



The Grapevine

Winter 2016-17



I wish everybody a happy new year and best wishes for 2017.

The European rural world is facing major problems which puzzle our inhabitants and patients. Weird situations such as:

- Populists claiming local isolationist policies creating a fear of migrants and a globalised world, advocating to stay alone.
- Refugees of war, climate change, economics, religious reasons who look to Europe as a peace haven, a light in their despair.

We, as general practitioner working and living in our rural community, have to reinforce our empathy, be confident in the future, and always having in our heart humanity and quietness.

Best wishes to all EURIPA members, their families and all rural general practitioners,

President of EURIPA

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"Being a young rural doctor"

On October 12th 2017 we will be all in Crete for the 7th EURIPA Forum, with an amazing programme in progress to address a theme of "Rural Renaissance". However, it is time now to feedback on the successful 6th EURIPA Forum which was held in Marseille last September.

The theme "Being a Young Rural Doctor" attracted younger doctors and medical students and altogether there were:

- 242 participants
- 30 countries
- 22 universities.

Young doctors were encouraged to participate and each plenary address involved a young doctor as and a more experienced doctor. Authors and workshops leaders are now being encouraged and supported to publish in the European Section of the International Electronic Journal of Rural Health and in the Family Medicine and Primary Care Review.

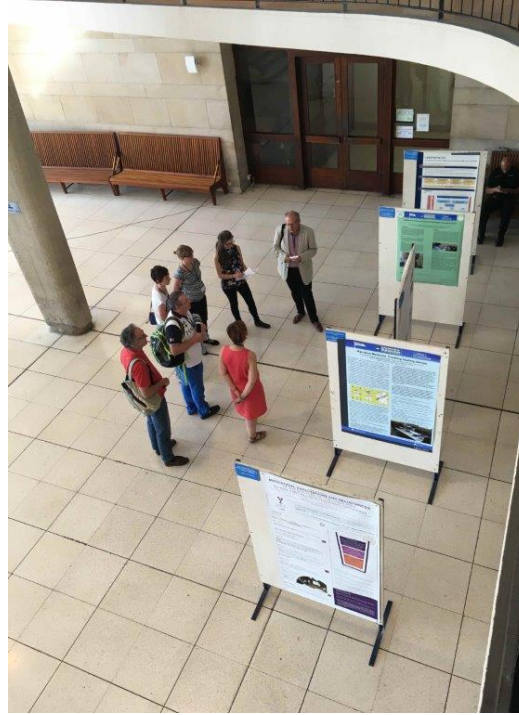
The Forum began on the Friday morning and ended on Saturday afternoon and symbolically took place in the Faculty of Medicine de la Timone. To assure the high-quality of the communications, the scientific committee led by Ferdinando Petrazzuoli made a huge effort. Numerous round table and plenary sessions permitted fruitful exchanges between attendees. In another way French institutions have discovered EURIPA, and its relevance for all those who are involved in rural areas.

On the website of the conference you will find selections of the communications and abstracts submitted; we hope that this will remind you of a joyful experience for the attendees. If you weren't able to attend we hope that you will come to Crete in 2017.

With thanks to our PCO Audrey and Michèle, to Pierre Louis Druais President of the "Collège de la Médecine Générale", to Gaetan Gentile head of the GP department in Marseille and Pr Leonetti dean of the faculty.

Thanks also to all the attendees, and of course particularly to Jane our secretary, who works hard in the shadows.

Jean Pierre Jacquet,
Chair of the Organising Committee



Above left and below, the plenary sessions

Above right, part of the poster exhibition

Left, the exhibition hall and on previous page



An excellent dinner was held on the Friday evening at the Marseille sailing club – we could hear the water lapping the walls! – and it provided an excellent opportunity for conversation with colleagues.



And the opportunity to walk around the beautiful city of Marseille at night:



Katrin Fjeldstet, from Iceland, gave one of the key note addresses in the final plenary session in Marseille. Katrin is the immediate past president of the Standing Committee of European Doctors.

Rural medicine or rather rural and remote medicine

In this presentation I will start with my first experiences of rural medicine, then briefly cover the definitions and content of what we call rural medicine, what is needed to train doctors for such a professional challenge, what is needed both in medical school and by health authorities to make doctors want to work as rural doctors, and finally end on my thoughts on solutions.

- A personal note on rural medicine
- Definitions of rural medicine
- How rural practice differs from urban practice
- What training may be needed to provide service in a rural setting
- What is needed to make doctors want to work in rural areas
- What do health authorities need to do to
- What are my thoughts on solutions

- Personal note on rural medicine

After medical school in the pre-registration year my predecessors had a compulsory year to work in a rural area, it was a part of what then was considered to be an absolute requirement to become a proper doctor, apart from the fact that by making this compulsory the authorities made sure that rural areas were served, even if the newly trained medical doctors had scant knowledge of what to expect and even less practical know-how.

For some reason the women doctors, few as they were, were exempt from this compulsory service, being before the time of gender equality.

When I was still in medical school my husband, newly qualified as a doctor, served for a year on the east coast of Iceland, in Eskifjörður to be exact, also looking after a smaller neighbouring village called Reyðarfjörður and the surrounding countryside. The total population was around 1800 people and he was the only doctor in the area with no nearby hospital and completely without collegial support. I remember that his greatest worry was that he might have to get involved in complicated deliveries, he thought that his obstetric knowledge would be insufficient. Luckily he managed to recruit a midwife living in the village, working as a housewife at the time, to come and work with him in the office. She made a lot of difference.

Luckily his year was without any such trauma as young doctors on their own may come across and some of course are traumatized for life.

This was my first encounter with rural medicine after at the age of 13 or so having been seen by a rural GP with a nasty rash on the right side of my chest, from near the right axilla, reaching towards my just developing breast. The rash turned out to be shingles or a herpes zoster rash and the doctor made a small incision into one of the lesions - which he shouldn't have. Then he acted - as a joke - as if he was going to do the same to the nipple. This did not go down well and the doctor - patient relationship froze instantly and completely.

According to Webster's dictionary rural means:

1. pertaining to or characteristic of the country, country life, or country people, rustic: as in rural tranquility
 2. living in the country: as in the rural population
 3. of or pertaining to agriculture: as in rural economy.
- Latin rus-ruris: country, rural as opposed to the city, urban

- Definitions of rural medicine

So, what is rural medicine and how can we prepare our young doctors for the task that awaits them in rural practice? Firstly we need to look at how rural practice differs from urban practice, what training may be needed to provide service in a rural setting and how it can be made attractive for doctors to choose to work rurally.

The Australian College of Rural and Remote Medicine, ACRRM, considers rural medicine to be the discipline that represents the fullest expression of the specialty of general practice. I want in particular to mention Dr. Roger Strasser whom I had the pleasure to meet when he visited Iceland about twenty years ago and discussed this issue with us in the College and the then minister of health.

The EURIPA with its charter for Rural Practice from 1997 aimed to set a standard for rural primary care across Europe, calling on governments to promote rural health care as a key priority. I hope research has shown that some governments did this but fear that we are still far from an ideal situation. Therefore the content of the charter is probably still as valid as it was in 1997.

In a review article by Karly B. Smith et al in Australia in Aust.J.Rural Health (2008) 16, 55-66, it says that while rural location plays a major role in determining the nature and level of access to and provision of health services, it does not always translate into health disadvantage. When controlling for major risk determinants, rurality per se does not necessarily lead to rural-urban disparities, but may exacerbate the effects of socio-economic disadvantage, ethnicity, poorer service availability, higher levels of personal risk and more hazardous environmental, occupational and transportation conditions. Programs to improve rural health will be most effective when based on policies which target all risk determinants collectively contributing to poor rural health outcomes.

- How rural practice differs from urban practice

Rural practice differs from urban practice in ways which may be classified into three categories:

- Job differences
- Medical differences
- Community differences

To tackle those differences and provide adequate service in a rural area, it is suggested that doctors need appropriate training, preferably in a structured educational model. I personally think that all medical training should also provide a doctor with skills to work in a rural and an urban setting. I do however realise that with increasing subspecialisation there is pressure to simplify basic medical training, even to continually shortening it. The traditional model has a lot to say for it with five to seven years in medical school plus a pre-registration training for one or two years. Proper training of a doctor is the basis of patient safety and safety is a patient right in

Research has shown that the following factors are very important when recruiting doctors to rural areas

- Rural background
- Feeling connected to the rural population
- Role models
- Interesting clinical workload

Factors hindering recruitment or retention

- Lack of rural experience in medical school
- Lack of collegial support, for example Balint groups
- Lack of teamwork with nurses, physiotherapists and other health care professionals
- Feeling overwhelmed in acute situations, accidents, working in an ambulance, life-threatening medical emergencies, deliveries, home visits, etc.
- Out of hours accessibility to the local doctor, unrestricted access?
- Lack of personal privacy, being a very visible professional in a community

The community differences are a chapter of their own. There are many positive aspects to living outside urban areas like a more relaxed life and there is also more trust and reciprocity, community spirit and willingness to help each other but there are other factors to be considered:

- Lower percentage of the population tends to have higher education than in urban areas
 - There are occupational hazards for the population in connection with e.g. machines, chemicals, animals, agriculture, forestry, factories, fishing, mining
 - More smoking and less physical activity according to some studies, less healthy lifestyles.
 - Different age and sex distribution, in particular fewer young people, fewer women
 - There may be a lesser chance of education locally for the doctor's children
 - It can be more difficult for the doctor's husband or wife to find work in the area
- What training may be needed to provide service in a rural setting

It has been suggested that we need a rural medicine curriculum containing:

- Rural work under supervision with skills training
- Acute psychiatry and forensic medicine
- Emergency medicine and trauma
- Use of ultrasound and other techniques in radiology
- Obstetrics and Gynaecology
- Medical/surgical interventions
- Occupational medicine
- Telemedicine
- Public health and social medicine

- What is needed to make doctors want to work in rural areas?
- What do health authorities need to do to?

For a long time health authorities have struggled with this problem as health services in most of European countries are their responsibility, the responsibility of member states. Each country tries to find a way out and some have been successful. As in so many aspects of the health service, the authorities should listen to the medical profession as we actually know best. Doctors are to be trusted.

One solution has been to make sure that premises are available, attractive and well equipped, there is nursing staff, access to physiotherapy and in general as much paramedical staff as can be provided. There can be free or inexpensive housing to be provided for the doctor. All of this is costly of course, but a good health service costs.

In many instances none of this has been sufficient and the health centres stand empty. In some countries like my own, a handful of family doctors have volunteered to foster a deserted or neglected practice, taking turns for a period of time, often a week, thereby leaving their families behind and plunging into deep waters on their own. This at the same time means that they desert their own patients and have to get leave from their daily practice centre.

One solution which has been discussed is if adequate remuneration can be offered as a bait. Young doctors often are deep in debt after medical school, and specific training is poorly paid. If after specialist GP training by far the best salaries were to be offered in areas where doctors are most needed, based on the condition that the doctor stays for say 3 or 5 years it will add a carrot to the stick. Another way is to exempt the doctor from taxation for a set amount of time. The governments of our countries have many ways to deal with situations as you all know, the main thing is to make them aware of the necessity to do so and to act on it.

VdGM Exchange Awards

The Vasco da Gama Movement awards the Hippocrates Exchange Prize to the best Hippocrates exchange to an European rural or urban practice and the Carosino Prize to the best Hippocrates exchange to an European rural practice*. The Exchanges must have been completed in the two calendar years before the Award ceremony.

The Carosino Prize was established in memory of Dr Claudio Carosino, an Italian Rural General Practitioner/Family Physician, tutor and mentor, who sadly died in 2010 at the hands of a patient.

*If you have undertaken/plan to undertake an exchange to a rural setting please contact Dr Veronika Rasic, VdGM/EURIPA liaison, on beyondeurope@vdgm.eu , for confirmation of whether it can be recognised as a rural practice.

Applications for the next edition of the Hippocrates and Carosino Prizes are now open. more information and instructions on how to apply are available on the VdGM web site at:

<http://vdgm.woncaeurope.org/content/exchange-awards>

You can also read about the doctor's experiences of the exchanges here:

<http://vdgm.woncaeurope.org/library/hippocrates-reports>

EURIPA news

EURIPA held its AGM during the Forum in Marseille. The President was elected and other officers of EURIPA were confirmed. Elections to the Executive Committee were held to fill the vacancies and the current membership is shown below. As a result of the discussions and changes in legal status and the decisions on a new membership scheme (see below) it was agreed that the Committee will be transitional and at next year's AGM full elections will be held, open to all members of EURIPA.

The current **Executive Committee** comprises:

Officers:

Jean-Pierre Jacquet	President
Oleg Kravtchenko	Vice President
Josep Vidal Alaball	Treasurer

Members:

Lars Agreus	Sweden
Zsuzsanna Farkas Pall	Romania and link with EQUiP
David Halata	Czech Republic
Enda Murphy	Ireland and link with EURACT
Ferdinando Petrazzuoli	Italy and link with EGPRN, EURIPA Research lead
Veronika Rasic	Croatia and link with Vasco da Gama
Gunta Ticmane	Latvia
Thodoris Vasilopoulos	Greece
John Wynn-Jones	Representing the World Working Party on Rural Practice
Donata Kurpas	Chair EURIPA International Advisory Board

At its recent meeting, the Executive Committee elected Donata as the Chair of the International Advisory Board (IAB) and so Donata becomes a member of the Executive Committee. Donata is currently working on a forward plan for the IAB and more information will follow shortly.

Legal Status

Members will be aware that for some time EURIPA has been exploring the options so that it has legal status, as opposed to being a network. This has come to a head during this year as the lack of legal status is restrictive in terms of EURIPA being a partner in projects. At the AGM the membership received a proposal that EURIPA France would be set up and would host EURIPA. EURIPA France would be a legal entity in France and would have an executive with representatives from EURIPA, representatives from WWPRP and the majority of the board coming from EURIPA. Governance of EURIPA France will be assured by the CMG.

The members present at the AGM approved the way forward in terms of a new legal status. EURIPA France has now been fully established in France and the systems of governance are being developed.

Legal Status will enable EURIPA to participate in projects, including EU research projects – see below on page 10.

Membership

Membership of EURIPA has traditionally involved signing up to be a member of the mailing list. To date funding for EURIPA has been through WONCA Europe, as EURIPA is one of the networks, and other support has been in kind. A proposal was made to the AGM to introduce a new fee paying membership scheme. Potential members will apply to join EURIPA and will be entitled to certain benefits; it is proposed that joining EURIPA will offer members:

- Discount of 25% on the registration fee at EURIPA's annual Rural Health Forum
- Involvement in EURIPA projects
- Fast track publications in Family Medicine and Primary Care Review and the European section of the electronic rural and remote health journal - to be confirmed
- A vote at the AGM for Officers and the Executive Committee
- Newsletter – the Grapevine and a restricted newsletter for members
- Members only area of the web site
- Certificate of membership

The details of the new membership scheme and the fees are currently being finalised and will be announced soon in the New Year.

It is planned to have full elections to a new Executive Committee at the AGM in 2017 and all paid up members will have the opportunity to vote (by email if you are unable to attend the AGM in person).

EU project

In the summer of 2016 the European Commission DG Sante published a call for proposals on "Access to healthcare for people in rural areas".

EURIPA received accepted an approach to get involved in a partnership and agreed to work with consultancy ICFI. The partnership bid was submitted by ICFI in September and, if successful, implementation will commence in early 2017.

We had a frenetic few weeks in August and September as we established a EURIPA task force to develop our contribution to the bid and which will be responsible for delivering our work package but there will be the opportunity for other EURIPA members to be involved in the research – if the bid is accepted. We wait anxiously as the announcement is expected any day now!!

ICFI already holds a contract with DG Sante, VulnerABLE, which is exploring access to health care for a range of disadvantaged groups. The project includes 'rural and remote' and EURIPA hosted a workshop during its Forum in Marseille (see below) and has subsequently been invited to participate in an expert working group.

EURIPA supports research into health inequalities by the European Commission

At the Sixth EURIPA Rural Health Forum (24 September 2016), a focus group was held to explore the main health needs of rural populations across the EU, as well as the most effective means of supporting these individuals. During this session, EURIPA's members discussed the highs and lows of delivering healthcare in rural settings.

Participants agreed that one of unique features of rural general practice – relative to urban care – is the emphasis on relationships. Indeed, family doctors are often called upon to act as not only care providers, but also as local economists and counsellors! According to some participants, the role that doctors play in the community can be seen as a key benefit of operating a rural general practice, but it can also pose a big challenge when it comes to recruiting individuals with the right 'skills mix'. New doctors need to be able to 'speak the language' of patients and empathise with their needs/concerns.

Other challenges relate to difficulties in recruiting the next generation of doctors; the changing demographic of patients that rural doctors see; a limited role for preventive care in some areas; the lack of a 'doctor replacement service' and gaps in the provision of specialist and emergency services in rural areas – meaning GPs often have to assume an A&E role.

Rural doctors and policy-makers across Europe are adopting creative strategies to cope with the challenges they face and to ensure that they are reaching out effectively to all of the local community. This includes more traditional methods of outreach (such as home visits for the elderly), as well as newer forms of service delivery, such as e-prescriptions and mobile health units for particular groups, such as traveller groups and seasonal workers. More is being done to encourage young doctors to pursue a career in rural general practice, including incentives and rural placements during university medical courses. Some rural doctors' surgeries have also tested mobile screening services run by outside professionals (such as cervical smears) – as a way of expanding the role of preventive care and making patients feel more comfortable coming forward. The findings from the focus group will be used to inform the policy recommendations of the 'VulnerABLE' project of the European Commission (DG SANTE). This investigates the issue of health inequalities and aims to identify the most effective policy strategies for improving the health of groups in vulnerable situations:

http://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment0

The full findings from the focus group will soon be available for participants' feedback.

Subsequently Jean Pierre Jacquet represented EURIPA at a group of experts who had knowledge and expertise on the health needs and access to health by certain vulnerable groups. The European Commission DG Sante also attended.

Lucy Arora
Policy Consultant ICFI

Introducing the new chair of the EURIPA International Advisory Board

Dear Colleagues,

I am a family doctor from rural areas, working mainly with patients from rural and remote locations and just now I more than happy to be honored by appointment of the Executive Committee for the Chair of EURIPA International Advisory Board (IAB). Last years did show how many expectations and needs we share with our rural patients and their caregivers which cannot be met within current system of healthcare irrespective of a country or a continent.

Family medicine is at present regarded as the basis of the healthcare system, especially in rural and remote areas. It undoubtedly also remains an academic and scientific discipline and healthcare specialty with its own educational content, scientific research, body of accepted data, and clinical activity oriented towards primary care. Nevertheless, the modern healthcare system is characterized by coordination, versatility, and effective cooperation between specialists in family medicine and other fields. We all know how difficult all these principles are to achieve especially in rural and remote locations...

EURIPA is a representative network organisation founded by rural family doctors to address the health and wellbeing needs of rural communities and the professional needs of those serving them across Europe. It represents a promisingly growing network of rural practitioners and organisations across Europe working together to disseminate good practice, initiate research and influence policy. The purpose of the IAB – with your continues help – will be a direct support of main EURIPA's goals as well as cooperation between rural family doctors and primary care experts hopefully in all European countries. By working together within the EURIPA we will not only support each other in the scientific projects, but also share practical information suitable for the everyday diagnosis and therapy of our rural patients as well as offer a support for our colleagues and their patients from the most remote areas.

Thank you in advance for your help, time and friendship!

I wish you success in your work endeavors at the turn of the year as well perseverance in fulfilling your passions in the New Year 2017!



Donata Kurpas, MD PhD

Donata is an assistant professor at the Medical University, Wrocław and at Public Higher Medical Professional School, Opole, Poland. She is the author of over 600 publications in clinical issues, organization, and evaluation of primary care (including care of chronically ill patients), public health, and environmental medicine.

She is also the editor-in-chief of the quarterly *Medical Science Pulse* and the quarterly *Family Medicine & Primary Care Review*, and is editor of *BMC Family Practice* and the *Rural and Remote Health Journal*. She acts as a reviewer for both foreign and domestic periodicals as well as a reviewer of European Commission.

World WONCA in Rio

Members of EURIPA attended and participated in the WONCA World conference in Rio in November. A report of the conference and the WONCA Rio statement on the Contribution of Family Doctors to Universal Health Coverage are available at www.globalfamilydoctor.com

At the conference Professor Amanda Howe of the UK took office as WONCA President, and is the first woman president. You can read about her plans for her presidency on the WONCA web site at <http://www.globalfamilydoctor.com/News/ThefirstwomanPresident.aspx>

We are delighted to announce that at the WONCA Working Party on Rural Practice (WWPRP) that both Josep Vidal Alaball and Theodoros Vasilopoulos have been elected to the Rural WONCA Council during their meeting in Rio. Veronika Rasic will continue as a member of the Executive and John Wynn-Jones remains as chair of the WWPRP.

Whilst in Rio Josep had the opportunity to visit primary care clinics in the progressive Brazilian Health System

Visiting two health centres in Rio de Janeiro by Josep Vidal Alaball

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane” (Martin Luther King Jr.).

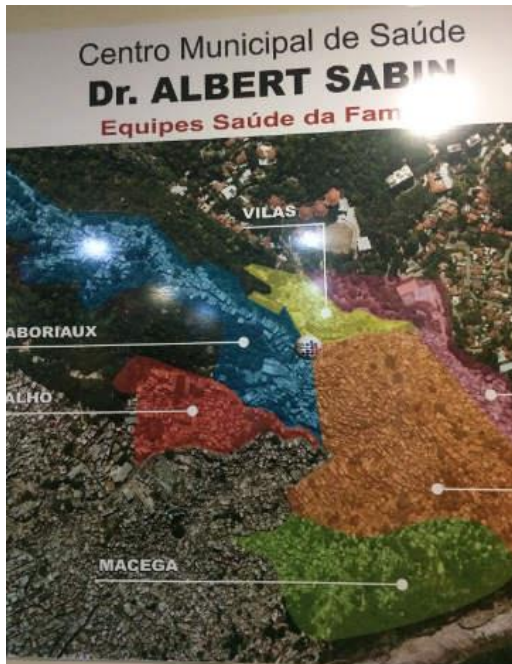
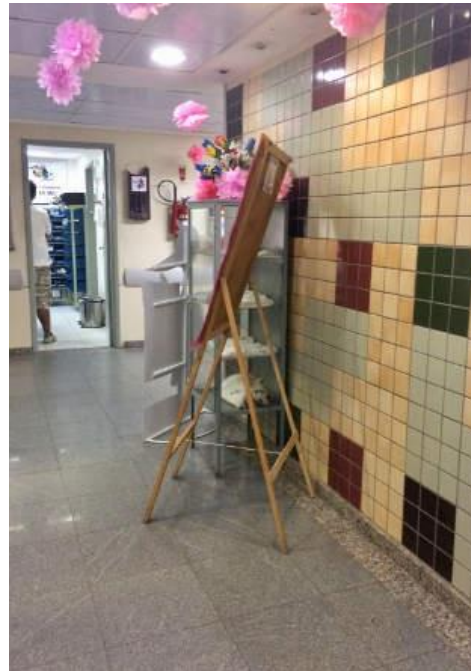
In my recent visit to Brazil to assist at the 21st WONCA World Conference of Family Doctors I was shocked to see the horrible inequalities that this country, that is the 7th in the world by total GDP, supports. I know that unfortunately this happens in many other countries but probably in Brazil and especially in huge cities like Rio de Janeiro this is very apparent and it seems to be accepted by everybody.

We could just have visited the nice and well-policed areas of Rio but we wanted to know the other reality of the city, the favelas. We hired a local guide and we spent a morning visiting the biggest favela in Rio, Rocinha. Rocinha, that is built on a steep hillside overlooking Rio de Janeiro, has approximately 70.000 habitants (2010) and is probably one of the best organized Favelas. The habitants of Rocinha don't like the name “favela” and they like to name Rocinha as a “community”. During our visit to the area, we entered the local Health Centre in an unplanned visit. Two days latter, we visit another health centre, but this time in a nice an affluent district (Leblon) and as part of an organized visit led by Rio Health Secretary.

The Centro Municipal de Saúde Dr. Albert Sabin in Rocinha was rebuilt and had a major extension in 2011. According to its web page has 24.000 users covered by 6 health teams. The Clínica da Família Maicon Siqueira in Leblon is a nice new building, just built a couple of years ago that serves 9.576 users covered by 10 health groups. I don't want to go into a deep analysis comparing both centres, but it was very evident that the place where the health centre was built conditioned clearly the size of the building and also the services they offered. In the affluent area, the health Centre had an out-door gym for example and the building was spacious and with direct sun light. It is also surprising and difficult to explain from a European perspective the fact that both centres had such a difference in personal assigned; 24.000 users for 6 health teams in Rocinha and 9.500 users for 10 health teams in Leblon.

I fully am aware my analysis is superficial and just based in two brief visits but I could not stop feeling that inequality in Brazil affects even the care you receive and I think this is a very unfair.





WONCA Europe

During the World WONCA conference in Rio WONCA Europe (WE) elected its new Executive Board. EURIPA would like to congratulate the new president and officers on taking up their new positions. The new Executive Board comprises:

President: Dr Anna Stavdal, Norway
Immediate Past President: Prof Job FM Metsemakers, The Netherlands
President Elect: Prof Dr Mehmet Urgan, Turkey
Hon. Treasurer: Dr Josep M. Vilaseca, Spain
Hon. Secretary: Dr Harris Lygidakis, Italy
EGPRN Representative: Prof Dr Shlomo Vinker, Israel
EURACT Representative: Roar Maagaard, Denmark
EQUIP Representative: Dr Zalika Klemenc Ketis, Slovenia
VdGM representative: Raluca Zoitanu, Romania

EURIPA is in discussion about its representation in the WE Executive Board.

Subsequently WE has established a new committee, the Sponsorship Group, and also a WONCA Europe Conference Committee.

The Sponsorship Policy Group will be tasked with revising the guidelines currently in place. Jean Pierre Jacquet has been elected to be a member of this Group. Other members are: Gisle Roksund (Norway) and Josep Vilaseca (WONCA Europe Executive Board).

The WECC will consist of:

Bohumil Seifert - Representative from MOs
Jose Miguel Bueno Ortiz - Representative from MOs
Elena Klusova - Representative from WESIGs/Networks
Roar Maagaard - WONCA Europe Executive Board
Harris Lygidakis - WONCA Europe Executive Board

Representatives from the past, present and future conferences will be added in the WECC too. The WECC has the following objectives:

- Ongoing assessment of the current situation and determining the future needs of the WONCA Europe conference;
- The development of a framework for future conferences;
- Liaising with the Core Professional Conference Organiser (Core PCO);
- Evaluation of the work of the Core PCO

And, to remind everyone, that the 22nd WONCA Europe Conference will be held in Prague, Czech Republic from June 28 to July 1, 2017. The web site for more information is at

www.woncaeurope2017.eu

EURIPA has submitted proposals for abstracts and will be participating in the conference in Prague. If you would like to be involved please get in touch with the Executive Secretary.

Reports from EURIPA members

France has become a full member of UEMO (European Union of General Practitioners) – our president is second from left in the photograph.



And in Hungary the Rural Health Society had the privilege to organize the recent conference of Association of Hungarian Societies of Medical Sciences which is the highest scientific medical organization in Hungary.

This Grapevine ins also an opportunity to thank Dr Agnes Simek from Hungary, for all her help and support over the last 20 years on both the EURIPA Executive Committee and IAB. Agnes has just retired from the IAB and at the same time has been made Associate Professor in the Public Health Department of Semmelweis University, Budapest. Congratulations to Agnes.

In Spain, the first conference on rural medicine, organized by the rural group of semFYC (Spanish society of family medicine) took place in Avila. The intention is that this is just the beginning of rural conferences in Spain, the next one has been already planned for 2018.

Publications

Our Journal

If you are involved in research or training initiatives in rural health we would welcome a contribution to the **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!

Recent publications

Below are some recent publications from across Europe in the international Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy (<http://www.rrh.org.au/euro/defaultnew.asp>) that may be of interest to other rural practitioners:

Patient perceptions of a Virtual Health Room installation in rural Sweden

Author: Näverlo S, Carson DB, Edin-Liljegren A, Ekstedt M

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3823>

Effect of medical student preference on rural clinical school experience and rural career intentions

Author(s) : Walters L, Seal A, McGirr J, Stewart R, DeWitt D, Playford D

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3698>

Teaching undergraduate students in rural general practice: an evaluation of a new rural campus in England

Authors: Bartlett M, Pritchard K, Lewis L, Hays RB, McKinley RK

<http://www.rrh.org.au/articles/showarticleeuro.asp?ArticleID=3694>

The time is now: setting a rural health research agenda

Author(s) : Kulig J

<http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=4201>

Young people and snowmobiling in northern Norway: accidents, injury prevention and safety strategies

Author(s) : Mehus G, Mehus A, Germeten S, Henriksen N

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3713>

Evaluation of reproductive health criteria in seasonal agricultural workers: a sample from Eskisehir, Turkey

Author(s) : Koyuncu T, Metintas S, Ayhan E, Oz F, Bugrul N, Gokler ME

<http://www.rrh.org.au/articles/showarticleeuro.asp?ArticleID=3489>

The International Electronic Journal of Rural and Remote Health Research Education Practice and Policy can be found at: <http://www.rrh.org.au/home/defaultnew.asp> More information about the European section can be found at

<http://www.rrh.org.au/editorialBoard/defaulteuro.asp>

Forthcoming Events

Below is a selection of events for 2015 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

Coming up in 2017:

Rural Health Conference

Prevention through Participation: A whole population approach to improved health outcomes

28th February, London

<http://www.rsnonline.org.uk/rural-health-conference-2017/rural-health-conference-2017>

EQuIP Conference

Patient Safety in General Practice

March 3-4 2017 Dublin, Ireland

<http://equip.woncaeurope.org/events/patient-safety-general-practice-equip-conference-2017>

RCGP Rural Forum Conference

11th March, Glasgow, Scotland

<http://www.rcgp.org.uk/rcgp-near-you/faculties/rural-forum.aspx>

2nd RCGP Global Health Conference

Health, hope and globalisation

24 – 26 March 2017 | RCGP, London

(Each of the three days needs to be booked separately)

<http://www.rcgp.org.uk/learning/global-health-conference.aspx>

1st European Forum on Prevention and Primary Care

Quaternary prevention – the art of “primum non nocere”

3 - 4 April, 2017 Porto Portugal

<http://www.mgfamiliar.net/EUOPREV/index>

4th VdGM Forum

No borders No limits: Let's push the GP world forward

21 – 22 April 2017, Strasbourg, France

<http://vdgm.woncaeurope.org/4thforumvdgm/welcome-message>

14th WONCA World Rural Health conference

A World of Rural health

29 April - 2 May 2017, Cairns, Australia

More information is at: <http://www.aworldofruralhealth.org.au>

3rd World Summit on Rural Generalist Medicine will be held prior to the 14th WONCA World Rural Health conference 2017 (see above). Information on the world summits can be found at:

<http://www.acrrm.org.au/about-the-college/international/international-leadership>

And more.....

EGPRN

"Reducing the Risk of Chronic Diseases in General practice/ Family medicine".

11-14 May 2017, Riga, Latvia

CALL FOR ABSTRACTS extended up to and including 19 January 2017

More information can be found at <http://meeting.egprn.org/theme>

22nd WONCA Europe Conference

Growing Together in Diversity

28 June – 1 July 2017, Prague, Czech Republic

More information is at: <http://www.woncaeurope2017.eu/>

2nd International Congress on Controversies in Primary and Outpatient Care (COPOC)

6 – 8 October Zagreb, Croatia

<http://www.comtecmed.com/copoc/2017/welcom.aspx>

EURIPA 7th Rural Health Forum

Rural Renaissance

12th – 15th October, Crete

More information will be available shortly

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be Spring 2017; contributions will be requested through the web site and mailing lists.

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.

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