



## EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO  
European Union of General Practitioners – UEMO  
Europäische Vereinigung der Allgemeinärzte – UEMO  
Union Européenne des Médecins Omnipraticiens – UEMO  
Unione Europea dei Medici di Medicina Generale – UEMO  
Europese Huisartsen Vereniging - UEMO  
Unión Europea de Médicos Generalistas – UEMO  
Uniao Europeia de Clinicos Gerais – UEMO  
Euroopan Yleislääkärijärjestö – UEMO  
Europeiska Allmänläkarorganisationen – UEMO



## UEMO 2002/145

### Note on UEMO lobby strategy General Practice as Speciality

This advice is based on the assumption that the UEMO General Assembly at Florence will endorse the principle that the General Practice should be considered a Speciality under EU law and that UEMO should take the necessary steps to achieve this.

#### Lobby options

1. Not start a lobby for that change now but wait till the new Directive is in place and try to achieve modification of the Directive then through the new procedure. (As earlier proposed by the CPME).
2. Start a lobby at European Parliament (EP) and Council level without delay.

**Option 1** is not to be advised.

- First of all it will take several years before the new Directive will be 'operational'. Secondly, bringing about a change in the adopted Directive will be far more difficult and complex because of the new committee-procedure. It would require an intensive lobbying at national level and a full commitment of all members to lobby their national government (by definition a cumbersome operation). Moreover, by that time the number of EU member states will be 25, which means an additional hurdle.
- Thirdly, the EP is no longer involved in decisions on changes to the adopted Directive, so the most easy-to-win ally is not longer there.
- And finally, the Commission will be very reluctant to change the Directive shortly after it has been adopted and put in place, unless there is a broad support among member states.

In short, another window of opportunity to achieve the goal of speciality will not be likely to appear within the next 5 years.

**Option 2** is the way to go forward.

The major advantage of starting a lobby campaign now is the involvement of the EP, the EU decision-making body that tends to listen best to the wishes of those concerned.

---

#### UEMO – PRESIDENCY

c/o Swedish Medical Association, P.O. Box 5610, Villagatan 5, SE-114 86 Stockholm  
Tel: +46 8 790 34 52, Fax 46 8 20 57 18, E-mail: info@uemo.org

## **Possible stumbling blocks**

### European Commission (EC)

The EC never likes to see its proposal changed, no matter what the issue. Notwithstanding the fact the EC is not deciding the final outcome (EP and Council are) it is more than helpful that the EC (Stoodley) supports a changeover to the speciality status. Talking to the EC should be planned carefully. For officials, time is a scarce good, and one should therefore always have something important to tell, especially for all those meetings following the first one. To convince the Commission it is very important that the GP's are united in their wish. For the Commission the united view of a 'sector' is by definition difficult to ignore

### Council

Matters regards recognition of professional qualifications are always controversial at Council level (as we have witnessed before), especially medical professions because of art 47§3 of the Treaty. We should keep in mind that there is a tendency amongst Member States to change as little as possible to this particular Commission proposal. Building the necessary support (qualified majority) will therefore not be easy (for any organisation) and can only be achieved through intensive national lobbying (in every(!) member state) that is well prepared and well co-ordinated at UEMO-level. Moreover, lobbying at national level should start quickly because the Danish Presidency indicated it wants to achieve a political agreement already in November (which is not very likely to happen because of the time needed by the EP).

### Qualified majority in the Parliament

It is more than likely that we will find various MEPs to support UEMO'goal easily. However, the chances of success in the long run (second reading) are far better if support is received from the rapporteur (Mr. Zappalà) and the shadow rapporteur of the socialist group (Mrs. Gephardt). If amendments on "GP as speciality" are not supported by at least 314 members at first reading it will be very difficult to obtain the then required majority at second reading. This should not be underestimated.

### CPME

As earlier indicated by CPME, it prefers to start the lobby for "GP as speciality" once the Directive is set in place. However, given the unique window of opportunity it is not wise to wait, even if we don't know whether we succeed in our mission. At least if we start now Commission and Council know about our wishes.

In case CPME supports the "immediate" approach it still is up to UEMO to do the lobby itself. Within the Brussels political arena it is a well-know adage: "never ask a plumber to do work of a carpenter; the latter might know something about plumbing but he is not the expert". Decision-makers tend to give greater value to the message if those who have an interest at stake tell it; it is simply a matter of credibility and impact. UEMO doing this part of the lobby itself would give the organisation the visibility it needs if it wants to be an effective and influential stakeholder/lobby organisation at EU-level in future.

## **Steps to set**

1. The Florence GA should mandate the Work Group to draft amendments and the explanatory notes to the amendments within 1 week after that meeting.
2. Due to time constraints UEMO members approve all these documents by e-mail.
3. The General Assembly decides who will co-ordinate and will implement the lobby, which has to start shortly after the Florence meeting.
4. The Work Group will set out a.s.a.p. instructions for members who need to lobby at national level. This part is crucial. The aim is to get enough Member states behind the amendments and to avoid a blocking minority (26 votes in Council).

---

### **UEMO – PRESIDENCY**

*c/o Swedish Medical Association, P.O. Box 5610, Villagatan 5, SE-114 86 Stockholm  
Tel: +46 8 790 34 52, Fax 46 8 20 57 18, E-mail: info@uemo.org*

5. Communicate (in person) amendments and explanatory notes to rapporteur Zappalà, shadow rapporteurs (like Evelyne Gephardt of the PES) as well as various key MEPs that are favourable to our action. UEMO members at home should also approach the MPs targeted.
6. Seek support within CPME for the amendments.

*Brussels, September*  
*Rob Vierhout*