



# The Grapevine

## Welcome to the second edition of EURIPA's Newsletter.

We hope that you enjoy reading it – a lot has happened since the first edition was circulated. We are in the midst of following up the issues identified at the WONCA Europe meeting in Istanbul and in the planning of EURIPA's contribution to next year's Rural WONCA conference in Crete. This year promises to be a busy one!



With best wishes for a Happy and Prosperous New Year

### Questionnaire

Over the summer Jonathan Day, a student working with us in Wales, developed a general practice questionnaire that will be the tool to collect information about rural general practice across Europe. It means that we can begin to build up a database of information that will highlight both differences and similarities between different countries. The questionnaire will be placed on the EURIPA web site and also emailed out to the list server within the next few weeks.

### Research in to rural health in Wales

The Institute of Rural Health would like to thank all those members of EURIPA who sent in examples of innovative practice in response to a request by the Institute. The research should be published early in the New Year and the Minister for Health in Wales will be making a statement on the development of a rural health plan for Wales in January.

Dear colleagues

It seems such a short time since our last newsletter but so much seems to have happened since. One of the most important event was the Wonca Europe Conference in Istanbul. This was a well organised conference and the programme seemed to run in an effortless way. The Turkish organisers must be congratulated for such a successful conference. EURIPA Executive members were particularly successful in lobbying delegates and pushing the rural agenda whenever possible. We believe that this has contributed to the rising profile of EURIPA within Wonca. Once again EURIPA conducted a comprehensive rural health programme and we are grateful to our Turkish hosts for giving us the opportunity to run the rural plenary and 4 workshops. The plenary set the scene for the workshops. I gave an introductory presentation, describing the challenges facing rural practice in Europe. Three Keynote presentations followed, each addressing one of EURIPA's three core aims: Research (Claudio Carosino), Education (Christos Lionis) and Quality (Jose Lopez Abuin). The 4 workshops were based on the conference themes

- Mental Health in Rural Practice
- The Care of Elderly in Rural Practice
- Overcoming Training Barriers in Rural Primary Care
- Research in Rural Practice

In order to achieve its goals EURIPA's needs to engage with the other Wonca networks and we believe that this can be best achieved in running joint workshops at conferences. The EURIPA events were well attended and we have been able to recruit new members to the network. It was especially rewarding to see young GPs from Vasco de Gama at the EURIPA sessions.

## My Practice – Jana Bendova



2 years ago I started to work in a rural practice in Velky Biel, in the south-western part of Slovakia. There are about 800 houses in the village. I take care of more than 1700 adult inhabitants from our village and from a nearby village as well. One third of my patients are over 65 years old. The majority of my patients belongs to the Hungarian minority living in Slovakia, thus 2 languages are to be used in our practice.

There are 30 - 50 patients attending our practice each day, 3-5 home visits per week. The nearest hospital and emergency station are 30 km away, which isn't a huge problem due to a quite good connection.

I work in a former family house rebuilt into a health care center, together with a GP for children and a dentist. As an advantage we have a small pharmacy here.

When I was younger I would never have dreamt of a career in rural practice, but now I really enjoy it and wouldn't change it anymore.



My health Centre in Velky Biel

I hope to see as many of you as possible at the 9th Wonca World Rural Health Conference in Heraklion, Crete in June ([www.ruralwonca2009.org](http://www.ruralwonca2009.org)). Please come and contribute to what will be a "shop window" for European Rural Health. Christos Lionis and his team have put a wonderful programme together. So please come! We want reviewers, workshop chairs, helpers etc... Please come and please let me know if you can help us!

Jose Lopez Abuin and I have started work on a special EURIPA Invitational Rural Health Forum which we are planning in Majorca in 2010. This forum will bring stakeholders and rural health activists together from across Europe to identify the pertinent health issues and start the process of developing a Europe-wide Agenda for Rural Health. Jose will be running a workshop in Crete and your help and advice will be invaluable. 2009 has been a successful year EURIPA and the organisation is seen as an important European health network; not only working at the highest levels within European general practice/family medicine but also engaging with family doctors on an individual and practice level. Special thanks to all the executive members who have worked so hard to make it all happen in 2008. 2009 will be an important year for EURIPA as it works with our Greek colleagues to co-host the 9<sup>th</sup> Wonca World Rural Health Conference in Crete. We wish all our members well for the coming year and hope to meet with as many as possible in Crete.

Finally, I would like to thank our secretary Jane Randall-Smith for putting this newsletter together

Dr John Wynn-Jones  
President EURIPA



The Rural dinner in Istanbul. Wonca 2008

## Report from Vasco Da Gama

### The WONCA Europe Working Group for Young and Future General Practitioners

The WONCA Congress hosted by the city of Istanbul last September supported a new collaboration between EURIPA and Vasco daGama (VdGM). During the VdGM Movement pre-conference meeting 2008, at Marmara University Medical Faculty, we worked in groups discussing the most important issues affecting GP training in the countries represented there.

One of the meeting's main topics was Rural Medicine, which is attracting more interest amongst young doctors. We agreed that it is a different sort of medical practice and can become an attractive option for young GPs. Furthermore, Rural Medicine lets us explore other aspects of medical practice that not normally dealt with in traditional urban practice.

We concluded that it is necessary to support the development rural practice in Europe's countryside, working hard to address issues such as workload, isolation and other difficulties. In reality, we often have to work alone or with few staff; using an inadequate computer system with poor internet access without enough time to attend to our patients properly.

Moreover, when it comes to research and training, we must acknowledge that there are not enough resources to encourage GP research and it is difficult to access practical and relevant continuing medical education and training.

We need to consider the environmental, social and cultural barriers we find in rural areas. Not only are there differences between rural and urban populations but in addition within rural populations themselves. There are native residents (often elderly) and temporary residents, who may perhaps have a broader or different cultural background. We have to consider native patients' expectations and behaviour. We need to promote patient education on treatments, antibiotics, consultations, secondary care etc.. based on scientific evidence.

After working together, we came to the conclusion that rural medical practice must be rewarded with additional benefits such as:

- Shorter fixed contracts, no prolongations
- Social life
- Part-time schedules
- Family friendly rotas
- Housing
- Financial incentives
- 1st choice of job, or further education.
- Extra time off / study leave / meetings with other colleagues
- International privileges (such as discounts on conferences)

The Istanbul Conference hosted a workshop on the theme of "Overcoming Training Barriers in Rural Primary Care Training". Dr Jaume Banque Vidiella (EURIPA) chaired the workshop and representatives from the major networks (Raquel Gomez Bravo (VdGM), Fernidando Petrazzuoli (EURACT EGPRN) and John Wynn-Jones (EURIPA)) put forward their experience of working in rural areas from different perspectives: learning, teaching, feeling, working and dreaming.

This is how the idea of collaboration between EURIPA and VdGM came about allowing both networks to work together to improve rural practice for the patient and the doctor.

Raquel Gómez Bravo  
Member of "Vasco da Gama Movement"



## Workshop with Vasco de Gama

(from left to right)

Fernidando Petrazzuoli (Italy), John Wynn-Jones (UK), Raquel Gómez Bravo (Spain) & Jaume Banque Vidella (Spain)



## Rural WONCA Crete 2009

### EURIPA needs you!

What an exciting challenge for us all in Europe and especially EURIPA. We are co-hosting the 9<sup>th</sup> Wonca World Rural Health Conference in June 12<sup>th</sup>-14<sup>th</sup> 2009, Heraklion, Crete.

We need you to join us and other colleagues from around the world in what promises to be one of the biggest and most successful Rural Health Conferences ever held.

Log on now; learn about the scientific and social programmes. Register at a reduced rate as an early bird delegate and put an abstract together. Don't forget! EURIPA needs you!

**Visit the website:**

**[www.ruralwonca2009.org](http://www.ruralwonca2009.org)**

### Report from the A.N.S.P.I. conference 2008 in Italy (National Association for Health in Little Islands)

I have been invited, during the first weekend of October, to take part in the **A.N.S.P.I.** National Conference. I knew of the organisation beforehand only by e-mail contacts with the members of the executive committee.

The venue was the little town of Carloforte (6.000 inhabitants) in St. Peter, a little island 5 miles from the big island of Sardinia. It was an exciting experience both from the human side, because I met lots of new friends, and from the professional one, with the opportunity of knowing the problems of colleagues working in this difficult setting. We have 31 little islands in Italy, equipped in different ways from the point of view of health provision: the biggest ones have a hospital, the smallest can be served only by GPs and the out-of-hours service. When the patient needs secondary care, they often has to be sent to a hospital far from home by ship or by helicopter. In cases of emergency, and when the weather is not good, time becomes critical...

We heard presentations about clinical topics (hypertension, diabetes, asthma and COPD) with a special focus on organisation and delivery of care and on experiences in telemedicine. We could also exchange experiences directly with colleagues (either GPs, or specialists: pathologists, cardiologists, nephrologists...) working in little islands.

I had the opportunity of introducing our network to the conference, its activities and its projects and I invited these new friends to our next conferences (Crete and Palma de Majorca).

We also spent enjoyable evenings singing and dancing together after dinner.

I would like to thank the executive committee and the whole association and to wish them good luck and good results. We'll have soon the opportunity of collaborating, mainly in research and in medical education.

Claudio Carosino

EURIPA Research Lead.

## Steps forward in Romanian rural primary care

The annual regional family medicine conference, which was held in Oradea between the dates of 23<sup>rd</sup> and 25<sup>th</sup> of October attracted participants from across all the country for various discussions and debate. The conference was entitled “Identify-Plan-Act-Evaluate in primary care” reflecting the main steps towards a competitive family medicine.

The meeting was organised by **Foundation Tiabari** - this is a local initiative aimed at developing rural primary care, together with **Oradea Medical University**, with the support of the **Romanian National Society of Family Medicine** and **Bihor County Medical Chamber**.

The main focus of the conference was on the quality of primary care, the effectiveness of communication between different levels of care, and the role of primary care in delivering prevention programs in the community. A special session was dedicated to rural primary health care; our intent being to exchange ideas, experiences and inspirations for future work.

Two members of the **EURIPA** executive committee honoured us with their presence, giving presentations in this session which were appreciated by the participants and have contributed to the success of the conference.

Particularities of the Spanish national health care system were presented by **Dr. Jose Manuel Lopez-Abuin** in a very thorough way. **Dr. Agnes Simek** summarized in a clear, precise and very enjoyable presentation the future prospect of rural family medicine in Hungary. Our Romanian colleague, **Paul Serban** who runs a rural practice with his wife, **Katalin** in the most remote north-eastern area of the country, in Botosani county revealed aspects of a group practice highlighting the benefits of this in rural areas.

The conference provided Romanian colleagues with an outlook on delivering health care in rural areas in different countries and the opportunity of reconsidering the importance of rural health care in Romania. On the last day we made a short trip to Rosiori to visit my surgery and the community where I work.

In the name of our Romanian colleagues I would like to thank our guests for their contribution in making this event a milestone in the development of Romanian rural primary care.

Zsuzsanna Farkas-Pall  
President of the Conference

## Report from EURIPA'S RESEARCH COMMITTEE

Dear colleagues,

We would like to inform you about the latest progress of EURIPA's research programme. In Istanbul, during the last WONCA Europe conference, we organised a workshop in order to develop this programme: the workshop didn't involve lots of people but we could discuss in depth about the topic we had chosen as a first theme of research, EMERGENCY CARE.

We also had the opportunity of discussing the STRUCTURE OF THE NETWORK among rural practices across Europe that we would like to build in order to produce research in the rural setting.

Our aim is to have a reference centre (a main practice) in each country which could collect data from three or four other practices spread all over the country. We have now started to get in touch with the practices. We don't have a defined topic yet or a protocol but we will start soon with an observational study and some interesting possible fields of research have been examined. The management of CHEST PAIN may be the first object of our study.

In Istanbul we met our colleagues working in EGPRN and we share the suggestions of their “Research Agenda” (see [www.egprn.org](http://www.egprn.org)): our responsibility is to write the rural side of this agenda. Our idea is to define protocols of research that each GP could follow during daily practice (because we don't need further work!)

We will give you all the information about the next steps of the RESEARCH PROGRAMME as they become available.

Claudio Carosino  
Chair EURIPA's Research Group  
November 2008

Members are:  
Claudio Carosino  
Christos Lionis  
Gunta Ticmane

## **A new International Centre of Rural Health for the Healthy Village Global Campaign**

More than half of the human population live and work in rural areas, mainly engaged in agricultural activities. In a world where the demand for food is growing rapidly, the quality and quantity of food underpin the health of millions of people. Agricultural activities, however, may also cause environmental resource-depletion and pollution. In addition, there is the threat of disease as demonstrated by the recent outbreaks of “mad cow disease” and avian flu. So rural circumstances are directly linked with the wellbeing of entire communities. Despite their social and economic relevance, rural areas are largely neglected by research, prevention and welfare, and nowadays rural inhabitants are suffering an evident gap in life-quality, sanitation, income, and distribution of welfare benefits, including occupational health care, in comparison to urban dwellers.

Rural communities are generally organized in villages, where agriculture and related activities are often carried out on a family basis, including the elderly and children. The rural village, both their home and their place of work is thus the natural target of any preventive intervention in rural areas. Only a healthy village, made up of healthy people, can produce healthy food for the entire community, and create a healthy and vital environment.

Accordingly, the 16<sup>th</sup> International Congress on Rural Health, held in Lodi (Italy) on June 2006, approved the “Lodi Declaration on Healthy Villages”, and launched the Global Movement on Healthy Villages, as an official campaign of the World Health Organization. The Lodi Declaration highlights the awareness that, due to the complexity and specificity of rural areas, the approach to rural health needs to be holistic and cross sectional. Cross sectional across a range of expertise - with the involvement of academia, rural health personnel, and rural medical doctors; across disciplines - with the involvement of medicine, occupational medicine, agronomic sciences, and veterinary medicine; and across countries - with the involvement both of the “developed” world and of developing countries and countries in transition.

It is this context that has given birth to the project of a Reference Centre for Agriculture. The Centre’s main function is to serve the global healthy village campaign, at the local, national and international level, and to become an useful reference point for rural physicians, health care personnel, rural inhabitants, rural workers, and stakeholders. Its base will be the San Paolo Hospital, located close to a large and important rural area in the Region of Lombardy, Italy.

In order to ensure an impact at the local, national and international level, the Centre has officially requested to join the World Health Organization network of Collaborating Centres on Occupational Health, with the main objective of developing a specific work stream addressed at occupational and environmental health in agriculture and rural areas. The Centre will be governed by an international steering committee, composed of representatives of academia (faculties of Medicine, agronomic Sciences and veterinary Medicine), the public health system and the private sector.

Among the activities at currently in process, the most relevant are the following:

- Collaboration with the International Labour Office (ILO) in updating the ILO list of occupational diseases
- Collaboration with WHO in the decision process on the use of DDT in public health in the rural areas of tropical countries, in order to control vector borne diseases
- Collaboration with the Ministry of Health of Mexico for the preparation of the list of Occupational Diseases of the Country.
- Collaboration with the Hong Kong Government for the training and education on pesticides of the personnel of the local Ministry of Agriculture and Fisheries.
- Collaboration with the Lombardy Region government, in projects concerning the health surveillance of agricultural workers and assessment and management of human and environmental risk related with pesticide use.
- A pilot project addressed at improving the health surveillance of agricultural workers and at creating specific basic occupational health services (BOHSs) in rural areas, in collaboration with rural general practitioners.

In addition the Centre is developing specific training packages addressed at topics relevant to rural areas (including safe use of pesticides, biological risk, and basic occupational health services). Training courses can also be provided, on request, as distance learning packages.

If you need further information, or simply to contact us: [claudio.colosio@unimi.it](mailto:claudio.colosio@unimi.it). Claudio Colosio

We were delighted to receive this contribution from **Dr Christian Cruger – founder member of EURIPA**

Having been engaged in the Rural movement since the early nineties, I am delighted to be able to give you a short report of a positive development in Denmark. Right now, November 2008, our new Bill of Finance has been passed, including plans for much better funding of rural clinics and rural doctors and a Helicopter Service for these areas.

As in Great Britain, we are lacking medical professionals all over Denmark, but the situation in remote areas is now critical. Smaller hospitals are replaced by fewer, larger and more specialised hospitals, and the distance for many patients is increased. In order to serve these people, our government will help rural GPs to join in larger clinics, which will be able to take care of emergencies and provide the contact that young doctors need with other medical professionals. At the same time it is planned to employ more staff to manage some of the tasks which are currently managed by the GPs themselves. I am on my way to the Faeroe Islands, as the Medical Officer on a Danish navy vessel, and have just visited Cork in Southern Ireland. I hadn't been to Ireland since I was headhunted, 10 years ago, to motivate rural GPs there to establish Out of Hours systems in order to make their own professional lives more acceptable, for themselves and their successors. It gave me a warm feeling to hear from our colleague there Dr. Paul McDonald that their Out of Hours system now is functioning excellently within a radius of 30 km. I did not have the opportunity to hear from colleagues further away from the main cities, but got the impression that they now had a system with national coverage.

It is good to promote what we have achieved through these rural initiatives. - progress made not only by the professors at the big meetings, but by local GPs acting at the local level. As we say: "Act locally and hope to reach globally." And we must continue! In Denmark nobody now laughs and shakes their heads, when we talk about rural domestic problems, as they did when a few Danish colleagues started to emphasize the inequality in our little country.

With regard to my concerns for the future. I feel only qualified to speak of the situation in my own area, and from my own experience: after 27 years as a rural GP I left the Island of Bornholm in the Baltic sea after 27 years, spending the last 17 years, as a solo rural GP in the fishermen's village of Gudhjem, with 10 kilometers to the next GP. I left without finding a successor. I think that the reasons I gave up could be common for most younger GPs.

The Out of Hours service was a huge problem, which has been solved most places now I think. It did revolutionize our way of life, and gave us better opportunities to live a private life, not being the Dr. all the time. But I realised after some years that I never became a "normal" citizen of the village. In the first years, when the children were small and my clinic new, I enjoyed the close holistic view of life. You didn't only know your patients, but the whole family, their boss at work and the officials in the County taking care of their cases. It was indeed an optimal situation from the professional point of view. But you pay the price yourself, and lose the opportunity of being regarded as an ordinary citizen. My friends from Copenhagen got the impression that I was the godfather of the village, greeted respectfully as Dr. Crüger in spite of all my efforts to be one of the community, and invited only to the more official village celebrations.

As a result of this experience, I believe that the GP should no longer be the local shepherd of the community, constantly on call and unable to adjust to life after retirement. The modern professional wants to be ON and OFF as well. And you are seldom OFF in your little village among your patients. And the majority of medical professionals will leave the rural areas, if they are isolated without the chance to become whole persons, with both professional and private lives.

Unfortunately we have not been able to make our decision-makers aware of the need for education of broad based generalists for Greenland and the Faeroe Islands. The emphasis is on specialisation in Denmark. When our colleagues now passing into their sixties retire there will be nobody to take over in the smaller communities in the North Atlantic.

However my conclusion remains that, in the given circumstances, we are on the right road. There will be greater distances to hospitals and clinics, as everything is centralized. But whereas formerly the rural GP could do almost as good a job as the local hospital we now have more advanced treatments available. Helicopters, telemedicine and better transport systems will thus ensure the best and immediate treatment needed for myocardial infarction and other diseases.

Dr Christian Crüger  
Medical Officer on the Danish Inspection Ship: Vædderen  
Formerly GP Bornholm, Denmark

#### Executive Committee members

John Wynn-Jones, President	UK
Christos Lionis, Journal Editor	Greece
Marios Chaiziarsenis	Greece
Agnes Simek	Hungary
Claudio Carosino	Italy
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Christina Galvao	Portugal
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Christos Lionis	EGPRN
Jose Bueno	EQUIP
Hakan Yaman	EURACT
Hans Hannich	IAAMRH

**Executive Secretary** Jane Randall-Smith

#### Workshop at the Wonca World Conference Climate change and reducing your “carbon footprint”: What will be the impact on rural practice

One of the workshops will focus on the impact that **Climate Change** will have on rural practice.

Some literature exists on the possible impacts of climate change on health. Little appears to have been written on the impact of the green, carbon sparing agenda on the design of future rural health services. Does distance and isolation mean that rural health care will continue to impose a heavy carbon footprint and what will future health services look like if we aim to reduce 80% of our current carbon emissions? Will Climate change impact on the rural economy? How will health care funding change during economic slowdown and an ever aging rural population?

The workshop will explore the scope of the current literature and involve the participants in an interactive process to design possible models for the future. We want your comments now in order to shape this exciting workshop. **Start the debate now! Respond on the Listserver!**



## With best wishes for 2009

Contributions have been edited and any errors or inaccuracies are the responsibility of the editorial team.

If you would like to make a contribution to the next Newsletter, which is scheduled to be produced by Easter 2009, or to send comments please email [info@irh.ac.uk](mailto:info@irh.ac.uk)