



EUROPEAN UNION OF GENERAL PRACTITIONERS
UNION EUROPÉENNE DES MÉDECINS OMNIPRATICIENS

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Standing Committee on Equal Opportunities
UEMO
Mobility of Doctors Questionnaire

1. Is there an official Register of doctors entitled to work as General Practitioners/Family Doctors (GP/FD) in your country?

Fin: The Central Register of Health Care Professionals

Ire: Yes. The general register of the Medical Council, and the Specialist Register of the Medical Council for General Practitioners

Neth: Yes, there is.

Bel: Yes

Nor: Yes

Esp: Yes General Council of Doctors

2. If so who does it? Please describe.

Fin: The register is maintained by the National Authority for Medicolegal Affairs to manage its supervisory duties. Entries in the Central Register of Health Care Professionals are stipulated in section 24 a of the Act on Health Care Professionals.

Ire: Both title III and title IV General Practitioners register with the Medical Council, an independent body, with a majority of elected doctors, with some appointees from Colleges, and ministerial representatives. The new Medical Practitioners Bill, due to become law next week is expected to change this to a lay majority, which many doctors feel gives too great an influence to government, and not enough to the profession.

Neth: The Register is the "Huisarts, Verpleeghuisarts en Arts voor verstandelijk gehandicapten Registratiecommissie (HVRC), one of the Specialization Committees of the Royal Dutch Medical Association (RDMA) maintained by the Royal Dutch Medical Association. The RDMA Regulation

is in accordance with the Dutch Law concerned (The BIG or The Individual Health Care Professions Act) and subsequently is approved by the Dutch Ministry of Health.

Bel: Health Ministry

Nor: The Central Health Authority.

Esp: The Health Ministry and the General Council of Doctors.

3. Is it possible to access this information?

Fin: Yes

Ire: Yes the General Register may be accessed online on a name or registration number basis but not the specialist registers. All doctors are entered on the general register

Neth: _The information is available via the website of the BIG-Register, maintained by the government of all recognised Health professionals within the framework of the Individual Health Care Professions Act.

Bel: No

Nor: Yes

Esp: Only some aspects, they are on a website (council) CGCOM.

4. Does your country recognise General Practice / Family Medicine as a speciality?

Fin: Yes

Ire: Yes.

Neth: Yes. in The Netherlands we have two kinds of doctors. We have physicians and medical specialists.

Bel: No

Nor: Yes.

Esp: Yes since 1978

5. If so, have they advised EU Authorities appropriately? Who did they inform?

Fin: Ministry of Education has informed EU Commission, GG Internal Market

Ire: ACMT

Neth: They are informed and advised by representatives of the Dutch Government.

Just recently it was done again during discussions on the annexes to Directive 2005/36 concerning the name of the Dutch Registration bodies. The EU people belonged to the DG Markt.

Member States keep the EU Authorities well informed about developments and the current relevant national health regulations. Re the recent discussions about the possible medical specialist-status for GP's and the opinions of some of the EU officials concerned such as Mrs. Pamela Brumter-Coret, on this subject one should be sure that the EU is well informed on this.

Bel: No

Nor: Norway is part of EEA I ref these regulations.)

Esp: Yes I suppose

6. What percentage and number of GP/FD are registered as Specialists in GP/FM?

Fin: Percentage: Approximately 65 % Number: 2600

Ire: Percentage: 30% Number:

Neth: Percentage: 100 % Number: 10.434 (12.12.2006)

These medical specialists have retained the Dutch title "Huisarts" (General Practitioner)

Bel: X

Nor: Percentage: ca50% Number 2000

Esp: Percentage: 40% Number 25000

7. What percentage and number of GP/FD are registered as General Practitioners / Family Doctors (Title IV)?

Fin: Percentage: Approximately 35 % Number: Approximately 1400

Ire: All title IV doctors are entitled to title III registration Percentage: 70%
Number: _____ The distinction between title III and title IV is redundant. All GPs have been trained as specialists for more than 10 years.

Neth: Percentage: 0 % Number: 0

Within the scope of the Directive 2005/36 however the Dutch GP is not

A medical specialist, a situation UEMO wants to see changed.

Bel: Percentage: 60% Number:9000

Nor: Percentage: 100% Number: 4000

Esp: Percentage: 60% Number 40000

8. What percentage and number of GP/FD are foreign EU and non EU GP/FD?

Fin: Foreign EU Percentage: N / A Number: N / A

Non EU Percentage: N / A Number: N / A

Ire : No reliable statistics exist for this question but there are very small numbers of foreign EU and non EU GPs. It must be said though that the numbers are growing.

Neth : Foreign EU Percentage: very few Number: _____

Non EU Percentage: even less than very few. Number: _____

Bel : ?

Nor : ?

Esp : We don't have this information.

9. Who is the GP/FM Training Body ? Who certifies completion of vocational training ?

Fin : Universities

Ire : Irish College of General Practitioners www.icgp.ie

Neth : In principle the GP/FM Training Body in the Dutch system is the the HVRC, the Dutch GP Registration Committee. The actual training is organised and done by the medical schools at the Dutch universities. The Dutch GP Registration Committee supervises these institutes and after completion of the training registers the GPs concerned.

Bel : University

Nor : Norwegian Medical Association.

Esp : University with Education Ministry.

10. Who provides continuous medical education ?

Fin : Professional and academic associations and societies, universities, employers

Ire : Irish College of General Practitioners www.icgp.ie through its faculty network, its own courses nationally, and by accrediting courses run by other bodies, clinical societies and pharmaceutical meetings.

Neth : Firstly the Dutch College of General Practitioners. It does offer accredited courses in connection with the so called Standards it publicises at a regular base. Secondly groups of GP's can organise them. Independent other organisations outside the GP Profession, such as the pharmaceutical industry also are allowed to offer CME courses.

CME courses organised according to the regulation of the Royal Dutch Medical Association (RDMA) by groups of GP's are accredited by regional Accreditation Officers.

Other organisers of CME courses have to request accreditation of their courses with the RDMA in order to get accredited the hours spent on them by GP's

Bel : profession equal university

Nor: The Norwegian Medical Association.

Esp:

11. Who provides competence assurance, is it mandatory ?

Fin : See 10. Not mandatory

Ire : Irish College of General Practitioners www.icgp.ie . Under new legislation it will be mandatory. It is voluntary at the moment and 90% of doctors are registered with the ICGP.

Neth : In principle in The Netherlands there strictly speaking does not exist a body that provides such assurance However there exists a system of reaccreditation of all medical specialists, including General Practitioners timebarred to periods of five years. For GPs reaccreditation is possible if the GP meets demands on working (as a GP 2 days in average during those five years) and on CME (a minimum amount of 200 accredited CME hours during that five year period).

Bel : none

Nor: Yes, The Norwegian Medical Association.

Esp:

12. Who is the licensing body in your country? Who gives recognition that a GP/FD is fit to practise?

Fin: National Authority for Medicolegal Affairs

Ire: The Medical Council www.medicalcouncil.ie

Neth: The only “licensing body” in the Netherlands we know is the GP Registration Committee of the Royal Dutch Medical Association. For an answer to the second question please be advised to read the answer to question number 11. As stated there, there is no body who oversees this.

Bel: Government

Nor: The Central Health Authority

Esp: The University with Education Ministry

13. Is this the same as the registering body?

Fin: Yes

Ire: Yes

Neth: Yes

Bel: Yes

Nor: Yes

Esp: No

14. Does it have a disciplinary role – if not, who does? For example, if a GP/FD becomes unfit to deliver adequate care, can this body suspend their ability to work?

Fin: In Finland, the complaints relating to health care are mostly dealt with by State Provincial Offices. The Ministry of Social Affairs and Health expects the supervision officials to follow the principles stated in the memorandum of the committee on the experiment on complaint transfer (1990), according to which complaints on treatment that has led to death or severe injury of the patient shall normally be dealt with by the National Authority for Medicolegal Affairs, whereas other complaints are dealt

with by State Provincial Offices. Authorities will transfer complaints to the appropriate institution in compliance with the agreed rules of procedure.

Ire: Yes. It can remove from the register, or attach conditions on working.

Neth: No, it does not.

The authority to suspend a GP to work as such in the Individual Health Care Professions Act is given to the medical disciplinary committees, who act on complaints from individual persons with sufficient personal interest and the Health Care Inspectorate.

Bel: Yes

Nor: Yes

Esp: The authorities and his delegation, regional authorities and General Council of Doctors.

15. Does it have a remedial role – if not, who does? For example, if a GP/FD is not reaching adequate standards, who will retrain him?

Fin: A doctor can be sent to universities for additional training (very seldom)

Ire: It can order remediation but remediation is carried out by the ICGP

Neth: The National Registration Committee does not have a remedial role. If a medical specialist has lost his/her registration (the license to practice as such) retraining is possible by one of the GP specialist training institutes at the university all under the supervision of the HVRC, the National GP Registration Body.

Bel: Government & CME

Nor:

Esp: The authorities too.

16. What are the criteria for registration in your country?

Fin: Temporary: Registration in another country outside EU / EEA

Full: For full registration, licence from a EU / EEA country. For title IV, specific training in general medical practise. For speciality, specialist diploma from another EU / EEA country.

Ire: Temporary: a recognised medical degree, a completed internship year,

Full: a recognised medical degree, a completed internship year for inscription on the General Register. Specialist Register satisfactory completion of training.

Neth: In The Netherlands we know only full registration after completion of the GP specialist training period. This registration is time barred to five years. After this reaccreditation every 5 years is possible. In the case of GPs this in short implies a minimum amount of working as a GP (2 days a week on average during five years) and a minimum amount of hours of yearly extra education (CME) (40 hours per year) per every 5 years.

Bel: Temporary: X

Full: 500 patients by year minimum, medical files,CME,watches

Nor: University degree in medicine, practical training, 18 months at the hospital and one year under full supervision.

Esp: When you have a title of doctors you want registered in your professional association.

17. Which countries GP/FM training do you recognise for registration?

Fin: EU / EEA

Ire: EU, Saskatchewan, Queensland, Australia, South Africa are automatically recognised. Wherever the Medical Council judges it prudent a doctor may be sent for evaluation by the ICGP and deficits in training can be remediated by a personal training course.

Neth: Firstly all the countries within the EU as a consequence of EU Directive 2005/36.

Secondly doctors from other countries after individual evaluation of their basic training and possible their specialist GP training

Bel: Europe=automatically_
non-european:=specific training

Nor: Automatically within EEA other evaluated case by case.

Esp:

18. Which countries GP/FM training do you not recognise for registration?

Fin: Other countries partly according to evaluation by the Finnish licensing body

Ire: Every doctor is entitled to present his credentials for evaluation by the Medical Council. The council will adjudicate on a case-by-case basis.

Neth: _In principle doctors and GPs coming from the non EU/EER -world are considered as candidates for registration. Bottom line there is a three year GP

training period comparable to the Dutch system plus an individual assessment and in principle a supervision period of six months.

Bel: see 17

Nor: none

Esp:

19. What are the barriers for foreign EU GP/FD working in your country?
- A. Can they freely open an office and work independently from the start?
 - B. Is there a mandatory period of supervision or training for foreign EU GP/FD working in your country?

Fin: Those aiming to work as a health care professional in Finland must submit an application to the National Authority for Medicolegal Affairs to obtain the right to practise a profession. The free-form application must indicate the title of the occupation one aims to practise. It is advisable to make the application in Finnish, Swedish or English. The application must include the following appendices: A copy of the passport or a corresponding document A degree certificate or a diploma with their appendices (list of courses, grades etc.) A certificate of a valid right to practise a profession in the home country within the EU A certificate of the compliance of training with EU directives

A. A licensed physician has the right to practise the profession of a general practitioner independently after completion of three years of additional training in primary health care.

Physicians who have been granted the right to independent practice of the profession in some EEA state before the year 1995 may be granted a corresponding right in Finland.

B. No

Ire: There are no barriers for EU citizens in law. At a practical level there may training.

A. Yes if they are registered by the Medical Council and the Council places training requirements on them.

B. Is there a mandatory period of supervision or training for foreign EU GP/FD working in your country?

No. every case is judged individually

Neth: There are no barriers other than the checqs in EU directive 2995/36. In

principle it not even is necessary to be able to speak and reads Dutch.

A. Yes. Of course just like all GPs in the Netherlands they will have to conclude contracts with all health insurers.

B. Is there a mandatory period of supervision or training for foreign EU GP/FD working in your country?

Yes (six months)

Bel: none except general rules see 16

A. yes B no once they are recognized

Nor: language

A. ref no. 16

B. ref no. 16

Esp: there aren't any barriers.

A. They have registered in Association Professions.

B. No

20. What are the barriers for foreign non-EU GP/FD working in your country?

Fin: By virtue of the Act and Decree mentioned above, the National Authority for Medicolegal Affairs has stipulated the conditions for getting permit to practise a profession as follows: Training leading to the qualification of a physician completed abroad Knowledge of the Finnish language Minimum of 6 months of practical training as a physician in a Finnish hospital or health center Examination (consisting of three parts)

Ire: Work permits, visas may be required. Certification of training etc may take time and retraining may be necessary.

Neth: First they must report to the authorities. Secondly there is an assessment. Next there will be a decision on the recognition (registration) as a doctor. This could include a period of supervision. Then the doctor concerned will be enrolled in the BIG Register of physicians. If the doctor concerned is a GP and wishes to be registered as a GP, his/her credentials then will be checked by the Dutch GP registration Committee. That will be done on an individual basis. Possibly there could be decided on a mandatory period of supervision or extra training. If all this is dealt with they are registered as a GP and are being enrolled into the GP Register. The person in question then is licensed to practice as a GP in The Netherlands and to start a practice as a GP.

Bel: specific training

Nor: They have to pass the case by evaluation and language.

Esp: Homologation the title of doctor.

A. Can they freely open an office and work independently from the start?

Fin: The right to independent practice of the occupation of a physician as a licensed health care professional is normally granted only for citizens of Finland or other EU states. A former citizen of a non-EEA state may be licensed to practise in the profession of a physician after he/she has received Finnish citizenship and completed the three-year service corresponding to additional training in primary health care with relating theoretical training as specified in part 4. As stipulated in section 13 of the Act on Health Care Professionals, a citizen of a non-EEA state may be granted the right to practise a profession as a licensed physician in compliance with orders by the Finnish Authority for Medicolegal Affairs. The prerequisite for discretionary licensing is, as stipulated by the Finnish Authority for Medicolegal Affairs, that a foreign physician has practised as a physician in Finland for at least five years after obtaining extensive permission.

Ire: Not until they are registered by the Medical Council but then they can open an office.

Neth: Not from the start, but only after the steps mentioned in the answer to question 20.

Bel: No

Nor: ref no. 16

Esp: No

B. Is there a mandatory period of supervision or training for foreign nonEU GP/FD working in your country?

Fin: Minimum of 6 months of practical training as a physician in a Finnish hospital or health center

Ire: Not unless there is a deficit in their training.

Neth: See the answer to question 20.

Bel: yes 3 years

Nor: ref no. 16

Esp: No

21. Please comment on any specific issues in your country, around GP/FD mobility.

Fin: In the Finnish legislation, specific training in general medical practice (Title IV) is in reality required from all doctors for full registration as an independent doctor. Therefore, lengthening from 2 to 3 years created internal problems and Finland wanted (and was able) to continue with the 2-year training. The Finnish Medical Association has for a long time demanded that this exceptional Finnish interpretation of the EU directive should be changed in our national legislation.

Ire: GPs are an aging population. The increasing feminisation of the profession is affecting expectations about work life balance. Single-handed practitioners are becoming rarer.

Neth: Relevant issue at the moment is cross border health care by patients and health professionals alike. Motive is the EU consultation on possible EU community action in this. Although cross border health care by professionals from other EU countries already is dealt with in EU Directive 2005/36, we in the Netherlands believe that from the viewpoint of General Practice there is some reason for concern. That is that no duty or obligation in EU law to respect the national health care system of the (temporary) host state. We believe this certain to be applicable in countries with gatekeeping systems. The Dutch National GP Association and the Dutch College of General Practitioners have asked the EU for attention to this aspect. Possibly this could be a subject for discussions in the UEMO.

The Dutch reaction to the consultation may be found on the following EU website:

http://ec.europa.eu/health/ph_overview/co_operation/mobility/results_open_consultation_en.htm1

Bel: subsidiarity in some parts of the country

Nor:

Esp: