# The Grapevine

# SPRING 2025

Welcome to the first Grapevine of 2025!

It may only be early March and there is possibly much more winter to come but we are looking forward to spring and what else the year may bring.

Our 14th EURIPA Rural Health Forum will take place in Wittenberg in June this year and you can find more information in the following pages. EURIPA also plans to be in Lisbon in September for the WONCA World conference. In between I am sure there will be other events across the continent so please let me know about your rural health activities for future Grapevine.

There are also some interesting articles by EURIPA members, so happy reading!

*Jane Randall-Smith*

Executive Secretary EURIPA

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14TH EURIPA Rural Health Forum

26 – 28 June 2025

Wittenberg, Saxony-Anhalt, Germany

EURIPA invites you to attend the next EURIPA Rural Health Forum which will take place in Wittenberg, Germany from 26-28 June 2025. The Forum is a gathering of healthcare professionals, researchers, and community leaders dedicated to advancing wellbeing and healthcare in rural areas.

The title of our Forum in 2025 is:

**"Rural Reformation: Meeting Wellbeing and Healthcare Needs in Rural Communities"**

This year's theme, *"Rural Reformation,"* will focus on addressing the unique challenges faced by rural communities, exploring innovative solutions, and fostering collaboration to shape a healthier, more equitable future.

Rural family medicine is a critical component of healthcare, as it serves the unique needs of individuals and communities in rural areas. Rural areas that often cover large geographic areas with low population density. This makes it difficult to establish and maintain healthcare facilities and can result in longer travel times for patients seeking care; therefore, the use of telemedicine and telehealth services will continue to grow, helping bridge the gap in access to healthcare by allowing patients to consult with healthcare providers remotely. This is especially important in rural areas where travel distances can be significant.

Rural areas typically have a shortage of healthcare professionals, including doctors, nurses and specialists, and this situation is getting worse and worse, leading to work overload and early burnout of existing healthcare personnel. Attracting and retaining healthcare providers in rural settings, one of the main visions of EURIPA, can be challenging due to limited career opportunities and access to educational resources. Strategies such as providing rural-specific training and creating a supportive work environment will be essential. Hopefully, collaborative care models involving multiple healthcare professionals, such as nurse practitioners, physician assistants, pharmacists, and social workers, will become more common. This helps maximize the use of available resources and provide comprehensive care to rural populations. Workforce is one of the sub-themes of the Forum.

Many rural areas in Europe have aging populations, which leads to an increased demand for healthcare services, particularly for chronic and age-related conditions, and places additional strain on the healthcare system. Furthermore, rural populations often experience higher rates of poverty and lower socioeconomic status, which can contribute to health disparities. These disparities can affect health outcomes and access to care. Lower health literacy rates in these areas can affect individuals' understanding of health issues, preventive measures, and their ability to navigate the healthcare system. Involving community health workers in a "social prescribing" model will play a pivotal role in reaching underserved populations in rural areas. These individuals can provide education,

support and advocacy for patients, helping to fight the sense of isolation and improving healthcare access and outcomes.

In rural areas, emergency services may have longer response times due to distance and limited resources. This can be critical in life-threatening situations. Residents may also experience social isolation and limited access to mental health services, leading to higher rates of mental health issues. Integrating behavioural health services into rural family medicine practices can help address this gap and provide holistic care for patients. Involving the local community in healthcare decisions and planning will be essential. Engaging with community leaders and organisations can help tailor healthcare services to the specific needs of the rural population. Innovation is a key theme of the Forum.

Addressing these challenges requires a multi-faceted approach, including policy initiatives, workforce development, infrastructure improvement, and innovative healthcare delivery models. Governments and healthcare organizations in Europe need to invest in rural healthcare to ensure that residents in these areas have access to quality and timely healthcare services.

This year, along with the traditional forms of presentation: oral presentation, posters and workshops, we have added another presentation format, the "One slide/five minutes" presentation. These presentations are for people wanting to explore new areas for research, explore a research problem or invite potential collaborators to engage with them. The Call for Abstracts page on the web site contains much more information about the sub-themes of the conference, and the prizes available!

Registration is now open and we are again offering four bursaries to encourage students and young doctors to join us in Wittenberg. Each bursary is worth 250 euro towards the cost of attending the Forum.

Please visit the web site as it contains all the information that you will need to know to join us in Wittenberg: https://forum.euripa.org/

**Join Us in Shaping the Future of Rural Healthcare**

Ferdinando Petrazzuoli MD, MSc, PhD
President EURIPA

**Stop press**

You can find an interview with Alexander Bauer, Chair of the Scientific Committee for the Forum, in the latest edition of WONCA Europe News. You can find it at:

https://www.woncaeurope.org/news/view/an-interview-with-alexander-bauer-14th-euripa-rural-health-forum-scientific-committee-chair

In 2024, for the first time, EURIPA offered four bursaries for students and young doctors, to facilitate their attendance at the Forum. One of the conditions was to have an abstract accepted for presentation at the Forum (you can find them in the abstract book https://www.euripa.org/resources/view/acem-2024-abstract

After the Forum each bursary recipient was required to provide a short report for the Grapevine. Here you can read the contributions from our bursary recipients:

As a registered nurse and midwife, I am currently pursuing a PhD at Trinity College Dublin with a focus on developing an integrated nurse-led addiction model of care for resource-constrained and rural settings. My interest in rural healthcare research stems from my upbringing on Achill Island, off the west coast of Ireland, and my firsthand experience of the disparities in service provision and research in such areas. While working as a nurse on the island and concurrently pursuing my master's degree, my resolve to undertake research in rural settings, with a particular emphasis on addiction, was further strengthened.

Attending the EURIPA Forum in Lincoln held particular significance for several reasons. Firstly, given the limited research in rural areas, the opportunity to engage with fellow academics would not only have supported my pursuit of knowledge but also fostered connections with others who share my focus on rurality and rural-centric research. Secondly, as nurse researchers specializing in rural areas and addiction are scarce, the forum allowed me to represent this understudied domain, promote my own research, and potentially inspire other rural nurses to pursue similar avenues in rural health.

Moreover, I looked forward to engaging with experts in rural health through the discussion panels and keynote addresses, such as Dr. Toni Dedeu's talk on integrated care, which aligns closely with my PhD focus. I also anticipated substantial benefits from the workshops and international student sessions, enabling me to forge connections that could enhance my research. Notably, the talk on coastal communities proved particularly valuable, as it provided crucial insights into these sometimes-overlooked regions within rural settings, which is especially relevant given my study's focus on an area with a significant coastal component.

The day trip to Mablethorpe offered important insights into the functioning of a rural practice, showcasing the efficient utilization of limited resources while maintaining optimal patient care. This experience further demonstrated the potential applicability of my addiction nurse-led model of care in similar settings like Mablethorpe.

I am immensely grateful for the bursary that enabled my attendance at this conference, as it provided invaluable connections, information, and opportunities to advance my research in rural areas. The financial support not only alleviated the burden of attending such a significant event but also demonstrated a commitment to fostering research in understudied areas, such as rural healthcare and addiction.

The connections formed during the conference have laid the groundwork for potential collaborations with fellow researchers and academics passionate about improving healthcare in rural settings. These relationships will be instrumental in furthering my understanding of the complexities inherent in rural healthcare and the unique challenges faced by patients and providers in these areas.

Moreover, the wealth of information shared during presentations, workshops, and informal discussions has enriched my research, offering fresh perspectives and innovative solutions that will undoubtedly enhance the quality and impact of my work. The knowledge gained will help inform my ongoing research on an integrated nurse-led addiction model of care, contributing to the development of a more effective and context-sensitive approach to rural healthcare.

Finally, the opportunities presented at this conference have opened doors for future professional development and growth. These experiences will not only strengthen my ability to address the specific needs of rural communities but also equip me with the skills and expertise needed to drive change in healthcare policy and practice on a broader scale.

The bursary has been a catalyst for progress in my research journey, and its impact will be felt well beyond the confines of this conference, shaping the trajectory of my career and the future of rural healthcare.

Sadie Lavelle Cafferkey, Ireland

And from Portugal:

My name is Daniela. I completed my medical degree in 2019 and I started my medical career in 2020 as a Family Medicine Specialty Trainee in Viseu, Portugal (rural place).

In 2024, I had the chance to attend the 13th EURIPA Rural Health Forum in Lincoln, an event that gathers healthcare professionals dedicated to the challenges of rural medicine. Thanks to the bursary I won, I was able to cover the costs of travel, accommodation, and registration, making this experience even more accessible.

During the conference, I had the opportunity to connect with doctors and researchers from different parts of the world, exchanging experiences about clinical practice in rural locations. It was an enriching experience not only because of the acquired knowledge but also due to the meaningful human connections. Additionally, I presented my research work about the impact of the Family Health Unit location on contraceptive method choice, comparing a rural and an urban unit.

Attending this event allowed me to grow both professionally and personally, reinforcing the importance of continuing to study and discuss the specificities of rural healthcare. I believe applying for this bursary is an amazing opportunity for students and young doctors to participate in this learning, networking and growth experience.

See you next time, in Germany!"

Daniela Oliviera, Portugal

From Northern Ireland:

It was thanks to Executive member, Dr Miriam Dolan, that I found out about EURIPA many years ago but found it challenging to attend financially. I was therefore delighted to be a bursary recipient which afforded me the opportunity to travel to Lincoln, for my first (and hopefully not the last!) EURIPA Rural Health Forum.

I have to admit I was a little starstruck when I arrived. I recognised so many faces and names on badges from social media and papers I had read. It was the first opportunity to meet my new RCGP Rural Forum friends in person too.

Prof John Wynn Jones opened the meeting by stating that 'rural health is rising up the agenda' and rightly so. As I write, I smile whilst reflecting on Prof Sir Jonathan van Tam's address where he revealed his immensely successful career was first built in the agricultural industry. As a humble farmer, I laughed and thought there is hope for me yet!

My research focusses on health behaviours of farmers at risk of cardiometabolic disease. In Lincolnshire, the integrated care board have matched behavioural, metabolic and environmental occupational risks with specific disease categories and geographic spread. The resultant maps had enough granular detail to show what we all 'feel' on the ground; 'Within rural, groups are as different from each other as they are versus urban'. A quote I have since used many times.

At the lovely Mayor's reception, little did I know a conversation with visiting scholar, Prof Russell Roberts of Charles Sturt University (Australia) would later result in me travelling to visit his institution to see for myself his work in rural health inequalities. A once in a lifetime opportunity made possible through EURIPA.

The next day as we journeyed to wonderful Maplethorpe through the beautiful Lincolnshire bread basket I got chatting to a well-travelled WHO Senior Adviser and an island hopping urgent care academic GP. Again, a pinch me moment! Throughout the conference other themes such as 'One Health', extended scope and 'prescription of people' had my mind racing about potential innovations in Northern Ireland.

In summary it was an honour and privilege to present my work to such an esteemed audience. 'One of the best workshops I have attended in a long time' was the feedback I received for our workshop on farmer health. I went home with a boost of fuel to keep ploughing on my path through rural primary care.

Thank you, truly, to the EURIPA team for the amazing opportunity to be a part of such welcoming and passionate group of inspiring colleagues of whom many are now my good friends.

Rebecca Orr, Northern Ireland

This year EURIPA is again offering four bursaries to attend and participate in the 14th EURIPA Rural Health Forum in Wittenberg. You can find the details at
https://forum.euripa.org/page/registration

Please encourage your young colleagues and students to apply for a bursary to attend the Forum!

## “My Practice”

It is always interesting to hear about rural doctors practice in the different countries. As we are going to Germany this year, Johannes Fluch-Niebuhr agreed to provide an insight into rural practice in Landsberg

To end: As a part of the registration fee forthe Forum in Wittenberg there will be an opportunity to visit local practices on the Friday afternoon. Don’t forget to reserve your place when you register!

Picture of Landsberg in the 17th Century – Wilhelm Dilich

Landsberg near Halle (Saale), renowned for its double chapel, is a picturesque small town in the rural northern part of the Saalekreis district in Saxony-Anhalt, right in the heart of Central Germany. Thanks to its convenient location between the cities of Halle (Saale) and Leipzig—approximately 20 kilometers southwest of Halle and around 25 kilometers southeast of Leipzig—it combines idyllic country life with proximity to urban centers.

Landsberg boasts a long history: it was first mentioned in 961 in a donation document by King Otto I to the Moritz Monastery in Magdeburg under the name “civitas holm” in the Slavic “Gau Siusile.” This gives Landsberg a history spanning more than 1,050 years. However, the earliest traces of settlement date back to the Neolithic Age (5,000–2,000 BC), and Slavic (6th–10th century) fortifications are still visible. This eventful past makes Landsberg a fascinating place for those interested in history as well as lovers of nature.

Right in the heart of this traditional small town, at Bahnhofsstraße 30, is the Hartmann & Dr. Mayer (BAG) Practice. Since March 3, 2025, after a demanding week of moving, we have been practicing in new, larger, and fully accessible premises near the (S) train station. This location provides our patients with even greater comfort and medical care. In addition, they benefit from improved infrastructure, with optimal access to public transportation.

With around 1,500 treatment cases per quarter, nursing home care, and regular house calls, the team led by Hartmann and Dr. Mayer covers the entire spectrum of general medical care. As there is a pediatrician in the region, the practice predominantly treats patients from the age of 16. If needed, there is close cooperation with nearby hospitals: The nearest basic-care clinic is about 20 minutes away, while the full-service hospitals in Halle (Saale) and Leipzig can be reached in approximately 25–35 minutes by car.

The team consists of three medical assistants, including a VERAH (Versorgungsassistentin) who independently makes house calls in the region and carries out delegable tasks such as blood draws and nursing assessments. In addition, there is one trainee medical assistant, two specialists, and currently one resident (3rd year) training to become a general practitioner. As an academic teaching practice of the Martin Luther University Halle-Wittenberg, we regularly

host students, interns, and observers for clinical electives (Famulaturen) or their Practical Year (PJ). Moreover, we are involved in the “Klasse Allgemeinmedizin” (“Class of General Practice”) project established at the university’s Medical Faculty, where up to 40 selected students from the first preclinical semester are organized into a dedicated class (“die Klasse”) and systematically prepared for a future career as rural or primary care physicians.

We are also actively involved in the German General Practitioners’ Association (Hausärzteverband), a professional and political institution, and are committed to improving healthcare through research and guideline-based therapy.

My name is Johannes Fluch-Niebuhr. I am currently the resident physician at this practice. In addition, I serve as a research associate at the University Hospital Halle (Saale) in the Institute of Geriatrics, where I focus on topics such as the provision of geriatric care in rural areas, enhancing healthcare through AI, and the management of frailty and delirium.

I am a member of the German Society of General Practice, the German General Practitioners’ Association, WONCA, as well as EURIPA.

We are very pleased that the next EURIPA Congress will take place in our immediate vicinity.

## Reports from EURIPA members

In this edition of the Grapevine EURIPA is please to include two reports from Members in the Czech Republic and Denmark.

Our first report is about exciting developments in the Czech Republic by David Halata, EURIPA Executive Committee member.

**Czech Rural GPs Visit the President of the Republic**

On November 19, 2024, the President of the Czech Republic, Petr Pavel, together with the First Lady, Eva Pavlová, hosted a round table discussion on the accessibility of care provided by general practitioners and paediatricians in regional areas. In early January, the President intends to present specific proposals to ministers and the Prime Minister to improve the situation. According to President Pavel, the inaccessibility of primary care contributes to societal tension.

President Petr Pavel identified the lack of access to primary care in rural regions as the most pressing and urgent issue facing Czech healthcare system. He shared these views following the round table discussion, where he and the First Lady invited representatives from associations of general practitioners and pediatricians, young practitioners, rural GPs representatives, medical faculties, departments of the Institute for Postgraduate Medical Education, the Ministry of Health, health insurance companies, and the Institute of Health Information and Statistics.

The shortage of general practitioners is most apparent in rural areas of the Czech Republic. Residents of these regions often lack the same access to healthcare as those in cities, raising the question of whether the constitutional principle of equality in healthcare access is being upheld. This is a primary reason why the issue of healthcare accessibility in rural areas is being addressed by the highest constitutional authority in the country – the President.

Efforts to address this issue have often lacked efficiency and a comprehensive approach, leading to delays and inefficient use of resources. A key point of discussion was distinguishing between overall rural development and specific incentives for doctors willing to practice in rural areas. All parties agreed on the necessity of a systemic approach that considers the unique needs of rural communities.

President Pavel appreciated the willingness and openness of the participants in the round table discussion. “We will analyse the conclusions of the round table, meet again with the participants, and refine which specific measures need to be implemented. I will then present these proposals to the relevant ministers and the Prime Minister, aiming for implementation in the near future,” President Pavel stated, adding that discussions with government members are expected within weeks, likely in early January 2025.

The problem of limited access to general practitioners for adults and paediatricians affects all rural parts of the country, as well as economically and socially vulnerable areas within the Czech Republic. “We must provide the same quality of healthcare to people in all parts of the country, but this is currently not happening. Economically and socially disadvantaged areas are home to a quarter of the population, many of whom face difficulties accessing primary care, especially for children and adolescents,” the President emphasized. Approximately 850,000

and 130,000 children of almost 11 millions of Czech inhabitants are not registered with a general practitioner. Addressing the lack of primary care in regions is seen as critical to maintaining social cohesion. “We are dealing with societal problems caused by a significant portion of the population feeling overlooked. This fosters social tension, and people who are frustrated in this way become easy targets for extremist parties and movements. We need to show people that solutions exist and that we can improve their conditions in the foreseeable future. This will reduce the potential for societal radicalization,” Pavel explained.

While some measures to improve access to general practitioners and paediatricians can be implemented within months, others require drafting departmental documents and long-term solutions that would necessitate legislative changes.

According to the President, efforts should focus on motivating students to pursue currently understaffed fields, especially paediatrics. Additionally, new graduates should be directed to regions where they are most needed. “There are various measures, such as incentives provided by cities and regions, including scholarships or equipped practices, but also bonuses for doctors in the most underserved areas,” the President noted.

Reducing administrative burdens could also enhance the capacity of the current number of general practitioners. “General practitioners are so burdened with administrative work that it accounts for 40% of their tasks. If we could find solutions to provide them with specialized administrative support, enabling others to handle non-medical activities, their capacity to treat more patients would increase,” Pavel said.

Effective solutions would not necessarily require significantly higher investments but rather better redistribution of available funds. Increasing the number and funding of residency positions for new doctors could be achieved by reallocating financial resources amounting to a few hundred million crowns. “This is a small amount in the context of healthcare funding but could significantly help address specific urgent problems,” he added. Team-based practices, enabling shared administrative costs among doctors, were also mentioned as a way to increase capacity.

“These are issues that cannot leave us indifferent. We must seek solutions to assist these remote regions. The situation in these areas will not improve through isolated measures but rather through a systemic approach,” Pavel concluded.

The involvement of the President and First Lady in healthcare issues is an extraordinary step in the Czech Republic, emphasizing the importance of ensuring accessible healthcare for all citizens. We hope this initiative will lead to tangible changes and progress toward better healthcare for all, regardless of residence.

We thank President Petr Pavel and First Lady Eva Pavlová for their support in fostering open discussions and highlighting the societal importance of rural medicine. We deeply value this collaboration and look forward to further joint efforts in finding sustainable solutions for Czech healthcare.

*Source: Office of the President of the Czech Republic, photo by: Tomas Fongus*

*President of the Czech Republic Petr Pavel and First Lady Eva Pavlova*
*Source: Office of the President of the Czech Republic, photo by: Tomas Fongus*

*President of the Czech Young GPs Vojtech Mucha and*
*Head of the working group on rural practice, Czech Society of General Practice David Halata*
*Photo by: Autors*

**Our second report** is from Christian Cruger in Denmark. Christian has been involved with EURIPA since the beginning with GRAIPE 1995, |EURIPA's predecessor.

After 30 years of working to solve the problems with the Health Service in the remote districts of our small country Denmark, our central government has finally adopted a major Health Reform that also prioritizes the consideration of our remote districts. This is summarized below.

These Danish initiatives could be an inspiration, just as the undersigned's description of our medical Out of Hours systems was in the nineteens in Great Britain and Ireland, etc.

Internal resistance in our medical association has turned into support through our combined efforts, which have gone through GRAIPE (Group of Rural and Isolated Practitioners Association), later EURIPA and now WONCA.

## More doctors and better distribution of general medical health services throughout the country

## More equal distribution of doctors in general medical services

General medical services must give much greater priority to efforts for the most vulnerable and sick citizens. Therefore, the distribution of medical capacities must be done nationally, so that the number of patients in the individual practice is adapted to the composition of patients and the patients' treatment needs. Clinics in areas with many citizens in high need of treatment must have fewer patients, while clinics with many healthy and resourceful citizens must have more. The changes to the Health Act must come into force from mid-2025.

From 2025, new medical capacities must also be closed in areas with good medical coverage, so that new medical capacities in the general medical service can be established in remote areas with medical coverage challenges.

## Financial support for areas with weak medical coverage

In 2025 and 2026, funds will be allocated to the regions to strengthen the general medical service in areas with a shortage of doctors and many citizens in need of treatment. The funds will expand the capacity of the general medical service through more medical capacities and the retention of more general practitioners. The expansion can take the form of more general practitioners, supply clinics and regional clinics.

## More and new clinic types

The current legislative barriers to using permanent clinic types other than general practitioners will be removed from 1 July 2025. This should facilitate access to treatment, adapt the services to special patient groups and give citizens more real choices.

Rejected referrals

A strengthened management organization between general medical services and hospitals, including psychiatry, should provide a basis for a better dialogue on referral practices.

## More doctors in general medical services in remote areas

Financial incentives should make it more attractive to be a doctor in training in areas with a shortage of doctors and should encourage doctors in training to choose training positions in general medical services in those areas. Funds are allocated for Health Reform Agreement 2024 - 37 and special financial support for training doctors in areas with a shortage of doctors in the period 2025 to 2026. Funds are also allocated to retain doctors in general medical services over the age of 63 in areas with a shortage of doctors, by creating flexible employment conditions.

## More time and help for the most vulnerable patients

From 2027, the regions must be obliged through legislation to ensure permanent medical care in nursing homes, health and care facilities and residential facilities, so that medical care is available where the citizen's own doctor alone cannot cover the need.

In addition, from 2027, the general medical service, as part of the basic requirements for the general medical service, must perform a special liaison function for the most vulnerable citizens.

## New fee structure for general practitioners

A new fee structure must come into force in 2027 and must ensure simpler negotiations, development and efficiency in the sector.

Fees must be differentiated so that doctors with a high patient burden can have fewer patients without losing earnings, while doctors with a lower patient burden must have more patients to maintain the same earnings.

Fees must be differentiated based on the model for distributing external numbers and doctor capacities. The fee structure is developed based on, among other things, the Fee Structure Council's proposal and agreed between the parties.

## Nationally determined task description for general medicine

The National Board of Health must determine the future tasks and requirements for the general medical service in a national task description, which the general medical service as a whole must deliver. This must be done with the inclusion of professional input from relevant actors.
As part of the task description, a basic function is also determined with a description of functions, tasks, accessibility, cooperation and competencies, which all clinics must basically live up to.
The division of tasks must also determine how hospitals and specialists must support the general medical service

## New agreement model for general practitioners.

A narrower central framework agreement from 2027 is to replace the General Practice Agreement and determine the financial terms for general practitioners based on the nationally determined task description.

The Health Act stipulates that the financial terms for general practitioners are agreed in a central agreement between the regions and general practitioners and in contracts between the region and suppliers for public clinics.

## Strengthened basis for cooperation and development of the general medical service.

The regions must have a strengthened legal basis in the Health Act to set requirements and follow up on general medical clinics' compliance with national requirements, as well as the possibility of sanctioning them.

There must be insight into and access to data and information about the activity and quality in the general medical clinics, also for the region responsible for the service. The requirements are therefore laid down in the Health Act and are to enter into force in 2027

## The healthcare system must be strengthened where the need is greatest.

## National health plan with strategic direction for the development of the health service

A national health plan that will set a common strategic direction for the health service.
The national health plan therefore consists of two parts: One with a focus on health throughout the country, for example, better geographical distribution of resources in the health service. One with a focus on strengthening the general health service and the transition of activity from hospitals to the health service close to the citizens.

## More medical training places outside the largest cities

The number of training places in the medical training is to be increased by a total of 140 bachelor's training places and associated master's training places outside the largest cities.
In Aalborg, the number of bachelor's training places will be increased by 70 from 2025, which corresponds to 39 percent.

In Køge, the parties to the agreement want to establish a new team corresponding to 20 bachelor's training places from 2025, which corresponds to 18 percent. The Danish Agency for Higher Education and Science is entering into dialogue with the University of Copenhagen about this.

In Esbjerg, the parties to the agreement want a new bachelor's degree programme in medicine to be established with a total of 50 places from 2026, and the Danish Agency for Higher Education and Research is therefore entering into dialogue with the University of Southern Denmark on this. The total number of bachelor's places in the medical education programme in the Region of Southern Denmark will thus be increased by 15%.

## More specialists in general medicine, psychiatry, child and adolescent psychiatry and geriatrics

The number of training positions in, among others, general medicine, psychiatry, child and adolescent psychiatry and geriatrics is to be increased in connection with the Danish National.

Board of Health's upcoming dimensioning plan valid from 2026

At the same time, the Ministry of the Interior and Health is initiating work on developing a model to estimate the demand for healthcare personnel, which can eventually be used in connection with upcoming dimensioning of further medical education.

Specialists must, through their education, achieve a greater degree of general medical competences that can meet the future needs of the healthcare system.

The parties to the agreement also agree that a larger part of the training courses in medical further education must be placed outside the larger cities, for example at a smaller hospital, so that medical resources are strengthened where the population has the greatest need.

## More career paths for doctors

New career paths must be created for doctors, where general skills and proximity to patients play a greater role in the training course and throughout their careers, so that more doctors choose positions in local healthcare services and outside the larger cities.

The national health plan must set the overall framework for the work of creating attractive career paths, and ceilings for the number of specialist positions at the country's university hospitals must support strong professional environments outside the larger university hospitals, which supports the possibility of better career paths for doctors throughout the country.

## Better distribution of and access to practicing specialists.

National guidelines must be introduced for the regions' planning of practicing specialist medical care. This should remedy the unequal distribution of practicing specialists across the country.
It can contribute to a better division of labor and cooperation between the general medical service and practicing specialists.

## National agreement on ceilings for the number of specialist positions at the country's university hospitals

A national agreement should be made on ceilings for the number of specialist positions at the country's university hospitals. This should contribute to more doctors applying to hospitals where it is currently difficult to recruit doctors and where the need for doctors is greatest. The ceiling for the number of specialist positions at university hospitals should be set individually per hospital, so that a balanced and sustainable redistribution of resources can be taken into account in relation to local needs.

## More of the PhD programs are targeted at the local health service and more professional groups than doctors

A target should be introduced for the proportion of PhD positions in the regions that are targeted at the general health service. This should include encourage more research in the area and at the same time support a better geographical distribution of research activity.

A target must also be introduced for the proportion of PhD courses at hospitals that are filled by professional groups other than doctors. The target must ensure that the overall research activity is better distributed across several important professional groups and with greater geographical spread.

The parties to the agreement also agree that the government must initiate a review of the Danish National Board of Health's seven physician roles, so that, for example, the researcher role does not receive disproportionate weight in relation to other central physician roles.

## National Center for Health Services Research

The Danish Center for Health Services Research, which is located at Aalborg University in Aalborg, is being strengthened with a fixed grant targeted at the implementation of the reform. The center will have a national role, and can thus constitute a national center for health services research.

Our **third contribution is** from Rebecca Payne in the UK who has just undertaken an amazing trip to Australia on a Churchill Fellowship:

When Winston Churchill died, Britain set up a Foundation in the memory of their inspirational war time leader. Every year since, it has funded citizens to travel overseas and bring back their learning to the UK setting.

I was awarded such funding to visit Australia and Alaska to learn how they use technology in the provision of rural healthcare. I have just returned from the Australian part of the visit. I visited health and aged care centres in remote communities, hospital specialists providing care via video consultation, the Royal Flying Doctor Service and the legendary tele-mental health service. In addition, I attended a rural healthcare workforce conference in Victoria and visited the Charles Sturt University in Orange, a rural medical, dental, pharmacy and physio school.

The trip was simultaneously enlightening, and a confirmation of my pre-existing insights from studying and providing health care in rural communities in the UK and beyond.

Firstly, rural healthcare is expensive to deliver. Geographical barriers, sparse communities and challenges recruiting workforce mean euro for euro or pound for pound, it costs more than equivalent healthcare in a city context. Technology can support the provision of services, but introducing it may well introduce additional costs and duplicate the staff resources needed. Technology shouldn’t be seen as just a cheap way to deliver care. I believe this message needs to be communicated more clearly to policymakers, politicians and health service managers in the European context where my experience has been that all too often rural services are targeted for cuts due to the additional expense they inevitably incur.

Secondly technology needs to augment not replace the human element of care. The successful Australian services predominately used a health or care professional in the

remote location alongside the patient, with a GP or specialist joining the consult via a video call. Mostly the tech was simple, with ipads the most commonly used hardware. Sometimes additional tech was theoretically available such as digital stethoscopes or otoscopes, but in every service I visited, they weren't actually working. Most of the time they weren't needed, due to the vital facilitation role played by a staff member on site with the patient. Rural nurses had often received enhanced training in physical examination and were able to report their findings to a remotely located doctor. Even where this wasn't possible, having someone with the patient able to take a basic set of observations, resolve connection issues and act as an intermediator allowed far more to be achieved than when the patient was alone in their home environment. Again, this was expensive – each consult requiring a minimum of 2 staff, one remote, one in the room, but it maximised the opportunities that video consultation can bring. Examples of such services included the Victorian Virtual ED service, which receives around 800 calls a day, often from nurses in remote urgent care centres. They connect via video consultation to a GP, nurse or ED consultant to receive treatment which allows over 80% of patients to avoid travelling to distant services. Other examples are the tele-mental health services in New South Wales and the RFDS primary care centre in Robinvale, Victoria. This innovative model facilitates continuity through GPs flying in monthly to see patients in person, but providing care to patients in the surgery supported by a nurse via video consultation the rest of the time. It's important to emphasise that in all these services, care was provided via video, with clinicians and managers repeatedly highlighting the importance of the extra information gained in comparison to a telephone call.

Sometimes the simplest technologies bring the most value. As a fly in fly out remote island doctor in Scotland's Orkney isles, a common challenge in my service is doctors accidentally taking the work car keys to the airport. Australia has a stunningly simple solution – lockboxes for car keys at the airport. Rather than drop the car elsewhere and then accidentally head home with the keys, fly in fly out staff from a range of industries drive to the airport and then put their keys in the designated box, ready for the next team member. Simple, yet genius.

Finally, I learnt more than just about the role of technology. As someone affiliated with a new rural medical school, it was inspirational to see how Australia's new rural medical, dental and pharmacy schools were already providing a workforce committed to delivering healthcare to their rural communities. A combination of admitting local students, providing a mixture of hybrid and remote learning, alongside rural placements where the students could stay connected with the university (via an app in the case of La Trobe university) resulted in high quality teaching and allowing students to enter the rural health workforce trained for the environments they would be working in.
It was a wonderful but exhausting trip. The scale of the challenging delivering care to far-flung communities was immense, but just as in our European context, the passion, commitment, innovation and resilience of the staff I met was even greater.

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## News from EURIPA

**Rural Health European Academic Network – RHEAN**

Participants at the Forum in Lincoln in 2024 will be aware that a workshop took place to consider how academic rural health could be developed across Europe from both the research and education perspectives.

From this workshop a new network, under the umbrella of EURIPA, has been established: the Rural Health European Academic Network – RHEAN.

The aim of the new network is to bring together rural health academics from across Europe currently working in the fields of rural health research and multidisciplinary education & training for rural health practice:

Support has been offered by the Lincoln Institute of Rural and Coastal Health and an initial scoping project is starting in March. The project aims to understand what is currently happening across Europe. A short survey of practitioners in the field of rural health aims to map rural health-related research and education activities across Europe.

A short questionnaire will be sent out across EURIPA networks and we will be very grateful, when you receive it, if you are able to complete it and also share it within your own country so that we can build up a detailed picture of what is currently happening.

Results will be shared with you, and we also hope to run a workshop at this year's Forum in Wittenberg.

For more information please contact the secretary@euripa.org

Watch this Space !!!

**WONCA News**

On the WONCA web site you can find a recent interview by Veronika Rasic, who hosts the Rural al Road to Health Podcast, with WONCA President, A/Prof Karen Flegg, a rural general practitioner from Australia.

https://www.globalfamilydoctor.com/News/KarenFleggRuralHealthPod.aspx

**World Family Doctor Day 2025**

This year the theme is " Building Mental Resilience in a changing world". More information will be available when the campaign launches on 24 March but you can find out a more now at:
https://www.globalfamilydoctor.com/News/BuildingMentalResilienceinaChangingWorld.aspx

## Publications

**Rural and Remote Health**
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!

**Advances in Clinical and Experimental Medicine**
EURIPA is proud to collaborate with Advances in Clinical and Experimental Medicine (Adv Clin Exp Med), a peer-reviewed journal indexed in JCR (IF: 2.1), Scopus (CiteScore: 3.7), and PubMed. This partnership supports the dissemination of high-quality research in rural health by publishing abstract books from EURIPA conferences and offering a prestigious platform for full paper submissions.

Published Abstract Books:

- 2024: https://advances.umw.edu.pl/en/abstract-book-euripa2024
- 2023: https://advances.umw.edu.pl/en/abstract-book-euripa2023
- 2022: https://advances.umw.edu.pl/en/abstract-book-2022-euripa

We invite the entire EURIPA family to take advantage of this opportunity and contribute to Advances in Clinical and Experimental Medicine. Submit your work and enhance the visibility of research in rural and remote healthcare: https://advances.umw.edu.pl.

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

Just accepted in **Rural and Remote Health**
**Investigating clinical courage: an international survey of rural doctors**
Konkin J, Williams S, Brooks R, Couper I, Campbell DG, Walters L.
Abstract available at https://www.rrh.org.au/journal/early_abstract/8852/

**EJGP**
Mental health promotion and prevention: Adjusting to the changing world
Selected Abstracts from the 99th EGPRN Meeting, 17–20 October 2024, Budapest – Hungary
https://www.tandfonline.com/doi/full/10.1080/13814788.2025.2452583?src=exp-la#d1e74

## Forthcoming Events

Below is a selection of events for 2025 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

Events coming up in 2025 with a rural focus are shown below.

WONCA Europe network events are listed on the web site at:
https://www.woncaeurope.org/m/events/network-events

**WONCA South Asia Region 2025, Bengaluru 4-6 April 2025**
Rooted in tradition, growing with innovation: Family medicine for South Asian Wellbeing
https://woncasarindia2025.com/index.html
The **Global Rural Health Summit** will take place on **4 April 2025** during the SAR conference. It is organized by WONCA Rural South Asia (WoRSA) & AFPI – Rural and is supported by WONCA Working Party on Rural Practice.
You can find out more at https://woncasarindia2025.com/global-rural-health-summit.html

There have been a number of **pre-summit webinars** and the 6th Pre-summit webinar will be held on **Wednesday 12 March** at 15:30 GMT / 16:30 CET. The topic is:

Health workforce dynamics - A lifecycle approach

This theme explores the entire journey of a healthcare professional, from education and training to career progression and retirement. It delves into factors influencing workforce distribution, including geographic location, specialty choice, and migration patterns. The article will propose strategies to optimize workforce planning, recruitment, and retention to ensure a sustainable healthcare system.

You can register ere: https://zoom.us/meeting/register/vkyYmb9mQrSiWcXTUzgKnQ
And after registering, you will receive a Zoom link to join the webinar.

You can watch previous Global Rural Health PreSummit webinar recordings
https://www.youtube.com/playlist?list=PLa7ZIaJojj5xLTjOShQEwSztoq3XiSJhs

**National Centre for Remote and Rural Medicine Conference 2025: Changing practice, one thought at a time**
4-5 June 2025 at Penrith, England
The web site for more information is at:
https://www.uclan.ac.uk/events/listing/ncrrm-conference-2025**C**

**14th EURIPA Rural Health Forum** 26 – 28 June Wittenberg, Germany
"**Rural Reformation: Meeting Wellbeing and Healthcare Needs in Rural Communities**"

**The Call for Abstracts is now OPEN** and will close on 24 March 2025.

https://forum.euripa.org/

**And more ……..**

**Nordic Meeting on Agricultural Occupational Health 2025**
September 2-4, 2025, Ystad Saltsjöbad, Sweden
https://www.nmaoh2025.com

**CLIC (Consortium of Longitudinal Integrated Clerkships) conference**
3 - 7 September 2025 in Cardiff, Wales
The conference theme is: "Mewn undod mae nerth / Strength in unity"
Realising strength and transforming community engaged medical education through collaboration and interdisciplinarity. The CLIC2025 conference will include plenaries, small group discussions, debates, posters, workshops, and Conference on the Move.

You can find out more on the web site: https://clicmeded.com/

**WONCA World 2025**
17 – 21st September 2025, Lisbon , Portugal
**New Vision for Primary Health Care and Sustainable Development**

**The Call for Abstracts is now OPEN** and will close on 31 March 2025.

More information can be found at: https://www.woncaworld2025.org/

## Future Contributions to Grapevine

The next issue of the Grapevine will be May 2025; contributions are welcome by mid-May for publication at the end of the month. Reminders for contributions will be circulated on the mailing list and announced at the web site.

If you are interested in contributing to the next edition of Grapevine please get in touch with the Executive Secretary, Jane Randall-Smith at secretary@euripa.org Please think about what you do in your practice and if you would like to contribute to the "My Practice" section, or 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.