



The Grapevine

Spring 2012

Message from the President:

Dear colleagues and friends,

This will be one of the last newsletters that I will write as President of EURIPA. It's been an exciting and wonderful journey since our inaugural meeting in June 1997 at the University of Majorca, Palma.

I have often asked myself whether we have achieved anything substantial over the last 15 years. Would it be possible to develop a European consensus and would the institutions listen to small groups such as ours. I feel some pride that we met both goals. We are developing a European strategy for rural health that is based on a broad consensus and it seems all of a sudden that everyone wants to meet and work with us. It was so often the case that we had to run after policy makers, academics and stakeholders in order to remind them that rural was not on their agenda and it is now gratifying to see groups and individuals come to us for a rural response at an early stage. When we started Europe was a great "ideal" and it was exciting to be involved with our own small project that we saw contributing the greater European venture. The last 3 years have been difficult and trying for Europhiles like ourselves but we must maintain our steadfast principles and remember that we need each other more than ever.

It is difficult to think, what the next 15 years will bring. We can be sure that individuals and communities living on the periphery of the great metropolises of Europe will continue to struggle to ensure equity of access and opportunity in a world where resources will be more limited and politicians will have less leeway to make significant and beneficial changes.

Thank you for your support, your enthusiasm and your vision. I wish Jose Lopez Abuin all the best and implore that you give him the support and resolve that you have given me.

Kind regards
John



As you will be aware by now the annual European Rural Health Forum that was to take place in Northern Portugal has had to be re-located to Croatia. The venue will be on the beautiful Adriatic coast, close to the International Airport in Split.

The Forum's theme will be "Training and Education for Rural Practice" and the 8 sub-themes will be

- Teaching undergraduates in rural practice
- Training for rural practice
- CPD for rural practice
- Training for emergencies and Out of Hours
- Interprofessional Learning (IPE) in Rural Practice
- Rural Education Research and developing a rural academic base
- The contribution of education to recruitment and retention
- Developing higher qualifications in rural practice and rural health

We will also be encouraging poster presentations, so start planning, underline the date in your diary and help us make the Forum a great success once again.

The poster submission date is 15th April

To register go to www.3rd-euripa.conventuscredo.hr

Winners of the Hippokrates and Carosino Prizes

The Vasco da Gama Movement is pleased to announce the winners of the Hippokrates and Carosino Prizes 2011: Dr Pedro Miguel Oliveira Azevedo from Portugal and Dr Fabrizia Farolfi from Italy.

With the kind support of EURIPA and WONCA Europe at the Wonca Europe Congress in July the VdGM will award the best Hippokrates Exchanges that have been completed within Europe at either a rural or urban practice in 2010 or 2011.

The award for Best Hippokrates Exchange goes to Dr Pedro Miguel Oliveira Azevedo who spent 2 weeks in Kent, UK at Charing Surgery hosted by Dr Rosalyn Dunnet. Pedro, a GP trainee from Portugal, has always been keen on other cultures and environments and the Hippokrates Exchange seemed the perfect experience for him. He is enthusiastic about taking part in the next Wonca Europe Conference in Vienna as it would be a great opportunity to present his experience as well as the result of studies of his own. As a matter of fact, he believes that "sharing our knowledge should be a pillar in the development of the General Practice Discipline".

Pedro enjoyed his time at Charing Surgery in Ashford, Kent. He said, "I understand that the rural areas are unique areas where a family doctors have an increasing impact on the community's health".

He was hosted by Dr Rosalyn Dunnet, a General Practitioner also involved in the training of junior doctors and medical students, who joined the Charing Surgery in 1999 and the Surgery Partnership in May 2010.

Dr Dunnet appreciated Pedro's visit as she said, "he is a very clever and enthusiastic young man who knew how to respect a different culture and a different context. I never found in him any judgment or prejudice about our patients' beliefs and cultures that here, as in many other rural areas, can be an important part of the local definition of community".

The award for Best Exchange in a rural setting goes to Dr Fabrizia Farolfi from Castelbolognese, Italy. She has expressed her deepest contentment as the Prize is named after a great man and general practitioner, Dr Claudio Carosino shot to death by a patient during a home visit in 2010. Fabrizia knew Dr Carosino personally since he was also involved in the GP vocational training.



It was during her GP training that Fabrizia came to know the Vasco da Gama Movement and expressed the desire to participate in an Exchange Programme to broaden her horizon and perspective on the concepts of Family Medicine at both professional and personal levels.

At the end of her second year of training Fabrizia visited Lime Tree Surgery in Worthing, UK hosted by Dr David Mannings. She has valued her 2 weeks experience very much and she said, "Rural Medicine represents a special field, whose aim is to warrant medical assistance in the more remote and less populous corners of the world".

Dr Mannings also has good memories of Fabrizia's Visit at Lime Tree Surgery. "She enjoyed herself and certainly took full advantage of activities offered by the Practice," he said. He also mentioned that one of the greatest challenges they had had to face at the practice for the past 15 years is of developing a real increase in range of skills and expertise to cope with a steadily increasing workload in Primary Care. "As Farizia observed, our efforts succeeded only by embracing a wide ranging team based approach," he said.

Once back home Fabrizia was so enthusiastic about her visit to Lime Tree Surgery that she presented her valuable experience to her colleagues in many different occasions around Italy. In fact she strongly believes, "a constructive comparison among different systems can be made to start a discussion and to think about how things can be improved in General Practice. As WHO states the high scope of all efforts is to tackle the current unacceptable health inequalities in all countries."

The fact that not only the Carsino Prize but also the Hippokrates Prize awards an exchange to a rural area shows, brilliantly and undoubtedly, the growing allure and popularity of rural medicine.

Dr. Sara Rigon, European Hippokrates Exchange Coordinator



Can you help a GP Trainee?

We have had a request from Dr. Sara Rigon of the Vasco da Gama Movement Executive Group, and European Hippokrates Exchange Coordinator, for help for a GP trainee from France, **Dr Loïc Masson**.

Loïc is in his 7th year of study and is studying and researching rural General Practice training and education in other European countries for his final GP Academic Thesis. He would like to visit some Rural Practices in different European Countries to collect information and have a full immersion in and better understanding of rural medicine and the approach to training in those countries.

Loic is intending to go to the Croatia Forum but would also find it really useful to make some 2-month placements. He says "I could assist to general practice in rural place and have the time to study what's done in different countries to attract young medical student to rural practice.... During my research, I've found nearly nothing for what's done in France to attract young medical student to the rural practice... So if you have any information about this subject, any contacts... Thank you for your answer!"

Loic can be contacted on massonloic.med@gmail.com or +33 (0) 661 406 920

My Practice



EURIPA recently had an application for membership from **Pr Jean-Pierre JACQUET** who wrote:

My office is located in the French alps, in a small village (Saint Jean d'Arvey, you can see on google maps) not far from a middle town called Chambéry. I am not properly remote, but in a way in a rural or semi-rural area.



I work in association with a woman colleague. We both see patients from birth to death, but my colleague sees women, for contraception, (IUT) pregnancy and legal abortion; I perform in minor surgery . We are equipped with ECG.

As trainers in GP we teach post graduates . We are near by a small winter sport resort and in winter and in summer we see sportsmen and women for sports injury.

We have also received information from **Professor Pekka Honkanen**, a General Practitioner in the Kainuu Region, Finland



When rural is considered as an opposite to urban, I have been a rural dweller and worker for all of my life, except for my medical studies in the University of Oulu. I was born in 1951 in a small village in Middle Finland, 40 kilometers to the nearest town Jyväskylä, and lived there until I started my medical studies in 1970. Immediately after graduation in 1975 I started to work as a GP in a small town 80 kilometers to the north from Oulu. The town, Simo, is located at the Gulf of Bothnia. One of a few free running rivers is located there, too. In the beginning of June one can get a lot of wild salmon, if he/she is enough talented fisherman/-woman.

In 1991 I got an opportunity to take a three-month leave and go to the University of Oulu to see what it could offer to me. That trip took six and a half years. I got my PhD in 1998. The topic of my research and thesis was cost-effectiveness of influenza and pneumococcal vaccination among elderly people. You may still find some

writings of mine in PubMed. I went on as part-time researcher, while my primary job consisted of GP-practice, management and development of health care and social services, as well.

The area of my further research was respiratory tract infections. I was nominated as associate professor in the University of Oulu in 2009 and almost immediately after that nomination I was invited to this job I'm doing now. Four days in a month I work as a GP, but my main duty is to organise professional support and guidance for young doctors and post graduate education as a whole.

The task is quite challenging. The area of the county of Kainuu is a little bit bigger than that of Wales. Our neighbour in the east is Russia. There are 80,000 inhabitants and 8 health care centres. Kajaani is the capital of the county and the distance from there to the remotest health care centres is about 100 km. In some centres young doctors have to work alone without the guidance of more experienced colleagues. We have begun to develop remote guidance by using video connections. Naturally we are short of physicians, and maybe will always be. That fact has inspired us to develop multidisciplinary team work as well as remote practice through video connection.

Professor Honkanen sent this picture of the sauna being heated up I think to encourage you to attend the Nordic Congress of General Practice in Finland in August 2013! See below under forthcoming events.



Our Spring recipe comes from Scotland, and has been sent to us by Dr David Hogg of the Isle of Arran Medical Group

Cullen Skink

A traditional Scottish creamy fish broth - delicious and filling!

1kg (2 1/4 lb) smoked haddock fillets - boned and skinned
600ml (1 pint) milk
2 large baking potatoes, peeled and diced
1 large onion, finely chopped
1 leek, washed and sliced
freshly ground black pepper to taste
handful chopped fresh parsley for garnish



Simmer the haddock in the milk over a medium heat for about 15 minutes, or until the fish flakes easily with a fork. Remove it from the milk with a draining spoon and set it aside in a bowl. Now add the potatoes, leek and onion to the hot milk and simmer until tender, about 10 minutes.

Transfer the contents of the pan to a blender, (in batches if necessary), and blend until smooth and creamy. Return the blend to the pan and flake the fish into the soup. Heat this up gently, but not to the boil. Serve immediately, seasoning with pepper and garnishing with parsley.

The Rural Health Forum "Rural Health in South America" held at Santa Fe, Argentina, December 10, 2011 has issued the

**DECLARATION OF SANTA FE
"EXTINCTION IN RURAL HEALTH"**

The group comprised US experts in rural health and the hundreds of participants from different organizations of Argentina, Brazil, Bolivia, Chile, Colombia, Peru and Uruguay, together with representatives from EURIPA, WHO, WONCA, ICOH and others.

1. THE CURRENT SITUATION

Rurality in the world is in danger because the delay in development which forced the rural population condemns its inhabitants to a continuing exodus, as a permanent and painful, bleeding which leads inevitably to a slow death of their status, leaving as remnant people isolated without guarantees of their rights, because its power demand is weak and the rural voice cannot be heard by the Governments of the day spawned and contextualized in the urbanity. It is real that there are different ruralidades linked to the resources of the Earth and its means of production, which may be more or less wild, more or less successful, more or less favorable to variations in the interests of market governing the world economy and that plundered once local wealth disappear leaving the small towns in agony and condemned to slow but inexorable extinction. Schools are closed, unified police detachments, reduced services: where there was a doctor is a nurse, where there was a nurse, is a health to be visited periodically post nothing was where there is regular visit.

The Rural Health and its leaders are part of this underdevelopment is not only economic, is an underdevelopment of ideas of countries, provinces, regions and municipalities

The loss of rurality and the gain of urbanization, are not only cause, but also as a result of a demographic distress of rural communities, that suffering uprooting, are distorted, sick and die, by a host of social problems that leave channel and destroy them.

2. THE HEALTH TEAMS AND RURAL HEALTH

The Rural Health must go hand in hand with public policies that contribute as a factor of sustainable development. According to the resolution VHHA 62.12 of the 62-first Assembly of the world Organization of the 22 health of May 2009 "it urges Governments to reaffirm the values and principles

of primary health care including: equality, solidarity, social justice, universal access to services, multi-sectoral action, decentralization and community participation as a basis for strengthening health care systems". There is no development without Rural Health.

In this context the health team suffers from the feeling of having been abandoned. The same feeling that perceive their communities. There is no appeal in rural work. Its task should be highly competent for both the rural worker and his team of health, perform isolated work and, therefore, management and resolution of cases is complex, time-consuming training and knowledge (a more professional excellence), extra and very seldom there are bonuses in accordance with the effort made, except those in the community itself. It is precisely within the community and occupational, as well as the continuum of care, where stands its work with regard to his urban counterpart, which has carried out with a necessarily intercultural and respectful approach to traditional healing practices. According to the resolution 60.26 of the 60th World Health Assembly (who) on May 23, 2007 "urges Member States to develop and make available to its guidelines States specific to the establishment of monitoring mechanisms appropriate to address the dangers and diseases that can affect people and the environment in their local communities and health services and to make efforts to ensure full coverage of" "all employees including farming, through essential interventions and basic occupational health services for the primary prevention of diseases and work-related injuries."

3. THE ALTERNATIVES

More that never becomes necessary to preserve, rank, stimulate, gratify equipment of rural health in its functions generating development, professional competence, job security, health career and dignified retirement. It should work to improve its strength and facilitate credible resources, with the additional corresponding to each case; promote continuous and permanent training, modernizing workplaces with adequate facilities and provide them with appropriate technology; form teams according to the needs of their local community emphasizing the promotion of health and prevention of disease; ensure the adequate means of derivation with an ascending network of complexity with reference and referral systems; and, also, the necessary support in field situations of high social complexity, like thus also promote strong investments in the infrastructure (drinking water, drainage, etc.), upgrading of roads and

environmental which directly contribute to the health of the people.

Meet the demand to meet the needs of staff involving preventive or healing practices. This must be accompanied by the health system. If public policies do not cover rural areas as a special form of work in health, and therefore deserving of special treatment (the Rural Health is medical specialty recognized in leading countries of their development), is likely that staff who tries to take it forward, by vocation or contractual obligation, to frustrate and migrate to other horizons, as it happens with your community.

4. FINAL CONSIDERATIONS

For all these reasons

* We call upon the States national, provincial and municipal executive and legislative powers; universities, professional advice, guilds of the staff of health, NGOs and social actors in the communities of the countries of the region, to declare a State of alert and generate joint proposals that reversed this process of extinction and promote the development of the Rural health

practice.

* We encourage the authorities to that favour the recruitment of future members of the health team for the year in rural areas: promoting the members of the rural community in their study and practice themselves, creating specialty in Rural Medicine or any other ancillary measures.

* Measures that contribute to the retention of the teams of health and their families in rural areas should be implemented.

* We adhere to the exposed 60.26 resolutions and VHHA 62.12, of the sixtieth and sixty-second assemblies of the World Health Organization.

* It is noted in the contributions made by international experts in the Rural Health that there is a vast knowledge of the health inequalities between urban and rural media in their countries. This knowledge is essential in order to correct planning and allocation of resources. To do this, we call all actors involved in the Rural Health to support and encourage research in this field and test more efficient planning based on real needs. All this will benefit the Rural Health.

Forthcoming Events:

Wonca – Vienna – July



18th WONCA Europe Conference VIENNA 2012 July 4-7, Austria Center Vienna (ACV)

It is a great honor and pleasure for the **Austrian Society of General Practice and Family Medicine** to invite you on behalf of **WONCA Europe** to come to Vienna for the 2012 **WONCA Europe** regional conference which will be held on **4 – 7 July 2012**.

The main theme of the conference will be “The Art and Science of General Practice and Family Medicine”, a title which comprises important and fascinating aspects and principles of our work as General Practitioners and Family Doctors. The skillful integration of scientific knowledge and evidence based medicine in daily work has many aspects of an art and can help to make the work of a family doctor more efficient.

Medicine and art have always been in close relationship and there are many examples in music, literature and fine arts. The central image for our conference serves as a symbol for this theme. This image shows one of the world-famous anatomical wax models of the 18th century which are situated in the Josephinum, the foundation site of the first medical school in Vienna in 1786. These elaborate figures document a perfect synthesis of exact knowledge of anatomy and the art of transforming that knowledge into beautiful and accurate models, which were ideally suited for teaching. Vienna, a city with a great medical and cultural

tradition, many historical places and famous cultural highlights should be the ideal location to explore our conferences' theme in depth.

A joint EURIPA/EQUIP/ Linneaus workshop proposal has been submitted on Patient Safety in Rural Europe; and a Joint EURIPA/Vasco da Gama Movement Workshop on "Encouraging young family doctors to work and remain in rural communities".

Other workshops will include:

"Palliative care in rural areas – role of general practitioners" from Tanja Pekez Pavlisko, Croatia;

"Out-of-hours and emergency care" from Dr. Oleg V. Kravtchenko, Norway; and "What can a GP practice attachment offer to a medical student – advantages of a placement in a rural practice"

from Jose Lopez-Abuin, EURIPA, John Wynn-Jones, EURIPA, Janko Kersnik, EURACT, Cristina Galvao, EURIPA, Zalika Klemenc-Ketis, EURACT.

To register see

http://www.woncaeurope2012.org/cms/images/stories/pdf/WONCA2012_registration_form4.pdf

Rural Primary Care Conference – Wales – September



A conference organised by rural GPs for GPs and their primary care colleagues at Gregynog Hall, Newtown, Powys, 26th – 28th September 2012.

The conference aims to meet and address the learning needs of healthcare professionals working in rural primary care.

For further information please contact:

Mrs Ann Whale, Conference Co-ordinator
Institute of Rural Health, St David's House, Newtown,
Powys SY16 1RB.

Tel: 01686 629480. Email: annw@irh.ac.uk

The Conference takes place during **Rural Health Week**, which this year has the theme of - **Developing Rural Resilience**

Rural Health Week 2012 – 23rd to 29th September – will focus on the particular characteristics of life in rural areas and the need to develop 'rural resilience' to capitalise on the potential and meet the challenges.

2012 is also the European Year of Active Ageing – directed at those worried about growing older and what their place in society might be once they reach 60, 70 or 80, it makes the point that there is a lot to life after 60 – and society is coming increasingly to appreciate the contribution older people can make.

SAPC – Glasgow – October



The Society for Academic Primary Care (UK) is holding its 41st annual conference from 3rd to 4th October 2012 in Glasgow, Scotland (a one hour flight from London). This year, for the first time, our conference is being held in partnership with the Royal College of General Practitioners.

Abstract submission deadline: midnight on 25th March 2012

Visit: <http://www.sapc.ac.uk/index.php/conference2012>

The conference is for researchers and educators in general practice, primary care and family medicine. We welcome everyone from all stages of their career from students to the most experienced professors. Last year 420 delegates attended our event.

The conference this year is called "Celebrating difference". Together we can influence practice through research and education so please come and join us.

For information please visit <http://www.sapc.ac.uk/index.php/conference2012>

Or email: Sue Stewart at office@sapc.ac.uk

International Congress of Rural Health and Medicine Goa – December



To register or submit an abstract – email

iarmcongress2012@pmtpims.org

And some very early notice:

Nordic Congress of General Practice – Finland – August 2013



18th Nordic Congress of General Practice
21-24 August 2013 Tampere, Finland.
The number of people living with some chronic disease is increasing in Nordic countries like in other western countries. At the same time, people are better educated than ever and they have direct access to medical information through modern technology. These trends will have an effect on the balance between a doctor and a patient, and they also will challenge many traditional practices in health care.

The theme of the 18th Nordic Congress of General Practice will be "Promoting partnership with our patients – a challenge and a chance for primary care." During three days, interesting keynote lectures, symposiums and workshops will enlighten new perspectives on primary health care, focusing on different ways to support patients' self-management and their collaboration with service providers.

To register see <http://www.nordicgp2013.fi/registrationaccommodation/>

The next issue of the Grapevine will appear in August 2012 and contributions are welcome, by 15th July please, to helenp@irh.ac.uk

