



EUROPEAN UNION OF GENERAL PRACTITIONERS
UNION EUROPEENNE DES MEDECINS OMNIPRATICIENS



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Equal Opportunities Working Group
(April 2007, Lisbon)

Chair: Lynda Hamilton
Rapporteur: Charlotte May

The minutes of the last meeting were approved.

The WG discussed responses to the questionnaire on doctor mobility, which asked questions about registration, competence assurance/ re-accreditation and barriers to movement for doctors from other EU/EEA member states. 8 countries had submitted responses to the questionnaire – and three other countries submitted responses verbally in the group.

The Chair would like to invite other countries to complete the questionnaire so that a more comprehensive overview of patient mobility in the EU/EEA could be obtained.

A more detailed analysis of the questionnaire responses will follow, but the WG discussion focussed on the following:

Registration of GPs/family doctors: Systems vary from member state to member state. Professional registration and regulation (with varying degrees of lay involvement) exists in many countries (eg UK, Ireland, Portugal), in others the state registers and regulates doctors (eg Norway). In some cases (eg Italy, Spain) doctors are registered locally. The questionnaire shows that several countries have specific registers (compulsory or voluntary) for GPs (UK, Portugal), in others GPs were registered as specialists in general practice.

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Competence assurance/reaccreditation/revalidation: Some countries have compulsory re-accreditation (eg Norway – Ireland is running a pilot), voluntary, but recommended (Italy, Finland) and others provide financial incentives which encourage the vast majority of doctors to participate (eg Denmark). Some countries felt that the quality of CME programmes could be substantially improved. Luis Gomes (Portugal) felt that self-directed CPD demonstrated in an individual portfolio, rather than CME based on attending courses, might be a better approach. It was easy to put together programmes for CPD/CME, but less easy to assess the outcome of activities.

Language testing: exists in one form or another in many of the countries that responded to the questionnaire – generally required by employers or local health management authorities. The group was generally supportive of this.

Liam Lynch (Ireland) pointed out that in order for general practice to be recognised as a **specialty at European level**, individual countries (2/5 of member states) have to inform the European authorities that they recognise it as a specialty in the home country - so much work had to be done at national level by UEMO members. He also said it was important for doctors to remember the perspective of external players such as politicians and the public. Doctors needed to be able to demonstrate competence, and find ways of showing the public what they already do voluntarily in terms of CPD/CME.

Referring to the recent Commission consultation on patient mobility, the Chair suggested that competence assurance offered a means of guaranteeing/providing a European norm or standard of care. The WG does not intend to define the content of competence assurance programmes (the CPD WG may want to discuss this...), but to seek agreement that the principle is a good one, and facilitates doctor and patient mobility.