



**CPME/AD/Brd/110904/077/EN**

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At its Board meeting, Brussels, 11 September, 2004, the CPME endorsed the following policy : UEMO declaration on training for general practice/family medicine in Europe (CPME 2004/077 Final EN)

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## **UEMO DECLARATION ON TRAINING FOR GENERAL PRACTICE/FAMILY MEDICINE IN EUROPE (UEMO 2003/179 final)**

General practitioners/family physicians are medical generalists and are, in most European health care systems, the first point of medical contact for unselected patients presenting with illnesses at an early and undifferentiated stage. In addition to diagnosis and treatment or referral, health education, preventive activities, terminal care or palliation present the tasks that general practitioners/family physicians have to address and perform. They are not only patients' advisers and advocates, but also teachers and trainers and sometimes researchers, too. Since general practitioners usually are the ones, able to coordinate the treatment of multiple specialists and self-medication, they have to have broad knowledge of all available and appropriate services within the local health care system.

The setting of the general practitioners' work within the community and the nature of their work within the patient's family and his community, the person-centred approach, the impact of the threat of disease to the patient and to his family, the inter-relationship of biological, psychological, social and cultural aspects of health problems are all specific features of the work of general practitioners. All these aspects need to be addressed in the postgraduate general practice/family medicine training, to become whether, at the current time and in current terminology, general practitioners under Title IV or family physicians under Title III of Directive 93/16/EC.

General practitioners are often those doctors, who are best placed to counsel and guide patients with chronic diseases such as diabetes, cancer, asthma, cardiovascular diseases, arterial hypertension and respiratory disorders over prolonged period of time, as well as provide the primary and continuing medical care of the majority of patients with psychiatric and psychosomatic problems. GPs/family physicians are expected and have to be able to treat and follow up patients with multiple health problems as well as terminally ill patients.

General practitioners are familiar with the whole range of common and less common diseases in their communities and also with all preventable conditions.

They are familiar with the therapeutic principles of a wide range of pharmaceutical products, their side effects and interactions since they are the doctors who prescribe most of the medicaments in ambulatory care. They have to consider and to be familiar with treatment possibilities in other medical fields in order to be able to advise and refer their patients where necessary and appropriate.

To enable them to deliver services of high quality, the training of general practitioners/family physicians requires special focus on communication skills. These skills are the basis of good patient-doctor relationships, of the diagnostic and treatment processes and of chronic disease management, which require the discussion of the disease, the treatment and the follow up plan in a way, tailored to each individual patient.

1. With this document the UEMO wishes to establish goals and proposals with special relevance for the training of general practitioners/family physicians. The purpose of the training is to produce doctors who have obtained a level of clinical competences sufficient for independent practice.
2. Thorough training is a prerequisite for good practice and must take its starting point as soon as possible in general practice. It must be conducted on both a theoretical and a practical level and ought to be of direct use in the practitioner's daily work. General practitioner organisations should strive to place general practitioners in charge of all aspects of general practice training, no matter if it is undertaken in general practice setting or at clinical posts.
3. All doctors should be exposed to training in general practice/family medicine both in their undergraduate training and as part of the postgraduate training before entering training dedicated to their careers as general practitioners/family doctors.
4. General practice/family medicine training must be orientated towards general practice throughout the entire training period. The content of training, as well as the organization and standards of training are the responsibility of the national professional, academic organisations/universities in general practice/family medicine. The frameworks within which the training takes place must necessarily include cooperation with the health and the financing authorities.
5. The goal is for the duration of training for general practice to be equivalent to the duration of other specialist trainings, including a practical and theoretical part, and for the content to be relevant and appropriate, aimed at acquiring the required competences. Flexibility should be available to take account of individuals' educational experience and needs.

A minimum of half of training time should be spent in the general practice environment.

6. No part of training should have a minimum commitment of less than 50% of full time training. The total duration of training will be extended pro rata to compensate for any periods of part time training.
7. An attempt to develop methods for the assessment and follow up of the process and results of training must be supported. Methods of evaluation must be integrated into the educational programmes. General practice organisations must decide on and take responsibility for the evaluative procedures
8. The quality of the scientific and educational posts in general practice must be delivered through explicit contracts specifying the educational content and mechanisms for evaluation, establishing precise goals and appropriate criteria, promoting the methodology and implementation of research and quality assurance in general practice.
9. Sufficient and substantial resources must be provided for training to produce skilful and competent independent general practitioners. It is the responsibility of the individual general practitioner to make optimal use of resources. It is the responsibility of the professional organizations to secure and develop an effective framework for the training of general practitioners- the network of trainers, training practices (in general practice/family medicine), hospitals and training programs. It is the responsibility of the health care systems to guarantee the financing of training and training posts, both economically and professionally.
10. Specifically allocated resources (time, money, programs and trainers) are a prerequisite for the quality assurance of structured training in general practice/family medicine. Each member state needs to plan to meet its own workforce needs and access to general practice.
11. The common core content of general practice/family medicine in Europe was defined to prepare general practitioners for independent practice in all European countries. UEMO supports the migration process in Europe stating that the quality of care for both migrating patients and migrating GPs/family physicians must be guaranteed.
12. It is high time to finally recognise the new position of general practice/family medicine in Europe, accepting general practice/family medicine as a speciality equal to all the others.