

The Grapevine Special Edition October 2018

Its nearly November which means that our 8th Annual Rural Health Forum is imminent.

It's the highlight of the year for EURIPA and an opportunity to meet with rural doctors of all ages, other health professionals, trainees and students. Come and share your experiences on how to improve access and the provision of care to those in need. There is more information on page 2 of this newsletter.

EURIPA will hold a meeting of the Executive Committee and jointly with the International Advisory Board as well as it's Annual General Meeting during the Forum in Israel so it will be a busy few days.

We are looking forward to seeing you in Maale Hachamisha, Israel next month.

Jean Pierre Jacquet

President EURIPA

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Maale Hachamisha, Israel November 14th – 16th 2018

This edition of the Grapevine is our final opportunity to tell you about this year's Forum and invite you to join us in Israel.

The final programme has just been published and you can find it on the web site at:

https://www.euripaforum2018.eu/page/programme

You will see that there is a mixture of workshops, oral presentations and posters. We also have some interesting key notes:

In the Opening Ceremony:

Prof. Anna Stavdal, Practicing Family Medicine Specialist in Oslo, Norway, Associate professor Oslo University, President-Elect WONCA World.

Advocating for family medicine, - challenges and possible solutions

On Thursday morning:

Prof Amnon Lahad, Chairman of the Israeli National Council for Primary Health; Chairman departments of Family Medicine, Hebrew University and Clalit Health Services, Jerusalem, Israel.

Challenges for primary care and rural medicine in Israel at time of shortage in manpower and resources. Is it time for a new definition of physicians' role

On Wednesday afternoon, prior to the Opening Ceremony, EURIPA will have a joint meeting of its Executive Committee and International Advisory Board. This is an opportunity to consider our forward work plan for 2019. If you have any suggestions, please let me know in advance of the meeting.

EURIPA's Annual General Meeting will also take place in Israel at 13:30 on Friday 16th November; there is more information on page 3.

Finally, I would like to thank:

- the Israeli organisers for all their hard work in organising this Forum;
- all of you who have submitted abstracts for workshops, oral presentations and posters
 without you there would be no Forum;
 and thirdly,
- all the other individuals who have been involved in reviewing the abstracts and then developing such an exciting programme for the Forum.

We hope to see you in Israel!

EURIPA Annual General Meeting 2018

Our Annual General Meeting 2018 (AGM) will take place this year on Friday 16th November at 13:30, during the 8th Rural Health Forum taking place in Israel from November 14th – 16th (www.euripaforum2018.eu).

EURIPA's AGM in 2018 will be the first time that voting is limited to the new fee-paying members of EURIPA.

This will be the new members' opportunity to elect new members to the Executive Committee.

The Constitution sets out how many members there are on the Committee and we will need to elect three new Executive Committee members this year: there is one vacancy, one co-opted member (whose terms ends at the AGM) and Isabelle Cibois-Honnorat is stepping down. I would like to take this opportunity to thank Isabelle for her contribution to EURIPA.

If we are successful in electing three new Executive Committee members we will have a full complement of 13 members. Executive Committee members will have to have, or be willing to take out, membership of EURIPA. The current Executive Committee members are shown on our web site.

If we aren't able to elect enough new members, or if we have resignations during the year, the Executive Committee has the power to co-opt new members on to the Executive Committee to fill a vacancy during the year. The co-option will only last until the following AGM (2019) when there will be an opportunity to stand for election on to the Executive Committee.

Members attending the Forum in Israel will have the opportunity to vote in person but we are making sure that as many people as possible have the chance to vote through proxy voting. Voting papers will be sent out in early November.

If you are interested in becoming more involved in EURIPA and would like to stand for election to the Executive Committee please get in touch with me at: jane@montgomery-powys.co.uk Current members will have received the AGM paperwork, including nomination forms.

Anna Stavdal, President of WONCA Europe, will be our guest speaker at the Annual Meeting and we welcome other delegates at the Forum to join us.

My Practice

'My practice' is from our new IAB member from Spain: Adrian Castellote-Tena, who lives and works in the Canary Islands.

Hello everybody! Please, I'd like to invite you for a journey, in terms of space and time. Let me introduce you with the tiny island of la Gomera. While Canary islands -a volcanic archipelago located in the North Atlantic Ocean, off the coast of Western Sahara- are becoming more and more popular with tourism looking for sun and beaches, there are still some other locations that remain -almost- as they used to be in the past. La Gomera, with its 20 square km in diameter and its population of 21.000 inhabitants it's the second smallest island in the Canaries. This little size contrasts with the long-distance driving between the villages due to the massive mountains and gorges that cross the whole island, sparsely populated, concentrating the people in just six municipalities. The idiosyncrasy of the islanders is the result of a long fight against the calamities that pummelled the island along the History: pirates, famines, droughts... and of course, the massive emigration towards Tenerife and the Caribbean -particularly Venezuela and Cuba- during the second half of the twentieth century. Due to all these circumstances, medical practice in La Gomera becomes quite particular.

For a start, I must confess I feel lucky because since I arrived here I got my own quota of patients that I can freely control along the time, unlike most of the colleagues from my promotion, who usually works doing short replacements all around the bigger island of Tenerife -where we all did our four years Family & Community Medicine training- So, deciding to move to a smaller island, where few people wants to go and live -that's the truth-, we can practice the kind of medicine we all dreamed of. Then, as villages are quite small and very dispersed all around the valleys, this quota of patients usually is more reduced than in the cities, for example. This give us way more time to dedicate to consultations (more than ten minutes per patient compared to Canarian average of six-seven minutes approximately). So for the last 15 months I've been working in Mulagua Health Care Centre, located in the village of Hermigua. There we are two doctors, two nurses, an administrative officer and a porter as a permanent team; a midwife and a social worker come visit us once a week as well. In addition to this, we work together with another health care centre -set in a close village, Agulo- and a few little medical offices placed in some small settlements in the mountains, where we all go from time to time.

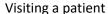
In a normal day, after the daily consultation -between 15 and 25 patients average- and any eventual emergency, we plan the home visits. Population in la Gomera is generally aged, some of them aren't able to leave their homes by their own, and lots of houses here are self-built on the hillsides, so the accesses are usually difficult -or impossible- for elderlies, even if they can manage their basics of daily living. To my mind, home-visiting is one of the most rewarding parts of our job, a part that we are missing more and more while working in the cities due to the lack of time. In the village, we usually are invited into people's privacy and we can easily sit down and chat in a cosier atmosphere than the office, getting usually a lot more information as well: medical problems, of course, but also any other concern that may be affecting their health; examining at the same time what they have for lunch, if they need any help for cleaning or any other essential daily living aspect that we could have skipped at the office. Then there are the shifts, one or twice a week we have to stay at the office for 24 hours in a row. As this is a rural health care centre, conditions are slightly different than 'normal' (for Spanish standards). First I must say that this health care centre is less busy than any other I

worked on call before, so during the night (22 to 8) we are allowed to go home -as long as we never leave the village- but always paying attention to our phone in case anyone arrives during that time. Then, of course, true emergencies often happens, and we have to bear in mind that we are located further than 30 minutes away, mountain driving, from the regional hospital, and around 60 nautical miles to the main hospital in Santa Cruz de Tenerife, where sometimes we need to evacuate patients -by helicopter or boat- who require some specific procedure: angioplasty, intensive care unit, MRI...

In conclusion, I believe that working in such a special place is a great opportunity for a young GP, specially right after our 4-years-training between a big hospital and a urban health care centre. And despite all the difficulties and inconveniences, now I have the feeling that during this time I've got to know a bit of a different medicine, maybe that one who made me take the decision to become a doctor long ago.



Valley of Hermigua





WONCA News

WONCA World Conference Seoul

The World WONCA conference has just ended in Seoul and EURIPA would like to congratulate Pratyush Kumar from India on being elected to WONCA Executive as Member at Large. This is a huge achievement and hopefully will also help to promote the rural voice.

Amanda Howe stood down as President of WONCA and we would like to thank her for all her work on behalf of rural practice, in particular for her contribution to our Forum in Marseille in 2016. I would also like to take this opportunity to welcome the new president Dr Donald K T Li from Hong Kong, China and to congratulate the newly elected President Elect, Anna Stavdal.

Alma Ata Declaration

Thanks to John Wynn-Jones, chair rural WONCA for the following:

The Alma Ata Declaration was declared at the Special Multi-governmental conference in the Kazakhstan in 1978. This document set the scene for the future of primary care and health promotion and led to the Ottawa Charter, the Millennium Development Goals and the current Sustainable Development.

Despite the fact that its primary goal of abolishing poverty and providing health for all by the year 2000 was never reached, the world has moved in that direction and huge advances have been made.

This year marks the 40th Anniversary of Alma Ata and WHO convened a conference on the future of primary care and the goal of health for all in Astana (Kazakhstan).

The declaration has been in draft form for some time and RuralWonca has been lobbying on a constant basis to ensure that the needs of rural people and those disadvantaged by distance are acknowledged in this major document. The involvement in the rural "health for all" goes back to 2002 when Rural Wonca started to work on its HARP initiative (Health for All Rural People). They have worked with WHO and other NGOs since that time and continue to do so. One section of the Astana Declaration concentrates on Human Resources for Health and it highlights the importance of availability, training and retention of RURAL health workers. It reads:

Human resources for health. We will create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people's health needs in a multidisciplinary context. We will continue to invest in the education, training, recruitment, development, motivation and retention of the PHC workforce, with an appropriate skill mix. We will strive for the retention and availability of the PHC workforce in rural, remote and less developed areas. We assert that the international migration of health personnel should not undermine countries', particularly developing countries', ability to meet the health needs of their populations.

It is fantastic that the worlds rural health needs are now acknowledged.

The <u>Declaration of Astana</u> reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

You can find it here:

http://www.who.int/primary-health/conference-phc/declaration

New articles recently published in Rural and Remote Health:

Raising awareness of sensory impairment among community nurses: a brief intervention in a remote island setting.

Smith A, Shepherd A, Macaden L, Macleod KL.

Rural and Remote Health 2018; 18: 4548. https://doi.org/10.22605/RRH4548

Paramedic and physician perspectives on the potential use of remotely supported prehospital ultrasound

Remotely Supported Prehospital Ultrasound (RSPU) is a process in which an ultrasound operator performs a scan and sends images to a remote expert for interpretation. As part of an investigation assessing the capability of RSPU to improve patient outcomes and standard of prehospital care in the Highlands of Scotland, this study explores the views of emergency medicine consultants and paramedics.

Authors: Marsh-Feiley G, Eadie L, Wilson P. https://www.rrh.org.au/journal/article/4574

Japanese regional-quota medical students in their final year are less motivated to work in medically underserved areas than they were in their first year: a prospective observational study.

Kataoka Y, Takayashiki A, Sato M, Maeno T.

Rural and Remote Health 2018; 18: 4840. https://doi.org/10.22605/RRH4840

National Centre for Rural Health and Care

This Centre has just been launched in England and a report published (October 2018) on Rural Workforce Issues in Health and Care

You can find the report at:

https://www.ncrhc.org/assets/downloads/20181012 Rural Workforce Issues in Health and Care-min.pdf

CALL FOR PAPERS FOR THE JOURNAL OF RESEARCH IN NURSING ON Rural Health — deadline 1st November

This call has been previously circulated through the mailing list. The deadline to submit a paper is now extremely short but hopefully this will serve as a reminder.

Focus Edition Guest Editors: Joyce Kenkre, Professor of Primary Care, University of South Wales and John Wynn-Jones, Chair Wonca Working Party on Rural Practice (RuralWonca)

The *Journal of Research in Nursing* is a leading peer-reviewed journal that underpins good research with current policy and aims to publish research that will influence practice, policy and education.

Staying healthy in rural areas of the world presents enormous challenges despite the World Health Organisation's aspiration that all people and communities will be able to use and afford the full range of health services they need. People living in rural and isolated areas find it difficult to achieve this because of, for example, inaccessibility, scant infrastructure and resources, political apathy, poverty and an inadequate healthcare workforce. If the WHO target of Universal Health Coverage is to be achieved more needs to be known about how to improve access to and the quality of healthcare for rural people. Improvement requires creativity and innovation and significant political and professional will, but it also requires that successful interventions are better disseminated and so more widely used. JRN is inviting authors to submit papers that show how rural health can be and is improved.

Papers can be research studies of any design, case-studies, evaluations or practice development initiatives and may address any of these issues:

- Improving the quality of healthcare and health, access and safety.
- Improving recruitment, deployment and retention of healthcare workers.
- Developing new multi-professional/worker, innovative models of care.
- Using technology.
- Demonstrating how policy-makers innovatively invest in healthcare.
- Demonstrating community-led initiatives that promote health and wellbeing. As JRN's mission is to contribute knowledge to nursing practice, research and local, national and international health and social policy, the contribution of the paper to, or implications for, both nursing practice and health and social care policy should be made explicit.

Authors interested in contributing to this edition of JRN should submit their papers by 1st November 2018.

Papers must be submitted on-line and adhere to the JRN manuscripts guidelines that can be accessed from the journal homepage: http://jrn.sagepub.com/

All papers will be peer reviewed. Accepted papers may be published Online first.

NB. Papers are restricted to a maximum of 5,000 words including references.

To view past issues of the journal please register for a free trial at: www.sagepub.co.uk/freetrial

Forthcoming Events

EUROPREV 2nd European Forum on Prevention and Primary Care

"Medical Prevention- The Balance of Benefits and Harms"

November 5th - 6th, 2018, Porto, Portugal

For more information: https://www.mgfamiliar.net/EUROPREV

8th Rural Health Forum

"The challenge of the vulnerable and ageing population in rural medicine" $\,$

14th – 16th November 2018, Israel

For more information: https://www.euripaforum2018.eu/

18th Congres National de CNGE College Academique

21st – 23rd November, Tours Vinci, France

More information is at: https://www.congrescnge.fr/

And more for 2019

Universal health and Mental Health Coverage for All – Connecting people and sharing perspectives

12 – 14th December 2018, Valletta, Malta

More information: http://www.uhmhcongress2018.net/

RCGP Rural Forum conference - Keeping Rural Practice Relevant

26th January 2019, Shrewsbury, Shropshire, England More information https://rcgpportal.force.com/s/lt-event?site=a0d0Y00000AeOP6QAN&id=a1U1n00000G7XBjEAN

 13^{th} Congres Medecine Generale France conference, including sessions in English $4^{th}-6^{th}$ April 2019 Paris, France

More information: https://www.congresmg.fr/en/programme-detaille/

21st Nordic Congress for General Practice 2019 'Promoting General Practice Perspectives'

17-20 June 2019, Aalborg, Denmark

More information is available at: http://www.nordicgp2019.dk/

WONCA Europe Conference 2019

The Human Side of Medicine

26-29th June 2019, Bratislava, Slovak Republic

On-line abstract submission is now open. The deadline for submission is January 10th 2019

More information: www.woncaeurope2019.org

16th World Rural Health Conference

11 – 15th October 2019, Albuquerque, New Mexico, USA

More information is at: https://www.ruralhealthweb.org/wrhc

Please send in your events for future editions of Grapevine so that we can make this section more comprehensive. Please send to the editor at jane@montgomery-powys.co.uk

Future Contributions to Grapevine

The next issue of the Grapevine will be Winter 2018; contributions are welcome by **16**th **December 2018** for a New Year publication. Reminders for contributions will be circulated on the mailing list and announced at the web site.

If you are interested in contributing to the next edition of Grapevine please get in touch with the Executive Secretary, Jane Randall-Smith at Jane@montgomery-powys.co.uk. Please think about what you do in your practice and if you would like to contribute to the clinical case section, or send us a piece about your practice, tell us about research you are doing or have published, an event that is being held in your country please do get in touch.

Grapevine is YOUR Newsletter and new contributors are always welcome.

Disclaimer:

The views contained in the featured papers above are those of the authors and not those of FURIPA