



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

UEMO

What it is

What it does

Dr Hermenegildo Marcos
Head of the Spanish delegation in the UEMO
FEMS General Assembly
May 2023



Founded in Paris 1967

by the five member states of the European Economic Community
(Belgium, France, Germany, the Netherlands, and Italy)



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 health system.
- **Represent** general practitioners to European authorities and international organisations.
- **Collaborate** with other European medical groups to strengthen the position of the profession

25 Member states



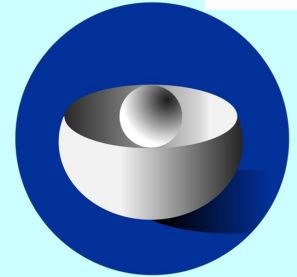
- Members are countries within geographical, not political Europe
- Includes Switzerland, Turkey and UK
- Holds two General Assemblies in Spring and Fall





Liaises with and informs other EU bodies

- Stakeholder in European Medicines Agency
- Stakeholder in HTA
- Member of ONE HEALTH POLICY – AMR
- Member of HERA European Health Emergency Preparedness and Response Authority
- Member of Vaccine Coalition



HTA



HERA



And collaboration with other European Medical Organisations

to strengthen a unanimous position of the medical profession in Europe for maintaining the highest possible standards of training, ethics, and care.



- EJD



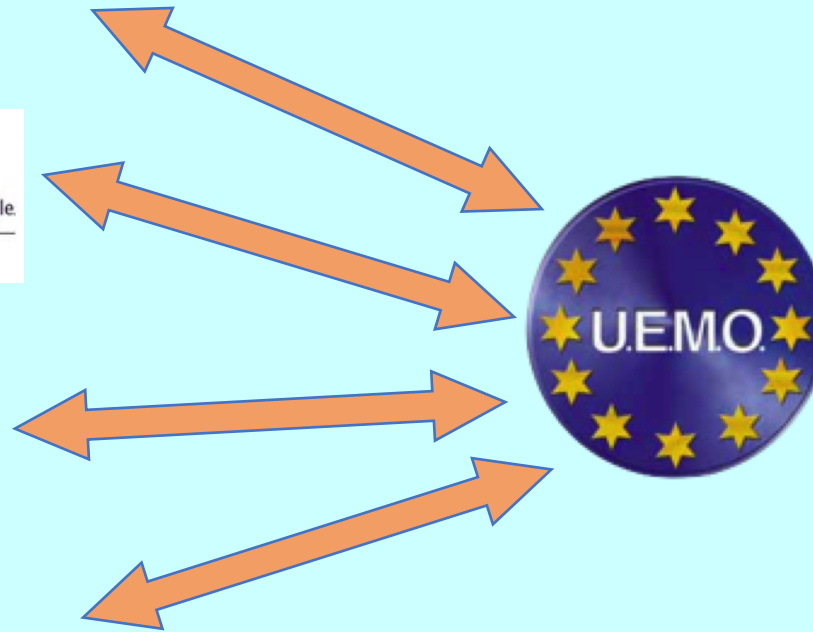
- WONCA



- CPME



- UEMS



And OMS

Since 1992, it has also had **official non-governmental consultative status** with the Council of Europe.

Six permanent Working Groups



1. Competencies of GPs in management of complexity - chronic disease
2. Preventive Activities - vaccination, screening
3. Ad Hoc - Speciality recognition, Cross Border Care, Organisational changes
4. E-Health – remote consultations
5. The value of GPs – surveys on workload and scope of practice
6. CME/CPD – accreditation process



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Continuing Projects

1. The recognition of the Speciality of General Practice/Family Medicine by the EU
2. Continued participation in One Health Network – AMR
3. Workshop with Prof Michaud on Adolescent and Young People Care
4. Continued participation with EMA on significant topics
5. Membership of HTA
6. Membership of Vaccination Coalition

Why Does UEMO Matter? Because Family Medicine Matters



- UEMO supports and promotes Family Medicine – the base of all cost-effective Health Care Systems
- UEMO Policy Statements are issued regularly - on Covid, Vaccination, the Value of GPs, e-Health, AMR, childhood obesity
- UEMO gives support for National Medical Associations facing difficult times

Letters to Romania, Portugal, Turkey and Spain





% of GDP for Health Budget

- Austria – 10.9%
- Belgium – 10%
- Czech Rep – 7.5%
- Finland – 9%
- France – 11.3%
- Netherlands – 10%
- Norway – 10.5%
- Portugal – 8.6%
- Romania – 5.57%
- Serbia – 10.3%
- Spain – 6.9%
- Switzerland – 12%
- U.K. – 9%



% of Health Budget for General Practice

EU average – 13%

- Austria – 4.26%
- Belgium – 10.3%
- Czech Rep – 6%
- Finland – 14%
- France – data not found
- Netherlands – 4.4%
- Norway – data not found
- Portugal – 17%
- Romania – 4.47%
- Serbia – data not found
- Spain – 14.2%
- Switzerland – 15%
- U.K. - 8%



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
- Undervalued

UEMO STATEMENT ON THE ADOPTION OF THE BUCHAREST DECLARATION



- High-Level Regional meeting on Health and Care Workforce in Europe: time to act on March 22 and 23
- “It remains **challenging to recruit and retain** General Practitioners and Family Physicians throughout Europe”

UEMO STATEMENT ON THE ADOPTION OF THE BUCHAREST DECLARATION



- “GPs and family physicians usually work under great pressure and strain, and it is essential that they **can work in safe and well-resourced settings** and have **enough time** to attend to each patient”.
- “Otherwise, the **risk of burnout and disillusionment** with the profession is very real”.
- “The odds of successful recruitment and retention will be higher through a **mixture of both financial and non-financial incentives**. While proper remuneration and working conditions remain essential, it is increasingly important to **offer flexible working arrangements** that promote work-life balance and conciliation with family life or other non-clinical roles as well as **opportunities for professional development**”.

¿POR QUÉ EMIGRAN LOS MÉDICOS DE FAMILIA DE ESPAÑA?



Madrid, Enero 2023

OMC



ORGANIZACIÓN
MÉDICA COLEGIAL
DE ESPAÑA

CONSEJO GENERAL
DE COLEGIOS OFICIALES
DE MÉDICOS



Amsterdam UMC



WHY FAMILY DOCTORS EMIGRATE FROM SPAIN



- The study intends to find out the reasons why FD/GP trained in Spain decide to emigrate
- the factors that influence the choice of destination country
- to identify recommendations for the improvement of retention and the possible return of FD/GP to Spain.

OMC



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Amsterdam UMC

WHY FAMILY DOCTORS EMIGRATE FROM SPAIN



- Salary
- Lack of job stability, short-term contracts
- Excessive workload due to lack of staff
- Dissatisfaction with the management of the PC
- Lack of flexibility in working hours and conditions
- Personal motives
- Low prestige and social reputation
- Lack of opportunities for professional development
- Excessive bureaucracy and administrative work
- Poor continuity of care (longitudinality)

[Figura 2] ¿Que le hizo emigrar de España?



WHY FAMILY DOCTORS EMIGRATE FROM SPAIN



- Labor contracts: stability, flexibility and remuneration
- Working conditions: availability of time and problem-solving capacity
- Professional development: training, teaching and research



THE GOOD NEWS IS THAT A NUMBER OF GPs HAVE AGREED TO TAKE ACTION ON A NUMBER OF DANGEROUS 'LIFESTYLE' ISSUES INCLUDING HIGH LEVELS OF STRESS LONG WORKING HOURS, LACK OF TRUST

AND THE BAD NEWS?

THEY'VE DECIDED THE BEST WAY TO REDUCE THEIR RISK IS BY RETIRING!



GPs TO BE ENCOURAGED TO ADDRESS 'LIFESTYLE' ISSUES