Spring is here!! It may not have been a very cold winter in many places but it was certainly very wet in Wales. With the lighter and warmer days there is much to do outside but plans for EURIPA’s 6th Rural Health Forum, which will take place on 23rd and 24th September in Marseille, France are coming together. The Call for Abstracts is open so please have a look at the web site www.euripaforum2016.eu

There is much more about the Forum in the following pages and this edition of the Grapevine has a French flavour to it with a contribution about the new St Exubery network and “My Practice” is located in northern Isere.

I hope that we will be able to welcome you in Marseille.

Jane Randall-Smith
Executive Secretary EURIPA

Contents

<table>
<thead>
<tr>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th EURIPA Rural Health Forum 2016</td>
<td>2</td>
</tr>
<tr>
<td>Reports from EURIPA members:</td>
<td></td>
</tr>
<tr>
<td>Loic Masson – the St Exubery Network</td>
<td>5</td>
</tr>
<tr>
<td>My practice: Jean Baptiste Kern</td>
<td>7</td>
</tr>
<tr>
<td>News from EURIPA</td>
<td>8</td>
</tr>
<tr>
<td>OECD Insight</td>
<td>9</td>
</tr>
<tr>
<td>Publications</td>
<td>11</td>
</tr>
<tr>
<td>Forthcoming conferences</td>
<td>12</td>
</tr>
<tr>
<td>Future publication dates</td>
<td>13</td>
</tr>
</tbody>
</table>
"Being a young rural doctor"

Organisation of the 6th EURIPA Rural Health Forum is gathering momentum!

The Call from Abstracts is now open and will close on May 1st 2016. We welcome contributions for workshops, oral communications and/or posters and, if you are new to this, support is available to help you with your submission from the Scientific Committee.

Regular newsletters are available on the web site, where you can join the mailing list to receive them direct. The new April edition of the newsletter can be found on the next page of Grapevine: the arrangements for the practical workshops are now finalised and you will be able to sign up for them through the web site.

Much effort is also going into the planning for visits to practices and activities for students and young doctors – this is the future of rural practice and we invite you to join us in Marseille.

Much more information is available on the web site: www.euripaforum2016.eu including information about the venue in the Faculty of Medicine of Aix Marseille University, accommodation and information about Marseille itself.

We hope that you will join us in Marseille – it will be a great event! If you have any queries, please get in touch.
Why not attend practical workshops during the Forum?

Alongside the scientific programme, several practical workshops will be proposed during the Forum:

WS 1
With the expertise of Dr Simon Filipi from the Department of General Practice of the University of Marseille, Workshop 1 will focus on ultrasound, including a presentation on the theory and then handling of ultrasound scans.

WS 2
With Dr Patrick Ouvrard from the “Société de Formation Thérapeutique du Généraliste” (SFTG), Workshop 2 is about contraception such as intra-uterine devices and contraceptive implants; each participant will be able to practice on a manikin.

WS 3
With Dr Dominique Lamy from the Department of General Practice of the University of Grenoble and the Society of “ Médecins de Montagne”, Workshop 3 will be about joint immobilisation after trauma. Each participant will be able to practice on a manikin and exchange with colleagues.

WS 4
With Dr Bernard Aucema from “Médecins Correspondants SAMU” (MCS) and from the Society of “ Médecins de Montagne”, Workshop 4 will be on resuscitation. Each participant will be able to practice on a manikin.

WS 5
Dr Isabelle Cibois-Honorat from MG Form society and from the Department of General Practice of the University of Marseille will lead Workshop 5 on respiratory function testing and spirometry.

We would like to thank our experts who accepted to share their experiences.

Each of these workshops will be open for fifteen attendees and will be performed twice. To participate you must of course be registered for the Forum and reserve a place through the web site.

Jean-Pierre Jacquet
Chair of the Organising Committee
An Invitation to all Young Doctors

We would like to invite you to join the VdGM/St Exupery Movement Exchange Programme, during the 6th EURIPA Rural Health Forum in Marseille.

The Organising Committee, the Faculty of Medicine of the University of Marseille, the Marseille Association of Graduates, the Saint Exupery Movement are pleased to invite 10 young trainees or doctors to spend two days in a surgery around Marseille before the Rural Health Forum.

What form will it take?

On Tuesday September 20th, late afternoon, all the participants will meet with their French counterparts at the Faculty of Medicine. Each person will be hosted by a French trainee and will spend the following two days (Wednesday 21st and Thursday 22nd) September in a general practice.

They will discover the French health system, the organisation of the internships and the relationships between trainee-trainer-patient.

Then, during the 6th EURIPA Rural Health Forum, the group will provide a report of their experiences to be presented on the Friday evening.

To be a candidate for the exchange you will have to:

- be a graduate, a post graduate or a young doctor (licensed less than five years)
- be interested in rural practice
- write a cover letter, with a short CV and offer to help arrange an exchange in your country.
- be registered on the 6th EURIPA Rural Health Forum with a special fee of 50€

For more information, please contact Dr Ludovic Casanova

We are looking forward to welcoming you in Marseille!
**Being a Young rural GP?**

I'm Loïc MASSON, a young GP working as a locum in Charlieu, which is located 100km from Lyon & 80km from St Étienne, where nearly everything could be done (ECMO, New technologies with surgical robots etc...).

Currently, in my office, we are 8 GPs for 24,000 patients in the demographic area. In addition to the GPs, patients have access to para medics, midwives, radiologist and laboratory, at opening hours, but no other specialist. The nearest hospital is 40 minutes by car, with an access to the other specialist.

GP and paramedics are developing the local health organisation, with some surgical possibility (stitch, ingrowing nail, mole etc...), therapeutic education’s for chronic disease and an access to telemedicine (very difficult to have a meeting with an ophthalmologist, dermatologist...). The peoples living around Charlieu, like in many rural area, are older than in urban place. So we assure home visits every day, except on Sunday.
As a young GP, I'm attached to include new technologies in my office and in my practice, to be attentive for the scientific literacy and open for collaborative works with colleagues from other departments, as sociology, anthropology, and sometimes with policy makers.

But, as a young “GeekP”, I can’t forget the great pleasure that I have to work with my seniors colleagues. While I was studying in a big University Hospital in Lyon, I had the possibility to make a training for 3 months in a rural office in Ardèche. The “Grand P” of this office makes me discover the exam at the bed side of the patients, in their house, what the Gut feeling is and, the proximity with the community. Since then, the rural practice became a possibility for my career. And step by step, the rural practice was more and more evident, and I've tried to head my training to be a rural GP.

One of the step to be a rural GP, was my first EURIPA's Forum. It was in Croatia, in 2012. It was also my first congress as GP trainee. This was the place of wonderful meetings, with John Wynn Jones, an amazing speaker, past president of EURIPA and representing the World Working Party on rural practice, Tanja Pekez-Pavliko who organised the Forum, Jose Lopez Abuin actual president of EURIPA, Jean-Pierre Jacquet - we were only two French at this Forum - and Raquel Gomez Bravo, from the Vasco Da Gama Movement (VdGM).

This first forum was a base for many opportunities. The structures where I'm involved today are linked to this EURIPA's Forum. A few months ago, thanks to French colleagues, the St EXUPERY NETWORK, for new and Future GP/FM, was born. We are all working in different place (rural/urban/sub-urban), with different organisation (as salaried, in Hospital, or in office), but with the same goal: we want to promote the exchange of young GPs to increase the knowledge of different practice and open the mind on different culture and health care organisation. As the French branch of VdGM, in our short history, two exchanges were organized and we will organise the 4th forum next year in a wonderful secret place!

As French national delegate at the International Advisory Board of EURIPA, I contribute to the organisation of the 6th Forum of EURIPA, which will be held in Marseille at the end of September. This 6th forum, is not only questioning why, as a young GP, I have chosen rural practice, the aim of this forum is to enchant again rural practice, as GP. We all have in memory the book of Balzac, “Le médecin de Campagne”. But today, our rural practice has changed a lot since the publication of this book, at the end of the XIXth century, and will continue to change. This is one of the main reason to come and contribute to this EURIPA 6th Rural Health Forum in Marseille.
My practice: Jean-Baptiste Kern

As the EURIPA Forum will be held on Marseille in next September, I am very proud to present you my practice in this short text.

I am a 29 years old GP, just graduated from Grenoble – Alpes faculty of Medicine. Since November 2015 I am senior registrar at the faculty, for the GP department. A few weeks earlier, I presented a thesis about Chronic morbidity in European rural areas (probably with the kind participation of many of you).

So my professional activity is divided in 3 parts:

1. A consultation time 3 to 4 days a week at my practice in Virieu-sur-Bourbre, a rural place with 1110 inhabitants in the northern Isère (45km from Grenoble, 80km from Lyon, 50km from Chambéry). I recently in January joined here two of my formers tutors (a woman and a man 50 and 65 years old); I was resident in this little town one year before.

   In the medical centre, there is 3 GPs, a GP resident, one nurse, 2 dentists and 2 physiotherapists. Right on the corner, there is a drugstore. All emergency services are 20 to 30min around. The nearest medical laboratory and radiology unit are 12km away. At Virieu there is also a non-specialised rehabilitation centre.

   Most of the patients come to the office, but additionally I visit 3 to 6 patients a week at home or at the old people house. Most of my patients are the elderly, but I received many children too, babies, and also some pregnant women. Moreover, I can realise at my office some stitches in case of emergency.

   Patients can make an appointment by internet or by calling my office.

2. An academic part, as senior register: I join teachings for residents in particular specific sessions about research in general practice. With younger medical students, I learn the basis of patient’s examination (semiology tutoring) to 6 of them with other GPs senior registers.

   In order to continue an academic career, I also enrolled as a student at Science-Po Grenoble in a master 2-year about “Public Health Policies”. It would let me know more around French social and health institutions, hospital monitoring, but also European (and other countries) health systems. This is a highly interesting development but at the opposite it is very time consuming too.

3. A research part, wherein I expected to go further about chronic morbidity rural issues.

   I am just starting my career, so step by step I have to find my bearings. I have so many projects, but one very important for me: I would like to receive at my office medical students to introduce them to rural practice, as I was introduced few years ago. I think this is the best way to make them want to come back and work here later.
News from EURIPA

Executive Committee

EURIPA’s Executive Committee has a new member. Thodoris Vasilopoulos from Greece joined the Committee this year. The membership of the Committee and also the International Advisory Board can be found on the web site:
http://euripa.woncaeurope.org/content/executive-committee

European Charter for Rural Practice

The Executive Committee is currently developing its forward programme for EURIPA. One of the first task focusses on the European Charter for Rural Practice, which was published nearly 20 years ago. It was agreed that it needs revising to reflect the increased knowledge and awareness of rural health across Europe. There is a much stronger evidence base and a greater understanding of the challenges being faced by rural health practitioners and this is an opportunity to revise the Charter to reflect this but also to include potential solutions. The Charter can be found at:
http://euripa.woncaeurope.org/documents

If you would like to be involved in revising the Charter please get in touch with the Executive Secretary

WONCA Europe conference 2016

EURIPA has had two abstracts accepted for the WONCA Europe Conference in Copenhagen in June 2016. The abstracts focus on chronic disease and on the use of new technology. EURIPA will also have a presence on the WONCA Europe network booth so please come and visit us. More information will be circulated closer to the time so watch out for emails on the list server.

www.woncarural.org

This web site is the WONCA Working Party on Rural Practice’s resource page. Here you will be able to access and submit rural grey literature and through the online portal discuss these resources with your peers.

The aim of the interactive resource “is to help realise health for all rural people around the world”

The WONCA working party consists of up to 20 members with at least two representatives from each of the world’s regions: Europe, Asia, Africa, North America, South America, Australasia/Pacific.
OECD Insight

With kind permission from the OECD we are pleased to include a recent OECD Insight in this issue of the Grapevine:

The doctor will see you now (if you turn on the video)
2 April 2016
tag: health care, skills mismatch, technology

by Guest author Mark Pearson, Deputy Director, OECD, Directorate for Employment, Labour and Social Affairs

An elderly man with cardiovascular disease tests his own blood pressure, and sends the results to an online application that his doctor can access. Another patient with depression living in a rural area far from health services tells a psychiatrist how he is feeling via a video connection. All of this occurs without the patients leaving their homes.

These scenarios may sound like something scripted by writers of science fiction, but such ‘telehealth’ has the potential to bring high-quality and specialised care to previously underserved populations. Studies indicate patients respond positively to using the technology, and it increases access to health services. Health professionals report that it reduces the need for patient visits, and assists with clinical decision-making. There is also evidence suggesting that telehealth can improve patients’ ability to manage their own health, not to mention lower the cost of healthcare through fewer hospitalisations.

Despite this clear advantage, health systems have yet to abandon their hospital-centric approach to care. If telehealth is such a good idea, why is not being given wide support? One of the most intractable problems holding the service back is a much-needed rethink of the types of workers we will need in future health systems.

Up until now, much of the discussion on the healthcare workforce has centred on the shortage of doctors or nurses. It’s true that many doctors in particular are approaching retirement and will soon need to be replaced. An OECD report released this month shows that countries have substantially increased their training of doctors and nurses, and the numbers are growing. But
this is an expensive approach. A recent report by the UK’s National Audit Office has indicated it takes three years and costs about £79,000 to train a nurse, ten years and £485,000 to train a general practitioner, and 14 years and £727,000 to train a specialist. These huge investments deliver healthcare professionals with astonishing skills, but regrettably we do not always take advantage of these skills wisely.

There is evidence of a considerable skills mismatch in the health sector, with a large proportion of health workers over-qualified for the work they do. The 2011-12 OECD Programme for the International Assessment of Adult Competencies survey showed that between 70-80% of doctors and nurses report being over-qualified for some aspects of their work. This suggests an inefficient use of their time and a waste of human capital. To be blunt, is it really worth ten years of training someone to spend much of their day looking into children’s ears to confirm that they are a little bit red and might require some basic antibiotics? Is there not a way their skills could better serve the population’s health?

At the same time, after all that training, about 50% of doctors and 40% of nurses report being under-qualified for some of the tasks they have to do. Education and training programmes need to transform so as to make health workers ‘fit for practice’. The outlook at present is discouraging, as many health programmes teach little about the skills we know to be needed in future systems such as ICT and people management.

Perhaps the biggest challenge will be to rethink ‘who does what’ – or ‘scopes of practice’ in the health jargon. This means letting appropriately-trained clinicians perform tasks they were previously not permitted to. The most common example of this is the nurse practitioner. In some countries, these more advanced nurses, who usually have a Master’s qualification, can prescribe limited medication and order diagnostic tests under controlled conditions. An OECD review in 2010 showed that advanced-practice nurses are able to deliver the same quality of care as doctors for a range of patients. Most evaluations find high patient satisfaction, mainly because nurses tend to spend more time with patients as well as provide more information and counselling.

Is it so difficult to imagine that diabetes workers, when backed with strong ICT support and clear protocols about what to do when symptoms are not within a prescribed range, can be trained to ensure that treatments are followed correctly, leaving those with more expertise to focus their attention on problematic cases? The barriers to realising this vision remain considerable. There are strong lobbies against change, particularly by professional associations. Policymakers need to engage these groups boldly, so they too can begin to see change as the tremendous opportunity to gain new skills and focus on what they do best, rather than succumbing to the impulse to feel threatened.

Traditional roles and responsibilities need to transform, and alongside them so do the antiquated ways of thinking. The evidence base for change is growing, but it needs to be matched by a growing political will. The question is, are governments bold enough to meet the challenge?

Useful links
OECD health statistics
OECD health workforce project
Health workers with right skills in right places needed
Health policies and data from the OECD
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.

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!

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

Use of point-of-care tests among general practitioners: a cross-sectional study in Saxony, Germany

Access to chlamydia testing in remote and rural Scotland

Can a 'rural day' make a difference to GP shortage across rural Germany?

And from further afield:

The Australian 'grey nomad' and aged care nurse practitioner models of practice: a case study analysis


More information about the European section can be found at http://www.rrh.org.au/editorialBoard/defaulteuro.asp
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

14th International Primary Care Diabetes Europe Conference
To be held on the 29-30 April 2016 in Barcelona, Spain.
The scientific programme and other information about the conference is available on www.2016pcdeconference.org.

Rethinking Remote, Inverness Scotland
Innovative Solutions in Remote Health Care
Date: 23rd – 24th May 2016
More information at: www.isrh2016.org

WONCA Europe Congress, Copenhagen, 2016
“Family Doctors with heads and hearts”
Date: 15-18 June, 2016
Guidelines for abstract submission are available on the web site and the deadlines are:
Web: http://woncaeurope2016.com/

Icemen 2016, Ontario, Canada
Putting communities in the driver’s seat
Date: June 20-25, 2016
More information can be found at http://www.icemen2016.ca/

EFPC, Riga Conference
"Cross-cutting Informal Care and Professional Primary Care"
Date: 5 - 6 September 2016
The conference scientific committee invites submissions of abstracts for presentations related to the scope and purpose of the conference. Call for Abstracts, deadline 1 May 2016
http://www.euprimarycare.org/riga/call-abstracts

6th EURIPA Rural Health Forum, Marseille, France
Being a young rural practitioner
Date: 23rd – 25th September 2016
Abstract submission opens on March 1st 2016
Deadline for Abstract submission is 1st May 2016
More information is available on the web site at http://www.euripaforum2016.eu/
The 27th Rural Primary Care Conference, Gregynog, Wales  
A conference organised by rural GPs for GPs and their primary care colleagues  
Date: 12th – 14th October 2016  
More information is available at: https://www.ruralprimarycareconference.co.uk/

21st WONCA World conference, Rio de Janeiro  
Family Medicine Now, more than ever!  
Date: 2nd – 5th November 2016, Rio de Janeiro , Brazil  
More information at: www.wonca2016.com

And in 2017:

14th WONCA World Rural Health conference  
A World of Rural health  
29 April - 2 May 2017, Cairns, Australia  
More information at: http://www.aworldofruralhealth.org.au

3rd World Summit on Rural Generalist Medicine will be held prior to the 14th WONCA World Rural Health conference 2017 (see above). Information on the world summits can be found at: http://www.acrrm.org.au/about-the-college/international/international-leadership

22nd WONCA Europe Conference  
Growing Together in Diversity  
28 June – 1 July 2017, Prague, Czech Republic  
More information is at: http://www.woncaeurope2017.eu/

Future Contributions to Grapevine  
The next issue of the Grapevine will be Summer 2016; contributions are welcome by 30th 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. 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 we always welcome new contributors.

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