

Training, status and migration of General Practitioners/Family Physicians within Europe

Dr Owen CLARKE, Dr E B Monica LINDH, Dr Mario R SAMMUT, Dr Roger PRICE, Dr Alma Eir SVAVARSDÓTTIR, Dr Brendan O'SHEA, & on behalf of EURACT - the European Academy of Teachers in General Practice / Family Medicine

ABSTRACT

Objective

The survey intended to explore and identify the training background and status of general practitioners/family physicians (GPs) in member countries within EURACT (European Academy of Teachers in General Practice/Family Medicine), and to gain an overview of processes involved when GP-trained doctors migrate to work in another member country.

Method

A questionnaire, with closed and open-ended questions, was sent to representatives of all 39 EURACT-member countries in 2009. The main outcome measures were the training background and status of GPs in public/private settings in each country and the requirements of additional training and testing when migrating to another country.

Results

Forty-one completed questionnaires were received from 31 (79%) of the EURACT countries. The data indicate that specialist training for General Practice/Family Medicine (GP/FM) is well established throughout and generally required for appointment to public career posts. The data also indicate that European Union-trained GPs can move freely to most countries with usually no tests of medical knowledge or language proficiency. Orientation to the healthcare system in the destination country is usually not provided.

Conclusion

The survey indicates that non-GP trained doctors work in public/private GP/FM posts in many European countries, although new appointments to public posts

in nearly all countries require specialist GP training. It was not possible to identify a uniform or agreed approach applied by employing agencies to confirm the medical competence and language skills of migrant doctors and to provide them with orientation to healthcare systems. In the high-context dependent discipline of GP/FM this is of concern.

KEYWORDS

General practice/family practice; education, medical; employment; emigration and immigration; Europe

INTRODUCTION

EURACT, the European Academy of Teachers in General Practice/Family Medicine, is the education and training network organisation of WONCA Europe, the European regional branch of the World Organisation of Family Doctors. In 2009 EURACT had 39 member countries, each country having one representative in the EURACT Council. The Specialist Training Committee of the EURACT Council gathers data and publishes recommendations and guidance on matters relevant to specialist training in General Practice/Family Medicine (GP/FM).

The migration of doctors from their country of training to another has become a common occurrence, not only within Europe (Williams and Baláz, 2008; Young, Weir and Buchan, 2010), but also in the USA (Chen, Nunez-Smith, Bernheim et al., 2010) and Canada (Zulla, Baerlocher and Verma, 2008). Migrating doctors face the challenge of integrating in a foreign country or state where there may be differences of disease prevalence, language, professional and social culture and importantly, a different health service

infrastructure. These differences present important barriers to both doctor migration and successful integration, in particular in the high-context dependant discipline of GP/FM where the setting of both the patient and the doctor is of importance (Heyrman, 2005).

Objectives of study

As general practitioners (GPs)/family physicians form a significant proportion of such migrating doctors, the EURACT Specialist Training Committee conducted a survey in 2009 on this matter among EURACT member countries of which the majority are members of the European Union/European Economic Area (EU/EEA). The first main objective was to explore and identify the training background and status of GPs in public/private practice in EURACT-member countries. With specialist training for GP/FM already well established (EURACT, 2013; Sammut, Lindh and Rindlisbacher, 2008), the study set out to discover if training is necessary for a career in GP/FM. The second main objective was to gain an overview of the processes involved when doctors trained in GP/FM in a EURACT member country migrate to work in another member country, exploring if any additional educational interventions should be proposed in order to support their professional integration.

METHOD

Study design

A questionnaire-based descriptive survey using closed and open-ended questions was designed by members of the EURACT Specialist Training Committee. A pilot study, conducted in 2008, helped in shaping the final format. The two-part questionnaire, one part per main objective, consisted of 14 main questions designed to explore any differences between public/private practice and between EU/EEA and non-EU/EEA countries. After approval by the EURACT Council in 2009 the questionnaire was e-mailed to all 39 Council members. Council members were asked where possible to identify a second informant in their country to also complete the questionnaire. The second informant was asked to return his/her reply to the Council member for them to identify and resolve any differences before returning all questionnaires to the study team for analysis. As the data required was not confidential, collection did not need to be done on an anonymous

basis. Ethical approval or informed consent was not needed as this study was not on human subjects.

Analysis

Data was entered on a Microsoft Excel® spreadsheet to facilitate interpretation and analysis. Areas of non-concurrence were not included in the result where two replies were available from a country (except where specified). A preliminary analysis of the partial results was presented during a workshop at the WONCA Europe Conference in Switzerland in September 2009, where participants from nearly 15 countries found them quite useful.

RESULTS

Forty-one completed questionnaires were received from 31 (79%) EURACT Council members in the 39 member countries (ten countries submitted two replies each). Of the eight non-respondents four were EU/EEA and four were non-EU/EEA countries. The 31 participating countries included 25 within the EU/EEA (Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, the Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland and the United Kingdom [UK]) and six non-EU/EEA countries (Bosnia & Herzegovina, Croatia, Moldova, Russia, Serbia and Ukraine). No data was received from the Czech Republic, Latvia, Poland and Slovakia within the EU/EEA, or from Albania, Georgia, Israel and Turkey outside the EU/EEA.

Training and status

Specialist training for GP/FM is firmly established internationally and is a pre-requisite for becoming an “Official/Licensed/Specialist” GP in all EU/EEA countries except Norway, and in five of the six non-EU/EEA countries surveyed (Table 1). Specialists in another discipline usually have to undergo a training process (re-training) similar to other doctors to become a GP. In nine EU/EEA countries and four non-EU/EEA countries, doctors trained in another medical discipline must undertake full GP training, while for the remainder some credits are given for previous relevant experience (Table 2).

Table 1: Specialist training for GP/FM and GP status

		Yes	No
Specialist training for GP/FM is a pre-requisite for becoming an “Official / Licensed / Specialist” GP	EU/EEA countries	Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, Netherlands, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, UK	Norway
	Non-EU/EEA countries:	Bosnia & Herzegovina, Moldova, Russia, Serbia, Ukraine	Croatia
Re-training is required by other specialists to become a GP	EU/EEA countries:	Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, Netherlands, Portugal, Romania, Slovenia, Spain*, Sweden, Switzerland*, UK	Norway, Spain*, Switzerland*
	Non-EU/EEA countries:	Bosnia & Herzegovina, Moldova, Russia, Serbia*, Ukraine	Croatia, Serbia*

* Different replies from two respondents

Table 2: Details of specialist re-training in GP/FM

	Re-training entails completion of training programme	Re-training entails partial training with credits for previous relevant experience	Re-training entails other arrangements	No answer
EU/EEA countries	Belgium, Estonia, Ireland, Italy*, Lithuania, Malta, Romania, Spain*, UK*	Austria*, Bulgaria, Cyprus*, Denmark*, France, Finland, Germany, Greece, Hungary, Iceland, Italy*, Netherlands, Portugal, Slovenia, Sweden, Switzerland	Austria*, Cyprus*, Denmark*, Spain*, UK*	Norway
Non-EU/EEA countries	Moldova, Russia, Serbia, Ukraine	Bosnia & Herzegovina	None	Croatia

* Multiple replies received

Table 3: Specialist training for GP/FM and GP posts in public/private practice

	Non-GP trained doctors working in		GP training now essential for appointment in	
	Public posts	Private posts	Public posts	Private posts
EU/EEA countries	Bulgaria, Cyprus, Denmark, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Malta, Norway, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, UK	Bulgaria, Denmark, France, Finland, Germany, Greece, Iceland, Ireland, Italy, Malta, Norway, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, UK	Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, France, Finland, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Portugal, Romania, Slovenia, Spain, UK	Austria, Belgium, Cyprus, Denmark, Estonia, France, Finland, Germany, Lithuania, Netherlands, Slovenia
Non-EU/EEA countries	Bosnia & Herzegovina, Croatia, Serbia	Croatia, Serbia	Bosnia & Herzegovina, Moldova, Russia, Ukraine	Bosnia & Herzegovina, Russia, Ukraine

Table 4: Ability of GPs trained in GP/FM abroad to work without further training

	Ability of GPs trained in GP/FM abroad to work without further training			
	Public Posts		Private Posts	
	From EU/EEA country	From non-EU/EEA country	From EU/EEA country	From non-EU/EEA country
In EU/EEA countries	Austria, Belgium, Bulgaria, Denmark, Estonia, France, Finland, Greece, Iceland, Ireland, Italy, Lithuania, Malta, Netherlands, Norway, Portugal, Slovenia, Sweden, Switzerland, UK	Estonia, France, Greece, Lithuania	Austria, Belgium, Bulgaria, Denmark, Estonia, France, Finland, Greece, Ireland, Lithuania, Malta, Netherlands, Portugal, Slovenia, Spain, Sweden	Estonia, France, Greece, Ireland, Lithuania, Portugal, Switzerland
In non-EU/EEA countries	Bosnia & Herzegovina, Moldova, Serbia	Bosnia & Herzegovina, Moldova, Serbia	Bosnia & Herzegovina, Serbia	Bosnia & Herzegovina, Serbia

Table 5: Requirement in destination country of medical knowledge test, language test and orientation training for migrating GPs

		GP trained in EU/EEA country	GP trained in non-EU/EEA country
Tests of medical knowledge	Entry to EU/EEA country	Germany	Belgium, Bulgaria, Denmark, Estonia, France, Finland, Germany, Greece, Iceland, Ireland, Malta, Norway, Portugal, Slovenia, Sweden, UK
	Entry to non-EU/EEA country	Bosnia & Herzegovina, Croatia, Moldova, Russia	Bosnia & Herzegovina, Croatia, Moldova, Russia
Language test	Entry to EU/EEA country	Belgium, Cyprus, Estonia, Greece, Lithuania, Portugal, Romania, UK	Belgium, Cyprus, Denmark, Estonia, France, Greece, Ireland, Lithuania, Netherlands, Norway, Portugal, Romania, Slovenia, Sweden, UK
	Entry to non-EU/EEA country	None	None
Orientation to healthcare system	Entry to EU/EEA country	Germany	Denmark, Finland, Germany, Slovenia, Sweden
	Entry to non-EU/EEA country	Bosnia & Herzegovina, Russia, Serbia	Bosnia & Herzegovina, Russia, Serbia

NB: The countries that replied 'sometimes' are not included in this table.

Training and eligibility for GP posts

Among the 31 participating countries, there were non-GP trained doctors working in public and private posts in 23 and 20 countries respectively during 2009 (Table 3). In order to be appointed to public GP posts in EU/EEA countries, GP training is now essential in 21 of the 25 EU/EEA member countries surveyed and four of the six non-EU/EEA countries. The same table also reveals that entry to permanent GP posts in the private sector is less restricted with specialist training being essential in 11 of 25 EU/EEA countries and three of six

non-EU/EEA countries. In this respect an appreciable difference is identified in EU/EEA countries between public posts and private practice with regard to the need for specialist GP/FM training.

Re-training for non-specialist trained GPs

Non-GP trained doctors working as general practitioners are offered additional specific training in GP/FM in only a minority (albeit noteworthy) of countries - 12 countries for public posts (Bulgaria, Croatia, Cyprus, Denmark, Finland, Greece, Norway, Romania, Serbia,

Slovenia, Switzerland and the UK) and eight for private posts (Bulgaria, Croatia, Finland, Norway, Romania, Serbia, Slovenia and Switzerland), with such training more often than not being optional.

Integration of trained GPs moving to another EURACT member country

Doctors trained in GP/FM from the EU/EEA can work in public and/or private GP/FM posts without further training in 24 of the countries surveyed (21 EU/EEA and three non-EU/EEA), compared with ten countries (seven EU/EEA and three non-EU/EEA) for trained GPs from non-EU/EEA countries (Table 4).

Family physicians trained in their country of origin may be asked to undergo tests of medical knowledge, language tests and orientation courses to the medical system when migrating to another country. The prevalence of such tests/courses varies within the EURACT member countries (Table 5).

General practitioners/family doctors trained in the EU/EEA face a test of medical knowledge on entering the GP system in only one nation (Germany) of the 25 EU/EEA countries and four of the six non-EU/EEA countries. Eight EU/EEA countries and none of the non-EU/EEA countries require EU-trained GPs to undergo a language test. Official orientation to the healthcare system in the destination country occurs in only one state (Germany) of the EU/EEA countries and in three non-EU/EEA countries (Table 5). Migrating GPs from non-EU countries have a higher probability of requiring a test of medical knowledge, a language test and official orientation training, especially when migrating to EU countries. As there was little difference between such entry requirements into the public and private services in countries where both services exist, this distinction was not made.

DISCUSSION

Main findings

Despite well-established specialist training in GP/FM for physicians in EURACT member countries, in many of them there were non-GP trained doctors working in public/private posts during 2009 (Table 3) in contravention of Article 29 of EU Directive 2005/36/EC (The European Parliament and the Council of the European Union, 2005). However GP training is now essential for appointment in all but four of the EU/EEA countries and about half of non-EU/EEA countries.

Migrating GPs from EU/EEA states are not likely to be required to undergo further training to ensure medical

competence (Table 4). However, family physicians trained outside the EU/EEA zone are more likely to be required to demonstrate medical and language competences and sometimes also to undergo orientation relevant to the country in which they wish to practice (Table 5). On the other hand, the data presented show that during 2009 there was an appreciable number of European healthcare systems with migrating GPs in practice posts who were not certified in language competency, which eventuality contravened Article 53 of EU Directive 2005/36/EC (The European Parliament and the Council of the European Union, 2005).

The study thus indicates that there is presently no uniform approach, which is identified or consistently applied by employing agencies across Europe, to confirm the medical competence and language skills of migrant doctors and to provide them with orientation to healthcare systems.

Strengths and limitations

A strength of the survey is that it was completed by known experts in the area of Specialist Training in GP/FM, who are elected by their peers on the basis of their general practice teaching experience. Although the modest number of participants is a limitation of the study, and despite the occasional disagreement between two respondents within a country, the uniformity and consistency of responses is nonetheless convincing, and reflect important realities in service delivery. The omission from the results of the few countries where two replies were available may have discriminated against these countries. While the information reported was collected in 2009, the authors are not aware of any subsequent major change in training, status, or the systems of recruitment. No similar studies are known to have been published.

Interpretation

The absence of a uniform or agreed approach to confirm either the competence or the language skills of migrant physicians recruited to work in GP/FM by employing agencies in Europe is an important and pressing issue. This situation may represent a risk to patients throughout the EU/EEA area and particularly to those treated within the private sector, both on the basis of uncertainties in the abilities and training of the physicians concerned, and also regarding their competence to safely and consistently provide acceptable personal / holistic care to patients. In the high-context discipline of GP/FM, this is of particular importance (Heyrman, 2005).

Implications

In the short term, it would appear prudent and necessary for any recruiting agency, whether governmental or commercial, to provide orientation to the healthcare system of the country where any migrant physician has arrived to work as a GP. This would include familiarity with the system's medical laws and regulations, and with the country's cultural issues and patients' rights. The absence of such a process of orientation may not only lead to inefficiencies due to the newly-arrived doctor having to find his/her way through the system in an unstructured and unsupported manner (Williams and Baláz, 2008), but may also create an increased risk of serious medical errors. Examples of such orientation schemes include those established by the Clinical Assessment Practice Program (CAPP) in Nova Scotia, Canada (Maudsley, 2008) and currently underway by the Australian Healthcare Professionals Regulatory Agency (Australian Medical Council Limited, Medical Board of Australia and AHPRA, 2012).

While there is no agreed standardised system available for accrediting the competence of family physicians moving within Europe, some healthcare systems and training entities have previously put in place special routes to accreditation which may be relevant and applicable to migrant GPs. These include the Interim Membership by Assessment of Performance (iMAP) route to membership run by the Royal College of General Practitioners (Baker and Pringle, 1995; Naido, 2010), the Alternative Route to Certification (ARC) devised by the Royal College of Family Physicians of Canada (The College of Family Physicians of Canada, 2013), and the Independent Pathway set up by the Australian College of Remote and Rural Medicine (Australian College of Rural and Remote Medicine, 2011).

In the context-dependent discipline of GP/FM, the recruiting agency is advised to assess the ability of migrating physicians to communicate safely and effectively in the local language as this is of critical importance. Agencies are also advised to ensure that the training and work experience of the migrating candidate are accurately described, confirmed and relevant to the spectrum of clinical responsibilities of the post. Further enquiries with medical indemnity insurance agencies would be useful in excluding reported/actual adverse medico legal claims and/or reported patient harms by migrant physicians in their native healthcare system.

In the longer term, consideration in Europe should be given to the establishment of a Common European Specialist Licensing Examination as an alternative to the national requirements of the host healthcare system, which examination could be closely based on the EURACT Educational Agenda of General Practice/Family Medicine (Heyrman, 2005). A discussion regarding this matter was initiated by the EURACT Council in 2012.

ACKNOWLEDGEMENTS

The authors thank the EURACT Specialist Training Committee for its role in the preparation of the questionnaire. Its members at the time were: Alma Eir Svavarsdóttir (Iceland) - chairperson, Owen Clarke (Ireland), Jan Degryse (Belgium), Dolores Forès (Spain), Bernard Gay (France), Georgi Ivanov (Bulgaria), Monica Lindh (Sweden), Roar Maagaard (Denmark), Natasa Pilipovic Broceta (Bosnia & Herzegovina), Roger Price (United Kingdom), Smiljka Radic (Serbia), Llukan Rrumbullaku (Albania) and Mario R Sammut (Malta).

References

- Australian College of Rural and Remote Medicine, 2011. *Independent Pathway How to apply 2012 Guide*. [e-book] Brisbane. Available at: <[http://www.acrrm.org.au/files/uploads/IP_How to Apply Guide 2012.pdf](http://www.acrrm.org.au/files/uploads/IP_How_to_Apply_Guide_2012.pdf)> [Accessed 22 May 2013].
- Australian Medical Council Limited, Medical Board of Australia and AHPRA, 2012. *Medical Board, AMC and AHPRA welcome constructive focus on IMGs*. [media statement]. 19 March 2012. Available at: <<http://www.ahpra.gov.au/News/2012-03-19-Media-Release-Board-and-AMC.aspx>> [Accessed 22 May 2013].
- Baker, M. and Pringle, M., 1995. Membership of the Royal College of General Practitioners by assessment: attitudes of members and non-members in one faculty area. *British Journal of General Practice*, 45(397), pp.405-407.
- Chen, P.G., Nunez-Smith, M., Bernheim, S.M., Berg, D., Gozu, A. and Curry, L.A., 2010. Professional experiences of international medical graduates practicing primary care in the United States. *Journal of General Internal Medicine*, 25(9), pp.947-53.
- EURACT - European Academy of Teachers in General Practice/Family Medicine, 2013. *Specialist Training in General Practice/Family Medicine – Dynamic Interactive Database*. [online]. Available at: <http://www.euract.eu/resources/specialist-training> [Accessed 22 May 2013].
- Heyrman, J., ed., 2005. *The EURACT Educational Agenda of General Practice/Family Medicine*. [e-book] Leuven, Belgium: European Academy of Teachers in General Practice (EURACT). Available at: <<http://www.euract.eu/official-documents/finish/3-official-documents/93-euract-educational-agenda>> [Accessed 22 May 2013].
- Maudsley, R.F., 2008. Assessment of International Medical Graduates and their integration into Family Practice: The Clinician Assessment for Practice Program. *Academic Medicine*, 83(3), pp.309-315.
- Naido, S., 2010. *Background to development of iMAP* [short note on background to iMAP development] (Personal communication).
- Sammut, M.R., Lindh, M. and Rindlisbacher, B. on behalf of EURACT - the European Academy of Teachers in General Practice, 2008. Funding of vocational training programmes for general practice/family medicine in Europe. *European Journal of General Practice*, 14, pp.83-8.

References - continued

- The College of Family Physicians of Canada, 2013. *Alternative Pathways to Certification in Family Medicine*. [online] Available at: <<http://www.cfpc.ca/AlternativePathways/>> [Accessed 22 May 2013].
- The European Parliament and the Council of the European Union, 2005. Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. *Official Journal of the European Union*, [e-journal] 30.9.2005, pp.L 255/22-142. Available at: <<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF>> [Accessed 22 May 2013].
- Williams, A.M. and Baláz, V., 2008. International return mobility, learning and knowledge transfer: a case study of Slovak doctors. *Social Science & Medicine*, 67(11), pp.1924-33.
- Young, R., Weir, H. and Buchan, J., 2010. Health Professional Mobility in Europe and the UK: A scoping study of issues and evidence. *Research Report for the National Institute for Health Research Delivery and Organisation Programme*.
- Zulla, R., Baerlocher, M.O. and Verma, S., 2008. International medical graduates (IMGs) needs assessment study: comparison between current IMG trainees and program directors. *BMC Medical Education*, 8, p.42.

Dr Owen CLARKE MB, MICGP, FRCGP
GP Training Programme, HSE, Navan, Co. Meath, Ireland
E-mail: owenclarke@gmail.com

Dr E B Monica LINDH Specialist Allmänmedicin (Sweden),
MCFP(SA), FAFP(SA)
Hofors Health Centre, Primary Care Division, Gävleborg,
Sweden
E-mail: monica.lindh@telia.com

Dr Mario R SAMMUT MD, DipHSc, MScH,
MScPC&GP(Ulster), MMCFD
Specialist Training Programme in Family Medicine,
Department of Primary Health Care, Mtarfa, Malta
E-mail: mrsammut@rocketmail.com

Dr Roger PRICE MB, MS, FRCGP
East Midlands Healthcare Workforce Deanery, UK
E-mail: rprice@nhs.net

Dr Alma Eir SVAVARSDÓTTIR MD
Efstaleiti Health Centre, Reykjavik, Iceland
E-mail: almaheima@gmail.com

Dr Brendan O'SHEA FRCGP, MICGP TCD HSE
GP Training Scheme, and Dept of Public Health & Primary
Care, Trinity College, Dublin, Ireland
E-mail: drbrendanoshea@gmail.com