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UNION EUROPEENNE DES MEDECINS OMNIPRATICIENS/MEDECINS DE FAMILLE

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UEMO-UEMS joint Statement for the Recognition of General Practice/Family Medicine at the European Level REVISED DRAFT

General Practice/Family Medicine (GP/FM) is the robust basis of any cost-effective Healthcare System and General Practitioners / Family Physicians are highly qualified and vocationally trained specialist medical graduates.

Postgraduate training for General Practitioners/Family Medicine doctors begins after they complete their medical degree. It includes a mix of hospital-based rotations and supervised placements in accredited GP or Family Medicine practices. This combination of training in both hospital and primary care settings helps prepare future GPs/FM doctors with the knowledge, skills, and experience they need to work effectively in primary care.

According to UEMS, a medical specialty is defined as a nationally or internationally recognised area of medical specialisation for which a structured postgraduate training programme exists.

There are Chairs of General Practice/Family Medicine in most Universities, and out of 27 European countries, 20 recognise the specialty of General Practice/Family Medicine at national level.

General Practice /Family Medicine looks like a specialty, behaves like a specialty, has all the attributes of a specialty, and should be recognised as an individual specialty at European level.

We insist that categorisation of all GPs as having only “specific training in general medical practice” is both an outdated and incorrect concept which is generating negative perceptions of General Practice/Family Medicine amongst patients, colleagues and society.

Annex V, point 5.1.3 asserts that “*Although both specialised medicine and general medical practice doctors require considerable expertise and training,*” the Directive 2005/36/CE identifies significant differences between the two:

1. In GP/FM the training is “*more practical than theoretical*” (Article 28(3)) and contrasts the theoretical and practical training with that undertaken by other specialist doctors. That the training in GP/FM is more practical than theoretical as emphasized is incorrect, as, for example training in a surgical specialty may be predominantly practical, but in GP / FM the theoretical training is essential and no less important than the practical one. This is evidenced by the content of the curriculum in countries where specialty recognition of General Practice/Family Medicine exists and correlates with the duration of training. More than 70% of the EU countries have more than three years of specialist postgraduate training in General Practice/Family Medicine.
2. Article 28(2)) states that GPs may count up to one year of their basic medical training as part of their 3 year full time specific training for General Practice whereas other specialist doctors may not count any time from their basic medical training towards their specialist training time. The implication is that specialist training for General Practice/Family Medicine is therefore somehow not to the same rigor or quality as other specialist training is incorrect. Whilst such a concept might have been true in 2005 it is NO LONGER CORRECT and is entirely inconsistent with current 2024 training requirements for all specialties recognised in the majority of member states.

UEMO, CPME, EJD, FEMS, AEMH and UEMS issued a joint statement on April 8, 2017 in Vilnius, asking for the amendment of the EU Directive that ensures the recognition of qualifications, so that General Practice/Family Medicine be granted specialist recognition (insert reference)

On the basis of Article 21a (4) of the revised Directive 2005/36/CE, the Commission is empowered to make administrative adjustments by way of **delegated acts amending the lists of evidence of formal qualifications in Annex V** of the Directive 2005/36/CE, which serve as a basis for automatic recognition. (This avoids the need for formal legislative change)

The UEMO “dual path” strategy does not create the transformation of “specific training in general medical practice” into a specialty, but **introduces a new specialty called General Practice/Family Medicine**. Consequently, UEMO’s aim is not to eliminate Articles 28-30 in any way, but to raise awareness of the need to address the path of the delegated act provided for in Directive 2013/55/CE while maintaining the qualification of the "specific training in general medical practice", which will remain applicable only to a decreasing number of healthcare professionals in the primary care.

For this strategy to work two fifths of the member states (11) must register their desire to adopt the “dual path” strategy.

We request each National Competent Authority of EU Member States to do two things **concurrently**

- a) That from [insert date XX/XX/XXXX] recognise nationally all GP/FMs currently qualified under Annex V, point 5.1.4 of the Directive 2005/36/EC as specialists with the same parity of esteem and professional recognition as specialists under Annex V, point 5.1.3 of the Directive 2005/36/EC and
- b) request to the European Commission in its next delegated act,
 - i. To add General Practice/Family Medicine as a new specialty to Annex V, point 5.1.3 of the Directive 2005/36/EC, and
 - ii. Retain Articles 28 to 30 of the Directive 2005/36/EC.