



The Grapevine

SUMMER 2016



It is nearly the end of August and if you have been a way on holiday I hope you had a good time and if you haven't been away yet I hope the sun shines for you!

After EURIPA had a successful WONCA Europe conference in Copenhagen in June, EURIPA's 6th Rural Health Forum in Marseille is getting ever closer. There is still plenty of time to register and we hope to see you there! There is an update in this *Grapevine* and all the information that you will need to register on the web site at www.euripaforum2016.eu. The final programme is now available so please have a look at the web site!

I hope that we will be able to welcome you in Marseille.

Jane Randall-Smith

Executive Secretary EURIPA

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WONCA Europe 2016 Copenhagen



Family Doctors with heads and hearts



The conference in June went well from EURIPA's perspective: EURIPA had a presence on the WONCA Europe Network booth and was invited to participate in several key activities arranged by WONCA Europe as well as the main conference programme. EURIPA delivered two workshops and a third in partnership with the Vasco da Gama Movement.

All videos of keynote speakers and their presentations are now available at the website. You can find out more at <http://www.woncaeurope2016.com/>

WONCA Europe 2016 also made a statement in the Copenhagen Legacy Document. With kind permission the text is provided on the next page as it is extremely pertinent to rural family medicine.

European Family Doctors call for Joint Action with Heads and Hearts!

WONCA Europe 2016 Copenhagen legacy

Primary healthcare workers are experiencing increasing pressure from new healthcare structures, a rising patient demand for family medicine, and a shortage of resources. Many European countries face a lack of investment in primary care in contrast to ongoing high investment in specialised secondary and tertiary care.

This unequal resource distribution is in sharp contrast to the general acceptance among stakeholders that primary care, with a family doctor as the key person, is *t h e* optimum way to deliver efficient and effective healthcare. Family doctors provide first contact, comprehensive, coordinated and continuous care. Based on robust research, WHO Europe recommends primary care to be considered the cornerstone to the development and management of future healthcare delivery. There appears to be a fundamental lack of understanding of the nature and core services of family medicine among administrators and politicians, and even among doctors in specialized care.

An increasing number of people live with two or more chronic diseases, the elderly population is growing and we are experiencing increasing socio-economic inequities relating to quality of life, life expectancy and access to care. Training of high quality healthcare professionals takes time. To secure efficient use of healthcare at all levels, primary care must be adequately resourced. Family doctors aspire to build strong teams along with other primary care professionals to meet the changes in needs and demands in the population.

Family physician with heads and hearts call for action to achieve:

- universal health coverage and high quality family medicine to be implemented and further developed in all European countries. This implies allocation of resources in accordance with the principles stated in WHO policies.¹
- integration of healthcare services across different healthcare professionals at the primary care level, as well as across the primary and secondary care.
- stronger links between public health strategies and person-oriented medicine in clinical practice.
- a rational distribution of resources driven by the needs of the community.

We need a common undergraduate family medicine curriculum, postgraduate specialist training and continuous professional development for family doctors in all European countries. We will support similar strategies for other primary care professionals. A strong research base is paramount to achieving these goals.

WONCA Europe will collaborate with relevant partners, such as patient organisations, European Forum of Primary Care, UEMO, WHO Europe, and the European Union to fulfil our ambition. WONCA Europe calls for joint action with heads and hearts from all healthcare stakeholders in the interests of a healthier Europe.

1 – Now more than ever - Report 2008

Reports from EURIPA's workshops are provided by Donata Kurpas, Ferdinando Petrazuoli and Veronika Rasic.

Chronic Care Model – are there differences between rural and urban areas in Europe?

Workshop Coordinators:

**Donata Kurpas (PL), Jean-Pierre Jacquet & Jean-Baptiste Kern (FR), Ferdinando Petrazzuoli (IT),
Tanja Pekez-Pavliško & Ksenija Kranjčević (HR), Jane Randall-Smith (UK)**



Donata Kurpas – workshop leader

Background to the workshop:

Ensuring a high quality of life (QoL) for healthy and chronically ill citizens is a major goal of both governments and local communities. This goal can be achieved by means of a well-organized health care system that meets not only clinical requirements but, more importantly, patients' social needs and the needs associated with their living and working environments.

Chronic diseases and their related disabilities determine the level of well-being of people worldwide.

The Background was presented by Ferdinando Petrazzuoli and then examples of international collaboration were presented:

[1] Jean-Baptiste Kern, Donata Kurpas, Aymeric Henriot, Candan Kendir, Dominik Marciniak, Jane Randall Smith, Jean-Pierre Jacquet.: Rural practice and chronic morbidity, problems encountered and solutions. EURIPA investigation study. Presented - 20th Wonca Europe Conference "Future of family medicine... Being young, staying young...". Istanbul, Turkey, October 22-25, 2015. Abstract book; s.[446-447] poz.OP-262

[2] Ksenija Kranjčević PhD, Proff. Biserka Bergman Marković. Rural-urban differences in cardiovascular risk factors in Croatian population

[3] Donata Kurpas, Bożena Mroczek, Dorota Bielska.: Rural and urban disparities in quality of life and health-related behaviors among chronically ill patients Rural Remote Health 2014 Vol.14 no.2; poz.2485 [14 s.]

The Aim of the Workshop was presented by Jean-Pierre Jacquet: to explore the possibility of collecting data from different studies on urban–rural differences across Europe and to establish an EU project to investigate this issue.

Methods were discussed by Ferdinando Petrazzuoli and Jean-Pierre Jacquet:

- SWOT analysis on the proposed EU project on chronic disease management in European rural areas

Collecting data: Retrospectives studies

Type of study (Cohort, case control, etc.)

Subject: morbi-mortality, quality of life, cost/effectiveness, etc.

Support: medical literature , data from governments, NGO,

Systematic review,

- Strengths: Data exists
- Weakness: heterogeneous, lack of data, different protocols
- Opportunity: working with European agencies
- Threats: objectives unclear

Collecting data: prospective studies

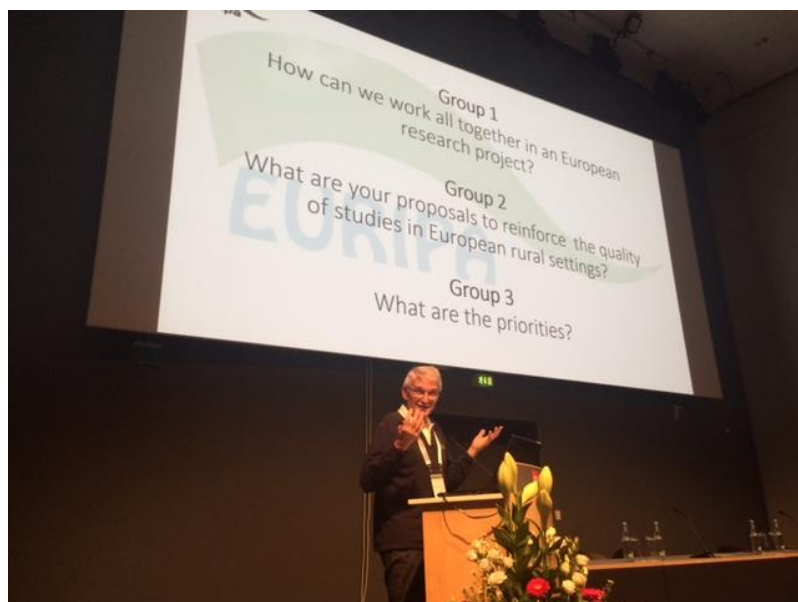
Controlled studies, qualitative studies

Epidemiological studies, interventional, studies

- Strengths: objective, and relevance clear. Data homogeneous.
- Weakness: budgets, time, lack of academics rural GPs
- Opportunities: European call for projects
- Threats: unachieved studies

- Small-group discussions on the possible approaches and domains of the project.

Members of groups discussed three questions, led by Jean-Pierre Jacquet:



Group 1 (coordinator: Jean-Pierre Jacquet): How can we work all together in an European research project?

Conclusions:

Tools :

Health search program collecting automatically data (Italy)
National data about chronic morbidity (diabetes HBP, dementia)
National register and local register (Sweden, Gottebourg)
Usefull for retrospective studies
Interest of ICPC for prospectives studies
Risk : obsolescence of data

Suggestions :

Using wonca conference as a forum to share research projects and ongoing projects
Using students when they have a research period mandatory

Group 2 (coordinator: Ferdinando Petrazzuoli): What are your proposals to reinforce the quality of studies in European rural settings?

Conclusions:

Improve and work on motivation
Set standards of variables and databases
Involve several countries (multinational studies) and collect representative sample from each location
Distribute roles and communicate clearly
Define outcomes
Choose replicable methodology for your research
Set network: emails within research focused group and appoint national representative for research

Group 3 (coordinator: Ksenija Kranjčević): What are the priorities?

Conclusions:

The group discussed about research priorities for family doctors who work in rural areas of Europe which would improve their work with patients. We all agreed that the main priority is the availability of patients education about chronic diseases such as diabetes, hypertension etc. , as well as the availability of visiting and phone calling of doctors.

The workshop will inspire us when faced with the challenge of chronic care management to tackle the differences between rural and urban areas.

Use of new technology in follow-up of patients with chronic diseases in rural areas.

Workshop Coordinators

**Veronika Rasic (HR), Josep Vidal-Alaball (CAT), Oleg Kravtchenko (NO),
Ferdinando Petrazzuoli (IT), Donata Kurpas (PL), Tanja Pekez-Pavlisko (HR)**

The workshop was divided into 4 parts each one presented by different speaker:

- Veronika Rasic introduced the Outline and objectives of workshop and talked about TeleHealth programs for chronic conditions.
- Oleg Kravtchenko's lecture was about the Point of Care tests and the problem of Health Literacy.
- Ferdinando Petrazzuoli talked about the use of smartphones and social media in rural settings.
- Donata Kurpas lecture was about Almas House: IT for elderly/dementia patients.

It is well known that telemedicine provides better access to users in addition to reducing the waiting time between diagnosis in primary care and hospital. Some countries, for example Catalonia, have developed several telemedicine programs, which have had considerable success in reducing waiting lists while having wide acceptance among users.

Among the programs of telemedicine the most successful is teledermatology and the most innovative is teleulcers a project aimed at improving the care of patient with chronic wounds. Expert vascular advice is available via teleconsultations for primary care nurses.

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. eHealth literacy is a term that describes the relatively modern concept of an individual's ability to search for, successfully access, comprehend, and appraise desired health information from electronic sources and to then use such information to attempt to address a particular health problem.

Many studies have showed that lower health knowledge leads to less healthy behaviors, under-utilization of preventive services, poorer health outcomes and greater health costs (repeat hospitalizations; over-utilization of health services). Nearly half of all Europeans have inadequate and problematic health literacy skills. Mobile technology has the potential to revolutionize how physicians practice medicine. Physicians for example may have access to the latest medical research at the point of care and communicate at a moment's notice with physicians and colleagues around the world. The literature show excellent examples of the use of smartphones in Education, in the follow up in chronic conditions, in dermatology and in Health promotion.

It is important to point out that Governments might see telehealth as a cheaper alternative to conventional primary care services. We need to emphasise that telehealth as an adjunct and not an alternative.

Almas House were originally located in Oslo. Example of how various IT technologies can support the safety of elderly persons with cognitive deficiencies and/or dementia and their caregivers were shown during the presentation with a hope that similar project will be established as well in other countries for example Poland. Almas House features various assistive technologies, smart home installations, alarm systems and other technologies demonstrating a

variety of solutions. However, as it was said by President of the Innovative Medicine Cluster Mr Bartosz Hajncz:

“Almas House is more than assistive technology and warm interiors. It’s also people for whom this sound and safe environment, friendly to those with cognitive disabilities and facilitating care over them, is being created.”

The objective of the Almas House in Poland project is to establish a network for the exchange of knowledge, experiences and good practices between Partners as regards the concept for a model house for seniors, which already exists in Norway. By implementing the project, the Innovative Medicine Cluster aims to acquire information and data as to how the Almas House functions in Norway. The project’s end objective assumed by the Cluster is to begin implementing the Almas House in Poland.

The workshop was interactive with a lot of contributions from the audience on the specific topics.

Young Doctors Movements Engaging in Rural health Policy

Workshop authors

Veronika Rasic, Tanja Pekez-Pavlisko, Berit Hansen, Hanna Stark, Joana Isabel Moreira Pontes



Photo : VDGM doctors at WONCA Europe in Copenhagen in June.

Many family doctors will find themselves working in a rural area at some point during their career. This can be a daunting concept, especially for newly qualified family doctors, as many countries in Europe do not have the infrastructure in place to provide adequate healthcare in rural areas or a support network for new colleagues. An important part of this issue is engaging with policy makers to improve working conditions and health outcomes in rural areas. Doctors play a crucial role in rural communities and should be patient advocates, however, they often do not have an idea how to do this.

This was presented as a joint workshop from VdGM-EURIPA at WONCA Europe 2016 conference in Copenhagen. The aim was to get doctors thinking about ways in which they could influence policy changes to improve care for their patients and their own working conditions.

Berit Hansen presented the Praksismatch initiative, a web-based platform from the Danish Association of Trainees (FYAM). (see video) This is a platform for matching doctors with the right rural practice for them. The website provides information about the different practices

and includes reviews from other doctors who have worked there. It uses questionnaires to match key elements like: organisation, cooperation, professionalism, work environment, training and demographics.

Hanna Stark presented her findings from interviewing her local policy makers in Finland. Policy makers were from different backgrounds (politicians, doctors, and other professions), age groups (30-75 years), both male and female. The thing they said were important in influencing health policy are: peer leadership, medical expertise, budget awareness, shifting focus from diseases to community health and well-being, and more GPs being involved. The levels at which policy making takes place varies from self-management and personal networking to local politics and working parties in the Ministry of Health. An interesting thing that Hanna found out was that her local decision makers preferred to be contacted directly and speaking one to one about issues that affected the healthcare of the local community.

Joana Pontes found out what the literature has to say on the conditions for young doctors coming to work in rural areas, and how they may influence their decision. Finding where grouped into 1. Professional factors, 2. Social and family factors, and 3. Community facilities, support and relationships.

Professional factors: lack of support from local hospitals or community health staff, lack of opportunity to practice procedures, lack of support from other medical workers, high workloads (Hoyal 1995; Hays et al., 1998)

Social and family factors: problems with secondary education for children, lack of occupational opportunities for the doctor's spouse, inadequate housing, personality clashes with colleagues, jealousy by other community members of the doctor's income, and lack of time to spend with the family (Hoyal 1995; Hays et al., 1998).

Community facilities, support and relationships: have been acknowledged as important influences on the extent to which rural doctors' needs are satisfied. They felt they could get too close to members of the community and lose their objectivity in dealing with their medical problems. (Humphreys 2001)

Following these short presentations we had a discussion aimed at thinking about ways young doctors could get involved in influencing future rural health policy. During the discussion different ideas were expressed: forming local networks of GP's to petition local government, existing organizations (EURIPA and Rural WONCA) to compile easily accessible resources (i.e. research articles, policy papers) which would be used by individual GP's or local groups to influence policy makers, forming better medical education for rural medicine preferably in rural areas, supporting locals who are studying medicine to come back to their home town, learning about stakeholders and health policy during medical education.

From the ideas expressed it was clear that young doctors have an interest in helping to form future health policies that will affect both their patients and their future careers.



Veronika Rasic



"Being a young rural doctor"

The invitation to young doctors to join the **VdGM / St Exupery Movement Exchange Programme** as a part of the conference is still available on the web site www.euripaforum2016.eu in the 4th Newsletter for the Forum. 10 trainees or young doctors are invited to spend 2 days in a surgery close to Marseille before the Rural Health Forum begins. The successful applicants will be hosted by a French trainee and will spend 2 days before the Forum in a general practice. There will be the opportunity to learn about the French health system as well as how general practitioners are trained in France. Accommodation will be provided by the host French trainee until the end of the Rural Health Forum.

The **Preliminary Programme** is now available on the web site and the full programme will be published shortly. There will be plenty of choice: practical workshops, oral communications, poster walks as well as key notes and workshops. There will also be sessions 'en francais' which is a first for EURIPA.

Much more information about the Forum, including the Rural Dinner at the Old Harbour, is available on the web site: www.euripaforum2016.eu including information about the venue in the Faculty of Medicine of Aix Marseille University, accommodation and information about Marseille itself.



We hope that you will join us in Marseille – it will be a great event! If you have any queries, please get [in touch](#).

Médecins de Montagne » (Mountain GPs)

Médecins de Montagne is a French association which represents 90% of the working GPs in French ski resorts.

Founded in 1953, " Médecins de Montagne " is a national association, registered in French law. Today it has more than 320 GPs based in French winter sports resorts. These mountain doctors practice primary care with a specificity for trauma as a result of winter sports often in difficult geographic and climatic conditions. In addition to monitoring of the local population and seasonal, they ensure the safety of 8 million users of ski slopes each season.

A mountain GP practises his medicine as primary care in remote places. The distance between mountain's GPs' offices and the nearest hospital is, on average, 27,5 km. It needs 30 to 40 minutes on the road and 15 to 35 minutes with helicopter.

The Mountain GPs take care of:

- Emergencies: casts, splints, 94% shoulder dislocations are relocated, 90% of Colle's fracture's relocations are satisfactory. The Mountain GPs will treat 140 000 injured people during one winter. During the winter, sport trauma makes up 32% of a Mountain GP's activity. 95% of injured patients are treated in the Mountain GPs' offices. That needs specific equipment (radiology, emergency and stitching devices).
- Permanent residents throughout the year treated as rural family medicine.
- Seasonal workers with special features (foreigners and different insurance, addictions, instability).

During the winter, the number of residents increases tenfold (1 GP / 5000 residents).

The objectives of the association "Médecins de Montagne" are:

- Increasing the quality of the care in ski resorts:
Exchanges between Mountain GPs, specific training, yearly conference, "Medecins de Montagne" is an approved training organisation.
- Organising the primary care in the ski resorts:
*Networks with the hospital and SAMU (SAMU is a specific French mobile medical emergency unit)
Proposals for medical devices, premises, staff necessary for the specific care and protocols for the main pathologies*
- Fighting against medical desertification:
*27 professional training places in the mountain's ski resorts.
Yearly conference for the medical graduate and young GP.*

- Defending the specificity of medical practise in the mountains and proposing services for the members:

Central purchasing agency, newsletter, mailing list, advics sheets for the patient in different languages.

- Preventing the winter's sports injuries:

An epidemiologic network – since 1992 with 72 investigators – ensures to observe the characteristics each season, to initiate injury prevention.

- Doing research with University and medical graduates.

More information is available at the web site:

<http://www.mdem.org/france/MENU1/page/Nous-connaitre.html/sid-bzT3oVWXH8>

Calling Young Doctors!!!

The Organising Committee, the Faculty of Medicine of the University of Marseille, the Marseille Association of Graduates, in collaboration with the Saint Exupery Movement **invite 10 young trainees or doctors to spend two days in a surgery close to Marseille** before the Rural Forum begins, the total fees for the all is only 50€, there are still five places pending, so please inform your young colleagues “.

If you are interested in participating please send a mail to Dr Ludovic Casanova (ludovic.CASANOVA@univ-amu.fr)



Publication opportunities

The Orgiansing and Scientific Committees for Marseille would like to encourage participants to publish their conitrbutions.

The "Rural and Remote Health Journal " (European section) and "Family Medicine & Primary Care Review" are happy to invite participants to submit an original paper from their presentations at the 6th EURIPA Forum. The papers will go through the reviewing process and if selected, will be published. Information on the website (speakers)

To submit for RRHJ follow the link: <http://www.rrh.org.au/euro/defaultnew.asp>

To submit to FM&PCR follow the link: <http://www.editorialsystem.com/familyen>

Reports from EURIPA members

Our International Advisory Board Member from Poland, Donata Kurpas, has sent this report of a Polish conference which EURIPA supported.



Marta Gawlik, Kinga Jarosz, Donata Kurpas

For the third time at the Public Higher Medical Professional School in Opole held International Conference of the Higher School's Pulse „Grants and research projects - from application to funding”

The aim of the project was to provide how to prepare, manage and conduct research projects; where and how to search for funding possibilities (in Poland, EU and the U.S.), how to prepare applications for research projects funding.

The conference was opened for everyone, who is interested in that topic, but especially was addressed to graduate students, researchers, publishers of scientific journals, librarians, law and business representatives.

Conference was divided into lectures and panel discussions (morning sessions) and workshops (afternoon sessions).

MAY 12, 2016

I Lectures:

Prof. Christos Lions (School of Medicine, University of Crete, Greece) – Ups and downs of European projects.

Prof. Sven van IJzendoorn (Department of Cell Biology, UMCG, University of Groningen, Netherlands) - Technical & ethical aspects of digital image manipulation.

Prof. Jacek Koziel (Iowa State University, Ames, IA, USA) - Successful grant-writing strategies for junior scientists: American public university perspective.

Director Adam Zieliński (Foundation for Polish Science, Warsaw, Poland) - The new grant programs of the Foundation for Polish Science.

Dr Henryk Hollender (Uczelnia Łazarskiego, Warsaw, Poland) - The scientific information in Poland as a model and image of science.

II Debate

„Reporting research findings in biomedical journals”. The debate was conducted in English only.

Chairmen:

Prof. Christos Lionis (School of Medicine, University of Crete, Greece),

dr hab. Donata Kurpas, Associate Professor (Medical University in Wrocław, Poland; Public Higher Medical Professional School in Opole, Poland)

dr hab. Jakub Taradaj, Associate Professor (AWF Katowice, Opole; Public Higher Medical Professional School in Opole, Poland),

dr Magda Golachowska (Public Higher Medical Professional School in Opole, Poland),

dr Tomasz Halski (Public Higher Medical Professional School in Opole, Poland).

After the debate guests were invited for lunch preceding a tour of the city led by students of the Public Higher Medical Professional School in Opole, which began with a visit to the Gallery of Contemporary Art. Our guests had an opportunity to see an exhibition of works by the great Polish avant-garde artist Henry Stażewski from the collection of the Gallery Starmach.

The visitors learned that the city has much to do with Hollywood and Venice watching the avenue of Polish stars and Opole's Venice. The points of the trip were also: Opole's market, Cathedral, Piast Tower and Barlicki's castle pond, the one-penny Bridge and the University hill.

13 MAY, 2016

I lectures :

Prof. Alan R. Freitag (University of North Carolina at Charlotte, USA) –Blending research with service and experiential learning: a public health project

Prof. Henryk Kozłowski (University of Wrocław, Poland) – The projects of the National Science Centre and the National Centre for Research and Development

Prof. Przemysław Kardas (Medical University of Łódź, Poland) - EIP on AHA - does it create new opportunities for Polish researchers and stakeholders?

Anna Pytko (National Contact Point for EU Research Programmes, Poland) - Horizon 2020 – European program for research and innovation

Dr Andrzej Szpakow (Grodno State University of Yanka Kupala, Belarus) - Sources of funding for cross-border projects.

II workshop:

Copyright and protection of intellectual property

Commercialization of knowledge (spin-out, start-up), funds

Capital projects and other research

Fundamentals and the meaning of statistics in medical sciences

Bibliographic data management in the context of reporting research units to Polish Bibliography Scientific

Presentation: Grants as a form of financing Belarusian university libraries

Development projects of research libraries in perspective 2014-2020 financial

The culmination of visitation in Opole was a trip to The Museum of Village. It is an extensive open air exposition of the monuments of wooden rural architecture of Opole Silesia.



My practice: Thodoris Vasilopoulos

I am a consultant Physician of General Practice / Family Medicine at the Health Center of Agia Barbara Heraklion Crete. Agia Barbara is a mountainous rural village located 30 km from Heraklion city, and has 2043 inhabitants (2011 census).



The health centre is staffed by eight permanent qualified general practitioners, of whom four are posted in hospitals of Heraklion.



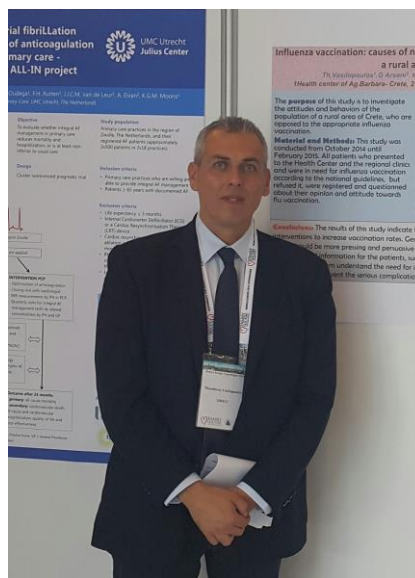
Moreover, it is staffed by a paediatrician, microbiologist, two midwives, a social worker, an operator radiologist, and a microbiology laboratory operator. The nursing staff consists of 4 nurses and other staff are four ambulance drivers and an administrative officer. According to the statistical data of the health centre, the number of patients presenting in morning working hours is 27,000/year. The health centre operates 24 hours a day every day, covering the need for emergency with two qualified GPs.

Except for the daily operation of practices we additionally perform specialized activities in my office concerning the conduction of spirometry weekly (prevention protocol, diagnosis and treatment according to guidelines data), the ultrasonic Carrying heel monthly in high risk patients in trying to prevent osteopenia-osteoporosis, a Research Protocol on childhood

obesity - metabolic syndrome in cooperation with the microbiology and paediatric department, the implementation of AUDIT method and official publication of the results in cooperation with the social medicine of the University of Crete in preventing and treating alcoholism, the record of the demand and use of the health services in the area of Health Center Agia Barbara, the implementation of MMSE screening test and GPCOG (General practitioner Assessment of Cognition), for balancing and implementation in the General / Family medicine, aimed at early detection of dementia and cognitive disorders in primary care (THALES Program), an epidemiological study of herpes zoster and postherpetic neuralgia in Primary Health Care (PHC), an epidemiological study of iron deficiency, symptoms and diagnosis of gastrointestinal malignancy in primary care in rural Crete and an epidemiological study of pneumococcal pneumonia in PHC.

Alongside my work at the health centre, I have a Master of Science in " General / Family Medicine and Primary Health Care ". I am member of research network in general practice «GREGORY LAMPRAKIS» and a research associate of the Department of Social and Family Medicine, Faculty of Medicine, University of Crete, where we have weekly meetings on Wednesday afternoons. I am also member of European General Practice Research Network (EGPRN), of the Heart Failure Association of the ESC (HFA) and of the Greek Association of General Medicine. Concerning my scientific work, I have participated in 18 scientific publications in refereed journals abroad and in Greece, and approximately 100 papers in international and Greek conferences. Furthermore, I participated in 60 seminars / advanced courses with topics allied with my specialty and 12 research programs, while I am a member of the writing group of the manual "Countering Diseases in Primary Health Care".

Last but not least, I am education Coordinator of the Trainees in General Medicine at Venizeleio – Pananeio G.H. Heraklion, having scheduled weekly educational and training meetings (on Wednesday noons). In parallel, three undergraduate medical students of the university of Crete attend my office for 2 weeks/ monthly in the context of their training at Primary Health Care according to their curriculum. Finally, for four months each year, students from ERASMUS program, mainly from Holland and Turkey, attend my office for their training. Despite any difficulties which are inflated because of the economic crisis in our country, the GP's and I will continue to provide adequate and appropriate medical care to our patients (even if our means are not sufficient always) as well as the training of new doctors in primary care.



EURIPA met Dr Katrín Fjeldsted when she came to the EURIPA AGM in Istanbul in 2015. She is from Iceland but is involved with the Standing Committee of European Doctors and is immediate past president. Here she writes to explain what the organization does.



Standing Committee of European Doctors

The Standing Committee of European Doctors (CPME) represents the National Medical Associations across Europe. The organisation is committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

Policies are being set both in answer to developments in Europe as well as by taking the lead in matters regarding the profession and patient care. CPME offers broad expertise in matters related to medicine and the medical profession and is directed by a Board, elected by the General Assembly, for three years.

CPME strongly advocate a “health in all policies” approach to encourage cross-sectorial awareness for and action on the determinants of health across society, since a healthy economy depends on a healthy population. The promotion of public health, the relationship between patients and doctors and the free movement of doctors within the European Union are the main milestones for CPME. European Physicians in particular believe the best quality of health and access to healthcare should be a reality for everyone. For these reasons, CPME asks for a clear recognition of professional autonomy, i.e. the independence of physicians to provide healthcare in the best interest of patients, which is a patient right. Whether at organisational or patient-physician level, it is a vital tool to achieve high quality healthcare.

CPME also promotes a culture of patient safety across healthcare systems. At EU level, CPME encourages a system analysis approach when studying adverse events in an effort to understand how human factors, medical devices, organisations, pharmaceutical products, etc., all interact to create safe conditions in the health sector.

To achieve its goals, CPME co-operates proactively with the Institutions of the European Union and other international organisations, such as the European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation (WHO).

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

News from EURIPA

Executive Committee

Tanja Pekez Pavlisko has just announced her resignation as President of EURIPA and her membership of the Executive Committee due to pressure of work from her PhD. We wish her well with her studies and EURIPA will elect a new President at its Annual General Meeting which will take place this year in Marseille at the 6th Rural health Forum. All members are welcome to join us.

The Executive Committee meets regularly by Skype; its next meeting is early September when an interim President will be appointed. The Committee will meet face to face jointly with the International Advisory Board in Marseille on Thursday evening 22nd September.

If you are interested in being more involved with EURIPA, please get in touch with the Executive Secretary Jane Randall-Smith (jane@montgomery-pwoys.co.uk)

European Charter for Rural Practice

The European Charter for Rural Practice was published nearly 20 years ago. It is currently being revised to reflect the increased knowledge and awareness of rural health across Europe. There is a much stronger evidence base and a greater understanding of the challenges being faced by rural health practitioners. This is an opportunity to revise the Charter to reflect this but also to include potential solutions. The Charter can be found at:

<http://euripa.woncaeurope.org/documents>

If you would like to be involved in revising the Charter please get in touch with the [Executive Secretary](#)

www.woncarural.org

This web site is the WONCA Working Party on Rural Practice's resource page. Here you will be able to access and submit rural grey literature and through the online portal discuss these resources with your peers.

The aim of the interactive resource "is to help realise health for all rural people around the world"

The WONCA working party consists of up to 20 members with at least two representatives from each of the world's regions: Europe, Asia, Africa, North America, South America, Australasia/Pacific.

Publications

Our Journal

If you are involved in research or training initiatives in rural health we would welcome a contribution to the **International Electronic Journal of Rural and Remote Health Research Education Practice and Policy**.

The Journal contains a European section and we would like to encourage EURIPA members to contribute to the Journal. Original research is always welcomed but there is also the opportunity to send in letters, project reports or personal perspectives.

There is support available to help you get published – new authors are actively encouraged!

Recent publications

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

Review Articles from the conference Innovative solutions in remote healthcare - 'Rethinking remote' that took place from 23-24 May 2016 Inverness, Scotland, UK:

The answers are out there! Developing an inclusive approach to collaboration

Author(s) : Hogg DR

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=4041>

Learning in context: education for remote rural health care

Author(s) : Strasser R

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=4033>

INFORMEG, a new evaluation system for family medicine trainees: feasibility in an Italian rural setting

Author(s) : Cavicchi A, Venturini S, Petrazzuoli F, Buono N, Bonetti D.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3666>

And from further afield:

What is a sustainable remote health workforce? People, practice and place

Author(s) : Onnis LL

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3806>

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

More information about the European section can be found at

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

Forthcoming Events

Below is a selection of events for 2015 that may be of interest to EURIPA members. Please send in your events for future editions of *Grapevine* so that we can make this section more comprehensive. Please send to the editor at jane@montgomery-powys.co.uk

EFPC, Riga Conference

"Cross-cutting Informal Care and Professional Primary Care"

Date: 5 - 6 September 2016

<http://www.euprimarycare.org/riga/call-abstracts>

6th EURIPA Rural Health Forum, Marseille, France Being a young rural practitioner



Date: 23rd – 24th September 2016

More information is available on the web site at <http://www.euripaforum2016.eu/>

The 27th Rural Primary Care Conference, Gregynog, Wales

A conference organised by rural GPs for GPs and their primary care colleagues

Date: 12th – 14th October 2016

More information is available at: <https://www.ruralprimarycareconference.co.uk/>

21st WONCA World conference, Rio de Janeiro

Family Medicine Now, more than ever!

Date: 2nd – 5th November 2016, Rio de Janeiro, Brazil

More information at: www.wonca2016.com

And in 2017:

14th WONCA World Rural Health conference

A World of Rural health

29 April - 2 May 2017, Cairns, Australia

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

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

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

22nd WONCA Europe Conference

Growing Together in Diversity

28 June – 1 July 2017, Prague, Czech Republic

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

And more.....

National Rural Health Association

40th Annual Rural Health Conference and Rural Hospital Innovation Summit May 9-12, 2017
SAN DIEGO, CA

The National Rural Health Association invites individuals with an interest in rural health research, evaluation of education programs or significant educational innovation to submit abstracts for presentation during NRHA's 40th Annual Conference. The deadline is January 26th 2017

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

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be Autumn 2016; contributions are welcome by 31st October for publication. In November. 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 and if you would like to contribute to the clinical case section, or send us a piece about your practice, tell us about research you are doing or have published, an event that is being held in your country please do get in touch.

Grapevine is YOUR Newsletter and new contributors are always welcome.

Disclaimer:

The views contained in the featured papers above are those of the authors and not those of EURIPA.