



EUROPEAN UNION OF GENERAL PRACTITIONERS
UNION EUROPEENNE DES MEDECINS OMNIPRATICIENS



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NEW PRESIDENCY TEAM

On January 1st, 2007, a Portuguese team took over the Presidency of the UEMO. The new team is led by President Dr. Isabel Caixeiro and composed of Dr. Luis Filipe Gomes as Secretary-General and Dr. Manuela Santos, Treasurer.

The transition occurred smoothly thanks to the support and efficiency of the previous Swedish Presidency team headed by Dr. Christina Fabian.

GOALS FOR THE NEXT FOUR YEARS (2007-2010)

The recognition of the specialty of General Practice / Family Medicine was established as the main goal to be worked in the near future.

According to the new Directive 2005/36/EC, which is to be transposed to national legislation by the end of 2007, a new specialty can be introduced in the annexes of the Directive if at least 2/5 of the member states (currently 27) demand for that.

It is important to be aware of the fact that in order for GP/FM to be included in the annexes, not only 2/5 of the member states should ask for it, but they should also agree on the minimum training period required.

UEMO – PRESIDENCY

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As for the establishment of minimum training periods, which is dealt with under the so-called “comitology procedure”. The comitology committees are composed of representatives of the Member States and are chaired by a Commission representative. According to the Directive 2005/35/EC, agreements under this Directive comitology committee require a qualified majority, which means: at least 255 votes, a majority of member states and more than 62% of the EU population.

Nevertheless, according to EU treaties and the subsidiarity principle, the Directive cannot enforce Member States to organise their healthcare systems.

Thus, several actions are to be taken and developed at national and European level, in order to lobbying the different involved authorities and achieve this objective. A full set of arguments was collected and translated into a official UEMO letter that was sent to all Delegations.

This letter intends to have two different results :

- a) to encourage member-states that still have not recognised the specialty to do it briefly
- b) to encourage member-states that have already moved to the recognition to influence the other member-states who have not done so as of yet.

Contacts were established with the Portuguese High-Commissioner for Health, Prof. Doutora Maria do Céu Machado, and we expect to take some advantage of the current Portuguese Presidency of the EU .

UEMO will also lobby through the common working group of CPME and AOs on the Directive and close cooperation with other Medical Organisations.

UEMO AS A LEGAL BODY UNDER THE BELGIUM LAW

Statutes and Internal Rules are currently under revision in order to incorporate the Organisation as a Legal Body under Belgian law. At the last General Assembly, we agreed that UEMO should be ran accordingly to two responsibility levels – The General Assembly and the Board, which will include the Vice-Presidents, the Treasurer, Secretary General and the President. Our intention is to reach a wording that will allow UEMO to work at full speed on the years to come and to prevent losing time in similar debates within the next years.

UEMO' WORKING GROUPS

At the Lisbon meeting which was held on April 20 & 21, 2007, six working groups met and went further in their work.

CME/CPD Working Group is currently analysing accreditation and regulation of the profession. The group made a deep review on the final statement coming out of the **Conference on CPD** which took place on **December 2006 in Luxembourg**. This important document will inspire several of the next actions.

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Preventive Activities Working Group delivered five policy papers, three of which were approved by the General Assembly: “UEMO Policy Document on Screening Tests in General Medical Practice” (UEMO 2006/005), “UEMO Statement on violence in the general practice/family medicine workplace” (UEMO 2006/069) and -“UEMO Policy Statement on violence in young men” (UEMO 2006/075). The remaining two papers: “UEMO Statement on Men’s Health” (UEMO 2006/074 rev 1) and the “UEMO Statement on Prevention of burn-out in General Practitioners (UEMO 2007/009 rev 1).will be subject to further review and debate at the Toledo meeting.

Ad Hoc Working Group is making a final approach to the questionnaire “The Patient view about their GP and General Practice”. It is expected to be adopted by the Plenum at the Toledo meeting, with recommendations for its further use regarding trend analysis and future applications (e.g. in migrant patient populations).

Specialist Training Working Group has been particularly focused on the campaign for the specialty recognition. The Group has encouraged country members to share their particular experiences in this issue and drafted a lobbying letter which was sent to delegations (see paragraph on Recognition of the Specialty)

Equal Opportunities Working Group has been discussing patient and doctor’s mobility and also analysed and compared different re-accreditation and re-validation and competence assurance systems.

Future GP Workforce agreed to establish a e-working group to draft a paper on Team Work. This document will define the functions and responsibilities of General Practitioners/Family Physicians and will be put forward to the next General Assembly.

Two new Working Groups were established upon the last UEMO meeting in Lisbon: a Working group on Weighted Voting, which will collect the different perspectives on this important issue from small, medium and large countries, and a Task Force assigned to file, review and update the Organisation policies.

ENLARGEMENT OF UEMO

As a result of the several contacts that have been developed recently, we expect Greece and Serbia to present their formal applications to the UEMO during the Spring meeting.

NEXT MEETINGS

UEMO will meet in Toledo, Spain on October 26 and 27, 2007. The Spring meeting will take place in Bergen, Norway on June 6 and 7, 2008.

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