



The Grapevine

summer 2017

It is 20 years this year since EURIPA was formally established at its first conference in Mallorca, Spain. EURIPA evolved from GRAIPE – the Group of Rural and Isolated Practitioners in Europe. GRAIPE was formed by a few passionate and enthusiastic rural GPs from across Europe and their newsletter was, naturally, called the *Grapevine*. In English “a grapevine” is also an informal means of transmission of information and so the name was retained for the newsletter of EURIPA.

The *Grapevine* continues but EURIPA is evolving and in the next edition, which will be published before this year’s Annual General Meeting (AGM), in Crete in November, we will be able to update you on the changes that will be presented to the AGM. This includes the updating of the constitution and a new membership scheme.

This edition contains contributions following our participation in the WONCA Europe conference in Prague in June / July and looks forward to the 7th EURIPA Rural Health Forum in Crete.

Enjoy the rest of your summer and happy reading!

Jane Randall-Smith

Executive Secretary EURIPA

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Message from Jean Pierre Jacquet – President of EURIPA

The question of rurality is often asked, what is rural, what is not; a French dictionary "Larousse" defines rural as:

That concerns the countryside, peasants, agriculture.

Let sociologists, geographers, town planners and politicians give us a definition or definitions in relation to objective criteria.

I feel rural because:

I can hear early in the morning in my house the crowing of the rooster
I can hear the sound of chainsaws, the tractors with their round balers, the bells of the cows
I can smell the freshly cut hay, the slurry in the fields
I can see the hay bales, and the cattle

On the way to my medical practice, I can talk with my neighbors about weather and crops. This is my rurality, we all have our sensations and feelings that give us a sense of belonging to the rural world, but they are probably different for all of us.

Our Cretan colleagues are actively preparing a magnificent 7th forum in Panormos from 2nd to 4th November. It will be an opportunity to meet and exchange ideas about rural, and of course, hear our oral communications, posters and workshops.

Please register on : <http://euripaforum2017.eu>

Editors note:

The discussions on "What is rural practice?" "What makes a rural GP?" began in Prague at the joint EURIPA Executive and International Advisory Board meeting and will no doubt continue in Crete. Meanwhile discussion can continue on the mailing list; if you are not a member and would like to join please contact the Secretary.

This is my rural:





**7th EURIPA Rural Health Forum:
A memorable experience of a scientific and cultural journey to Crete, Greece
Save the date 2nd-4th November, 2017**

The 7th Rural Health Forum will be held in the sea-side rural region of Panormo in Rethymnon, Crete.



“Rural Renaissance” (www.euripaforum2017.eu) is the title of this year’s forum, featuring a memorable experience of a scientific and cultural journey to rural Crete.

Venue

The venue will be at Sensimar Royal Blue Resort & Spa, a wonderful hospitable hotel with great conference facilities and experience personnel. We also recommend it for your residence during the forum due the special conference prices (Book a room now: <https://royalblueresort.reserve-online.net/?bkcode=euripa2017&checkin=2017-11-02&nights=2&ga=2.91101530.1794789795.1501828793-1897252989.1485336572>)



Call for abstracts

If you are practicing in a rural area for just a short period of time or you have taken this as a life-long commitment, if you are a young or highly experienced researchers, or a promising healthcare professional (i.e. nurse, social worker, physiologist etc), or a medical student, even if you are a policy maker or key informant, we are looking forward to receiving your contributions to the scientific content of our Forum. We strongly encourage you to contribute and disseminate your work. **Submit your abstract by sending it to Dr. Dimitra Sifaki-Pistolla: info@euripaforum2017.eu**

Extended deadline for abstracts submission: **1st September 2017**

Instructions for authors: http://euripaforum2017.eu/?page_id=1511

Registration

Make use of our low prizes and join us in this promising forum!

Find more information here: http://euripaforum2017.eu/?page_id=1424

Summary of the basic registration steps:

- 1) Choose one of the payment methods; bank transfer or web-banking (credit card)
- 2) Choose type of receipt; personal receipt or invoice
- 3) Find and fill in the registration form carefully with the correct information based on your decisions on step 1 and 2 (download the registration form, from the aforementioned link)
- 4) Send the registration form at: info@euripaforum2017.eu
- 5) Conduct the payment according to your decision on step 1

Scientific programme

More than **5 workshops**; More than **7 round tables**; **numerous oral presentations** and approximately **25 interesting posters!**

- Representation of most European countries**
- 4 key note speakers** with international high impact
- Multidisciplinary** organizing, scientific and international advisory committees
- Participation of **international networks and FP7 and H2020 projects**
- Involvement of **local community, decision makers** and **stakeholders**

Check our website for updates. A revised scientific program will be announced soon.

Scheduled events

- 1) A rural dinner (will be held in Panormo; will be announced soon in the website)
- 2) Welcome reception combined with a tasteful local win experience (at the venue; 2/11/17)
- 3) Closing ceremony: closing speeches with an open discussion panel with representatives from the Ministry of Health and other international scientists (at the venue; 4/11/17)

- 4) Two options for organized excursions: a) Cave of Melidoni - Zoniana – Anogia (1 or 2 of November 2017) and b) Margarites-Ancient Eleftherna-Arkadi (5 of November 2017). More details (exact dates, time of departure etc.) will be announced soon in our website). Several treats and goods offered by the local authorities and community are waiting for you during these excursions:



Cave of Melidoni - Zoniana – Anogia



Margarites-Ancient Eleftherna-Arkadi

We are cordially expecting you in Crete with great hope for this first step towards **“Rural Renaissance”!**

Christos Lionis, MD, PhD, FRCGP(Hon)

Professor of General Practice and Primary Health Care, University of Crete,
Chair of the Scientific Committee, 7th EURIPA Rural Health Forum

Theodoros Vasilopoulos, MD, MSc

Member of Council of WWRPR, Executive Committee of EURIPA, European General Practice Research Network (EGPRN), Heart Failure Association of the ESC (HFA)
Chair of the Organizing Committee, 7th EURIPA Rural Health Forum



“Rural Renaissance”

Panormo, Crete, Greece; 2nd-4th November, 2017



Venue: Sensimar Royal Blue Resort & Spa <http://euripaforum2017.eu/>

You can book a room here: <https://royalblueresort.reserve-online.net/?bkcode=euripa2017&checkin=2017-11-02&nights=2>



And don't forget:

the final deadline for submission of abstracts for the 7th EURIPA Rural Health Forum is now 1st September 2017

WONCA Europe Prague 2017 and EURIPA

At the end of June the Czech Host Organising Committee of WONCA Europe had a great opportunity to host GPs from all European countries. It was a pleasure to hold the conference on General medicine/Family Medicine right in the “heart“of Europe during the best part of the year – early summer.

EURIPA members were not missing. There was a special booth as a part of the WONCA village where new people interested in rural medicine were welcomed by more experienced EURIPA members.

The atmosphere was very warm. When passing by the conference rooms one could see people smiling, discussing, gesticulating and generally enjoying the transmission of information in several ways at this event.

In the same setting the EURIPA meeting went on. There was a great background we all really like and that is the fact that EURIPA members don't have to be GPs especially from rural areas but someone who feels a connection to rural life or knows that they could become rural dwellers in the future. A few new faces from European countries joined the meeting. I personally was very happy to see that EURIPA members are very friendly, welcoming everybody who has a rural spirit. I was also quite surprised to see that a Slovak doctor who I used to know from the VdGM preconferences in the past has grown into a rural GP and that we can again both cooperate in our very tight “Czecho-Slovak” way.

On Thursday evening we joined an informal dinner on a hotel (boat hotel) on the Vltava river and even though it was a bit loud there at the beginning* we could all continue in discussing international issues of both general and rural medicine. Some wine and spirits added to the convivial atmosphere.

The Czech team was very happy to have the privilege to organise such an important event and we hope that people enjoyed their time in Prague and went back home full of new ideas on how to improve their everyday battles in their surgeries and also be willing to continue in creating a special EURIPA network all over Europe.

We hope to meet you all again soon!

MUDr. Kateřina Javorská

MUDr. David Halata

Nové Město nad Metují, Czech republic

Hošťálková, Czech republic

*Editors comment: it was very loud: an outside concert only metres away!!

On the next page are some pictures from Prague and they are followed by a short text about the foundation of the Working Group on Rural Practise of the Czech GP Society. It was presented as a poster on the Czech GP society booth during WONCA EUROPE conference.

There are two more contributions from the conference focussing on management of chronic disease and the launch of a research course.



Rural general practice in the Czech Republic

David Halata ¹, Bělobrádek Jan², Kateřina Javorská³, Jan Kovář⁴, Petra Kánská⁵, Cyril Mucha⁶

¹ GP, VicusMedicus, s.r.o., Hošťálková, The Czech Republic

² GP, Červený Kostelec, The Czech Republic

³ GP, Javorský, s.r.o., Nové Město nad Metují, The Czech Republic

⁴ GP, Volyně, The Czech Republic

⁵ GP, OPL spol. s r.o., Hrochův Týnec, The Czech Republic

⁶ GP, Ordinace Mucha s.r.o., Prague, Institute of General Practice, 1. Faculty of Medicine Charles University in Prague, The Czech Republic



Introduction

Rural general practice is as diverse as the world's regions, each with its own specificities and challenges. In the Czech Republic, general practitioners have been perceived as homogeneous group, and the location of their practice has not been taken into consideration. Hence there have not been any alterations to trainings, required competences, equipment, offices or reimbursement.

Objective

The aim of the study (1) was to analyse and describe the current state of rural medicine in the Czech Republic and compare the efficiency of care provided in rural and urban areas.

Methods

The analysis used data of the largest health insurers in the country (General Health Insurance Fund, which covers 70% of the Czech population, i.e. 7 mil. people). Specifically, cost analysis of the care delivered by general practitioners was used for the purposes of the study.

Results

The data analysis showed greater work performance (8–39%) of rural practices compared to practices in towns, as well as a greater performance (7-29%) of practices in towns compared to practices in cities with a large hospital. A significant difference in competences and the scope of clinical activities was found; rural GPs conduct more services beyond capitation, prescribe more, refer less and spend less on investigation and induced specialist care. The rural general practices of the Czech Republic represent approximately a half of all the country's practices.

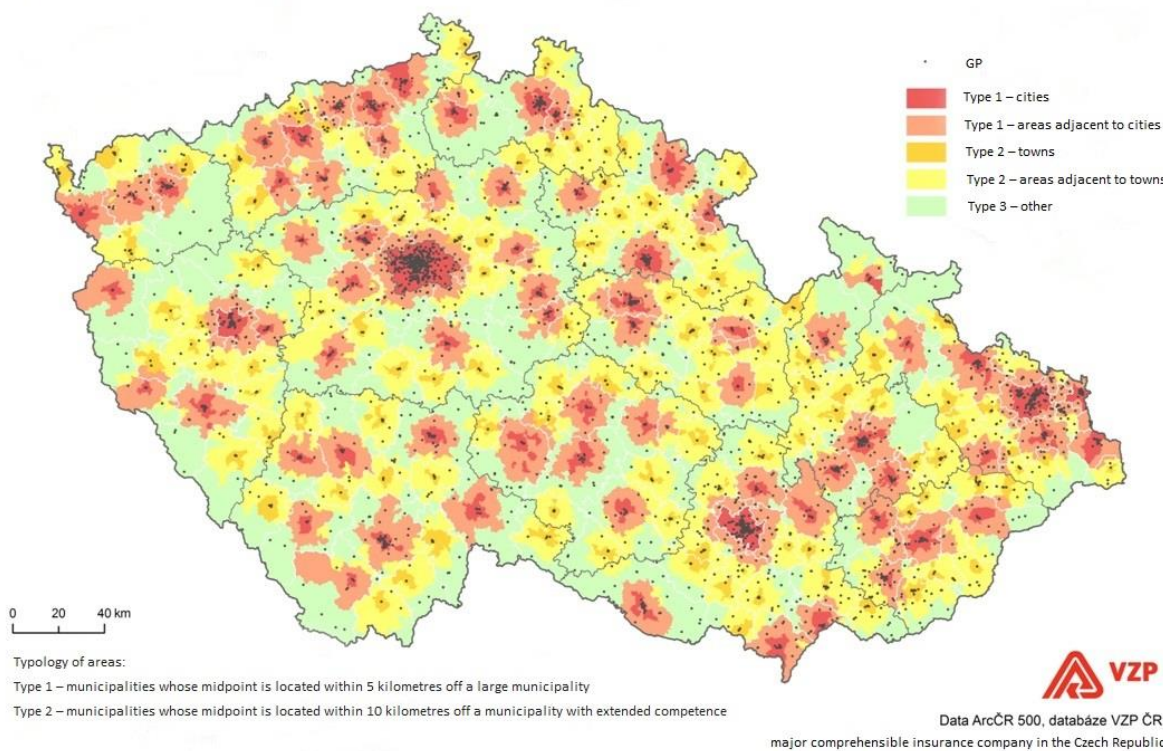
Table 1. Practices in smaller towns compared to urban practices in the vicinity of a large hospital; Type 1 – cities with a large hospital, e.g. a university hospital; Type 2 – towns with hospitals offering limited care; Type 3 – rural practices. (1)

GP services according to size of municipality					
	Typ 1	Typ 2		Typ 3	
Costs/patient*	ABS	ABS	difference %	ABS	difference %
Capitation	617	616	0	599	-3
Services (not covered by capitation)	168	190	12	208	19
Transportation	1	4	67	7	80
Clinical specialist care – reference by GP	93	92	-1	83	-12
Clinical specialist care – patient's visit without GP's reference	1 902	1 668	-14	1 645	-16
Complementary screenings – reference by GP	256	240	-7	237	-8
Complementary screenings – without GP's reference	1 026	797	-29	738	-39
Homecare by GP	131	112	-17	101	-30
Medication prescribed by GP	844	1 050	20	1 096	23
Medication prescribed by a third party	1 645	1 524	-8	1 483	-11
Care received at another GP or A&E	16	15	-9	17	1

Table 1. Practices in smaller towns compared to urban practices in the vicinity of a large hospital; Type 1 – cities with a large hospital, e.g. a university hospital; Type 2 – towns with hospitals offering limited care; Type 3 – rural practices. (1)

Map 1. Rural practices in the Czech Republic in 2014. (1)

Typology of municipalities for the purposes of categorization general health



Conclusion

The diversity of rural general practices in the Czech Republic has been proven. Working Group on Rural Practice of the Czech GP Society was founded in order to continue research, initiate or propose measures to improve the quality of rural, address health and well-being of the rural population, and the working conditions of the medical staff. Also aims to address the health and wellbeing needs of rural populations and the professional needs of those serving them.

(1) Bělobrádek Jan. Rozdíly v chování praxí dle počtu pacientů a lokace, Medical Tribune 2/2016



During the Prague conference EURIPA presented the initial findings from its project on chronic disease in a workshop. One of the participants shared her experiences of what is currently happening in Portugal:

The importance of a good partnership

Rita João MD, 4th year internship of Family Medicine, USF Corgo, Portugal

Primary health care is the foundation of the Portuguese health system. The Primary Health Care reform that began in 2005 led to establishment of the innovative Family Health Units, aimed at encouraging more multidisciplinary teams, achieving greater coordination between providers and to ensure that high quality care can be provided to the whole Portuguese population. Portugal has committed significant efforts to shift from a system that over-relies on the hospital sector to one that allows that primary care takes lead in preventing and managing chronic diseases.

As a 4th year resident in Family Medicine, in the city of Vila Real, the interior of the north of Portugal, rural care was always an interesting area for me. The particularities that characterizes this kind of care makes it challenging on a daily basis.

Coordination of care has been promoted with the establishment of integrated disease management programs for major chronic diseases including diabetes, hypertension, obesity, and so many others. A good example is the management of diabetic foot. To do so, the care of the diabetic foot was divided by levels (level 1 to 3). Primary care (level 1) accesses the risk of

diabetic foot and educates the patient and family about prevention of diabetic foot (proper foot observation, hygiene counseling, specific footwear, removal of calluses, proper nail care and warming signs). We follow a national protocol that allows classification of the diabetic foot type: without complications, neuropathic and/or ischemic and ulcer risk stratification. Low risk diabetic foot is managed by primary care. Medium and high risk are referred to level 2 or 3, despite maintaining surveillance at level 1.

A good partnership is also strengthened by the promotion of forums between primary and secondary health care. The last forum I took part, both in the organization as in the presentation of a clinical case, was about oral anticoagulation in arterial fibrillation and peripheral thrombosis. The aim was to review the guidelines, discuss the best way to manage before referral and when to referral to the department of cardiology and vascular surgery. It

was very interesting because we all could share our difficulties. For example, there are few Family doctors who do not feel comfortable prescribing and managing the new oral anticoagulants. In this session cardiologists and vascular surgeons shared their experience and difficulties in managing the high number of referrals. The residents in Family Medicine play a central role in this situation giving that they have been promoting sessions in their Family health Units to promote correct management of arterial fibrillation in Primary Health Care.

Additionally, Portugal has seen real progress delivering more coordinated care with the National Network of Integrated Continuous Care (RNCCI – *Rede Nacional de Cuidados Continuados Integrados*). It consists of a set of public or private institutions that provide (or will provide) health care and social support to people in a situation of dependency. The goal is to help the person recover or maintain their autonomy and maximize their quality of life. The RNCCI includes inpatient units (convalescence, medium duration, long-term and palliative care), outpatient units, in-hospital support teams in palliative care and community teams and integrated continuing care teams. I work part-time in an inpatient unit of continuing care for medium duration and rehabilitation. This unit is intended for patients whose care cannot be ensured at home, with predictability of functional gains up to 90 days. This type of unit ensures daily medical care, permanent nursing care, physiotherapy and occupational therapy care, prescription and administration of drugs, psychological support, hygiene, comfort and food, leisure and recreation and functional rehabilitation. We mainly admit patients coming from orthopedics and neurology for rehabilitation after, for example, hip fracture or stroke.

The implementation of these and more initiative across the Portuguese health system has not been uniformly successful with significant variation in medical practice across regions. Further structural reform to where and how care is delivered is crucial with an emphasis on shifting care from hospital into less-expensive community setting.

Despite the fantastic road we made, more efforts are needed to ensure a truly holistic approach to guarantee the best care possible.

News from other WONCA Europe Networks

The European General Practice Research Network (EGPRN) launched officially the **International Web-based Course on Research in Primary Health Care at the WONCA Europe Conference in Prague on Thursday the 29 of June 2017.**

The course is suitable for European family physicians and general practitioners and other healthcare related professionals interested in research.

The objectives of the course are:

1. To help participants to formulate ideas that can be tested in a scientific manner.
2. To give participants a basic understanding of epidemiological methods and biostatistics.
3. To give practical experience of development of study protocols and applications for research funding.
4. To give practical experience of use of computers for database manipulation, use of spreadsheets and statistical analysis.

Description of the Course

The course and website language interface is English.

- The course contains 25 modules of teaching and practical final step in which the participants are requested to present their own project of research.
- Each web-based module consists of a 15-25 minutes didactic lecture, links to complementary materials in video and a short post module examination.
- There are 3 different options to present the final project:
 1. At an EGPRN conference;
 2. At a WONCA conference;
 3. In their own countries.

Certificate of participation

- Certificate of participation and graduation and CME credits will be given by the EGPRN to participants that fulfil all web based modules and participated in the final practical half a day workshop as a final step of the course.

The course could be particularly useful for rural doctors interested in carrying out research especially those involved in rural primary care research networks. It could also be a useful refresher course for senior colleagues who have already attended this kind of course in the past.

For registration and more information:

<http://www.egprn.org/page/courses>

Faculty

Ferdinando Petrazzuoli MD, MSc

Chair of the EGPRN Educational Committee.

Department of Clinical Sciences in Malmö, Centre for Primary Health Care Research, Lund University, Malmö, Sweden.

SNAMID (National Society of Medical Education in General Practice). Caserta, Italy



Shlomo Vinker MD, MHA,

EGPRN Educational Committee. Professor and Vice Dean, Department of Family Medicine, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel. Chair of Israel Association of Family Physicians, Israel



Mehmet Ungan MD

EGPRN Chair. Professor of Family Medicine. Ankara University School of Medicine, Department of Family Medicine. Ankara, Turkey



Launch of the European GP research network Fellowship programme

Michael Harris, EGPRN Educational Committee

The European GP Research Network (EGPRN) is now offering Fellowship mentoring to young EGPRN members.

What is the EGPRN Fellowship?

The Fellowship is for primary care researchers who are early in their research careers, and who would like to be mentoring during a Skype-based practical course on research skills.

During the course, three EGPRN Fellows from different countries work with an experienced primary care researcher, who acts as both teacher and mentor.

What happens during the Fellowship?

Over six months there is a series of six one-hour Skype seminars: the three EGPRN Fellows plus the mentor. Fellows have a small amount of 'homework' to do between the seminars.

During the Fellowship, the Fellows are supported to design a simple research protocol. The teaching and seminars are based on their needs in relation to that.

Who can apply for the EGPRN Fellowship?

Fellows need to be EGPRN members who have made an oral or a poster presentation at an EGPRN meeting in the last year. Their English language skills need to be good enough to cope with Skype calls. There is no cost to the Fellows.

What happens in the seminars?

Month 1 example:

Discussion: introductions and research interests.

Seminar: how to design a research question.

Homework task: design a research question that interests you.

Month 2 example:

Discussion: present and critique the research questions; choose one of the three questions as a joint project.

Seminar: how to do a literature review.

Homework task: do background reading for the research question.

What happens afterwards?

The EGPRN Fellows are expected to present their research protocol at the next EGPRN meeting. After that, they have continuing support from their mentor while they complete their research study.

Where can I find out more?

Further information and contact details are available at <http://www.egprn.org/page/fellowship>



Michael Harris

My Practice

In this edition of the *Grapevine* we focus on a practice in Bulgaria, written by EURIPA's new representative on the International Advisory Board, Hristo Dipchikov

I am not entirely sure the practice I work in fits in the definition of "rural practice", but I am sure it is pretty unusual. The practice is located in the suburban parts of Plovdiv, the second largest city in Bulgaria. The thing that differs us from other local family medicine colleagues is that we work mostly with people from the largest ethnic minority in Bulgaria. Usually there are some negatives towards them, caused of the fact that they don't speak our language, live in ghettos outside the law, they are short-tempered, sometimes show dangerous behaviour, and the long and hard ways to gain their trust and respect. Gladly I am used with the situations in the suburbans, because I am third generation in my family working in that practice, now a resident in Family Medicine Department in Medical University Plovdiv. Since first grade I studied and lived amongst the minority and found that there is a way to teach them to behave and be a normal part of the society. The process took a lot of years but now the good sides are clear – higher vaccination rate, regular prophylactic exams, healthier newborns, good care of chronic illness and no more 'hiding' from the doctor. I cannot hide that there is still ethnic pressure, but it should not stop the good and precise healthcare. Sadly the politics of the health services are suppressing the doctors work, covering us with tons of sometimes useless administrative tasks, that drives us away of the real medicine.

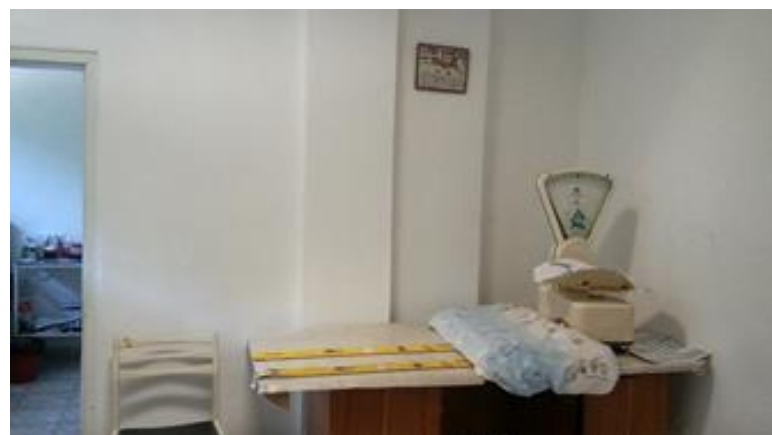
Being in the suburbans gives us the freedom of doing a lot more than what is expected from a GP in Bulgaria. Being away from a laboratory, with no close emergency center, leaves us like in the old ways – correct and full medical examination, outpatient treatment, mental help and support. Doing the best we can with what we got. This place us in the spot where family medicine must be – a barrier between home and hospital treatment. This way we take a heavy burden off the hospital teams shoulders, sending there only cases that cannot be treated in the outpatient. Sadly this is not the way the other part of the system works. Restrictions and limiting from the Health Insurance Fund make our task difficult, usually transforming the GPs work into some kind of administrative institution with no actual activities. Being slightly off the grid makes my job more interesting, and a bit self-dependent. We take responsibility to appoint acute or chronic treatment, follow the disease development and watch it fade or exacerbate. GPs have the great opportunity to see and examine diseases from start to finish, which is unusual for hospital physicians, who see only a part of the disease development.

Our collective is of four members – three physicians and one nurse. The tutor in charge is my mother. She is a GP from 17 years, and pediatrician for 20. "A strong back that we can rely on". The other physician is my older sister, GP trainee working in the same practice. And last, but not least is our Nurse, with capital 'N', because she has the longest internship, and memorized all of our patients names, addresses and PINs.

Her unique memory and experience are most valuable for us and for our patients of course. The practice itself takes care of around 3000 patients, half of them without health insurance, making them useless in the eyes of politicians, left without proper treatment or normal healthcare. A few physicians take care of these people, and I am proud to be part of one of those practices. We mainly work with children. Working with children has only pros – it is a great responsibility but it is worth taking the risk.

The actual outpatient facility is in an old soviet building that served as a child counseling in soviet time. Being controlled by the municipality it is now in corrupted hands, that will not take care of it, sadly leaving it to rot, without giving us the permission to modernize it. We have three offices that are available for our usage. The biggest room is our main office, where we examine the patients, where all the paper work is done etc. The next room is used as a child and women counseling. And the last room is where most of the outpatient manipulations are done. The interior is nothing special, actually old and worn-out, but it is friendly and full of living plants, that cheer patients up. There are lots of things to innovate in the office but it serves its purpose right.

In conclusion, our rural practice is not remote by distance, but remote by human's differences. It is not modern or high-tech facility, but it is enough. We have scarce materials, but always there if we need some. We work tiring hours for low wages but it is worth it! Helping our patients is our sole purpose and we will do it until we can!



Reports from EURIPA members



For the fourth time and third time under the patronage of EURIPA - Opole Medical School (Poland) held the International Conference of Medical Science Pulse "Young Scientists- from Master of Science to Associate Professor".

The purpose of the 4th International Conference was to provide practical guidance on preparing and writing scientific articles, preparing for the evaluation of a scientific career, building an academic portfolio, networking and information flow among the national and international academic world, as well as managing scientific communication. The conference mainly focused on the academic environment, with special emphasis on students and young researchers, publishers of scientific journals, librarians, law and business representatives and all those interested in the international exchange of scientific experiences. Along with lectures delivered by well-known speakers from, among others, USA, Greece and Belarus, participants were also offered to join in on the experts' panel session, discussions and debates, as well as workshops and trainings led by specialists in the field.

During the conference, participants found out more about:

- consolidation of good practices in the field of science,
- exchange of international experiences in scientific communication,
- preparation of scientific articles and evaluation of a scientific career,
- collaboration between academia, business and government.

On the first day of the conference the lectures were led by: Prof. Christos Lionis (University of Crete, Greece), Prof. Christos Lionis Jerzy W. Rozenblit (University of Arizona, USA), Prof. Elizabeth Lefler (University of Northern Iowa, USA) and Dr Theodoros Vasilopoulos (University of Crete, Greece). After the coffee break, a debate on support for young researchers took place, how to strengthen cooperation by motivating them. One slide presentations of PhD students was presented and discussed with experts invited to the debate.

The second part of the conference consisted of workshops on the topics of: Research project and publication - step by step, topic of scientific project and publication in biomedical sciences, how to construct a good tool for survey research, how to conduct discussion in prepared work, to discuss it. The workshops were run by esteemed habilitated doctors of health sciences Anna Grzywacz and Bożena Mroczek from Pomeranian Medical University in Szczecin.

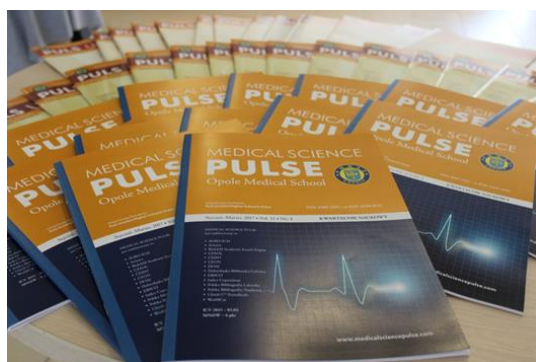
After the debate, students organized a tour of Opole for guests to view the city and get acquainted with its cultural and historical heritage. Guests have the opportunity to see the State Philharmonic of Joseph Elsner in Opole, the Polish Song Museum in Opole, the Piast Tower, the Amphitheatre and Holy Cross Cathedral. In the evening there was a dinner attended by invited guests and university staff involved in the organization of the conference.

The second day of the conference also began with lectures. They were conducted by Weronika Wasilewski (Northwestern University, USA), Dr Andrzej Szpakow (Gdansk State University, Kupka, Belarus), Dr Lucyna Słupska (Opole Medical School, Poland) and Dr Klementyna Karlińska-Batres (Clarivate Analytics – formerly: Thomson Reuters).

After the lectures there were trainings on a statistical analysis within scientific papers and developing the results of quantitative research. The workshops were conducted by Dr Dominik Marciniak (Wroclaw, Poland), Dr Kuba Ptaszkowski (Wroclaw, Poland), Dr Arkadiusz Liber (Wroclaw, Poland), Paweł Iwankowski (Gdansk, Poland), Dr Dorota Kilańska (Lodz, Poland) and Dr Hanna Grabowska (Gdansk, Poland).

Thank you for coming to Opole in 2017 and please stay tuned for the 5th conference of Medical Science Pulse in 2018 held in Opole Medical School (22nd-23rd May 2018)!

*Kinga Jarosz, Marta Gawlik, Bożena Ratajczak-Olszewska, Donata Kurpas
Opole Medical School, Poland*



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:

'Is remote health different to rural health?'

Interviews and questionnaires were used to identify the differences between Rural Health and Remote Health and produce a detailed and rigorous description of Remote Health. This work will assist policymakers, health planners, teachers and researchers to develop an appropriate workforce, models of service delivery and policy that are relevant, appropriate and effective and ensure a more equitable distribution of resources and health outcomes across the entire continent.

Author(s) : Wakerman J, Bourke L, Humphreys JS, Taylor J.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=3832>

'Correlations between community size and student perceptions of value'

Medical student professional development has been linked to their participation in patient care. This study found a relationship between community size and the extent to which students felt valued and the likelihood of them participating in patient care. Perceptions of value and the likelihood of participation decreased as community size increased.

Author(s) : Anderson SM, Simanton E.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=4246>

'A rapid post-disaster surveillance model enabling outbreak detection and healthcare response following earthquakes on Kefalonia island, Greece, February–May 2014'

Author(s) : Silvestros C, Mellou K, Williams C, Triantafyllou E, Rigakos G, Papoutsidou E, Tsekou K, Likiardopoulos S, Pantelios G, Kouris G, Christodoulakis G, Georgakopoulou T, Velonakis E, Hadjichristodoulou C, Tselentis Y.

<http://www.rrh.org.au/articles/showarticleeuro.asp?ArticleID=3744>

The European Journal of General Practice

The European Journal of General Practice (EJGP) is the official journal of WONCA Europe, the European Society of General Practice/Family Medicine. Since the 1st January 2017 the EJGP is an Open Access, international, peer-reviewed scientific journal, publishing high-quality, original research. The journal was established in 1995 and is published online (four issues/year) and in print (end-of-year book).

You can find the journal at: <http://www.tandfonline.com/toc/igen20/current>

The Editor, Jelle Stoffers, invites you to submit articles, and read the published articles.

A recently published article may be of interest:

Factors associated with professional satisfaction in primary care: Results from EUprimecare project

<http://www.tandfonline.com/doi/full/10.1080/13814788.2017.1305350>

To submit an article there are instructions at:

<http://www.tandfonline.com/action/authorSubmission?journalCode=igen20&page=instructions>

In the current edition you will find:

Cognitive screening tools for primary care settings: examining the ‘Test Your Memory’ and ‘General Practitioner assessment of Cognition’ tools in a rural aging population in Greece

Authors: Eliza Iatraki, Panagiotis G. Simos, Antonios Bertias, George Duijker, Ioannis Zaganas, Chariklia Tziraki, Alexandros N. Vgontzas, Christos Lionis & on behalf of the THALIS Primary Health Care Research Team/Network

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

Telemonitoring in-home complex chronic patients from primary care in routine clinical practice: Impact on healthcare resources use

Iñaki Martín-Lesende, Estibalitz Orruño, Maider Mateos, Elizabete Recalde, José Asua, Eva Reviriego & Juan Carlos Bayón

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

Forthcoming Events

Below is a selection of events for 2017-18 that may be of interest to EURIPA members.

26th Janko Kersnik International EURACT Bled course

12th – 16th September 2017, Bled, Slovenia

www.bled-course.org/lang/

28th Rural Primary Care conference – Montgomeryshire Medical Society

20th – 22nd September 2017, Gregynog, Mid Wales, UK

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

And more.....

2nd International Congress on Controversies in Primary and Outpatient Care

October 6th – 8th 2017, Zagreb, Croatia

<http://www.comtecmed.com/copoc/2017/>

2nd Spanish rural health conference

21st October 2017, Zaragoza

<https://www.semfyec.es/agenda/2-jornadas-medicina-rural/>

7th EURIPA Rural Health Forum

Rural Renaissance

2nd – 4th November 2017, Panormos, Crete

More information can be found at: www.euripaforum2017.eu

5th Vasco da Gama Movement Forum

26th – 27th January 2018, Porto, Portugal

More information is available at: <http://vdgm.woncaeurope.org/5vdgmf/welcome>

12th Congrès de la médecine générale 2018

English sessions during the whole conference; the theme of the English sessions is: "re-discovering general practice"

April 5 -7 Avril 2018, Palais des congrès Paris, France

For more information: contact echarrier@overcome.fr

15th World Rural Health Conference 2018

27 – 29th April, New Delhi, India

More information at: www.wrhc2018.com

WONCA Europe conference 2018

Quality Efficiency Equity

24 – 27th May 2018, Krakow, Poland

More information at: www.woncaeurope2018.com

1st European conference on Telehealth for chronic conditions in clinical practice

15th – 16th June 2018, Alicante, Spain

www.semfyec.es/telehealth2018

WONCA World conference 2018

Primary Care in the Future: Professional Excellence

17 – 21st October 2018, Seoul

More information at www.wonca2018

WONCA Europe Conference 2019

The Human Side of Medicine

26- 29th June 2019, Bratislava, Slovak Republic

More information: www.woncaeurope2019.org

Future Contributions to *Grapevine*

The next issue of the *Grapevine* will be Autumn 2017 in advance of the 7th EURIPA Rural Health Forum and EURIPA's annual general meeting which will take place in Crete during the Forum. Contributions are welcome at any time. 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.