



The Grapevine

Winter 2021-22

The dark days of January are just about over and we can really begin to look forward to 2022.

I know that many of you are struggling with another wave of Covid-19 but hopefully with vaccinations and the 'boosters' life will begin to get better, not only for you but for all our citizens as well.

We are all hoping that we will have the chance to meet again face to face either in Limerick or London, or even both, this summer in June and July. The abstract submission deadline for both the World Rural Health conference (Limerick) and WONCA Europe (London) are both fast approaching on 31st January. EURIPA will be submitting abstracts for workshops but I hope that everyone has found the time to think about presenting their work, either as oral communications or posters.

And, of course, our own Forum will be in in Sicily in October, which will be a real treat – before next winter!!

Jane Randall-Smith

Executive Secretary EURIPA

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Looking forward to 2022

Last September a few of us were fortunate to meet together with our Polish colleagues in Siedlce at the 10th EURIPA Rural Health Forum. Despite all the complexities and the stresses of travelling it was so good to see everyone face to face.

So where are we now?

There are a number of exciting conferences in the pipeline for 2022 (see page 15) and all of them are currently being planned as face to face events. Exciting!! It is good to have something to look forward to but none of us know if we will be free to travel and what, if any quarantine rules or other restrictions, will be in place.

Here's hoping we will be in Limerick and EURIPA is in the process of submitting a number of workshop abstracts. We can let you know if we are successful and if you are in Limerick do come and join us.



London is equally difficult to call in terms of travelling but EURIPA will be holding two workshops, as one of WONCA Europe's network and is also submitting other proposals.



In October our 11th EURIPA Rural Health Forum will be taking place at Sicily Isola delle Femmine, near Palermo. It will be a lovely time of year to visit Sicily (we are planning a face to face meeting as well).

The Call for Abstracts and the web site will be launched this spring. Watch this space!

Social Prescribing – What’s in a name?

At the EURIPA Rural Health Forum in Poland in September 2021 Professor Joyce Kenkre gave a keynote address on Social Prescribing with the title ‘What’s in a Name’. Joyce’s aim was to increase understanding of Social Prescribing and to explain not only how it works but also the benefits to GPs/family doctors and their practices as well for their patients and communities.

EURIPA has been involved with Social Prescribing over a number of years and held a key workshop in December 2020, at what was going to be WONCA Europe Berlin but transferred to be virtual conference. This workshop resulted in the establishment of a working group to take forward the Social Prescribing agenda under the WONCA Europe umbrella. Colleagues from both urban and rural settings across Europe have joined the working group. There are members who are already social prescribing and other colleagues who are just beginning the journey and want to know more.

So, what is Social Prescribing?? Our current working definition of Social Prescribing is

Social Prescribing involves helping patients to improve their health and wellbeing by connecting them to community services which might be run by local community groups, the local council and / or local charity groups.

Countries in Europe are using the term differently and implementing social Prescribing in distinct ways. The various countries involved in Social Prescribing are at different stages of implementation. One of the first challenges of the working group is to undertake a mapping project so that there is a clearer understanding of what is happening across Europe and to develop a definition that is easily understood across Europe. This will help us to develop tools that will support GPs/family doctors and their practices to implement Social Prescribing.

Members of the working group are passionate about Social Prescribing but the evidence base to demonstrate the effectiveness is still weak. There is a need for more research to develop new approaches to be able to measure the impact of Social Prescribing in diverse populations.

The level of interest has encouraged the working group and, through EURIPA, has resulted in a proposal being put forward to the WONCA Europe Informal Council meeting in November to set up a WONCA Europe Special Interest Group (WESIG) on ‘Social Prescribing and Community Orientation’.

Our proposal appeared to be well received and there is now a lot of work to do in order to have the proposal approved at the formal WONCA Europe Council Meeting in London in June this year.

A primary aim of the WESIG will be to raise the profile and encourage family doctors and their practices to start Social Prescribing but the WESIG will develop the tools to support them, building on the mapping project that will be undertaken in 2022.

Please get in touch if you would like to be involved. We would love to hear from you if you are doing Social Prescribing, if you would like to begin Social Prescribing or if you would just like to find out more (Jane@montgomery-powys.co.uk). A page is being set up on the EURIPA web site (www.euripa.org) which will have more information.

We welcome new members to the working group.

My Practice

Hello everybody!

My name is Dr. Gindrovel Dumitra and I have been a rural GP since April 2000. All my activity took place in the village Sadova, in Dolj County, Romania where I arrived in 2000 as a young family doctor after finishing the specific training.

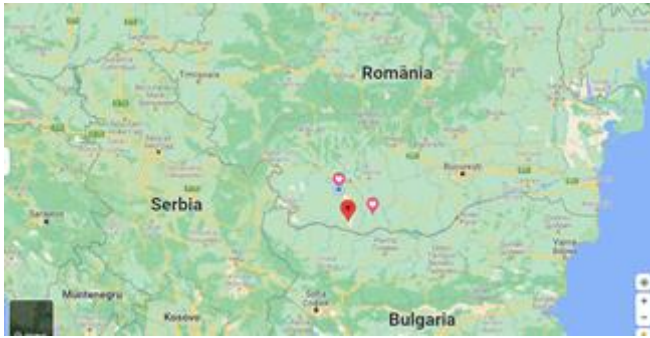


Figure 1: Sadova is located in south-west part of Romania.

Sadova is part of the rural area of Dolj County and has about 8,800 inhabitants, about a third of whom are Roma people. It is located in the southwestern part of Romania, 12 km from the border with Bulgaria, and is based on an agrarian economy.

Most of the inhabitants have worked in the past in an agrarian complex that was disbanded after the 1989 revolution.



Some of the citizens continued to carry out agricultural activities, raising watermelons or beekeeping. Others became craftsmen, the production of barrels having a tradition in the area but also other craft activities.

A huge proportion of the young population has chosen to work abroad, many of our patients are now in European countries where they carry out permanent or seasonal activities.



Figure 2, 3: Beekeeping



Figure 4 Traditional barrels

About the medical activity in Sadova

Over time, the local medical activities have received special attention. In 1939, with the separation of the north eastern part of Romania, a hospital from Bessarabia was moved to the existing buildings here, which belonged to the Domains of the Royal Crown of Romania. Thus, the Sadova Hospital was established, which had Dr. Stefan Iorgulescu as its doctor until 1969. In this hospital, which was addressed to the rural population, there were in the past departments of Surgery, Obstetrics, Gynaecology, Paediatrics, and Internal Diseases.

Over time, many well-known doctors here in this part of the county have worked. I would like to nominate Dr. Elefterie Pasculescu, son of the locality who carried out the entire activity in this locality coordinating a primary care team, most of the time alone.

At this moment, in the village, we (3 GPs) are working together, one pneumologist and one internal medicine doctor. At the same time, the former hospital was transformed into a Medical-Social Unit where patients with chronic diseases and social problems are hospitalized. Two community nurses are completing the primary care team.



Figure 5: Community nurses at-home visit for elderly people

The GP is organised in an individual office and we work between 8 am and 3 pm when we provide medical services under contract with the National Insurance House (NIH) for all insured persons. Uninsured persons benefit from emergency services, detection and follow-up of infectious-contagious diseases, family planning, and pregnancy follow-up services.

In Romania, all children up to 18 are insured without paying a contribution as well as pupils and students aged 18-26, pregnant women, or people benefiting from national programmes (cancer, tuberculosis, diabetes, etc.). The employed and retirees are also insured. The insured benefit from a basic package that includes consultations and indications of therapeutic conduct for acute, subacute, chronic diseases, and exacerbations of chronic diseases. Also, the population benefits from prevention measures such as vaccination to prevent preventable diseases through vaccination, periodic exams for children but also for adults.

In addition to the office work schedule, there is a permanent out of hours centre with 5 family doctors and 5 nurses. In this centre, medical services are provided to all persons who present without the condition of the insured status.

The range of services provided is quite wide. The town is located about halfway (about 90 km / 60 miles) between 2 hospitals that provide emergency services through the guardrooms, quite

far away. For this reason, in addition to the scheduled consultations, our activity is marked by interventions in case of emergency. The role of the GP extends to resolving the emergency or providing first aid until the patient is sent by ambulance to the emergency rooms of the 2 hospitals.



Figure 6: The emergency situation in my office

A special role in our activity is played by the prevention activity. Children and adults are immunized in our offices according to the National Vaccination Schedule. The vaccination activity starts with advising parents or patients to accept the vaccination, administer it, monitor for possible side effects, and report them. During the pandemic, all our offices are also involved in vaccination against covid 19.



Figure 7: Vaccination activity against Covid 19

Also in the preventive activities, we administer periodic exams from maternity discharge to the elderly. We follow primary prevention interventions (immunizations, counselling to address risk factors such as smoking, alcoholism, sedentary lifestyle, and diet, as well as secondary prevention. In Romania there is active screening for cervical cancer by Babes Pap test or identification of HPV DNA at smear as well as screening for the identification of cardiovascular diseases, chronic viral hepatitis, colon cancer, etc.

Chronic diseases are highlighted and monitored in the long term such as high blood pressure, dyslipidemia, diabetes, kidney failure, stroke, respiratory diseases (asthma, COPD), cancer.

These activities are conducted in partnership with two community nurses, part of the primary care team in my village. They are employed by the local council and respond to the needs of the community, especially by following people in difficulty. A large part of the local population is an elderly population with special needs and a specific approach.

The challenges encountered refer to several aspects related to: population cultural profile, economic level, special ethnic characteristics.

A large part of the active population of the locality works abroad. Thus, children and grandparents remained at home. Basically, children are cared for and educated by their grandparents, which greatly affects their psychological, educational, and health. Many of the patients who are abroad keep in close contact with the family doctor, the remote consultations being possible with the beginning of the pandemic.

The fact that many patients work in other countries determines the fact that they are not insured in Romania. Thus, they do not enjoy many rights, including access to full medical services if they suffer from chronic diseases. Also, the population over the age of 65 is struggling to ensure their daily living and even home health care.

The Roma population has certain particularities of approach, especially in terms of preventive activity. Gaining their trust is extremely important and is one of the ways to establish a lasting long-term relationship.

An element that influences our practice is the excessive bureaucracy, which determines the focus of the activity many times on these aspects to the detriment of the patient.

Teaching activity

Because I am a Lecturer at the University of Medicine and Pharmacy in Craiova, the sixth-year students benefit from a one-week internship in my office by rotation. This is very important because it provides an early exposure of students to the work of a rural office, which should increase the level of acceptance of a career in these conditions.



Figure 8: Students in home visit

Also, the residents of Family Medicine benefit from a 2-year internship in the Family Medicine offices, of which 2 weeks must be spent in the rural area.

Conclusions

The activity in a family medicine practice in rural Romania is a comprehensive one that requires an approach on the whole curricular surface.

The holistic approach is very important. Approaching the somatic pathological components together with the social, psychological, educational context is a necessity.

Early exposure of students and residents to practice in rural areas is a minimum condition to ensure the retention of doctors in these places.

European Rural Health Networks

This is a new feature of the Grapevine. In each edition we will be focussing on a rural health network in different countries across Europe. We begin with Sweden and Anna Falk, the Swedish representative on our International Advisory Board, writes about the Swedish Society of Rural Medicine.



The Swedish Society of Rural Medicine was founded in 2002. Its primary task is to develop healthcare in rural areas of Sweden. The society is open for all medical personnel with interest in the field of rural medicine. During our annual conferences we had several invited speakers and often a thrilling program that draw interest to our goal:

Our aim is to define and promote Rural Medicine in the Swedish context, to support and develop education of students as well as postgraduate education in Rural Medicine, to enhance research concerning health issues in rural and remote areas and take part in governmental and regional investigations and claim the interest of Rural Health in such assignments. We are associated members of Swedish Medical Association since 2005 and are represented in EURIPA and connected with Rural WONCA.

Sweden has now 10, 4 million inhabitants and has an area of 450,000 square kilometers. 85% of inhabitants in Sweden live in or close to the larger urban areas, mainly around Stockholm, Gothenburg and Malmö. The largest geographical area of Sweden can thus be said to be rural,



especially the northern parts. The northern counties cover nearly half of the nation's area. The number of inhabitants here are around 900,000, most of them living in the cities along the east coast.

Education has been on the agenda at every annual conference since the start. There is a lack of GP: s in Sweden and especially in remote areas. A way of recruiting and retaining is to offer an even better education.



In April 2007, standing before the audience of the annual conference held at High Coast, representatives from the four northern county councils (the country is divided into 21 more or less independent counties, with a local political government and administration, responsible for the health care within the county) gave the society the mission to formulate a complementary specialist education- Family Medicine with profiled Rural Medicine training.

From 2008 the first residents with a Rural Medicine profile started. For the rural health care centers in the northern inland of Sweden this has been encouraging. Several new residents has started annually since then, soon not only in the North, keeping in contact with each other, proud of their rural medicine education and contributing to its development. They are supported by a network of directors of studies from rural areas, formed by our society.





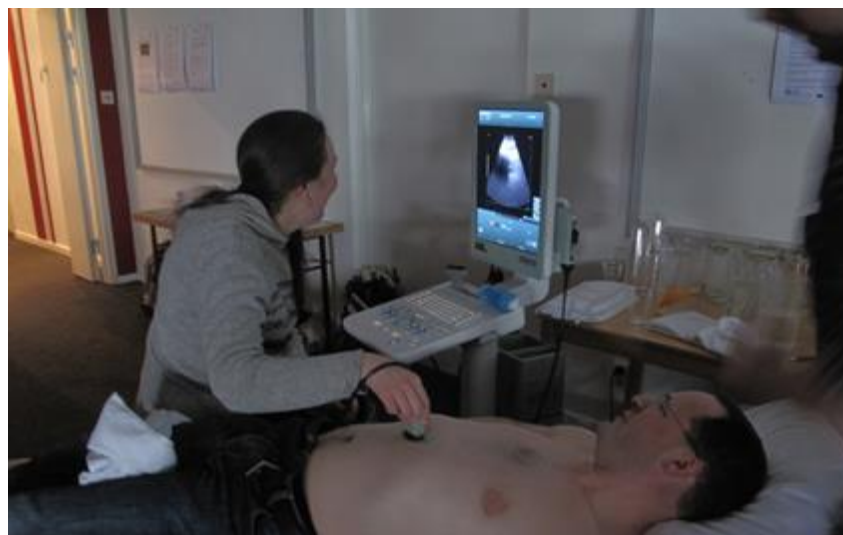
In 2013 we had the honor of seeing prof. Roger Strasser as a most inspiring guest. On his way to the conference, held in Vilhelmina in the southern parts of Lapponia, it was possible to arrange a meeting at the University in Umeå, presenting NOSM for the dean. Years of preparing has led to a “rural track” since 2018 for medical students in Umeå who get a specific education at rural Health Care centers.

Another objective that was presented for the regional leaders at the meeting 2007 was about a scientific research center for Rural Medicine. The county of Västerbotten took hold of that and GMC, Glesbygdsmedicinskt Centrum in Storuman was founded 2010

<https://regionvasterbotten.se/glesbygdsmedicin/information-in-english>

The Swedish Society of Rural Medicine has also come to be referral body to a number of governmental investigations and other ways of contributing to planning and analysis of health issues of importance for rural inhabitants e g our National Board of Health and other authorities.

The last couple of years we have noticed, during our annual meetings and when taking part in other national meetings regarding education and research, that the interest in Rural Medicine has grown in Sweden, especially among young doctors. Our annual conferences have since 2018 designed an extra day for ST doctors, often with more hands-on training.





Welcome to visit our website www.glesbygdsmedicin.info to get an impression of our activities



Feel free to push the "Contact us" button if you have questions or want some specific information or contact me directly



Anna Falk
Chairman of the Swedish Society of Rural Medicine
GP at Ånge Health Care Center
Director of studies in Family Medicine for AT (interns) and ST (residents) in region of Västernorrland 2008-2021

News from WONCA Europe

5* doctor award

WONCA Europe has announced a Call for Nominations for the "WONCA Europe Award for Excellence in Health Care: The 5 Star Doctor 2022". The winner of this award will receive a certificate and will be a European candidate for the WONCA World Award of 2023 in Sydney.

The WONCA Europe 5 Star Doctor Award 2022 will be presented at the WONCA Europe Conference 2022 in London, 28 June – 1 July 2022.

Nominations should be submitted before March 1st, 2022 to WONCA Europe Secretariat: SecretariatEurope@wonca.net.

The 5 Star Doctor 2022 will be notified by April 1st, 2022.

WONCA Europe scholarship for 2022

The WONCA Europe Scholarship Committee has announced a Call for Candidates for the 2022 WONCA Europe Scholarship. One candidate can be selected to receive a € 2000 scholarship yearly for a maximum of 4 years.

The applications should be submitted to SecretariatEurope@Wonca.net by March 1, 2022.

The full details and how to apply for both these awards are attached to this newsletter and you can also contact the WONCA Europe Secretariat if you have any queries.

Past winners of these two awards are available on the WONCA Europe web site: <https://www.woncaeurope.org/page/scholarships-and-awards>

PRACTICAL TIPS FOR OBESITY MANAGEMENT

Friday, March 4, 2022

6:00pm CET (Paris), 5:00pm GMT (London), 7:00pm EET (Athens), 8:00pm MSK (Moscow)

To provide GPs with practical solutions and takeaways:

Presentations:

- How to correctly diagnose obesity and identify appropriate treatment options?
- How to talk to your patient about weight and obesity, and avoid stigmatising your patients?
- How to treat post-bariatric surgery patients (remembering diet and behaviour)?
- What are the latest drug options?

To register for this webinar you can click [here](#)

WONCA Working Party on Rural Practice

You will be aware that their next conference is the **WONCA World Rural Health Conference** taking place in **Limerick from the 17th – 20th June 2022**.

The [website](#) has a wealth of detail about the conference and the developing programme.

In Albuquerque in 2018 at the 18th conference a statement on Rural Nursing was adopted. Nursing plays a crucial role in rural health care and will be key to achieving Universal Rural Health Coverage in the future. This initiative needs to be taken forward to connect with rural nurses around the world and develop an ongoing strategy for the future.

Professor Joyce Kenkre,



who is a member of the EURIPA International Advisory Board and Scientific Board, is co-ordinating this initiative for Rural WONCA. She is encouraging nurses to participate in the Limerick conference:

“The importance of raising our voices for the future of Universal Healthcare Coverage

This is an invitation to nurses globally to submit abstracts for the 19th WONCA World Rural Health Conference to be held in Limerick, Ireland 17th -20th June 2022. In recognition of the importance of rural nursing care, the conference has a special theme on rural nursing. We aim to raise the profile of rural nursing practice and promote nurse led research to inform future initiatives and collaboration in primary care. This includes the opportunity to become involved in the further development of the Albuquerque Statement:

<https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Rural%20Practice/19%20Rural%20Nursing%20Midwifery%20Albuquerque%20State.pdf>

The Albuquerque Statement was a major step forward in the global recognition of the importance of rural nursing practice. The statement was fashioned at the WONCA World Rural Health Conference in New Mexico in 2018 by multidisciplinary rural health professionals who have pledged to support, advocate for, and promote nurses and midwives worldwide to be collaborative leaders to advance Universal Rural Healthcare Coverage. However it is important that we, as nurses, are seen and demonstrate our ability to take up this key role in the future.

We want to see as many rural nurses working both in primary and secondary care attending, submitting abstracts, and participating in the next phase of this important mission. We want to listen to your voice and identify your needs”

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.aspof>) that may be of interest to other rural practitioners:

Qualitative study of barriers and facilitators of health entrepreneurship in rural and semirural communities of Armenia

Atanyan A, Markosyan K, Demirchyan A, Lylozian H, Giloyan A, Kocharyan L, Harutyunyan T. Low- and middle-income countries often face the issue of unequal distribution of healthcare services and human resources between rural and urban areas. Globally, there are many factors that negatively affect the willingness of physicians to work in remote and rural areas, including low wages, poor living conditions, poorer and sicker patients, suboptimal equipment and supplies, and a lack of quality infrastructure and transportation. This study explores the perceptions of barriers and facilitators of medical entrepreneurship and the impact of medical entrepreneurship on the served communities among the owners of private medical practices in rural and semirural areas of Armenia.

<https://www.rrh.org.au/journal/article/6645>

Perceived risk and pandemic response awareness in low-capacity public primary health care in Greece

Gavana M, Papageorgiou DI, Haidich AB, Kokkali S, Talimtzi P, Paganas A, Andreou M, Yakimova-Polyzou V, Symintiridou D, Smyrnakis E.

Primary health care, the cornerstone of health systems, has an important role in infectious disease control. The SARS-CoV-2 (COVID-19) pandemic has put a burden on health systems worldwide and especially on healthcare workers in remote areas of Greece. This study investigates preparedness and awareness level of primary healthcare workers and their risk perception in managing the pandemic during its initial phase.

<https://www.rrh.org.au/journal/article/6985>

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>

European Journal of General Practice

Closing evidence gaps in general practice & family medicine. Selected Abstracts from the 92nd EGPRN Meeting – Virtual Conference, 30 April to 1 May 2021

All abstracts of the conference can be found at the EGPRN website

<https://www.tandfonline.com/doi/full/10.1080/13814788.2021.2008352>

Management of symptomatic patients with suspected mild-moderate COVID-19 in general practice. What was published within the first year of the pandemic? A scoping review

Anne Holm, Anne Møller & Rune Aabenhus

<https://www.tandfonline.com/doi/full/10.1080/13814788.2021.2002295>

Forthcoming Events

Below is a selection of events for 2022. Please send in your events for future editions of the *Grapevine* so that we can make this section more comprehensive. Please send to the editor at jane@montgomery-powys.co.uk

Coming up in 2022:

These events are all being planned as face to face meetings. Let's hope we can travel!

Edinburgh 2022 7th VdGM Forum: Perspectives on primary care

28 – 29th January 2022, Edinburgh, Scotland

Web site: <https://www.vdgmedinburgh.com/>

WONCA Europe webinar: Practical Tips for Obesity Management

Friday, March 4, 2022

6:00pm CET (Paris), 5:00pm GMT (London), 7:00pm EET (Athens), 8:00pm MSK (Moscow)

To register: https://us06web.zoom.us/webinar/register/WN_R-hA-x4NQQy7QweKYgdZdA

CMGF 2022 15th conference of general practice in France

24 – 26th March 2022, Paris, France

Web site: <https://www.congresmg.fr/>

Rethinking Remote Conference 2022 - Innovative solutions for remote and rural health and wellbeing

28 – 29th April 2022, Aviemore, Scotland

<https://echalliance.com/event/rethinking-remote-2022/>

94th EGPRN meeting: Optimising the organisation of family medicine practice

12 – 15th May 2022, Istanbul, Turkey

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

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

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

The Call for Abstracts is open and closing on January 31st 2022

More information at: www.woncarhc2022.com

VdGM Pre conference 2022

27 – 28th June 2022, London

And

27th WONCA Europe conference: Innovating family medicine together for a sustainable future

28th June – 1st July 2022, London

The Call for Abstracts is open and closing on January 31st 2022

More information at: <http://woncaeurope2022.org>

EFPC 2022: Integrated Community Care: a new opportunity for Primary Care

25 – 27 September 2022, Ghent, Belgium

Save the date: <http://euprimarycare.org/event-and-workshop/>

11th EURIPA Rural Health Forum

6th – 8th October 2022, Sicily, Italy

More information will be available soon.

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be Spring 2022; contributions are welcome by the end of March for publication in early April. Reminders for contributions will be circulated on the mailing list.

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.