The Grapevine

2019

Its spring time! A season of change and promise. For EURIPA there is a lot happening.

Unbelievably it is already April and we are in the midst of planning for our participation in the 24th WONCA Europe conference in Brastislava at the end of June and also for the IX Rural Health Forum which will take place in the Azores in November. There's more information in the following pages.

In April we will also be circulating a questionnaire about rural medical education across Europe and would be very grateful if you could respond; again there is more information on page 15. Please watch out for it in your inbox.

For many of us there is a spring holiday coming up so happy reading!!

Jane Randall-Smith

Executive Secretary EURIPA

Contents

IX EURIPA Rural Health Forum,
7th – 9th November 2019 at the Marina Atlântico Hotel in Ponta Delegada, Azores

The Azores are an archipelago belonging to Portugal, located in the Atlantic Ocean.
They are known for their green landscapes, their cheese with an intense flavour, the sources of hot, volcanic water, which allow relaxing baths in harmony with the best that nature gives us.

They have immense and amazing lakes formed in the volcanic craters:

They are still well known for the vast tea plantations.

Those who go to the Azores, can not come without trying a dish of cooked meat and vegetables from underground, in a slow cooking style that takes advantage of the volcanic heat:

All the Portuguese know that the cows in the Azores are happy cows, living in a pure and green nature. That's the only way they can give us the best of the cheeses.

Why carry out the IX EURIPA RURAL HEALTH FORUM in the Azores?

The islands of the Azores, although very close to each other, practically only have an aerial crossing, since the sea is often unruly.

The price of travel is not the most inviting, so the islands end up living much of their own autonomy. The practice of general and family medicine in isolation (and rural) is here a constant. Very interesting local strategies of hospital referral are developed.

Thus, the Azores are a pure example, true and of an incomparable beauty of rural and isolated medicine.

What can we expect from the IX EURIPA Forum's scientific and cultural programme?

The Forum will be held from 7th to 9th November 2019 at Marina Atlântico Hotel in Ponta Delegada, Azores

The theme will be:

Isolation and Rural Medicine: Innovation solutions for developing local health services

This scientific initiative aims to develop rural primary health care. The days beforehand will be provide the opportunity for practical internships in local medicine, making home visits and consultations for urgent reasons.

During the Forum we will talk about acute illness, chronic illness and care strategies. We will have many practical workshops and discussion of international projects. There will be an opportunity to present a poster.

The programme also includes visits to the clinics to know the health care of the island of Sao Miguel.

Because "a doctor who only knows medicine, not even medicine knows", we will offer a cultural show and, to end the event, a guided tour of the island.

All, rural or urban doctors, are invited to participate in this Forum. You can share experiences, gain knowledge and improve skills. **We are waiting for you!**

The web site and call for abstracts will be available shortly.

My Practice

In this edition of the Grapevine we focus on a rural practice in Georgia, from our new IAB member Ana Kareli:

I am Ana Kareli, a young doctor from Georgia. My country is a sovereign state in the Caucasus region of Eurasia, situated in the South Caucasus and is bounded to the west by the Black Sea, to the north by Russia, to the south by Turkey and Armenia, and to the southeast by Azerbaijan.

It is spread over 69, 700km^2

While telling you about My Practice, in a few words I wanted to introduce my home country and show that we had to go through very hard times and in a short period of time reached its best.

During the Soviet period (1921–1991) in Georgia as other Soviet countries, the Semashko model of health care was adopted. After the collapse of the Soviet Union, Georgia's population decreased by nearly a fifth and the economy rapidly moved from a communist regime to a market system. In 1999, the Georgian National Health Policy, which outlined objectives to improve the equity, accessibility and affordability of health services, was developed.

Georgia has made a significant effort to adapt health policy and the health system to the new environment. Private insurance coverage for households living below the poverty line is paid from public funds, but all other individuals are expected to purchase cover on their own initiative. Out-of-pocket payments remain the main source of funding for the health system in Georgia, which reduce access to services for much of the population, particularly in access to pharmaceuticals.

In 2010, the average annual number of population was approximately 4,436,400. The demographic development at all stages of the rural population was characterised by a high birth rate, and according to the same report in the last decade, the rate reduced. In 2009, the only 31.1% from all live births were rural inhabitants. The large discrepancy exists between rural and

urban mortality rates among children under 5 years and almost twice many deaths have been registered per 1,000 live births in rural areas than in urban areas

It also introduced market-based principles to health care management , about 80% of the hospitals were sold to the private sector for redevelopment as modern and most of them as multi-profile hospitals.

The course for training doctors (especially therapeutic field physicians) into general practitioners and remaking the polyclinic system into family medicine centres was initiated by the end of the twentieth century in Georgia. The system of rural doctor and nurse also remains the main health care provision in the villages, composing the primary care setting for the village-dwelling population. The rural medical personnel refers to the village outpatient setting and is related to regional family medicine centre or polyclinic under agreement, which provides the specific monitoring for their professional activity and assists in the management of complex cases.

In Georgia, the number of physicians is higher than the European average, where there are 462 doctors per 100,000 people, compared to 327 in European countries. At the same time, the country faces an acute shortage of nurses, both in urban and rural areas. The country's educational institutions produce far more doctors than needed but three times as many physicians are in the capital city, Tbilisi, than in rural areas.

Access to healthcare is limited in the mountainous areas. Despite the fact that there is a medical doctor able to provide primary medical care in every village, the population still has difficulties purchasing medicines due to the limited amount of pharmacies. As such, people are forced to travel to the towns to obtain them.

Affordable and quality health care provision in both urban and rural areas is one of the main priorities of the Georgian Government. In terms of quality health care accessibility, finding a solution to the equality problem is essential for inclusive development. On February 28, 2013, the Universal Healthcare programme was launched, which has led to the universal provision of healthcare for all Georgian citizens through state-funded medical care, as well as improved access to healthcare services, and the creation of a mechanism to ensure against the high costs associated with emergency medical care. Reducing financial barriers to inpatient and outpatient visits was very important for rural populations.

In addition to the Universal Healthcare Programme, 22 so-called Vertical State Programmes provide the population with public healthcare and various medical services in priority areas, including immunisation, AIDS, tuberculosis, hepatitis C and other areas of huge importance, which are found in both city and rural populations.

In order to improve the quality of outpatient services and provide geographic accessibility, in 2014, 82 rural clinics were built and equipped in every municipality of Georgia.

Since 2014, the Postgraduate Medical Education Programme has been implemented, which provides cover for postgraduate/residency fees for medical specialists majoring in areas scarcely found in the high mountainous and border municipalities. Despite the measures undertaken, the healthcare system requires further improvement (including its administration and monitoring services). This is particularly important considering the lack of income of the rural population.

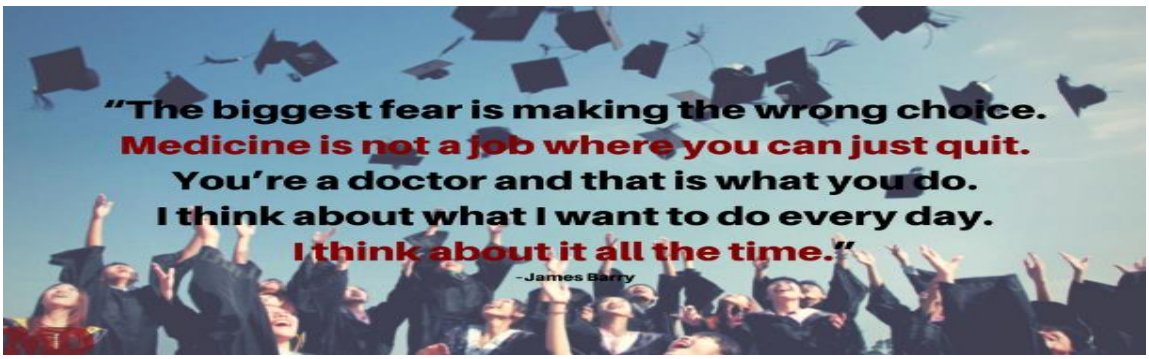
Now I will introduce you to my village, Tkviavi, and nearby villages which are located in the borders of the Russian occupation areas. 1700 families (more than 3500 people) live there.

The day, for 2 doctors and nurse who serve the whole area, starts at first glance in an ordinary way. The queue of patients are already waiting from 9 o'clock and till 6 in the evening - there is no time for rest. Despite the fact that the clinic is new and looks modern there are only few laboratory and instrumental tests which are accessible for patients (eg CBC, Urine analysis, ECG and other basic test). But, if other tests are needed, or even cardiac ultrasound, patients have to go to the nearby city which is 1 hour distant.

After 6 o'clock the day for one doctor continues visiting more acute patients at home. Having only a stethoscope and walking distances of more than 5-6 km a day they save lots of peoples' lives. While at that time another doctor continues working on the Ambulance.

Under the supervision of police and cost of life, a few times a week we cross the borders for our citizens who lives in the occupied areas to give medical support. Sometimes stabilising those critically ill, unstable and delivering them to the hospital in the City.

Despite of all the hard work during the day. Every day is joyful and full of enthusiasm. Each new day starts with discussing interesting patient cases from the previous day or those who were on call for the rest of the evening.



Another aspect of ‘My Practice’ follows: Dr Jennie Bailey, an English GP, volunteers with PHASE Worldwide and has written about her experiences working in Nepal.

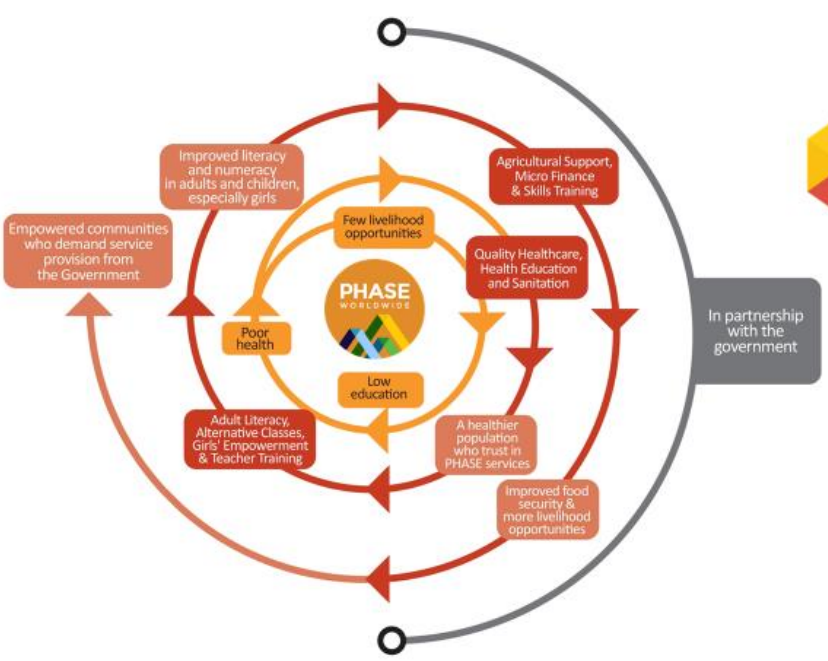
GP Mentoring in Nepal

I am a full time rural General practitioner working in Much Wenlock in Shropshire. In 2011 I discovered a way of fully utilising my skill set to help one of the poorest communities in the world whilst continuing to work here as a full time GP. I became involved in GP mentoring for an organisation called PHASE.

PHASE (Practical Help Achieving Self-Empowerment) Worldwide is a non-profit making, non-political, non-religious, organisation that works with disadvantaged communities in isolated Himalayan mountain villages in Nepal. Through their implementing partner PHASE Nepal they provide integrated primary health care, education and livelihood opportunities. Their Nepali staff initially introduce health care services to the villages. This allows them to develop a relationship of trust and respect and become a part of the communities – after which they are then in a position to offer PHASE’s education and livelihood initiatives.

PHASE has developed a short-term volunteer programme for GPs and medics to participate in teaching, mentoring and supporting the staff in PHASE health posts in Nepal. Whilst they are in Nepal, they live and work with the PHASE health staff.

At least 30% of the GPs who go to Nepal with PHASE return a second time and many give an ongoing commitment, returning to Nepal repeatedly or getting involved in other ways. The placements are invariably a fulfilling experience and remind the doctors of the immense rewards that their work can involve.



In the villages PHASE works with, less than 20% of the population have a secure food supply all year round. This causes high levels of malnutrition and diseases. Consequently, mortality rates are incredibly high, especially among children and women of childbearing age.

The key issues of the health system in remote areas of Nepal are:

Medicines – The insufficient yearly allocation of supplies means health centres can go months without essential medicines; sometimes medicines and vaccines never reach their destination.

Equipment – Replacement of broken or lost equipment is almost impossible.

Buildings – Health workers often operate from houses with mud walls and floors, which are difficult to clean, often dark and cold, and without electricity or lighting. The few purpose-built health centres are often cramped and poorly maintained.

Staff – Government staff are often not local to the mountainous areas. The harsh living conditions, and lack of resources and management support leads to long periods of absenteeism. There are unlikely to be any local people with relevant qualifications or experience. Nationwide, over 70% of the healthcare workforce are volunteers and assistants with minimal qualifications and training.

What does PHASE do to address these issues?

They currently have 13 Primary Healthcare Centres and 40 Nepalese members of staff who work across the Bujura, Gorkha, Humla, Kavre and Sindhupalchok Districts.

They provide extra health staff and support government health workers. PHASE employs female "Auxiliary Nurse Midwives" who have 18 months of training and experience in maternal and child health. They are placed in governmental health posts which are under or unstaffed and work with the District Health Offices. ANMs are supported by higher qualified Nurses who work in a 'floating' capacity, over-seeing, supporting and visiting the various health posts and ANMs

regularly. PHASE also supports government-employed health staff by offering supervision, extra training and financial incentives.

PHASE's health staff work as rural GPs in the communities and offer guidance and health education sessions in a variety of different areas – including nutrition, sanitation, safe water, family planning, and maternal and child health. They provide childhood vaccinations, dental care, respond to emergencies and deliver babies, amongst treating many other illnesses and injuries. The staff are advocates of health rights and they encourage the communities to take active participation. They provide community health education- including school health and village cleaning programmes.

PHASE helps support the delivery of government medicine to the mountainous villages. They also supply additional essential medicines and equipment.

PHASE runs a service enhancing and supporting the government work and the aim is to maintain health provision for long enough for the service to be bolstered and the local population to be empowered. Once significant improvements have been accomplished PHASE can reduce its input and move on to areas where there is greater need.

GP Mentoring Programme

As well as twice yearly training in Kathmandu PHASE runs in-post clinical supervision, coaching and training for both government-employed staff and their own Nepali staff. This is done through experienced and skilled British GPs volunteering in Nepal. Whilst they are in Nepal, they live and work with the PHASE health staff.

The aim of these visits is to provide one to one mentoring/training and to help PHASE monitor that the health post staff are following the comprehensive clinical guidelines that have been developed over several years in collaboration with UK and Nepali Doctors. The visits from the UK GPs usually last no longer than one week in each location and the GP or doctor lives and works with the staff. The GP doesn't treat patients directly but provides on the job training, support and personal tutorials according to specific PHASE guidelines to assure continuity in the teaching.

I first visited Sindhulpalchok in Nepal in 2011 and found it incredibly rewarding and interesting. I stayed in a house in Fulpingkot and spent my time attending clinics, visiting schools for health education sessions with the auxiliary nurse midwives and visiting the community in their villages and homes. The village was inaccessible by road and was reached by a long bus journey half of which was on mud tracks followed by a long climb up very steep paths.

The walk to Fulpingkot

The original house I stayed in in 2011on washing day!

I attended daily health clinics in the village mentoring the ANM and also went on home visits.

We visited a smaller health post in a village twice a week much higher up which was a further hour and a half walk. This village was culturally very different with many of the population suffering with poor health.

Sadly in 2015 Nepal was hit by a huge earthquake and Sindhulpalchok was one of the worst hit areas. I returned to the village in November 2015 and was shocked by the devastation. None of the buildings I remembered were still standing and the hillsides were scattered with temporary shelters.

The colours of the landscape had changed. Previously the hillsides were dotted with terracotta and golden-brown dwellings, but now the whole area was covered with corrugated iron roofs reflecting the sun and brightly coloured tarpaulins. There were also many blue tents such as our temporary health post. The hillsides were scarred by lots of huge landslides almost looking like waterfalls. It must have been truly terrifying whist these were happening.

The usual water sources had been disrupted by the earthquake and so water was in short supply. This had adversely affected the agricultural system as many of the crops were dependent on plentiful water.

The health post had been destroyed and the clinic was being delivered for a small blue tent with the health staff also living in tents.

I spent the following days attending the daily clinics together with the PHASE staff. In the evenings we had tutorials and teaching sessions and discussed the patients we had seen that day. We visited several schools and walked to a village to give some health education. There we met with a female health volunteer who collected together a group of women who had been working in the surrounding fields. The PHASE staff spoke about the importance of antenatal and postnatal care encouraging the women to attend the clinic for checks.

During my visit I was amazed and humbled by the resilience of the villagers. The area was still suffering from strong aftershocks causing further damage I experienced these and it was notable that the population were living with the real possibility of further earthquakes which was making it difficult to contemplate rebuilding. The local people were full of praise for the help that was given by PHASE particularly in the days after the earthquake.

I am very happy to hear that the Fulpingkot Healthpost has been rebuilt and is now fully staffed and resourced by the Government allowing PHASE to move on to new areas where their input is needed more. I am looking forward to returning to Nepal in the near future to do some more mentoring.

In the last edition of the Grapevine the new parliamentary inquiry in England into rural health and social care was mentioned. Rob Lambourne, chair of the Royal College of General Practitioners Rural Forum and UK representative on the EURIPA IAB, summarises progress so far.

UK Parliamentary Inquiry into Rural Health and Social Care

The UK Parliament has recently set up a Parliamentary Inquiry into Rural Health and Social Care. The Inquiry has been set up by the All-Party Parliamentary Group on Health and Social Group, a group which includes representatives from the three main English political parties. The Inquiry has been established to look at the key issues facing the country in terms of providing good quality and effective health and social care in rural settings. The group will collect evidence over a two-year period and publish a report to Parliament.

The Group and Inquiry are chaired by Member of Parliament Anne Marie Morris, who recently attended and spoke at the highly-successful Royal College of General Practitioners Rural Conference in Shrewsbury, England.

Eight key issues are being considered by the Inquiry, focussing on current practice and what needs to change if an equitable approach is to be achieved. One key aspect of the evidence gathering is a series of round table discussions for the various themes. I was invited to give evidence at the first of these meetings which concerned how to most effectively define what we mean by the term rural in relation to health and care. Jane Randall-Smith attended the second which looked at 'Volunteering in rural communities: Health & Care perspectives'. The next session has just been held at the beginning of April.

Speakers at the event I attended included representatives from the Department for Environment, Food and Rural Affairs; Public Health England; the RCGP; the Regional Economic Development Institute; the Executive Dean, University of Exeter Medical Society; the English Rural Housing Allowance; Cornwall Partnership NHS Foundation. In addition, written responses were received from the Dispensing Doctors' association; the British Medical Association; Health Education England; Rural Services Network; the National Farmers Union.

Themes for discussion included definitions of rurality; the shortcomings of established indices of deprivation; the impact of large numbers of elderly in rural settings including the impacts on health and care needs; recruitment problems across the spectrum of health and social care; housing in rural areas; cost drivers in rural settings.

I feel that recent developments in rural strategy at a Parliamentary level can only be positive. The Inquiry appears to be asking the appropriate questions to appropriate and varied sources of expertise. The fact that the Parliamentary Group has a membership of MPs across the political spectrum, rather than just the views of one political party, is also very positive.

I am looking forward to future sessions and am particularly hopeful that a positive outcome for all our patients in remote and rural settings will be achieved.

Rural life: "In Patagonia the only thing running is the wind"

Adrián Castellote is Spain's representative on the EURIPA IAB. He has embarked on a working trip on a sailing expedition to Antarctica and you can follow his footsteps with semFYC with hashtag # MFenAntártida. He has just arrived in South Africa on his return.

If you speak Spanish there is more information on the SemFYC web site at:
https://www.semfyc.es/mfenantartida-en-patagonia-lo-unico-que-corre-es-el-viento/

Rural Pipeline across Europe

Markus Herrmann, our IAB member from Germany, at the Institute of General Practice and Family Medicine of the Medical Faculty of the University Magdeburg, is working with EURIPA to gather information on rural medical education initiatives in Europe.

We will be circulating a questionnaire in April and would like as many people as possible to complete the survey so that we can understand better what is happening, as many initiatives are local.

Please watch out for the questionnaire to arrive in your inbox.

News from EURIPA

WONCA Europe 2019

EURIPA will be participating in the WONCA Europe conference 2019 in Bratislava from 26th – 29th June 2019. We will have a booth in the 'WONCA Village' so if you are coming to Bratisalva please come and visit us.

EURIPA will be delivering two workshops:

Medical and social support for patients with mental and neurodegenerative disorders from rural areas.

The workshop will give opportunity to IAB members to present good practices across Europe and to share views on how to organize service for that demanding group.

Traditional vs. School Medicine in Rural Locations: Friends with Benefits, Part 3

This will be the final part of the project, with publication of the GPs' Cookbook following during the autumn of 2019. The relationship between traditional/alternative and school medicine has always been uneasy, sometimes inflamed, especially in the frontier (rural locations) where medical doctors experience face to face encounters with traditional medical practitioners (shamans, healers, herbalists etc.) The workshops have explored this relationship and the potential for collaboration. There is an opportunity for you to contribute by completing a 'survey monkey' questionnaire at https://da.surveymonkey.com/r/PQ777F3

Following the announcements of abstracts in early April a rural programme will be developed and circulated to show rural workshops, oral communications and posters.

Please come and join us!!

Rural Seeds and Rural Cafés

Rural Seeds is an acronym for 'rural world doctors in training' and the young doctors and students run the Rural Cafés.

The Rural Family Medicine Cafe is an informal meeting live at Google Hangouts to chat about themes related to Family Medicine focusing in Rural Family Medicine. It is a space to discuss and spread ideas of global FM. The idea is put together practitioners, students and interested people from all around the world to talk about selected themes.

We are privileged to be able to offer a

"Special Edition - Rural education and frontrunner countries"

in Bratislava, Slovakia during the WONCA Europe conference by Rural Family Medicine Café and Rural Seeds on **Thursday, June 27 2019**

We will circulate more details as they become available and see under events on page for the next Rural Café.

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.**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

As well as the **International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy** (http://www.rrh.org.au/euro/defaultnew.aspof) you can also keep up to date with:

Family Medicine and Primary Care Review
https://www.editorialsystem.com/family/journal/about/

The European Journal of General Practice :
http://www.tandfonline.com/toc/igen20/current

The #EURIPA Rural Health Journal, published twice a week:
http://paper.li/EURIPA_EURIPA/1445814103#/

And, WONCA **e-news** at http://www.globalfamilydoctor.com/News.aspx

Recent publications
Below are some recent publications that may be of interest to EURIPA members.

In Rural and Remote Health:

General practice location and malpractice litigation
Authors: Birkeland S, Bogh SB.
https://www.rrh.org.au/journal/article/4663

Factors influencing health profession students' willingness to practice in rural regions of Bosnia and Herzegovina: a cross-sectional study
Authors: Racic M, Ivkovic N, Pavlovic J, Zuza A, Hadzivukovic N, Bozovic D, Pekez-Pavlisko T
https://www.rrh.org.au/journal/article/4717

Exploring primary healthcare professionals' experiences as educators on safe internet use: a school-based intervention from Greece
Authors Tsimtsiou Z, Haidich AB, Drontsos A, Dardavesis T, Nanos P, Arvanitidou M.
https://www.rrh.org.au/journal/article/4806

Other publications:

Small steps to patient Safety – new video on-line
This video can be found on the EQuiP web site at
http://equip.woncaeurope.org/news/new-video-online-small-steps-towards-patient-safety

The Development of an index of rural deprivation: A case study of Norfolk, England
Authors : Amanda Burke Andy Jones
https://www.sciencedirect.com/science/article/pii/S0277953618305094

Family Medicine and Primary Care Review
Issue 4 / 2018 vol 20 has just been published. You can find it at:
https://www.termedia.pl/Journal/Family_Medicine_amp_Primary_Care_Review-95

Who is and what does a rural family doctor do?"
A new film from Mayara Floss and her colleagues from Brazil
https://www.youtube.com/watch?v=RgQjlVfY0v8

Forthcoming Events

Below is a selection of events for 2019/20 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 2019:

EUROPREV e-learning webinars
A series of 6 webinars, the first taking place on 23rd April 2019.
Full details available at: http://europrev.woncaeurope.org/news/europrev-e-learning-webinars

88th EGPRN meeting "Research on Multimorbidity in Primary Care"
9th – 12th May, Tampere, Finland
More information is at: https://meeting.egprn.org/

21st Nordic Congress for General Practice 2019
'Promoting General Practice Perspectives'
17-20 June 2019, Aalborg, Denmark
More information is available at: http://www.nordicgp2019.dk/

National Centre for Remote and Rural Medicine – Inaugural national conference
12th – 13th June 2019, Penrith, UK
More information at www.ncrrm.co.uk Call for abstracts closes **30 April 2019**

The Point of Care Ultrasonography in Family Medicine - updates and perspectives
22nd June 2019 Vienna, Austria
More information is at http://ultrasonography.eu/index.php/en/

24th WONCA Europe Conference 2019
The Human Side of Medicine
26th – 29th June 2019, Bratislava, Slovak Republic
More information: www.woncaeurope2019.org

48th Annual Scientific Meeting of the Society of Academic Primary Care
3rd – 5th July 2019 Exeter University, Exeter, UK
More information at www.sapc.ac.uk

6th VdGM Forum Raising our sails towards a new world: empowering family medicine
27th – 29th September 2019, Turin, Italy
More information at www.vdgmforum2019.com

30th Rural Primary Care Conference
25th – 27th September 2019, Gregynog, Wales, UK
More information will be available soon at https://www.ruralprimarycareconference.co.uk/

And more ……..

EFPC 2019 Nanterre Conference
29th September – 1st October
More information at www.europrimarycare.org

16th World Rural Health Conference
12 – 15th October 2019, Albuquerque, New Mexico, USA
More information is at: https://www.ruralhealthweb.org/wrhc Abstract submission has been extended to **3rd May 2019**

IX EURIPA Rural Health Forum
Isolation and Rural Medicine: Innovation solutions for developing local health services
7th – 9th November 2019, Azores
More information is at www.euripaforum2019.eu

3rd International Congress on Controversies in Primary and Outpatient Care (COPOC)
12th – 14th December 2019 Barcelona , Spain
For further information: http://copoc.comtecmed.com/

25th WONCA Europe Conference Core values of Family Medicine: Threats and Opportunities
24th – 27th June 2020 Berlin
More information to follow at http://www.woncaeurope2020.org/

WONCA World Conference 2020
26th – 29th November 2020 at Abu Dhabi, UAE
More information at: http://wonca2020.com

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

Future Contributions to Grapevine

The next issue of the Grapevine will be Summer 2019; contributions are welcome by early July for publication later in the month. Reminders for contributions will be circulated on the mailing list and announced at the web site.

If you are interested in contributing to the next edition of Grapevine please get in touch with the Executive Secretary, Jane Randall-Smith at Jane@montgomery-powys.co.uk . Please think about what you do in your practice, if there are policy developments affecting your practice and 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.