



# The Grapevine

## Summer 2018

Hello EURIPA

It is that time of year again and with the best weather we have had for many years so I hope if you have been on holiday you have had an excellent time and, if you are yet to go, away happy holidays! It's been hot and sunny even in Wales, which is renowned for its rain.

This edition of the Grapevine has an update on the 8<sup>th</sup> EURIPA Rural Health Forum, which takes place in Israel from November 14<sup>th</sup> – 16<sup>th</sup>. And, don't forget the early bird registration which closes on 31<sup>st</sup> August! You can find out more about the new EURIPA membership scheme and 'My Practice' is from our new member in Kazakhstan.

Happy reading.

*Jane Randall-Smith*

Executive Secretary EURIPA



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**Maale Hachamisha, Israel  
November 14<sup>th</sup> – 16<sup>th</sup> 2018**

Planning continues for the 2018 EURIPA Rural Health Forum. The important dates that you need to note are:

- **31<sup>st</sup> August** – deadline for early bird registrations
- **16<sup>th</sup> September** – deadline for submission of abstracts.

This means that you still have time to consider your abstract for the Forum. There is more information of the Forum web site:

[www.euripaforum2018.eu](http://www.euripaforum2018.eu)

The theme of this year's 8<sup>th</sup> EURIPA Rural Health Forum is

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

To help people think about their abstract the Organising Committee has identified 7 potential themes for the programme at the Forum:

1. Social Prescribing
2. Barriers to prescribing in rural primary care
3. Identifying frailty
4. Alternative medicine
5. Compliance
6. Point of care testing
7. Access - which could include availability of services

EURIPA hosted successful workshops in the WONCA Europe conference in Krakow and is planning to build on these in Israel, including two further workshops on Vaccinology and Social Prescribing. The EURIPA International Advisory Board is also in the process of planning its workshop under the theme of the conference.

Acceptance of abstracts is a competitive process and abstracts received will be reviewed by the Scientific Committee of the Forum. There is information on the web site to help you in your submission but if you require any additional information please get in touch with the Editor (of the Grapevine) who will forward you request to the appropriate person. The "Family Medicine & Primary Care Review" is happy to invite participants to submit an original paper from their presentations at the Forum, whether it is in a workshop or a poster.

Members of the EURIPA Scientific Board will all be involved in the reviewing process.

## News from EURIPA

### EURIPA Membership Scheme



The EURIPA Executive Committee is pleased to be able to tell you that the new membership scheme is now up and running and you can apply to join on-line through the web site at:

<http://www.euripa.woncaeurope.org/content/euripa-membership-scheme>

Individual membership fees range from 20 euro per year to 40 euro per year depending on whether or not you are a student or young doctor, from a low income country or fall into the full membership. Three-year membership also offers a lower annual fee.

Organisations are also able to become members of EURIPA. EURIPA is now able to participate in funded projects, as a result of its new legal status, and one benefit of organisational membership is the opportunity to be involved in EURIPA projects.

All EURIPA Members will receive an attractive certificate to confirm their membership.

And don't forget, that if you are a member of EURIPA, you are able to register for the Annual Rural Health Forum at a reduced fee. There is more detail available at:

<https://www.euripaforum2018.eu/page/registration>

The deadline for early bird registration for the Forum is 31<sup>st</sup> August 2018.

### Executive Committee

The Executive Committee continues to meet monthly and actively participates in WONCA Europe initiatives. Under the Executive Committee is the International Advisory Board (IAB) and the Scientific Board.

IAB members are actively writing for publication from the earlier workshops and are currently planning for the Forum in Israel. Members of the Scientific Board will be actively involved in the review of abstracts for the Forum.

## Delhi Declaration

Following the 15th World Rural Health Conference that took place in New Delhi in April 2018 EURIPA has endorsed the Delhi Declaration which was published after the conference.

This year marks the 40th anniversary of the Alma Ata Declaration. This was one of the most important statements on health in the 20th century. It came from an International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. The declaration defined health as

“a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.”

The Conference delegates took the opportunity to call on the international community to reaffirm the principles of the Declaration of Alma Ata. The Delhi Declaration confirms the commitment to working with the international community and identified the following six areas as priorities to achieve Health For All Rural People:

- Equity and access to care
- Rural Proofing of Policy
- Health system development
- Developing and educating a workforce fit for purpose
- Realigning the research
- People and Communities

You can find the complete text of the Delhi Declaration at:

<https://www.wonca.net/site/DefaultSite/filesystem/documents/Groups/Rural%20Practice/18%20Delhi%20Dec.pdf>

In Europe it has already been translated into French, Spanish, Catalan and Portuguese. If you are interested in translating it into your own language please get in touch with the Editor of the Grapevine (see back page).

On 25-26 October 2018, in Astana, Kazakhstan, the Global Conference on Primary Health Care will take place. Its purpose is to renew a commitment to primary health care to achieve universal health coverage and the Sustainable Development Goals. It will be really important that the new document is ‘rural proofed’ and the principles of the Delhi Declaration are taken into account. The Conference is co-hosted by the Government of Kazakhstan, WHO and UNICEF. The original conference in 1978 took place in Almaty, Kazakhstan.

You can find out more about the 2108 conference and how to register at:

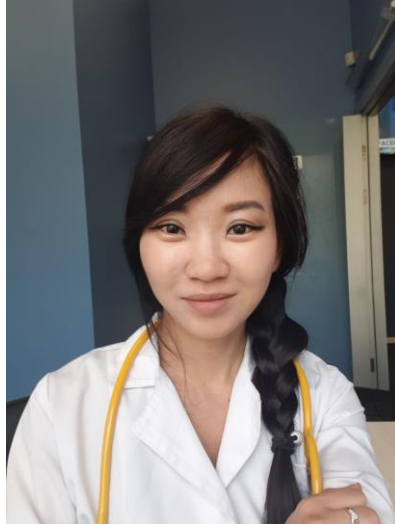
<http://www.who.int/primary-health/conference-phc>

On the following pages you can read “My Practice”, which comes from our new IAB member in Kazkhastan.

## My Practice

'My practice' is from our new IAB member from Kazakhstan:

Hi, my name is Yelena Khegay, I'm a family medicine trainer and physician from Kazakhstan.



Today I would like to tell you more about the features of primary care in my home country.

Kazakhstani Healthcare system traces back to Soviet times, and still has some of its aspects. Until 2015 state primary care facilities in Kazakhstan were divided into 3 main types: antenatal and female health clinics, and separate polyclinics for children and adults. So, it was common that members of one family could be enrolled to the different PHC facilities, and there was no continuity of care.

Generally, all primary care facilities in Kazakhstan are divided into public and private organizations.

In 2010-2015 there was another health care reform in Kazakhstan, due to which all public PHC facilities were transformed for mixed visits (common for children, adults and pregnant women). It's different for private clinics, where GPs see patients for charge. They can still have separate pediatricians and adult physicians in their structure.

Another form of primary care delivery is a State-Private Partnership, where private clinics win money from the government, and then serve enrolled population similar to public facilities (where people pay little or no money for medical services).

According to the local recommendations, 1 "public" GP should see about 2000 of population, but due to the lack of primary care doctors in public facilities, in some areas GPs serve up to 9000 of population per person.

Apart from GPs, in PHC facilities there exist "narrow" primary care specialists (neurologists, cardiologists, surgeons, gastroenterologists, pulmonologists, X-ray specialists, hematologists, etc). Patients can see narrow specialists even without GP's referral, which also disturbs the continuity of care. So, we can say that primary care in Kazakhstan is fragmented.

The main primary care challenges are more or less similar throughout the country, like lack of medical personnel, fragmented and overspecialized care, lack of evidence-based practice, strong resistance from the population, and their mistrust to general practitioners, etc.

But apart from that rural areas face additional populational issues, such as higher levels of suicide and teenage pregnancies, higher rates of vaccine refusals due to both religious beliefs and inadequate health literacy, lower compliance to family planning, etc. In addition, there's a deficit of drinking water, poor sanitation and electricity, weak or no internet connection in most rural areas across the country.

Most of organizational features in PHC facilities are also more or less the same in most of public polyclinics in Kazakhstan. They are as follows:

- 1) Lack of patient-centered approach
- 2) Overuse of procedures and manipulations (such as IV drops, shots), overprescription and overuse of antibiotics (which worsens by the fact that no doctor's prescription is needed to buy the antibiotic in a pharmacy).
- 3) Patients see too many specialists, which breaks the continuity of care, reduces patient's compliance to the treatment and lifestyle interventions, and worsens their outcomes.

As part of Kazakhstan Association of Family Physicians (KAFP), me and my colleagues are currently involved into many activities related to the strengthening and improving of primary care in Kazakhstan, both in city and rural areas.

Currently KAFP manages a social project in a rural area of Western Kazakhstan, "Qulsary Jaqsarty" (The Improvement of Qulsary"), funded by Private Company and supported by local healthcare authorities. It is designed to improve both structural organization of work and quality of health care services in rural area of Western Kazakhstan. A pilot organization, public PHC facility of Qulsary area, Zhylyoy rayon was chosen for project interventions.

This public PHC facility (polyclinic) is a part of Center Hospital of Zhylyoy rayon which was built in 2013, and serves 78 000 of enrolled population. It is located in Qulsary, a small town near Atyrau, Western Kazakhstan, and serves both town and rural inhabitants from the neighboring villages.

*Polyclinic of Zhylyoy rayon*



### *Qulsary. Camels*



Our efforts within the project framework are to improve both the working conditions for health care workers and the quality of care. Our pilot PHC facility is a typical Kazakhstani polyclinic, 1 physician has 3 nurses, and they serve their catchment area with 3000-4000 of enrolled population, but due to the high employee turnover, at some times, this number goes up to 9000 of population per 1 team.

The main organizational challenges within our pilot facility were as follows:

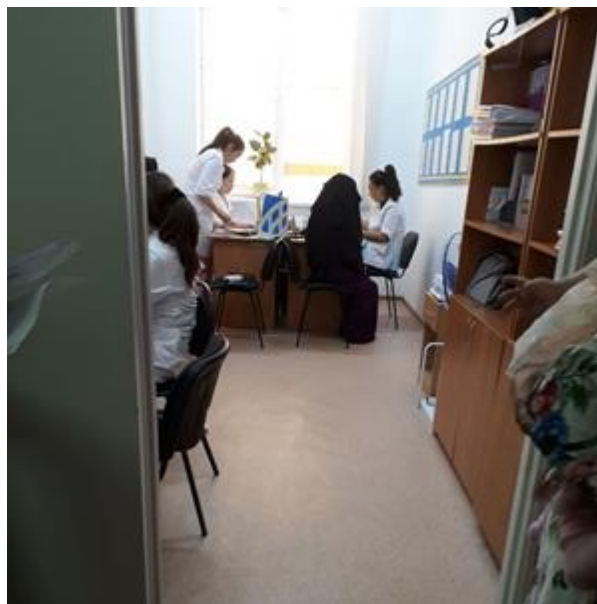
- 1) No isolated waiting areas for patients (they sit in the corridors next to the office rooms)
- 2) Each office room is shared between 4 teams from different catchment areas (2 teams work before noon, and 2 teams - afternoon), so at times office rooms are overcrowded with people - physicians, nurses and patients
- 3) Doctors and nurses have no place for performing paperwork after their office hours
- 4) There's a lot of work for doctors and nurses to be performed on the computer, but there's not enough computers (1 computer per 5-6 persons)

*Before project interventions. Corridors in the polyclinic are overcrowded with patients (left). Doctors share rooms with 3-4 nurses. Patients from the corridor look into the office room (right).*





*Lack of patient's privacy during their visits to the public PHC facilities is a common problem.  
Office rooms in Qulsary PHC facility before project interventions*



The main practical challenges for doctors and nurses are such:

- 1) Lack of teamwork skills between physician and nurses
- 2) Lack of evidence-based approach in daily practice
- 3) Lack of practical and theoretical knowledge due to the remoteness from the main educational facilities for health care workers

As a result of above mentioned challenges physicians and nurses reported high levels of emotional burnout, and patients were unsatisfied with the quality of medical care and lack of empathy from the healthcare workers.

According to the project plan, there were 2 pilot catchment areas chosen for interventions.

2 physicians and 10 nurses from the polyclinic were selected by its administration to take part in our project, so, they were divided into 2 teams. Our family medicine trainers and consultants provide continuous education for both of the teams. Moreover, with consent of administration, we have provided some organizational changes:

- organized 5 standardised "mixed" office rooms (where doctor can see children, adults and pregnant women)
- organised rooms for pre-doctor examination (so that nurses are now separated from doctors, and patient's privacy during their visits is not disturbed)
- organized the separate room for nurses, where each of them has her own working space
- provided each project participants (physicians and nurses) with laptops and blood pressure cuffs
- organized a separate staff room for physicians, where they can do their paperwork after their office hours have finished
- organized a waiting area for patients, so that they wouldn't disturb other patient's privacy during the visit



*Waiting area for the patients in front of the doctors' department with administrator at the desk*



*Corridors in doctors' department after the project interventions*



*KAFP's President Prof. Damilya Nugmanova presents project participants with laptops and BP cuffs*



*Staff room for doctors*



*KAFP trainer, PhD, Aliya Yegemberdiyeva (on the right) shares her experience with her colleague, d-r Kaliyeva Gulzipa*



*Doctor Kaliyeva Gulzipa in her office room (after the project interventions)*



In addition to it, we provide training activities for medical staff to help them improve their daily practice:

- we have organized and provided 2 week training on interpersonal skills improvement for medical staff
- we provide 1 month-long continuing medical education for staff (both theoretical and practical) and follow-ups - every 2 months
- we develop and update algorithms of diagnostics and treatment on most common and important conditions in primary care for doctors and nurses.

There is still much to do, and many project activities haven't started yet due to the project timeline, but even now project participants report higher motivation for work, better teamwork and practical skills, and less burnout. They also point that their self-esteem as doctors and nurses have improved. Patients from the pilot catchment areas also report better satisfaction with the quality of medical service in compare to those not taking part in the project.

Being a family doctor is not easy, but being a rural family doctor is even more challenging. I am happy to be a GP, and also a part of such wonderful team as KAFP, because this inspiring feeling, that we can make things better both for our colleagues and patients is my main reward, which helps me stay in medicine despite all difficulties.

– Report from the Swedish annual conference in Rural Medicine –

15.th to 17.th of May 2018 in beautiful Storuman, County Council of Västerbotten

This year's theme for the annual conference was  
"Recruitment, education and in-service training".

For the first time we had a whole afternoon dedicated for residents in rural medicine. The theme for this afternoon was "Being a rural resident". We also invited anaesthesiologist Karin Sedig, who told us about her years and various missions working at the base of the North Atlantic Treaty Organization (NATO) in Norway, flying with her team in the rescue helicopter Sea King. Nowadays she works in ambulance care in Stockholm. This was really exciting to listen to, and we all appreciated her talk on this subject!

After a nice dinner at the evening, at hotel and conference centre "Hotell Toppen" where most of the conference was held, the programme continued early in the next morning. After talks from Anna Nergårdh and Emma Spaak, who are both involved in an investigation concerning a restructure of the Swedish Healthcare system, an interesting discussion followed with the conference participants.

For the recruitment theme, amongst others about co-operation with the municipalities, there were several international visitors, from Canada, Norway, Iceland and Scotland, who presented local projects. The international visitors were also attending another conference in Storuman, that was arranged the same week, "Recruit and Retain, making it work".

At the University of Umeå, a pathway of rural medicine for the medical students will start this following autumn. Hopefully this will be a step forward for facilitating future recruitment of general practitioners to rural areas in Sweden.



Local famous ex-biathlete Björn Ferry named this road up the hill, with a beautiful view of the lakes in Storuman from the top

At “Storumans sjukstuga”, the health care centre in Storuman, hands on workshops were arranged day two and three, in POCUS (point of care ultrasound), distance care with tele medicine and new technical innovations, acute scenario- and CPR-training.

In the evening we had a nice dinner and swinging entertainment with a local band, where Mante Hedman, who is the scientific secretary in the Swedish Society of Rural Medicine, plays the keyboard. Mante, who works as a general practitioner in Storuman, was also the main local arranger of the conference.

The final day wrapped up with the annual meeting of the Swedish Society of Rural Medicine, a study visit at the Centre of Rural Medicine (“Glesbygdsmedicinskt centrum” or GMC) in Storuman, where many interesting scientific research projects were presented, and last but not least another round of workshops.

To sum up, the conference this year was well-attended, we had lots of interesting and fruitful discussions, talks and workshops. Already looking forward for next year!

Sofia Åhman  
Chairperson of the Swedish Society of Rural Medicine

## **News from WONCA Europe – Vasco da Gama**

### **New Liaison Officer for Vasco da Gama Movement**

We are pleased to announce that, following a competitive process, that Berit Hansen from Denmark has been nominated as the new Vasco da Gama Movement Liaison Officer to EURIPA. Berit has now been co-opted on to the EURIPA Executive Committee.

Berit has already actively participated in EURIPA Rural Health Forums and has demonstrated her interest in and commitment to rural practice, through her membership of the International Advisory Board.

We would like to thank everyone who participated in the process to nominate the Liaison officer for their interest in EURIPA

### **Carosino Award winner 2018**

This exchange award is made by the Vasco Da Gama movement in memory of Dr Claudio Carosino, an Italian rural GP and a EURIPA Executive Committee member from Italy, who was murdered by a patient. It is an award for the best Hippocrates exchange to an European rural practice. This year the award has been made to Pedro Tiago Pinto from Portugal.

Congratulations to Pedro from EURIPA.



## News from WONCA Europe – EURACT

### Family Medicine Education in the Real World: From Theory into Practice 21<sup>st</sup>-22<sup>nd</sup> September 2018



This conference is being jointly hosted by the Academic Department of Family Medicine of the Katholieke Universiteit, Leuven and the European Academy of Teachers in Family Medicine [EURACT] in the beautiful medieval city of Leuven.

The conference programme is currently being finalised and we are pleased to announce that there has been an excellent response to the call for abstracts.

We have three keynote speakers. Roger Damoiseaux from the Netherlands will explore how evidence based medicine is best learnt by trainees in the workplace. Meiling Denney from the UK will explore how to move from the theory of generic professional competencies into the practical aspects of training including assessment. Yonah Yaphe from currently working in Portugal will draw on his experience of teaching Family Medicine in three continents to identify those educational strategies that are most likely to provide learners with the skills to deal with real patients. There will be a plenary session exploring the contentious issue of the optimum length of GP training

The abstracts, which have been received from a wide range of European countries, explore many areas of common interest for education at all levels: undergraduate, specialty training and continuing professional development. There is a balance between practical workshops and research based abstracts.

Curriculum development is a theme of several submissions, which deal with it in general and for specific topics such as care of the elderly, equity and family violence. Maintaining the health of doctors through education will be explored using different approaches such as the provision of good quality training, the prevention of burnout, the optimisation of resilience and mindfulness training. Managing complexity features in several submissions, which explore this topic from the perspective of: teaching care of the elderly, supporting trainees to manage frail patients in practice and the use of virtual patients. The use of film in medical education will be explored.

Workshops will explore different approaches to leadership development in trainees and trainers. Working with other professionals will be considered in presentations on new approaches to inter-professional learning, encouraging learning between primary and secondary care trainees and integrating new professional groups such as a physician associate into the workforce. Continuing professional development will be considered looking at the use of small group work, on-line micro CME and the role of audit and feedback in improving care.

There will be a reminder of the difficulties faced by some countries within Europe with a presentation from the Ukraine on how to equip Family Doctors to deal with the consequences of conflict.

The above gives a brief summary of some of the abstracts, in addition there are many others which have not been included. In view of the numbers of abstracts we are pleased to announce that the conference has been extended to 16.00hrs on the Saturday. The conference fee remains unchanged. There will be a conference dinner on Friday 21<sup>st</sup> and a guided tour of Leuven at 16.30 on Saturday 22<sup>nd</sup> Septmeber.

Further information and registration details can be found here:

<https://kuleuvencongres.be/EURACT2018>

Dr. Jo Buchanan      Prof. JM Degryse  
*EURACT President    Chair of the conference*

EURIPA's International Advisory Board members, Donata Kurpas, Katerina Javorska, Beata Blahova and David Halata, and will be presenting a poster:

Educational ups and downs in rural primary health care settings  
- the voice of EURIPA IAB

If you are going to Leuven do go and see them!

#### Other News

##### **Primary Health Care Research and Development: EFPC Official Journal Converting to Open Access in January 2019**

We are excited to let you know that Cambridge University Press will convert its leading journal, Primary Health Care Research & Development also EFPC official journal, to Open Access from January 2019. All articles submitted after October 1st 2018 will be published under the Creative Commons Attribution License (CC-BY), which permits use, distribution, reproduction and adaptation in any medium, provided the original work is properly cited. This means that all articles in the journal will be freely available to view, download and share, ensuring that anyone can benefit from and build upon the work.

More info and FAQs: <http://www.euprimarycare.org/news/primary-health-care-research-and-development-efpc-official-journal-converting-open-access>

##### **Harkness Fellowships in Health Care Policy and Practice**

The Commonwealth Fund's Harkness Fellowships in Health Care Policy and Practice provide a unique opportunity for mid-career health services researchers and practitioners from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, and the United Kingdom to spend up to 12 months in the United States, conducting original research and working with leading U.S. health policy experts. You can read a Harkness Fellowships brochure and find a lot more information at

<https://www.commonwealthfund.org/fellowships/harkness-fellowships-health-care-policy-and-practice>

**Deadlines** for 2019–20 Harkness Fellowship Applications are:

September 4, 2018: Australia and New Zealand

**November 12, 2018:** Canada, **France, Germany, the Netherlands, Norway, and the United Kingdom**



## 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**. You can find it at:

<http://www.rrh.org.au/euro/defaultnew.aspof>

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. And, thank you to John Wynn-Jones (President of WWPRP) for circulating information on recent publications to EURIPA.

#### **What leads to the subjective perception of a ‘rural area’? A qualitative study with undergraduate students and postgraduate trainees in Germany to tailor strategies against physician’s shortage**

Authors: Lisa Wilhelm, Jost Steinhauser and Freya Ingendae

[https://www.rrh.org.au/journal/early\\_abstract/4694](https://www.rrh.org.au/journal/early_abstract/4694)

#### **Comparing ST-segment elevation myocardial infarction care between patients residing in central vs remote locations: a retrospective case series**

Authors: Kamona A, Cunningham S, Addison B, Rushworth GF, Call A, Bloe C, Innes A, Bond RR, Peace A, Leslie SJ.

[https://www.rrh.org.au/journal/early\\_abstract/4618](https://www.rrh.org.au/journal/early_abstract/4618)

#### **Paramedic and physician perspectives on the potential use of remotely supported prehospital ultrasound**

Authors: Marsh-Feiley G, Eadie L, Wilson P.

[https://www.rrh.org.au/journal/early\\_abstract/4574](https://www.rrh.org.au/journal/early_abstract/4574)

Other journals with papers of interest are:

The European Journal of General Practice

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

Family Medicine and Primary Care Review

[https://www.termedia.pl/Journal/Family\\_Medicine\\_amp\\_Primary\\_Care\\_Review-95](https://www.termedia.pl/Journal/Family_Medicine_amp_Primary_Care_Review-95)

The #EURIPA Rural Health Journal

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

## Forthcoming Events

Below is a selection of events for the rest of 2018 and then lookign forward that may be of interest to EURIPA members. Please send in your events for future editions of *Grapevine* so that we can make this section more comprehensive. Please send to the editor at [jane@montgomery-powys.co.uk](mailto:jane@montgomery-powys.co.uk)

Coming up in 2018:

### **EURACT Medical Education Conference**

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

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

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

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

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

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

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

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

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

### **RCGP annual primary care conference**

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

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

### **EGPRN meeting**

The role of the informal caregivers (family members) in chronic disease management

4<sup>th</sup> – 7<sup>th</sup> October 2018, Sarajevo, Bosnia Herzegovina

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

### **WONCA World conference 2018**

Primary Care in the Future: Professional Excellence

17 – 21st October 2018, Seoul

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

### **EUOPREV 2nd European Forum on Prevention and Primary Care**

“Medical Prevention- The Balance of Benefits and Harms”

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

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

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

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

14<sup>th</sup> – 16<sup>th</sup> November 2018, Israel

For more information: <https://www.euripaforum2018.eu/>

### **18<sup>th</sup> Congres National de CNGE College Academique**

21st – 23<sup>rd</sup> November, Tours Vinci, France

More information is at: <https://www.congrescnge.fr/>

**And more for 2019 .....**

**Universal health and Mental Health Coverage for All – Connecting people and sharing perspectives**

12 – 14<sup>th</sup> December 2018, Valletta, Malta

More information: <http://www.uhmhcongress2018.net/>

**RCGP Rural Forum conference - Keeping Rural Practice Relevant**

26<sup>th</sup> January 2019, Shrewsbury, Shropshire, England

More information will be available shortly.

**WONCA Europe Conference 2019**

**The Human Side of Medicine**

26- 29th June 2019, Bratislava, Slovak Republic

More information: [www.woncaeurope2019.org](http://www.woncaeurope2019.org)

**16<sup>th</sup> World Rural Health Conference**

11 – 15<sup>th</sup> October 2019, Albuquerque, New Mexico, USA

More information is at: <https://www.ruralhealthweb.org/wrhc>

**Future Contributions to *Grapevine***

The next issue of the *Grapevine* will be Autumn 2018 as a special edition with an update on this year's Rural Health Forum; contributions are welcome by early October for publication in mid October.

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

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

**Disclaimer:**

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