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# **UEMO General Assembly**

Florence 4-5 October 2002

## ***Report of the AEMH liason officer (dr Enrico Reginato)***

The meeting started with some debate on annual fees and expulsion of Belgium from the association because of arrearage; at the end of the meeting the expulsion of Belgium was withdrawn but France was ewpulsed because of the same reason.

The meeting went on with the discussion on the role of the different european medical associations in relation with CPME. They all agreed on the new proposal of considering CPME as a kind of "umbrella" for the medical associations;

Nevertheless, UEMO thinks to go on with its own lobbying activity, its own structure and its own objectives.

The second important argument concerned the specialization for the general practitioner. In many European Countries the GP is a specialist, after an educational training process lasting 3 to 5 years.

The UK delegate underlined that in his Country the specializatin is becoming 5 year long, but he complained that most of the training time (80%) is spent in hospitals. In other countries, like Greece, the number of posts available for specialization is lower than necessary, therefore, in that Country, there is lack of specialist general practioners.

In Italy the problem is double:

- the training is two year long and is not a recognized specialization,
- in Italy, specialization is always done inside the University. Therefore there will be some problem in introducing specialization for GP in Italy.

Stefano Zappalà, member of the European Parliament (EP), was guest of the meeting and illustrated the projects actually discussed in the EP concerning free movement of european professionals. The goal, rather than uniformity, is harmonization of different national rules, but, presently there is no certainty due to complicated and time wasting procedures.

Within 2003 the EP is due to deliberate on the subject.

Five different levels are considered, from craftsman to graduated professional.

A double regimen of mobility is foreseen:

- up to a 16 weeks period, no particular procedure is requested (they didn't yet solve the question wether the 16 weeks must be consecutive or can derive from cumulated shorter periods)
- for a permanent settlement a professional must have his title recognized and fulfill the local rules (residency, previdential position, fiscl position...)

Currently, the professional is assimilated to an entrepreneur, while, according to mr. Zappalà, is an intellectual work provider; this concept has also been accepted by the European Court of Justice.

The professional must be authorized to perform the same activities as in his original country and cannot undergo evaluation by a civil servant but by a professional association; as a consequence, cross-match of professional association must be achieved.

Concerning specialization, the wide variety, the different training, in the different Countries, will have to fit the european guidelines.

The next argument of the meeting, was the lenght of training that an European Law should establish for GP. A minimum lenght of three years has been proposed, allowing the single members to elongate that period.

A document of European Commission was distributed, containing the proposal of creating an expert group, including expeerts from national authorities to advise the Commission on professional recognition, training and mobility.

Working groups of UEMO presented their work on quality in clinical pciractice and continuous medical education.

### **Comments:**

even though roles between GP and Hospital Specialist are different, problems for the medical profession in Europe are the same; a strict exchange of information is necessary among the different positions. The expected reform of CPME could meet such a requirement.

The proposal of European Commission for a group of experts, to assist the Commission in the field of professional recognition and training, strenghtens the need of collecting the different contributions coming from the numerous european associations.