



EUROPEAN UNION OF GENERAL PRACTITIONERS / FAMILY PHYSICIANS
UNION EUROPÉENNE DES MÉDECINS OMNIPRATICIENS / MEDECINS DE FAMILLE

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UEMO Response:

An opportunity to achieve sustainable Healthcare through primary care

I. Introduction

UEMO - European Union of General Practitioners/Family Physicians represents doctors from 25 European countries. Established in 1967, UEMO gathers the most representative national, non-governmental, independent organisations representing GPs/FPs in European countries.

UEMO has defined as its main objectives:

- To study and promote the highest standards of training, practice and patient care within the field of general practice/family medicine (GP/FM) throughout Europe;
- To defend the role of general practitioners/family physicians (GP/FP) in the healthcare systems;
- To promote the ethical, scientific, professional, social and economic interests of European general practitioners/family physicians, and to secure their freedom of practice in the interest of their patients;
- To represent members through the appropriate channels to the relevant European authorities and international organisations;
- To cooperate with other European medical representations and WHO-Europe;

The current Presidency of UEMO (under Portuguese mandate from 2007 to 2010) is committed to an agenda of highlight and promotion of General and Family Medicine in the European context and its ability to foster more adequate, quality driven, sustainable and rational health care systems.

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*c/o Portuguese Medical Association, Av. Almirante Gago Coutinho, 151, 1749-084 Lisboa
Tel: +351 21 842 71 12, Fax +351 21 842 71 99, E-mail: uemo.secretariat@gmail.com*

General Practitioners/Family Physicians are the first point of contact for a great number of patients seeking to access health systems. Health education, preventive activities, early detection, problem oriented care, cure, rehabilitation, terminal care and palliation are the tasks GP/FP are able to address and perform, as well as coordination and guiding through the specialists' treatment and knowledge on all existing services within the local health care system.

UEMO has been paying particular attention to GM/FP qualifications and promotes the need of specialization in General Practice/Family Medicine to grant more qualified health deliveries at the basis of health systems.

Health systems centred on Primary Care represent a global objective and a clear way of evolution. Despite global recommendations, there is still a pathway to accomplish the new framework stated since Alma-Ata Declaration (1978), hosted by World Health Organization. In fact, recent World Health Report (October 2008) highlights this need as: "*Primary Health Care – Now More Than Ever*".

Even the inter-governmental Declaration of Tallinn (June 2008): "Health Systems for Health and Wealth", urging countries to foster health conditions as an economic factor to their development, realise that "effective primary health care is essential" for the aims of quality services, healthy lifestyles, appropriate use of technology and scientific evidence, effectiveness and patient safety.

UEMO considers that this Green Paper represents a useful approach and focus on one of the main issues for the health systems evolution: the availability of sustainable workforce in health. According to UEMO's perspective, this green paper is an opportunity to envisage a proper analysis of health workforce and to start a debate on practical needs for enhancements on these issues.

In this particular field of primary care, there is an opportunity to address specific weaknesses of the health workforce, and to underline concerns about qualification, preparedness, mobility and quality practice, enabling European Health Systems to answer to growing challenges on health needs.

II. General Practice/Family Medicine in Europe

General Practice/Family Medicine is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity, which is oriented to Primary Care.

A growing trend in international literature recognises that the ability of healthcare systems to deliver high-quality and cost-effective care is heavily dependent on the existence of a thriving primary care sector (Boerma WGW, Fleming, DM. The role of general practice in primary health care, The Stationery Office, 1998). In addition to this, there is good evidence showing that medically qualified general practitioners/ family physicians (GP/FP) are essential elements within advanced primary healthcare systems and that primary care systems have a major contribution to health outcomes in countries (Macinko J. Starfield B. Shi L. Organization for Economic Cooperation and Development (OECD), 1970-1998. Health Services Research. 38(3):831-65, 2003 Jun.).

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Promoting the core values of general practice/family medicine, particularly the key role of the general practitioner/family physician, in managing early and undifferentiated symptoms and in dealing with diagnostic and prognostic uncertainty, is where this clinical medicine contributes most both to patient care and to health care systems. General Practice makes efficient use of healthcare resources through coordinating care, working with other health professionals in the primary care setting and by managing the interface with other specialties in taking an advocacy role for the patient when needed.

Despite different frameworks and settings throughout European countries there is a common approach that acknowledges Primary Care as a proximity service that provides the first contact between the patient and the doctor and underlines the ability to give quality answers to the needs of the population.

Over the past 30 years General Practice/Family Medicine became the cornerstone of most national healthcare systems in Europe. Nowadays, it is also an academic discipline with its own curriculum, research base and peer reviewed journals. The intellectual framework within which General Practitioners/Family Physicians operate is different from other medical specialities, even complementary to them, but never less demanding than those.

Common scientific definitions of the characteristics of the discipline and specialty of General Practice/Family Medicine describe it as follows:

- a) normally the point of first medical contact within the health care system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex, or any other characteristics of the patient;
- b) provides efficient use of health care resources through co-ordination of care, work with other professionals in the primary care setting and managing the interface with other specialties in the best interest of the patient;
- c) develops a person-centred approach, orientated to the individual, his/her family, and their community;
- d) a unique doctor appointment process, which leads to a long-lasting relationship over time and facilitates effective communication between doctor and patient;
- e) responsible for the provision of longitudinal continuity of care as determined by the needs of the patient;
- f) a specific decision making process determined by the prevalence and incidence of illness in the community;
- g) simultaneous management of both acute and chronic health problems of individual patients;
- h) management of illnesses with undifferentiated early stages, which may require urgent intervention;
- i) promotion of health and welfare by means of an appropriate and effective intervention;
- j) specific responsibility for the health of the community;
- k) deals with health problems in their physical, psychological, social, cultural and existential dimensions.

General Practice/Family Medicine is becoming one of the most complex areas of medical practice. The risk of falling into poor practice must be lowered to a minimum level. General Practitioners/Family Physicians must deal effectively with undifferentiated problems, co-morbidity, polipharmacy, sophisticated biomedical and psycho-social phenomena, as well as with psychosomatic problems and, at the same time, be attentive to opportunities for preventive interventions and health promotion.

Looking for reliable answers on this field, many countries have developed specific and structured training and organised the medical specialty on General Practice/Family Medicine:

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| Country | Medical Specialty on GP/FM |
|------------------------|-----------------------------------|
| Austria | NO |
| Belgium | NO |
| Bulgaria | NO |
| Croatia | YES |
| Czech Republic | YES |
| Denmark | YES |
| Finland | NO |
| France | YES |
| Germany | YES |
| Hungary | YES |
| Iceland | YES |
| Ireland | YES |
| Italy | NO |
| Luxembourg | NO |
| Malta | YES |
| The Netherlands | YES |
| Norway | YES |
| Poland | YES |
| Portugal | YES |
| Slovakia | YES |
| Slovenia | YES |
| Spain | YES |
| Sweden | YES |
| Switzerland | YES |
| Turkey | YES |
| United Kingdom | YES |

In spite of this trend, there is a need to bring General Practice/Family Medicine out as a fundamental activity in order to enhance desired achievements in health systems.

As significant as the European dissemination of the recognition and organization of this specialty (under the responsibility of each European State) it is also relevant that the European Community entities cope with this reality.

It is crucial that the frameworks of mobility (for doctors and patients) inside the European territory handle positively the need of equal requirements amongst interventions in the primary health care sector. UEMO has been contributing to such goal, by promoting mechanisms that assure the same qualification and quality requirements to doctors and patients.

At EU level there is a lack of provisions regarding the recognition and mobility of specialised GPs/FPs, which mainly results from the absence of a clear recognition of general practice/family medicine as a specialist discipline under the European law, on equal footing with all other medical specialist disciplines.

UEMO considers it is urgent to correct this situation and to describe the medical specialty in GP/FP in the Annex 5.1.3. of the Directive 2005/36/CE. This provision would allow health systems to develop primary care, enable actual mobility of specialists and guarantee patients that they are able to consult with qualified doctors observing each country regulation.

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III. UEMO'S Comments

FACTORS INFLUENCING THE WORKFORCE FOR HEALTH IN THE EU AND THE MAIN ISSUES TO BE ADDRESSED [4.]

Demography and the promotion of a sustainable health workforce [4.1]

Demography is the main determinant to workforce evolution, as it influences both the needs and the availability of health care. As life-expectancy grows longer, health systems are face with new challenges, opportunities and threats.

The demographic pressure will not be answered without a clear focus on healthier ageing: healthcare sustainability cannot be achieved within a frame of prevention failure and of the uncontrolled growth of health needs, namely in what regards senior citizens facing severe chronic diseases and increasingly demanding for more intensive (and costly) care.

At this stage, a need was acknowledged to increase primary care interventions, reacting positively and proactively to achieve healthier ageing, ensuring disease's prevention and health promotion as key factors.

It is clearly necessary to invert the decreasing *production* of doctors and to review the labour conditions in order to attract students to health careers. This targeted approach has to be supported by clear objectives on specific workforce issues and a positive discrimination for unmet or less covered needs. For instance, inside the medical profession it is fundamental to overcome the imbalance between GP/FM and other medical specializations.

Action: UEMO considers urgent and relevant to establish a specific action for primary care sector and GP/FM specialty.

Public Health Capacity [4.2.]

Health Promotion and Disease Prevention are major issues in public health activities. GPs/FPs work in close correlation with the range of activities dealing with public health. The shortage of medical specialities in this field urges to be tackled, including needs of more qualified GPs/FPs.

UEMO considers that it is time to bring public health activities together with GP/FP interventions with common focus on

- Health maintenance and health improvement;
- Assuring patient safety;
- Prevention of diseases;
- Prevention of social problems including violence and all forms of abuse;
- Increase of information, knowledge and education in an integrated approach linking all important "players" in public health;
- Ensure universal access to health care, particularly for those who are socio-economically disadvantaged and carry the strongest burden of ill-health.

Action: UEMO considers that public health should gather a more focused attention, be provided with the necessary resources, and search a closer cooperation with GPs/FPs, targeting a more effective primary care and correlated health gains.

Training [4.3.]

Any strategy will be pointless if it will not consider training needs to supply an appropriate workforce. Future policies must be based on the assumption that health workers, and doctors in particular, need long and quality driven programmes, at both under and postgraduate levels.

As far as GP/FM development is concerned, and beside academic professionalism, which is a basic feature to ensure proper training, there are specific competences to be addressed that can be ranged in six main groups:

- patient centred care;
- primary care management;
- specific problem solving skills
- comprehensive approach;
- community orientation;
- holistic approach.

General practice/family medicine is subject to specific training requirements, with both theoretical and practical levels. The purpose of training, for general practitioners/family physicians, is to produce doctors who have reached a level of clinical competence that is sufficient for independent practice. The quality of the scientific and educational posts in general practice/family medicine must be delivered through explicit contracts specifying the educational content and mechanisms for evaluation, establishing precise goals and appropriate criteria, promoting the methodology and implementation of research and quality assurance in general practice/family medicine.

In order to foster common frameworks of training for GP/FM, UEMO is engaged in promoting common positions that favour the development of GP/FM specialty in all European countries. A good incentive to this large scale introduction would be the update of 2005/36/CE Directive on the basis of the current European reality and, therefore, the acknowledgment of GP/FM specialty at the same level of all other medical specialties previously recognized.

UEMO also supports the positive impact of Continuing Professional Development (CPD) in GP/FM. For GPs/FPs, the CPD resources must be directed to both theoretical and practical levels so that it may influence positively on the practitioner's daily work. UEMO believes that the choice of the CPD activities each doctor should follow is the responsibility of the individual, and that the organization and standards of CPD activities are the responsibility of the profession and of the academic medical organizations.

Action: The recognition of GP/FM specialty within the common European framework of medical specialties can push the development of qualified GPs/FPs and increase mobility, thus addressing shortages efficiently in different countries. This also contributes to foster the attraction of young doctors towards Primary Care activities and to improve balance between offer and demand in different medical specialties. CPD is an essential tool to help GPs/FPs, but it cannot derogate the basic training needs of doctors and specialization in GP/FM.

Managing mobility of health workers within the EU [4.4.]

UEMO supports the mobility process in Europe as far as quality of care for both migrating patients and migrating GP/FP is guaranteed. However, barriers to mobility in health cannot be removed without ensuring some basic safety and quality requirements. If

professionals and/or patients can move on a free and unregulated basis, the main purpose of the mobility concept will be undermined.

As previously stated, UEMO believes that mobility of GPs/FPs and/or of patients seeking for GP/FM care requires a more accurate EU regulation, one which, namely, would include FP/FM specialty in the annex of medical specialities mentioned in the Directive 2005/36/CE. As a result, GP/FM specialists would achieve full recognition of their qualifications; on the other hand, patients could easily identify the doctor's qualifications when seeking for treatments abroad.

Also the role and relevance of close cooperation between Competent Authorities regulating health professions must be seen as a fundamental pillar to ensure that mobility adds value to European citizens.

Action: UEMO supports actions that aim to a closer cooperation between Competent Authorities in order to promote safeguard of patients and health systems associated to doctor's mobility.

Global Migration of Health Workers [4.5.]

Global migration of workers represents a major challenge that surpasses the boundaries of the health sector. However, the negative impact of severe shortages in the health workforce at developing countries calls for action by the EU countries, in order to promote responsible recruitment. Evolution of the European Health Systems must target the provision of an adequate workforce and cannot be sustained by "brain draining" from other geographic areas.

Action: UEMO supports the need of a Code of Conduct on ethical recruitment for health workers as well as the efforts that WHO has been developing on this topic.

Data to support decision-making [4.6.]

The development of coherent policies depends on accurate, reliable and up to date information on health workforce. UEMO's experience reveals current difficulties in gathering complete and updated information in all the EU countries in order to identify primary care workforce imbalances and needs.

Action: Development of strong and reliable indicators and data bases must be carried out previously to priority interventions being defined on health workforce.

The impact of new technology: improving the efficiency of the health workforce [5.]

The use of technologies is a current issue on health interventions and throughout them major achievements has been reached in terms of quality, safety and effectiveness of care. Nevertheless, health is an intensive labour activity and health professionals cannot be replaced or minimized by technological improvements. In fact, new technologies often demand further user qualifications and that has a major impact on the availability of health workforce.

Information technologies (IT) may be widely used within the health sector. Primarily it can be used for individual patient health care delivery data, individual patient health care management data, supporting processes, financial and administrative data management, information for patients, health statistics and research programs. Secondly, IT is useful in

areas such education, regulation, research, public health, homeland security and policy support.

In primary care settings, IT can improve patient safety, support effective and efficient health care delivery and facilitate the management of chronic conditions. In a broader use, IT can help health systems if it:

- improves communication between health professionals;
- improves security and confidentiality of patient data and records;
- speeds up access to:
 - booked appointments
 - patient's data
 - sources of knowledge
 - diagnostic support
 - ordered diagnostic procedures
- reduces duplication of data and procedures/examinations, prescriptions or referrals;
- reduces costs;
- ensures better quality of care, education and research.

In order to maximize that potential, there are however some specific requirements to be observed upon their introduction in the health sector:

- safeguarding privacy and security;
- technical issues;
- organizational barriers;
- financial costs;
- different policies;
- training programs for practitioners and other health care providers.

The involvement of the health workforce in the definition, development and implementation of IT applications is essential. The development of IT solutions must be implemented according to each health sector requirements and not by the economic interest of the IT industries.

Action: New technologies must serve the purpose of health practice. IT can give good contribution if developed in close cooperation with the health workforce.

The role of health professional entrepreneurs [6.]

Professional entrepreneurship in health can achieve solutions to inequalities and cover health disparities. Creating frameworks that favour the participation of health professionals may bring new answers based on their expertise and experience. However, the main responsibilities associated to health system coverage, public health, patients' needs and public interest in health cannot be overshadowed by market driven forces with no correlation with health priorities.

Action: Health professionals' entrepreneurship can contribute to universal access to health care, promote enlarged coverage and answer to patients' needs.

IV. Conclusions

UEMO supports the current initiative and considers that it highlights relevant issues that need to be dealt by health systems.

In UEMO's view, health workforce faces shortages and imbalances that compromise better health outcomes in the future.

To reinforce Primary Care is a key-answer that calls for adequate measures in order to induce positive discrimination in achieving competent, qualified and sufficient workforce. At Primary Care workforce level, EU's recognition rules needs to be reviewed as far as the medical specialty of General Practitioners/Family Physicians is concerned.

The EU must work to share a common approach on these topics and find similar perspectives in order to solve them, without compromise each Member-State's independence regarding their health system.

UEMO expresses our willingness and availability to further participate in the policies and outcomes emerging from this Green Paper.

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