities									
12:20~13:15				13:30~15:00									
Lunchtime Session 4 Meeting on tips and ideas in health education for community people and patients.				Education Lecture 5 Cooperatin of dentist, pharmacist, nutritionist, PT, OT, and ST in the community - current status of dental intervention in swallowing therapy									
12:20~13:15				13:30~15:00									
Lunchtime Session 5 Luncheon meeting for female physicians in TSUKUBA				Symposium 16 Medication issues in primary care									
				Poster Presentation		Removal							

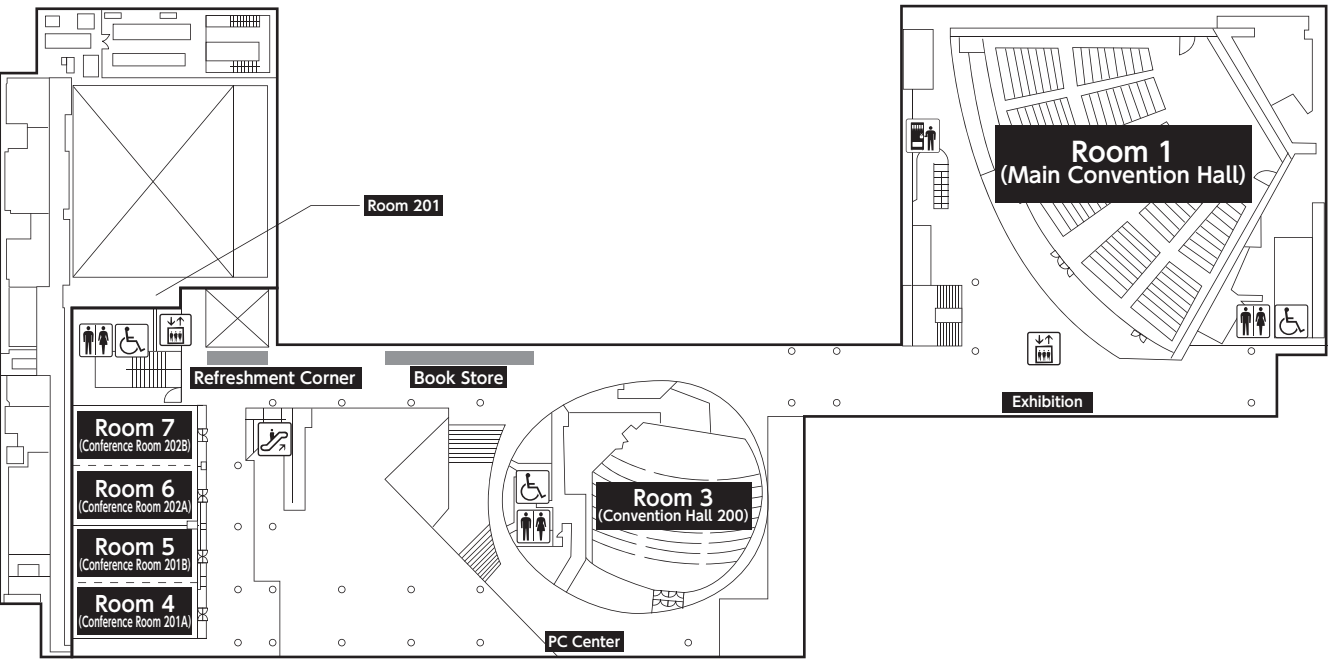
● Floor Plan

Floor 1

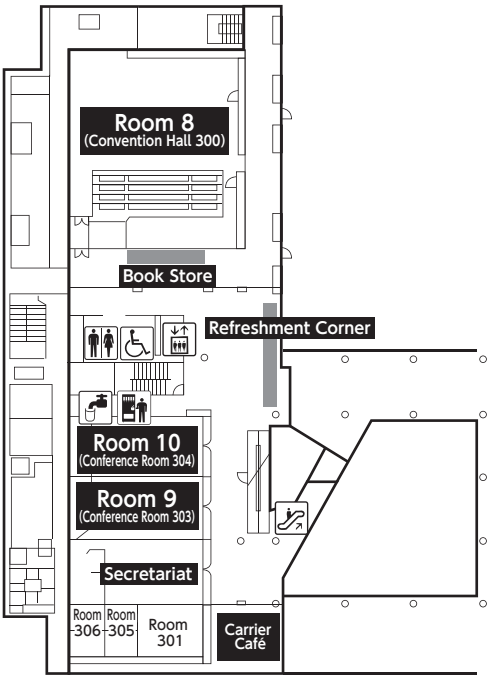
Tsukuba International Congress Center



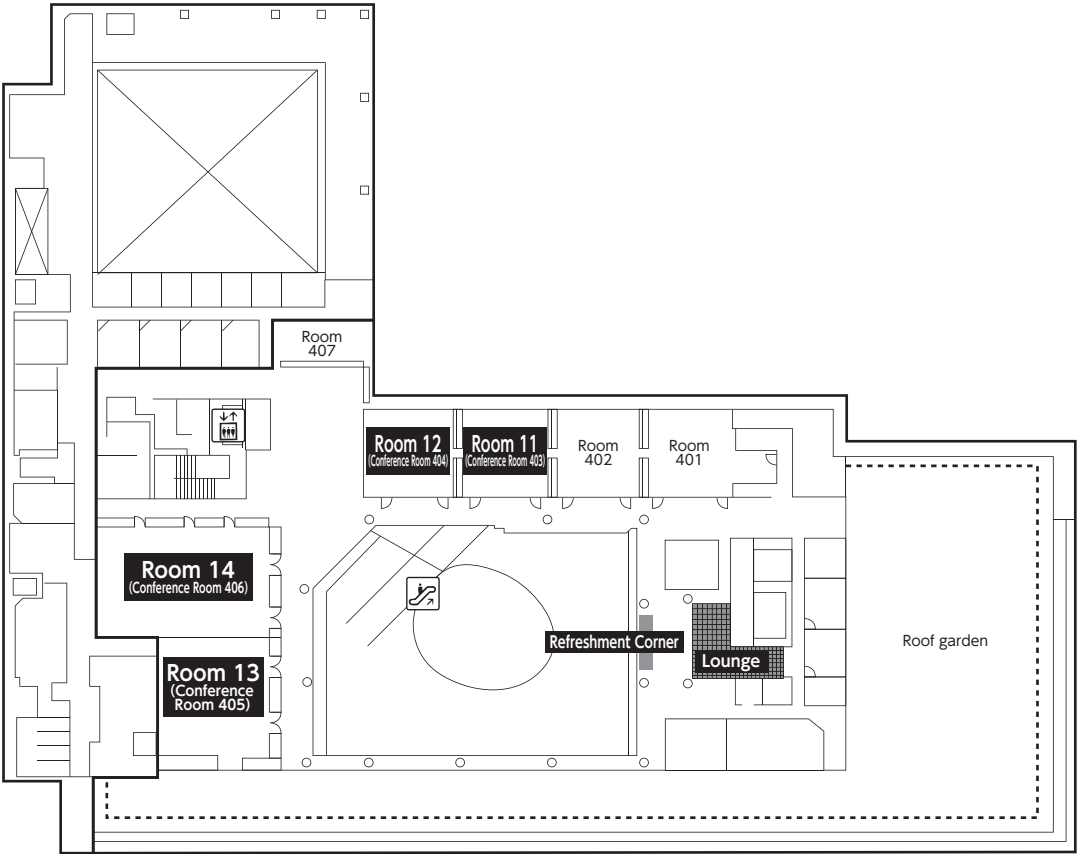
Floor 2



Floor 3



Floor 4



English Program

June 13 (Sat)		
10:45-12:15	Educational Lecture 3	[2F Room 2]
	The Erosion of the Teacher Student Relationship in the Medical Education: A Need to Return to the Social Capital Model of Medical Education	
13:50-15:50	International Session (Oral)	[2F Room 4]
16:20-18:40	Main Symposium	[2F Room 1]
	Career Development of the Family Physician-Generalist	
June 14 (Sun)		
9:40-12:00	Workshop 29	[3F Room 9]
	Medical Generalism: An International Workshop (Part 2)	
	*Only for participants who registrated in advance.	
12:20-13:15	Lunchtime Session 1	[2F Room 3]
	Let’s think about the role of family doctors! What did we learn from young doctors’ Exchange Programs with the UK and South Korea?	
13:30-14:18	International Session (Poster)	[1F Conference Room 101+102]

Main Symposium

The Erosion of the Teacher Student Relationship in the Medical Education: A Need to Return to the Social Capital



Keynote Speech :
The Role and Position of the Family Physician-Generalist
– Implications for Education and Research

Chris van Weel

Emeritus Professor of Family Medicine/General Practice Radboud University, Nijmegen,
The Netherlands Professor of Primary Health Care Research Australian National University, Canberra Past
President of Wonca
Specialty Chief Editor Family Medicine and Primary Care section
Frontiers in Medicine and *Frontiers in Public Health*

Most health care is taking place in the community: individuals experience a large variety of health problems over time but will only occasionally contact a health care professional. When they do it is for *implicit or explicit* reasons with a provider in the community. Primary health care is where episodes of care start and in the large majority of cases are treated from their start to their resolution. This is the model of the 'ecology of medical care'^[1] and from it the function of the generalist family physician and primary health care can be derived:

- Respond to unclarified health problems, apply relevant diagnostic and prognostic analysis;
- Provide diagnosis and treatment for the most common health problems in the community;
- Engage with the individual patients and the population in community over time.

This creates health care with the person and community at the centre, based on a long-term (continuous) personal working relation of trust between a family physician and patient. Shared decision making^[2] is the approach of choice, to address preferences, needs and expectations of the patient. Strong primary health care improves population health at low costs^[3], therefore health care has to be operated from the expertise of the family physician-generalist^[4], also when patients have to be referred to hospital and specialist care.

The role of the family physician generalist and primary health care has to be supported by academic outreach:

- Family physicians have to be educated in the community setting, based on the values of primary health care. Successful completion of this education is obligatory to qualify to practice in primary health care.
- Research is needed to understand how person- and people-centeredness, continuity of care, a holistic approach and the relation of trust determine the outcome of care.

References:

1. Green LA, M.D., Fryer GE, Yawn BP, Lanier D, Dovey SM. The Ecology of Medical Care Revisited. *N Engl J Med* 2001; **344**:2021-2025 DOI: 10.1056/NEJM 200106283442611
2. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *MilbankQ* (2005) **83**:457–502. doi:10.1111/j.1468-0009.2005. 00409.x
3. Reeve J, Blakeman T, Freeman GK, Green LA, James PA, Lucassen P, Martin CM, Sturmberg JP, van Weel C. Generalist solutions to complex problems: generating practice-based evidence--the example of managing multi-morbidity. *BMC family practice*. 2013;14:112.
4. van Weel C. Primary Health Care and Family Medicine at the Core of Health Care: Challenges and Priorities in How to Further Strengthen Their Potential. *Front. Med.* doi: 10.3389/fmed.2014.00037

Main Symposium

The Erosion of the Teacher Student Relationship in the Medical Education: A Need to Return to the Social Capital



The Roles of Academic Departments in Family Medicine and Primary Care

Ryuki Kassai

Professor and Chair, Department of Community and Family Medicine Fukushima Medical University,
Fukushima, Japan

A major shortcoming of Japanese primary care is the lack of academic activities for exploring medical generalism from a global perspective. Even if overseas experts are interested in supporting Japanese family medicine or engaging in collaborative research, few academic departments in Japan can accommodate these intentions.

Clinical practice consists of two distinct approaches: the specialist approach and the generalist approach. The specialist approach is to diagnose “diseases” by comparing the patients’ symptoms against a database of medical knowledge and experience. In contrast, the generalist approach is to understand a patient’s “illness experiences” by exploring what their suffering means in the big picture, within the context of their lives. Family doctors have the advantage of being able to utilize both of these approaches in a balanced manner. However, opportunities for trainees to develop this expertise and learn its values are currently lacking in Japan. Medical generalism must be deepened and broadened beyond the current basic concept of simply addressing clinical problems in multiple areas.

Therefore, academic departments in the family medicine and primary care fields should play the following vital roles:

- Train residents to become family medicine specialists by exposing them to specialist primary care role models in the community;
- Act as an interface between medical students and these fields so that students can learn the principles of family medicine and begin to view it as a potential career in the earliest stages of their undergraduate education;
- Coordinate community-based programs to learn more about the work being done by primary care teams;
- Promote primary care research and develop educational methods at the graduate school level; and
- Serve as academic hubs for overseas primary care experts and international collaborative research projects.

Main Symposium

The Erosion of the Teacher Student Relationship in the Medical Education: A Need to Return to the Social Capital



Family Medicine: One Discipline in Many Settings

Lee Kheng Hock

Head of Department of Family Medicine and Continuing Care, Singapore General Hospital, Singapore
President of the College of Family Physicians Singapore

Family medicine blossomed in the late 1960s as counter culture to the rapid specialization of medicine. We are now experiencing what could be a second spring for family medicine. There is increasing realization that specialization and a hospital centric system cannot meet the future needs of a rapidly ageing population.

In Singapore, primary care is undergoing transformation to meet the needs of what is termed the “silver tsunami” of a rapidly ageing population. Integrated care and transition care are new care concepts that are widely accepted as the strategy that will enable us to join up a fragmented health care system. Family physicians, well trained in providing comprehensive and continuing care with a community orientation, is seen as the right kind of specialist for the task. The family physician in Singapore who had completed advanced training in family medicine are highly sought after. In community clinics, they provide care to patients with complex co-morbidities that previously require multiple specialist care. In community hospitals they provide continuing care to patients who are discharged from acute hospitals and focus on restoring function and returning them safely home. In acute hospitals and academic medical centers, family physicians work in transitional care services, ensuring patients are safely handed back to their colleagues in the community. They also provide transitional home care to patients who need continued stabilization at home in the immediate post discharge period.

In 2012, the College of Family Physicians Singapore re-defined family physicians as a specialist who had achieved expert level competency in 6 areas of patient care namely: personal care, primary care, preventive care, comprehensive care, continuing care and coordinated care. They practice in diverse settings bringing to bear their expertise to ensure that patient receive healthcare that is contextualized to uniqueness of the person, the community and the environment, as they journey through the cycle of care. Family physicians in Singapore now work across the entire spectrum of the healthcare system and are receiving increasing recognition for their role in bringing together a fragmented health care system and returning it to the people.

Workshop 29

Learning about “Medical Generalism” Part 2

Purpose

Since the report *Medical Generalism: Why expertise in whole person medicine matters* published by the Royal College of General Practitioners in 2012 has now been translated into Japanese and published online by the Japan Primary Care Associations, this workshop aims to further our understanding on this topic by discussing its essence.

Overview

What is the expertise of seeing or doing things generally? What does being a generalist mean? These are some of the questions you might have come across or possibly asked yourself. Whilst the concept of primary care and family medicine has been firmly established globally in recent years and there is a growing importance in their role in healthcare systems, discussion on the essence of generalism and how it can develop to meet the changing needs of the society is now needed and wanted more than ever.

This is an international workshop. We have invited two academic general practitioners, Dr Evelyn van Weel-Baumgarten from Radboud University, Netherlands and Dr Greg Irving from the University of Cambridge, United Kingdom as well as delegates from the RCGP and Korean Academy of Family Medicine who are attending the conference through the exchange programme this year. The format of this workshop is world café style with three rounds and this includes discussion amongst all the participants moving in between small tables.

A report on this workshop combined with the previous one *Learning from Medical Generalism Part 1* held at the JPCA Annual Conference 2014, Okayama is to be published in the official journal of the JPCA in due course.

There will be a satellite workshop held by the JPCA in Tokyo on the 11th April 2015 with Professor Amanda Howe as the key note speaker, who is the lead author of the RCGP document *Medical Genealism: Why expertise in whole person medicine matters* and President-Elect of the World Organisation of Family Doctors (Registration details for this event will be provided separately). We recommend that participants attend both workshops to get involved in debate and deepen their understanding about medical generalism.

Lunchtime Session 1

Let’s think about the role of family doctors!

What did we learn from young doctors’ Exchange Programs with the UK and Korea?

Purpose

Health care system is different in each country. What kind of roles do family doctors have in different countries? What should Japanese family doctors contribute to the world?

In this session, all participants can listen to and share experiences of the exchange programs between the Royal College of General Practitioners (RCGP) in the UK and the Japan Primary Care Association (JPCA) in 2013-2014, and between the Korean Academy of Family Medicine (KAFM) and the JPCA in 2014. At the same time, we will discuss those questions together.

Overview

In the session, young family doctors from the UK, Korea, and Japan will provide practical information about the role of family doctors in each country.

Delegates of “the UK-Japan exchange program” and “the Korea-Japan exchange program” supported by the RCGP, the KAFM, and the JPCA will present their achievements as posters during the Annual Conference. We have invited 5 doctors from the UK and 3, from Korea in 2015.

We should discuss how these exchange programs contribute to the improvement of primary care in each country. We also consider what kind of role Japanese family doctors can take in the world.

The JPCA Committee for International Learning and Professional Development carries out these exchange programs every year. Senior residents and young doctors up to 5 years after qualified can be applicants.

We welcome you all who are interested in the exchange program. We also highly appreciate attending doctors to participate.

We are looking forward to seeing you all at this session!

● About Tsukuba City ●

Tsukuba City is located approx. 50 km from Tokyo, only 45 min. by Tsukuba Express line (express railway) and 60 min. by car, thus providing an excellent accessibility from the central area of Tokyo. The topography is rather flat and is covered with a rich natural environment comprising of landmarks, such as the well-known Mt. Tsukuba in the north, and the second largest Japanese lake, Lake Kasumigaura in the east.

Tsukuba Science City was built in order to ease congestion in Tokyo and to conduct high-level research and education by transferring national research and development and educational institutions systematically. The city is now the largest science technology accumulation site in the country, with over 300 public and private institutions and enterprises located in the area.

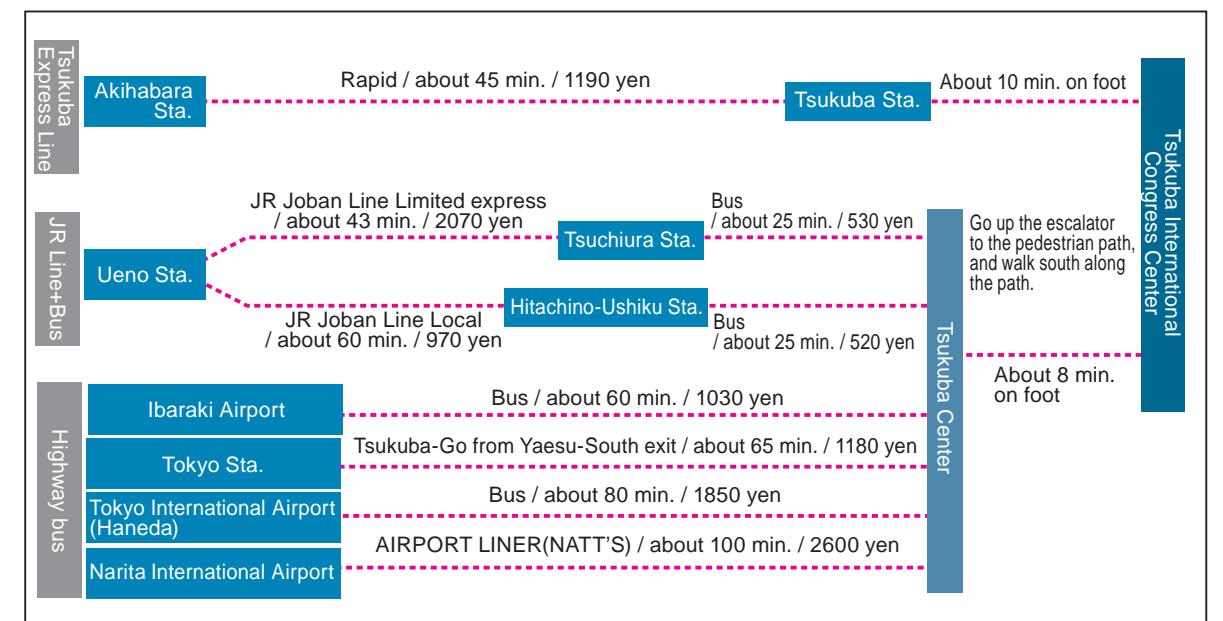
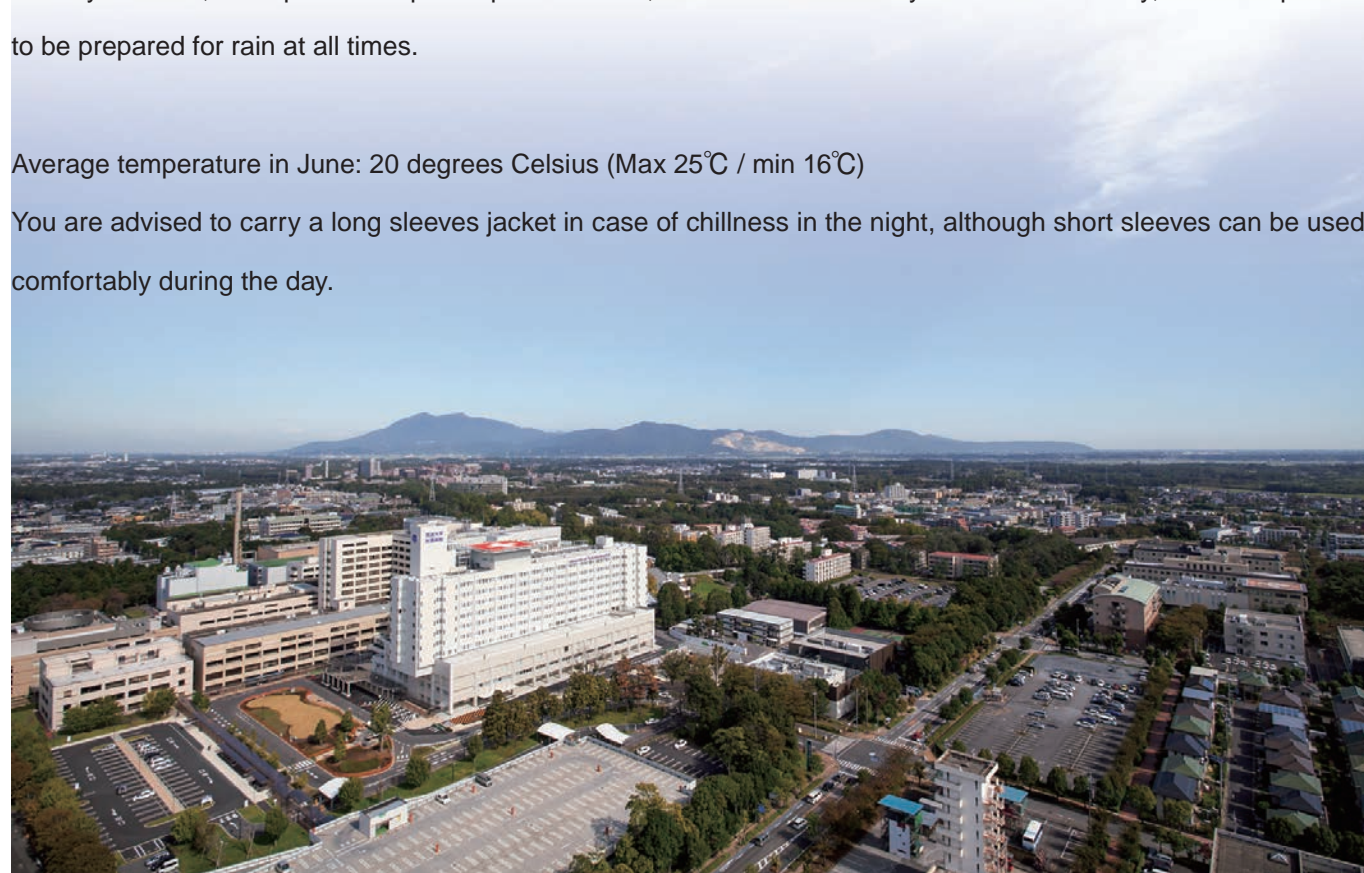
Surrounded by a rich green environment, there are 146 parks in the city connected by a 48 km “pedestrian-only path” that ensures the safety of citizens and maintains the beautiful scenery. There are various city facilities in the locality, including an art museum and a library along the Tsukuba Koen Dori (Tsukuba Park Street), the main area on the path.

Weather:

In early summer, most parts of Japan experience rain, which lasts from early June until mid-July, so it is important to be prepared for rain at all times.

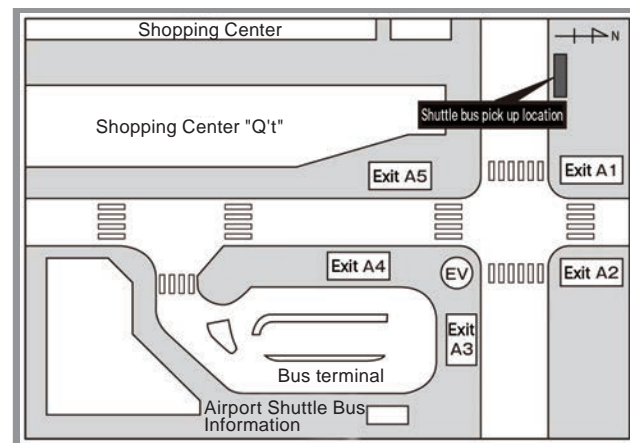
Average temperature in June: 20 degrees Celsius (Max 25°C / min 16°C)

You are advised to carry a long sleeves jacket in case of chillness in the night, although short sleeves can be used comfortably during the day.



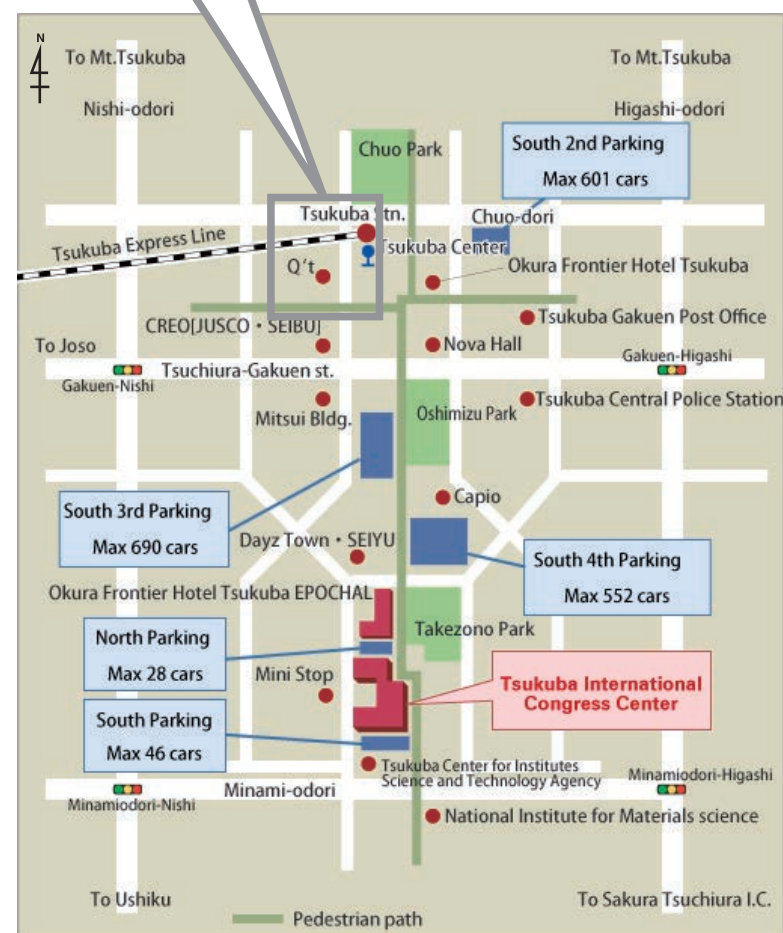
● Area Map ●

Shuttle bus pick up point from Tsukuba Sta.



Shuttle services are available for the duration of the congress between Tsukuba Center Sta. and Tsukuba International Congress Center.

The bus departs from the main entrance of Tsukuba International Congress Center.



Operational hours

Saturday, June 13	7:30-20:45
Sunday, June 14	7:00-15:30

* 15-20 minutes frequency

Fare: Free

Memo

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