



The Grapevine

Winter

2017-18

And belatedly,



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7th Rural Health Forum, Crete, 2nd to 4th November 2017

Rural Renaissance

Dear Colleagues,

It has been a great honor and privilege for us to be host of 7th EURIPA Forum in beautiful island of Crete, in Greece on November 2nd – 4th 2017. The theme for this year's Forum was **“Rural Renaissance”**, and the focus was on the importance of rural health in a constantly changing environment, predominated by the ongoing European financial and refugee crisis.



We want to thank to all local organizing committee, sub-committees members and scientific committee members, all partners, authorities and scientific bodies involved in the organization of the forum, as well as the “Sensimar Royal Blue Resort Spa” for hosting the conference and expressing the exceptional Cretan hospitality to the participants.

We would like to thank to all key note speakers, session speakers and all presenters of scientific events, who contributed to scientific content of the forum.

As the EURIPA Organizing Committee, we all want to thank you for attendance to this conference and being part of it, with the hope that you don't forget spending time with us in Panormo – Crete.

We would like to express our gratitude to:

- the Region of Crete – Regional Unit of Rethymnon for providing the conference material, offering a number of gift-bags for all speakers and a special gift for the key note speakers.
- the Municipality of Mylopotamos for organizing and offering the pre and post conference excursions, providing the drinks and local goods and organizing the traditional shows for the welcome and closing reception and offering traditional gifts to the participants.
- the 7th Health Region of Crete and the School of Medicine of the University of Crete, for supporting and communicating the forum to the associated primary care networks and units in Crete.
- Special thanks in “soul” of our network organization Mrs. Jane Randall-Smith.

Brief Report of 7th EURIPA Forum

We attended 5 international conferences and 3 national conferences to promote this Forum. We also communicated (EURIPA's secretary and Department of Social Medicine - University of Crete) via email with letters to the potential participants from all over the Europe), web links, Facebook and twitter.

In order to increase the participation of young doctors, we had grants of free registration for a young doctor. The draw was done at EURIPA's counter during the 22nd WONCA Europe Conference.

The Preconference was held a half day with attending of 19 family doctors coming from 6 different countries.

The Joint meeting EURIPA Executive Committee and International Advisory Board was held at the same venue. It was a great pleasure the entry of new members into our organisations. Some of the highlighted points of this preconference was the acquaintance with the Cretan customs, «accompanied» by local and traditional tastes and music in Margarites Square, the visit at the Museum of the Archaeological Site of Eleftherna and at the famous Monastery of Arkadi.

As at every EURIPA rural health forum, there were also some unique programmes and sessions, including an Ultrasound workshop (interactive) , workshop with title *“Collaborative prioritisation, planning and preparation for future funded research calls”*, also *“Traditional vs. school medicine in rural locations -“friends with benefits?”* "



Another challenging Roundtable was *“Demographic and societal challenges for the Greek primary health care: Is the health care team ready to respond?”* . This programme was a great opportunity for all the participants to investigate the Greek primary healthcare system and family medicine closely in time of financial crisis and austerity.

In addition, there were also sessions on Implementation of science in rural settings, ecology and environmental change, cancer and rurality, lifestyle and health with a focus on smoking and nutrition, the financial and refugee crisis and the role of rural communities, healthy and active ageing and wellbeing, Education and training of rural GPs.



We made our Forum "Green"; participants received their certificate of attendance by e-mail.

A total of 114 participants attended, from at least 20 countries. (e.g. Israel, Poland, Australia, Turkey, Portugal, Hungary, Norway, France, Italy, Germany, Slovenia, Denmark, Sweden, UK, Slovakia, Ukraine, Austria, Latvia, Romania, Greece). 68 participants were Doctors, 22 young doctors, 9 GP trainees, 5 students, 10 health workers.

There were 57 abstract submissions; 26 oral presentations, 18 poster presentations, 7 interactive workshops, 2 panels, 3 round tables and 4 key note speeches.

Before and during the Forum, it was also promoted on social media such as Facebook and Twitter. During the conference, 76 followers helped to promote 7th EURIPA Rural Health Forum.

Regarding the social programme we enjoyed ourselves at the “Rural dinner” with Cretan cousin, wine, music and lot of dance.....

Wishing you all the best for the forthcoming year and see you at the next Forum – see page 10

Poster session



Watching the local dancing - below



It was a beautiful setting – unfortunately the weather wasn't brilliant

Following the 7th EURIPA Rural Health Forum in Crete the following paper has been submitted:

Health care in rural area: a privileged setting for re-discovering the true values of primary care.

Ferdinando Petrazzuoli & Christos Lionis

The theme of the VII EURIPA Forum which took place in November 2017 in Crete (Greece) was “Rural Renaissance”. This title attempts to address demands of a challenging world that struggles to reduce the health inequalities in rural populations. The essential four dimensions of quality in Primary Health Care (PHC) (continuity, accessibility, comprehensiveness and coordination) and tailored policies for rural societies could be used as pointers in guiding “Rural Renaissance” towards a strategy under the light of equity and person centred care. This strategy invites PHC and General Practitioners (GPs) to become the agents for “Rural Renaissance” and rural doctors the pioneers of this new approach.

Much discussion has been paid on the clinical effectiveness in rural setting and one can find dozens of studies in the literature with similar conclusions: the control of risk factors in many chronic conditions in real life is unsatisfactory and doctors need to be more active.^{1,2} Family doctors are the ones who are blamed the most, and often accused of being affected by some sort of clinical inertia. Is that true? They have been also accused that they fail to be involved in prevention and health promotion activities (Brotons, et al 2004).

Clinical Practice Guidelines (CPG) should have a role in guiding how we care for patients, but they have been largely developed for and emphasize the single disease perspective usually based on studies that they derive from urban settings. Two out of three patients in primary care, over age of 50, have more than one chronic disease, yet most studies apply strict criteria to exclude those with diseases other than the condition under study to reduce confounding variables.⁴ Excluding patients with multiple chronic diseases from studies may improve the precision, but diminishes the relevance of the findings. What happens if you apply CPG to an old woman with 5 conditions – for example, chronic obstructive pulmonary disease, osteoarthritis, hypertension, diabetes mellitus, and osteoporosis? As illustrated in an American article⁵, this person should take 12 different drugs, at 5 different times for a total of 19 doses per day. In addition to medication: 14 recommended daily activities (examining feet, measuring glucose, joint protection, exercise, meals). Will we be surprised if there is a poor adherence to guidelines and sometimes a dose of medicine is skipped? Surely multimorbidity represents a great challenge for the medical world and of course mainly for Primary Care⁶, but not only for the presence of multimorbidity⁷. Under the conditions of multimorbidity and uncertainty, even the WONCA definition? [*“General practitioners/ family doctors care for individuals in the context of their family, their community, and their culture, always respecting patient autonomy. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilizing the knowledge and trust engendered by repeated contacts”*]⁸ seems too rhetoric especially when it addresses rural settings⁸

To tackle the challenge of clinical effectiveness we need to discuss the need for quality indicators. There are many controversial issues when the ground turns to rural settings and we borrow the Barbara Starfield’s statement⁹ *“Payment for performance is, in theory, a laudable approach to encourage adherence to justified processes of care, but several aspects of its application are problematic in terms of attention to people’s problems.”* The quality indicators are mostly related

to a few common chronic diseases and this is not conducive to recognizing the vast range of health problems of our patients. Unfortunately, this performance measurement has been extended to interventions that have only a small clinical benefit while many important aspects of care are neglected. Primary care is person-centered, not disease-focused, care over time. According to Klikmann & van Weel¹⁰, GPs who use the person-centred care approach can be described as “Primary care doctors who help persons with problems over time”. So GPs deal with persons not patients, they give advice, not orders, they cope with problems not only with diagnoses and many not just one at the time, they are concerned for the entire episode of care and not of the single visit.

“Rural renaissance” does not include only the challenge of clinical effectiveness. It mobilizes us to rediscover the true values of our discipline. The local doctor is the one who has to deal with very personal issues, a reliable friend you can always go to if you have a problem. Nowadays there is the great underestimation of the importance of the long-term relationships with patients, which is often independent of the care for specific disease episodes. The priority seems rather to be the interest in individual diseases, chosen because they are costly or because they are thought to cause considerable premature mortality and disability. It is important to point out that these proxy outcomes are of course important, but along with other factors which unfortunately are continuously neglected.

“*Not everything that can be counted counts, and not everything that counts can be counted*” is a quote referred to Albert Einstein¹¹ and in fact unfortunately the indicators of a good quality person centred care and of a holistic approach are not like a lab test where the results are expressed by a number (e.g. HbA1C for diabetes), but we do need to measure these characteristics in order to provide better care.

What can happen when Empathy and Compassion aren't addressed and are not considered a priority? One example is the Mid Staffordshire scandal which happened in the late 2000¹². The Stafford Hospital case concerns poor care and high mortality rates amongst patients at the Stafford Hospital, England, in the late 2000s. The final report was published on 6 February 2013, making 290 recommendations to enforce openness, transparency and candour amongst NHS staff. To summarize Francis' report: “*Mid Staffordshire's leaders imposed cuts without assessing risks, then intimidated staff into suppressing their concerns. Emergency department nurses were told to delay the start of antibiotics and pain medication and staff who missed targets feared being fired. This fear led to premature discharges and falsification of records. Meals were left out of reach of bedridden patients. Drug doses were missed. Incontinent patients weren't cleaned.*” As Gregg Bloche wrote in his editorial in the NEJM that we should not minimize the importance of these scandals¹³: the cases are often a “Sentinel Event” of something which is going in the wrong direction. Western Societies live under the illusion that some core values are achieved forever. Unfortunately, people have to defend these values all the time because they are continuously under threat. What happened in the past can happen again and again in the future if the true values of life are neglected. The enemy often hides itself under the mask of the appropriateness and efficiency.

Individuals residing in remote and rural areas are likely to hold traditional health beliefs and values typical to their social surroundings or family setting. An understanding of these values beyond and in association with conventional medicine and treatment, might increase the trust and confidence that the patient places in the physician. In addition, issues related to poverty, education, and ageing populations tend to be associated with individuals in remote areas, which may also require the application of various components of compassion, such as empathy.¹⁴

As Gregg Bloche states in the editorial on the NEJM “*Rules and incentives often corrode intrinsic motivation to avoid shirking and self-dealing*”. Politicians promise and when things don’t work, it’s the fault of the institution’s leadership. The result is a “toxic atmosphere” that “prevents those who are running the show from telling the truth” and signals doctor and nurses to keep quiet.” Edmund Burke in the XIX century warned us that “*The only thing necessary for the triumph of evil is for good men to do nothing*”¹⁵. Unfortunately, stress, depression and burnout can be common in doctors and nurses, making them less compassionate towards themselves and their patients.¹⁴

So definitely empathy and compassion are not an old fashioned approach to dealing with our patients and even less a luxury we cannot afford in a period of financial crisis. On the contrary compassion towards patients and other members of the health care team are more crucial now, than ever before.¹⁴

Going back to when we were children, I think that most of us had looked forward to the time when we would have earned a decent living helping people fight disease and live a better life. We also felt that this noble effort had been trusted and aided by health institutions. But as we get older we know that unfortunately this is not always true. Very often GPs needs to struggle to help their patients and unfortunately, they do not always succeed. It gives power to the efforts made on the last EURIPA forum on Crete and “Rural renaissance” seem to be not empty words. They motivate us to continue focusing on clinical effectiveness but with notions, and indicators that they will encapsulate the spirits of person and compassionate care.

References

- 1) Kotseva K, De Bacquer D, Jennings C, Gyberg V, De Backer G, Rydén L, Amouyel P, Bruthans J, Cifkova R, Deckers JW, De Sutter J, Fraz Z, Graham I, Keber I, Lehto S, Moore D, Pajak A, Wood D; EUROASPIRE Investigators. Time Trends in Lifestyle, Risk Factor Control, and Use of Evidence-Based Medications in Patients With Coronary Heart Disease in Europe: Results From 3 EUROASPIRE Surveys, 1999-2013. *Glob Heart*. 2016 Mar 16. pii: S2211-8160(15)00295-1. doi: 10.1016/j.ghheart.2015.11.003. [Epub ahead of print] PubMed PMID: 26994643.
- 2) Heuschmann PU, Kircher J, Nowe T, Dittrich R, Reiner Z, Cifkova R, Malojcic B, Mayer O, Bruthans J, Wloch-Kopec D, Prugger C, Heidrich J, Keil U. Control of main risk factors after ischaemic stroke across Europe: data from the stroke-specific module of the EUROASPIRE III survey. *Eur J Prev Cardiol*. 2015 Oct;22(10):1354-62. doi: 10.1177/2047487314546825. Epub 2014 Aug 19. PubMed PMID: 25139770.
- 3) Boeckxstaens P, Willems S, Lanssens M, Decuyper C, Brusselle G, Kühlein T, De Maeseneer J, De Sutter A. A qualitative interpretation of challenges associated with helping patients with multiple chronic diseases identify their goals. *J Comorb*. 2016 Nov 14;6(2):120-126. doi: 10.15256/joc.2016.6.64. eCollection 2016. PubMed PMID: 29090183; PubMed Central PMCID: PMC5556454.
- 4) Lionis C, Stoffers HE, Hummers-Pradier E, Griffiths F, Rotar-Pavlic D, Rethans JJ. Setting priorities and identifying barriers for general practice research in Europe. Results from an EGPRW meeting. *Family practice*. 2004;21(5):587-593.

- 5) Quality of care for older patients with diabetes mellitus with comorbidity.
Boyd CM, Leff B.
J Am Geriatr Soc. 2006 Mar;54(3):553-4; author reply 554. No abstract available.
PMID: 1655133

- 6) Smith SM, Soubhi H, Fortin M, Hudon C, O'Dowd T. Managing patients with multimorbidity: systematic review of interventions in primary care and community settings. *BMJ*. 2012 Sep 3;345:e5205. doi: 10.1136/bmj.e5205. Review. PubMed PMID: 22945950; PubMed Central PMCID: PMC3432635.

- 7) Mercer SW, Fitzpatrick B, Grant L, Chng NR, O'Donnell CA, Mackenzie M, McConnachie A, Bakhshi A, Wyke S. The Glasgow 'Deep End' Links Worker Study Protocol: a quasi-experimental evaluation of a social prescribing intervention for patients with complex needs in areas of high socioeconomic deprivation. *J Comorb*. 2017 Jan 25;7(1):1-10. doi: 10.15256/joc.2017.7.102. eCollection 2017. PubMed PMID: 29090184; PubMed Central PMCID: PMC5556433.

- 8) The European Definition of General Practice / Family Medicine. Wonca Europe 2011 Edition. Available at:
<http://www.woncaeurope.org/sites/default/files/documents/Definition%203rd%20ed%202011%20with%20revised%20wonca%20tree.pdf> (accessed 26/11/2017)

- 09) Starfield B. Is patient-centered care the same as person-focused care? *Perm J*. 2011 Spring;15(2):63-9. PubMed PMID: 21841928; PubMed Central PMCID: PMC3140752.

- 10) Klinkman M, van Weel C. Prospects for person-centred diagnosis in general medicine. *J Eval Clin Pract*. 2011 Apr;17(2):365-70. doi: 10.1111/j.1365-2753.2010.01582.x. Epub 2010 Nov 22.

- 11) Toye F. 'Not everything that can be counted counts and not everything that counts can be counted' (attributed to Albert Einstein). *Br J Pain*. 2015 Feb;9(1):7. doi: 10.1177/2049463714565569. PubMed PMID: 26516551; PubMed Central PMCID: PMC4616986.

- 12) Robert Francis QC (6 February 2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Report). House of Commons. ISBN 978-0-10-298147-6. Retrieved 9 February 2013.

- 13) Bloche MG. Scandal as a Sentinel Event--Recognizing Hidden Cost-Quality Trade-offs. *N Engl J Med*. 2016 Mar 17;374(11):1001-3. doi: 10.1056/NEJMp1502629. PubMed PMID: 26981930.

- 14) Shea S, Lionis C. Restoring humanity in health care through the art of compassion: an issue for the teaching and research agenda in rural health care. *Rural Remote Health*. 2010 Oct-Dec;10(4):1679. Epub 2010 Dec 20. PubMed PMID: 21214301

- 15) O'Toole, Garson. "The Only Thing Necessary for the Triumph of Evil is that Good Men Do Nothing". *Quote Investigator*. Retrieved 25 July 2015.

And, looking forward to the 8th EURIPA Rural Health Forum:

Euripa
The European Rural
and Isolated Practitioners
Association

Wonca
World Family Doctors. Caring for People.
EUROPE

Israel Association of Family Physicians

SAVE the DATE

EURIPA 8th Annual Meeting ISRAEL 2018

14-16/11/2018
Yearim Hotel
Kibbutz Maale Hahamish
50 Km to Tel-Aviv
40 Km to Ben- Gurion International Airport

For more information:
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The theme for this year's Forum is

“The challenge of the vulnerable and ageing population in rural medicine”

and will focus on the importance of delivering quality medical care in remote locations to the old, incapacitated and deprived. The Forum is designed to bring together family doctors, health professionals and medical trainees, working in rural health settings and offers the opportunity to share experiences and initiatives on how to improve access and the provision of care to those in need.

As we go to print the web site has just been launched. You can find it here:

<https://www.euripaforum2018.eu/>

You will find a lot more information on the web site and we look forward to welcoming you to Israel in November!

My Practice

In this edition of the *Grapevine* we focus on a rural practice in Poland, from EURIPA's new representative on the International Advisory Board, Pawel Zuk.



Pawel has been a Cardiologist for 20 years. He is co-founder and runs the Medical and Diagnostic Centre (MDC). He is highly involved in preventive care and pro-health education on cardiac and metabolic diseases, as well as taking care among the chronically ill patients with cardiovascular diseases through implementation of individually adjusted treatment plan.

He is involved in work for a new organizational model of Primary Health Care in Poland. His practices in the organization are concentrating on providing truly people-centred services that promote health.

Artur Prusaczyk is the co-founder of MDC with Pawel. He is a gynaecologist and is particularly interested in preventive medicine activities.

For last 2 years, Artur has worked, as the consultant, with the Polish NHF and World Bank on the development of an integrated care model in Poland.



Medical and Diagnostic Centre Ltd. Siedlce, Poland

The company is a group of outpatient clinics, which are territorially widespread in the region (34 locations and over 84.000 of patients under the PHC). At present SMDC operates in 2 provinces of Poland (voivodships: mazowieckie and lubelskie) and provides PHC services in 27 units.

Apart from GP practice, SMDC runs 2 stationary Nursing Health Care Units with 47 reimbursed places including 10 places for mechanically ventilated patients, initially aimed for providing the specialist care for elderly patients, including advanced geriatric care focused on maintenance physical and mental capabilities.

There is a Daily Health Care Home (DDOM), thanks to the European Social Fund co-fund project under the operational programme 'Knowledge, Education, Development' 2014-2020, provides care for dependant patients, post hospitalization patients as well as rehabilitation. Since January 2018, SMDC will run 5 Daily Mental Health Care Homes, spread in the region. This care is dedicated to adults with various stable mental conditions. In MDC there are over 600 employees.

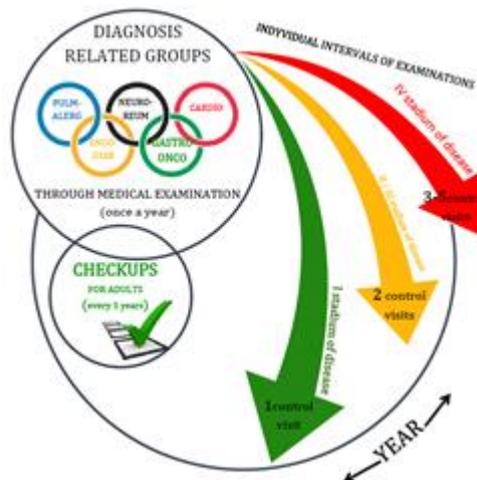


The company runs own diagnostic facilities, i.e. laboratory, mammographic, radiographic, tomographic, endoscopic, ultra-sonographic and cardiac diagnostic units. The MDC provides specialized care in 35 facilities, including efficiently operating cardiac, gynecological-obstetric and oncological clinics. Unit in Siedlce is one of the biggest clinics in the town. It provides PHC for approximately 20.000 patients, which is 20% of the town population. The number is still increasing. According to statistical reports sent to the National Health Fund, the declaration rise is approximately 5% per year.



As for PHC, two programmes of care have been implemented:

1. Systematic diagnostic procedure among adults in order to perform general screening examination as Health Checkups concerning oncology and chronic disorders,
2. Diagnosis Related Groups – permanent, integrated and systematic model of health care among the chronically ill patients through implementation of individually adjusted treatment plan. These programmes enabled to provide comprehensive health care and thereby became an interesting alternative work for nurses, educators and medical assistants.



MDC is a leader in Poland in the execution of National Preventive Programmes, including smear test, mammography and for cardiovascular diseases, performing well above the national average.

Management and medical staff broaden their knowledge by participating in numerous training and conferences. The Management repeatedly have presented their own organizational solutions and the results of their work at international conferences on Health Care. Since 2015 MDC has been a member of International Foundation for Integrated Care (IFIC).



Executive Committee

At the Annual General Meeting that took place in Crete during the Rural health Forum a new executive committee was elected. Jean-Pierre Jacquet was elected as President and we also had some new members.

The new committee is:

Jean-Pierre Jacquet,	President
Oleg Kravtchenko	Vice President
Josep Vidal Alaball	Treasurer
Sofia Ahman	Sweden
Isabelle Cibois-Honorat	France
David Halata	Czech Republic
Donata Kurpas	Chair EURIPA International Advisory Board
Enda Murphy	Ireland and link with EURACT
Ferdinando Petrazzuoli	Italy and link with EGPRN, chair of EURIPA Scientific Board
Thodoris Vasilopoulos	Greece
John Wynn-Jones	UK and World Working Party on Rural Practice

The revised constitution was approved at the Meeting. It gives EURIPA the ability to co-opt members on to the Executive Committee during the year if needed, rather than wait until the following AGM. There are currently two vacancies – so if you are interested please get in touch with the Executive Secretary (jane@montgomery-powys.co.uk)

The updated constitution also establishes a legal status for EURIPA enabling participation in EU projects, for example.

The refreshed membership scheme was also approved. The scheme is about to be launched on the web site following some technical delays. Watch this space!

New members have also joined the International Advisory Board. The current list is on the web site (<http://euripa.woncaeurope.org/content/international-advisory-board>). If your country doesn't have a representative, please get in touch. We are keen to have a comprehensive membership from across Europe.

The chairs of the International Advisory Board, Donata Kurpas, and the new Scientific Board, Ferdinando Petrazzuoli, have been confirmed and since the AGM the membership of the Scientific Board have been confirmed. The membership comprises:

Joyce Kenkre	Wales, UK
Jean-Baptiste Kern	France
Jose Simoes	Portugal

Reports from EURIPA members

From Poland:



The theme of the 5th International Medical Science Pulse Conference concentrates on interdisciplinary science and research (with the main focus on biomedical science), understood as a form of scientific cooperation of academics using discipline-specific research methods to acquire new knowledge and build new interdisciplinary or multidisciplinary fields of research. Interdisciplinarity is becoming an important part of the research paradigm in all fields. This is visible in the multidirectional direction of research objectives and applied methodologies, connecting the hard sciences and humanities as well as technical and social sciences. Interdisciplinarity is of particular importance in the case of health sciences.

The conference program includes: plenary sessions with lectures by invited speakers, academic debates on the presented speeches, presenting research projects within the framework of the Master Class module (poster session) as well as specialist seminars for young scientists and students.

This high-level conference also features guests from Europe and the USA, training panels, discussions and debates - which distinguishes our conference from many other national meetings.

Participants will receive certificates along with educational points.

Contact

mgr Bożena Ratajczak-Olszewska tel. +48 77 44 23 535

e-mail: ratajczakb@wsm.opole.pl

More information is on the web site at: http://e-event24.pl/5th_MSP_Conference/

And following the conference in Opole is the WONCA Europe conference:



EURIPA and individual members have submitted workshop proposals so we hope there will be a good rural programme.

If you are planning to take part in WONCA 2018 (Krakow, Poland) and would like to attend the Polish Evening: <http://www.woncaeurope2018.com/en/polish-evening> please include this event in your registration (please pay for this together with your conference fee): there is a limited number of places and probably tickets will not be available during the conference.

There is as well possibility to book your hotel through the website (prices are lower than usual): <http://www.woncaeurope2018.com/en/hotels-tours-transfers>

Please complete this reservation as soon as possible if you would like to book the accommodation close to the conference venue.

And from Scotland:



The Scottish Rural Health Partnership is hosting their second 'Rethinking Remote' International Conference in Eden Court, Inverness on May 24/25 2018. The Partnership, based in the Highlands of Scotland seeks to foster thoughts and ideas sharing to find solutions to the many challenges of providing health care to remote and rural communities worldwide. Their wide network of national and international colleagues with involvement in remote and rural healthcare includes partners and stakeholders from academia, healthcare education, health and social care providers, the Armed Forces and Industry.

The Call for Abstracts is now open until 1st March 2018 and registration is now open at www.isrrh2018.co.uk

WONCA News

WONCA Europe

EURIPA sends its congratulations to Ferdinando Petrazzuoli who has been elected on to the WE Communication Advisory Board.

WONCA Europe has announced that **Thomas Frese from Germany, Donata Kurpas from Poland and Erika Zelko from Slovenia were confirmed by the WONCA Europe Executive Board to be the members of the WONCA Europe Scholarship Committee.**

According to the scholarship proposal (accepted by the WONCA Europe Council in Prague 2017), the WONCA Europe Scholarship Committee consists of a WONCA Europe President Elect (chair), VdGM representative in the WONCA Europe Executive and three representatives from Member Organisations. For the first three years, Zalika Klemenc Ketiš acts as an advisor of the committee.

According to the above, the members of the first WONCA Europe Scholarship Committee are as follows:

1. Mehmet Ungan, Chair (WONCA Europe President Elect)
2. Raluca Zoitanu, member (VdGM representative in WONCA Europe Executive)
3. Thomas Frese, member (MO representative from DEGAM)
4. Donata Kurpas, member (MO representative from the Polish College of General Practitioners)
5. Erika Zelko, member (MO representative from the Slovenian Family Medicine Society)

Congratulations to Donata!

Communications facilitator - Freelance opportunity

WONCA Europe is looking for one freelancer to act as coordination and communications facilitator within WONCA Europe and among its stakeholder organisations (networks, interest groups, member organisations).

WE is looking for a highly motivated freelancer, with a strong can-do attitude and positive mentality, to work four hours per week for the first year, with a view to extend the collaboration beyond (to eight hours per week).

Please find more information and to apply for the communications facilitator position, please go to: <https://woncaeurope.workable.com/jobs/657497> . The application deadline is **March 5th, 2018.**

A Call For WONCA Europe Scholarship Candidates

The WONCA Europe Scholarship Committee has just announced announces a Call for Candidates for the 2018 WONCA Europe Scholarship.

One candidate can be selected to receive a € 2000 scholarship on a yearly basis for a maximum of 4 years.

If you are interested in applying the information is set out below:

Requirements for the candidates:

- speaks and reads English (CEFR, C1 level in writing, reading and speaking, no certificate is necessary);
- in the last year of family medicine specialty training OR a maximum of 15 years after finished family medicine specialty training OR at least 3 years and a maximum of 15 years of working in family medicine/general practice settings (for countries with no specialty or equivalent vocational training as specified in Article 41 of Council Directive 93/16/EEC and the Directive 2005/36/EC);
- member of a national member organisation of WONCA Europe.

How to apply?

Please send the stated documents (below) to **SecretariatEurope@Wonca.net** by **February 28, 2018**. Shortlisted candidates may also be invited for an online interview. One candidate will be selected.

What to send with the application:

- a recommendation letter from a WONCA Europe member organisation of your country;
- your CV;
- a letter describing your experiences in the activities of family medicine nationally and internationally and the expected outcomes of scholarship based on different competencies such as leadership, communication, organisation and their dissemination;
- a suggestion of a mentor including:
 - o a letter of acceptance of that role by the suggested mentor
 - o a short mentor's CV confirming he/she applies to the criteria

Criteria for the mentors:

- at least 10 years of experience as a specialist of family medicine / general practice;
- at least 10 years of international experiences in the field of family medicine / general practice organisation and/or, policy and/or, leadership and/or networking;
- is prepared to support the activity of participating doctors through reviewing and appraisal of their work, providing feedback, advice and support;
- cannot be a member of the Scholarship Committee;
- can participate in (on-line) meetings with a Scholarship Committee when needed.

EURACT Medical Education Conference 2018!

The conference will be held in the beautiful city of Leuven, Belgium on September 21 - 22, 2018. The conference will provide an opportunity for practicing family medicine teachers and researchers to meet and exchange research findings and new ideas in order to continue the development of Family Medicine in Europe. The conference theme is:

Family Medicine Education in the Real World:
from theory into practice

This conference seeks to emphasize an important stage in the development of the discipline of Family Medicine which is to ensure it has a secure academic base. It is particularly looking for more justification and clarification research in education to provide a strong evidence base that will underpin the enthusiastic educational efforts of so many teachers in

Europe. The department of Family Medicine in Leuven is happy to host this conference on the occasion of its 50th anniversary.

Abstract submission is now open for three different submission types:

- Oral presentation
- Poster presentation
- Symposium

The deadline for abstract submission is **April 10th 2018**

Please find more information regarding the conference and abstract submission at **www.euract2018.org**

"Vasco da Gama Movement Exchange Awards: deadline imminent"

In memory of Dr. Claudio Carosino, the Vasco da Gama Movement and EURIPA offer a prize for the best completed Hippokrates Exchange in a rural practice* in 2017 - the Carosino Prize

*Rural Practice - an exchange is to be considered in a rural placement if it has been taken place in a town with less than 50,000 people and in an area that is populated by less than 50/km². If you have undertaken an exchange to a rural practice but you are not sure, please contact Dr. Veronika Rasic - VdGM/EURIPA representative (ver.rasic@gmail.com) for confirmation.

The Prize: Reimbursement of the registration fee for WONCA Europe Conference 2018 (to a maximum value of €450 per person), **ONLY** if the candidate presents her/his exchange experience by her/his own during the VdGM Exchange Workshop in the WONCA Europe Conference 2018 to be held in Krakow.

The winner will allow VdGM to publish her/his portrait photography on the VdGM website in the Hall of Fame from Exchanges.

To be eligible you need to:

1. Be a family doctor trainee or family doctor within five years of specialization at the time of the Exchange.
2. Have completed a Hippokrates Exchange and have been awarded a Certificate of Completion in 2017.
3. Be able to attend WONCA Europe Conference in Krakow from 24th to 27th May 2018.
4. Applications must include:
 - a) The completed Hippokrates Exchange Template (Learning Objectives, Educational Programme, Learning Outcomes and Final Report - all signed by the visitor, host and NECs);
 - b) Cover letter outlining why you should be considered for the prize (400 words maximum);
 - c) Curriculum vitae (2 pages maximum);
 - d) A letter of support from your Hippokrates exchange host;
 - e) Clearly specified which prize the applicant is applying to.

Each candidate should send all the documents to her/his VdGM National Exchange Coordinator. The deadline for submission of candidates to the VdGM Exchange Officer is **February 16th.**"

Publications

EURIPA members are involved in and contribute to a number of journals and articles in them may be of interest to other rural health practitioners:

Our Journal

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

The Journal contains a European section and we would like to encourage EURIPA members to contribute to the Journal. Original research is always welcomed but there is also the opportunity to send in letters, project reports or personal perspectives. There is support available to help you get published – new authors are actively encouraged!

The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy is at <http://www.rrh.org.au/euro/defaultnew.aspof>

And don't forget: The #EURIPA Rural Health Journal

The "EURIPA Rural Health Journal" is an on-line journal published regularly every Monday and Friday. To publish it we use a platform named paper.li (<http://paper.li>) that allows us to find, collect and publish content related to rural health in an automated manner. You can 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#/

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 1st January 2017 the EJGP is an Open Access, international, peer-reviewed scientific journal, publishing highquality, 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>

Family Medicine and Primary Care Review

The quarterly journal is a peer-reviewed scientific journal, open to researchers in family medicine, primary care and related fields, academic teachers, general practitioners/family doctors, and other primary health care professionals, as well as physicians-in- training, residents and medical students.

"Family Medicine & Primary Care Review" is happy to invite participants to submit an original paper from their presentations at the 8th EURIPA Rural Health Forum. The papers will go through the reviewing process and if selected, will be published without any additional publication fee. You can see more at:

<https://www.editorialsystem.com/family/journal/about/>

Forthcoming Events

Below is a selection of events for 2018 - 9 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

Coming up in 2018:

12th Congrès de la médecine générale 2018

English sessions during the whole conference; the theme of the English sessions is: "re-discovering general practice"

April 5 -7 Avril 2018, Palais des Congrès Paris, France

For more information: <https://www.congresmg.fr/wp-content/uploads/2018/01/English-programme-MG2018.pdf>

15th World Rural Health Conference 2018

27 – 29th April, New Delhi, India

More information at: www.wrhc2018.com

5th International Medical Science Pulse Conference

22 – 23rd May, Opole, Poland

More information: [http://e-event24.pl/5th MSP Conference/](http://e-event24.pl/5th_MSP_Conference/)

WONCA Europe conference 2018

Quality Efficiency Equity

24 – 27th May 2018, Krakow, Poland

More information at: www.woncaeurope2018.com

Rethinking Remote

24th – 25th May 2018, Inverness, Scotland

Registration is now open at www.isrrh2018.co.uk and the call for abstracts closes on 1st March

EGPRN Spring Conference

"Changing doctors for a changing world: How to face the future of primary care?"

10th – 13th May 2018, Lille, France

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

1st European conference on Telehealth for chronic conditions in clinical practice

15th – 16th June 2018, Alicante, Spain

www.semfc.es/telehealth2018

EURACT Medical Education Conference

Family Medicine Education in the Real World: from theory into practice

21st – 22nd September, Leuven, Belgium

More information: www.euract2018.org

And more

EFPC 2018 Vulnerability and Compassion: the role of primary care in Europe. How to overcome the austerity period?

24th – 25th September, Crete

More information at: <http://www.euprimarycare.org/>

Gregynog 29th Rural Primary Care conference

26th – 28th September 2018, Gregynog Mid Wales

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

WONCA World conference 2018

Primary Care in the Future: Professional Excellence

17 – 21st October 2018, Seoul

More information at www.wonca2018

8th Rural Health Forum

“The challenge of the vulnerable and ageing population in rural medicine”

14th – 16th November 2018, Israel

For more information: <https://www.euripaforum2018.eu/>

WONCA Europe Conference 2019

The Human Side of Medicine

26- 29th June 2019, Bratislava, Slovak Republic

More information: www.woncaeurope2019.org

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be Spring 2018; contributions are welcome by 1st April. Reminders for contributions will be circulated on the mailing list and announced at the web site.

If you are interested in contributing to the next edition of *Grapevine* please get in touch with the Executive Secretary, Jane Randall-Smith at Jane@montgomery-powys.co.uk. Please think about what you do in your practice and if you would like to contribute to the clinical case section, or send us a piece about your practice, tell us about research you are doing or have published, an event that is being held in your country please do get in touch.

Grapevine is YOUR Newsletter and new contributors are always welcome.

Disclaimer:

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