

ENTERING THE E.E.C.

Much to offer . . . much to learn

ON 1 January, 1973 the United Kingdom entered the European Economic Community. How will entry affect general practice?

Rowe (1972) has emphasised that Article 3 of the Treaty of Rome contains provisions which directly affect medical practice. Of particular importance are the two sections which "eliminate between Member States restrictions on the import and export of goods", (including pharmaceutical products and drugs), and secondly, "the abolition, as between Member States, of obstacles to the free movement of persons, services and capital."

However, the Article dealing with free movement of people does have a qualification reading "the provision of this Article shall not apply to employment in the public services." Whether this would apply to the British National Health Service remains to be seen.

Final decisions will be taken in the Council of Ministers and it is significant that Article 57 requires votes affecting the medical, paramedical and pharmaceutical professions to be unanimous.

General practice in Britain is more involved with Government than in any of the other countries. This involvement led as early as 1912 to the formation of the National Insurance Acts Committee which later became the General Medical Services Committee and in consequence the working relationship between Government and profession in the British Isles is not yet paralleled in Europe.

U.E.M.O. (l'Union Européenne des Médecins Omnipraticiens) grew out of a general-practice working group. Although national medical organisations had existed before in European countries to further the interests of the profession, it was not until the formation of the European Economic Community that a grouping of representatives of national medical societies was formed at a World Medical Association meeting in 1959.

In this way a European group emerged to formulate medical opinion and to represent the views of doctors to the community. Subsequently, U.E.M.O. itself was formed in 1967 and its first task was to obtain recognition for general practice as a discipline in its own right.

Academic position

For historical reasons stresses and strains in general practice occurred at different times in different countries. The strain was first felt on the North American continent and, most recently, in Europe and Australasia. In the United Kingdom the time of crisis was in the early 1950s, and this led to the foundation of the College of General Practitioners so clearly described in the James Mackenzie Lecture published today.

The rapid development of the College meant that ideas about education and training for general practice became accepted in Britain faster than in many other countries. The Royal Commission on Medical Education (1968) set the seal of approval on many of the

College's own ideas, and greatly encouraged general-practice teaching in both undergraduate and postgraduate fields.

Professor Scott was the first professor of general practice in Europe; university departments are springing up fast, and there are now seven chairs of general practice in both the United Kingdom and Holland. Universal mandatory vocational training for general practice already exists in Denmark and is planned in the U.K. by 1977.

There are three main problems ahead: (1) education and training for general practice, (2) movement of people and (3) difficulties with comparisons.

Training for general practice

It is disturbing that general practice in the rest of Europe is not yet recognised as a specialty with its own training. Despite the considerable detail that some of the draft directives of the Commission contain, including for example the number of hours of training required for most specialist branches of medicine, the fundamental acceptance of the need for training for general practice has not yet been achieved. Indeed, a recent discussion in the Parliament of Europe was not encouraging. Despite grave disquiet about the state of general practice, the view was expressed that the solution did not necessarily lie in a two-year postgraduate training for general practice but in an alternative form of basic training. This view was naturally not shared by the profession.

Many experts such as van der Leeuw and Rowe favour a vocational register or some form of protected title for general practice.

The Germans have managed to create a four-year postgraduate training on a voluntary basis with a protected title 'Arzt für Allgemeinmedizin', but in Holland, where there are many general-practice training schemes (van Es 1972) there is, as yet, no protected title.

In most of the other countries there is "an uncertain situation" mainly because of legal difficulties and simultaneous changes in Government involvement with health care.

(2) *Free movement of people*

"The principle of free movement of persons . . ." is fundamental to the Treaty of Rome, and its eventual application to the medical profession is inevitable. Its immediate application is obscure and the limitations, if any, that will apply to appointment committees in the British National Health Service are not yet known.

The Royal College of General Practitioners was among the first medical organisations in pressing for a period of adaptation during which immigrant doctors could acclimatise to the language and conditions of work.

(3) *Difficulties in comparison*

It is still difficult to make valid comparisons between countries. Problems of definition and classification coupled with strikingly different methods of organising health care can cause considerable difficulties. There is now an urgent need to undertake comparative studies and to examine such subjects as the possession and use of equipment by general practitioners, and the relationship between general practitioners and hospitals. It is encouraging that U.E.M.O. has already begun this work.

How can general practice be helped at this critical time of entry?

International

First, at an international level, there is a need for regular and frequent meetings of representatives of general practice both in the academic and medicopolitical spheres. It is encouraging that the College has already welcomed delegations to its headquarters

and that discussions of the Colleges of General Practice around the North Sea are continuing. Much can be gained by further talks. Great responsibility rests upon the College to make its expertise quickly available throughout Europe. There may not be much time.

National

Secondly, at a national level, is there a need for the College itself to examine its own structure in relation to the E.E.C.? In the past, the committees of the College have been formed to meet the main needs of the time. Could it be that the new importance of the E.E.C. is such that the College needs a committee to observe the scene; to identify the major issues; to bring together members with relevant skills; to send representatives wherever needed; and to brief the college membership?

Individual

On an individual level, we are all Europeans now. Surely this is the time for us all to try to understand the position and philosophy of continental general practice? Medical students and young doctors are travelling and using continental languages more than ever before. Are they pointing the way ahead?

Both Rowe (1972) and Kuenssberg (1972) in discussing entry to Europe have chosen the same phrase "we have much to offer . . . and much to learn".

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MEETING WITH THE CANADIAN COLLEGE OF FAMILY PHYSICIANS

THREE years ago a note appeared in the *Journal* giving impressions of the congress in Toronto which was attended by some of our members. It was stated then that the lasting effect would be the friendships made or renewed, and that we looked forward to returning the hospitality in 1973. The time for this is well-nigh upon us.

Members of the Canadian College of Family Physicians and their relatives will be our guests at the congress to be held in April at the Central Halls, Westminster, a historic building adjacent to Westminster Abbey and the Houses of Parliament, where the first meeting of the United Nations took place after the war. The President, H.R.H. The Prince Philip, Duke of Edinburgh is expected to attend one of the sessions during the meeting.

So far the exact number of Canadians coming to this country is not known, but it is estimated that there will be 750-1,000. This has given the organising committee some difficulties in making the arrangements for the meeting itself, and also for the hospitality, the formal aspects of which are mainly being organised by the Faculties near London.

We hope that we shall at least match the number of Canadians attending what will be the first, large international meeting which the College has arranged. Members will soon receive details of the congress. We hope that this function will be as great a success as that held in Toronto.

REFERENCE

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