The Grapevine

Autumn / Winter 2013

Season's Greetings

Although we all know that December follows November and the 25th follows the 24th suddenly Christmas is upon us – again! It has been a busy year for EURIPA and this edition of Grapevine contains some reflections on 2013 but we also look forward to 2014 with some exciting workshops planned and development of our work programme.

Merry Christmas and best wishes for a Happy New Year to all our EURIPA colleagues

Jane Randall-Smith

Executive Secretary EURIPA

Contents

Reporting on the Malta EURIPA Invitational Forum

Dear colleagues

As you know, we performed the 4th EURIPA Forum in the village of Attard, on the island of Malta,from October 17th to 20th. The theme of the Forum, "Research into different contexts in General Practice/Family Medicine: rural vs. urban perspectives", justified the performance of this meeting as a joint venture with one of the strongest networks for Research in Family Practice: EGPRN. Our aims were to collate the experiences between both network members in the field of research in health care, specifically focusing on the rural dimension, as well as to facilitate networking, particularly in the area of research and training, with the ultimate goal of developing the academic evidence base for Primary Care. We can tell you that the meeting has strongly fulfilled these aims, which will with no doubt contribute to our main objective since we started these meetings: to Develop a Pan-European Rural Health Strategy for the 21st Century.

The scientific contributions to the Forum have been outstanding: more than 50 papers have been selected by the peer view process and presented at the sessions, as well as the formal presentations at the preconference and Forum workshops, and a large number of posters. Rural Medical Education, Our of Hours Care, Patient Safety and Research in Rural Practice were the key issues that anchored most of our discussions. Our colleagues really worked hard in order to achieve a high standard and we really appreciate it.

The opening keynotes were performed by Dr. Tonio Borg, the EU Commissioner for Health, and by Dr. Godfrey Farrugia, the Minister for Health of Malta, while the daily keynotes were performed by Dr. Richard Roberts, the former WONCA World president, and our dear past-president, Dr. John Wynn-Jones, who is now Chairing the WONCA Working Party in Rural Practice.

Also, it has been a very busy working time for the EURIPA Executive Committee and the EURIPA International Advisory Board, which organised several meetings, including some fruitful meetings with the colleagues of the EGPRN Board.

There are several outcomes from the Forum: position papers, research activities and joint activities with EGPRN. You will be hearing more about them soon, but we would like to emphasise that what has made us more happy is to have been able to enjoy the company of our old and new friends. Friendship, mutual understanding and prosecution of the same aims are what define our face to face meetings and what makes the difference to other conferences. Now, we have started working for our 2014 Forum, for which we warmly encourage your participation. Please save the dates and start planning: September 26th – 28th 2014 in Riga (Latvia)… you will be welcome! More information is available on page XX of this edition of Grapevine.

Jose Lopez-Abuin
President of EURIPA

We also have a report on the Malta Forum from two GP trainees who introduce themselves below:

EPGRN-EURIPA MEETING FROM THE PERSPECTIVE OF TWO GP TRAINEES.

Belisa Tarazona Chocano[1]. Paloma Rodríguez Turégano[2]. Raquel Gómez Bravo[3].

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2.- 4th year GP trainee in C. S. Fuentelarreina Madrid, Spain. paloma_rotu@hotmail.com
3.- VdGM Spain Delegate. raquelgomezbravo@gmail.com

In October 2013 was celebrated in Attard, Malta, the first joint meeting of The European General Practice Research Network (EPGRN) and The European Rural and Isolated Practitioners Association (EURIPA) under the topic of "Research into different contexts in General Practice/Family Medicine: rural vs. urban perspectives ".

As members of the Vasco da Gama Movement (VdGM) which offers an observational 2 week period in a GP practice of a European country both rural and urban, and senior GP trainees in Madrid, Spain, we decided to take part in it and it turned out to be a very motivating and complete experience that we highly recommend to every family medicine trainee and young doctor. Although during our formation we have the opportunity to get involved in the daily work of a rural practice for a month and rural shifts, this experience has allowed us to take a look to other ways of rural practice across Europe and to many ongoing research projects.

The first day we had the possibility to participate in two of the three workshops offered. In the first one we went into the world of publications with the help of the Editor-in-chief of the European Journal of General Practice and one of the editors of the Scandinavian Journal of Primary Care. We were given recommendations and the common mistakes we should avoid to get published such as not following the scientific structure, not giving enough details about our research to allow others to reproduce it, giving double information in both text and tables or not being able to explain what our research contributes to scientific knowledge. In the second one, a more practice workshop, we had the chance to work side by side with experimented GPs about the differences between research in urban and rural areas and the barriers rural GPs have to face.

Two of our abstracts were accepted and suggested to be presented as posters: The VdGM Hippokrates Exchange Programme and Comparison of the level of satisfaction between emergency care duties in rural vs urban practices in Madrid.

This was one of the most challenging experiences that we have ever faced in a congress as presenting another work, not yours, make possible to focus on the other posters as well as realize if you present a clear and easy to read work.

To complete this exciting experience we could visit one practice in Malta where we were nicely welcomed by one of the GPs in charge who patiently answered all our questions which focused on the many differences in organisation and services provided.

We will be there again for sure and we highly recommend to every family medicine trainee and young doctor.

Mosta Health Centre – a strange combination: a palm tree and a British telephone box!

EURIPA 5th Rural Health Forum

Riga, Latvia September 26th – 28th, 2014

Rural Family medicine – today and tomorrow

Dear colleagues! We invite you to the 5th EURIPA Forum what will be performed in the capital of Latvia, Riga, from September 26th – 28th, 2014.

This fifth Rural Health Forum will build on the previous events and focus on "policy", the title of the Forum being "Rural Family medicine – today and tomorrow". It is planned to discuss issues that affect us today and think about investing in the future (policy making (how we influence and engage), research, education and practical skills in the rural Family doctors practices). We invite you and hope that this Forum will bring together our colleagues from our immediate neighbors, across Europe and from the global rural family physician representatives.

Why in Riga?
Riga is already a venue for cultural events on an international scale, but in 2014 it will become the cultural epicentre of Europe. During its year as **European Capital of Culture**, hundreds of special events will take place - culture in the very broadest sense. 365 days a year, with a new understanding of culture as a positive force of change in people's lives. This year, cultural personalities are already warming up for Riga as European Capital of Culture 2014 with a variety of interesting events.

Riga has given many pearls to the culture of Europe and the world – the most important architecturally include the Old Riga, Art Noveau, and wooden architecture. An elusive value is the multicultural environment that has been characteristic from the very beginning, since people of many various nationalities have lived here together – the Latvians, Germans, Russians, Poles, Swedes, Finns and others. This variety through Johann Gottfried Herder and Immanuel Kant has played an important role in development of the German Enlightenment Philosophy, has been the cradle for the cinema genius Sergey Eisenstein, philosopher Isaiah Berlin and an asylum for the opera grand Richard Wagner, and for centuries has been a source of inspiration for a range of other famous European people.

During 2014 everyone will be able to become acquainted with works and contributions of these personalities, as well as evaluate the marks on the modern Latvian music, fine arts, cinema and pop culture, as museums and other depositories will prepare special exhibitions and shows for this event trying to outclass one another in diversity to attract attention of interested people.

Guests of the city will be able to enjoy pearls of music performed by the world-renowned Latvian choirs, magnificent opera staging, modern art performances, popular music concerts, art exhibitions, grand national celebrations and many more events, which the guests can take part in.

Rural Family medicine in Latvia.
Latvian family medicine dates back to between 1990 and 1991 as in the other Baltic countries. This means that the Latvian family medicine continues to evolve. In recent years, family physicians are increasingly valued above other professionals and the patient's point of view. Also, our young colleagues become more and more interested in family medicine.
There are 1360 family doctors in Latvia ((58.32 GP's to 100 000 inhabitants) and they provide most of the primary healthcare services. There are two associations of general practitioners in Latvia – Latvian Association of General Practitioners and Rural Family Doctors association of Latvia. 540 general practitioners are members of Rural Family doctors association of Latvia – they are working in small cities or in rural areas.

The average number of patients per family doctor is 1570, but for doctors who are working in rural areas – 2000 and more. This is due to the lack of family doctors in rural areas. The average age of general practitioners is 50 years, 58% of GP's are in pre-retirement and retirement age. There is a lack of primary health care nurses in Latvia as well – just 0.8 – 0.9 nurses to one general practitioner (year 2011).

GP practices are opened for patients 40 hours in a week and each GP are working with patients 20 – 25 hours in a week, the rest of the time he/she attends patients at their home (at home we attend children if it is necessary, doing palliative care) and working with documents. The bureaucratic burden on family doctors has recently increased, and takes a lot of time.

It is important to attract young doctors to rural family doctors' practices, to promote the training of residents in rural practices, ask the community to help with accommodation and transport for young GPs.
We know that there are similar problems in many family doctors' practices in Europe and because of this we kindly invite our colleagues from all Europe to take part in the Forum for discussion, sharing experiences, and at the same time to get to know our country and its capital Riga.

Gunta Ticmane, general practitioner
Department of Family medicine, Riga Stradins University
EURIPA Executive Committee
Board member of Rural Family Doctors Association of Latvia.

Reports from EURIPA members

Call for Researchers in several rural studies

Jean Pierre Jacquet, an Executive Committee member, is proposing some ideas for research studies by EURIPA Members:

Dear colleagues

As other specialized areas (and surely more than in many of them), in rural practice there is a need to produce data and research to be known, identified and recognized by other colleagues (GPs and other specialists as well) , trainees, academics, and health authorities .

We kindly propose to you several issues:

The first subject is:
Obstacles of the settlement in the rural area: the point of view of GPs and trainees. A qualitative study.

The second subject is:
What are the different policies performed by the authorities? Is there an evaluation of them?

The third subject is:
Why are rural GPs happy to work in their area? A qualitative study.

The fourth is:
Is there an inequality between the rural and urban patient in preventive medicine?

The fifth is:
Is there an inequality between rural and urban patient in curative medicine?

For these studies I can provide methodological support (unfortunately no financial aid) but these subjects are not costly studies: only time consuming.

If you are interested in a topic please mail me, sending the following questionnaire to my e-mail address: jp.jacquet@cnge.fr

Your name :
Country:
Email address:
Postal address:
Phones numbers:

The table for you to complete is on the following page; the guide is as follows:

(*) which kind of help:

(**)

(***) specific problem, your suggestion

Thank you for your collaboration in advance.

Doctor Jean-Pierre Jacquet
Associated teacher in general practice, Faculty of medicine of Grenoble
Executive Committee of EURIPA

Please get in touch with Jean Pierre if you are interested in participating in one of the proposed studies. The information will also be available on the web site.

	Subject	Tip an X if you are interested	Methodological help needed ? (*)	Academic environment ? (**)	Specific problem, suggestion for other topic (***)	Area concerned Whole country, region..etc.
1	Obstacle of settlement in rural area, the point of view of GP and trainees. A qualitative study.					
2	What are the different policies done by the authorities? Is there an evaluation of them?					
3	Why rural GPs are happy to work in their area? A qualitative study					
4	Is there an inequality between rural and urban patient in preventive medicine?					
5	Is there an inequality between rural and urban patient in curative medicine?					

The needs of and the solutions for rural practice in European countries: our national points of view Slovenia

Janko Kersnik*, Zalika Klemenc-Ketis**

Facts about Slovenia

Surface area 20,273 km², borders with Austria, Italy, Hungary and Croatia, stretching from Pannonia plains and Julian Alps to short coat line to Adriatic See. There are 2,046,976 inhabitants (1st January 2010) living in the country with population density 101.1 inhabitants per square kilometre, approximately one third of the population live in towns with more than 10,000 inhabitants, the rest live in nearly six thousand smaller towns and villages. There are 1.5 children birth per woman (2010) and life expectancy is 75.8 for men and 82.3 for women (born in 2009). Independent country from 1991, previously one of the republics of Socialist federative republic of Yugoslavia, joined European Union and NATO in 2004 and adopted the single European currency on January 1, 2007. It became a member of the OECD in 2012. In 2009, the global recession caused the economy to contract – through falling exports and industrial production - by 8%, and unemployment to rise. BDP in 2012 has dropped for 2.3% to 35.466 euro and the projection for this year is another drop of 1.9%. Unemployment rate in 2012 was 12.0% and shall rise to 13.4% in 2013. Salaries have been lowered for the third consecutive year (-2.2% in 2012).

Health care system and family practices

The Health Care and Health Insurance Act, adopted in 1992 and later also amended several times. In 2010, Slovenia allocated 9% of BDP for health service. 17% runs into primary care services. There are approximately 900 family practices on the payroll of the National insurance institute – government agency which transmits budget money to health care providers.

Payment of family practices is based on capitation, items of services and quality indicator (achieving at least 90% of screening plan for CVD in adult population). Family physicians keep patient lists. Capitation is further specified according to the patient age. After 2011 there is a national project lead by MoH which introduced on the top of practice nurse additional 0.5 FTE nurse practitioner who is employed to perform screening and manage chronic patients in stable conditions and additional resources for lab tests, which used to be underestimated in the existing family practices (lab tests are part of family practice budget – not paid separately). There are over one third of family practices with such arrangements today and in 5 years' time all practices shall be staffed with nurse practitioners.

Rural, remote and isolated practices

In relatively densely populated country, low rural population and with a community based network of primary health care centres in regions covering on average 30,000 inhabitants (smallest population of 15,000) and the legislative demand to keep their branch offices outside their headquarters in the communities as small as 500 inhabitants if the distance to the main health centre is more than 20 kilometres is relatively difficult to speak about rural and remote practices in terms of access. Looking more closely, we can identify the following issues in dealing with rural and remote practices:

1. There is a general lack of doctors and especially family physicians in the country. Even in the cities, there is a lack of labour force for family medicine. This is a legacy of previous decades when therewas a numerous clausus in the Ljubljana Medical School and we relayed on the influx of approximately 10% of doctors from other Yugoslav Medical Schools. This has stopped after 1991 due to new borders. With extension of the Medical School programme we were short for another generation of the doctors.

This has changed recently with doubling the number of students in Ljubljana Medical School and opening new Medical School in Maribor.

2. Remote and isolated offices were never in our history popular among doctors in our country. There has been always more workload, working in isolation and more closely to the people where one also had to live to provide out-of-hours. Managers of the health care centres had difficulties in acquiring staff for remote practices. Only some such offices were occupied by doctors born in the neighbourhood, and many by doctors from abroad who liked isolation and had little contact with family practice community in the country. Many branch offices are at the moment not permanently staffed and locums run services on temporarily basis.

3. There is more workload for more or less work and worse living conditions. Some of us were in the late 80s attracted by 10% better salaries and additional payment of out-of-hours services, which has been abolished after introduction of Doctors' Trade Union in the early 90s which succeeded in rising salaries for regular work, surgeons and intesivists, but in the salaries reforms before 6 years has in negotiations sold family physicians – so we got lower salaries as compared to other doctors. The reform also took away any possibility of additional payment for additional services provided in remote practices as for example emergency services during regular hours, coroner services, etc. So, at the moment there is not any way to compensate for additional workload or worse living conditions.

4. Living conditions in remote areas are not so much attractive as in towns for many doctors' partners and families. It is difficult to get a proper job for higher educated partners, secondary schools for children are far to go, cultural events are scarce, etc. Housing prices are not that cheaper to be appealing to move in remote area. When choosing the job, many dislike being exposed go closer contacts with the patients in daily life outside doctor's office, which is inevitable in smaller communities, as you can live more anonymously in a town.

5. Family physicians that changed to private contract with Health insurance institute can face two different problems. Either they work in very small communities not having enough patients on the list to secure budget of their business, or due to lack of doctors have very large lists, but in accordance to the legislation they are not fully reimbursed for the capitation and items of services.

There is an initiative to provide better working conditions for rural, remote and isolated family practices which includes additional 0.5 FTE nurse practitioner, additional resources for lab tests and some locally specific funding will be available to retain family physicians working in isolated areas and to stimulate new doctors to join the labour forces in such practices.

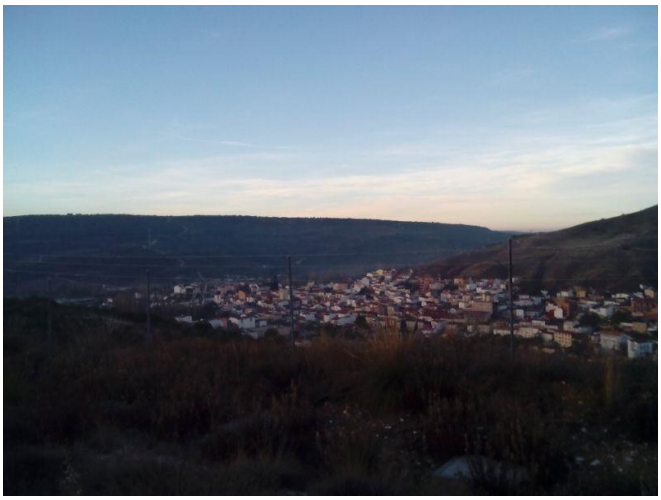
Conclusions

There are some attempts to improve unsatisfactory situation in rural, remote and isolated practices in our country. The most promising is an initiative on "rural" practices employing better working conditions for practising family physicians. If these can overcome worse living conditions for doctors and their families is still not guaranteed.

Liubliana, June 2, 2013

New challenges in Rural Family Medicine. Working as young Rural GPs nearby Madrid

Our rural team is located in the plain of Tajuña River in the southeast of the Community of Madrid, about 40 km from Madrid City. The team consists of 12 General Practitioners, 2 Pediatricians, 9 Nurses, 9 Administrative staff and a Watchman who are spread over six villages: Morata de Tajuña (7500p), Perales de Tajuña (3000p), Tielmes (2700p), Valdilecha (2700p), Carabaña (2000p) and Orusco (1300p) .



There are two support units, Midwife and Physiotherapist. The Dentist and the Dental Hygienist conduct their business in the town of Arganda, about 20 km. The rest of the specialists are in the referral hospitals: Southeast Hospital and Gregorio Marañón Hospital at 20 and 45 km respectively.

The ERs are located in the referral hospitals mentioned above and in Perales where another team performs duty from 16.00 to 9:00 a.m. Monday through Friday and 24 hours on weekends.
My particular query is in Perales and has about 1500 patient records attached. One detail is that entire families are grouped despite having pediatrician (180 children under age 14). The number of over 65 exceeds 360 and I work very closely, by phone and with frequent visits, with the Nursing Private Residence doctor where we have 90 patients institutionalized.

Working closely with my nurse, with whom I share time and patients / families, with special care in home care, with about 15 immobilized patients.

The day starts at 9:15 a.m. until 2:15 p.m. totally on demand. On average I have daily house callst that I manage depending on how the morning evolves and the emergencies that arise in the day. The dispersion of the population is of a G4: 30 minutes drive to the farthest home. Usually we have a half hour break mid-morning for coffee which I share with the rest of the team and we update on the town news.

I have an excellent relationship with the City Council and its Social Worker with which I meet weekly to bring together questions or special cases. I participate in the Committee on Family Support and I am a member of the Gender Violence group in the area.

The characteristics of the people where I work are focused on the distribution around a castle and a mountain with caves built into the houses that determine the category of substandard housing for many of them. The population is mostly older, living humbly and without great excess. We are seeing today a significant increase of unemployed and those affected by the crisis, people more vulnerable to certain diseases. Most of the job is out of town, some agricultural activity is for local use and there are two supermarkets, eight bars and other small shops.

As part of the daily consultation work, we usually do some group education workshop for patients (use of inhalers, management of hypoglycemia, diet and medication in kidney failure ...) and for students of the Public School (healthy breakfast, oral hygiene , diet and exercise, NAOS strategy , hand washing ..) . We have a self-training program for professionals certified by the Continuing Education Committee of the Community of Madrid and all of us participates in at least 20 hours of training in specific areas.

We have undergraduate training in Nursing, Physiotherapy and Medicine and EIR Midwives and Family Physicians (as part of its rural training and recently accredited for its full training as specialists).

We have opened several lines of research on breastfeeding and on HPV and we work actively with scientific societies with journals for publication and conference papers.

Personally I have been here for two years undertaking a task that although hard, is very rewarding. I came from a consultation in a bedsit community with very different characteristics in terms of population profile. Right now I have frequenter patients and I need to solve a lot of pathology that is not going to the hospital, although it is accessible it is always a barrier in this medium.

I think we make good family medicine and satisfaction among users is real: we are in one of the best positions in satisfaction surveys for the Community of Madrid.

Margarita Jurado Otero
Miguel Angel Maria Tablado

A report from Zsuzsanna Sebők, Hungarian Member of the International Advisory Board
Public health in a village and the Academy of Country Women

Living in the country we are very glad to have been able to celebrate Country Women's International Day on 15 October every year since 2008 thanks to UN. This event pays attention to the importance of country women's role in their families in their workplaces and in the society. Most women, as country women look after their families with difficulties, bring up their children, care for their old family members and protect the environment and spread the cultural values.

Country women's position has significantly changed and developed in the last decades. Women have taken part in the initiative and formation of these changes.

The self-realization, the economic independence and the correspondence to the family are very important things for country women as well. The development helps them to find work with greater chance, which means greater safety for their families. The crisis has caused a widespread uncertainty in the last years. Country women live more and more difficult life. Their jobs and the tasks at home are more and more a nuisance to them, so they don't have time to rest. They can relax just late at night, but it is often full of worry and stress.

The UN intends to develop the social and info communication areas, public health and agriculture till 2020.

The development and the labour-market extension of these areas mean a great chance for country women. Now agriculture is emphasized, because in this area there are already a lot of positive results. The number of workplaces has been increasing in agriculture for years. Country people and families have to pass the emancipation, because a lot of people think that women have to do washing, cooking, cleaning, care of the elder and children. Besides these problems women have to work at a workplace or agriculture. These things block the individual development of women.

We have to examine women's duties according to more aspects, which became more and more difficult:
1) The traditional wife's role meant that the woman was at home, brought up her children, looked after parents, grandparents, did the housework and helped with agricultural work.

The crisis in agriculture caused insecure financial situations for families. So country women had to go to work besides housework. They had to assume full-time jobs because of the inflexibility of labour market. Nowadays it is very difficult to find part-time jobs or jobs with flexible plan of work.

2) Women's duties have expanded as overcoming the old traditions in recent years. Country women have to work and learn besides the housework.
<u>The following things can cause different problems for country women in their social, health and mental status:</u>

Social and mental factors:

- ✓ preservation of their physical activity
- ✓ preservation of their beauty
- ✓ assurance of the regular relaxation and entertainment
- ✓ preservation of their mental activity

- ✓ lack of relaxation and entertaining facilities
- ✓ fixed role models-subordination in the family
- ✓ they don't pay enough attention to their health
- ✓ they are stressful and worrying
- ✓ 'ignorance'
- ✓ poverty
- ✓ looking after the elder

Health problems:

- ✓ The stress and the chemicals may cause the diseases of thyroid gland. According to a research women working in agriculture, have more risks of thyroid gland diseases, than urban women.
- ✓ Obesity

The more difficult life challenges country women also physically and mentally, which can cause diseases for them.

- ✓ Cardiovascular diseases. Myocardial infarction can cause death increasingly in case of women.
- ✓ The risk of locomotor diseases is greater due to lot of work
- ✓ Psychiatric disorders because of the constant mental stress and burden
- ✓ Addictions, mainly the alcohol addiction

Naturally, things mentioned above aren't characteristic to all country women. Family or other support can help to get on with their women's duties.

<u>The following things are local specialities, which can positively affect the life of country women in the Sand Ridge micro-region with Mórahalom center:</u>

- ✓ A lot of country women work on the formation of life of the micro-region. This facilitate women's equal opportunities as well.
- ✓ Rural tourism facilitates women's position, because a number of women take part in the conduct of rural tourism.
- ✓ The Health Center in micro-region gives workplaces for a lot of country women and an expansive health service.
- ✓ There are screenings every year in order to pay attention of country women for their health promotion.
- ✓ The micro-region pays attention to the free time and sport activities as well. There are a lot of opportunities there: tours in the nature, cycling, riding, speedway and football competitions, skateboard, swimming, wellness services, aerobics, yoga, dancing, gyms, beauty treatment services.
- ✓ Traditionalism, such as the strudel house. The strudel is a traditional cake in this region.
- ✓ Forest schools
- ✓ Wine house, where wines of sand ridge. is served for the visitors.
- ✓ There are a number of training courses, for example computer, language, masseur, rural entertainer, agricultural course.

Regular religious life is typical in the micro-region. There are nomerous ceremonies in connection with it,

- ✓ for example St. István ceremony. There is a catholic school in Mórahalom.
- ✓ Regular cultural programmes are: presentations, exhibitions and performances of the local theatre.

- ✓ Wide-ranging infrastructure
- ✓ Run of local tv and newspaper
- ✓ Micro-region market, where the farmers can sell their goods and products.

Recommendations for the resolving of problems:

- ✓ Country women's health is very important, therefore high level and sufficient health care should be ensured. The treatment and screening in obstetrics and gynaecology is free.
- ✓ Cooperation with Local Health and Social Institutes.
- ✓ Active involvement of Local Civil Organizations
- ✓ The operating of the **Academy of Country Women** is very important, because country women need a mentally supporting opportunity.
- ✓ The Academy of Country Women may look after prevention and give some lecture in connection with it. The construction of social services should be important in order that country women get help in connection with the care of the elder and bringing up children. So the Academy of Country Women should take care of employment, life-long learning, champing of generations and communities, the quality of life, health, self-catering, lifestyle, social values, family model and media.

  With these things we can improve country women's situation and support the emancipation.

Update on EURIPA activities

EURIPA's Executive Committee and the International Advisory Board are both meeting in January 2014 to discuss the forward work programme.

The project on **Out of Hours** continues and discussions are taking place about the workshops for Lisbon (WONCA Europe) and the development of the programme for the 5th Rural Health Forum in Riga in September 2014.

Hot Topics will continue and we would like as many people as possible to contribute as it helps develop the evidence base about rural practice and rural health in Europe. 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!

Publications

Below are some publications by EURIPA members that may be of interest to other rural practitioners:

Letter to the Editor
Greek rural GPs' opinions on how financial crisis influences health, quality of care and health equity
Tsiligianni I, Anastasiou F, 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, on behalf of the Cretan Practice based Primary Care Research Network 'G. Lambrakis' and Clinic of Social and Family Medicine, School of Medicine, University of Crete
Rural and Remote Health13: 2528. (Online) 2013

Editorial
Conducting research in rural primary care medicine: do we need more experimental research or guidance?
Lionis C, Tatsioni T
Rural and Remote Health12: 2267. (Online) 2012

Original research
Perceptions of primary care professionals on quality of services in rural Greece: a qualitative study
Sbarouni V, Tsimtsiou Z, Symvoulakis E, Kamekis A, Petelos E, Saridaki A, Papadakis N, Lionis C
Rural and Remote Health12: 2156. (Online) 2012

All above are available at : http://www.rrh.org.au

Measuring the burden of herpes zoster and post herpetic neuralgia within primary care in rural Crete, Greece
Lioniset al. BMC Family Practice2011,12:136
http://www.biomedcentral.com/1471-2296/12/136

The Problem Areas in Diabetes (PAID) scale: psychometric evaluation survey in a Greek sample with type 2 diabetes
A. Papathanasiou, A. Koutsovasilis, S. Shea, A. Philalithis, S. Papavasiliou, A. Melidonis, C. Lionis
Journal of Psychiatric and Mental Health Nursing, 2012

Reporting new cases of anaemia in primary care settings in Crete, Greece: a rural practice study
Lionis et al. Asia Pacific Family Medicine 2012,11:4
http://www.apfmj.com/content/11/1/4 open access

Forthcoming Events

Below are a selection of events for 2014 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

8th Congress of General Medicine in France
Paris, 3rd – 5th April 2014
The congress will be conducted in French and there is more information at**: www.congresmg.fr**

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1st International Conference of the *Higher School's Pulse*
How to write scientific papers? Where to publish?
Opole, Poland, April 04, 2014
The Editorial Staff of the Quarterly *Higher School's Pulse* would like to organize the 1st International Conference of the *Higher School's Pulse* (30% of speakers will be from abroad). We also did invite all members of the Scientific Board of the Quarterly to the Scientific Committee of the Conference. The purpose of the conference is to provide practical guidance on the preparation of publications in journals from a list of the Polish Ministry of Sciences and Higher Education and JCR as well as familiarize participants with a wide range of journals with a high IF available in Poland.

Unfortunately the first Conference will be in Polish, but in the future we would like to organize our next conferences in Polish and English and regularly invite as speakers all members of the Quarterly's Scientific Committee.

EURIPA has endorsed the programme and more information is available by emailing: **gaidae@wsm.opole.pl**

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WONCA Rural Working Party Conference
April 2nd – 6th 2014 Gramado, Brazil
Rural health: an emerging need

Please note the change of date and more information can be found at:
www.woncarural2014.com.br

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7th World Conference of the International Primary Care Respiratory Group (IPCRG)
Hilton Hotel, Athens, 21st-24th May 2014

A Breath of Fresh Air: Multiple Morbidities and Integration

The world's premier respiratory meeting for primary care professionals
Clinical updates, thought-provoking symposia and the latest research
Dr Ioanna Tsiligianni, MD, PhD, MPH, IPCRG Board Director, Chair of the Scientific Programme Committee writes

"Dear colleagues and friends
We are pleased to announce that online registration and abstract submission is now open for the 7th IPCRG World Conference, which will take place on May 21st- 24th in Athens, Greece. Conference characteristics:

• Internationally-renowned primary care speakers
• Symposia on primary care case-finding, diagnosis and management
• Cutting-edge real life primary care research from the leading respiratory units around the world
• Practical workshops to update your skills for everyday practice
• Opportunities to network with like-minded colleagues from around the world – we expect at least 45 countries

Please follow the link from www.ipcrg2014.org to be informed for the program and for instructions on submission and registration. On this web page, you will also find nine good reasons to submit an abstract and a guide to the abstract types we accept. New this year we are also offering a variety of poster options.
We anticipate that this 7th PCRG World conference will again be an inspiring experience and an opportunity to meet and network with like-minded colleagues from primary and community care around the world.

The theme of the conference 'A Breath of Fresh Air: Multiple Morbidities and Integration' gives a unique opportunity for your research to be presented and for you to hear from and debate with some important thinkers and researchers in this field of multimorbidity.

The president of EURIPA Jose Lopez Abuin will raise the EURIPA voice in a symposium about inequalities presenting the problems that rural health care face. Please do also inform colleagues about the event.

If you would like more information contact: ipcrg2014@mci-group.com

We look forward to receiving your abstracts and to welcoming you to Athens!

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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

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19th WONCA Europe Conference
Lisbon, Portugal 2nd – 5th July 2014
New Routes for General Practice and Family Medicine

Early bird registration is open up to 28th February 2014 and, really importantly**,**
the abstract submission deadline has been extended to 5th January 2014.

EURIPA will be submitting a number of abstracts and we will be waiting to hear if they are accepted.

The web site hosts a wealth of information and can be found at:
http://www.woncaeurope2014.org/en

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

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EURIPA 5th Rural health Forum
26th – 28th September 2014, Riga, Latvia

Save the date!! We look forward to seeing you in Riga and more information on the programme and a call for abstracts will be available in early 2014.

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WONCA Rural Working Party Conference
15th – 18th April 2015 Dubrovnik, Croatia

More information will be available shortly at www.woncarural2015.conventuscredo.hr/ There will also be information at the Brazilian conference (above).

Future Contributions to Grapevine

The next issue of the Grapevine will be Spring 2014 and contributions are welcome by

Monday 1st April 2014

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.

With best wishes to all EURIPA Members for a very Merry Christmas and a Happy New Year