



EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO
European Union of General Practitioners – UEMO
Europäische Vereinigung der Allgemeinärzte – UEMO
Union Européenne des Médecins Omnipraticiens – UEMO
Unione Europea dei Medici di Medicina Generale – UEMO
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Euroopan Yleislääkärjärjestö – UEMO
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UEMO 2001/114

NORWEGIAN REPLY TO UEMO 2001/113

UEMO Policy Statement

The Norwegian delegation would like to congratulate the working group with a useful and good paper.

We would, however, like to make two remarks.

In chapter 4. Employment, second paragraph, we strongly support the statement; "Selection procedures should be arranged to minimise the possibility of discrimination."

However, we are not sure that it is necessary to give one example in the paper of how this could be done, as there are many possible ways to achieve such a goal.

Anonymising by removing indications of gender and ethnicity from application forms and CVs before circulation, has the advantage of reducing the risk that a qualified applicant loses the chance of even being considered for the job in question, because of his or her gender or ethnicity.

However, it will nearly always have to be revealed before one is actually employed, for example through a personal interview. Most employers want to know more about the applicant's personal suitability for the job than what is revealed through the CV, for example to make sure that the applicant speaks the native language, a skill so crucial for the general practitioner. Anonymising is not always an easy task in practice, and impossible in a personal interview. It could even lead to more speculations about gender and ethnicity.

We are not sure how much there actually is to gain, in reducing the risk of discrimination, by such a procedure.

Concealing gender and ethnicity could also, by some, be taken to support the opinion that there are in fact reasons to hide this, other than to prevent discrimination.

We are not sure such a procedure will gain the fight against discrimination in the long run. In our opinion there must be several other, and probably better ways of doing so, creating a more positive attitude towards people with different gender and ethnicity.

We therefore recommend that the last part of the sentence, starting with "for example anonymising....." should be left out from the paper, but if there is a majority in favour of keeping it there, we do not oppose.

In the next paragraph in the same chapter, starting with "Attention is needed to some particular problem areas:", we strongly support the first sentence; "The need to maintain a balance between men and women in both specialist and generalist practice."

The rest of this paragraph does not bring new aspects to the issue, and may even be misunderstood to mean that the UEMO does not wellcome women as much as men in general practice. Even if the assumption that a predominantly female workforce will result in a falling status may be true in some countries or areas, it is not necessarily true everywhere, but may itself act as a self fulfilling prophecy.

There are several other good reasons, not mentioned in the paper, why it is important to keep the balance between men and women in both specialist and generalist practice.

We therefore suggest that the last sentence in this paragraph, is left out of the document.

RETURN TO WORK POLICIES

In Norway we have no specific "return to work pollicies or arrangements".

We have a recertification system where GPs have to recertificate every 5 year. However, you only have to work i general practice for all together one year in this period. This means that if you follow the necessary courses etc., wich you do have access to in the periode, it is possible to work part time, do research or whatever, and still maintane your skills and status as a specialist in general practice. We also have fonds financing research in general practice, and the courses necessary to maintan the GP skills.

These fonds are financed by the Government, and their size is set through annual negotiations between The Norwegian Medical Association and the Government.

Even if it has not yet been recogniced as a major problem in Norway, we still think it is very wise to developpe "return to work policies" in all European countries, and we heartly wellcome this UEMO initiative.

Good access to opportunities for flexible and limited part time working accompanied by participation in CME/CPD is very important in this aspect, although other elements, as pointed out in the paper, clearly also is needed.

Norway 09.09.01

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