



# The Grapevine

## SUMMER 2013

Dear colleagues and friends

Its summer holiday time! If you are away or have had your holiday we hope it was a good one and if it is still to come we hope that the sun will continue to shine!

Some of us are waiting to have our holidays in Malta and will be exploring Valletta and Malta in October: *Grapevine* contains an update on the 4<sup>th</sup> Rural Health Forum to be held in October in Malta and we hope to see you there.

There are also reports from the WONCA World conference in Prague. We continue our focus on social media and this time there is an introduction to Twitter.



*Jane Randall-Smith*

Executive Secretary EURIPA

### Contents

	Page
Malta EURIPA Invitational Forum	2
Malta Pre conference workshops	3
WONCA World Conference, Prague	4
A Young doctor's experience at Prague	5
Social Media and EURIPA - Twitter	6
Social Media and Family Doctors	11
Reports from EURIPA members	12
My practice – in rural Luxembourg	16
Hungarian Primary Care	17
Update on EURIPA activities	18
Forthcoming conferences	20
Publications	22

## Malta EURIPA Invitational Forum

### A short time from here to the Malta Forum

Time is flying and we are near our annual meeting which will take place in Attard-Malta (October 17<sup>th</sup>-20<sup>th</sup>). Remember that this year our focus will be on Research in the Rural Area, and we expect a strong input from EURIPA on the EURIPA day (Friday) and at the joint EURIPA-EGPRN day (Saturday).

Please note that the EURIPA workshops and leaders will be the following, and we hope that you will contact the workshop leaders as soon as possible at their e-mail addresses in order to present your papers directly for their sessions:

- Rural Medical Education: a focus on content and methods (Leader: Jose Lopez-Abuin [l.abuin@medynet.com](mailto:l.abuin@medynet.com) )
- Patient Safety: a focus on methods in assessing and reporting (Leader: John Wynn-Jones [john@johnwj.com](mailto:john@johnwj.com) )
- Out of Hours in the Rural Health Care Setting: a focus on research methods (Leader: Oleg Kravtchenko [ovkdoc@yahoo.no](mailto:ovkdoc@yahoo.no) )
- Reporting Rural Health Care Research: a focus on content and research methods. (Leader: Christos Lionis [lionis@galinos.med.uoc.gr](mailto:lionis@galinos.med.uoc.gr) )

Please don't wait until last minute to contact the workshop leaders, or else we may not have a time slot available for you and would regret it. If this happens, you may bring your presentations in a poster format, to add to the group of colleagues who prefer to bring a poster to the EURIPA day.

EURIPA attendees will also have the possibility to present their papers at the joint EURIPA-EGPRN Day, submitting their posters as well as their theme papers via the website peer-viewed process: <http://attard.egprnapplicationforms.nl/>

We have kept the registration fees for the EURIPA membership at €150 in order to facilitate the participation of colleagues who are not able to pay the high registration fees of other international conferences, and so find difficulties to meet other colleagues from richer countries. Europe has inequalities in incomes, and this must not be an obstacle for us to exchange our experiences.

You may find more information of the Forum at our website [www.euripa.org](http://www.euripa.org)

Hope to meet you soon!

Jose Lopez-Abuin  
President, EURIPA

## Malta pre-conference workshops

We are pleased to announce that 4 workshops will be performed on Thursday, 17<sup>th</sup> of October. Even though the recommendation for the final content has not been fully finished, we would like to announce the state of the workshops as they are standing now. The participation will be limited to 25 persons, and will have a fee of €25 for EURIPA members. The EURIPA workshops will be held during the afternoon and will be:

### **“Research Methodology in the Rural Setting”**

#### **Hypothesis generation, research questions, methodology, barriers to research**

Leader: Christos Lionis

Research in general practice/family medicine (GP/FM) is an essential tool to improve quality of care and the outcomes in primary care. A couple of years ago, WONCA endorsed nine statements on building research capacity in GP/FM, while EGPRN published a research strategy for GP/FM and Primary Health Care in Europe. A recent EURIPA Forum on the Island of Pag, Croatia in 2012 called for more guidance and training through national and regional intensive courses on research methods. This workshop aims to discuss issues of research methodology in the rural setting. It will attempt to respond to certain questions as:

- (1) Are there any specificities or qualities that characterize the research in rural and remote setting?
- (2) To what extent different questions and topics guide the design of original studies in rural settings in comparison with urban ones.
- (3) Are there any general criteria for quality that can guide research in rural and remote health?
- (4) Do we need more experimental research or guidance?

The workshop will utilize various interactive methods in exploring the responses to the above questions by using selected cases and publications.

### **“Rural Proofing for Health**

Leader: Jane Randall-Smith

Rural Proofing has been developed in England as an impact assessment to assist policy makers in addressing the possible impacts of new policy development on rural areas and their populations. Subsequently a “Rural Proofing for Health” Toolkit was developed for Primary Care Organisations (Institute of Rural Health, 2005) that was aimed at helping health service providers and planners to develop services in a more rurally sensitive manner. This Toolkit was revised in 2012 to reflect the changes in infrastructure in England and to build on the learning from the earlier version. This workshop will help participants understand the concept of rural proofing and so help them to rural proof policy and service developments in their own countries.

The third and fourth workshops will be performed as joint activities with an EGPRN representation, in the morning of Thursday 17th:

- **“Writing for publication-meet the Editors!”**  
Leaders: Jelle Stoffers and Hans Thulesius, a joint workshop with the editors of the Scandinavian Journal of Primary Care
- **Developing a research project for EU funding”**  
A joint workshop with the Malta EU FP7 office.

Jose Lopez-Abuin  
President, EURIPA

## WONCA Prague conference report

Many of the EURIPA members had the opportunity to join the last WONCA World Conference on Family Medicine, which was held in Prague from the 26<sup>th</sup>-29<sup>th</sup> of June. I must underline that it has been the WONCA World's Family Medicine Conference which has showed the greatest rural input in all its 20 editions. This has been possible due to the close collaboration between EURIPA and the WONCA World Working Party on Rural Practice in elaborating an outstanding rural conference programme which was distributed in all the attendees' conference bags.

The rural stream of the programme consisted of seven workshop/sessions and a series of rural papers. Within the workshops, the following were specifically organized and run by EURIPA: The importance of using Social Media in Rural Medicine (leader: Raquel Gomez Bravo), Developing a Rural Strategy for European Family Medicine/General Practice (leader: John Wynn-Jones), How does Out-of-hours and Emergency Care effect recruitment and retaining of the workforce in Europe (leaders: Oleg Kravtchenko & Tanja Pekez-Pavlisiko), and The Needs of and the Solutions for Rural Practice in European countries: our national points of view (leaders: Jose Lopez-Abuin JM & Christos Lionis).

Many attendees requested information about our network at the EURIPA stand in the WONCA Village booth and 60 new members wished to join our listserver.

EURIPA representatives met the WONCA European Council and the WONCA networks, and reported the main activities performed during the last year and the future plans. EURIPA was congratulated for the many activities in which it was involved.

As in all the conferences in which EURIPA runs a rural stream, the EURIPA team had the opportunity to enjoy our traditional Rural Dinner, which was organised on a private boat river tour: a joyful time to relax from all our hard work.

At [www.wonca2013.com](http://www.wonca2013.com) you may find a more detailed information of the conference, which includes video and photographic highlights.

Jose Lopez Abuin  
President



The conference centre



## A young doctors experience of the WONCA World conference

After getting to know the Vasco da Gama Movement in Luxembourg I was looking forward to my first WONCA World conference in Prague with different feelings. On top of that I was also a bit nervous about being facilitator for people I have never met before. So many uncertain situations, but already at the pre-preconference dinner I was so warmly received not only by Nela and Zuzanna (Czech preconference managers) but also by so many other international GP trainees. After getting used to the Czech beer and so many different English accents I knew this week was going to be fabulous! ;-)

Gaining that comfort in that short period of time with so many people-this just increased my anticipation.

Together with my Czech co-facilitator Pavel we focused our work in a group of 12 GP participants on comparing different aspects of GP trainings among the countries which were represented: totally surprised how vast the differences between the GP training was, e.g. in Macedonia the competences of a GP are really limited in comparison to one in the Netherlands, or how much time a trainee has to spend in a GP practice and how much in hospital. It was interesting to see how diverse ways can lead to the common aim, especially in the European Union where you normally expect more uniformity regarding the possibility of mutual recognition in the medical field. Very interesting was to see the creativity of other groups using videos, role plays, speeches and even a questionnaire like "who wants to be millionaire".

Not only the content of the scientific programme but also the massive shows of academic activities and social events were of high quality, which brought us together and made the exchange of ideas possible: starting from the visionary speeches of Professors Richard Roberts (WONCA President) and Michael Kidd (WONCA President elect) or the mega musical swing jazz band on the opening of the WONCA conference and last but not least the spectacular Czech evening and closing popular Dutch party.

So throughout the week we had the opportunity to broaden our horizon in a professional, personal and sophisticated way. That's why it was one of my best weeks ever. Especially as a young doctor I enjoyed this challenge becoming aware of our role to CARE for generations and following "be the change you want to see in the world". (Mahatma Gandhi)

Lisa Gambhir  
Luxembourg



Our working group during the preconference group (second from right: me with my co-facilitator)

Continuing our series of articles about **Social Media**, we focus on Twitter in this edition of Grapevine followed with an article by Professor Michael Kidd, President of WONCA about his approach and experiences of social media and its relevance to family doctors.

#### TWITTER

**Raquel Gómez Bravo<sup>1</sup>, María Gómez Bravo<sup>2</sup>, Charilaos Lygidakis<sup>1</sup>**

<sup>1</sup>General Practitioner, Young Doctor, VdGM Executive

<sup>2</sup> Social Media Manager, Journalist

#### WHAT IT IS?

**Twitter** is a real-time platform that allows you to connect with others that have your same interests with up to 140 characters known as “tweets”.

It was created in March 2006 by [Jack Dorsey](#) and since its launch , Twitter has become one of the ten most visited sites on the Internet, and has been described as "the SMS of the Internet".  
<sup>1,2</sup>

#### HOW TO CREATE AN ACCOUNT?

Profiles are normally public, so anyone around the world could interact with you. If you want to start using twitter you could do it in less than 5 minutes, it is as easy as create an account in [www.twitter.com](http://www.twitter.com): you can use any user name up to 15 letters (will appear with an @ on all your postings, or tweets) and register yourself with your email address, a pic and a bio which should reflect who you are. The recommendation is to use your actual photograph and real name so your identity is trustable. But even if you are an unregistered user, you could read tweets; the difference is that registered users can post tweets and interact with others.<sup>3</sup>

#### WHY?

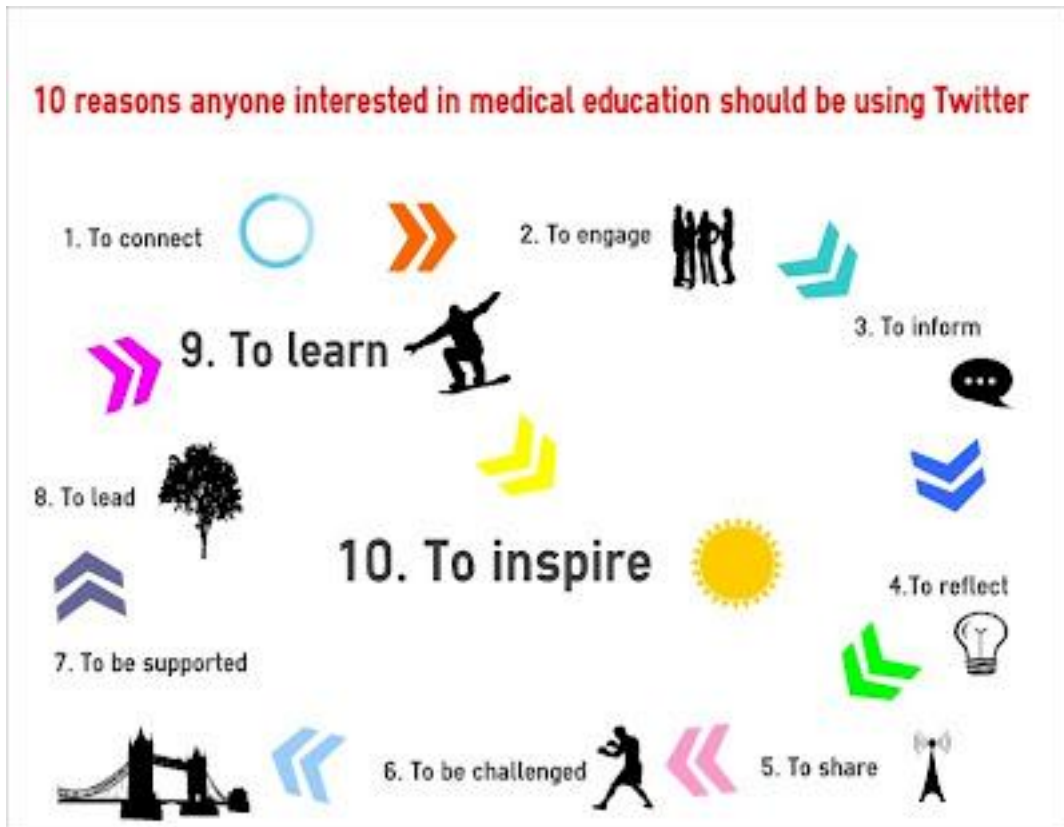
Twitter is a key communication tool and doctors are professionals of communication or we should be.

You could use it in many different ways: Professional communication, as an extension of a web presence, for patient communication, for marketing purposes, for business or just for pleasure, for being in touch with other colleagues and share ideas and thoughts!

Dr. Anne Marie Cunningham, an expert healthcare practitioner of the social web believes healthcare professionals interested in medical education should use Twitter and she exposes 10 reasons for it:

<http://wishfulthinkinginmedicaleducation.blogspot.co.uk/2012/07/why-does-tweeting-doctor-tweet-note.html>

See next page



For a rural doctor to be connected will reduce isolation and it is essential for increasing the satisfaction of the doctors and for successful recruitment. Furthermore, providing a network for continuous information, discussion, research, inspiration, creation, innovation is crucial. That's why EURIPA decided to create a twitter account in May 2012 during the **3rd Rural Health Forum** in Croatia, and developed a Social Media strategy to provide an online and more interactive network.

These are the numbers of EURIPA Twitter account during this part year:

Fig. 1: General information for the Euripa's profile: followers, lists, following, tweets, ratio followers / following.

The screenshot shows the Twitter profile for @EURIPA\_EURIPA. The profile name is EURIPA. The statistics are: 299 tweets, 107 following, 57 followers, and 2 listed. The user joined Twitter on May 11, 2012, as user #577,088,418. The location is Athens, Greece. The ratio of followers to following is 0.53, and the ratio of listed accounts to 1,000 followers is 35.

Fig. 2: Snapshot from Twitter activity in the period: 12<sup>th</sup> of May to 24<sup>th</sup> of June



Fig. 3. : Interactions (mentions, replies, retweets) for the Euripa's profile from 12<sup>th</sup> May to 24<sup>th</sup> of June.

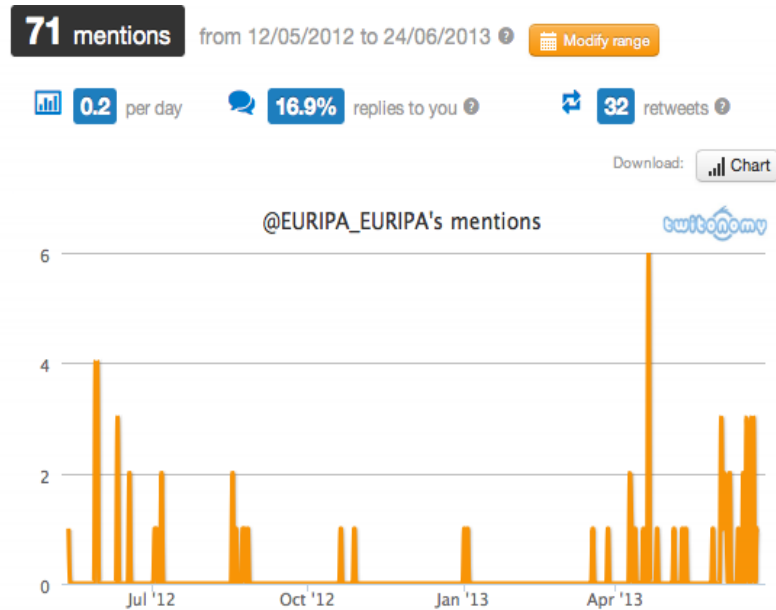
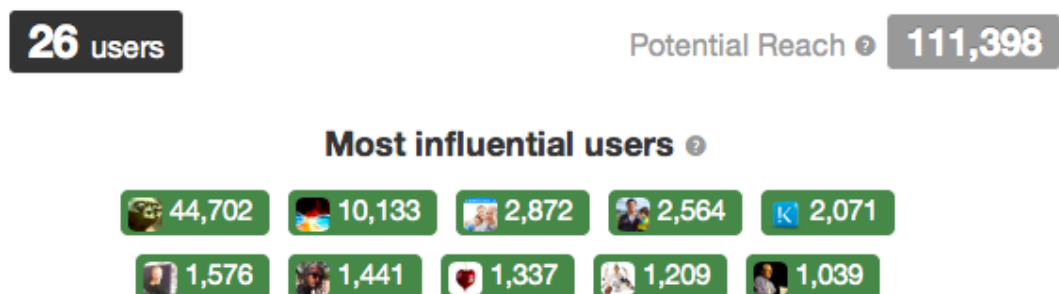


Fig. 4: Characteristics of users who follow Euripa's profile on Twitter





## WHAT TO DO?

1. **START:** Create your own account with your profile, username, photo and bio.
2. **TWEET:** Write a 140-character message sharing your ideas, thoughts, comments
3. **RETWEET (RT):** It is the way of sharing again the same information or giving credit to someone else's tweet.
4. **HOW TO REPLY or MENTION (@):** If you want to reply to someone or reference another user in a tweet, this person will be notified when you @mentioned them. It's the way to conduct conversations and discussions with others in a public context.
5. **Direct Message (DM):** It is the way to do it in private! It is also 140-character message but only between two people. Limitation: You may only send a DM to a user who follows you.
6. **Hashtag (#):** It is this # symbol, which is used to mark keywords or topics in a Tweet. It was created for categorizing tweets, denoting a topic of conversation or participating in a larger linked discussion. It is also a powerful discovery tool that allows you to find messages in an specific topic that you could be interested in and let you participate in a conversation about it and generate new discussions around this theme that health professional are involved, curious, worried or just want to speak about!. You can also click on a hashtag to see all the tweets about it, from people that you don't follow and even without being active on twitter. Example:
  - a. [#WONCA 2013](#)
  - b. [Rural Health influencers and hashtags:](#)

Fig. 5: example of one of the several list of users existing in Twitter related to the area of interest: rural health

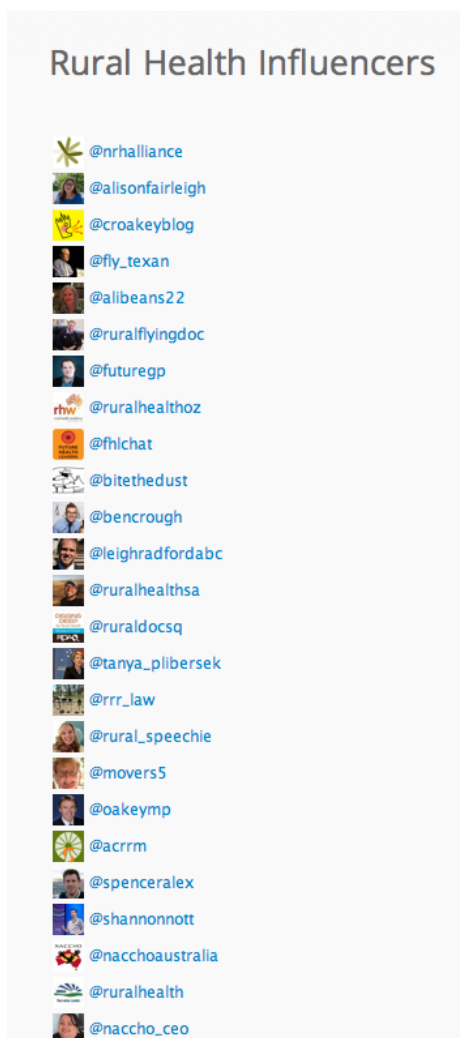


Fig. 6: Example of hashtags related to rural health

Rural Health Hashtags	
<a href="#">#ruralhealthconf</a>	12TH NATIONAL RURAL HEALTH CONFERENCE  Healthcare Conferences   Topics: rural health The 12th Conference in Adelaide will capture the inspiration and success of previous Rural Health Conferences, while focusing more than ever before on the positives: on the creativity, teamwork, resilience and sense of community that characterise so many rural and remote areas. In all likelihood the Conference in April 2013 will find itself just four months out from a Federal ...
<a href="#">#RuralMed</a>	Regular   Topics: rural health, Rural Medical Practice, Rural Medicine, Rural Physician Recruitment
<a href="#">#ruralhealth</a>	Regular   Topics: rural health
<a href="#">#docglobal</a>	Regular   Topics: connecting global physicians, docglobal, global health, rural health

<http://www.symplur.com/topic/rural-health/>

- 7. EXPLORE:** You need to seek out people to follow once you are in twitter! There are different ways to find them, but we suggest you to follow your friends and people you know, at first! And then, be curious! Who is following EURIPA? Who are our followers? Rural lists, rural hashtags...and you will discover amazing doctors all around the world!
- 8. ASK:** Twitter has a great [online glossary](#) that you can refer back to if you have any doubts but if you don't find your answer, don't hesitate to ask to the online community!
- 9. ENJOY:** This is the base of communication, enrich yourself with the interaction, learn from each other, be open-mind...
- 10. SHARE YOUR EXPERIENCE WITH THE REST!**

The latest figures from [Symplur's Healthcare Hashtag Project](#) shows that there are 9,130 participants taking part in over 100 healthcare chats each week on Twitter. **Vasco da Gama Movement** provided an updated and very useful [guide to use Twitter for the WONCA World Preconference and Conference in Prague 2013](#) that we invite you to explore and enjoy.<sup>4,5,6</sup>

The best part of Social Media is precisely this: having fun in the learning process and joining any open conversation that helps us to be better doctors every day! **Join us and discover it!**

1. "Top Sites". [Alexa Internet](#). Retrieved 2013-05-13.
2. D'Monte, Leslie (April 29, 2009). "Swine Flu's Tweet Tweet Causes Online Flutter". [Business Standard](#). Retrieved February 4, 2011. "Also known as the 'SMS of the internet', Twitter is a free social networking and micro-blogging service"
3. [Twitter via SMS FAQ](#) Retrieved April 13, 2012.
4. Twitter Guide Book – How To, Tips and Instructions by Mashable  
<http://mashable.com/guidebook/twitter/>
5. Luks HJ. Health Care and Social media: Centrifugal versus centripetal drivers:  
<http://www.howardluksmid.com/orthopedic-social-media/healthcare-and-social-media-goals/>
6. O'Connor ME. How To Use SmartStream For HealthCare Tweet Chats.  
<http://healthworkscollective.com/marie-ennis-oconnor/100541/how-use-smartstream-your-healthcare-tweet-chat>

We are very privileged to have a contribution from Professor Michael Kidd, President of WONCA

### **Social media and family doctors**

I became president of the World Organization of Family Doctors (WONCA) on June 27, 2013. In my inaugural speech I emphasised the importance of connectedness, especially if we are going to find ways to engage everyone in our global network of family doctors.

I also announced the launch of WONCA's new social media platform, and invited the family doctors of the world to join me on Twitter, Facebook and LinkedIn and discover new ways that we can work together to achieve our goals. I invite you to join me as well (contacts at the end of this article).

This is my first proper foray into the new world of social media and I am on a steep learning curve. I am fortunate to have a number of young family doctors from around the world who have offered to guide my efforts and provide advice. I have noticed that people using social media seem to enjoy lists, so here is my list of eight things I have learned about social media over the past few weeks.

1. This is a powerful tool. In less than a week over 1,000 followers and friends joined the WONCA social media sites on Facebook, Twitter and LinkedIn.
2. It is important to take both a serious and casual approach to social media; that is, be serious in what you say, but you can also be quite chatty, and let your personality shine through.
3. Treat the images and the text you use as if you are talking to friends rather than as being part of a news service. Don't be afraid to talk about your honest emotional reactions to the people you meet and the things you experience and wish to share.
4. As doctors we have an ethical responsibility to share knowledge and important information with our patients, and our communities, and one way we can do this is through our social media contacts. I hope that this is one way that WONCA can assist during global health emergencies.
5. As my dad used to tell me, if something is worth doing, it is worth doing it well. Effective use of social media does take time, although I find sending one tweet a day, or providing a brief update to my blog, takes about the same time as sending an email, so it is not a great additional imposition.
6. Know your audience. As in every aspect of health care it is important to target your communication to your audience. If you are writing for lay users, don't write like a clinician as there is a risk your followers may not understand what you are saying.
7. Think before you tweet. How many celebrities have we seen get into trouble for making unwise comments using social media. Doctors need to be especially careful. Remember your social media presence is part of your professional image – and if tarnished this may have a negative impact on your professional reputation.
8. Enjoy yourself. Social media is fun, and it is a great way to interact with friends and colleagues from around the world.

With acknowledgement and thanks to the inaugural members of the WONCA presidential task force on social media: Raquel Gomez, Harris Lygidakis, Ronald McCoy, Luisa Pettigrew & Andy Wilmoth Shillingford

[Twitter](#) [LinkedIn](#) [Facebook](#)

## Reports from EURIPA members

- The New Croatian contract
- Vasco da Gama Movement International Exchange Initiative
- A visit to the Western Isles Scotland

### **The new method of financing family medicine in Croatia**

Until May this year family doctors were financed mainly through capitation – number of patients in care. Only a small part – 10% - was financed through additional therapeutic procedures. Doctors working in primary care centres – app. 25% or private practices were under control of Croatian Health Insurance found (CHIF). With this type of financing, there was almost no motivation for improvement of health service provided by family doctors. Also, till this year CHIF relationship with Family Doctors was hardly based on partnership – doctors were punished financially mainly because of administrative faults and with almost no control of quality of work. Also a big problem was statistical data analyses so the daily work was not visible because data was collected only for number of first and control examinations and home visits. Care for palliative patients was also not recorded and home visits were not encouraged.

Beginning of this year a pilot project was initiated headed by CHIF director, Sinisa Varga with full implementation as of May 1st. 2013. Through this project an entirely new model of financing was introduced.

Smallest part of practice turnover was generated based on number of patients - capitation is now 1/4 what it was previously and less. By this method, in future change from one family doctor to another every time when patients are justifiably or not unsatisfied with health service of family doctors.

Constant part of practices turnover are monthly expenses – nurse wages, utilities, purchase of medications and expendable material. This part is not entirely satisfactory because it does not include expenses of education and doctors still largely depend on pharmaceutical industry in case they wish to attend international conferences.

Remaining income is made through additional therapies. Alongside current procedures performed by practitioners (earwax removal, suture removal, wound treatment, spirometry and similar procedures) the list of such procedures has expanded. House visits, palliative house visit, patient consultations via phone and/or e-mail, introducing insulin, consultation with district nurses and physical therapy are increasingly valued. What is important for rural areas is the inclusion of mobilisation procedures, repositioning cryotherapy, birth procedure and preparation of patients for telemedical consultations, ultrasound, examination of tourist patients. The list of procedures goes on but we wish to avoid tiring readers with details. In this way practice income is increased and it is possible to acquire new equipment and education, but not entirely. To purchase specific equipment a longer period of time is needed to accumulate funds.

Alongside this, additional (smaller) income is made if blood samples are taken in the practice for microbiological samples, patients make appointments in an exact specified time, patients make

appointments via the Internet for examinations in hospitals, if there is a book of complaints and impressions and if doctors form a group practice which had so far not existed. In this way every practice can acquire a five-star rating utilizing these procedures. Medicine expenditure, referring to laboratories and the number of sick days are rated by CHIF and if a doctor maintains certain norms he/she can receive additional encouragement.

Regarding preventive activities, there are 4 panels, one for primary prevention and three for COPD, diabetes and hypertension.

Most doctors (about 85%) have accepted this sort of finance system, while 15% of doctors kept the old finance system. One of the main complaints is that the new system is highly unstable, as the contract is valid for only one year, while old contracts were valid up to 2021. In this way, financing teams with a large number of patients (more than 2100) has lost part of their income, while teams with smaller numbers of patients are finally „relieved“. Group practice is also being introduced which is currently functioning only as improved accessibility for patients in case of vacations and sick days by their chosen doctors.

In the end the vast majority of practitioners are satisfied with the new finance system, and also with the fact that everything they do in practices can be displayed with additional therapeutical procedures. This is an improvement as the perception of the general public and colleagues was that general practitioners serve only for menial routine work and that most of their work comes down to handing out prescriptions and referral. On the other hand, this finance system stimulates doctors towards additional education and acquiring additional skills which will finally lead to an increase in medical care availability to Croatia's population and cutting back on unnecessary costs within the healthcare system.

What needs to be improved and where we see the role of the health ministry and family medicine organisations is the education of doctors and team members, as well as improving practice equipment with proper items so that all steps towards improved availability of health care and improved incomes are achieved, especially in rural areas.

Tanya Pekez-Pavlisko

### **Vasco da Gama Movement International Exchange Initiative**

On the 27<sup>th</sup> June 2013, the first International Exchange meeting took place at the WONCA World Congress, Prague, moderated by the Vasco da Gama Movement's (VdGM) International Exchange Coordinator Ana Nunes Barata.

The aim of the International Exchange Programme is to promote worldwide intercultural exchanges, so as to give doctors an opportunity to learn from each other in different cultural and socio-economic contexts. Beside it being an opportunity to broaden one's professional and personal horizons, these exchanges will provide young GPs/FM the possibility to interact with different primary care settings and health care systems in general.

The International Exchange Programme is organised as a four week programme (it may, however, be shortened). During these four weeks, the visitor is expected to shadow the activities that take place at the host practice and to accompany the host in other community-

oriented activities. To provide structure to the exchange, the visitor is given a template where it is required to fill in his or her objectives for the exchange. At the end of the exchange, the visitor is expected to submit a report on his or her activities.

Present in the meeting were John Wynn-Jones, Per Kallestrup and the members of the following international Young Doctors' Movements:

- Julie Wood (AAFP)
- Kayode Alao (AfriWon Renaissance)
- Scott MacLean (Canada's First Five Association)
- Shin Yoshida (in representation of Naomi Harris of the Rajakumar Movement)
- Ravi Grivois-Shah (in representation of Raman Kumar of the Spice Route Movement)
- Isabel Mora (in representation of Karina Villarroel of the Waynakay Movement)

The meeting began with a speech by Per Kallestrup, the founder of VdGM's Hippokrates Exchange Programme, after which Sara Rigon, VdGM's Exchange Coordinator, provided additional context on the program. In-between, there was a presentation on EU funding by Vikesh Sharama.

In the second part of the meeting, Ana Nunes Barata put up an action plan for discussion for the International Exchange Programme.

Participants showed a great deal of interest, showcased by heavy participation in the discussion. Many questions were raised regarding the organisation and the implementation of the programme. As a worldwide programme, it should be taken into account how medical education it structured differently. Therefore, it was agreed that it should be flexible, in order to adapt itself to the conditions of each country.

It was agreed that the International Exchange Programme's educational objectives should be kept, in order to warrant the quality of the exchanges. Furthermore, to make it all possible, the need for a networking model was discussed and every Young Doctors' Movement will look into its structure in order to organise the network according to the area it covers.

The matter of funding and accommodation was also discussed, as international exchanges imply a great amount of logistic work. The VdGM hopes that, with the progress of this initiative, it will get more support that will lead it to spread and to develop.

All parties should work together, based on mutual respect and cooperation, leading to a definition of the steps for these exchanges (a "template"), which must then be approved by all involved parties.

This project was supported by Dr. Wynn-Jones, who, with his intervention, greatly motivated all participants to go forward with this project aiming to establish a global, international exchange program for young GPs/Family Medicine doctors.

Therefore, the VdGM has great expectations for this programme and hopes for it to become a quality programme that contributes to the development of Family Medicine all around the world.

Ana Nunes Barata

VdGM international Exchange Co-coordinator

### Visit to the Western Isles, Scotland

When Professor Mike Pringle became RCGP (Royal College of General Practitioners) President in November last year, he asked if he could see some remote and rural practice in Scotland and meet some of the GPs who worked there. That request came to fruition last month with a visit of the President, Dr John Gillies, Jane Bruce, Chair of Membership Liaison Group (MLG), Sir Lewis Ritchie and Hal Maxwell, Remote and Rural Lead on MLG to the Western Isles . The trip took the form of an engagement and listening exercise, visiting practices in Stornoway, Carloway and North Uist, as well as to the Western Isles and Uist and Barra hospitals. We met around 25 GPs from across Lewis, Harris, North and South Uist and Benbecula, as well as two AiTs who were on the NES remote and rural training track.

It was really impressive to see the commitment and professionalism of many GPs who often fulfil extended roles in out of hours as well as pre-hospital care, including helicopter rescue at times! However, many issues emerged including anxieties about recruitment and retention of GP partners as well as some issues about training and inadequate premises. A very innovative out of hours model of care led by GPs, and involving extended skill nurses and paramedics was working well in Lewis and Harris but out of hours care in the Southern Isles did not seem so well supported. We are in the process of compiling a full report on our findings for discussion at Scottish Council in September and will keep you informed of any updates.

John Gillies  
Chair RCGP Scotland



Air rescue team visit at Stornoway airport

## My Practice

Continuing our series about rural practice around Europe Lisa Gambhir describes her  
**Experience in rural Luxembourg**

People say Luxembourg with 540,000 inhabitants is a rural country, but this cannot be applied to the health care in urban areas. In contrast, **Wormeldange** (Luxembourgish: *Wuermeldeng*, German: *Wormeldingen*) is a small town/village in eastern Luxembourg on the German border with a population of 742. You can find only two GP practices here. I gained my experience in one of these practices from January to March this year. It was a small practice with basic equipment with the maximum to an ECG. By chance I was living only 10 minutes drive away, my senior GP even lived in the neighbour village, so we were available almost 24/7 on duty days (3 times a week).

Every morning a nurse took blood samples, after 9 am patients had to go to a laboratory centre which was 1km away. After 6pm the next possibility for blood samples was only in hospital.

In the afternoon there was not even a secretary so all the calls had to be dealt with yourself, which helped to prioritize the medical cases on the phone, even after opening times.

Home visits in the lunch time were plenty, moreover for elder people but also children as the next paediatrician's office was 15 km away.

The University Hospital of Luxembourg was about 25 km away, there was one nearer in Germany (Germany was separated from Wormeldange only by a bridge). Despite this difference many preferred going to the Luxembourgish hospital due to language and system familiarity. Most of the local Luxembourgish people speak French and German, though elder people prefer their mother tongue Luxembourgish (which is close to German).

This fact made my rotation so interesting and provided me extraordinary experience, especially during a flu epidemic with heavy snow season.

It was impressive to see to which big extent patients trust the country doctor: they see him as a confident and counsel or before going to any specialist complaining about the anonymous treatment in hospitals. Dealing not only with a doctor but also a "neighbour"/ family friend or customer in the bakery just contributes to their long term relationship with the GP. This rotation made me realize the big responsibility of a general practitioner in the rural area especially towards patients whose mobility and flexibility is decreased due to weather conditions or age. Looking forward for more challenges in my next rural service

Views over Wormeldange in winter





Continuing from the article in the Spring edition, below is a description of Hungarian primary care.

### **Hungarian primary care in Mórahalom**

Mórahalom is a town 20 km west from Szeged with 6100 inhabitants.

Local government of the town has to care about medical and social primary care by law. Medical primary care contains the adult and child GP practices, dental care, district nurses, dentists and the central medical duty.

Three adult GP districts are functioning in Mórahalom with regional obligation of medical treatment. Health centres are modern and well-equipped. Every GP doctor works with a practice nurse.

A paediatrician works at the child GP practice as professional. Children under the age of 14 belong to the child GP practice, the parents can decide on children's treatment between 14 and 18 years old: paediatrician or family physician for adults.

Two dentists practise the dental treatment in this community.

Three district nurses practise the nursing of pregnant women, mothers in childbed, infants and young children under 7 independently. They give advice, take care of normal development of the children and make screening – prevention. They keep in touch with the family physician and paediatrician, the outpatient care professionals, the elementary and secondary schools and social and family support services. District nurses service is hungaricum, unique type of treatment in Europe.

Central medical duty is ensured for about 25 000 people at the ambulance station.

Outpatient treatments are provided for patients by the local government over obligation of primary care. The most frequent diseases determine departments, for example rheumatology, psychiatry, pulmonology. New departments have appeared for years, such as internal medicine, surgery, pediatry, so the medical institute became Health Centre of Micro-Region. At the same time the local government take care of personal social services as well, for example domestic social nursing, social catering, nursing service at farms, the elderlies' club.

We miss a skilled nurse, who would be concerned with prevention and screening of people's health condition. Unfortunately, we don't have chance for it because of the low financing, which has decreased for years.



## Update on EURIPA activities

### Patient Safety in Rural Practice

The rural proofed MaPSaF (Manchester Patient Safety Framework) Tool and other supporting documents are now on the new web site at [www.euripa.org](http://www.euripa.org)

The Tool encourages practices to examine the culture of their practice in their approach to patient safety. The idea is to use the Tool once 18 months to 2 years to identify where your practice is on the matrix and then measure progress against it.

EURIPA is very grateful for the support of the Linnaeus project and the team at Manchester University for their help.

### WONCA Europe Special project on Out of Hours

The methodology involves a questionnaire survey and a literature review. The project is being funded by WONCA Europe and will be reported shortly.

**EURIPA 4<sup>th</sup> Rural Health Forum**, 17<sup>th</sup> – 20<sup>th</sup> October 2013, will take place in Malta in collaboration with EGPRN. The title is:

Research into different contexts in General Practice/Family Medicine:  
rural vs. urban perspectives

See page 2 above

### International Electronic Journal of Rural and Remote Health Research Education Practice and Policy

The Journal contains a European section and we would like to encourage EURIPA members to contribute to the Journal. Original research is always welcomed but there is also the opportunity to send in letters, project reports or personal perspectives. There is support available to help you get published – new authors are actively encouraged!

The following shows recently published articles in the European section:

- ***Cost and returns related to medical education in rural and remote locations***

Smyrnakis E, Gavana M, Kondilis E, Giannakopoulos S, Benos A.  
<http://www.rrh.org.au/articles/subvieweuro.asp?ArticleID=2641>

And in the Australasian section:

- ***Prolonging a sustainable working life among older rural GPs: solutions from the horse's mouth***

Hansen V, Pit SW, Honeyman P, Barclay L.  
<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=2369>

### **Hot Topics**

EURIPA Hot Topics are launched via the List Server but are also announced on the web site. This is an opportunity for members of EURIPA to be actively involved in current topical issues. The summaries of responses are also circulated directly to members through the List server. The discussion on the 4<sup>th</sup> Hot Topic, **The needs of and solutions for rural practice**, was used to inform a workshop in Prague and the report is now on the web site [www.euripa.org/](http://www.euripa.org/)

The 5<sup>th</sup> **Hot Topic** has recently been launched by Prof Christos Lionis and Oleg Kravtchenko and focuses on **Economics, Austerity Measures and Health**.

The questions for you to consider are:

- 1) How did the economic crisis and austerity measures affect health and health care services in your country?
- 2) How did the economic crisis and austerity measures affect your patients' health and health behaviour?
- 3) How did these affect yourself and your family?
- 4) How did these affect your colleagues, especially younger GPs?
- 5) What the impact of the economic crisis on rural health can have on the current economic situation - short and long term consequences?
- 6) What measures are taken by your central and regional/ local government to prevent the deterioration of healthcare in rural locations?
- 7) What measures are taken by your professional body and particularly the GPs college/Association, if any?
- 8) Do you feel it's enough?
- 9) What could be done better there from your point of view?
- 10) Have you ever considered moving to another country as a result of the current economic situation and austerity measures either for work or to change your life?

The researchers would be grateful if you could include some additional information about your age, gender, number of years as a GP (and as a rural GP) and type of your practice (solo vs. group), and how many GPs are in the group if the latter).

Responses to these questions should be sent to: [ovkdoc@yahoo.no](mailto:ovkdoc@yahoo.no) by 30<sup>th</sup> September 2013.

### **EURIPA International Advisory Board**

The second meeting has taken place with the next scheduled for early September. One of the biggest challenges is to find the most economic method of connecting members from across Europe, especially as the membership grows.

At the second meeting priorities for the forward work programme were considered. Two ideas have been put forward:

Rural Undergraduate Education – we don't know how much emphasis is on rural medical education in the current curricula across Europe. To understand this is crucial to taking rural medical education forward across Europe.

Rurality and Occupational Health – the role of the GP in delivering occupational health services is very important but again how much do we know about this.

## Forthcoming Events

Below are a selection of events for 2013 onwards that may be of interest to EURIPA members. 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](mailto:jane@montgomery-powys.co.uk)

### **EQUIP Summer School, 28-31 August 2013 - Paris (Centre Port Royal), France**

The Summer School for 2013 on **Quality Improvement in Primary Care: Design and Conduct, Research and Action** is held outside Paris (Centre Port Royal) in cooperation between EQUIP and Fédération Française des Maisons et Pôles de Santé (FFMPS).

More information is available at:

[http://www.equip.ch/flx/summer\\_schools/summer\\_school\\_2013\\_quality\\_improvement\\_in\\_primary\\_care\\_paris/](http://www.equip.ch/flx/summer_schools/summer_school_2013_quality_improvement_in_primary_care_paris/)

### **18<sup>th</sup> Nordic Congress of General Practice**

21<sup>st</sup> – 24<sup>th</sup> August 2013 Tampere, Finland

**“Promoting partnership with our patients – a challenge and a chance for primary care”**

To register see <http://www.nordicgp2013.fi/registrationaccommodation/>

### **CHANCE conference 5<sup>th</sup> – 7<sup>th</sup> September, Pecs, Hungary**

More detailed information is already available under the official website of the conference:

<http://www.chance2013.eu/>

### **Annual Rural Doctors Conference**

25<sup>th</sup> – 27<sup>th</sup> September 2013 Newtown, Wales

This conference has been running for over 20 years now and is organised by rural doctors from rural doctors and their practice teams.

More information will become available at [www.irh.ac.uk](http://www.irh.ac.uk)

### **EURIPA 4<sup>th</sup> Rural Health Forum (see page 2)**

17<sup>th</sup> – 20<sup>th</sup> October 2013, Malta

The theme is

**“Research into different contexts in General Practice/Family Medicine:  
rural vs. urban perspectives”**

To register go to: [www.euripa.org](http://www.euripa.org) and follow the link on the events pages.

## Forthcoming Events cont'd

### **WONCA Rural Working Party Conference**

May 21<sup>st</sup> - 25<sup>th</sup> 2014 Gramado, Brazil

**Rural health: an emerging need**

More information can be found at: [www.sbmfc.org.br/woncarural](http://www.sbmfc.org.br/woncarural)

### **European research network for out-of-hours primary health care:**

**Fifth Annual Meeting EurOOHnet**, 5th and 6th of June 2014 in **Aarhus**, Denmark.

EurOOHnet has an annual meeting with all members, combining discussion of ongoing and future projects and site visits to out-of-hours primary care settings.

More information can be found at: <http://www.euroohnet.eu>

### **WONCA Europe Regional Conference**

2<sup>nd</sup> – 5<sup>th</sup> July 2014 Lisbon, Portugal

**“New Routes for General Practice and Family Medicine”**

More information can be found at: <http://www.woncaeurope2014.org/>

### **2014 International Rural Health and Rural Nursing Research Conference**

July 29<sup>th</sup> – 31<sup>st</sup> Montana USA

More information is at: [eu.montana.edu/rural/health](http://eu.montana.edu/rural/health)

### **European Forum for Primary Care (EFPC) 2014 Bi-annual conference:**

**The Future of Primary Health Care in Europe V,**

Barcelona, Spain 1-2 September 2014

The conference will be organized to the EFPC tradition (small scale, interactive and interdisciplinary), bringing together patients, practitioners, administrators, policy makers, politicians and researchers within the field of primary health care and public health.

Conference themes will focus on issues related with Innovation, Sustainability, Equity, Critical thinking and Uncertainty.

More information at: <http://www.euprimarycare.org/activities>

### **WONCA Rural Working Party Conference**

April 2015 Dubrovnik, Croatia

More information will be available at [www.woncarural2015.conventuscredo.hr/](http://www.woncarural2015.conventuscredo.hr/)

## Publications

### **The Contribution of Family Medicine to Improving Health Systems: A guidebook from the World Organization of Family Doctors**

The WONCA Guidebook *The Contribution of Family Medicine to Improving Health Systems: A guidebook from the World Organization of Family Doctors, Second Edition* was launched in Prague, by Dr Margaret Chan, Director General of the World Health Organization.

This second edition of this guidebook reveals ways in which family medicine can help countries throughout the world maintain and improve health and well-being by developing a more productive, coordinated and cost-effective approach to health care.

It was launched at the Prague conference and full details can be found here:

<http://www.globalfamilydoctor.com/InternationalIssues/WONCAGuidebook.aspx>

## Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be after the 4<sup>th</sup> Rural Health Forum in Malta and contributions are welcome by

**Friday 1<sup>st</sup> November 2013**

If you are interested in contributing to the next edition of *Grapevine* please get in touch with me at [Jane@montgomery-powys.co.uk](mailto:Jane@montgomery-powys.co.uk). Please think about what you do in your practice and if you would like to contribute to the new 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 we always welcome new contributors.

