



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
 Europese Huisartsen Vereniging - UEMO
 União Europeia de Médicos Generalistas – UEMO
 Uniao Europeia de Clinicos Gerais – UEMO
 Euroopan Yleislääkärijärjestö – UEMO
 Europeiska Allmänläkarorganisationen – UEMO



Document	UEMO 2006/09
Object	Key Bullet Points for General Practice in Europe
Author	Dr. Christina Fabian
Date of transmission	9 May 2006

THE KEY BULLET POINTS FOR GENERAL PRACTICE IN EUROPE .
 UEMO , EUROPEAN UNION OF GENERAL PRACTITIONERS.

2005 the UEMO asked every national delegate to formulate the three most important bullet points for general practice in their country. The 23 member countries recognized three main areas of importance for future general practice/family medicine:

RECRUITMENT

**THE ROLE OF THE GENERAL PRACTITIONER and
 INFORMATIONTECHNOLOGY IN HEALTH CARE**

RECRUITMENT

Many countries experience problems in recruiting general practitioners. There is a need for manpower planning in every country as well as at a European level, since many doctors are **RETIRING** depending on age.

To attract young doctors to become general practitioners we need to improve the **WORKING CONDITIONS** in many countries. Special regards must be considered when planning primary

health care in DEPRIVED/RURAL AREAS. The special needs must be recognized and the right of patients to equality in care must be considered.

Today the medical profession is more and more FEMINIZED. More young doctors want to work PART TIME. They want a normal family life in combination with their professional work. The possibility to live up to the aim and need of life long learning, with adequate time for CME/CPD must be guaranteed. An increasing number of doctors are interested in RESEARCH.

Primary health care opens up a broad field of research and the academic family medicine will further improve recruitment.

Most young doctors want to become specialists. Many countries in Europe already have a SPECIALTY IN FAMILY MEDICINE. The demands on primary health care have increased. More and more treatment can be performed outside hospitals and for Europe we need a competency based specialist training on equal footing to all other medical specialities.

There has to be a CAREER ladder in family medicine.

The WORKLOAD is heavy today in general practice. More and more chronic diseases are treated at the health centers. An INCREASING ADMINISTRATIVE burden make the workload even heavier.

The broad CONTENT of family medicine is one of the challenges and attractions of becoming a general practitioner. A mutual discussion between primary and secondary care is necessary, to define borders and guidelines to make it easier in the treatment of the patient.

In a more and more specialized care, there is a need for a generalist with a HOLISTIC VIEW on the patient. A doctor with a responsibility to take care of the multi-diseased patient with several potent medicines prescribed by different doctors. Special attention must be taken towards patients in nursing homes and in the care of patients with terminal diseases, where regular visits from doctors are necessary to guarantee a proper care. Today more and more patients die outside hospitals, and many patients choose to spend their last weeks- days in their own home if possible.

THE ROLE OF THE GENERAL PRACTITIONER.

Most general practitioners serve as NAVIGATORS to their patients.

In an ordinary primary care health center about 90 % of patients are taken care of at the health center. 10 % of patients are referred to other medical specialists outside or inside hospitals.

The trend in Europe today is to work in GROUP PRACTICES. Five to six general practitioners working together guarantees continuity to the patients, and improve the working conditions.

Another trend is to work in a TEAM. The general practitioner act as the leader of the team, and cooperate with a number of other health professionals.

In Europe the financing of health care looks different. In some countries general practitioners work PRIVATELY, in some they are PUBLICLY employed. The way of organising health care may differ, and there is no disadvantage of having different forms of organisational structure within the same country, as long as the content of primary health care is defined.

The content of primary health care may differ between the European countries, but it is the responsibility of every government to guarantee a high QUALITY of care and an EQUAL care to the patients. The REIMBURSEMENT to general practitioners must be adequately looked upon, and their different fields of work must be considered and financed.

In a changing health care structure with fewer hospital beds and more and more treatment being possible to be taken care of outside hospitals, the work load has increased on professionals working in the primary health care sector.

This change in the CHAIN OF HEALTH CARE and the increasing demands from patients to be treated as close to their homes as possible for the “ common “ diseases, must be considered when financing and planning health care.

In a European perspective we now have to look at health care not only at a NATIONAL aspect, but also at a EUROPEAN LEVEL.

Equality of care at a European level is important, and the need of having specialised family physicians all over Europe is a necessity to make the FREE MOVEMENT OF PATIENTS AND DOCTORS possible.

INFORMATION TECHNOLOGY IN HEALTH CARE

The meeting between the doctor and the patient is the entrance to the health care system .In general practice the contact often is during several years and is built on CONFIDENTIALITY. Also if the doctor and the patient have met several times the INTEGRITY is an important part of the contact.

Information is necessary and the responsibility of the doctor is to SECURE the information and guarantee SAFETY when using an information - technology system.

Informed CONSENT from the patient is a question of confidentiality.

Today more and more potent drugs are used, and the responsibility of the doctor to know all the medicines taken by the patient is obvious.

A MEDICINES LIST available for all doctors working in health care is wanted for safety reasons, and COMPATIBLE SYSTEMS must be looked for in health care.

We have a FAST TECHNOLOGICAL DEVELOPMENT, BUT A SLOW LEGAL AND ETHICAL DEVELOPMENT.

The legal and ethical aspects must be discussed and solved together with the technological progress to guarantee the confidentiality in the meeting between the doctor and the patient and to respect the integrity of the patient.