At the beginning of the meeting there were presentations by the President of the Croatian medical chamber, the Director of the Croatian insurance fund and the deputy Minister of Health.

7.8% of GDP is spent on health

Each citizen has to be insured and registered with a GP. On average there is one GP for every 1700 patients.

There are 19,086 licensed doctors in Croatia, although a shortage of primary care doctors. The Croatian medical chamber both licences doctors and arranges fees.

In April 2013 new models of primary care contracting were introduced. Capitation funding has been reduced and the fees for service element increased. There are KPIs for prescribing and sick leave rates and numbers of referrals made to laboratories and specialists. There is a higher performance from the independent GP’s compared to the salaried doctors.

GPs are additionally being incentivised to provide phone and e-mail consultations, e-ordering of prescriptions and enabling a walk-in on the day service. GPs are also encouraged to attend peer group support with colleagues where they are expected to participate in discussions.

President’s Report
Prof Dr Ferenc Hajnal, President, UEMO

UEMO Presidency priorities and updates:

Priority 1 Developments of the revision process of the Professional Recognition Directive and strategy suggestions for specific training

The European Commission has presented a proposal which aims to facilitate the mobility of health professionals through the use of new e-government tools, such as:

- European Professional Card (EPC),
- Points of Single Contact,
- Modernisation of the training requirements for health professionals, including doctors and general care nurses.
• Closer checks of migrant health professionals’ language knowledge and the introduction of an EU-wide proactive alert mechanism to spread information about professionals good standards who have been banned from practice.

**EPC Consultation (7th April – 2nd June)**
*(On introducing the EPC for nurses, doctors, pharmacists, physiotherapists, engineers, mountain guides real estate agents.)*

- **Commission will use responses to assess**
  - Is the EPC appropriate for the professions concerned?
  - What impact it will have on EU countries?

Dr. Terry John presented the proposed UEMO response on the professional card to the GA. He reported on the importance to be involved in the discussion, and therefore maintain the opportunity to influence. He identified two crucial questions within the consultation, Q2 and Q22. The proposed response for UEMO is as follows:

The European Union of General Practitioners /Family physicians has already expressed its qualified support for the introduction of the professional card (EPC) which could help to facilitate the mobility of doctors. Nevertheless, the UEMO has serious reservations on the EPC system as it is presented now.

**Reservations:**
- The responsibilities for regulatory investigations should be with the Host country and not the Home country because the Host country will be responsible for the patients under the care of the doctor entering the country.
- This will raise issues about cross border liability in the temporary provision of services.
- The above points raise concerns about patient safety which have not yet been fully addressed.
- **OUTCOME:** The UEMO GA plenum supported the proposed response to the EPC consultation. The UEMO secretariat will respond to the consultation by Monday 2nd June.

**Priority 2.  (Professional) political activities**
- Recruitment France is considering re-joining UEMO
- Joint statement on patient safety and quality of care in economic crisis
- Letter on Alcohol Policy (accepted a letter on MUP endorsed)

**Priority 3. Participation in EC’s projects (covered elsewhere in report)**
- Completing **SMART**,
- New tasks in **TELLME**,
- **ENS4CARE**

*(Summary of projects can be found elsewhere in report)*

**Priority 4. UEMO Communication**
- New UEMO website, which is publically available.
- Bimonthly issues of the UEMO bulletin available
• Interativity nature of the new website

Working Groups

Specialist Training Working Group
Dr Volker von der Damerau (chair), Terry John (rapporteur)

Governments in the UK, Austria, and Italy have not yet recognised General Practice as a speciality. UEMO continues to argue that General Practice should be recognised as a speciality in European legislation. Vice President J. Portelli-Demajo drafted a model letter on behalf of UEMO members to send to national authorities. The letter outlines the need for General Practice to be recognised as a speciality. The Chairman asked each country to report on latest activities from their national association concerning the letter. Ireland, Austria, Malta, Hungary, and the UK were identified as countries that have sent the letter. Ireland and Austria reported on their responses, of which both were unsuccessful at securing recognition.

The issue of uniform classification of the profession was raised, where a number of countries expressed that ‘general practice’ as a title was often associated with negative connotations, and instead all countries should adopt ‘family medicine’ as the preferred title for the speciality. The UK responded immediately to inform the group this was not the case in the UK, and would not consider changing the title.

A list of action points generated from the working group included:

- Identify a parliamentary representative who is sympathetic to the cause, and will champion at European level.
- Encourage participation by sending national associations the formal template letter. This in turn will encourage countries that have not already sent the letter to become more engaged.
- Prepare a short policy paper on general practice as a speciality, drawing from the previous policy paper. The paper to be prepared by:
  o President UEMO
  o Terry John, UK
  o Volker Von der Damerau, Germany
  o Joseph Portelli Demajo, Malta
  o Jorg Pruckner, Austria

Preventive Activities Working Group
Dr Fritz-Georg Fark (chair), Dr Geert-Jan van Loenen (rapporteur)

E-cigarettes
The WG agreed that e-cigarettes are a new problem on the horizon. Flavouring added to e-cigarettes, and un-recognised harm were identified as contributing factors. The group heard
about the recent attempt by the Netherlands, who are attempting to put e-cigarettes in the same position as normal tobacco.

Alcohol

The influence of GPs/FPs was discussed in relation to the growing problem of alcoholism across Europe. The EU is producing an alcohol strategy.

Minimum Unit Pricing (MUP) was suggested as a policy opportunity to decrease alcohol consumption. Licensing and promotional offers such as ‘happy hours’ from alcohol vendors were identified as exacerbating the issue.

The WG produced a statement to be approved by the GA:

UEMO, Europe’s political organisation for all GP’s/FP’s in Europe, strongly supports preventive activities in the field of alcohol prevention as planned in the EU’s alcohol strategy. Alcohol misuse especially by adolescents and young people is a growing problem.

From our point of view, minimum alcohol pricing, buying, selling and age-restrictions are an easy and effective, evidence based method to be implemented by the authorities. In addition GP’s/FP should be included in the planning and decision making for alcohol prevention activities.

Planned actions will be more effective when GP’s are integrated in the process. General Practice/Family Medicine has an important role in alcohol prevention. However we recognize that responding to the challenges of harm associated with alcohol requires a multidisciplinary and wider societal response.

OUTCOME: GA plenum accepted the statement.

UEMO were approached by Lundbeck, a leading research-base pharmaceutical company, who want an integrated approach to alcohol misuse. Three members of the WG were nominated to take part in a teleconference with Lundbeck; Renata Papp, Nena Kopcavar Gucek, and Kate Adams. Outcome from the teleconference will be reported on at the next meeting.

Generic medicines

The Chairman posed the problem of side-effects in relation to generic drugs. He had experienced in his practice more side effects reported by patients when using generic drugs that when using branded (patented) drugs. The Chairman will bring an investigation of his findings to the next WG meeting.

TELLME Project

TELL ME (Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence) is a 36 month project which aims to provide evidence and to develop models for improved risk communication during infectious disease crises. The end of the program is approaching (February 2015). New software will
be tested in November at the next WG meeting in Budapest. The WG called for testing to be completed by GP’s from Europe. At a later stage the project can be trialled in the USA.

**CME/CPD**
Dr. Henry Finnegan (chair), Dr Caecilia Verlinden (rapporteur)

The Chairman presented the WG’s proposal for a European Accreditation Board CPD to the GA. Purpose of presentation is to generate support for the proposal and seek assurance from the GA for the WG to begin the process of exploration.

The proposal:
- A separate accreditation system for GPs/FPs, by GPs/FPs.
- Tasked with accrediting international education events
- Will provide a service for GPs/FPs in Europe involved in life-long learning
- Include electronic online evens i.e. webinars
- May be of benefit to physicians outside the EU, e.g. USA and Canada

OUTCOME: UEMO GA plenum accepted the proposal having secured ¾ of the majority.

NEXT STEP:
1. WG to develop a comprehensive paper outlining the parameters for the proposed Board. Paper must address issues concerning structure, financing, application process, external partner’s involvement including pharmaceutical industry.
2. Call for all members to respond to questionnaire (which will be circulated at the next GA) which seeks to gather background information on what is happening on the ground in each country and identify who is the accrediting body.

**WG competencies of GPs in management of complexity**
Dr. Daniel Widmer (chair), Dr Lynda Hamilton (rapporteur)

Dr Daniel Widmer presented the revised paper on added value of team work in general practice. The three modifications he outlined centred heavily on clarifying previous points raised through providing clear and specific definitions of responsibilities, and illustrating where evidence/ information was derived from.

The GA plenum accepted the modifications.

The group also discussed informatics and how patient data should be handled and used. The group agreed that this must be via a need to know basis, with ultimate control lying with the general practitioner.

**Ad Hoc WG Working Group merged with Cross-border Care**
Dr. Joseph Portelli Demajo (chair) / Dr. Liam Lynch (chair), Dr. Marco Patierno (rapporteur)

Lively discussion around the consultative process regarding the professional card, with diverse views strongly expressed. The group agreed a consensus approach which is to agree in principle to enter the dialogue/ discussion to inform and assist the EU. The UEMO
response to the consultation can be found in ‘Special Agenda Item – Discussion on Professional Card’.

Discussions took place on m-health in the context of multiple inputs into the patient record from multiple health care professionals providing care in the community. The WG agreed to inform and input into emerging EU policy in this regard and submit responses appropriately.

Cross border care was discussed in relation to implications for members, with a particular focus on professional indemnity of doctors, and legal jurisdiction for patients. The group agreed this issue needed to be further elaborated, and will therefore be discussed at the next meeting.

UEMO General Assembly

Keynote Address

‘Mega trends in medicine – what will be their impact on General Practice in 10 year’s time?’

Dr Reiner Brettehaler, Head of Delegation, Officer for European & International Affairs, Austrian Medical Chamber

Dr Brettehaler presented on his recent research examining mega trends in the medical profession. He identified five particular areas of change:

- Doctor-patient relationship
- Everyday medical practice
- Medicine/medical science
- Financial issues
- Changes in society

Doctor-patient relationship

This has changed considerably in many fields. Dr Brettehaler identified three important changes which have significantly influenced this relationship.

- Contract – observed a shift from ‘trust’ into a ‘mutual contract’.
- Informed patient – empowered patient in the advent of readily available information online (telemedicine).
- Autonomous patient – informed consent. Patients with greater understanding of their rights within the legal medical framework.

Everyday medical practice

Shifts in patterns within medical practice:

- Increase in administrative tasks
- Societal and patient demands
- Legal influence on medical practice
  - Pressure to justify medical decisions may lead to defensive medicine
- Task shifting
  - Decision shifting (era of new decision makers – tasks are delegated to other health professionals i.e. advance practice nursing).
| Medicine/ medical science | Trends in medicine and medical science across Europe:  
| | • Changes in the disease burden across Europe – mental health and non communicable diseases  
| | • Ongoing ethical debates on beginning-of-life/ end-of-life issues  
| | • Evidence based medicine  

| Financial issues | Financial forecasting:  
| | • Doctor and patient as petitioners before health insurance providers  
| | • Funding constraints  
| | | • Global financial crisis  
| | | • Rationing e.g. due to capacity shortages in certain areas of treatment  
| | • Competition  
| | | • Between hospital and office based sectors (where there is no state-based system)  
| | | • Between different groups of doctors (employed vs/ self-employed)  

| Changes in society | Societal changes observed:  
| | • Demographic changes  
| | | • Medical profession is becoming ‘young and female’  
| | | • Rising aging population due to rising life expectancy  

---

**Report from Senior Policy Advisor**  
Marie-Christine Bonnamou

Provided a summary of recent activities concerning EU initiatives and projects

- **Alcohol Action Plan** (EU are developing an action plan to reduce excessive alcohol consumption)  
  o Limit exposure of youth to marketing and advertising  
  o Protect unborn child  
  o Increase research in this domain  
  o Ensure a healthy and safe environment for children and young people

**ACTION**: UEMO preparation of short policy paper

- **E-health**: EU are concerned with the roll out of e-health, and seek to:  
  o Identify existing barriers and issues related to health deployment  
  o Possible market for the EU ; European innovation and industry

**ACTION**: UEMO have to take a position through the Ad Hoc Working Group – response to questionnaire by July 2014.

---

**Special Agenda Item – Discussion on Professional Card**  
Dr. Terry John, UK Delegation, British Medical Association
The responsibilities for regulatory investigations should be with the Host country and not the Home country because the Host country will be responsible for the patients under the care of the doctor entering the country.

This will raise issues about cross border liability in the temporary provision of services.

The above points raise concerns about patient safety which have not yet been fully addressed.

Reports on ongoing projects

What do FDs Do?
Dr Mary McCarthy, Head of UK Delegation, British Medical Association

Dr McCarthy reported on the results from an informal survey into European Family Physician/ General Practitioners workload and patterns. Key conclusions drawn from the research highlighted two dividing lines in family doctor workload throughout the EU. The first is between member states where family physicians are prevented, by law and by custom, from seeing certain groups of patients (i.e. the very young, gynaecological problems, or the elderly). The second is between those communities that live a considerable distance from a hospital and those that reside in larger towns.

The report was well received, and a further call was made for more information from member states that had not previously responded.

ENS4Care
Dr. Daniel Widmer

Dr. Widmer presented on the results from the ENS4Care questionnaire circulated to members in early 2014. ENS4Care is a thematic network, of which UEMO are partners. Its main objective is to share good nursing and social work practices in e-Health services.

Through evaluation and consensus building, it plans to create a set of guidelines on healthy lifestyle and prevention, early intervention and clinical practice, integrated care and skills development for advanced roles of nurse e-Prescribing. UEMO will receive the next update at the November 2014 meeting.

Next Meeting

UEMO  21- 22November 2014 – Budapest, Hungary
UEMO  TBC  May 2015 – TBC, Italy