

Report on UEMO Meeting

Held in Reykjavik on 11 – 12th June 2004

D 0427

Only the main topics of interest that were debated will be commented upon.

1. President's Report.

UEMO now had office space in the CPME offices and an agreement that they (CPME) would be responsible for lobbying activities with the Commission.

Intended to work for the abolition of Title IV from the Medical Directive in view of their wish for General Practice to become a speciality equal to other specialties. A Core Content had been agreed with WONCA Europe (the academic body for general practice).

Noted that at the EC Open Health Forum real differences were seen between the original and the new member states.

2. Finance.

Total budget was 216,000 € with 60,000 € from Swedish MA (office and administration and staff member). CPME rent was 15,000 € per annum.

Membership – Greece had ceased to pay and in spite of approaches to the Pan-Hellenic Association (including personal discussion at CPME) there had been no response. The vote on exclusion was passed (17 for; 0 against; 5 abstentions which do not count). Concern was expressed since this added to the number of countries no longer belonging to UEMO (Poland and France).

There was also concern regarding the position of Germany – originally the subscription had been shared between 3 organisations; one dropped out last year and now the Hartmannbund had written to state that it intended to withdraw at the end of the year. This will mean the whole burden of payment will rest on the German Association of General Practitioners who declared that they would need to explore their position.

The economy W/G reported that, whilst there would be some increase in income from the Accession States, there was still a need to reduce costs in view of the loss of members. Interpretation was now in only one active received language (English) but there were 4 more passive (able to speak) ie French, German, Spanish and Italian. Participants are paying for lunches and social events as extras. The contribution key was difficult as statistics were often unreliable – at present based on GDP / Capita and Population plus a standing charge of 1000 €. They suggested that this might be raised to 2000 € but it was noted that this would help the top payers but increase the amount for all others. No conclusion was reached.

3. CPME President's Report.

Commented on the good co-operation between the 2 and the contract on support for the office and lobbying. He viewed it as moving towards a single European medical organisation which he hoped would slowly evolve. The Presidents' committee of all the organisations was helping in understanding relationships.

In response to the letters from the BMA (UK) and IMO (Ireland) the CPME was organising a conference in conjunction with the CPME meeting in March 2005. The aim is to obtain the opinions of all the medical organisations to enable a broad analysis and discussion before any decisions are taken.

Regarding draft Directives, CPME had noted the Council Common Position on Professional Recognition and were awaiting the Commission's response. It had set up a W/P on that for Provision of Services.

It was organising a conference on Patient Safety in January 2005 in Luxembourg supported by DG Sanco and was looking to UEMO to participate.

It was also working on Quality Management in CME/CPD and investigating the trends in Recruitment/ Disinterest in Medicine by students. (PWG is already addressing this)

4. European Organisations.

The British MA and Irish MO were presented with the UK stating that their intention had been met in that the CPME was now organising a meeting in March 2005. The Irish wished for a debate on their paper and resolutions. This was carried (16 for, 3 against) but with an important added amendment (underlined) to the second part so it now reads:

"2. All NMAs accept that fragmentation of medical representation at EU level is a serious problem, but recognise that different parts of the profession have different priorities which must be fairly accommodated and supported."

5. Working Group Reports.

a) Specific Training. It was decided to change the name to "Specialist Training". A strategy plan was adopted unanimously to campaign for specialist recognition of general practice/family medicine (with duration of training of 5 years) as part of the new Directive together with removal of Title IV from it. It was anticipated that CPME would be helpful in this.

b) CME/CPD. Much of the discussion centred around "Personal Learning Plans" which are well developed in UK but other states had had great difficulty as time-consuming, expensive and administratively intense. The UEMS delegate was asked to give a comment

on its EACCME. UEMO has reconsidered its position and would now like to avail itself of the facility with a request for an observer at the next meeting. CPME wishes both UEMO & UEMS to participate in its Working Group on Quality Management of CME/CPD.

c) Medical Informatics. A paper identifying problems of finance and training in Informatics was presented.

d) Preventive. A comprehensive paper on “Health of Adolescents and Young People” was adopted.

e) Future of GP Workforce. This was the first meeting and attempted to focus on a questionnaire to address why, in many countries, General Practice is no longer attractive (but not in Slovenia). Was it only GP or medicine as a whole? Was it possible to identify causative factors?

f)

6. Defence of Confidentiality and Medical Secrecy.

A Spanish document was received with much enthusiasm.

7. European Organisations.

a) PWG. Emphasised that there was no change in their position on the Working Time Directive. Had started work on co-ordinating the views on Recruitment and Retention in the Profession.

b) UEMS. Our work on the Professional Recognition Directive and that on Provision of Services was elaborated. Also the work in our working groups and with all our Sections & Boards. The success, increasing popularity and importance of EACCME, which was working well, was emphasised.

c) AEMH. Were working on 3 topics: CME, Management and Risk Management.

d) WONCA. Now in 100 countries (inc. South America). Recent annual congress attracted 2000 delegates of which 500 were GP trainees. Were participating in “Conference on EU Health” (with CPME & UEMO). Were particularly active in Quality Assurance and Education for GP.

8. Future Meetings.

29 – 30th October 2004 - Budapest

3 – 4th June 2005 - London

October 2005 - Turkey

Leonard Harvey.

UEMS Liaison Officer.