



# The Grapevine

## SPRING 2017

We are well into April and the planning for the 7th Rural Health Forum is well advanced. The web site is now live - [www.euripaforum2017.eu](http://www.euripaforum2017.eu) - and the call for abstracts is launched. More information follows in this newsletter and we look forward to seeing you in Crete in November.

Meanwhile EURIPA will be represented at the World Rural Health Conference in Cairns Australia at the end of this month and also at this year's WONCA Europe conference in Prague. As well as rural workshops EURIPA will be hosting its regular rural dinner.

Its shaping up to be a busy year with changes happening in EURIPA as well. Please read on to find out more.

Here's looking forward to an action-packed summer for EURIPA!

*Jane Randall-Smith*

Executive Secretary EURIPA

### Contents

	Page
7th EURIPA Rural Health Forum	2
WONCA Europe Prague	3
Around Europe:	
Spain	4
Noerthern Ireland	7
Hungary	8
My Practice in Sweden	10
European Forum for Primary care	13
WWPRP	13
News from EURIPA	14
Publications	15
Forthcoming conferences	17
Future publication dates	18



**The 7th EURIPA Rural Health Forum welcomes you in Crete, Greece  
Save the date 2nd-4th November, 2017**

**“Rural Renaissance”** ([www.euripaforum2017.eu](http://www.euripaforum2017.eu)) is the title of the upcoming Rural Health Conference of EURIPA that will be held for the first time in Crete, Greece; an island with great history, culture, geography and scientific activities. The 7th EURIPA Rural Health Forum, **“Rural Renaissance”**, is featuring the importance of the enhancement of rural potential in a constantly changing environment, predominated by the ongoing financial and refugee crisis. **“Rural Renaissance”** corresponds to the demands of a challenging world that has already recognized the health inequalities among and within rural regions. Therefore, holistic health needs assessment together with the essential four dimensions of the quality in Primary Health Care (PHC) (continuity, accessibility, comprehensiveness and coordination) as well as tailored policies were never more necessary for rural societies. These are core components of establishing a stable environment for **“Rural Renaissance”** under the light of equity and patient-centered PHC. PHC and General Practitioners (GPs) could become the agents for **“Rural Renaissance”**.

This conference will facilitate a wide range of interesting topics focusing on rural research and practice; addressed by seven major **plenary themes** including implementation science, ecology and environmental change, cancer and rurality, lifestyle factors and smoking cessation, financial and refugee crisis, healthy and active ageing, education and training of GPs. Various international networks, multidisciplinary research teams, young and senior scientists and widely recognized key note speakers will be actively involved; offering networking opportunities and updating recent advances in PHC to all participants. So, if you are practicing in a rural area for just a short period of time or you have taken this as a life-long commitment, if you are a young or highly experienced researchers, or a promising healthcare professional (i.e. nurse, social worker, physiologist etc), or a medical student, even if you are a policy maker or key informant, we are looking forward to receiving your proposals for contribution (**See abstract call: [www.euripaforum2017.eu](http://www.euripaforum2017.eu)**) to the scientific content of our Forum. Don't miss this opportunity to join us and actively participate to this promising forum!

Venue: Panormos, “Sensimar Royal Blue Resort & Spa” (<http://www.royalblueresort.com/>).

**Save the dates:**

Forum dates 2nd-4th November, 2017;  
Deadline for abstract submission 15th June, 2017;  
Early bird deadline 30th June, 2017.

We are cordially expecting you in Crete with great hope for this first step towards  
**“Rural Renaissance”!**

**Christos Lionis**, MD, PhD, FRCGP(Hon)  
Professor of General Practice and  
Primary Health Care, University of Crete,  
Chair of the Scientific Committee,  
7th EURIPA Rural Health Forum

**Theodoros Vasilopoulos**, MD, MSc  
Member of Council of WWRPR, Executive Committee of  
EURIPA, European General Practice Research Network  
(EGPRN), Heart Failure Association of the ESC (HFA)  
Chair of the Organizing Committee, 7th EURIPA Rural  
Health Forum

## **EURIPA at WONCA Europe Prague 2017**

EURIPA will be running two workshops at the WONCA Europe annual conference in Prague this year. The theme is General Practice in Europe: Growing Together in Diversity and the workshops will focus on:

**Chronic Care** – exploring the needs of patients, caregivers and primary care professionals from rural settings

Lead: Donata Kurpas (Poland)

**Point of care testing:** opportunities, barriers and facilitators to their implementation across Europe

Leads: Ferdinando Petrazzuoli (Italy) and Thomas Frese (Germany)

EURIPA Executive Committee member Oleg Kravtchenko is also presenting a workshop on Indigenous health. The purpose is to map and discuss indigenous populations and their health challenges and to define optimal tailored solutions.

Please come and visit EURIPA in the exhibition, where there will be a raffle for a free place at the 7<sup>th</sup> Rural Health Forum in Crete in November 2017. EURIPA's Executive Committee member from the Czech Republic is also helping to organise one of our regular rural dinners for the Thursday evening in Prague. Do come and join us!!

The overall programme "at a glance" can be found at <http://www.woncaeurope2017.eu/program-at-glance.page> On Thursday June 29th, a WONCA Europe Open Meeting will take place, focussing on

### **Person centred care - policy meets practice In Prague**

Director Hans Kluge , Dept of Health Systems and Public Health WHO Europe, and WONCA Europe President Anna Stavdal invite you to an interactive session, chaired by WONCA Europe Immediate Past President Job Metsemakers.

"In order to achieve our ambition taking the front seat when the development of family medicine is on the table in our region, WONCA Europe must exert influence where policies are made. WHO Europe is an important trendsetter when states in the region plan and tailor their health care.

WONCA Europe has established close and fruitful collaboration with WHO Europe.

Person centered care is the bedrock of family medicine. The concept is fully adopted by the WHO when member states are advised on health policies and plans.

The outcome of health policies should be measured and monitored on how it is experienced by individuals and by the population. We would argue that GPs, with their ears to the ground, and through continuity of care are worth listening to before policies are set, plans are made and action is taken.

How can policymakers and practioners find common ground, share experience and make sure that state of the art family medicine is given ample attention and taken into due account before policies are operationalized ? This, no less, is what this session aim to explore.



Prague Meetings  
Research  
Practical skills  
Friendship Collegiality  
Pride Enjoyment  
Diversity Learning  
Future

---

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)



The Truly

European Conference



General Practice in Europe:  
**Growing** together  
in **diversity**

## Gala Evening

Do not miss the opportunity to join the **Gala Evening** which is held at **Municipal House** on **June 30, 2017**.

Municipal House, one of the most famous buildings in Art Nouveau architecture style in Prague.

The building exterior has allegorical art and stucco. Built in 1905 on a place of former The Royal Court (used by Kings of Bohemia 1383–1485).



### Keynote Speakers



**Anthony Heymann**  
*(Israel)*



**Cyril Höschl**  
*(Czech republic)*



**Charilaos (Harry) Lygidakis**  
*(Greece)*



**Amanda Howe**  
*(UK)*



**Niek de Wit**  
*(The Netherlands)*



**Wolfgang Mastnak**  
*(Austria)*

## Around Europe by EURIPA members

### Spain:

#### The College of Physicians of Avila's Province hosted the **First National Conference in Rural Medicine**

The College of Physicians in Avila hosted the First Castellano-Leonese and National Conference in Rural Medicine in Spain. The event took place in November 25th and 26th, 2016. In this meeting participants dealt with different aspects of the past, present and future of medicine and health care in rural areas.

Organized by the Spanish Society in Family and Community Medicine (semFYC), the Spanish-Leonese Society of Family and Community Medicine (SocalemFYC) and the Illustrious Medical Association of Avila, this forum was runned under the coordination of the president of SocalemFYC, Dr. Elvira Callejo Gimenez and Dr. Miguel Ángel María Tablado, head of the SemFYC Rural Medicine Working Group.

The conference was attended by numerous personalities from the scientific, political and local administration. Among others, the Minister of Health of the Junta de Castilla y León, Antonio María Sáez Aguado, the manager of the Extremadura Health Service, Ceciliano Franco Rubio, SemFYC vice president, María Fernández García. There was also a large number of rural doctors in an unbeatable and friendly atmosphere which was highlighted during the meeting. This high degree of satisfaction was expressed in the surveys carried out after the conclusion of the conference.

An extensive program of workshops, lectures and team building sessions were covered throughout the sessions. Different aspects of the development and practice of rural medicine in the Castilian and Spanish rural context were depicted emphasizing the real situation of rural medicine in our country, its strengths and weaknesses. At the same time participants tried to outline and suggest possible solutions to the most controversial aspects.

Enriching debates and discussions were generated with multiple proposals calling for an improvement in the conditions of medical care in isolated communities. All this discussions were leading to the goal of reaching higher levels of quality of care in rural settings, with a population many times characterized by people suffering from serious social, cultural and economic limitations. Conclusions obtained from the meeting were published in a document called the "**Declaracion de Avila**" presented at the end of the Conference.

<https://www.semfyec.es/wp-content/uploads/2017/02/Declaraci%C3%B3n-de-%C3%81vila.pdf>

The main points of this declaration are focused on: importance of highlighting the fairness and accessibility to healthcare for rural populations, respect for local particularities, need of an integral medical care added to prevention and health promotion, importance of rural training for future professionals, use of digital tools and importance of consolidating and enlarging the culture of rural research. This declaration has to be seen as a tool for the present and future planification in Rural Primary Care in Spain.

Having started the road in Ávila, the SemFYC Rural Medicine Working Group is already working with enthusiasm in the Second National Conference in Rural Medicine to be held in Zaragoza at the end of October 2017. All of you are invited to attend!

Dr Andoni Mendoza Petite  
Vice President of Illustrious Medical Association of Avila  
Member of semFYC Rural Medicine Working Group  
[gruporuralsemfyc@gmail.com](mailto:gruporuralsemfyc@gmail.com)

### **Northern Ireland:**

March 2017

### **Primary Care Crisis in Northern Ireland**

Primary Care and the very existence of the NHS in Northern Ireland (NI) is threatened like never before.

The canaries in the mine are those unavoidably small practices in rural areas. I have been one of those canaries. My solo GP rural practice closed last December having been unable to recruit a replacement GP. Fortunately for me being close to retirement age, this allowed me to escape the cage. The domino effect has put pressure on neighbouring practices and this is likely to increase with impending retirement of other GPs in the area. 30% of the GPs in my rural county of Fermanagh are due to retire in the next 2 yrs. NIGPC believe a staggering 13 practices could close going from 18 down to five. This in the most rural part of NI. Anyone who believes this will not affect access to quality general practice for these rural communities is deluded. In the whole of Northern Ireland there are 950 full-time GPs. 25% over 55 yrs old. There are now fewer GPs in NI than there was in the 1950's and exponentially increasing workload for the same reasons elsewhere in the UK. Now even some urban practices are collapsing with the pressure on the remaining intolerable. We need more GPs urgently retaining those who are retiring. Further increase in training places. A minimum of 10% of the health budget going to Primary care. A Stabilisation fund. Reduced bureaucracy and workload.

GPs in NI can only look on with envy at how the devolved governments in other parts of the UK are attempting to steady the ship.

Here in NI over the past 10 yrs despite repeated warnings from primary care leaders, there has been a lack of strategic leadership from the Dept of Health NI and the local devolved government. Thus, the rudderless ship of the NHS has foundered on the rocks. Blown there by the perfect storm of increasing demand and decreased resources. The question now is can it be refloated before it is smashed as the storm intensifies.

NI primary care is in the invidious position of having the oldest workforce in the UK coupled with not enough younger GPs in training. Although the training numbers were increased recently after sustained pressure from the professional bodies it seems too little too late. We have the lowest number of GPs to patient ratio in the UK. NIGPC believe 20 GP practices face closure across NI this year affecting 120.000 patients.

To relieve the severe pressure on General Practice the professional bodies have had some success by organising Federations of practices to work collaboratively. They are in their infancy but are already starting to employ allied professionals such as practice pharmacists to help with the workload.

We still need a crisis plan from the Dept of Health and government for the here and now. With no functioning government this is very doubtful.

NIGPC have proposed Plan B for which they recently received overwhelming support from the profession. The nuclear option of leaving the NHS. When 60% of GPs sign resignation letters over the next 3-6 mths NHS Primary Care will no longer exist in NI.

Sorry for such a depressing report but I believe it illustrates the dire situation NI Primary Care finds itself in with rural practice very much on the frontline.

Yours sincerely,  
Dr Michael Smyth FRCGP

PS please see link to NIGPC website with further information on how we got here.  
<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-northern-ireland/undated-resignations>

Also 14/3/17 at 10.40pm BBC Spotlight NI programme aired on GP crisis. The BBC iPlayer link has been shared through the Rural Forum googlegroup for those interested:  
<https://archive.org/details/GPCrisisInNorthernIreland>

## **Hungary**

### **'The health care of misery'**

A short report on MOTESZ (Union of Hungarian Medical Scientific societies) interdisciplinary forum

It was held on 30. November 2016. in Johan Béla assembly hall of Semmelweis Medical University. The conference was arranged by MFTT (Hungarian Scientific Society of Rural Health).

The awkwardness of health services for very poor, handicapped and homeless people was analysed on the conference and the opportunities to improve it and equalize their status. They defined the concept of „underprivileged” from the point of view of philosophy, sociology and health care. Correct description was given on the decreasing health status verified by statistical data. Lecturers called the attention to the difficulties of their medical care and to the social anomaly as well: cost of repeated unnecessary investigations, the increasing waiting time of other patients. They realized, that primary, outpatient and hospital care has the same objective difficulties beside the prejudice of ordinary people and also the health care professionals.

Only wide social champing of the official health, social and family care, NGO-s and ecclesiastical organizations can lead to the consolidation of health care and health status of underprivileged population.





The most important element is prevention, as in all diseases. It is the greatest task unambiguously for good communication skills, conflict management assertive lifestyle must be taught and practiced from the very early period of childhood, when an infant begins to speak.

The lecturers represented on a wide scale the different institutes of higher education and the health and social centres specialized for underprivileged population: dr. Pálvölgyi Gabriella, head of health-centre of Budapest Social Centre for Homeless People, dr. Simek Ágnes Ph.D. , titular associate professor, Semmelweis University, Department of Public Health, prof. dr. Forrai Judit, Semmelweis University, Department of Public Health, dr. Huszár András, family pediatrician, former president of Society of Family Pediatricians, dr. Frankfurter Márta, head of Infectology, Kenessey Albert Hospital, Balassagyarmat, dr. Tamási Erzsébet Ph.D. Pázmány Péter Catholic University, Faculty of Law, dr. habil. Krémer Balázs, associate professor, Department of Sociology, University of Debrecen, Orbán Zsuzsanna retired Hungarian teacher, Nemes Judit, vice rector of Wesley János Methodist College, Misetics Bálint, social politician, Eötvös Lóránd Scientific University, Faculty of Social Policy, dr. Chen Sheng Wei, lawyer. They guaranteed the manifold discussion and analysis of the subject.

The participation of head officers of Commissioner of Civic Rights' Office, former director-general of National Insurance Fund, retired head of Infectology Department in National Institute of Chief Medical Officer, public health officers of National Institute of Public Health, health care professionals in primary, outpatient and hospital care, social workers and officers, public nurses GP-s, pediatricians, infectologists, hospital nurses, physicians, nurses and social workers from homeless care, sociologists and even lawyers shows the ranging interest toward this problem.

Hopefully the position and recommendation of the conference will react on the state administration level to the complex care for underprivileged and homeless people.

Dr. Ágnes Simek Ph.D, MFTT elnök

## My Practice

This month we focus on a rural practice in Sweden, written by EURIPA's new representative on the International Advisory Board, Sofia Åhman

"Help, I need somebody! Help, not just anybody..." Sometimes you do need help, just like the Beatles sang in their soundtrack "Help!".

I'm a 30-year-old registrar, with about a year left before obtaining my specialist qualification as a general practitioner in general and rural medicine, at the Rural Health Care Centre of Arvidsjaur. Here we are ready to see everybody seeking healthcare, day and night all around the year.



*Here I am doing a routine examination of a child, at our child welfare centre.  
Photograph by Peter Öhman, with parental consent to publish.*

Arvidsjaur is a small town located in the beautiful and sparsely populated county of Norrbotten in the northern part of Sweden. Icy and dark winter skies flaring of northern lights contrast with temperate and bright summer nights. Living here means living next door to forests, lakes and mountain sceneries. Outdoor life is a common lifestyle, consisting of for example hunting, fishing, skiing and hiking. Otherwise you find most of what you need of services, shops, restaurants, amusements and furthermore in the community.

I was country-bred in Arvidsjaur and at 18 years of age moved to the town Umeå for basic medical education. After obtaining my medical degree at the University of Umeå and just before becoming a registered medical practitioner, I returned in 2010, to work at the Rural Health Care Centre of Arvidsjaur.



I find rural medicine appealing and contemporary. Being a physician in a rural area is both challenging and developing. You meet patients with all kinds of illnesses, in all ages, literally from the cradle to the grave. Since Arvidsjaur is located approximately 125 kilometres from the nearest secondary hospital and 160 kilometres from the nearest tertiary hospital, our commission consists of everything from standard general care to first line trauma and emergency care. Therefore, we have a seven-bed ward for inpatient treatment as well as in-house X-ray facilities. We also have road ambulances, manned with our own ambulance nurses. In some situations, we need to call an air ambulance for patient transport to the hospital.

A colleague once said that “the common is the common, but you have to be ready for the uncommon as well”. Having a detective’s spirit isn’t a disadvantage. One day is never like the other. I believe that the day when I learn nothing new, will not come during my professional life.



*The emergency room at our Rural Health Care Centre. Photograph by Peter Öhman.*

The population size we serve is about 6400. Part of the time during standby duty, we also serve a population of about 3000 inhabitants in our neighbouring community of Arjeplog. The area of the two communities is about 20 600 km<sup>2</sup>-, which is equivalent to half the size of Denmark. Some people live so far from the nearest road that they have to rely on snowmobiles and ATVs for transportation.

The staff consists of about 40 co-workers. We have physicians, nurses, two radiographers, assistant nurses, a midwife, a social scientist, a chiroprapist, a receptionist, laboratory operators, secretaries, an occupational therapist and physiotherapists. At the moment, we have one GP working part-time and two registrars. Fully staffed we would be about six GP's. Since we lack physicians, we rely on substitute physicians from staffing agencies. Fortunately, we have some substitute physicians working on a regular basis. The nursing staff includes ambulance nurses, district nurses and one child care nurse. From the beginning, I felt support from my co-workers. There is always a fine atmosphere.



*The team is important! Part of the nursing staff, in the ambulance garage.  
Photograph by Peter Öhman.*

Working in a rural area sometimes means you have to be open for individual and flexible solutions to problems. Of course, people have the right to equal healthcare, wherever they live. Equality in healthcare is one of the biggest challenges we face in rural areas. However, the conditions may differ quite a lot between urban and rural areas of the country.

Despite, or maybe thanks to the conditions of rural medicine, we try our very best to create opportunities for good healthcare. In case you need help, not just from anybody...

## **EFPC – European Forum for Primary care**

EFPC Webinars are held on a regular basis and the next one will take place on Tuesday 25 April 12.00 (CET) lunchtime:

### **“Public Participation in Health Care: Bringing Civil Society In”**

by André Biscaia, Tiago Vieira Pinto, Sofia Crisóstomo, Margarida Santos, the #EFPC2017 Porto conference organisers. EURIPA members are welcome to join.

For details on how to join please go to: <http://www.euprimarycare.org/news/webinar-public-participation-health-care-bringing-civil-society-25-april-12h-cet-amsterdam-time>

Registration is free but the webinars are limited to a maximum of 100 participants.

## **WWPRP**

### **EURIPA at the 14th WONCA World Rural Health conference**

#### **A World of Rural health**

**29 April - 2 May 2017, Cairns, Australia**

If you are planning to visit Cairns this year look out for the two EURIPA workshops:

Rural Medical Curriculum - Oleg Kravtchenko and Markus Herman

Rural Mental Health - EURIPA together with the Vasco da Gama Movement

And if you are planning further ahead:

### **15<sup>th</sup> World Rural Health Conference 2018**

The promotional activity has started for 15th world rural health conference. Formally it was launched during the national family medicine and primary care conference at Kochi in January 2017:

“It is a great pleasure to inform you all that World rural health conference 2018 is going to be held in New Delhi, India from 26- 29th April 2018. It is an international conference where we expect more than 1500 delegates across the world.

“We are thankful to all those who have volunteered to be part of the working group for this conference and also for their valuable suggestions.

In case you haven't received this message earlier and wish to be part of the working group or have any suggestions to make, please feel free to contact us.

Web - [www.wrhc2018.com](http://www.wrhc2018.com)

Mail - [wrhc2018@gmail.com](mailto:wrhc2018@gmail.com)

Facebook page - @wrhc2018

## Executive Committee

EURIPA's Executive Committee continues to meet on a monthly basis and is currently in the process of **reviewing and updating the constitution** to reflect the changing times.

The draft constitution will be circulated to the International Advisory Board and to EURIPA members this summer and then the revised constitution will be presented at the Annual General Meeting (AGM) for approval by the membership. The AGM will take place in Crete in November to co-incide with the 7<sup>th</sup> Rural Health Forum.

The new membership scheme will also be launched this summer and it is planned to send out the information in the next edition of the *Grapevine*.

Membership of the International Advisory Board is expanding and the Codex has now been agreed and is available on the web site ([http://euripa.woncaeurope.org/sites/euripa/files/documents/EURIPA%20IAB%20Code x.pdf](http://euripa.woncaeurope.org/sites/euripa/files/documents/EURIPA%20IAB%20Code%20x.pdf))

## Research

### Rural Health

It is very disappointing to have to report that, following the call for proposals on "Access to healthcare for people in rural areas", DG Sante did not award the contract in the first part of this year.

It is very disappointing for the lead partner ICFI, which undertook the bulk of the work, but we were all very disappointed as it was a major opportunity for EURIPA and the first time that the EU Commission had really shown any interest and commitment to rural health. We can but hope that a revised call will be announced at some point.

As previously reported ICFI already holds a contract with DG Sante, for the VulnerABLE project, which is exploring access to health care for a range of disadvantaged groups. The project includes 'rural and remote' and following its involvement during the Rural Health Forum in Marseille EURIPA has participated in an expert working group and is looking forward to its involvement in further workshops this year.

### EIT

The proposed research project will improve self empowerment of aged patients with type 2 diabetes disease in rural areas in 3 countries across Europe by an internet platform involving health and social workers, patients and relatives, associations and communities for better shared medical decisions, management, quality of life and autonomy.

The call for project of EIT Health is interesting in the way of it combine, academics, industry and associations; the project will be reported to next year because of the complexity of the project.

The preparatory work we have done this year will make it possible for next year. Answering to the call 2018 seem possible. For the whole project the funding from EIT Health can be 500 000 €, it is worth the risk. EURIPA as expert and co-organiser, if successful, could provide a good opportunity for our rural patients.

## Publications

### The #EURIPA Rural Health Journal

A few months ago, EURIPA started publishing an on-line journal called “The #EURIPA Rural Health Journal”. We publish it regularly every Monday and Friday. To publish it we use a platform named paper.li ( <http://paper.li> ) that allow us to find, collect and publish content related to rural health in an automated manner. You can also follow us and you will receive the Journal at your in box every time it is published. Here you have the link to the journal:  
[http://paper.li/EURIPA\\_EURIPA/1445814103#/](http://paper.li/EURIPA_EURIPA/1445814103#/)



Dr Josep Vidal-Alaball  
EURIPA

### Our Journal - the International Electronic Journal of Rural and Remote Health Research Education Practice and Policy

If you are involved in research or training initiatives in rural health we would welcome a contribution. 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 ( <http://www.rrh.org.au/euro/defaultnew.asp> ) that may be of interest to other rural practitioners:

#### Original Research

Balancing safety and harm for older adults with dementia in rural emergency departments: healthcare professionals’ perspectives  
Authors: Hunter KF, Parke B, Babb M, Forbes D, Strain L.  
<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=4055>

Diagnosis of osteoporosis in rural Arctic Greenland: a clinical case using plain chest radiography for secondary prevention and consideration of tools for primary prevention in remote areas  
A case study from rural Greenland is used to highlight the potential for radiographic detection of osteoporotic fractures in the absence of other testing capacity in remote areas. Use of available technology, specifically lateral chest radiograph, enabled the diagnosis of fragility fractures and the timely initiation of treatment for osteoporosis.  
Authors: Fleischer I, Schæbel LK, Albertsen N, Sørensen VN, Andersen S.  
<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3910>

Patients' use of and attitudes towards self-medication in rural and remote Slovenian family medicine practices: a cross-sectional multicentre study

Author(s) : Klemenc-Ketis Z, Mitrovic D.

<http://www.rrh.org.au/articles/showarticleeuro.asp?ArticleID=3893>

'Building a community of practice in rural medical education: growing our own together'  
This article examines the history of rural training track residency programs in the United States over the past 30 years. This account reveals the significance of a community of practice for ongoing support and development of these programs.

Author(s) : Longenecker RL, Schmitz D

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=4195>

### **Other publications:**

A new report has been circulated, published by Health Education England and the Medical Schools Council:

By choice – not by chance

Supporting medical students towards future careers in general practice

Published in November 2016, a working group was chaired by Professor Val Wass to explore this issue as recruitment into general practice has become a major issue in England. You can find this report at:

<https://www.hee.nhs.uk/sites/default/files/documents/By%20choice%20not%20by%20chance%20web%20FINAL.pdf>

### **The European Journal of General Practice**

The European Journal of General Practice (EJGP) is the official journal of WONCA Europe, the European Society of General Practice/Family Medicine. Since the 1<sup>st</sup> January 2017 the EJGP is an Open Access, international, peer-reviewed scientific journal, publishing high-quality, original research. The journal was established in 1995 and is published online (four issues/year) and in print (end-of-year book).

You can find the journal at: <http://www.tandfonline.com/toc/igen20/current>

The Editor, Jelle Stoffers, invites you to submit articles, and read the published articles.

A recently published article may be of interest:

Factors associated with professional satisfaction in primary care: Results from EUprimecare project

<http://www.tandfonline.com/doi/full/10.1080/13814788.2017.1305350>

To submit an article there are instructions at:

<http://www.tandfonline.com/action/authorSubmission?journalCode=igen20&page=instructions>



## 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](mailto:jane@montgomery-powys.co.uk)

Coming up in 2017:

### **14<sup>th</sup> 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>

**3<sup>rd</sup> World Summit on Rural Generalist Medicine** will be held prior to the 14<sup>th</sup> 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>

### **NHS Midlands and East: Rural Health Conference**

#### **Identifying the Problems and Finding the Solutions**

12<sup>th</sup> May 2017 Leicester, England

<https://www.events.england.nhs.uk/events/1114/rural-health-conference>

### **EGPRN Spring conference**

#### **Reducing the Risk of Chronic Diseases in General practice/ Family medicine**

11<sup>th</sup> – 14<sup>th</sup> May 2017, Riga, Latvia

More information: <http://meeting.egprn.org/>

### **20<sup>th</sup> Nordic Congress of General Practice**

#### **Changes and Challenges in primary care**

14<sup>th</sup> -16<sup>th</sup> June 2017 Reykjavik, Iceland

More information is available at: [www.nordicgp2017.is](http://www.nordicgp2017.is)

### **22<sup>nd</sup> WONCA Europe Conference**

#### **Growing Together in Diversity**

28 June – 1 July 2017, Prague, Czech Republic

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

### **28<sup>th</sup> Rural Primary Care conference – Montgomeryshire Medical Society**

20<sup>th</sup> – 22<sup>nd</sup> September 2017, Gregynog, Mid Wales, UK

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

### **2nd International Congress on Controversies in Primary and Outpatient Care**

October 6<sup>th</sup> – 8<sup>th</sup> 2017, Zagreb, Croatia

<http://www.comtecmed.com/copoc/2017/>

### **7<sup>th</sup> EURIPA Rural Health Forum**

#### **Rural Renaissance**

2<sup>nd</sup> – 4<sup>th</sup> November 2017, Panormos, Crete

More information can be found at: [www.euripaforum2017.eu](http://www.euripaforum2017.eu)

**And more .....**

**15th World Rural Health Conference 2018**

27 – 29th April, New Delhi, India

More information at: [www.wrhc2018.com](http://www.wrhc2018.com)

**WONCA Europe conference 2018**

**Quality Efficiency Equity**

24 – 27th May 2018, Krakow, Poland

More information to follow

**WONCA World conference 2018**

**Primary Care in the Future: Professional Excellence**

17 – 21<sup>st</sup> October 2018, Seoul

More information at [www.wonca2018](http://www.wonca2018)

**WONCA Europe Conference 2019**

**The Human Side of Medicine**

26- 29th June 2019, Bratislava, Slovak Republic

More information: [www.woncaeurope2019.org](http://www.woncaeurope2019.org)

### **Future Contributions to *Grapevine***

The next issue of the *Grapevine* will be Summer 2017; contributions are welcome by **the end of June** for a July publication. 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](mailto: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.