



# The Grapevine

## SPRING 2018

Its Spring! At last, after a long winter that I am sure has been hard work for many of you.

Its time to look forward and there are some exciting conferences coming up this year: Rural WONCA is imminent and then it WONCA Europe in Krakow. EURIPA members will be running workshops in both conferences. And, planning is well advanced for the 8<sup>th</sup> EURIPA Rural Health Forum in Israel in November.

EURIPA has also been busy making its contribution to an EU project proposal that has been submitted this week to H2020. We probably won't know the outcome for 6 months but if it is successful there will be a real opportunity for EURIPA and its members across Europe.

Happy reading!

*Jane Randall-Smith*

Executive Secretary EURIPA

### Contents

	Page
8th EURIPA Rural Health Forum, Israel	2
15th World Rural Health conference, Delhi	3
WONCA Europe conference, Krakow	5
General practice: Europe vs New Zealand	6
My Practice	9
Publications	11
Forthcoming conferences	12
Future publication dates	13

Firstly, an update on the planning for the **8th EURIPA Rural Health Forum**



Dear young and senior rural general practitioners, dear researchers,

Welcome to the 8th EURIPA Rural Health Forum. The conference will be hosted in Maale Hachamisha, Israel on November 14th – 16th Wednesday to Friday 2018 (Save the date!). This important conference is being organized jointly by the Israel Association of Family Physicians and EURIPA. The IAFP has substantial experience in hosting conferences and events including the EGPRN meeting in Tel Aviv in 2016 and the Vasco Da Gamma Forum in Jerusalem in 2016.

The theme of our 2018 EURIPA Rural Health Forum is

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

featuring the challenges that rural general practitioners face all over Europe and other continents. Our theme attempts to address the demands of a challenging world and recognizes the health inequalities among and within rural regions in Europe. A holistic approach to health, patient centeredness, together with the four dimensions of quality Primary Health Care (PHC) (continuity, accessibility, comprehensiveness and coordination) have never been more necessary for rural societies.

We look forward to welcoming you to Israel with great hope that this year’s Forum will serve as the first step towards a **better treatment of the vulnerable and ageing population in rural medicine.**

Visit our website <https://www.euripaforum2018.eu/> and register to get updates from the 8<sup>th</sup> EURIPA FORUM and to submit your abstract by sending it to the [website](#)

**Prof. Shlomo Vinker MD, MHA**

Executive Board member, WONCA Europe and EGPRN

**Ferdinando Petrazzuoli MD, MSc**

EURIPA Scientific Board

**Chairs of the Scientific Committee, 8th EURIPA Rural Health Forum**

**Sody Namir**

Division of Community Health, Ben-Gurion University of the Negev, Beer Sheba And Clalit Health Services, Israel

**Chair of the Organizing Committee, 8th EURIPA Rural Health Forum**

**15th World Rural Health Conference, New Delhi 26 - 29 April 2018**  
**Healing the heart of Healthcare: Leaving no-one behind**



Although this conference is nearly here and there is a wealth of information on the web site at <http://www.wrhc2018.com/> we thought it useful to remind you about it.

In the Rural Round Up on the WONCA web site, John Wynn-Jones, Chair, WONCA Working Party on Rural Practice, writes:

“Alone we can do so little; together we can do so much” (Helen Keller) and this is so true when it comes to addressing the inequity that exists worldwide between urban and rural health care.

The WONCA rural family will be meeting once again at the end of April in Delhi for the 15th WONCA World Rural Health Conference. It is this global collective approach that has made a difference over the last 22 years since we met in Shanghai in 1996 for our first inaugural conference. So much has changed in health care technology, yet Rural Universal Health Coverage (UN: Sustainable Development Goal 3.8) still remains a very distant goal.

The world is gradually urbanising, with people moving into mega-cities leaving an impoverished aging and vulnerable rural population with poor or no access to even the most basic health care. It is WONCA's stated aim that everyone should have access to an appropriately trained family doctor working within a team of health care professionals and community health workers. We must strive to develop models of primary care that are community focused and patient centred. Our rural workforce must be socially accountable and fit for purpose. With this in mind the main theme of the conference will be "Healing the Heart of Healthcare: Leaving No One Behind"

We have travelled around the world with our conferences, regularly attracting over 700 delegates, yet this is the first time that we will be meeting in South Asia. This vast populous subcontinent has one of the largest rural populations in the world and it surprises me to think that it has taken us so long to get here. We have seen significant changes to rural health provision and access to care in the richer countries of the world, but we must now further concentrate our attention on rural care in Low and Middle-Income Countries.

We used our global Google group to identify learning and policy needs and as a result we have a needs-based extensive range of workshops and panels for you. The emphasis remains on the needs of low and middle-income countries and the sharing of good practice and innovations that work. This conference programme has been developed by young inspiring Indian colleagues and members of our global Rural Seeds network. The future of rural health care will be in their hands and not in ours.

The main conference starts on 26th April and runs through until 29th. However, there is much to occupy and inspire you beforehand. The opening ceremony is preceded by FISFA 2018, an International Short film and Arts Festival and Rural WONCA's Assembly meeting. Everyone is welcome to join us for the Assembly. We want to tell you what we are doing, and we want to hear from you to set our future agenda. The conference organisers have arranged cultural tours after

the conference and you can take part in practice exchanges. Please look on the website for more details. One exciting innovation is the “Ideathon” which is a competition for medical students on a rural health theme.

The range of topics in the main programme is extensive with emphasis on issues such as rural research, medical education, mental health, family violence, women’s issues, engaging with policy and much more.

If you have not registered yet, please do so. The organisers have emphasised that this will be a multidisciplinary conference working on the principle that if we learn together then we will also work together.

Finally, I wish to thank our colleagues from the Academy of Family Physicians of India and especially Dr Pratyush Kumar, Dr Raman Kumar and their young and inspiring organising team. We need you to come and join us in Delhi and help us make a difference around the world. We need you to come and leave a legacy as well as making changes in your own countries and your own health systems. Come and work with us and expand the rural health family.

John also sends a welcoming message:

On behalf of Rural WONCA, I want to invite you to join us in Delhi for the 15<sup>th</sup> WONCA World Rural Health Conference. We live in a world which is becoming increasingly urbanised. The drift to cities and in particular mega-cities has left a global rural population with increased poverty and a steadily aging demographic. Evidence from sub-Saharan Africa and South Asia has demonstrated that large elements do not have access to even basic health care.

The United Nations’ Sustainable Development target 3.8 aims to achieve Universal Health Coverage (UHC) by 2030. It will be the rural and often forgotten parts of the world that will pose the greatest challenges.

Primary care and family medicine offer the opportunity to establish family friendly models of care based around communities in these inaccessible parts of the world. The message as gone out and governments are beginning to listen. By 2030 it is estimated that we will need a further 40 million more health workers to achieve Universal Health Coverage but the World Health Organisation estimates that we will be at least 18 million short. Only 23% of the world’s health workforce provide care for 48% of the world’s rural population and as things stand this may become even more inequitable.

A 2012 report by the World Labour Organisation demonstrated that the workforce inequity was omnipresent from the richest to the poorest countries. Rural practice is challenging but also extremely rewarding yet recruitment to rural practice in a world dominated by super specialisations provides us with a significant challenge. Rural practice must be the domain of the true generalist, providing a scope of practice which is needed by its communities and circumstances.

Rural WONCA is committed to promoting effective, safe and efficient local health care, provided by a workforce that is well trained and fit for practice.

We need you to come and join us in Delhi and help us make this difference. We need you to leave a legacy in India and also to make changes in your own countries and your own health systems. Come and work with us and expand the rural health family.

## 23<sup>rd</sup> WONCA Europe 2018, 24<sup>th</sup> – 27<sup>th</sup> May, Krakow, Poland

### Quality Efficiency and Equity

EURIPA has had 4 abstracts included in the conference programme:

- Quality, Efficiency and Equity - how it is addressed in rural medicine - the voice of EURIPA IAB
- Vaccinology - Education needs for family physicians across Europe
- Traditional vs. School Medicine in Rural Locations - "Friends with Benefits"? Part 2
- Can social prescribing benefit health and wellbeing in the community?

EURIPA is also a partner in a joint workshop with the other four WONCA Europe networks:

Enhancing Research capacity in Family Medicine residency programmes: perspectives from EGPRN, EURACT, EURIPA, EQuIP and Vasco da Gama

The Vasco da Gama Movement is organising a Pre-conference meeting on Wednesday May 24<sup>th</sup>. EURIPA will be participating, together with other WONCA Europe networks, to raise awareness of rural health and the opportunities for young doctors in rural areas.

As usual we will have a booth and will be producing a rural programme for the conference. If you are involved in a workshop focussed on rural health please let the Executive Secretary know so that it can be included in the Rural Programme.

There will also be a raffle **to win a free place at the 8<sup>th</sup> EURIPA Rural Health Forum** in Israel. Come along and see if you might win!

Registration for Krakow closes on 30<sup>th</sup> April so if you are planning to go come please go to the web site at [www.woncaeurope2018.com](http://www.woncaeurope2018.com)



## Reports from EURIPA members

Berit Hansen from Denmark and a member of the EURIPA International Advisory Board has just spent several months in New Zealand. For Grapevine she has interviewed Dr Jonathan Tricker, a GP from Somerset in the UK who was working in New Zealand:



*Jonathan, how many times have you locumed in New Zealand?*

Three times. I have locumed for six months in Te Kauwhata in 2014-2015. One month in Turangi (both in the North Island), and five months in Christchurch.

*Jo, our readers are mostly interested in rural practice, do you have experience from rural practice in the UK?*

Yes, a bit. The UK is very populated so you have to go to the Highlands of Scotland to really be in rural practice but I have practiced in several rural clinics in the countryside in Somerset. Though most of the clinics have good connections to secondary care and other amenities.

*Have the clinics in NZ that you worked at been rural clinics?*

Yes two were rural practices (Te Kauwhata and Turangi), though there are many more isolated practices than these.

*What do you think is the main difference between rural practice in the UK and NZ?*

Perhaps the proximity to secondary care. Sometimes you had to drive two or three hours to any secondary care facility in NZ. I don't think you would find this in the UK (except a very few places). The rural New Zealand population is very industrious and supportive, with a real sense of community. It is very dependent on farming. Older GPs have told me stories of how their workload would change depending on the wholesale milk price!

The out of hour service is also different.

*How is that?*

In UK GPs are no longer responsible for Out of Hours. In New Zealand you may be responsible for the out of hour service, which can put a bit of pressure on the very rural areas. As I understand it, in many rural areas there is support from experienced nurse practitioners providing much of the out of hours care.

The isolation from other facilities also puts a different workload on the GP, such as minor injuries, or even more acute medical emergencies. Often rural GPs are first responders and PRIME (Primary Response in Medical Emergencies) trained, and may provide the pre-hospital care at, for example, road traffic accidents.

*What about the GP training?*

None of the Kiwi clinics I worked in were training practices, so I don't know a whole lot about it. I think there is a rural practitioner training pathway in NZ, and that GP training in NZ is usually shorter than in the UK.

*Did you find that the GPs in New Zealand had a different attitude towards their job compared to the UK GPs?*

I think there is still an attitude of having your own patient list and caring for your own patients; whereas the UK is losing that, as practices are becoming bigger and losing patient continuity. In general, I thought the GPs seemed happier in New Zealand.

*That is interesting, why do you think that is?*

All sorts of reasons: Many GPs in the UK are facing unsustainable workload pressures whilst salaries (or practice drawings) are static. There is also a different regulatory and medico-legal environment in the UK.

Presently, Kiwi GPs seem to have a better work-life balance.

*You mentioned earlier that the GPs often are farther away from secondary care, which leaves a lot to handle for the GPs in New Zealand. I would suspect that that would give a bigger workload...?*

Patient lists are, I think, usually smaller. The nurses work differently with the GPs in NZ compared to the UK. They seem to undertake less chronic disease management, but are more



there to help the GP in other ways, like triage or minor injuries. Another aspect to it is that patient pay to see the GP, which seems to reduce the number of home visits.

*You also mention the different responsibility of the GPs in the NZ. Do you think GPs are geared to handle the problems they face in NZ or is it a suboptimal arrangement?*

No, I think they are handling their challenges well, at least the ones I met. But there are issues. For example, with GP recruitment, especially in rural areas. There seems to be a demographic time-bomb, where many GPs are approaching retirement. And many GPs are unable to sell their practices.

*New Zealand sound like a good place to work to my ears, what can the UK learn from NZ GPs and primary health care?*

I think the challenges are so different in both countries, so you can't really say that one is better than the other. But definitely keeping a measure of work life balance is important. Presently that seems easier to do in NZ. There's probably loads of factors feeding into this, including the regulatory and medico-legal environment. As I understand it, practices in NZ can close their lists to patients, for example, but English practices cannot. In NZ the GPs feel less pressured legally due to the Accident Compensation Corporation, a state backed insurance system paid through taxation which covers all individuals in NZ against accidents, including medical accidents. Whereas the UK system for medical malpractice and negligence claims is much more adversarial. Currently medical indemnity fees are rising sharply, and anecdotally complaints and suits seem to be on the rise.

*Personally Jo, why did you choose to work in NZ?*

I had visited NZ previously and enjoyed it, but wanted to spend more time there. And I keep returning because I love the people, place and the work. If it wasn't so far from family and friends, I would probably emigrate there.



## My Practice

In this edition of the *Grapevine* we focus on a rural practice in Hungary, from EURIPA's new representative on the International Advisory Board, Andras Mohos, who we met in Crete for the first time.



Dr Andras

Tiszasziget is a small village on the Hungarian- Serbian border with about 1800 inhabitants. Despite the proximity of a big town, Szeged is about 10 kilometers far, the atmosphere of the village, the cohesion of the community results a real rural practice. I have been working here from 2015. I have a single practice, I'm the only doctor in the village so I'm responsible for my patients from their birth to elderly age. It's a really challenging and varied work.



Tiszasziget

In Hungary there are more and more so-called „mixed practice” in the rural area where children and adults are treated together by a common family doctor. I really like this structure because I believe family is a really important unit and there are lot of advantages if I can handle this „unit”. My practice represents the typical Hungarian model, one physician and one nurse. (And there is a cleaning woman.) But I think family medicine is a team work or should be a team work and we try to do our work in this spirit. We are in the fortunate position that the district nurse and the pharmacist work in the same building, so we could build a close relationship in the daily work. In addition, for acute patient care we try to focus on prevention, health education and chronic care.

In every April there is a „Health week” with many screening tests, lectures and sport events. I think the patients’ comfort and satisfaction is as important as the professional level therefore we try to create a warm, friendly atmosphere in the surgery and we give appointments to avoid long waiting. I try to keep up with the rushing world and use telecommunication tools to communicate with the patients. We have a Facebook page (Háziorvosi Rendelő Tiszasziget) always with new information and contents and a web site ([www.drmoshos.hu](http://www.drmoshos.hu)).



Assistant Marcsi



Doctors office

This is the present of my practice but what would the future bring? As I wrote, family medicine is a team work. I would like to increase the team with at least one more assistant. The biggest (and hopefully close) step could be the foundation of our GP cluster. It could be a great opportunity to increase the cooperation between the practices in this area and involve new specialists, for example physiotherapist and nutritionist in daily work. I would like to use even more telemedicine in my practice. Nowadays I participate in graduate and postgraduate education and research. In the future I would like to educate engaged and interested resident doctors as a tutor and develop my research skills.

My GP Tutor says always: „the best thing in the world is to be a rural family doctor”. I agree, and I hope I will think the same also forty years later and more and more young doctor will experience this beauty in the future itself.



The Practice motto

Dr. András Mohos, Tiszasziget, Hungary

## Publications

### Recent publications

Below are some recent publications which may be of interest.

The **Canadian Rural Roadmap** was produced in partnership between Society of the Rural Physicians of Canada (SRPC) and the Canadian College of Family Physicians (CFPC). The goal of this joint initiative is to enhance equitable access to health care and improve patient outcomes in rural and remote communities in Canada. You can find the road map at:

[https://www.srpc.ca/Rural\\_Road\\_Map\\_Directions](https://www.srpc.ca/Rural_Road_Map_Directions)

### Students' Toolkit on Social Accountability in Medical Schools

This is a joint project between IFMSA and THENET (Training for Health Equity Network). The really practical tool gives a clear explanation of the principles of Social Accountability in Medical Education and also provides a tick list/questionnaire to evaluate the accountability of your own medical school. Please go and check it against your own medical schools

<https://ifmsa.org/social-accountability/>

Thanks to John Wynn-Jones for the information above.

You can also keep up to date with:

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

### Family Medicine and Primary Care Review

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

### The European Journal of General Practice :

<http://www.tandfonline.com/toc/igen20/current>

**The #EURIPA Rural Health Journal**, published twice a week:

[http://paper.li/EURIPA\\_EURIPA/1445814103#/](http://paper.li/EURIPA_EURIPA/1445814103#/)

And, WONCA e-news at <http://www.globalfamilydoctor.com/News.aspx>

The featured article in rural roundup for April 2018 focusses on the Isle of Skye, off the west coast of Scotland:

### Primary Care in Skye – Quintessential Healthcare

You can read the article at:

<http://www.globalfamilydoctor.com/News/RuralRound-upPrimaryCareonSkye.aspx>

## Forthcoming Events

Below is a selection of events for 2015 that may be of interest to EURIPA members. Please send in your events for future editions of *Grapevine* so that we can make this section more comprehensive. Please send to the editor at [jane@montgomery-powys.co.uk](mailto:jane@montgomery-powys.co.uk)

Coming up in 2018:

### **15th World Rural Health Conference 2018**

27 – 29th April, New Delhi, India

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

### **5th International Medical Science Pulse Conference**

22 – 23<sup>rd</sup> 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](http://www.woncaeurope2018.com)

### **Rethinking Remote**

24<sup>th</sup> – 25<sup>th</sup> May 2018, Inverness, Scotland

Registration is now open at [www.isrrh2018.co.uk](http://www.isrrh2018.co.uk) and the call for abstracts closes on 1<sup>st</sup> March

### **EGPRN Spring Conference**

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

10<sup>th</sup> – 13<sup>th</sup> May 2018, Lille, France

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

### **1<sup>st</sup> European conference on Telehealth for chronic conditions in clinical practice**

15<sup>th</sup> – 16<sup>th</sup> June 2018, Alicante, Spain

[www.semfyces/telehealth2018](http://www.semfyces/telehealth2018)

### **EURACT Medical Education Conference**

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

21<sup>st</sup> – 22<sup>nd</sup> September, Leuven, Belgium

More information: [www.euract2018.org](http://www.euract2018.org)

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

24<sup>th</sup> – 25<sup>th</sup> September, Crete

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

### **Gregynog 29<sup>th</sup> Rural Primary Care conference**

26<sup>th</sup> – 28<sup>th</sup> September 2018, Gregynog Mid Wales

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

**And more .....**

**RCGP annual primary care conference**

4<sup>th</sup> – 6<sup>th</sup> October 2018, Glasgow Scotland

For more information: <http://www.rcgpac.org.uk/>

**EGPRN meeting**

11<sup>th</sup> – 14<sup>th</sup> October 2018, Sarajevo, Bosnia Herzegovina

**WONCA World conference 2018**

Primary Care in the Future: Professional Excellence

17 – 21st October 2018, Seoul

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

**EUROPREV 2nd European Forum on Prevention and Primary Care**

“Medical Prevention- The Balance of Benefits and Harms”

November 5th - 6th, 2018, Porto, Portugal

For more information: <https://www.mgfamiliar.net/EUROPREV>

**8<sup>th</sup> Rural Health Forum**

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

14<sup>th</sup> – 16<sup>th</sup> 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](http://www.woncaeurope2019.org)

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

The next issue of the *Grapevine* will be Summer 2018 when we will be able to report back after WONCA Europe and bring you up to date as the EURIPA Rural Health Forum gets closer. Contributions are welcome by the end of June for a July publication. Reminders for contributions will be circulated on the mailing list and announced at the web site.

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

*Grapevine* is YOUR Newsletter and new contributors are always welcome.

Disclaimer:

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