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

The role of UEMO in influencing of EU health policy for family medicine

wellbeing of GPs and avoidance of burnout

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Vice president of UEMO

European Union of General Practitioners (UEMO)
L'Union Européenne des Médecins Omnipraticiens / Médecins de Famille

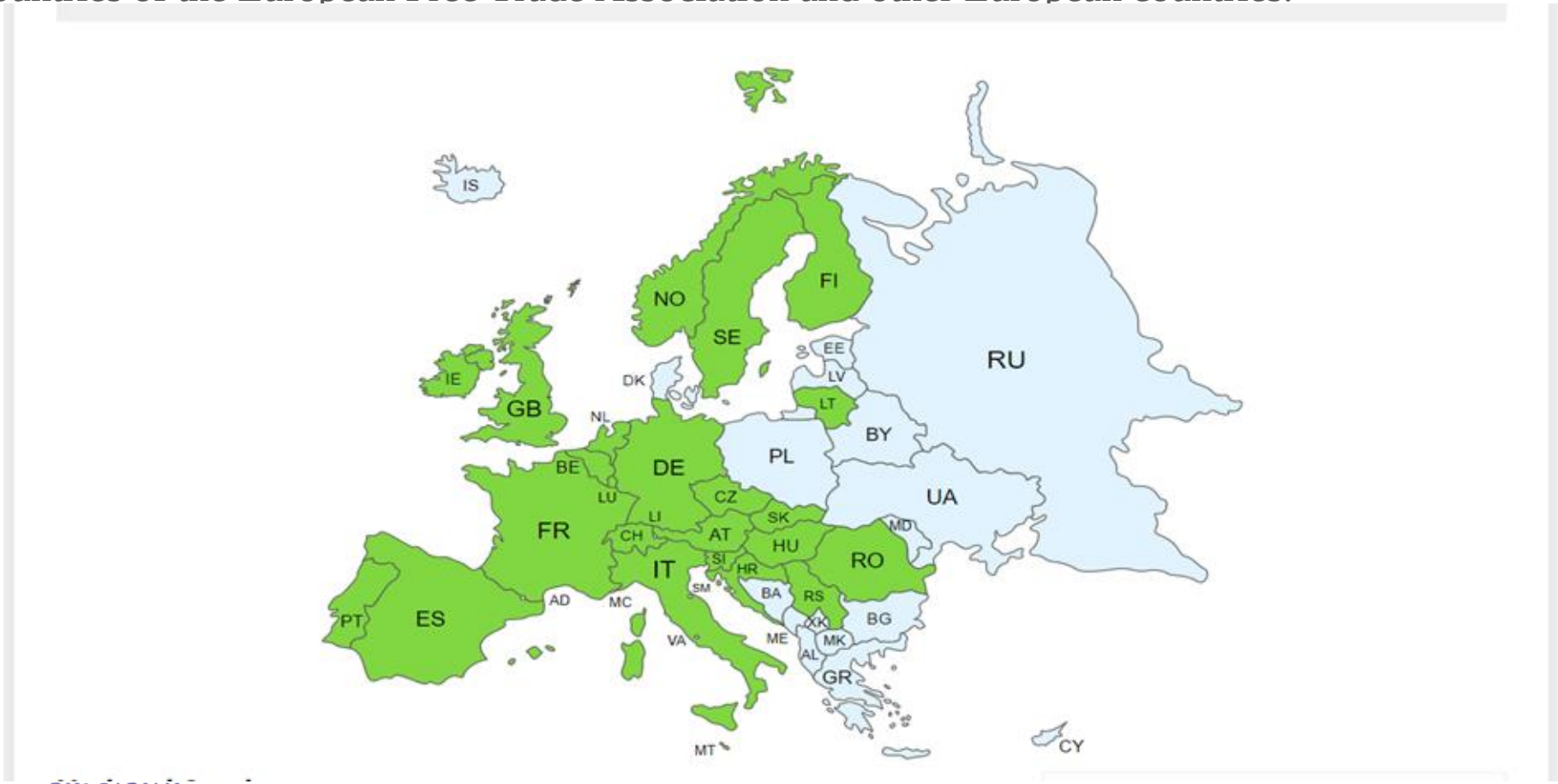
a non-profit organisation of the most representative national, nongovernmental, independent organisations representing general practitioners/family medicine doctors in the countries of Europe.

- In 1967, the general practice associations of the six Member States of the European Economic Community assembled in Paris to establish the European Union of General Practitioners.
- At that time, general medical practice had only begun to emerge as a new central discipline of the profession, and was far from recognised in Europe.
- Years would pass before a sub-committee on general practice was established in the Standing Committee of European Doctors (CPME), and when the first directives for mutual recognition of medical credentials were adopted in 1975.
- It would take another decade before the UEMO struggle to fill the gap would achieve its first major success - in 1986 - with the adoption of the European Directive, guaranteeing a minimum standard of training for general practitioners in Europe.

On the 21st January 2009, UEMO acquired legal personality. The organisation's Deed of Incorporation as a non-profit under the Belgian Law was signed in Brussels by President Dr. Isabel Caixeiro and UEMO became officially known as L'Union Européenne des Médecins Omnipraticiens / Médecins de Famille,

Structure

Founded in 1967 by the national organisations in Belgium, France, Germany, Holland and Italy, the Union quickly grew to encompass organisations from all the current Member States of the European Union as well as from the countries of the European Free Trade Association and other European countries.



Mission

- The UEMO aims to promote the highest standard of training, practice and patient care within the field of general practice / family medicine throughout Europe and defend the role of general practitioners / family physicians in the healthcare system

Strategy

Our Statutes say that to achieve its objectives UEMO carries out at least the following activities:

- To determine the common views of the members and represent them through the appropriate channels to the relevant European Authorities
- To work with the other European medical organisations to strengthen professional status and to search for common criteria for the professional practice in Europe.

In order to be effective in its aims, UEMO also needs to be more widely known, both by fellow professionals and by national and European policymakers.

We therefore add to the above listed activities a special effort in communication, through both an enhanced use of media and face to face contacts with key persons in EU institutions.

General Assemblies

- The official organs of the UEMO are the General Assembly, the Board and two internal auditors.
- The General Assembly shall consist of up to six delegates from each of the member organisations. Each delegation shall have the right to one vote (art.9, Statute).
- The General Assembly is empowered to make all relevant political and organisational decisions concerning the UEMO in accordance with the Statutes (art.10, Statute).
- The annual budget will be adopted by the autumn General Assembly each year. The basic contribution shall be determined on a yearly basis when the overall budget is fixed by the General Assembly.
- The General Assembly shall elect from amongst its national delegations two auditors.

https://www.uemo.eu/

- The UEMO shall normally hold a General Assembly twice a year, in spring and autumn. The General Assembly shall be called and chaired by the President.
- An extraordinary General Assembly must be called if requested by at least one fifth of the delegations entitled to vote.

Board Meetings

The UEMO is directed by a Board composed of at least three members, which has all management and administrative powers. The Board manages the assets of the association and represents it in all judicial and other acts, through the intermediary of its President.

The Board has the power of preparing administrative or political decisions for the General Assembly, of implementing decisions taken by the General Assembly and of adopting decisions except those reserved to the General Assembly.

The 2023-2026 Board is composed by:

- PRESIDENT: **Dr Tiago Villanueva (Portugal)**
- SECRETARY GENERAL: **Dr Catarina Matias (Portugal)**
- TREASURER: **Dr Pedro Fonte (Portugal)**
- VICE-PRESIDENT: **Dr Patrick Ouvrard (France)**
- VICE-PRESIDENT: **Dr Vesna Pekarović Džakulin (Slovenia)**
- VICE-PRESIDENT: **Dr Branka Lazic (Serbia)**
- VICE-PRESIDENT: **Dr Peter Holden (UK)**

Presidency and Secretariat

The Presidency of UEMO consists of the President, the Secretary-General and the Treasurer from the host country.

The order of rotation of the Presidency and Secretariat is decided by the General Assembly.

The Presidency and Secretariat function of the UEMO rotates from member organisation to member organisation on a four-yearly basis. Starting in Belgium, the host organisation for UEMO moved to The Netherlands, France, Great Britain, Germany, Denmark, Ireland, Italy , Sweden,Romania and Portugal .The President, Secretary-General and Treasurer are responsible for implementing the decisions of the UEMO General Assembly, preparing meetings of the General Assembly, conducting the daily work of UEMO, and maintaining contacts between UEMO and the relevant European authorities, the Standing Committee of European Doctors and other international organisations.

On 1st January 2023 the Portuguese Delegation assumed the Presidency and Secretariat function for the period 2023-2026.

In addition, four Vice-Presidents are attached to the Presidency.The four Vice-Presidents are also elected for a four-year term of office and are not re-eligible.

The Vice-Presidents are responsible for advising and assisting the Presidency in planning and analysing UEMO work and policy and, at the request of the President, representing UEMO at international meetings and on other occasions.

Except by special dispensation, all political officers of UEMO must be general practitioners active in medical practice.

Statutes

The manner of functioning of UEMO as legal organisation is defined in the Statute.The first UEMO Statute were established according to the Deed of incorporation signed before the Notary Mr. Pierre Nicaise in Brussels in January 21, 2009. Last update was on 28th October 2023 on Autumn Assembly under the provision of Book 10 applicable to international non-profit assotiations Code, in 2019.

Small wording changes were introduced by the Notary

himself in order to assure the Statutes fully respect

the requirements of the Belgium Law.

Code of Conduct

The internal organization of UEMO is described in Code of Conduct.The first UEMO Code of Conduct has been adopted by the General Assembly London 27 May 2017. and were also updated in October 2023.

Research & Projects

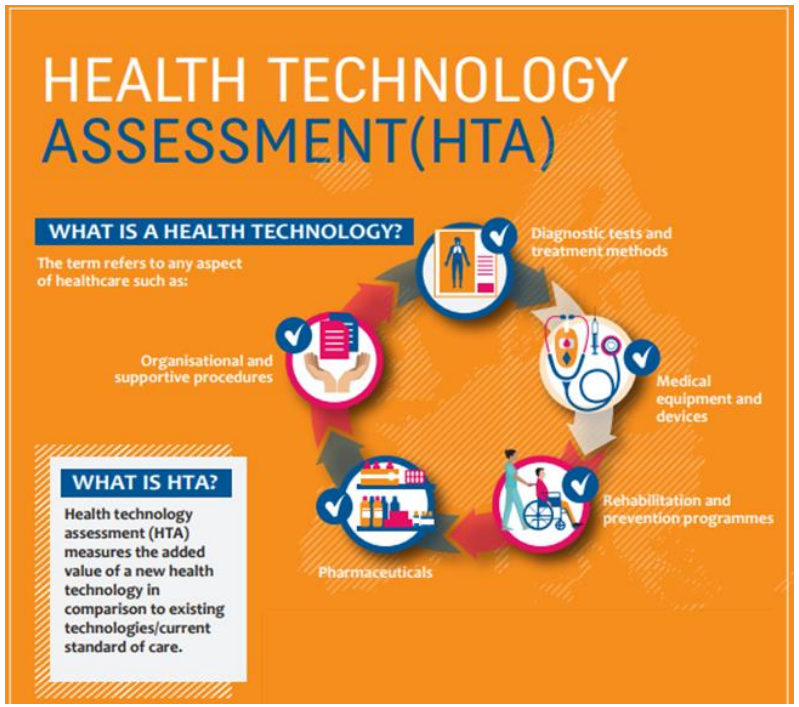
- TELL ME (Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence) was a 36 month Collaborative Project, which aims to provide evidence and to develop models for improved risk communication during infectious disease crises.

- ENS4Care (Evidence Based Guidelines for Nurses and Social Care Workers for the deployment of eHealth services): Innovative, high quality, safe and cost-effective national healthcare systems are dependent upon policy-makers and stakeholders developing and implementing high-quality eHealth services.

- SMART Project(General objective: measure
- the use of ICT and e-Health applications by
- primary care physicians in the European Union)

Cooperation with european and international organisations

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH



Cooperation with other european organisations of medical doctors

Statements

EMOs

- UEMS Statement: Impact of the COVID – 19 pandemic on the CME/CPD of European Specialist Doctors
- CPME and WMA Joint Statement - International medical community calls for autonomy of Turkish Medical Association to be safeguarded
- WONCA Europe Statement on Shortage of European Primary Care Workforce

UEMOs

- UEMO Statement of value of family doctors
- UEMO Support to Croatian Medical Organizations
- UEMO Statement about Shortages of medicines
- UEMO How to recruit and retain young doctors in general practice / family medicine
- World Health Day
- UEMO support Adoption of the Bucharest declaration
- UEMO Statement supporting UK doctors:
- UEMO statement on the Israel and Gaza situation

The Serbian Medical Chamber (SMC)

Independent Professional Self-contained Self-financed

- 45110 registered doctors , 37374 with valid licence, 2127 specialists of general medicine (168 in private sector and 1953 in public sector) and around 2000 doctors of medicine which work in general practice without specialization
- SMC is the organization of physicians in Serbia, with obligatory membership for all medical practitioners who work in Republic of Serbia.

- 1901: Serbian Medical Chamber was founded to govern medical practices and hospitals,regulation of the rights and duties of the physicians and initiate the Disciplinary Court to enforce the Medical Ethics code
- 1945: SMC`s work was subsequently interrupted by the decision of the Goverment
- 2006 Reinstatement: Serbian Medical Chamber was re-established (after a package of laws on health were adopted in December 2005.)

ЛЕКАРСКА КОМОРА СРБИЈЕ
SERBIAN MEDICAL CHAMBER

Structure of SMC

- General Assembly
- Steering Committee
- President
- Special committees (among others Special committee for international cooperation)

1. Regional Medical Chamber of Belgrade
2. Regional Medical Chamber of Vojvodina
3. Regional Medical Chamber for South-East Serbia
4. Regional Medical Chamber for Central and West Serbia and
5. Regional Medical Chamber of Kosovo and Metohia

Foreseen advantages of Serbia obtaining UEMO Membership

To work with the other European medical organisations to strengthen professional status and to search for common criteria for the professional practice in Europe.

This will raise the standard of training within our country and help create a uniform level of clinical care within greater Europe

This will help extend scientific collaboration across our continent

Extend the official support network for the integration of health care across Europe

Main strategic goal

- improve the status of a doctor of medicine
- raising the level of expertise and ethics
- join and actively participate in all international medical organizations
- Wellbeing of family doctors

Wellbeing of family doctors

A comparison of european family practice workload

- (From the scientific work of Dr M McCarthy FRCGP, Head of UK Delegation, Rome 2015)

- A questionnaire concerning workload was circulated in 2015., emailed to delegates from January to March
- Initially there were 10 questions , 2 more were added after suggestions from delegates
- 25 states replied (Malta gave 2 answers – public and private)
- There is variation within some states where a private system co-exists with a public one

Answers

Do you have a registered List?	17 countries say YES, 6 say NO
List size – numbers per doctor Do you work as a single doctor?	12 countries say YES, 12 say NO
	11 countries say YES, 15 say NO
Which is more common - single or group practice?	11 say single doctor, (Italy 50%:50%), 14 say group practice
If group, how many doctors?	16 say 3 or less, 9 say 4 or more
Do you have other staff?	8 say one nurse or fewer, 16 say nurses, admnistrative workers and others
Number of consultations/day?	11 delegations say 25 or fewer, 14 say more than 25 up to 50
Number of home visits/dr/day?	15 say 2 or fewer, 10 say 3 or more
Length of consultation?	17 say less than 15 minutes, 8 say more than 15 minutes

Working hours

·Phone calls from patients; Phone calls to patients;

·Prescription queries; Review of pathology results;

·Acting on letters from specialists; Acting as patients' advocate;

·Referral letters: Sign "sick notes"

- **How long is your working day?**

13 say 8 hours or fewer, 12 say 8-12 hours or more

- **Is your workload sustainable?**

60% say NO, 16% say POSSIBLY, 24% say YES

Those states that say their workload is sustainable have lists of patients <1600 patients;
They tend to spend at least 20 minutes in a consultation

Conclusion

General practice/family medicine is under stress!

- Increasing demand, Changing demographics/older population, Shift of work from secondary to primary care, Increase in Chronic Disease – Diabetes/CVD,
- Retirement of older doctors, Shortage of medical graduates choosing a career in FM

A workforce under stress is not clinically safe!

- High levels of "Burn-out“, Risk of CVD related illness, Increase in stress-related mental illness, Increase in alcoholism, Increase in self-medication, Increased levels of relationship breakdown/divorce,
- Early retirement, Difficulty in recruitment

Solution

- **Increase consultation time** for patients – for clinical safety
- **Limit numbers of patients per GP/FD -** for clinical safety
- For doctor safety **- Try and limit number of patient contacts in a working day**
- **Limit hours of work** for family doctors – build in education time
- **Education of population** may reduce demand
- **Teach resilience in medical schools**

We need to take care of our doctors as well as for our patients

MURCIA DECLARATION ON THE FUTURE OF GENERAL PRACTICE AND FAMILY MEDICINE IN EUROPEAN HEALTHCARE

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

EJD
European Junior Doctors

We, the undersigned, declare our commitment to promoting and protecting the role of General Practitioners /Family Physicians (GP/FP) within Primary Healthcare, as the only way to achieve universal health coverage and ensure the sustainability of our healthcare systems. In the face of increased demand and workforce shortages, we recognize the crucial role of the first level of the system as the foundation of effective healthcare delivery. General Practitioners/Family Physicians are highly trained medical professionals who provide individualised patient-centred care over a patient's lifetime. Continuity of care is the cornerstone of the profession. We call for strengthened targeted investment in general practice and family medicine, and expanded access in underserved areas. Moreover, by adopting a One Health approach, we acknowledge the interconnectedness of human, animal, and environmental health. Together, we strive to create a healthier and more equitable future for all.

Medical Workforce

We recognize the pressing need to enhance health and care workforce planning and forecasting, particularly in relation to the recruitment and retention of GP/FPs in Europe. The shortage of these essential and cost-effective specialists (or specialist general practitioners) poses a significant challenge to the delivery of quality primary care services and ultimately the survival of healthcare systems in general. To address this issue, we advocate the adoption of comprehensive workforce strategies which encompass recruitment and retention incentives as well as professional development opportunities. By investing in the GP/FP's education, training, and Continuous Medical Education and Professional Development, a sustainable and well-equipped workforce capable of meeting the evolving healthcare needs of our population can be secured.

We insist that addressing the current workforce crisis requires active urgent measures to enhance the recruitment and retention of General Practitioners and Family Physicians. This involves ensuring fair and commensurate remuneration reflecting the responsibility of their work and the added value which they bring to their communities, the healthcare system, and our nations. To safeguard their own health and well-being and mitigate psychosocial risks, General Practitioners/Family Physicians need increased consultation time for patients. There must also be full recognition of the time spent on administrative tasks. Failure to establish optimum GP/FPPopulation ratios is already leading to restriction of personal workloads by GP/FPs in some countries in the interests of patient safety.

Safety and Work Environment

Furthermore, we highlight the need for safe working conditions, with the enforcement of zero-tolerance policies against violence, harassment, discrimination, and mobbing in the workplace. Targeted policies must be urgently introduced addressing the specific vulnerabilities of staff members who are more exposed to such behaviours. Every Physician must receive support throughout investigations of patient complaints and be safeguarded from baseless, malicious, vexatious or discriminatory complaints.

One for all and all for one

Thank you for your attention and Join the UEMO

secretariat@uemo.eu