



The Grapevine

Winter 2012



Dear colleagues and friends

It's nearly Christmas and it is already time for this next edition of *Grapevine*.

I had hoped that we would have really seasonal weather (I mean snow of course!) as I was putting this edition together but it is raining – again. However, there is a seasonal quiz at the end for you to test your linguistic skills. In this bumper edition you will also find some interesting articles from Croatia, Vasco da Gama and young doctors in rural practice and a web site dedicated to rural GPs.

With best wishes for the Festive season and for 2013

Jane Randall-Smith
Executive Secretary EURIPA

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Rendez- Vous 2012

The Rendez-Vous 2012 conference brought together the WONCA World Rural Health conference and the network Towards Unity for Health annual conference. It was hosted by the Northern Ontario School of Medicine in Thunder Bay, Northern Ontario, Canada from October 9-14th 2012. Over 850 Delegates from 45 Countries attended the conference, including members of EURIPA.

John Wynn-Jones (Immediate Past President of EURIPA) has been officially and unanimously nominated as the new chair of the Rural Working Party. He is the first European chair.

The Editor of *Grapevine* would like to take this opportunity to congratulate John on behalf of EURIPA. John explained that he has three aims for his tenure as chair:

- To introduce young people into the Working Party to ensure sustainability
- To ensure equality with women
- To restore the balance between working and academic GPs.

The next conference being hosted by the Rural Working Party will take place in Brazil in 2014 (see section below on Forthcoming events) and after that in Croatia in 2015 (see report below) but the Rural Working Party has also submitted abstracts for workshops at the WONCA World Conference in Prague in 2013.

More information on the WONCA Working Party on Rural Practice can be found at:

<http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice.aspx>

WONCA Europe web site and EURIPA

WONCA Europe has a new web site at

<http://www.woncaeurope.org>

As a result of this new web site, EURIPA will be moving its web site on to the main WONCA Europe site and will have a sub domain. The migration will take place early in the New Year and the new EURIPA web site address will be circulated through the list server.

For the time being the web site at www.euripa.org will continue to be maintained.

Good news from Croatia

Independence Day in Croatia on 8th October was a great day for family medicine in Croatia as well. After almost three decades of work in general practice, two of which as the sole doctor on the beautiful island of Mljet, our colleague **Magdalena Nardelli** was awarded with Croatian presidential honors! Excerpts from her CV follow:

“Now, I have been working as a GP on the island for more than 22 years. For 19 years I was the only doctor on the island - that means 355 days in the year, 24 hours in charge for 1250 inhabitants in 16 villages along a 50km long road (100 km² of mainland and 1300km² of the sea around the island) plus all tourists, visitors, sailors, divers: simply everybody looking for medical help and care. During those years I tried hard to improve the health status of my people and medical care - to get equipment for my clinic, ambulance, radio and phone connections, to establish a pharmacy, dentist and laboratory service and I did it. Three years ago we got another medical team in a clinic in Govedjari - that means more free time for education, sport and travel for me.



Island Mljet

In 2001, I received equipment for telemedicine consultations as a donation from the Croatian Academy of Medical Sciences and now I am trying to organise my net of consultants. Also the project «Heliport on Mljet» seems to be on the brink of success after twenty years of pushing and begging to be realized. In the last few years I have taken part in a genetic research project of Mal de Meleda (Hyperkeratosis palmoplantaris hereditaria) together with scientists from St George’s Hospital Medical School in London.



Magdalena Nardelli with the president of Croatia – Prof. Dr. Ivo Josipovic

Through living and working with my patients in different situations and circumstances for so many years I've realised the limits of established medicine and got interested in alternative methods and techniques as a complete approach to myself and my patients. Recently I spent my holidays with my brother, who has been living in Puna India for over thirty years. There, in Ajna Center for Learning (Asian headquarters for «Three In One Concepts» of Burbank California Center) I received education in specialised kinesiology. A lot of the skills I learned I use in my everyday life and work and I'm very satisfied with the results. In India I also got some ideas and information on different healing techniques, especially the Eastern ones (Ajurvedic, Tibetan, Chinese) and I am sure it would be worthy of a lot of work and training to achieve some of them and to include them in daily work and life".



Magdalena is on the right side of the president

On the same day, through great support from colleagues from EURIPA, KoHOM (the biggest family doctors' association in Croatia) received the approval to organise the **WONCA World Rural Conference in 2015 in Croatia**. We would like to use this opportunity to once again give thanks to John Wynn-Jones, Jose Lopez Abuin and Christos Lionis for their help in lobbying the decision in Canada. Members of KoHOM are aware of the immense responsibility, and have begun the preparations immediately by visiting and observing colleagues from neighboring countries. We were already guests at the conference in Republika Srpska (part of Bosnia and Herzegovina) and in the middle of December we will attend a gathering organised by their Serbian medical chamber. The next plans involve presenting to all congresses in the area, to the congress of the Association of doctors of southeastern Europe and the World Congress of WONCA in Prague...

One of the more important events, which will be incorporated into the preparations of the congress, is a course "**Implementing and publishing your rural research in biomedical journals**". The director of the course will be the respected Prof. Dr. Christos Lionis, from the University of Crete and course instructors will be our respected colleagues in general practice and other branches of medicine. The course will be held from **22nd February to 24th February, 2013 in Zagreb**, in the Palace hotel. A new idea for this type of course has emerged, where by all attendees will be given most of the materials online, and they must prepare in advance. The web site address is:

<http://recocrok.conventuscredo.hr/>

With this procedure we have decreased the number of lectures and increased the number of practical exercises. This idea is that all attendees arrive with their own ideas for writing their work, and then these ideas are gone over during practical parts of the course and thus aid the development of a general practitioner as a researcher.



Fountain on the main square in Zagreb

We know that the best time to visit Croatia is during spring and summer months, but believe us, Zagreb, especially during the winter has a lovely and magical feel to it. We hope that you will manage the time and funds to visit us for this high-quality course.

Tanja Pekez-Pavliko

RuralGP.com

RuralGP.com - have you been?

RuralGP.com was created in 2009 by David Hogg whilst a GP trainee. Starting out as a blog, it now continues to highlight events and news, as well as offering other advice, tips and links, about all things relating to rural practice.

The site is independent, but welcomes input from any like-minded organisations. Thanks to some recent funding support from the Remote Practitioners' Association of Scotland (RPAS), we have been able to upgrade the site to a faster server, and with this brings the opportunity to do even more with the site. Currently, micro-sites for RPAS and the Dewar Centenary Group are hosted at RuralGP.com. This can easily be expanded to other groups, and as the site uses Wordpress to manage all the content, it's fairly easy to allow any budding authors to write their own articles directly to the site.

There are also a number of mailing groups associated with RuralGP, and these can be joined by any current GP or trainee.

We hope to grow the site to include more careers information, video content relevant to 'grass-roots' level rural GPs, and continue to highlight interesting and important stories relating to rural practice.

Take a look... ruralgp.com

David Hogg

Second Edition - Claudio Carosino Prize

Raquel Gómez Bravo, Sara Rigon, Jaume Banque

Last year, in memory of **Dr Claudio Carosino**, an Italian Rural General Practitioner who sadly died in 2010, the Vasco da Gama Movement and EURIPA created a prize for the best completed Hippokrates exchange to a **rural practice**.

At the WONCA Europe Congress in July 2012, VdGM awarded 700 euros for the best exchanges that have been completed within European rural practices in 2010 or 2011.

The first prize was given to Dr Fabrizia Farolfi from Castelbolognese, Italy, who knew Dr Carosino personally since he was also involved in the GP vocational training. Fabrizia visited Lime Tree Surgery in Worthing, UK hosted by Dr David Mannings. She has valued her 2 weeks experience very much and she said, "Rural Medicine represents a special field, whose aim is to warrant medical assistance in the more remote and less populous corners of the world".

The award for Best Hippokrates Exchange went to Dr Pedro Miguel Oliveira Azevedo who spent 2 weeks in Kent, UK at Charing Surgery hosted by Dr Rosalyn Dunnet, also in a rural setting.

Thanks to this great initiative, EURIPA and the Vasco da Gama Movement encourage rural exchanges among European countries for GP trainees and young GPs and keep Claudio Carosino's memory alive.

Rural Prize

To be eligible for this prize the candidate has to:

1. *Be a family doctor trainee or family doctor within 5 years of specialisation at the time of the exchange.*
2. *Have completed a Hippokrates Exchange and have been awarded a Certificate of Completion in 2011 or 2012*
3. *Have not been awarded funding from any other source to take part in the exchange.*
4. *Be able to attend the WONCA World Conference in Prague from 25th-29th July 2012.*
5. *Applications must include:*
 - *The completed Hippokrates Exchange Template (Learning Objectives, Educational Programme, Learning Outcomes and Final Report - all signed by the visitor and host).*
 - *Cover letter outlining why you should be considered for the prize (400 words maximum).*
 - *Your curriculum vitae (2 pages maximum).*
 - *A letter of support from your Hippokrates exchange host.*

The deadline for applications is **31st December 2012**, which will be reviewed and winners selected by a panel appointed by VdGM, EURIPA & WONCA Europe.

P Winners will be invited to submit their report for publication in the European Journal of General Practice and may be invited to present at the **2013 WONCA World Conference**.

Rural Practices

The countries listed below have confirmed rural host practices participating in the Hippokrates Exchange Programme. We would love to thank them to join the initiative, the enthusiasm and the support to complete the experience of GP trainees and young GPs working in rural settings, with different environment and different realities.

Croatia

Rural Practices: Silba (Dr Branka Duvnjak-Živković), Postira (Dr Nataša Mrduljaš-Đujić), Kutina (Dr Tanja Pekez-Pavliško), Novalja (Dr Nives Dabo) , Podvinje (Dr Danijela Daus-Šebeđak), Sukošan (Dr Jasna Vučak)

Finland

Rural Practices: Pello (Dr Tapani Risku), **Professor Pekka Honkanen** (Kainuu Region)

Hungary

Rural Practice: Országos Tisztifőorvosi Hivatal, Budapest, Gyáli u. 2-6 (Dr Simek Ágnes)

Italy

Rural Practice: Scandiano, Reggio Emilia (Dr Lino Gambarelli)

Netherlands

Rural Practices: Wijchen (Dr Joop de Vette), Ede (Dr Jeannette Rekers), Zevenaar (Dr Mieke Smits), Kaatsheuvel (Dr Karel-Jan van Tuijn)

Romania

Rural practice: Rosiori, Jud.Bihor (Dr Zsuzsanna Farkas-Pall), Braiesti, jud. Iasi (Dr Mihaela Nastasa)

Slovakia

Rural practice: Velky Biel (Dr Jana Bendova),

UK

Rural Practices: Scourie & Kinlochbervie Medical Practice, NW Sutherland, Scotland (Dr Anne K Berrie), Tanyfron, Aberaeron, West Wales (Dr Helen Herbert), Henfield, West Sussex (Dr Malcolm McLean), Wychwood Surgery Cotswolds, Oxfordshire (Dr David Nixon)

If you would like to join the Rural Exchange programme, please contact:

- Dr. Raquel Gómez Bravo, Beyond Europe Coordinator and EURIPA liaison person: beyondeurope@vdgm.eu
- Dr. Sara Rigon, European Hippokrates Exchange Coordinator: exchange@vdgm.eu

To add your practice and participate in this amazing experience of exchanges offering GP trainees and young GPs the possibility of knowing the great art of being a rural GP, please contact either Dr. Raquel Gómez Bravo or Dr Sara Rigon (as above).

The importance of rural training during and after Medical School A South American point of view

By Ana Ivette López Reyna, from Lima, Peru and a GP Trainee in Spain

General Practitioner's training starts not only when the student chooses his specialisation after medical school but also from the beginning of University, when he decides to take care of the patient and realizes that the patient is the most important thing.

When I started my GP training in Spain, I have perceived the difference between a doctor who has done the *rural service* or who has had previous contact with patient (it could be already at university or in a private practice) and others who have not done it, because the experience of having contact with patients since the beginning of Medical School lets you develop skills, abilities of communication, being more confident to treat the patient and achieve its trust.

That's why I believe in the importance of the first approximation with the patient from the very beginning, mostly in the rural area, because in this isolated place the doctor has to face all the possible situations, developing all the potential skills not only in the medical relationship but also in the social, cultural and even in the psychological area.

During the fifth and sixth year, at San Marcos University, Peru, we have compulsory classes about community medicine and community paediatrics in which we have to do projects based in the community, doing situational analysis of the population and depending of it, start a plan of development to try to improve their life condition.

During the SERUMS (Rural Service and Urban Marginal Areas of Health), which is a mandatory year after University if you want to work in Peru's National Public Health system, you have the possibility to apply this knowledge in developing projects to improve health care in the population that you have been assigned according to their needs, but also taking part in the projects already established by government, like CRED/PAI (Growth and Development / program of vaccinations).

We also have to work as a GP in these rural practices and in urban marginal areas, after finishing University and before the specialization, but with the advantage of having experiences during all medical school, applying the theory into practice so at the end of university you are feeling prepared to face any kind of situation, being completely prepared as a doctor, with full knowledge to be ready in an emergency or to attend the general population and develop projects of prevention and promotion of health care, doing campaigns of integral attention and prevention for the health in areas with social risk.

Also in these more remote places where there is a lack of health care because of the distance to the nearest center of reference, the Ministry of Health educates promoters of health, people with basic knowledge (not necessary sanitary professionals) qualified to identify a risky situation of health, emergencies or complications of disease that could activate the chain of help and derive them on time to the nearest health's center of major complexity.

These experiences help us to grow up as doctors and as a persons because we confront real situations and make the impossible to solve them using all your skills.

Finally, the sensation of all my colleagues is that when we start the training program in any specialisation, we are better prepared for the daily contact with the patient, because we have been working as a rural GP after graduation. The theoretical knowledge is not enough if we do not know how to put it into practice, that's the reason because we encourage so much to work in this developing area; it's the only way to be a real doctor, being a rural GP.



One day campaign In Rumichaca- Ayacucho Perú, The SERUMS team are doing a general checking to all the population



Something new is happening in Israel

Israel is indeed a young Mediterranean country, aged only 64 years, but Family Medicine in the Jewish tradition can be dated to biblical times, when Elisha the prophet made CPR to a woman during a "home visit". A Family Medicine residency program has been established in Israel on early 70's, parallel to the establishment of the Israeli Association of Family Physicians. This association is a member of WONCA EUROPE, currently represented by its chairman, Prof. Shlomo Vinker.

Residents and young FPs have always been an integral part of the Israeli association of family physicians, but there was no active movement to deal with their special needs. Vasco da Gama Movement, being very active among residents and young FPs around Europe had no Israeli representative, and the opportunity of young generation FPs in Israel to cooperate with their colleagues abroad was missed.

But that was about to change...

Last July, I had the honour to participate, for the first time, in WONCA EUROPE conference, held in Vienna. Something had caught my eyes with the buzz around Vasco da Gama Movement (VdGM) stand in the lobby. Young residents and FPs from different countries were sharing ideas, difficulties and hopes, and I was immediately drawn to it. As Family Medicine in Israel has a well built residency program to be proud of, and research is one of its goals, I thought there was nothing I could do better than join VdGM, and represent my country in its council and working groups. With a little back wind from my head of department. Dr. Khaled Karkabi, and with the blessing of the Israeli association of Family Physicians executive committee, I became the first official Israeli VdGM representative.

Taking home to Israel this huge responsibility, I thought that this was the opportunity to establish a working movement of residents and young FPs that could promote issues within Family Medicine in Israel and cooperate with colleagues in Europe, learning from their experience and vice versa.

Right from the beginning, I found out that VdGM working groups' managers and the executive group are a bunch of professionals, and I thank every one of them for the warm welcoming and continuous guidance. The achievements are already apparent. Since my appointment as the Israeli VdGM representative in July, five Israeli residents and young FPs have participated in three different conferences around Europe, having the chance to exchange ideas and experience with their local hosts. Thirteen clinics around Israel, most being rural with special cultural issues, are now listed in the VdGM site as hosting clinics for the Hippocrates Exchange Program, which is a program during which residents and young FPs have the chance to experience the everyday life of Family Medicine in another country. The first to try will be Dr. Svetlana Crastula from Spain, planned to arrive this December. I surely hope she'll enjoy her stay and make the most of it, after all having the chance to see Nazareth and holy Jerusalem so close to Christmas time can be uplifting.

There is still much work to be done, promoting VdGM here in Israel and cooperating with the varied working groups of VdGM, such as the research group and education and training group. I hope that the connection I've started will be a long and fruitful one for generations of residents and young FPs to come.

Dr. Ronen Brand
Israeli representative of VdGM
Israeli Association of Family Physicians
Department of Family Medicine
Technion - Israel institute of Technology, Haifa, Israel

Update on EURIPA activities

There is a lot going on and below is a flavour of the activities that are currently taking place and if you would like more information please get in touch with Jane (Jane@montgomery-powys.co.uk) in the first instance.

Patient Safety in Rural Practice

The workshop / meeting that took place at the end of September in Manchester was very successful and productive, with representatives of EURIPA, EQuIP and Linnaeus meeting over 3 days. The MapSaF (Manchester Patient Safety Framework) has now been “rural proofed” and “Europe proofed” and other Action Points are currently being followed up with a view to piloting the rural documents in selected European counties in early 2013.

EURIPA is very grateful for the support of the Linnaeus project and the team at Manchester University for their help.

WONCA Europe Special project on Out of Hours

The methodology involves a questionnaire survey and a literature review. It is planned to complete the survey early next year and present the findings at the World WONCA conference in Prague in 2013.

The project is being funded by WONCA Europe.

Emergencies Group

This initiative is about to be re-commenced following the Rendez-Vous conference in Canada. A course on dealing with “The Emergency Patient” is in the process of being developed.

Balkan Research course

See Forthcoming Events below

EURIPA is also involved in future conferences:

WONCA World Conference, Prague, Czech Republic, June 2013 – 3 abstracts have been submitted jointly with the World Rural Working Party and 3 submitted from EURIPA members. We are waiting to hear the outcomes.

EURIPA 4th Rural Health Forum – 17th – 20th October 2013, will take place in Malta in collaboration with EGPRN. The title is

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

More information will become available in the New Year.

An Interesting Rural Case

In *Grapevine's* new section focussing on interesting cases that members have been faced with in practice, the following has been submitted by Jose Lopez Abuin from Spain and has been reviewed by Zsuzsanna Farkas-Pall in Romania.

I am sure that you have noted that EURIPA is involved in a Patient Safety initiative. Related to this, I would like to bring an anecdote to the *Grapevine* which really happened in my practice at the Health Centre in the village of Padron, in the province of La Coruna, Galicia (the Spanish northwest, a rural region which with only two and a half million inhabitants has fifty percent of the inhabited nucleuses of Spain: quite dispersed and rural!).

FB, 58 years old, was one of my patients. He was deaf and dumb, and had a wife who was also deaf. They had a daughter, who was neither deaf nor dumb, but when this story happened was not at home. This couple, as many of the dwellers of Padron, cultivated the famous Padron peppers (small, green, sweet, and sometimes hot) and the husband also had a hobby: to go hunting. This anecdote is about his hobby.

FB went hunting on a chilly autumn afternoon (our weather is not like southern Spain's: it's more like the Irish one). He went with his two dogs: Nina and Rosco. Unfortunately the man had bad luck: he fell several meters down to a river bed and suffered a bursting femur fracture. He was not able to call for help (he was dumb) and, remember, that he was also deaf. He stayed in pain for several hours and was not able to climb up the small precipice down which he had fallen. At 10.00pm FB's dumb wife was at home preparing the dinner, unaware that her husband had gone hunting, when she saw Rosco jumping and jumping at the kitchen window. She let the dog come in and the dog started barking and pulling her skirt to go outside. The dog was telling her to follow it: she understood and followed Rosco all the way to the riverside, where she found her husband fainted, accompanied by the other dog: Nina had stayed all the time body to body with her owner, giving him warmth. Happily, the lady came to the Health Centre, where, with the help of the Firemen squad, we were able to pull up FB from the river bed, give him first aid and deliver him to hospital care. This dog saved his life: for sure he would have perished that cold autumn night without the help of his clever dogs.

Rosco and Nina are now the most loved dogs in the world. This anecdote could only have happened at the rural area and is a sample of... how could I name it?... patient-dog safety??



Jose in his vineyard

Prevention of a homeless life-style

A report, from the Hungarian Scientific Association of Rural Health to the Hungarian Ministry of Human Resources, of a conference on September 29th 2012. The audience was invited by the Association, and included local government politicians, social politicians, members of health organisations and physicians.

Definition:

The correct definition of homelessness is still missed in everyday expressions and also in the law. The denomination means not only “homelessness”, but also a special lifestyle: separation from the uniformity of the society, from its habits and laws.

Data:

In 2010 the Public Health Department of the Office of Chief Medical Officer collected the data of Hungarian Local Governments. According to this data 42,437 homeless persons lived in Hungary, out of them 29,764 were registered and accepted some kind of support services including accommodation, free catering, clothes, medical care.

The social roots of the homelessness:

Many prospering industrial branches ceased after the political transformation: textile, leather, food industry, coach and other machine factories, and also workers' hostels were closed down. These workers were from rural areas. The people living in villages, working in the big cities met their family only weekly or monthly already before the closures. New workplaces weren't established in the neighbourhood of their own settlement. The families received the recurrent “parasites” with difficulties; they were not able to keep themselves due to the loss of the principal income source. Returning from the city the unemployed husband, son couldn't accept the village-lifestyle again, they weren't able or didn't want to adjust to their previous circumstances.

The only choice left was: back up into the city, where the unemployed workers-homeless citizens were known, where acquaintances lived, where the only opportunity existed to survive. **About 80 % of homeless people are from rural areas.**

Other causes were the bad **economic, social changes**, the **legal loss of the home**, (old persons by donation, divorced husbands by a good lawyer, victims of flat mafia,) **the victims of domestic violence. inhabitants of orphanages**, the **patients suffering from psychiatric disease** in consequence of the closing of the psychiatric rehabilitation institutes in 2007, other **handicapped peoples** after the death of their parents or protectors and also **some antisocial or sociopathic persons** due to a **deliberate choice**.

2–3 generations of homeless people have appeared: teenagers, young twenties from the villages, from the poor quarters of cities integrated into the homeless world **following their relatives**, their acquaintances dreaming of a safe living, escaping from the daily worthless slave-work which cannot provide that.

Health care projection of the homelessness:

Currently there are 84 institutions supplying homeless people in Hungary, 70 of them provides different kinds of health services. **Homeless medical care**, according to the statistical data, is solved; indeed is **better than that for the average population**.

... But what is the **reality**:

Homeless people **apply for medical care rarely, with more serious complaints, or with complications**. Frequently there is the **polymorbidity, including more alcoholic and psychical illnesses**. Different complications of cold, alcohol, drugs, atherosclerosis and infections are frequent. The **malnutrition, vitamin deficiency, the infectious diseases** are common. The **screening, prevention, continual care, rehabilitation is quasi unknown** concept in the homeless health care – only the acute care. Also their polyclinic, **hospital care** hides many **anomalies**.

Solution

The accurate surveys, analyses on these experimental facts are not undertaken. Currently this fundamental lack of valid data and in consequence of it the **ad hoc activities** characterize all of the homeless services.

Specificities of the underprivileged population's health care are necessary in order to be included in the **education and continual training of undergraduates and practising health care providers**.

Also the **education and training of homeless people**: communication, conflict management, self-knowledge, informatics, behaviour - social expectations are important in the resocialization. The **public media** could help a lot for **better social acceptance**. The coordination of the **homeless-care providers'** activity is necessary for giving cost-effective services and also the cooperation of other **specialist workers** – social-care providers, experts in public health, in education, in religion – to develop an integrated action plan and coordinating the implementation.

To **involve voluntary pensioners** into the homeless-care would be a great step toward the **personal, individual homeless-care**.

The homeless-care on district-regional level cannot be solved, except through uniform, well organized, integrated and **systematic national strategy**.

So though slowly, with many difficulties, but with **the cooperation of all the society – even with the homeless population**, - the homeless persons could be - instead of being vegetative organs looking for accommodation and food all the day - **Homo sapiens** again.

Agnes Simek



Christmas Quiz



Below is a list of Christmas greetings written in a number of different European languages. Apologies if I haven't included your language but see how many you can identify.

No cheating!

1. Merry Christmas and Happy New Year
2. Joyeux Noël et bonne année 2013
3. Čestit Božić i Sretna Nova godina
4. С Рождеством и Новым годом!
5. Feliz Navidad y próspero año nuevo!
6. Crăciun Fericit! La multi Ani
7. God Jul og Godt Nyttår
8. Kellemes Karácsonyi Ünnepeket és Boldog Újévet – Hungarian
9. Nollaig chridheil agus bliadhna mhath ùr
10. Καλά Χριστούγεννα και ευτυχισμένος ο καινούριος χρόνος
11. Fröhliche Weihnachten und ein gutes neues Jahr
12. Bon Nadal i Felіç Any Nou
13. Nadolig Llawen a Blwyddyn Newydd Dda
14. Buon Natale e felice anno nuovo
15. Feliz Natal e próspero ano novo
16. Prieçīgu Ziemassvētkus un laimīgu Jauno gadu

Answers to follow in the New Year.

Forthcoming Events

Implementing and publishing your rural research in biomedical journals

22nd – 24th February 2013, Zagreb, Croatia

More information is available at: <http://recocrok.conventuscredo.hr/>

RCGP 2nd National Rural Conference

16th March 2013 Penrith, Cumbria, England

For more information please email: ruralforum@rcgp.org.uk

International Forum on Quality and Safety in Health Care

16th – 19th April 2013, London, UK

“Improving quality, reducing cost, saving lives”

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

EGPRN meeting

16 – 19th May, Kusadasi, Turkey

Risky behaviours and health outcomes in Primary care

Please find below the web link for the Call for Papers and all details on this next EGPRN meeting. The deadline for abstracts is 15th January 2013

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

WONCA World Conference

25th – 29th June 2013 Prague, Czech Republic

“Family medicine – Care for generations”

The deadline for submission of abstracts is **31st December 2012**. For more information go to: www.wonca2013.com

As a result of this major event taking place in Europe there is no WONCA Europe conference next year and the EURIPA Forum has also been put back to the autumn.

Forthcoming Events cont'd

18th Nordic Congress of General Practice

21st – 24th August 2013 Tampere, Finland

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

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

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

EURIPA 4th Rural Health Forum

17th – 20th October 2013, Malta

The theme is

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

More details will be available shortly.

WONCA Rural Working Party Conference

May 21st 25th 2014 Gramado, Brazil

Rural health: an emerging need

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

WONCA Europe Regional Conference

2nd – 5th July 2014, Lisbon

“New Routes for General Practice and Family Medicine”

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

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be before Easter next year and contributions are welcome, by

Monday 11th March 2013

If you are interested in contributing to the next edition of *Grapevine* please get in touch with me at Jane@montgomery-powys.co.uk. Please think about what you do in your practice and if you would like to contribute to the new interesting 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.