

Comment by UEMO

The future for general practice

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General practice is the best job in medicine. All family doctors know this, so why is it so difficult to persuade young medical graduates to train as general practitioners? We see the patient, and their families, throughout their lives, caring for them from the cradle to the grave. We are the first point of contact for 90% of medical problems and we deal with 80% of diseases. We

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examine and investigate and involve the patient in decisions that will affect their life and their health. We rejoice in the birth of a baby and hold the hands of the dying. It is a discipline that stretches the mind and expands the heart. No other branch of medicine is so holistic, so mindful to keep the patient in the centre of the process, so broad in its applications. The family doctor always was, and always will be “The Doctor”.

Yet throughout most European countries we see a shortage of family physicians. This is more marked in rural areas, but is increasingly becoming apparent in urban areas as well.

UEMO (Union Européenne des Médecins Omnipraticiens / European Union of General Practitioners) has conducted several surveys over the last few years to look more closely at the state of general practice / family medicine in Europe. They have examined workload, consultations, length of working days and premises. They have asked about holidays, coffee breaks and general practice teams. Crucially, at the end of one questionnaire, they asked “In your country, is general practice reasonable and sustainable?”. Of the 25 European states that replied, 60% said that, in their country, they did not think general practice was reasonable or sustainable, 25% felt that with some minor alterations, general practice would eventually survive and 15% said that they felt general practice was alive and thriving. So



UEMO looked a little closer at those happy countries and noticed that they had several features in common. Their doctors had normal working days, starting at 09:00 and finishing at 17:00. In fact, many finished earlier, with Denmark ending the working day at 16:00 and on Friday at 14:00. Their consultations were longer than the average for Europe, taking 20–30 minutes, and their patient list size was around 1000–1250 patients per full-time doctor. However, the factor that had the highest concordance was the number of patients dealt with in one working day. Those countries that saw fewer than 25 patients in a day had doctors who were satisfied with their working life. So UEMO started to look at what conditions were bad for general practitioners, at what factors encouraged “burn-out”, with young doctors leaving for another branch of medicine and older doctors retiring early. We asked the UEMO delegates what would make their lives easier and would encourage them to stay in family medicine. The answers were enlightening and often had simple solutions. General practitioners wanted autonomy and the flexibility to work part-time if it was necessary for a better work-life balance. They wanted well equipped premises with enough space to accommodate multidisciplinary teams if desired. They wanted less bureaucracy, less form-filling and less “tick-box” medicine. They wanted adequate breaks and reasonable holidays to recover and regroup after a busy winter. They wanted a manageable working day since in some countries GPs were working 12–14 hours in order to catch up with paperwork, laboratory results, prescriptions, hospital letters

and referrals. They wanted an occupational health service for GPs, though they advised that GPs should have their own family doctor to advise on their health. They wanted more support from official bodies, more recognition of the complex and difficult job that GPs face every day. They wanted registered patient lists to prioritise continuity of care and measures to reduce the fear of litigation. They felt family medicine needed better financing, with robust IT systems and good communication channels between general practitioners and their hospital colleagues. They wanted to be valued and appreciated for the specialists that they are, with recognition of the Speciality of General Practice / Family Medicine endorsed by European bodies.

We want our young colleagues to thrive in this discipline and like good gardeners, we need to have rich soil to plant them in, water to quench their thirst and sunny days to warm them and make them grow.

All of these measures are achievable and UEMO thinks would improve retention and recruitment into general practice. Putting them into practice should not be that difficult for fair-minded health organisations. We want our young colleagues to thrive in this discipline and, like good gardeners, we need to have rich soil to plant them in, water to quench their thirst and sunny days to warm them and make them grow. We can do it – it just takes determination and resolve.

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