



The Grapevine

Spring 2013



Dear colleagues and friends

Season Greetings from EURIPA! Now is the time to receive our newsletter, and we hope that you may enjoy it.

In this Easter edition, you will find information about the new International Advisory Board, which will try to approach EURIPA at your national level, news about our key meeting for the year 2013 (the Malta Rural Health Forum), information about our involvement with the Prague World Conference, an update of what is happening with our new website and other EURIPA activities, as well as the collaborations of our membership and of some friendly colleagues who have been so kind to send us their news.

You will receive our next Grapevine after the WONCA World Prague conference: we have arranged with the organizers an excellent rural stream for the conference and encourage you to come. If you aren't able to make it, remember that all the EURIPA family hopes to meet you face to face this autumn in Malta.

We wish you a pleasant and peaceful Easter holiday

Jose Lopez-Abuin, President of EURIPA

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Malta EURIPA Invitational Forum

The EURIPA 2013 Forum will be performed in the village of Attard, on the Island of Malta, from October 17th to 20th. As you all know, we have decided that this year it will become a joint meeting with one of the strongest networks for Research in Family Practice: EGPRN. It has been planned as a joint meeting with this network in order to involve in our Forum the key stakeholders of research in Family Medicine at the practice in the rural setting: a great opportunity for us, who as GPs at the rural area often have less opportunities to perform research activities, and which are indeed needed.

The theme of the Forum “Research into different contexts in General Practice/Family Medicine: rural vs. urban perspectives” defines our aim: to collate the experiences between both network members in the field of research in health care, specifically at the rural area, as well as to facilitate networking, particularly in the area of research and training, with the goal to develop the academic and evidence base for Primary Care.

The scientific programme will initially run separate EURIPA and EGPRN activities which will become a joint junction on the last day. We are working hard in order to achieve attractive workshops and speakers, but want also to encourage you to bring your experience. We will launch the preliminary scientific programme and the registration procedure, which will range within our usual rates, as soon as we have our new website: we will announce it to you. We don't need to say that Malta is a very interesting and peaceful island: our superb meeting site is in a 15 minute distance from the capital and the Forum promises a pleasant social programme: a time to meet old and new friends and to enjoy a unique culture.

So, please: save the dates and start planning... you will be welcome!

Jose Lopez-Abuin, EURIPA president
Jean-Karl Soler, Organising Committee chair
Christos Lionis, Scientific Committee chair

WONCA Europe web site and EURIPA

As mentioned in the last edition of Grapevine, WONCA Europe has a new web site at <http://www.woncaeurope.org>

And as a result of this new web site, EURIPA will be moving its own web site on to the main WONCA Europe site. The migration is scheduled to take place imminently and the new web site address will be promoted through the EURIPA list server. The new web site will give EURIPA more scope to develop its content and the ability to maintain it and keep it up to date more easily.

The new web site will have pages on the current activities that EURIPA is involved with, show planned meetings, included updates and reports on the hot topics and link to social media (see article below). There will be greater opportunity for members to contribute and have their activities highlighted on the web site.

This introduction is the first of a series of articles that is being planned about Social Media. It is intended to introduce each tool, explain how it is being used, the potential for rural doctors and include some statistics and examples of use by rural doctors around the world.

Do we need Social Media?

Raquel Gomez Bravo

EURIPA have been using Social Media since the **3rd Rural Health invitational Forum** which was held in the island of Pag in May 2012 on the Croatian Adriatic Coast. The aim of that meeting was to raise the social profile of rural health and rural practice in Europe in order to increase the target audience to communicate our mission, objectives and to involve more partners in the community. EURIPA plans to develop a European Strategy for Rural Health by addressing our 4 guiding principles:

- Quality
- Research
- Education
- Policy engagement

EURIPA has concentrated its efforts in the importance of training and education for rural practice since its beginning, but especially last year, [Vasco da Gama Movement](#) and EURIPA decided to start using these new tools: LinkedIn, Twitter and Facebook.

Vasco da Gama Movement is the WONCA Europe working group for new and future General Practitioners. There are five Theme Groups working on Research, Education and Training, Exchange, Image and Beyond Europe. The liaison person between VdGM and EURIPA, since 2010, is Raquel Gómez Bravo, the VdGM Beyond Europe Coordinator, who is also member of the Executive. This alliance between both networks provides us the possibility of exploring current opportunities on the use on social media in medicine. Research shows that use of social media by the medical profession is common and growing^{1,2} but there is still some resistance by doctors who have opted to ignore rather than embrace the Internet.

Society has enthusiastically embraced user-generated content and online social networking³ and doctors need to be there, on social media, because “*that’s where the patients are going to be*” as Dr. Kevin Pho and Ms. Gay wrote in their last book: ***Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices***.

Do we really need a Social Media Guide? Do we really need to use these tools? The answer worldwide is clear: YES. Most of the countries are speaking about it in terms of “plugging up your ears so you don’t hear the fire alarm doesn’t mean there isn’t a fire” - like this Chinese proverb says. In fact, last Friday 22nd of March, our colleagues from RCGP in the UK discussed why GPs should embrace Social Media on Twitter, using the hashtag [#RCGPSoMe](#), so everybody could follow and participate in the conversation.

But lots of doctors have the same question in mind: What is the difference between being or not being active in SoMe? Isn't it a big risk to be involved on it? I will give you the same answer as Dr. Pho: *"The biggest risk of social media in health care is not using it at all."*

We invite you to join us on these new channels of communication: Twitter, Facebook and LinkedIn, and translate the conversation that we have been running through the email list into these other platforms. I invite you to share your knowledge, your experience, your worries, your ideas, your passion for rural medicine between other health professionals, students, politicians and patients. The impact of social media in the population is incredible, so if we want to make a change in rural healthcare, it's time to move!

Join us!

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

References

- 1 Darves, B. Social Media and Physicians. [NEJM Career Centre](#) [internet]. March 2010 [cited October 2010].
- 2 Thompson LA, Dawson K, Ferdig R, et al. The intersection of online social networking with medical professionalism. *J Gen Intern Med* 2008;23:954–7.
- 3 Coffield RL, Joiner JE. [Risky Business: Treating/Tweeting the Symptoms of Social Media](#). *AHLA Connections* [internet]. March 2010 [cited June 2010];14 (3):10-14.

More information will follow and we also intend to use the new web site to stimulate uptake!

Practices Required

EURIPA is working in partnership with the Vasco Da Gama Movement on several different issues. One of the aims is to get more young doctors interested in rural practice. They are our future.

If your practice is interested in hosting a young doctor as a participant in the Hippokrates Exchange programme we would like to hear from you. On page 11 you can read about one young doctor's experience.

If you would like to get involved you can read more on the VDGM web site (www.woncaeurope.org and go to networks) or contact the editor (jane@montgomery-powys.co.uk) or Raquel Gomez Bravo at VGDM (raquelgomezbravo@gmail.com)

International Advisory Board

The inaugural meeting of the EURIPA International Advisory Board, the IAB, was held at the end of January by telephone conference. It was a successful meeting and provided an opportunity for the membership to introduce themselves.

The chair of the IAB is Professor Christos Lionis of the University of Crete and there are already 22 members, representing 16 countries and engaging with 4 experts in rural health. EURIPA is still keen to achieve a wider representation of countries across Europe on the IAB and the President has written to members of WONCA Europe asking for nominations.

Countries represented to date are:

Croatia, Czech Republic, France, Greece, Hungary, Israel, Italy, Latvia, Macedonia, Norway, Portugal, Romania, Slovenia, Spain, Ukraine and Turkey.

IAB members are invited to participate in the EURIPA workshop (see below) at the WONCA World conference at Prague and present their country's position. A work programme is being developed. Meanwhile a mailing list has been set up to facilitate communications and there will be a section about the IAB on the new web site.

WONCA World conference, Prague June 2013

The long awaited announcement has confirmed EURIPA's involvement at this WONCA World conference. A number of abstracts were submitted and the outcome is as follows:

Workshops

Two abstracts have been accepted as workshops:

- The needs of and the solutions for rural practice in European countries: our national points of view
- How do out-of-hours and emergency care affect recruitment and retaining of the workforce in Europe, 2013
- Gender Violence: a new approach; joint workshop EURIPA - VdGM

Oral Presentations

- Role of nongovernmental organization and foundation in organization of palliative care in rural areas
- European Patient safety in rural primary care - joint EURIPA/EQuiP Initiative – part of the Linnaeus Network

Poster

The attraction of Social Media; joint workshop EURIPA - VdGM

Rural care is identified as one of the conference topics under "Discipline and Profession" and EURIPA and the WONCA Working Party Rural Practice (WWPRP) plan to promote a rural programme at the conference. EURIPA will be working closely with the WWPRP, especially as the 2015 World Rural Conference will be held in Croatia.

Reports from EURIPA members

- French Postgraduate research
- The CHANCE project
- Catalan Rural Working Group
- Hippokrates Exchange – a rural experience
- Rural health in Hungary

Abstract

Clémence Arnaud and Pierre Thiron, post graduates in GP in France

We are two medical students working for our thesis.

The subject is: "Future general practitioners' feelings concerning rural installation: a national qualitative investigation".

The question is: why future general practitioners are scared to work in rural territory?

For the moment we begin with the bibliography. Next we will make a qualitative investigation by interviewing medical students with focus groups and interviewing some doctors who work in rural places.

We chose this subject because medical demography is a public health problem in France. Indeed there's a lot of disparity between regions and rural territory are more concerned. Many explications exist. Firstly, doctors are older and older (on average 51,5 years old, and 23,5% have more than 60 years old). It's explained by measures taken by the public's authority in the 1990's. To regulate the number of doctors they limited the "numerus clausus" (number of medical students accepted in second year of medical school). Consequently, in the next 10 years, the number of doctors will decrease of 10%. Secondly, population is still rising and aging, so medical's needs are more and more important. Thirdly, rural territory is less attractive for young doctors. Our work is to understand why.

After reading medical publications, it appears that young doctors want: compatibility with the work of their wife/husband; making the medicine they want and working in good conditions in medical structures with other doctors; spending time with their family; living near structures for leisure, education, school...

Concerning the measures taken by the public authority for medical demography, 70% of medical students think incentive measures are good. But only 18% think authoritarian measures are good. And medical students find the communication of different measures not good.

Working in rural places scares medical students. Why? Our work is to answer this question.

An introduction to the CHANCE curriculum – steps that have been achieved until now

Prof. Istvan Szilard, University of Pecs Medical School

What is CHANCE?

CHANCE is a project to develop an Msc in Migrant Health – Addressing New Challenges in Europe. It is a 3-year project, launched in October 2010 and co-funded by the European Commission's ERASMUS Lifelong Learning Program (2010).

Why this project?

At present there is significant shortage of formal higher education programmes in Europe aiming to build the human resource capacity that will address the new challenge: the rapidly growing migration and its health/ public health/ mental health aspects.

The CHANCE Consortium's main objective is to develop and implement an EU level Master degree training programme serving the human resource capacity building of specially trained health and social care professionals in Migration Health. This facilitates the successful integration of migrants into the community and the labour market.

The Consortium leader is: University of Pécs, Hungary

Project Partners are:

- Danube University Krems, Austria
- Ernst-Moritz-Arndt-Universität Greifswald, Germany,
- Medizinische Universität Graz, Austria
- Pavol Jozef Šafárik University in Košice, Slovakia
- University of East Anglia, UK

An Associated partner is EURIPA.

The curriculum will provide motivation and orientation, knowledge and skills to postgraduate students, health, public health and social care professionals who (aim to) assist, treat, care and refer migrating persons and / or design, plan and implement health and social care programmes for migrating populations and their integration and / or for those who aim to participate in migrants' health related researches.

This curriculum will train new professionals for a field of activities that at present is suffering with a shortage but one can well foresee the rapidly growing need. With this the program already at its mid term it will visibly contribute to the migrant workforce related economic stability of the EU.

Development of each academic module is led by a single partner but will be a joint effort of all the partners. The project is organised in 6 Modules (M1-6) with a total duration of 3 years. The main partner (Medical School, University of Pécs, Hungary) coordinates the operational framework and dissemination of results, playing the role of the main facilitator of the project.

The six training modules

- Epidemiology and research methodology (University of East Anglia as leading partner)
- Environmental medicine and occupational health (University of Pécs as leading partner)
- Economic / health economic impact of migration (University of Pécs as leading partner)
- Organization and systems management (Danube University Krems as leading partner)
- Clinical and public health assessment (Pavol Jozef Šafárik University in Košice as leading partner)
- Social and behavioural aspects of migration including multicultural, multireligious aspects and their health / mental health impact (Ernst-Moritz-Arndt-Universität Greifswald as leading organization in partnership with Medizinische Universität Graz).

The associated partner, EURIPA (European Rural and Isolated Practitioners Association) as a significant association of primary health care physicians is contributing with its expertise in primary health care provision for people living among difficult social circumstances and remote rural areas for the programme on the one hand, and on the other hand – the Consortium hopes that newly developed MSC program will be for the interest of a number of EURIPA member colleagues.

Cornerstones of the development process

- Following the kick-off workshop hold in February 2011, a web site was designed, continuously updated for providing information about the program. (<http://www.mighealth-unipecs.eu/chance>) In Spring 2013, the website will be re-designed introducing in details the new curriculum and will provide information about how to join to the training.



Unveiling of the plaque at the first workshop in February 2011 and, below, the first workshop at Pecs



- During the curriculum development process each of the participating institutions coordinating one or more core competency module(s), hosted workshops on the given thematic modules. As a result of the series of consultations the detailed learning objectives, competencies have been elaborated for each module in the following form:
 - a) Graduates from the MSc in Migrant Health programme shall have in-depth knowledge of:...
 - b) Graduates from the MSc in Migrant Health programme shall have the professional competence to:..
 - c) Personal abilities and skills necessary for practical work:..

- This was the commonly agreed structure for the training. After that each module has been designed in details.
- This important step has been followed by pilot training on each of the training modules. Each partner has hosted one of them. 20 – 30 trainees have participated the training and filled out the pre and post training tests focusing on three aspects: changes in knowledge and attitudes and about the general satisfaction with the program and the training outline.
- Feedback provided by the pilot training was the basis for finalising and ‘fine tuning’ of the programme and designing the training manuals.

CHANCE Conference

In September this year during an EU level conference the programme will be introduced and discussed. Our basic intention is to disseminate widely the outcomes of the CHANCE project and provide a real Europe wide impact. It means that it will not be confined to project participants only, but we will involve stakeholders who may take an interest in the outcomes of the project, i.e. the MSc curriculum. Naturally, our aim is the EURIPA representatives and members will also contribute to the success of this important event. *A special section will be organized focusing on the rural health aspects of migration.*

In the same time -most importantly - we also would like to use this opportunity for providing an EU wide overview, how migration and migrants’ and ethnic minorities’ assistance related programmes are represented in the EU higher education system. That’s why WHO, European Commission will participate in the event with high rank officers.

More detailed information is already available under the official website of the conference: <http://www.chance2013.eu/>

Catalan Rural Working Group yearly meeting

On the last 3rd of March the annual meeting of the Rural Medicine Working Group of CAMFiC took place in Xerta - Tarragona Spain. CAMFiC is the Catalan Association of Family and Community Physicians. With 4000 members, CAMFiC is integrated into SEMFYC (Spanish Federation of Associations of Family and Community Medicine).

The little village of Xerta is located in the lower part of the river Ebre in a region named Baix Ebre. The usual good atmosphere and comradeship was present during all day and five of the seven members of the group attended the meeting.

Throughout the day, we worked and discussed several issues relating to the current situation of the rural health services in our country. We highlighted several issues such as the effects of the economic situation in the health services in rural areas, the clinical management of chronic patients in isolated areas and our participation in the Third Rural Medicine Conference to be held in Berga - Barcelona next May. How to create a protocol to detect the incidence of osteoporotic fractures in small communities and attracting new members were other issues discussed.

During the first part of the meeting we revised the minutes of the 2012 meeting, which took place in Viella (Catalan Pyrenees) and at the same time we presented an overview of the different activities carried out by members of the group.

The Working Groups of CAMFiC on Rural Medicine was set up a few years ago with the main goal to implement and strengthen the rural rotation within residents in Family and Community Medicine. After several years, this compulsory rural rotation for all training GPs in Spain is fully consolidated.

Inner work of the group is based on conducting a virtual meeting every six months and a face-to-face meeting once year. We try to attract new members throughout CAMFiC's website and its many working groups. The group can publicize their activities and projects across this webpage.

Contact: grupruralcamfic@gmail.com

Xerta 09.03.13

Jaume Banqué Vidiella . Rural Medicine Working Group of CAMFiC Coordinator

<http://www.camfic.cat/> (catalan)

http://www.camfic.cat/CAMFiC/Seccions/GrupsTreball/Arxiu/Medicina_Rural.aspx (catalan)

http://www.camfic.cat/CAMFiC/Projectes/III_Jda_APMonRural/Presentacio.aspx (catalan)



Jaume Banque Vidiella, member o f EURIPA Executive Committee is second from right

(Editors note: I think I live in the wrong country!)

Zulema undertook an exchange under the Hippokrates Programme and below outlines her rural practice experience:

ABOUT ONE OF THE MOST BEAUTIFUL EXPERIENCES IN MY LIFE:

Family Medicine exchange rotation in Podvinje, Slavonski Brod (Croatia)



Ljerka (Danijela's nurse), me and Danijela

***Zulema Martí i Oltra,
Junior Family Doctor-3rd year
Barcelona (Catalonia)
August 2012***

First of all, I would like to thank my host Danijela Daus-Šebeđak. Through her I learnt a lot and I have grown both personally and professionally.

Why did I go to Croatia? I chose Croatia because I always have been interested in these types of countries, so full of history and culture. I chose a rural rotation in Podvinje because I work in a very big crowded city (Barcelona) and I wanted to experience somewhere different to see other ways of life and other ways of doing things. Podvinje is a surrounding village in Slavonski Brod (Hrvatska), and has 3749 inhabitants. Slavonski Brod is the capital city of Slavonia, a main region in Croatia. The city developed at the strategically important crossing over the Sava river towards Brod in Bosnia and Herzegovina.

To my surprise I was the first to do a rotation in this town and to tell the truth I was so glad for that because the people treated and received me very well. Croatian people are very nice, kind and helpful and the town and its surroundings are very beautiful.

Daily life in Brod:

In Slavonski Brod there are 54 GP practices, solo practices only, seven of them working in their own spaces. 44 of them (81,48%) in public-private partnership (concession), individual contractors with Croatian institute for health insurance(HZZO). 10 GP's (18,51%) working in Health center, state paid, contractors too. 3 GP's on vocational training, 87%GP specialists. 2 Specialists of school and adolescent medicine working as GP's, one specialist of occupational medicine working as GP. Primary care pediatricians: 6, 3 in concession. Primary care gynecologists: 5 teams, 1 in concession, one team without contract with HZZO. 25 district nurses, each nurse on 5000 inhabitants, good cooperation of primary care teams with them. 4 institutions of nursing home, with HZZO (concession). Emergency care center is separate service, two teams, one in Vrpolje. Ambulance transport care is separated service.

Characteristics of host practice in Podvinje: Suburban practice, 3749 inhabitants of Podvinje, 2109 patients on list, HZZO (Croatian institute for health insurance) pays 1968.

Croatian health system provides integrated and holistic care, biopsychosocial approach and continuous care. Attend many refugees during Croatian independence war, now inhabitants of Podvinje and people with low income, poor social condition, alcoholics, suffered by lost of War. There are advisory groups for diabetics and hypertension monthly. No scheduled appointments, except for vaccination of children.



We visited the hospital. Also we did once a week of pediatrics visits and vaccination. Many people had socioeconomic problems, victims of war and vandalism youth groups that we helped through community programmes and prevention.

Once a week we met with other family physicians, and we went with district nurse to do home visits as well. Moreover we went to visit a Referral Hospital, located in Slavonski Brod, 5 km away from Podvinje, and where my mentor and me lived. In order to make public my rotation, my tutor Danijela arranged an interview with local television in Slavonski Brod.

After my 2 weeks of exchange I visited Family Medicine department in Zagreb and I met doctor Zlata, who was very kind and helpful.

During my stay in Podvinje and Slavonski Brod I have continued to learn and develop human, ethical and medical skills. I have improved with the help of Danijela my ability for promoting health and patient empowerment and self-management so that disease can be prevented. I have provided care for patients and have increased my levels of tolerance and respect. I have also met a lot of people, both patients and Danijela's friends, and I have tried to integrate myself into Croatian life by learning about the customs, language and culture. Before going to Croatia I started the Croatian language course in order to integrate into Croatian society. I have a beginner level of Croatian and I have also improved my English. I have intention to learn more Croatian, because I like it so much!

I have improved the relationship between patient and doctor, as well as I have developed more capacity of communication. I have learned different ways of treatment, the managing with specialist services and working with multidisciplinary teams in another country. I am more able to understand the Croatian people beliefs, expectations, needs, several religions, work and home circumstances, social and cultural networks, habits and customs, so in my opinion I am more even-handed than before the exchange. Now I am more capable to help everybody without prejudices and despite people differences.

Besides work, Daniela took me to visit some towns in Croatia, had fun with friends, ate a lot of Croatian good food. In brief a wonderful experience



Cevapi



I would recommend the exchange rotation with the Hipokrates programme to every GP trainee because it is a great opportunity, both professionally and personally.

I have enjoyed it a lot – I would do it again if I could!

Zsuzsanna Sebok has just joined the International Advisory Board and is a rural GP in Morahalom, in the Southern Great Plain region of southern Hungary.

Insights into Rural Health in Hungary today

The health care of the Hungarian villages can be approached from two directions:

the first direction is the population/patients relationship with the GP,
the second one is the practice-management.

These two approaches are supposed to provide rural health services and the community health care in the villages.

The main objective of Rural Health is to ensure equal opportunities, with focusing the enhancement of rural health reaching the achievements of urban health care.

What are the handicaps manifested in rural area?

From a sociological approach, we can say that elderly, retired people and inhabitants with social benefit make up the largest part of rural population. The base of this fact is the migration of the employees toward big cities for better opportunities, as well as the migration of young families for wider scale and potentially higher quality of education for their children. Also lower education in the villages causes series of problems in the living conditions and health status of population.

The biggest sociological problems in the villages which foreshadow several health problems are:

- 1) a high rate of unemployed people
- 2) lower income
- 3) backward, underdeveloped infrastructures

Due to the poverty of the villages there is often no paediatrician and general practitioners work part-time in several settlements. Though the instrumentation and equipment of the surgeries is the same in the villages and in the cities, the underdeveloped infrastructure, which is reflected in the IT services, such as computer, internet, phone service causes great problems in the daily care.

Another big problem is the roads: the condition, the direction of them, and also the influence of weather on them. Little villages are inaccessible after heavy rain or in a snowstorm. Public transport is also very "anaemic"; it causes serious problems especially for the scattered boondocks.

The raised problems and gaps mean disadvantages for villagers in the field of information as well,: they can't get important health information therefore they don't take part in different part of prevention, and sometimes even their developed illnesses are not treated properly. The goal would be to develop health-conscious behaviour among villagers, to introduce the importance of prevention and screening programmes, to motivate the population.

In connection with the motivation, screening programmes, health-conscious behaviour enters the second direction, the practice management. It requires first of all a well-trained staff, an

up to date infrastructure, GPs activity in propagation of their efforts in these areas involving every part of local population and last, but not least, a suitable level of financing!

Each year we organise a conference on different problems of handicapped and underprivileged people and transmit our opinion and proposals toward professional and political authorities. Negotiations became more urgent in the recent years as the operational safety of primary care is lost, and to maintain the achievements of the practices is more and more difficult for GPs. Everyday fights divert attention from Community Health care.

In consequence of our effort (strengthening other professional societies' proposals) the government has taken initiatives to meliorate the financial and social status of the practices and the staff. A relevant problem is to resolve inequality between wages in health care, certain elements of the practices' rights and obligations of local government in medical care especially in Rural Health.

Finally, let me mention the example of my own practice: in the last three-years I deal very actively with my patients' health promotion which included lectures-presentations, organized screening programmes, and we have created also a lifestyle club. Naturally all of this needs a lot of extra work to be undertaken. These tasks can be accomplished mostly only by the help of different applications, nevertheless the results can always make the participants forget the difficulties.

We hope that our activities embedded in primary care make us able to turn our attention to the villagers, to Rural Health.



Morahalom



The Health Centre



And a more familiar photograph....

Update on EURIPA activities

Patient Safety in Rural Practice

The rural proofed MaPSaF (Manchester Patient Safety Framework) Tool has now been finalised. Other supporting documents are being drafted and the Tool will be translated and piloted in participating countries this spring.

The Tool encourages practices to examine the culture of their practice in their approach to patient safety. The documents will all be available on the new web site.

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. It is planned to complete the survey this spring and present the findings at the World WONCA conference in Prague in 2013. The project is being funded by WONCA Europe.

Balkan Research course

This course was postponed due to unforeseen circumstances. We will be in touch when a new date is confirmed.

EURIPA is also involved in future conferences:

WONCA World Conference, Prague, Czech Republic, June 2013

Please see item above

EURIPA 4th Rural Health Forum, 17th – 20th 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 which can be found at <http://www.rrh.org.au>

Original Research

Can genetics aggravate the health of isolated and remote populations? The case of gout, hyperuricaemia and osteoarthritis in Dalmatia

Miljković A, Pehlić M, Budimir D, Gunjača G, Mudnić I, Pavić A, Jerončić I, Kolčić I, Boban M, Hayward C, Polašek O.

Letter to the Editor

Greek rural GPs' opinions on how financial crisis influences health, quality of care and health equity

Tsiligianni I, [Anastasiou E](#), [Antonopoulou M](#), Chliveros K, [Dimitrakopoulos S](#), Duijker G, [Kounalakis D](#), Makri K, Petraki C, Prokopiadou D, [Stefanaki I](#), [Symvoulakis E](#), Tsakountakis N, [Vasilopoulos T](#), Vittorakis C, [Lionis C](#),

Personal View

How do retired paramedics fit into remote, rural emergency departments?

[Eisenman A](#)

Project Report

Primary health care and general practice attachment: establishing an undergraduate teaching network in rural Greek health centers

[Smyrnakis E](#), [Gavana M](#), [Kondilis E](#), [Giannakopoulos S](#), Panos A, Chainoglou A, Stardeli T, Kavaka N, [Benos A](#)

These articles can be read in full on the web site.

An Interesting Rural Case

In *Grapevine's* new section focussing on interesting cases that members have been faced with in practice, the following has been submitted by Pavlo Kolesnik and has been reviewed by Zsuzsanna Farkas-Pall in Romania. The case emphasises the importance of physical examination. It also makes us think about the patient's demands for medical treatment instead of being responsible for their own health.

A Case of Strange Itching Feet

I've been practicing as a GP in Ukraine where, as usual, we have patients of different social status and with different prosperity.

I have experienced different unusual cases but I shall never forget this one.

My patient was a woman of a low prosperity status, casually dressed and untidy. Complaining of her feet itching, she was sure she was allergic to something. When I asked her about the history of her complaint she mentioned that she used insect repellent in her kitchen a few days ago. So the feet itching started from that time. After some consideration I thought that indeed she could have an allergy but it seemed strange and absolutely non typical to have a local feet allergy after having used repellent.

No matter how untidy the woman was I had to examine her feet anyway.

I asked her to take off her stockings, which she did. Imagine mine and my nurse's surprise when several cockroaches jumped out of her stockings and fled. As far as I realised that was the main reason of her itching.

The moral of the story – patients must take a shower and change their clothes before they visit a doctor. Sometimes some symptoms can disappear even before one enters the doctor's.

My Practice

We are delighted to have a new Finnish member in EURIPA and Leena Uusitalo describes her practice in northern Finland:

My practice is about 400 kilometres north of Helsinki, the capital of Finland, and 210 kilometres north of Tampere, an important town, too. It is 80 kilometres to get to the nearest sea.

Vimpeli has about 3200 inhabitants. People are workers in metal industry and social and health care and other services, businessmen and farmers.

Social and health care are arranged with two other municipalities so that the employer of all the employees is Alajärvi since the first of January in the year 2009. The whole system has about 16000 inhabitants.

There are two general practitioners, two nurses, one practical nurse, one typist, one nurse of laboratory, three public health nurses, two nurses in home care, two hospital cleaners, one dentist, and two dental assistants. We also have a department with 24 sickbeds and four nurses, ten practical nurses and three hospital cleaners.

Patients are of all the ages and also families. I am a family doctor, only a small part of general practitioners are. The appointment may last from five minutes to one hour. General practitioners in health centres in Finland can do many kinds of procedures. Referrals are seldom made.

The work as family doctor in a small practice of a small municipality is very diverse, and I like just that. I have worked here since the year 1980.

Leena Uusitalo

Associate chief physician

The Health Centre of Järvi-Pohjanmaa in Vimpeli - Järvi-Pohjanmaa is the Lake district of Ostrobothnia



Forthcoming Events

International Forum on Quality and Safety in Health Care

16th – 19th April 2013, London, UK

“Improving quality, reducing cost, saving lives”

More information is available at: <http://internationalforum.bmj.com/home>

EGPRN meeting

16 – 19th May, Kusadasi, Turkey

Risky behaviours and health outcomes in Primary care

The EGPRN meeting website <http://meeting.egprn.org/>

WONCA World Conference

25th – 29th June 2013 Prague, Czech Republic

“Family medicine – Care for generations”

For more information go to: www.wonca2013.com

18th Nordic Congress of General Practice

21st – 24th August 2013 Tampere, Finland

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

The call for abstracts for posters and oral presentations will commence at the end of 2012 with a deadline for submission of **10th March 2013**. To register see

<http://www.nordicgp2013.fi/registrationaccommodation/>

CHANCE conference (see page 7)

5th – 7th September, Pecs, Hungary

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

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

Annual Rural Doctors Conference

25th – 27th 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

Forthcoming Events cont'd

EURIPA 4th Rural Health Forum (see page 2)

17th – 20th October 2013, Malta

The theme is

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

More details will be available shortly.

WONCA Rural Working Party Conference

May 21st 25th 2014 Gramado, Brazil

Rural health: an emerging need

More information can be found at: www.sbmfc.org.br/woncarural

WONCA Europe Regional Conference

2nd – 5th July 2014 Lisbon, Portugal

“New Routes for General Practice and Family Medicine”

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

WONCA Rural Working Party Conference

April 2015 Dubrovnik, Croatia

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be after the WONCA World Conference in Prague and contributions are welcome by

Monday 15th July 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. 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.

