Isabel Caixeiro, President UEMO

UEMO: Lobbying letter from the Working Group on Specialist Training

Dear UEMO member

At the last UEMO meeting in Lisbon, it was agreed that national associations whose authorities already recognise family medicine as a specialty, would be provided with a document enumerating several arguments supporting the UEMO campaign for the recognition of the specialty at the European level, as any other specialty recognised under Directive 2005/36/EC. This paper aims to inspire the UEMO members to continue their national lobbying efforts towards the recognition of the specialty on the EU level. These same arguments may be of use to those who are still lobbying for the recognition of the speciality in their own countries.
In 2002, the UEMO voted unanimously to pursue the recognition of general practice/family medicine as a specialist discipline under European law, on equal footing with all other specialist disciplines. This means that general practice/family medicine should be included in Annex 5.1.3. of the Directive 2005/36/EC, and that it should be regulated by Articles 25–27, and at the same time keep all those provisions specific to GP/FM included in Articles 28–30.

The GP/FM specialty

WONCA Europe in 2002 developed a European-wide accepted definition of the discipline of GP/FM, the six competencies of the discipline and the core educational curriculum.
Nowadays a large number of European member states recognise general practice/family medicines as a specialty in their own systems.
Throughout the EU, the discipline has over the last 20–30 years developed its own academic, educational and research base, and university departments and academic chairs have been established in an increasing proportion of university medical schools.

Cost-effectiveness of having a strong primary care sector

There is a growing international literature which recognises that the ability of healthcare systems to deliver high-quality and cost-effective care is heavily dependent on the existence of a thriving primary care sector (Boerma WGW, Fleming, DM. The role of general practice in primary health care. The Stationery Office, 1998). In addition there is good evidence that the medically qualified general practitioner is an essential element in the best primary healthcare systems and of the contribution of primary care systems to health outcomes within countries (Macinko J. Starfield B. Shi L. Organization for Economic Cooperation and Development (OECD), 1970–1998. Health Services Research. 38(3):831–65, 2003 Jun.).
Delivering the core values of general practice and particularly the key role of the general practitioner in managing early and undifferentiated symptoms and managing diagnostic and prognostic uncertainty, is where the clinical generalist contributes most to patient care and to the health care system. This is the key role for which general practitioners are trained.
General Practice makes efficient use of healthcare resources through coordinating care, working with other health professionals in the primary care setting and by managing the interface with other specialties in taking an advocacy role for the patient when needed.

Enhancing quality of care and patient safety

Despite the provisions of Articles 28–30 of Directive 2005/36/EC, training standards within Europe vary. Ensuring delivery of minimum standards is clearly an issue whatever the legal regime determining those standards. However, as circumstances permit and conditions relating to the political and economic standards in individual countries and to developments in the discipline allow, it will be desirable to operate under a regime where changes in training requirements, driving up standards to the benefit of patients, can be achieved more easily.
This will be far more easily achieved following the inclusion of general practice as a specialist discipline, where the comittology procedure applies, rather than following the current specific regime for general practice which requires a change in the text of the Directive through the co-decision process, which implies more difficulty and delay.
It should be noted that changing to a regime which would permit easier alteration of training requirements would not, of itself, necessarily lead to any such change. Indeed, a number of European countries still operating under Article 28–30 of Directive 2005/36/EC have expressed concerns about the affordability of increasing duration of training. In any case, the Directive states that the practice – within the frame of the National System of Social Security – of many specialties listed in the Annex 5.1.3. is subject to a minimum training period of three years since January 1st, 2006.

Medical workforce

For the last years, the numer of physicians in the EU as a whole has decreased; this shortage is foreseen to continue in the near future. General practitioners / family doctors are not an exception.
Recruitment and retention problems, bad working conditions (huge workloads, overtime, on call duties, high administrative burden, poor sourcing), and perceived lack of status of general practice in relation to other specialties are some of the reasons underpinning this tendency[1].

Free movement

Over the last years an increasing majority of EU countries have introduced a specialty in family medicine. In some countries, however, only general practice is acknowledged, while in some others general practitioners co-exist with specialists in family medicine. This has led to a confusing situation which prevents a free movement of professionals, as stated upon the Directive 2005/36/EC.

Conclusion

Therefore the move to seek recognition of the speciality of general practice / family medicine under European Law has the following objectives:

- to improve the free movement of general practitioners / family physicians within Europe and secure that general practitioners moving to another country hold the same standards of qualifications as the general practitioners in the host country
- to enable, in the interests of patient safety, changes in the training provisions for general practice / family medicine to be achieved more easily and more quickly than is possible under the current Directive
- to enhance the position of general practitioners / family physicians as high status, highly skilled specialists
- to ensure the viability of primary medical care and the consequent benefits to patients and to the cost-effectiveness of healthcare systems and thereby enhance the status of the discipline across Europe
- to place general practice / family medicine on an equal status with all other specialist disciplines
- to help, in the European context, in securing contractual terms that adequately reflect that status

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[1] See UEMO 2005/073 Final «Policy statement on the future workforce of general practitioners»