

It Is Time to Recognize Family Medicine as a Specialty in Europe

É Tempo de Reconhecer a Medicina Geral e Familiar como uma Especialidade na Europa

Sara ARES-BLANCO^{1,2,3}, Tiago VILLANUEVA^{4,5}
Acta Med Port 2025 Sep;38(9):521-522 • <https://doi.org/10.20344/amp.23682>

Keywords: Europe; Family Practice; Physicians, Family
Palavras-chave: Europa; Medicina Geral e Familiar; Médicos de Família

In these uncertain times, marked by pandemics, conflicts, political polarization, and the erosion of social cohesion, family medicine has once again demonstrated its essential role within the community: listening, supporting, treating, and guiding patients through their lives and an increasingly complex healthcare system.¹ This is not a new role; we have been fulfilling this central function in patient care for decades (Appendix 1: <https://www.actamedicaportuguesa.com/revista/index.php/amp/article/view/23682/15723>). But there comes a time when, as a profession, we must pause and reflect on where we are.

Surprisingly, the European Union (EU) still does not officially recognize general practice/family medicine as a medical specialty essential to the practice of the profession. This situation dates back to 2005. It is not a new demand – the European Union of General Practitioners/Family Physicians (UEMO) has been calling on the European Commission for over 20 years to put general practice/family medicine on par with all the other specialties, i.e., to become listed in the same Annex of the Professional Qualifications Directive.²

However, as of 2025, the landscape has changed. With a shortfall of nearly 20 000 family doctors across Europe, both society and decision-makers are finally acknowledging that family physicians play a pivotal role in addressing the health challenges of the population and are a key stakeholder in any public health crisis. General Practice/Family Medicine is now on the agenda of the World Health Organization (WHO), the Organization for Economic Co-Operation and Development (OECD), and numerous European governments. Yet, despite a broad consensus on the importance and need for family doctors, the necessary steps to formally recognize the specialty at the EU level have yet to be taken.

Why should the General Practice/Family Medicine specialty be officially recognized?

First, because it is a factual reality. Family doctors are specialists. General Practice/Family Medicine is recognized as a specialty in most European Union countries, and we undergo three to six years of structured postgraduate medical training,³ fully regulated by national institutions within the EU. Moreover, we have the necessary competencies and skills to care for communities and, in doing so, we help improve life expectancy.⁴ At the same time, we are the largest group of doctors and prescribers in the European Union and we see around 70% of European citizens each year. No other specialty reaches the whole population like us.

Second, because it is a matter of professional justice. Family physicians serve as the initial point of contact in patient care and remain engaged throughout the entirety of the diagnostic and therapeutic continuum, ensuring continuity and coordination of care. We follow patients throughout their lives, and it is only fair that our work be acknowledged, just as the contributions of other medical colleagues are. Moreover, the majority of patients during the COVID-19 pandemic were not treated in hospitals but in primary care. Family doctors not only cared for the majority of COVID-19 patients but also bore a disproportionate share of the burden – many fell ill, and some even lost their lives in the line of duty.⁵ For this reason, it is only fair that our work be formally recognized, not just with applause, but with the legal recognition granted to other medical specialties.

Third, because of the misleading message it sends to the next generation of medical students. The lack of European recognition sends the wrong signal: that family medicine lacks prestige or importance because the EU does not value it. As a result, some may feel that completing the specialty training is not necessary, especially in countries

1. Federica Montseny Health Centre. Gerencia Asistencial Atención Primaria. Servicio Madrileño de Salud. Madrid. Spain.

2. Gregorio Marañón Health Research Institute. Madrid. Spain.

3. Research Network on Chronicity. Primary Healthcare and Prevention and Health Promotion. Carlos III Health Institute. Madrid. Spain.

4. Unidade de Saúde Familiar Reynaldo dos Santos. Unidade Local de Saúde Estuário do Tejo. Lisbon. Portugal.

5. Editor-in-Chief. Acta Médica Portuguesa. Ordem dos Médicos. Lisbon. Portugal.

✉ **Autor correspondente:** Sara Ares-Blanco. sara.ares@salud.madrid.org

Recebido/Received: 15/07/2025 - **Aceite/Accepted:** 17/07/2025 - **Publicado/Published:** 01/09/2025

Copyright © Ordem dos Médicos 2025



where it is not a legal specialty requirement to practice. This not only undermines patient safety and health outcomes but also threatens the very foundation of generalist care, so essential to managing multimorbidity in an integrated, personalized, and compassionate way, grounded in long-term patient relationships.

And finally, recognition is necessary for scientific consistency. If European institutions truly support science and research, they cannot continue to ignore the substantial body of evidence supporting the effectiveness and development of family medicine. Denying it a place among the recognized medical specialties creates an unacceptable hierarchy, dividing science into 'first class' and 'second class'. That is neither ethical nor acceptable within today's scientific framework.

Recognizing family medicine as a specialty is not about proving a point – it is about doing what is right. We have more than enough reasons to raise our voice once again. This is not merely a collective demand; it is a call for action in defense of the health of 449 million Europeans, especially the 30 million who currently do not have access to family medicine. Because every citizen deserves to be cared for by a trained specialist in Family Medicine.

AUTHOR CONTRIBUTIONS

SA: Writing, review and editing of the paper.

TV: Review and editing of the paper.

Both authors agreed on the final version.

COMPETING INTERESTS

SA: Received a PhD grant (Isabel Fernández) from semFYC in 2018, and further grants from EGPRN (European General Practice Research Network), 01/2022 and 10/2023, WONCA Europe, 07/2023. The collaborative research group Eurodata, of which she is a member, has received publication grants from the Deutsche Forschungsgemeinschaft, the Università di Modena e Reggio Emilia in Italy, and the Department of Primary Care Medicine, Center for Public Health, Medical University of Vienna, Austria.

TV: Received support from the Portuguese Medical Association, UEMO, Bulgarian Association of General Practitioners and North Macedonian Society of General Practitioners, Sociedad Española de Medicina General, European Medicines Agency, Spanish Medical Association and The BMJ to attend meetings and conferences. Is the President of the European Union of General Practitioners and Family Physicians (UEMO), unpaid.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

1. Starfield B. Is primary care essential? *Lancet*. 1994;344:1129-33.
2. Official Journal of the European Union. Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. L255 2005. [cited 2025 Jun 15]. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32005L0036>.
3. Michels NR, Maagaard R, Buchanan J, Scherpier N. Educational training requirements for general practice/family medicine specialty training: recommendations for trainees, trainers and training institutions. *Educ Prim Care*. 2018;29:322-6.
4. Sandvik H, Hetlevik Ø, Blinkenberg J, Hunskaar S. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway. *Br J Gen Pract*. 2022;72:e84-90.
5. Yoshida I, Tanimoto T, Schiever N, Patelli F, Kami M. Characteristics of doctors' fatality due to COVID-19 in Western Europe and Asia-Pacific countries. *QJM Mon J Assoc Physicians*. 2020;113:713-4.