

has often led the way in the past (by founding an academic journal of family practice, for example), not just because what America does today Britain often seems to do tomorrow, but simply because "few thoughtful doctors would disagree that assessment and continuing education and the quality of care a doctor provides for his patients are neglected areas of British medicine. There is an increasing awareness that something needs to be done" (Royal College of General Practitioners, 1974).

Compulsory re-examination for established principals in the UK is not a comfortable idea. It may not be right

now. It may never be right. But with the Americans already doing it, it must be right to think about it now.

References

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European Union of General Practitioners

New alignments mean new relationships, and new relationships mean that methods have to be devised for discussion, consultation, and agreement between interested organizations. The decision of the UK to join the European Economic Community threw into sharp relief the need for doctors in all branches of medicine in Europe to talk to each other. In some ways it is easier for specialists to communicate with each other, precisely because the boundaries of their discipline are relatively sharp and relatively easily agreed.

General practice, precisely because it is general, does not have such a clear boundary, and hence a growing need has emerged for an organization which can represent general practitioners. This organization, though it has existed for nearly ten years, is becoming increasingly active. Known as Union Européenne des Médecins Omnipraticiens or the European Union of General Practitioners, it is usually referred to as UEMO. It represents the nine countries in the Common Market and has observers from Austria and the medical specialist union of doctors in the EEC.

The headquarters of this organization are in Utrecht, Holland, and the chairman is Dr Meisch, of Luxembourg. It seeks to co-ordinate the advice to Brussels on topics of importance to general practice in the EEC, and eventually it hopes to be consulted by the Standing Committee of Doctors in the EEC, which itself is a consultative committee to the Commission in Brussels. There are three general practitioners representing the United Kingdom: Dr Alan Rowe (General Medical Services Committee), Dr E. V. Kuenssberg (Royal College of General Practitioners), and Dr R. Outwin, who is deputy for Dr Alan Rowe.

One of the first achievements of the new organization has been agreement from all nine countries that the document *The General Practitioner in Europe*, which has been prepared by a working group of teachers of general practice, can be the basis of a job description

and can be accepted throughout Europe. We commented on this document in our August *Journal* and it is reproduced in full today. It is similar in many ways to that on the first page of the *Future General Practitioner—Learning and Teaching* (Royal College of General Practitioners, 1972). UEMO is at present working on further unifying documents and declarations on such important principles as the right of patients to a free choice of doctor, the place of the general practitioner in the social security system, clinical freedom, and professional confidentiality.

Of particular importance at present is the interchangeability of recognition in Europe of vocational training for general practice, which needs urgent consideration in view of the medical directive of the EEC. The NHS (Vocational Training) Bill had its third reading in the British Parliament in October 1976. Nevertheless, there are difficulties associated with the fact that some vocational training, and in Britain only a third, takes place in general practice itself.

It is the firm aim of UEMO that general practice must be recognized as an independent branch of medicine, in the same way as the medical specialties. Meanwhile there is a risk that directives for free movement of doctors in Europe could impede this development.

It is the policy of UEMO that each individual country should be free to develop its own training programme, and that migrating doctors who do not possess such training will have to fulfil the same conditions as nationals in the host country.

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