



EUROPEAN UNION OF GENERAL PRACTITIONERS

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Europäische Vereinigung der Allgemeinärzte – UEMO
Union Européenne des Médecins Omnipraticiens – UEMO
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Proposal from the Presidency and Vice-presidents for a long term solution for the UEMO finances and future

The European Medical Organisations -Time for a Rethink?

Purpose

The purpose of this paper for the UEMO General Assembly in Cavtat is:

- To highlight the growing difficulties faced by the individual European medical organisations
- To suggest that the current structures may not be sustainable
- To suggest that alternatives might be possible
- To seek the approval of the General Assembly of UEMO for a dialogue with sister organisations on this issue

Background

It is becoming increasingly clear that the principle European medical organisations are facing similar difficulties at the present time. Increasing costs are placing financial pressure on all national medical organisations, with perhaps particular difficulty for the large contributors to their budgets.

Where this results in some countries failing to meet their financial commitments to the organisations either the shortfall has to be redistributed among the remaining contributors or the budget has to be revised downwards with some curtailment of activity. Where a large contributor is in default the impact on all countries, but particularly the large contributors, is very significant. We risk seeing a vicious circle develop, with a domino effect which will see more and more countries deciding they cannot afford contributions to the European medical organisations, or that they longer represent sufficient value for money.

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c/o Swedish Medical Association, P.O. Box 5610, Villagatan 5, SE-114 86 Stockholm
Tel: +46 8 790 34 52, Fax 46 8 20 57 18, E-mail: info@uemo.org

It is surely unarguable that every absent member diminishes the voice of the representative bodies and this could conceivably reach the stage where there is no credible voice for the profession in Europe – a dangerous situation for the profession, but also for the health care systems and for patients.

The aspiration to include all the new EU member states in the European medical organisations is absolutely correct and indeed essential for their credibility of their claim to represent the entire profession in Europe. But this creates a new set of problems, particularly budgetary, as the inclusion of newer members will increase costs but the newer members themselves are currently unable to contribute in proportion to their populations and in all probability are likely to remain in that position for the foreseeable future.

The imperative of focussing on financial viability, leading to the difficult debates and decisions on, for example languages and interpretation mean that meetings, certainly of CPME and UEMO, are increasingly preoccupied with structural and procedural matters rather than the substantive matters relating to the place and role of medicine, doctors and their organisations in Europe. This gives a further twist to the spiral of decreasing value for money and increasing reluctance to contribute when NMOs are themselves having to look increasingly carefully at expenditure.

If this were to continue the prospect of holding the presidency of a European medical organisation could become a very unattractive poisoned chalice and candidate countries a rarity.

There seems to be a growing feeling that the present situation is not sustainable and that if current trends continue the organisations may be facing a terminal situation. It may therefore be time for a radical rethink and for the organisations to consider restructuring, indeed good governance should require this.

A way forward

One way forward would be to question the existence of separate autonomous bodies for all branches of the profession and to consider establishing one body to incorporate the function of CPME and of the associate organisations

The individual European medical organisations have understandably and vigorously guarded their independence in the past. Perhaps particularly from the perspective of general practice, the old dominance of specialist medicine over general practice leaves major anxieties about the risks of a relationship which is too close.

Nevertheless, the existence of separate organisations leads to duplication of work, dilutes the potential for really effective lobbying and, at least in theory, is more expensive than one organisation operating on behalf of all the profession in a satisfactory way.

There may well be better examples on which to draw, but as an example the BMA:

- Operates from one single headquarters premises, although it does have a number of regional offices and offices in all the countries of the UK
- Has a governing Council

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- Has, in effect, subcommittees representing the interests of GPs, specialists, doctors in training and public health doctors.
- These ‘craft’ committees retain a high degree of autonomy, but operate in a coordinated way through the BMA Council and the senior team of BMA executives and committee chairmen.
- Also has committees looking at arrange of issues affecting the whole profession, including ethics IT and publishing matters.

This paper certainly does not set out to suggest that the BMA has got everything right, but it does seem to offer a model worthy of consideration and adaptation to the European scene.

In terms of maintaining tradition, history and recognition it would be possible to restructure and yet retain much of the current nomenclature. For example the new organisation could be called the CPME, its general practice subcommittee UEMO, its specialist subcommittee UEMS and its subcommittee for doctors in training PWG etc.

It is questionable whether such a new organisation would need the current CPME subcommittees, certainly as presently constituted. The work could be done by the new structures, coordinated by the governing body.

The benefits of such a restructuring could include:

- One office
- Cost savings through efficiency and economies of scale
- Reduced duplication of activity and the work which results
- More effective intelligence on EU affairs
- Closer relationships between the profession, channelled through one organisation and key EU personnel
- The possibility of coordinated and more effective lobbying

The risks if it were not established and managed properly would include:

- An organisation which was insufficiently representative of the different elements of the profession in Europe, which therefore lost credibility of those elements and whose views were therefore disregarded

The pre-requisite for such a restructuring might include:

- Agreement from all the key European medical organisations that this was a practical way forward and that they would participate

- Establishment of structures and processes sufficiently representative, fair and robust to ensure that the voice of all sections of the profession in Europe was heard and no one section was suppressed by the power of any other.

Proposal

The UEMO presidency suggests to the General Assembly in Cavtat:

1. That a discussion with sister organisations about restructuring the European medical organisations is now required
2. Requests a mandate to engage in that discussion
3. Will report progress and developments to the next General Assembly
4. Undertakes to make no commitments without returning to a future General Assembly

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