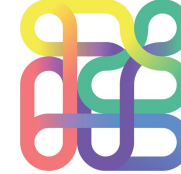




EUROPEAN UNION OF
MEDICAL SPECIALISTS

The advocate of medical specialists



European
Young
Family
Doctors'
Movement



WONCA EUROPE
Policy Advocacy
WORKING PARTY

UEMS 2026/1 · UEMS ADVISORY BOARD · 16 OCTOBER 2026

European Training Requirements in General Practice / Family Medicine

Dr Sara Ares-Blanco, MD, PhD

Specialist in Family and Community Medicine · Chair, WONCA Europe Policy Advocacy Working Party

WHY THIS ETR, WHY NOW

Europe's largest medical workforce

≈500,000

general practitioners / family doctors: the largest physician workforce in Europe

≈70%

of European citizens consult a GP/FD every year: first contact and continuing care

Yet GP/FM is **not recognised at EU level** as a specialty in its own right, with a specific postgraduate programme and its own ETR.

THE PROBLEM

Wide variation in training across Europe

2 to 6 years

duration of GP/FM training across the WHO European Region; EU minimum is 3 years

10 to 20%

share of total health expenditure allocated to primary care, varying by country

About half

EU spending on primary care relative to inpatient care (2023), unchanged for a decade

Many countries

with no established programme to train GP/FM teachers; some with no GP/FM postgraduate training

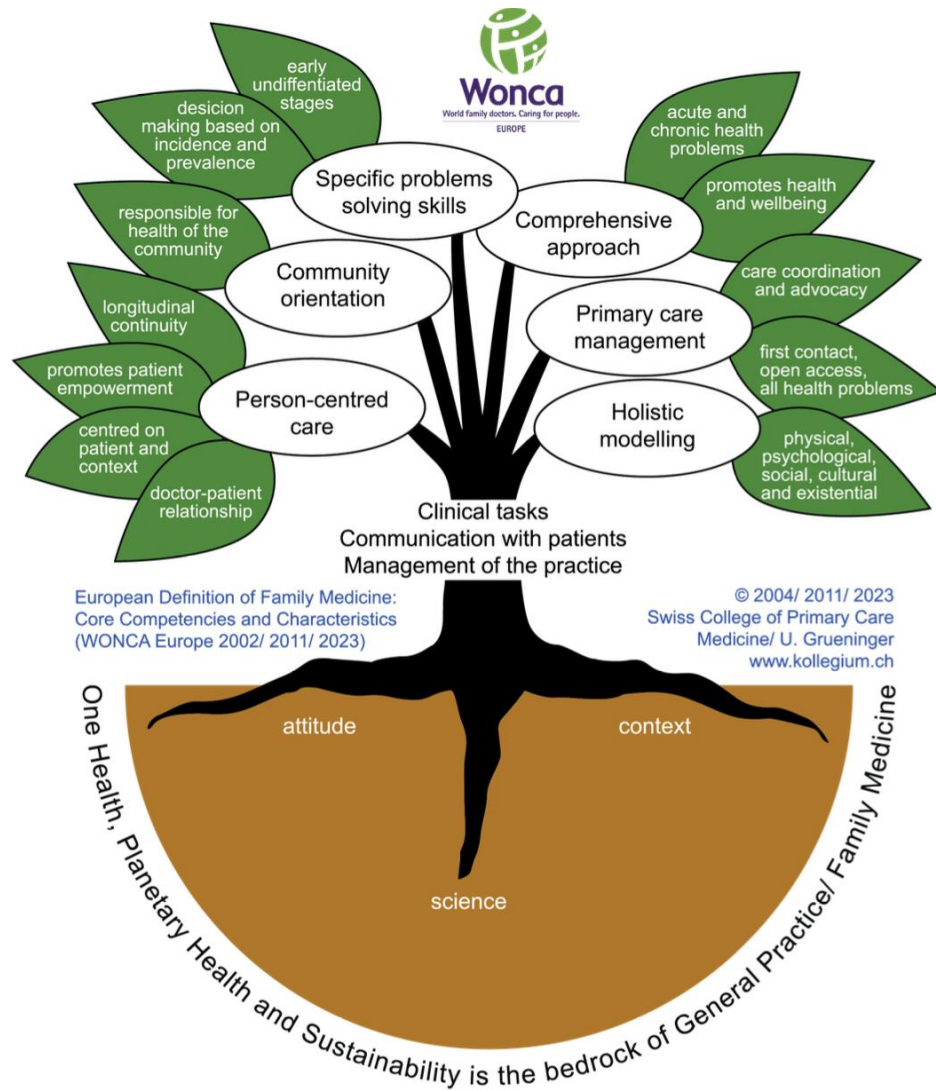
DEVELOPMENT PROCESS

Built by consensus, on approved curricula

- 1 Steering committee, 18 months**
EURACT, WONCA Europe, EYFDM, UEMO; consultants from WHO Europe and UEMS
- 2 EURACT and WONCA curricula adopted unchanged**
Competencies, trainer and institution standards already agreed by the discipline
- 3 New EPAs, evidence-informed**
Pan-European survey of essential activities (EYFDM–EURACT) and all European curricula held by EURACT
- 4 EURACT Council, April 2026**
Drafts presented to representatives of all European countries

FORMALLY ENDORSED BY

- EURACT
- European Forum for Primary Care
- UEMO
- EYFDM
- WHO Regional Office for Europe
- WONCA Europe



THE DISCIPLINE'S FOUNDATION

The WONCA Tree

The European Definition of General Practice/Family Medicine: **12 core characteristics** clustered into **6 core competencies**.

Branches: the six competencies, applied through clinical tasks, communication and practice management

Roots: context, attitude and science

Bedrock: One Health, Planetary Health and Sustainability

WHAT TRAINEES LEARN

Six core competencies, mapped to CanMEDS

WONCA Tree competency	CanMEDS roles	In practice
Primary care management	Leader · Health Advocate	First contact, gatekeeping, coordination
Person-centred care	Communicator · Professional	Long-term relationships, continuity
Specific problem-solving skills	Medical Expert · Scholar	Undifferentiated, early-stage problems
Comprehensive approach	Medical Expert · Collaborator	Multimorbidity, acute and chronic together
Community orientation	Health Advocate	Community needs, One Health
Holistic modelling	Professional · Scholar	Bio-psycho-social, cultural, existential

Rooted in context, attitude and science, on a bedrock of **One Health, Planetary Health and Sustainability**, in line with UEMS Green and Sustainable Healthcare Practice.

GUIDING PRINCIPLES

What every placement must offer

Humane

Respects trainees' social and psychological needs; minimal bureaucracy

Competency-based

Competence prevails over timeframe; training extended when needed

Learner-centred

Individual learning plan from a needs assessment, regularly updated

Workplace learning

Clinical service every day, with dedicated daily feedback and support

Trained trainers

Educational qualification, e.g. EURACT Leonardo courses

Protected study time

At least 1 week per year; 3 weeks recommended

ORGANISATION OF TRAINING

4–5 years

the preferred European standard for GP/FM specialty training, where national circumstances allow

Today's EU legal minimum is 3 years (Directive 2005/36/EC, Annex V, 5.1.4). Applied flexibly: competence, not time, decides completion.

THE CASE FOR LONGER TRAINING

Broadest scope, shortest minimum training

Minimum training under Directive 2005/36/EC (as amended by 2013/55/EU)

General surgery · Internal medicine · Urology ·
Orthopaedics

5 years

Paediatrics · Obstetrics and gynaecology ·
Psychiatry

4 years

General Practice / Family Medicine

3 years

GP/FM covers substantial parts of all these fields across the life course. Where training was extended (UK, Ireland, USA), gaps appeared in **ageing populations, mental health and paediatric illness**.

PROGRAMME STRUCTURE

Training anchored in general practice

≥ 18 months

core primary care experience

$\geq 50\%$

of training in a GP setting; 75% recommended

≤ 12 months

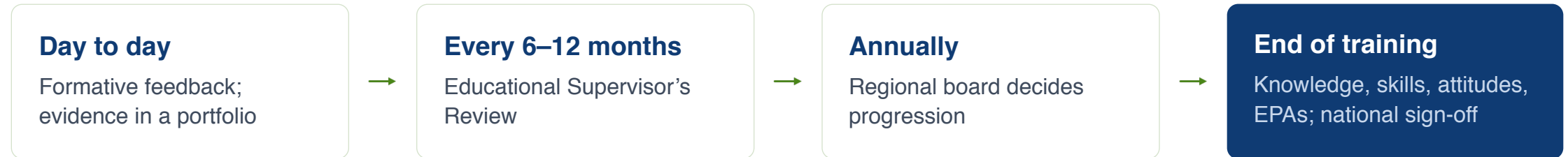
complementary hospital and community rotations, focused on primary care

Final 6 months

independent management of a normal clinical and administrative workload

ASSESSMENT

Continuous, programmatic, workplace-based



UEMS LEVELS OF ENTRUSTMENT



NEW IN THIS ETR

Six Entrustable Professional Activities

#	EPA	Revalidation
1	Holistic clinical management of a routine GP/FM clinic list	Every 5 years
2	Organisation: protocols, referral, care coordination, administration	Every 5 years
3	Community orientation: prevention, screening, immunisation, advocacy	Every 5 years
4	Acute and emergency conditions in GP/FM	Annual
5	Ethical and professional values, feedback, learning and career plan	Every 3–5 years
6	Balance, wellbeing and sustainable practice	Annual

Level 2 by mid-training · **Level 4** (independent) by end of training · assessment methods for each EPA in Appendix 1

Quality depends on who trains, and where

Trainers

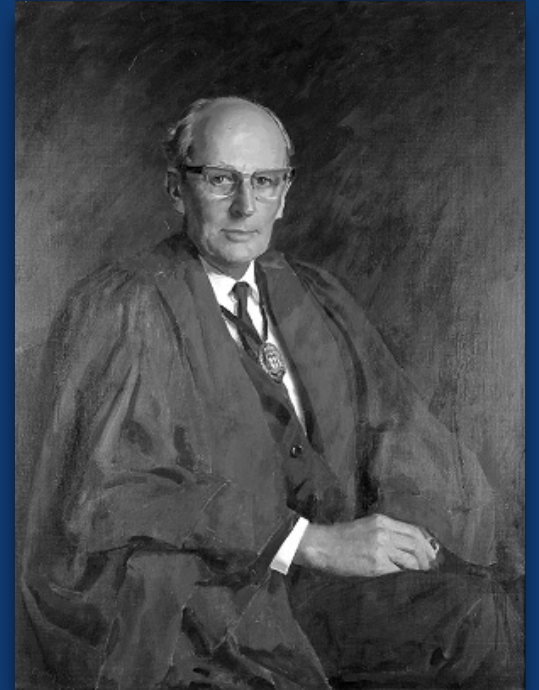
- Certified GP/FM specialist in an approved practice
- Accredited teacher course, e.g. EURACT Leonardo
- Protected time: ≥ 2 h/week supervision, 1 week/year educational CPD
- Training time reimbursed, as in other specialties
- Programme director: ≥ 5 years' experience, ≥ 3 years training

Training practices

- Nominated trainer present $\geq 50\%$ of trainee time; deputy always available
- Case mix to regional norms; dedicated consulting room and IT
- Wellbeing support, dispute resolution, occupational health
- Audit, significant event review, EDI processes
- Re-approval at least every 5 years

**” The future of our professional
discipline will depend on our ability
to work together in the service of
humanity”**

Dr Monty Kent Hughes
First WONCA president
1972 - 1974



Thank you · Dr Sara Ares-Blanco