



The Grapevine

SPRING 2021

Spring is here at last, with bright sunshine, blue skies and daffodils everywhere!

Suddenly we find ourselves in April after a long and difficult winter, and for many of us the challenges of the pandemic are continuing. Hopefully the longer days and promises of warmth and John's poetry selections in the Rural Miscellany will bring some solace.

In this edition of the *Grapevine* there are some interesting articles as well as useful information on conferences happening this year and recent publications.



Jane Randall-Smith

Executive Secretary EURIPA

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10th EURIPA Rural Health Forum

See you
in Poland!

Wonca

Euripa

EURIPA
POLSKA

HYBRID FORUM:
FACE TO FACE & VIRTUAL

waskiel.pl

10th EURIPA
Rural Health
Forum

23-25 September 2021
Siedlce, Poland

"Understanding our patients - working closely together"

For more information contact:
www.euripaforum2021.eu

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As there is still uncertainty about international travel this year, we continue to plan for the Forum as a hybrid event: with a face to face event in Siedlce but also with the facility to join virtually:

10th EURIPA Rural Health Forum

"Understanding our patients – working closely together"
23rd – 25th September 2021 at Siedlce, Poland.

The web site is live at

www.euripaforum2021.eu

The Call for Abstracts will open on **1st May** and the deadline for submission is **16th July 2021**. We would welcome submissions for posters, oral communications and workshops.

The range of accommodation is listed on the web site including a student house next door to the Forum venue.

In addition to the scientific programme the Polish organisers are planning a tourist offer at the end of the Forum: there are two separate trips to Warsaw – the capital of Poland or to Białowieża National Park.

We hope that we will have the opportunity to meet again face to face and will keep you updated with our plans. Meanwhile Save the Date!

My Practice



Hi!

I am Rosario Falanga, a Family Doctor in Polcenigo, a small rural village with about 3.000 inhabitants in the North East of Italy.

Polcenigo sits between the mountains and the sea, in the Friuli-Venezia Giulia region: home of the San Daniele ham and the tasty Collio wines (which I truly recommend!). It's about one hundred kilometres North of Venice and not far from the Austrian and Slovenian borders.



A view of Polcenigo and its small historic centre.



Polcenigo and its castle overlooking the village under the snow.

Nurturing a passion

In 1983, I graduated in Medicine from the University of Catania, in Sicily. To stay closer to Ines, my Austrian wife, I moved to Tarvisio (the nearest city to the Austrian border) in the North East of Italy. I worked there as a Medical Officer in the military service for some time and afterwards I obtained a postgraduate specialization in General Surgery.

Since 1988, I have been working as a Family Doctor in Polcenigo, together with my wife Ines, who is responsible for the patients' check-ins and does most of the paperwork. Sometimes, I also perform small surgical interventions. Over time, I added many instruments to my professional equipment collection such as a sterilizer, an electrocardiograph, an ultrasound, an electrosurgical unit and a spirometer. My practice is located in my home's basement, which is quite handy but sometimes it is hard to keep a work/life balance as calls from patients could always be around the corner! Now, I am taking care of 1.600 patients, 40% of whom are over 65.



A detail of my practice

When necessary, I carry out patient home visits – which are done on a regular basis for non-transportable patients with chronic illnesses– and nursing home visits to its elderly residents. Continuity of care during night hours, from 8 pm to 8 am, and on weekends, from 10 am on Saturday to 8 am on Monday, is ensured by out-of-hours medical services and the emergency department of a Local Healthcare Authority. In the village is also working another family doctor and a family nurse from the National Healthcare Service.

As a passionate doctor about Family Medicine and Quaternary Prevention, I am a Tutor in Family Medicine for the University of Udine, trying to convey the enthusiasm and passion for this beautiful profession to young colleagues; an EURACT (European Academy of Teachers in General Practice/Family Medicine) member; and a researcher for Health Search (Research Institute of the Italian College of General Practitioners) <https://www.healthsearch.it>. My special interest in disaster medicine led me to be also an executive committee member of AMFE (The Italian Association of Family Doctor Volunteer for the post emergency support) <https://www.amfeets.it/>. Now, thanks to Dr. Ferdinando Petrazzuoli (Chair EURIPA Scientific Board), who introduced me to EURIPA, I am the Italian national representative of this amazing network.

I believe that these experiences are important opportunities to wisely increase your professional network through the understanding of diverse practices and the chance to collaborate on research projects with colleagues around the world. That is why I have always enjoyed travelling. During my university studies I took advantage of the hospital exchanges abroad organized by the IMFSA (International Federation of Medical Student Association) and later on I attended WONCA network conferences.

A little about GP's rights and working conditions in Italy

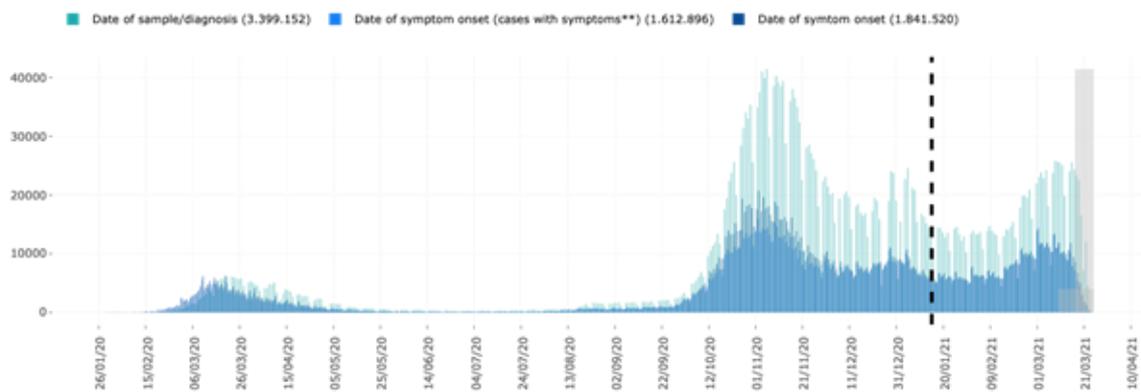
A University Department of Family Medicine does not exist. Therefore, training and professional development standards for GPs are not guaranteed at national level.

Instead, each region makes available vocational schools in Family Medicine which are coordinated independently.

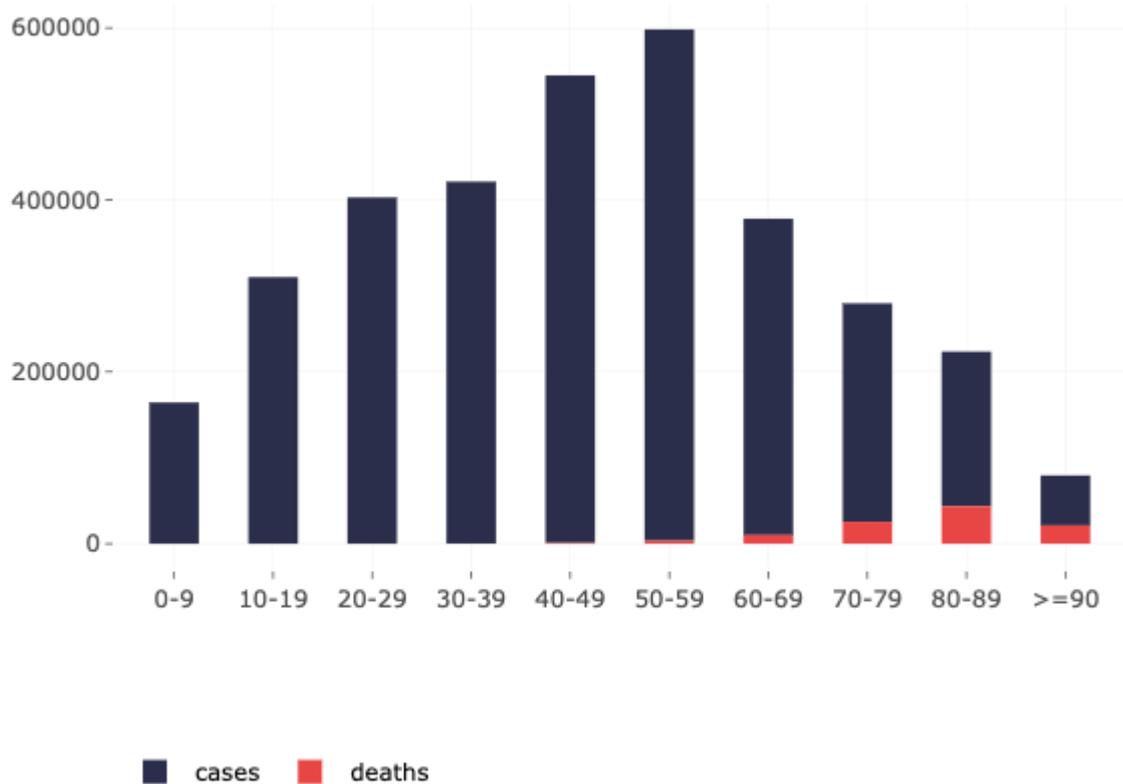
Moreover, Italian Family Doctors are freelancers affiliated with the National Healthcare Service. This means that, unlike their colleagues in hospitals, family doctors must pay a substitute to replace them when they need to take a sick leave, take a study leave or go on vacation.

Effects of the Covid-19 pandemic on my work and life.

Italy has been one of the most affected countries by the Covid-19 pandemic. With a population of 60 million people, there have been 3,402,290 cases of SARS- CoV-2 infections, with a death rate of 104,958 (3,1%). Three hundred and forty-three medical doctors died, most of them were Family Doctors (last update on March 24, 2021, by Istituto Superiore di Sanità).



Cases of confirmed SARS-CoV-2 infection reported in Italy, by date of sample/diagnosis (green) and by date of symptom onset (blue)



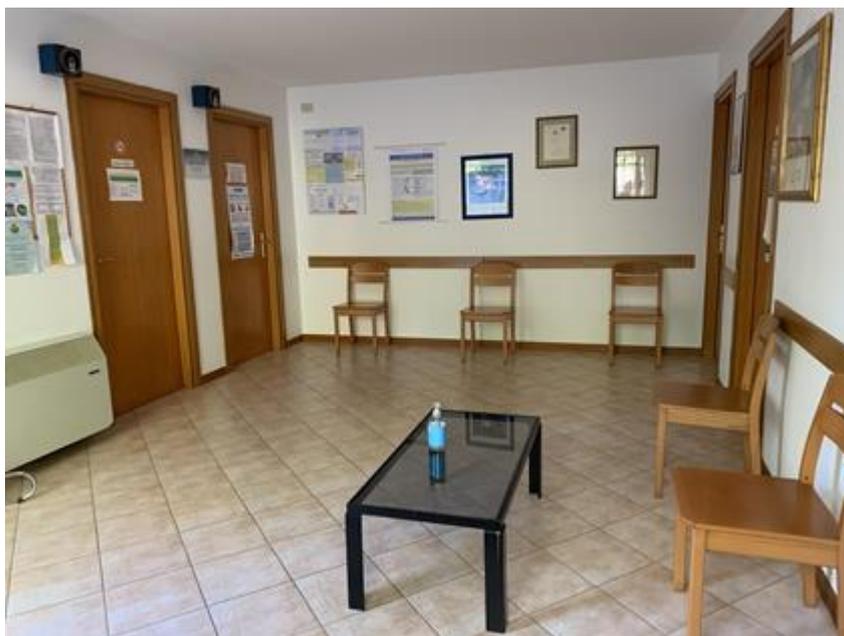
Proportion (%) of COVID-19 cases of COVID-19 notified in Italy by age group (data available for 3.402.185 cases)

Primary healthcare has been a key player in the effort to cope with this pandemic infection. The coordination of healthcare facilities and their fundings is different between regions. For this reason, those that made a solid investment in primary care have had a more effective response to the Covid -19 emergency compared to other regions with a hospital-centered model and less investments in primary care.

My work and private life has been severely affected by the Covid-19 pandemic and some attitudes have radically changed.

When the pandemic started, as a contact person for the health and social care assistance of the Municipal Civil Defense Unit, I worked together with our Mayor and the Civil Defense Volunteers to inform the population on the attitudes to be taken to prevent the Covid-19 infection with car megaphone messages and social network posts. Masks were distributed to each household. Medicines and food were provided to the frail elderly.

I also prepared two notices that I hung on my practice's front door. On the first I highlighted all the symptoms and the ways of transmission of Covid-19, with some indications on how to avoid infection. The second warning required all the people with symptoms related to a Covid-19 infection to stay at home and call me for information on what to do next.



The waiting room in my medical studio during the COVID 19 pandemic in spring 2020

My practice changed its layout too. I removed all the unnecessary objects from the waiting room, like magazines and books, and increasingly reduced the number of available chairs. Floors, furniture, phones and computer keyboards have been frequently cleaned and sanitized using sodium hypochlorite or hydro-alcoholic solutions, and the air has been periodically exchanged.

During the first lockdown, everytime I came back from a home visit, I used to open all the windows in my car and disinfect the steering wheel, the gear knob and the handles. To protect my family from a possible Covid-19 infection, I used to change my clothes directly in the garage before entering at home. For a while, I lived physically distanced from my family too, in a small room with a private bathroom in my home's attic.



Me with the personal protective equipment in October 2020

Today, the access to my practice is allowed after a telephonic triage and by appointment only. At the entrance, my wife measures the temperature of the incoming patients with a digital thermometer, then invites them to disinfect their hands and to keep their masks on, covering their nose and mouth.

My workload has significantly increased. Sometimes my work time extends up to 12 hours per day with some work to do over the weekend. I also experience a significant increase in telephone calls, emails and video consultations. Besides the usual care for acute and chronic diseases in patients, I have to care for people with symptoms compatible with SARS COV-2 infection, perform rapid virological antigenic nasopharyngeal tests, release quarantine certifications and undertake anti-covid vaccinations for frail elderly people. I am very grateful to my wife who helps me a lot with the activities in the practice!

GPs in Italy share the sense of abandonment and solitude and feel that they are not part of a sustainable system that can support them during the emergency. We all experience a lack of organization within the NHS, a lack of inter institutional cooperation, a lack of leadership, and a lack of clear communication at all levels of the emergency response system. At the beginning of pandemic there was no valid chain of command, with no guidelines on COVID-19 home therapy, poor integration between hospitals and Primary Care facilities, and lack of personal protective equipment (masks, safety vizors, gloves), which explains the high mortality rate of Family Doctors and the spread of the disease.

It is time to move on from a medicine made of isolated “heroes” towards a system of professionals that collaborate with each other.

Rosario Falanga
EURIPA IAB Member for Italy

The Carosino Prize 2020

Each year the Vasco da Gama Movement offers a prize for the best completed Hippokrates Exchange in a rural practice in memory of Dr Claudio Carosino, a rural doctor in Italy who died in 2010 by the hands of a patient.

Claudio was also a tutor and mentor engaged in rural medicine and the Exchange is in recognition of his contribution to education and rural medicine.

This year's winner is Emilie Couchman and she writes below about her Erasmus+ Hippokrates Exchange Programme to the rural village of Borne, east Netherlands.

The Exchange took place between the 28th April and the 10th May 2019. At that time, Emilie was an academic GP trainee based at West Hampstead Medical Centre in North London, England. Here is her report for the *Grapevine*:



Borne has a population of around 23,000, and the practice called 'de Poort van Borne' provides care to around 7500 patients. I was hosted by Dr Herman van Enter and his team.



The opportunity to immerse myself in the Dutch healthcare system enabled a deep understanding of: its structure and funding; the interface between a small rural practice and secondary care; primary care service provision both in and out-of-hours; the balance between accessibility and continuity within Dutch primary care; the clinician training pathway; and palliative care delivery in the context of legalised euthanasia (in specific cases, under specific circumstances). In addition to my acquired knowledge of the above, I forged great working relationships with colleagues and patients in Borne, and made continuing friendships with fellow trainees and members of the practice team.



Waiting room for patients

My experience of the Dutch healthcare system left me feeling privileged to have the NHS healthcare service that is free to all at the point of access. However, I also reflected on the potential lack of sustainability of such a service; a concept that has become more apparent over recent years. For example, it led me to consider the limitations within the NHS given how progressively thin the limited funding is spread. For instance, long waiting lists for mental health service appointments, or lack of continuity given an emphasis on increasing accessibility and service provision in terms of quantity.



Entrance hall of building: shared with other healthcare teams such as physiotherapy psychology and pharmacy

I am currently undertaking a PhD on continuity in primary palliative care for patients with mesothelioma. Given my particular interest in primary care continuity, I was impressed to feel on a daily basis that continuity was at the forefront of the mind of each member of the practice team. The assistants tried to maximise GP-patient continuity when booking patients in to appointments, and doctors clearly relished seeing their own patients because of the relationship they were able to build and comfort they were able to provide.

Providing comfort and continuity was of the utmost importance within the ethos of the practice. Each full-time doctor has a list of around 2500 patients for whom they are responsible. (If a doctor works part-time, they are responsible for 500 patients for each day that they work). The practice website clearly states that if a patient's own GP were to be unavailable (for example due to illness, holiday or after a night shift), patients would be seen by an alternative GP in the practice. There is a 'duo' system, which means that

GPs work in pairs within the practice in terms of managing lists of patients, ensuring that one doctor in the pair is available for patients at all times. The potential for relational discontinuity at times is therefore acknowledged and a pre-emptive plan is made with each patient if their doctor is due to be away. This approach manages patient expectation and provides comfort.

Consulting room:



Consulting room:



Dr Herman van Enter, a senior GP, strongly advocates the need to treat patients as equals and ensure that they are comfortable in his consulting room by encouraging the approach of 'my room is also their room'. He associates continuity with an increased ability to provide comfort to patients, as one is able to better address their needs if one knows them, and their biopsychosocial background, well. My experience of NHS general practice is not always consistent with this, and I felt even more strongly that my proposed PhD exploring the provision of continuity in UK primary care is essential if we are to make sustainable changes that will provide benefit at both individual and organisational levels.

Given my research interest in palliative and end of life care, I was particularly keen to explore how palliative care is delivered within primary care given the Dutch law regarding euthanasia and assisted suicide. The Netherlands became the first country to legalise these practices. The 'Termination of Life on Request and Assisted Suicide (Review Procedures) Act' was passed in 2001 and became effective from 2002. GPs in the Netherlands appear to take the lead in managing their patients' palliative care needs, and only rarely need to request support from the palliative care team. I understood that the GP's role in euthanasia is to broach discussions with the patient (and their family as appropriate) and engage with an independent 'SCEN doctor' who will objectively assess the suitability of the patient for the procedure. The GP then also administers the lethal medication. The importance of continuity with one's own GP was again reiterated when discussing euthanasia with Dutch healthcare professionals, as complex decisions like euthanasia would be much more difficult if the GP was not familiar with a patient's biopsychosocial context.

Huisartsenpost' shift doctor's car:



This experience prompted me to reflect on my professional life and the system within which I work. It renewed my sense of pride and passion for my work, and I was inspired to consider ways of promoting positivity within my local working environment, regardless of my powerlessness to effect wider-scale changes.

I would like to express my gratitude to every patient and professional at the 'de Poort van Borne' practice for making me feel so welcome. Thank you to those who took the time and effort to translate their daily work into English so that I could fully participate with each experience. A particular thanks to Dr Herman van Enter for devising such a varied and interesting schedule, and for ensuring my experience was both informative and enjoyable. I am grateful to have been awarded the 2020 Carosino Prize, which is a testament to my host and the experience he facilitated.

News from EURIPA



Our energies are currently directed towards planning for our Forum in September (see above). The EURIPA Annual Meeting will be held during the Forum and we hope we will be in Siedlce – we hope! If not, we will hold a virtual event and undertake the voting electronically.

This year will be an important meeting as our current President, Jean Pierre Jacquet, will be stepping down as his term of office comes to an end. There will also be changes in the membership of the Executive Committee and we will be looking for EURIPA Members to stand for election. It is the members of the Executive Committee who also have the opportunity to consider standing for election to President-elect (and President) of EURIPA.

So, please start thinking if you would like to be more involved with EURIPA and in the first instance join us a Member. Membership fees are reasonable and you can find the details and the application form on our web site at:

As a member of EURIPA you will receive a monthly update, the Grapeseed; advance circulation of the Grapevine and other information; and, also a reduction in the registration fee for our Annual Rural Health Forum. This year's fees are set out on the Forum web site (www.euripaforum2021.eu) and being a EURIPA member gives you a substantial saving on the registration fee!

World Family Doctor Day 19th May 2021

The theme this year is:

Building the Future with Family Doctors

WONCA World states "Our 2021 theme, aligned with the Year of the Health and Care Workers 2021 declared by the World Health Organization (WHO), is based on four fundamental pillars with key elements to move forward and overcome the challenges towards a better future.

The four pillars are:

- Building the Future with Family Doctors and Primary Care Teams
- Building the Future with Family Doctors and Patients
- Building the Future with Family Doctors and new technologies
- Building the Future with Family Doctors and YOU!

There is more information from WONCA at:

<https://www.globalfamilydoctor.com/member/ForMemberOrganizations/WorldFamilyDoctorDay>

Let us know what you are doing in your practice and we will include it on our web site page. You can email your activity to the [Executive Secretary](#)

WONCA Europe

Abstract book for the Berlin conference published

WONCA Europe has announced the publication of the abstract book for "The European Conference of Family Doctors 2020 - Berlin/Virtual" conference. You may download this book together with older abstract books from previous years their website:

<https://www.woncaeurope.org/page/past-conference-abstract-books>

WONCA Europe newsletter

In the March WONCA Europe newsletter you can read the latest President's letter which titled:

Vaccines: Primary Health Care Left Equity Behind?

"Although they may be under pressure to get as much vaccine administered as quickly as possible, the PHC professionals, medical institutions, vaccine industry and those defining policy in the WHO-Europe region, cannot and must not leave equity behind..." You can read the full article at:

<https://www.woncaeurope.org/news/view/presidents-letter-vaccines-primary-health-care-left-equity-behind>

How can EGPRN reduce the main barriers to primary care research in Europe?

EGPRN Council members (Michael Harris, Thomas Frese and Tiny van Merode) developed and implemented a survey to the EGPRN's National Representatives to find out what the main barriers to primary care research in their countries are and how EGPRN could help reduce those barriers. The 29 out of 33 National representatives completed the survey, giving 464 comments and suggestions. The results of the survey were further analysed by the Executive Board and a strategic action plan was developed.

The plan is published on EGPRN's web site:

<https://www.egprn.org/news/view/how-can-egprn-reduce-the-main-barriers-to-primary-care-research-in-europe>

This links to the upcoming conference with the title: "Closing evidence gaps in general practice / family medicine". See page 16

Webinars for primary care

As well as the main conferences from WONCA Europe and its networks there is also a list of upcoming webinars:

<https://www.woncaeurope.org/m/events/webinars>

The webinars listed for April are:

PCDE Talks: Diabetic Foot Ulcers - 26th April 18, 2021

Managing cardiovascular risk in people with diabetes – 29th April

And, of course, there is the 26th WONCA Europe conference from 6th – 10th July 2021 which will be fully virtual. EURIPA has submitted proposals for workshops and we hope to hear the outcome soon. If you have an abstract accepted for the conference please let us know ([email](#)) and we will compile a 'rural programme'

Publications

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**. 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!

As well as the **International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy** (<http://www.rrh.org.au/euro/defaultnew.aspof>) you can also keep up to date with:

Family Medicine and Primary Care Review

https://www.termedia.pl/Journal/Family_Medicine_amp_Primary_Care_Review-95

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#/

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

Recent publications

Can Social Prescribing Benefit Health and Well-being in the Community? The World Book of Family Medicine – WONCA Europe Edition 2020.

Joyce Kenkre, Donata Kurpas, Ferdinando Petrazzuoli, Josep Vidal Alaball, Jean Pierre Jacquet, Jane Randall-Smith, Sandra Alexiu.

Special double edition on Rural Health in the Journal in Research in Nursing
Kenkre J, Wynn-Jones J. Guest Editorial. Oct 5 2020: Vol 25 (6-7); 504-508. Doi 10.1177/1744987120947901

Perspectives: Now is the time to raise our voices.

Kenkre J, Nowlan S, Wynn-Jones J, Chater B, Irvine F. Journal of Research in Nursing 2020: Vol 25 (6-7); 623-629. DOI 10.1177/1744987120954951

Ruralwonca.org

And, don't forget that there is an amazing resource available to you at www.ruralwonca.org, including all the Rural Miscellany that continue to be produced by John Wynn-Jones on a weekly basis now.

Forthcoming Events

Coming up in 2021:

The 28th Annual Rural and Remote Medicine Course - take 2!

Join Virtually - April 22 - 24, 2021

Society of Rural Physicians of Canada annual Rural and Remote Medicine Course will have lots of great presentations from Canadian doctors and international leaders including Roger Strasser, Bruce Chater and Ruth Stewart. Registrants have access to presentation recordings for 30 days. Details online at <https://t.co/Bwg8W5s9hZ?amp=1>
You can also check the SRPC website at www.srpc.ca and on Twitter @SRPCanada

92nd EGPRN meeting – Closing evidence gaps in general practice /family medicine

29th April – 2nd May 2021, Halle, Germany

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

26th WONCA Europe virtual conference - Practising Person Centred Care

7-10 July 2021

Link: <https://woncaeuropa2021.org>

EFPC 2021 Conference Bergen Primary and long-term care in the age of changing boundaries: Policy, practice and imagination.

5th – 7th September 2021, Bergen.

Call for abstracts closes on 1st May 2021

More information at: <http://euprimarycare.org/efpc-2021-bergen-conference-5-7-september-2021/>

10th EURIPA Rural Health Forum: Understanding our patients – working closely together

23rd – 25th September 2021, Siedlce Poland and virtual as a hybrid conference

Click on www.euripaforum2021.eu for more information

3rd EURACT Educational Conference

24th – 25th September 2021, Budapest, Hungary

More details at: <https://euract.woncaeuropa.org/news/new-dates-3rd-euract-educational-conference-budapest-24-25-september-2021>

WONCA World Conference 2020, now WONCA World Conference 2021 – Together, we own the Future

25th to 28th November 2021, Abu Dhabi, UAE

More information at: <http://wonca2021.com>

Travel is still uncertain so watch this space! We will keep you updated through the mailing lists.

And, in 2022

The WONCA World Rural Health conference "Improving Health, Empowering Communities"

17th – 20th June 2022, University of Limerick, Ireland

More information to follow

27th WONCA Europe conference

28th June – 1st July 2022, London

More information to follow at: <http://woncaeuropa2022.org>



Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be Summer 2021; contributions are welcome by the end of June for publication in early August. 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.