The Grapevine

Winter 2014/2015

In this edition of Grapevine it's time to look back at 2014, and what a busy year it has been for EURIPA, and to look forward to 2015 and what is currently being planned. 2014 culminated in an exciting and successful 5th Rural Health Forum in Riga in September 2014 and you can read more about it in the following pages and also the plans for next year's events, with the 13th Wonca World Rural Health conference 2015 returning to Europe and taking place in Dubrovnik in April 2015.

On behalf of EURIPA's Executive Committee and the International Advisory Board I would like to wish everyone best wishes for a happy, healthy and successful 2015.

Jane Randall-Smith

Executive Secretary EURIPA

Contents

EURIPA 5th Rural Health Forum

Riga, Latvia September 26th – 28th, 2014
Rural Family medicine – today and tomorrow

The 5th EURIPA Rural Health Invitational Forum was held in capital of Latvia, Riga. This kind of Forum was organized for the first time not only in Latvia, but also in the Baltic States.
We were really proud to host the 5th EURIPA Rural Health Forum this year in Riga as it coincided with the important status of Riga as European cultural capital. We were convinced that with a broad programme for the Forum participants would have the opportunity to get insight into the most beautiful places in Riga.

There was excellent representation Forum with the 135 participants coming from 27 countries (Estonia, Lithuania, United Kingdom, Spain, Portugal, Slovenia, Bosnia Herzegovina, Norway, Sweden, France, Austria, Romania, Poland, Greece …) and 18 universities.

We tried to include in the official and social programme of the Forum the most topical issues and events that would allow us to gain experience and knowledge in our area of expertise as well as get insight in the rich cultural traditions of Latvia.

The main theme of the Forum was 'policy' – we considered the main rural primary health care actualities in European countries, tried to find solutions, discussed how to collect and use evidence to inform policy, discussed the role of rural GPs – where are they placed and their respective roles between patients and government, and how rural GPs can influence healthcare politics. At the same time really heated discussions took place around the issue of health care financing in the different countries. Thoughts shared - the rural family physicians had their own views, while the bureaucrats' opinions vary widely.

Parallel to the main theme we discussed how to involve rural practitioners in research, about continuity of education in rural practices, prioritising issues in rural health/practice, rural proofing for health, how to use social media and other topics. During these discussions we noticed that really important questions for all participants was – how to involve young doctors and get them to work in rural areas. This issue is really serious and employs the minds of doctors and health care organizers across Europe. At the same time our young colleagues are worried about how to find appropriate places to practice.

We are really delighted with the success of the Forum, especially during workshops and discussions, when we felt really significant interest, knowledge and passion of our young colleagues for various rural family physician practice issues. And it means that the rural family physician practices have the potential for development.

Gunta Ticmane,
Department of Family medicine, Riga Stradins University,
Chair of the 5th EURIPA Rural Health Invitational Forum.

The opening ceremony with Dr Jose Lopez Abuin, president of EURIPA at the microphone:

Animated discussion amongst French doctors:

Attentive participation by Latvian young doctors:

Visit to a Health Center In Riga with Euripa (26th September 2014)

by Jorge García Sánchez
4th year GP trainee in C. S. Infanta Mercedes Madrid, Spain

In September 2014, the Euripa 5th Rural Health forum was celebrated in Riga, Latvia. On the first day in the morning a visit to a health center was organized. We went there by bus. The health center was smaller than mine in Spain and curiously it was annexed to Riga Medical School.

The Health Center had two general consulting rooms, one for the family doctor and another one for the GP trainee. It also had a room for the nurse to do blood tests, give injections, medication or vaccines amongst other things. There wasn't a secretary or administrative staff. There were two nurses, who exchanged their duties every month, one nurse dealt with all the bureaucracy and phone calls of the patients, while the other one was in charge of all the primary health care delivery. In the Health Center they also had a gynaecology room and another room for massages or physiotherapy.

The physician in charge of the center told us she had 20 minutes for each patient; that day she had a student so that the time for each patient was even longer. The total number of patients attended to by the health team in a day was about 80. Patients attended by the GP was around 25-27 patients every day and included the whole age range, from newborns to old patients.

In Riga, unlike Spain, the health system is private. Prices for all services provided (injections, vaccines, GP consultations, ambulance ride...) were displayed on a corkboard. Children and the elderly in palliative care were excluded from any payment. Many patients also take out private insurance.

In Latvia there are about 1400 family doctors and they work about 40 hours in a week.
I want to thank the family doctor who received us, did the tour and patiently answered all our questions. It was a very good experience that I recommend to every family medicine trainee and young doctor.

It's always an interesting experience to know how our colleagues work in other European countries and I would like to repeat it.

Poster competition

…..Results……. Results …..Results……. Results …..Results……. Results …..Results……. Results...

EURIPA ran an excellent poster competition during the 5th Rural Health Forum. 19 abstracts were submitted which were peer reviewed by members of the EURIPA Executive Committee and the International Advisory Board; 12 posters were accepted and 9 were presented on the first afternoon of the Forum. The judging panel and delegates listened to short presentations of the posters by the lead authors and then had the opportunity to question the presenters. The lucky winner will have their delegate fee paid for the next Rural Health Forum in 2016 and prizes were presented on the final day to:

1st	Gunta Ticmane	QUALICOPC performance – patients' assessment of the quality and accessibility of primary health care in Latvia
2nd	Jolanta Sauserene	Prevalence of multi-morbidity and chronic disease clusters
3rd	Jelena Prokofjeva	Natural and artificial ultraviolet radiation habits in Latvian population

With thanks to the reviewers and judges: Jean Pierre Jacquet, Sandra Gintere, Zalika Klemenc Ketis and Oleg Kravtchenko.

The Opening Ceremony

Friday, the first day of the 5th Rural Health Forum, ended with the opening ceremony and we were privileged to receive an opening address from WHO delivered by Dr Aiga Rurane, Head of the Country Office of the WHO in Latvia. I would like to thank Dr Rurane for letting us print her address, which I am sure you will find interesting:

Honourable delegates,
Ladies and gentlemen

It is a real honour and a privilege, to address you today, on behalf of Zsuzsanna Jakab, Regional Director of WHO European Region, in the 5th European Rural and Isolated Practitioners Association (EURIPA) Rural Health Forum, here in Riga, which is kindly hosted by Latvian Association of Rural Family Doctors.

As we know, health outcomes in the European Region have significantly improved in the Region in the last decades. Overall life expectancy increased by 5 years. But not everybody benefited equally, and health inequities continue to scar the Region.

Today, non-communicable diseases – with their associated social, behavioural and environmental determinants – account for the largest share of the burden of disease.

In addition, our Region has seen profound economic recession and austerity over the last five years, resulting in reduced public health functions and poorer access to health services.

Responding to these challenges requires new thinking. As we face the future, health must be higher on the political agenda.

The way forward is promising but a lot remains to be done to address many challenges ahead of us in our Region, as well as globally, challenges such as persistent health inequities, the demographic shift, co- and multi-morbidities, along with a rise in NCDs, or the persistence of communicable diseases like TB and HIV, do not allow us to rest on our achievements. As you all know very well, these challenges call for innovative approaches and new ideas to define adequate responses.

Member States in WHO European Region have committed to the values of equity, solidarity and new governance by endorsing the policy framework of Health 2020. This strategic document call for people-centred health systems enshrining the values of primary health care as a means towards achieving universal health coverage. However, in light of the previously mentioned challenges, it is time to revisit the current identity of primary health care, to support countries in designing strategies to innovate primary health care to better response to those changes and challenges.

What should be the role of PHC whilst staying true to the values and principles of Alma-Ata; equitable access and health as a basic human right? How can we organise PHC that

supports intersectoral delivery of healthcare and public health services in times of financial uncertainty, changing demography and population health needs?

To address health inequities and the increasing burden of noncommunicable diseases, the prestige of primary health care and its workforce must be raised by building trust and engaging and retraining health professionals from the early stages of their education. The link between health and education is crucial for guaranteeing that all groups—in remote, rural and poor areas and ethnic minorities—receive high-quality services. Inter-professional primary health care teams with appropriate updated skills are required to tackle the health and well-being challenges in a comprehensive, coordinated, integrated manner throughout the life course. Transformative educational strategies are necessary to ensure multi-professional teams and to increase the quality and social accountability of training.

There is a need to bring comprehensive health services closer to the population and to take peoples' needs and preferences into account. In order to achieve this transformation, it is of utmost importance that we integrate protection, promotion and prevention and other public health services into our primary health care settings with a life-course approach in order to ensure a continuum of care. PHC could become the optimal interface with other levels of care and settings, especially hospitals, community and specialised services.

In order to achieve this, Primary health care requires adequate financing, improved access to essential medicines and better use of information and communication technology.

Actions to promote and protect health at all stages of life have been strengthened considerably in the last five years. This requires multisectoral collaboration, especially with sectors such as education, social policy and employment.

And ladies and gentleman, this endeavour cannot be achieved by the health sector alone, but must be a joint effort, a movement towards whole of government and whole of society approach, in order to truly capture the meaning of health in all policies. And it has to be inclusive, covering the entire segments of the populations: the poor, the displaced persons, immigrants, as well as ethnic minorities and other so-called vulnerable groups that require our attention and inclusion.

Our response will have to acknowledge the necessity to put in place governance, financing and organisational arrangements that are supportive to provide the right incentives and skill mix in order to enable high-quality, people-centred health service provision. Furthermore, we need to properly make use of the tools the information and communication technologies to create a flexible and responsive primary health care.

PHC is also at the centre of the implementation of the WHO European Action Plan to Strengthen Public Health Capacities and Services.

The 35th anniversary of the Declaration of Alma-Ata in Kazakhstan last year, provided an excellent opportunity for renewing the vision of primary health care. It is at the centre of our work providing coordinated and integrated services, with links to hospitals and with social and long-term people-centred care. With the generous assistance of the Government of Kazakhstan, WHO Regional Office for Europe has established a Centre of excellence on Primary Health Care in Almaty, as core for transformed people-centred quality health services delivery.

With this, I want to wish us all an inspiring conference and lively discussions.

Dear colleagues, thank you for your kind attention.

Its been a busy year for conferences but EURIPA was fortunate that Zsuzsanna Farkas Pall, from Romania, was able to represent us at the EFPC 2014 Bi-annual conference:

The Future of Primary Health Care in Europe

I participated at a prestigious event organized by the European Forum for Primary Care (EFPC) in September. The international conference entitled **Twinning Population Health and Primary Care** was held at the University Pompeu Fabra in Barcelona. The aim of the organizers was to explore critical themes for primary care, from policy to organization to clinical care.

Zsuzsanna is on the right hand side of the photograph

From the beginning, we had a very interesting programme, starting with the pre-conference, with hosts Anoni Peris and Tino Marti in the Primary Care Centre **CASAP** in the community of Castelldefels. We learned from them during the study visit in the community health centre about the ways they organize the activities in the health centre, tasks being shared between doctors, nurses and admin staff, about the organizational structure of CASAP tailored to the needs in the community, achieving community involvement and Involvement of local authorities. I left the health centre with an important bring home message about a model fit for purpose also for rural communities.

On the first day, the keynote speakers introduced the audience to important topics like integration of primary and social care, successful eHealth solutions, shared responsibility in communicable disease prevention and the role of midwives in primary care. The problems in Europe in relation to the economic crisis and financial sustainability were addressed and the audience gained an insight in the Health Systems strategy of the WHO for the coming years.

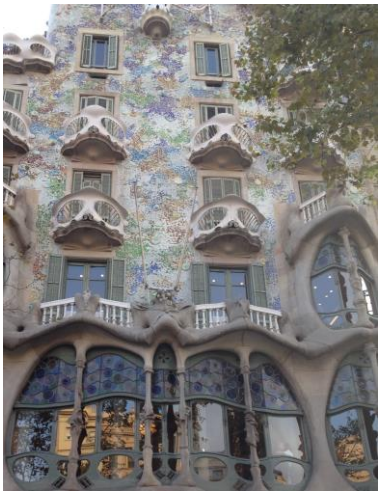
During the two days, workshops, debates, multi-media presentations were organized focusing on the patient and population perspective, the use of new technologies in quality assurance and health promotion, investigations in area of primary care systems and representatives were presenting the work of various primary care professional associations.

I was involved in running a workshop about the presentation of the GP chaired by Anna Stavdal, Vice President of Wonca, GP in Oslo, Assistant professor at the department of General Practice at the University of Oslo. The core values and working method in general practice were presented, as well the differences in how general practice is carried out, depending on different factors. We discussed about what is the role of the GP in the Primary Care Team, how do external factors like working conditions ,infrastructure, the character of the health care system ,language and culture influence the role of the GP in different parts of the Europe also about differences between general practice in urban and rural areas within the same country.

Another interesting workshop was related to the EFPC Position paper on effective primary care for Roma patients. Participants had an opportunity to listen to the examples on how the collaboration with the Health Service is experienced by Roma.

Prof. Niro Siriwardena and Prof. Christos Lionis presented common pitfalls of research in primary care.

The conclusions drawn after the Barcelona conference, highlighted the importance of inter-professional collaboration at all levels, active participation in exchange of best practice and strengthening primary care in order to reduce the growing social gradient in health.



And now, looking forward to 2015! Firstly it is the **13th Wonca World Rural Health conference 2015:**

Breaking down barriers: Bringing People Together

Dubrovnik, 15th - 18th April 2015

After 6 years, the Wonca World Rural Health Conference is returning to Europe and the Mediterranean. The conference will be held in Dubrovnik - the Pearl of the Adriatic Sea. Croatian Coordination of Family Physicians (KoHOM) is the organiser of the conference and there is much information available about the conference and Dubrovnik on the web site at

http://woncarural2015.com/

Abstract submission is currently open, with a deadline of 10th January 2015, and EURIPA members are currently developing their abstracts for submission. The outcomes will be announced on the EURIPA web site.

The early bird registration is open until February 10th 2015. There are also student packages and 5 scholarships available for young doctors under 25 – more detail is available on the web site!

Young doctors from all over the world are working hard in anticipation of the conference and have some innovative ideas:

Young Doctors' Movement at the WONCA World Rural Health Conference in Dubrovnik 2015

Veronika Rasic, 2nd year Family Medicine Trainee, Koprivnicko-krizevacka County, Croatian Representative of VdGM

As most of you already know plans are underway for the WONCA World Rural Health Conference in Dubrovnik in April of next year. The organization committee, which consists of the Croatian Coordination of Family Physicians – KoHOM in cooperation with the WONCA Working Party on Rural Practice and EURIPA, expressed an interest in working with the Vasco da Gama Movement and other young doctor movements from around the world. We were asked to present any ideas we had that would be relevant to junior doctors working or thinking about working in rural practice and participate in the development of the conference programme.

We have come up with ideas for four perspective workshops up to date. I would like to give you a brief overview of our ideas.

World Rural Health - Video Diaries

We hope that the short video diaries of rural practices will show just how diverse this area of medicine is. The videos would be 2-3 minutes in length and follow a template to guide the participants in summarizing their thoughts and ideas.

The template consists of questions about their practice and patients, the most difficult and rewarding part of their work day, unique difficulties that they have in their practice, what they do to relax and have fun, and what they would recommend to junior doctors thinking about entering rural practice.

A certain number of videos will be chosen for the conference workshop to represent the scope and unique qualities of rural medicine in each corner of the globe - deserts, tundra, islands, mountains, indigenous communities etc. But all videos will be made available to a wide audience. This will allow for a better understanding of world rural medicine and enable an interesting workshop/discussion to take place. Hopefully the discussion can continue long after the conference. It would also allow participation in the congress from doctors not able to come to Dubrovnik.

Leadership and Mentorship Development

In this workshop we wish to explore the importance of leadership and mentorship in rural practice. We will focus on the practical aspects of leadership, on ways to promote leadership roles and opportunities and developing quality mentorship.

The Rural Doctor Dilemma

Many obstacles stand in the way of attracting doctors into rural practice and difficulties with succession planning. We hope to explore these challenges in this workshop by hearing from students and young doctors about their opinions of rural health and what would attract them to join such a practice.

Student Adventures in Rural Practice

This workshop hopes to encourage early engagement of medical students in rural health. We have asked IFMSA to organize this workshop with our assistance. This provides us with the opportunity to hear which areas of rural practice are of interest to students.

Aside from the workshops we also hope to see junior doctors and students presenting oral and poster presentations at the conference.

We hope that this project can help us gain a better understanding of the different challenges our colleagues face in a wide spectre of rural medicine settings around the world. To achieve this goal we have asked for cooperation from all of the WONCA YDM (Polaris, AfriWon Renaissance, Al Razi, Spice Route, Rajykumar, Waynakay and VdGM) and we have also encouraged the participation of medical students (IFMSA).

This will allow junior rural practitioners to have a voice and share their experiences. Hopefully it can also help with the recruitment and retention of junior doctors in rural areas which is currently a challenge for many countries around the world. As well as providing a platform where rural practitioners can share challenges they face and discuss how to solve them with colleagues from all over the world.

We ask you to encourage your junior rural practitioners and medical students to participate. We hope that you will join us in this exciting project and connect with rural medicine!

Later in the year it is

20th Wonca Europe 2015 Istanbul Conference

October 22-25, 2015 – Istanbul

Next year, the Wonca Europe Congress will be organized in *Istanbul.*

The main theme of the conference is "Future of Family Medicine" being young staying young, in terms of discipline, organization, family physicians and patients.

As societies, settings, and problems change, relationships will change as well. It may seem that Family Medicine ages, it will lose the dynamism which created it. What will our future hold? How will we manage to remain young as a discipline

? What are the challenges facing us ?

We invite you to discuss the future of our discipline during Wonca Europe 2015 Istanbul Congress.

Powerful scientific programme is being prepared with the participation of all the networks, special interest groups, working parties and collaborative organizations of Wonca Europe and Wonca World. Plenary sessions and keynote lectures will address comprehensive topics.

We already allocate one symposium and two workshops for rural health. But all "Rural" friends can have a word during the conference. We invite you to speak up for your ideas, concerns, contributions, inventions especially in brites. BRITE is an abbreviation of the words: bring your thoughts and experiences. Five minutes presentations from different practices about a certain topic will give a chance to compare and learn together.

Let's have a scientific activity in the magical environment of İstanbul!

Find out more from

http://www.wonca2015.org

EURIPA is again submitting abstracts – the deadline is March 22nd 2015

Reports from EURIPA members

Rural Practice in Southern Israel - Mati Ziv, Israel

We all know what Rural Health means? – Adrian Gom, Romania

Mati Ziv joined the International Advisory Board in Riga and has written about his practice in Southern Israel:

Eilot Regional Clinic – Southern Arava Desert

The Eilot region is the southernmost municipal region in Israel, spanning 2200 square kilometers of Israel's Arava desert and ending at the red sea, where there is a triangle border with Jordan and Egypt. The region is made up of 10 kibbutzim (communal village) and 2 small villages. The population of al villages together is around 3300. Most villages in the area thrive on agriculture – mainly date farming, dairy farming and marine agriculture.

In the past, each Kibbutz had its own small clinic, operated by a local nurse, where a traveling family physician would come and see patients for a few hours every week. In 2004, with the help of generous donors from Canada, the regional clinic was built, with the goal of providing comprehensive and high standard professional health care to the entire region on a daily basis.

The clinic is staffed full time by five nurses, all of them residents of the various Kibbutzim in the region, as well as one family physician. Along with the permanent staff, there are various consultant physicians as well as paramedical professionals who offer their services in the clinic on a variable basis, including physical therapists, a paediatrician, a general surgeon, a gynaecologist, a dermatologist, a clinical nutritionist and a range of different integrative medicine professionals. Most of the auxiliary staff resides in the different villages in the region, while some arrive from the nearest city, Eilat, and few are flown in from central Israel once or twice a month.

The clinic hosts rotations for medical students from Ben Gurion University in Be'er Sheba, Israel every year as well as teaching first year residents in family medicine.

The villages in the Eilot region are very tightly knit communities, and the clinic is very involved in community life. The unique structure of the Israeli kibbutz allows opportunities for many significant interventions at the community level. The physician and nurses constantly work alongside the health committees in all of the kibbutzim. In addition, the medical staff gives lectures local school and elderly activity centre, along with various lectures and workshops to the general public in the regional community centre.

We all know what rural health means?

Adrian Grom
Rural Department of National Society from Family Medicine in Romania

We all know what rural health means? Do the authorities know? And are they willing to act on this knowledge?

A quick survey would show that rural areas have much in common, regardless of the position in different countries. A rural area is poorer, has a low density population and less access to health care. One particular problem is that physicians who choose to work in rural areas (or even to live there) are fewer and tend to commute when possible.

The South-Eastern part of Europe is no stranger to this general problem but things are aggravated by an imbalanced legacy of communism and post-communist transition (moving from hospital based care to primary care, lack of management skills, introducing an insurance system instead of Semaschko system, etc).

Any inhabitant of this region would recognize key phrases like: “we should reform the system but MY solution is better than yours; we do not have the money to do it; we, the government, know better from our shiny offices what to do; we do not have the resources to make a study, a policy impact, or whatever…”

Problems are general and consist of low social status for health workers, underpayment, migration to western countries etc. There are more (including low accessibility – scattered communities, dirt roads, no private means of transportation or even no public ones; higher costs of health for rural inhabitants; higher social costs for health workers – no family access to educational and cultural venues of the city, no employment for husband/wife).

There are methods that can improve the situation. Croatia has set up a National Registry of Medical Workers. Since 1991 the policy makers have an instrument to change the policies according to the needs – like raising the Numerus Clausus for students or specializations of physicians (29% of 35-44 year age didn't possessed a specialty degree in 1999). In Romania there is such a method of registration (both Health Ministry and National College have such a registry) but not one policy is keeping track of its modifications (with one exception – in 2004 34% of family doctors didn't have a specialty degree. In 2008-2010 there was a solution for them to get a degree by making a five year residency but with 2 or 3 days of study per week, maintaining a total time of training identical with new specialists but allowing them to keep the practice going).

The educational element is set up in different ways, from financing students from rural areas to establishing chairs of family medicine in universities (Romania and Bulgaria). There are forms of distance education and there are programmes which target the rural areas in particular.

While authorities agree that financial incentives are important the way in which they are doing this job differs from area to area. Croatia and Montenegro pay a higher fee per capita in rural areas, Albania offers higher salaries in remote areas and Moldavia, Bulgaria and Romania offer better conditions (free housing, electricity and heating in Moldavia). At least on paper. Although there is a law in Romania that stipulates that what the local authorities have an obligation for also depends on the whims of local elected mayors to grant such things. A law that permitted family doctors to buy their location of practice (these spaces were the propriety of Health Ministry) was challenged in the Constitutional Court and dismissed on special request from local authorities – they wanted to get those locations but to keep in their propriety and lend to doctors, not for the money but to have leverage on doctors.

One major problem is that there is no study on how these measures work. Not one country in these areas has undertaken a study on the impact of these improvements. Are there more doctors in a remote area after implementing a new reform? Do the patients receive better health care? Is there a better quality of life? There are no data on this. Again, Romania has a way of "how not to do it" case. In 2005 a new reform was pushed by CNAS (Romanian Health Insurance Fund administrator). The introduction of SIUI (an informatic system) was mandatory for every health care unit. One would expect that rivers of data would be flooding the policy makers. Wrong! That flow of data was just for the administrator of funds to get a grip with costs. Doctors are supposed to report on a short list (of 999 codes of diseases) what type of service was provided. After ten years since its inception it was understood by the administrators that this wouldn't work on health policies and this year they introduced DES (an electronic health record), to keep track of real health problems. So we have a system that generated costs of about 200 million euros (just for CNAS – costs of health care units to implement it were never accounted for!) just to get a monthly report of how much money CNAS is paying (on the anecdotal view – we asked CNAS to get a statistic about rural doctors and what percent of the funding is going to them. The *in*famous SIUI was not able to compute it, they asked every county to send them, on plain paper, that list…).

One other reason for poor policy implementation is the raopid change of political power. The maximum time a minister of health resided in power was for three years in Romania (since 1990 there were 24 – one for each year). If, by a miracle, you would agree on some quality change with one minister, the next one means you have to work through it again.

The last example is the financial supplement for rural areas in Romania – the actual mode of calculating is based on a score system that accounts for poor roads, distances from emergency rooms, quality of habitation (water, heating), poverty. The new leadership of CNAS wants to change it. So, from 3000 rural doctors who get from 5% to 20% increase in bills (about 2000 get it from 5% to 10%) they want to lower it to 250 by their proposal for a new score. This contradicts the policy paper of the Health Ministry but the Ministry doesn't care (even if they have an official policy which demands an increase of financial incentives for rural areas, policy officially backed up by IMF, EU and WB).

Every study made in other countries suggest that the financial part, while important, is not the corner stone of rural health. But it is important and it contributes a lot to the decision to work in rural areas for physicians. Are there solutions to overcome the problems? There is a short answer: there are no general solutions. Every solution has to be adapted to the particularities of the country and monitored for years. From our experience there are some short guiding lines for responsible governments:

- Collect real data from rural areas and use them for policy making
- Monitor programmes for attracting health workers to rural area
- Educational intervention (vocational, practical and specific training)
- Financial support (on a general basis - higher fees/salaries and particular ones – heating, electricity, transport, housing)
- improving local authorities implication
- adherence to European and international practices
- asking EU (where there is the case) to sanction bad practice of local government
- maintain a long term policy coherence
- Educate the politicians, on every level, to understand health policies and to support them.

One final lesson is the Asian lesson. Most East Asian countries have better health systems, higher patient satisfaction and comparable or better health indexes. Why? Because reforms aren't passed on politician whims but after years of discussion and studies, after explaining to doctors and patients and are implemented at a slow pace (again, Romania is a leader in "fast implementation" – it took three years to get a national health card reform, they printed it in an year but they distribute it in just three months and in other three month they want it full operational).

Update on EURIPA activities

EURIPA's Executive Committee has met regularly during 2014 and its membership was reviewed at the joint meeting with the International Advisory Board on Friday 26th September in Riga. New members of the IAB were also welcomed in Riga and the up to date membership of both is available on the web site at www.euripa.org

During 2015 both the Executive Committee and the IAB will meet regularly. If you would like any particular issues to be considered please get in touch with the Executive Secretary (jane@montgomery-powys.co.uk)

Hot Topics will continue in 2015 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. There will be a follow up Hot Topic focussing on **Occupational Health** early in the New Year.

EURIPA has also set up a **working group** to explore issues around **Chronic Morbidity**. An abstract will be submitted on this subject for the international rural health conference in Dubrovnik and a questionnaire is being developed for a **Hot Topic** in the New Year.

If you are interested in Chronic Morbidity please contribute to the project by completing the Hot Topic questionnaire or contact Executive Secretary (jane@montgomery-powys.co.uk) who will pass on the information.

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!

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

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.aspof) that may be of interest to other rural practitioners:

Utilisation of a direct access echocardiography service by general practitioners in a remote and rural area – distance and rurality are not barriers to referral
Published 14th December 2014, *Rural and Remote Health* **14: 2736**. (Online) 2014. Available: http://www.rrh.org.au
Authors: Choo WK, McGeary K, Farman C, Greyling A, Cross SJ, Leslie SJ.

Use of addiction treatment services by Irish youth: does place of residence matter?
Published 6th August 2014 *Rural and Remote Health* **14: 2735**. (Online) 2014. Available: http://www.rrh.org.au
Authors: Murphy KD, Byrne S, Sahm LJ, Lambert S, McCarthy S.

Forthcoming Events

Below are 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

9th Congress of General Practice in France 2015
Paris, France 26th – 28th March 2015
For more information go to: http://www.congresmg.fr/index.php/en/

WONCA Rural Working Party Conference
Breaking down barriers, bringing people together
15th – 18th April 2015 Dubrovnik, Croatia
Abstract submission will open in September 2014
More information: http://woncarural2015.com/

International Congress on Rural Health, as a social economic and cultural engine
Brescia (Italy), September 8-11th
Abstract submission is now open up to **30th June 2015.** For more information go to:
http://www.overgroup.eu/ruralhealth2015/

WONCA Europe 2015
Future of Family Medicine…… being young, staying young
October 22nd – 25th 2015 in Istanbul, Turkey
For more information go to: http://www.woncaeurope2015.org/

Future Contributions to Grapevine

The next issue of the Grapevine will be Spring 2105 and notification of the deadline 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 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.

.. Happy New Year .. Bonne Année .. Blwyddyn Newydd Dda .. Yeni Yılınız Kutlu Olsun .. Sretna Nova Godina .. Laimīgu Jauno Gadum .. Feliz Año Nuevo .. Boldog új évet ..