MICHAËL ROCHOY

THE EUROPEAN ATLAS OF GENERAL PRACTICE

What does general practice look like across Europe today? How many physicians, serving which populations, within which systems – and with what outcomes?

This atlas offers, for its first edition, a comprehensive and comparative overview of general practice across more than 50 European and WONCA Europe members countries. It brings together key indicators on workforce, organisation of care, patient pathways, remuneration, and public health challenges, based on carefully selected, standardised, and transparently sourced data.

Designed as both a scientific resource and a practical tool, it is intended for clinicians, researchers, policymakers, and students seeking to better understand how primary care functions – and evolves–across diverse health systems. It also includes a list of national useful websites and journals for those wishing to explore specific indicators in greater depth – whether for dissertations, theses, research articles, or simply out of insatiable curiosity.

At a time when many countries face similar pressures (workforce shortages, inequities in access, growing administrative burdens, etc.), this Atlas provides a structured basis for comparison, reflection, and, perhaps, for guiding future national or European policies to improve care and access to it. After all, if there is no single model of general practice in Europe, there may well be a few good ideas worth borrowing.

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20€
ISBN 979-10-983379-0-1

CMG
collège de la médecine générale

2026 EDITION

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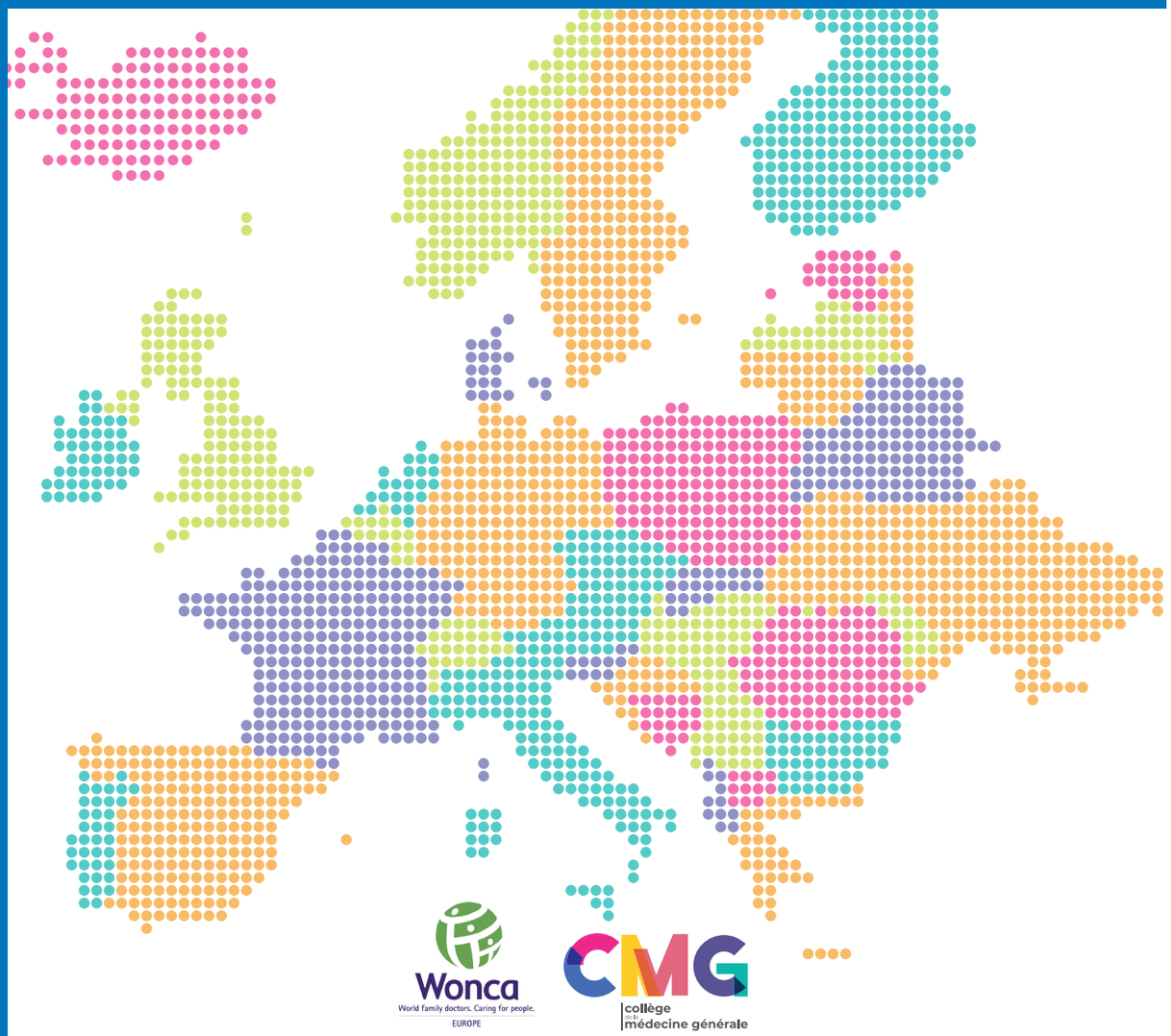

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The European atlas of general practice

First Edition, 2026

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Editor: Congrès WONCA Europe 2026
ISBN:
How should this work be cited?
Rochoy M. *Atlas of General Practice in Europe*. WONCA Europe Paris; 2026.

Focus on administrative burden in general practice in 10 countries

Improving access to care is a shared challenge across countries. It can be addressed through two main levers.

The first lever is to increase the capacity of the healthcare system—by recruiting more physicians (through training, immigration, or post-retirement activity), by extending working hours, or by increasing the number of patients seen per hour (notably through the use of medical assistants). In short, working more to care for more patients.

The second lever is to reduce healthcare needs, by strengthening prevention:

- against musculoskeletal disorders, mental health disorders, cancer and cardiovascular diseases (through occupational health measures, by tackling smoking, alcohol use, physical inactivity, and obesity),

- against infections through vaccination and public health measures such as mask policies, hand hygiene or improving water and air quality – particularly in schools, healthcare facilities, and nursing homes (for example, by installing high-performance mechanical ventilation systems with heat recovery, designed to achieve high air exchange rates—around 50 m^3 per hour.occupant).

Another way to activate this lever is to reduce administrative burden.

This last point is the focus of the present section. As part of the "certificats-absurdes.fr" initiative carried out in France, we wanted to include a focus in this atlas on differences in practices across certain European countries on issues that could help free up medical time throughout Europe. Three European models emerge:

- **High administrative burden:** France, Italia, Serbia, etc. where there are no self-certification of sick leave and many low-value medical certificates

- **Intermediate systems:** Portugal, Switzerland, Malta, etc. where there are partial self-certification and persistent bureaucracy

- **Low administrative burden:** Denmark is an example of this, with a high level of autonomy and trust, allowing medical time to be freed up with a minimal use of low-value medical certificates

Through four questions, we present here a range of country models, reflecting different stages of development and inspiring approaches to reducing the administrative burden on general practitioners.

Is self-declaration of sick leave possible in your country? If so, what is the maximum number of days and how many times per year?

Bulgaria: No. In Bulgaria, self-certification for sick leave is not formally allowed. Sick leave (medical certificate) must be issued by a physician. General practitioners are allowed to issue sick leave for up to 14 consecutive days per episode, with a maximum of 40 days per year in total. For longer periods, involvement of a medical advisory committee is required.

Denmark: Yes (no limit, but after 30 days the municipality can ask the patient's GP about documentation). No specific limit on how many times per year.

France: No, a sick leave certificate is required from the very first day of absence, including during the waiting period (typically 3 days without daily allowances). It must be submitted to the employer within 48 hours.

Israel: Partially. True self-declaration is not recognized widely for the purpose of receiving statutory sick pay, but as of September 2024, patients can self-generate a short-term certificate via their HMO's digital platform without a doctor's encounter for up to four days. This process is limited to four times a year, totalling no more than ten days annually, effectively removing the physician from the administrative loop for minor illnesses.

Italy: No.

Malta: Yes. Short-term self-certification is generally permitted in Malta, typically for limited durations (commonly up to 3 days), after which a medical certificate is required.

Poland: No.

Portugal: Yes, up to 3 consecutive days, maximum 2 times per year.

Russia: No.

Serbia: No. Self-declaration of sick leave is not possible in Serbia. Patients must visit their chosen general practitioner in person to obtain a sick leave certificate. The chosen general practitioner is responsible for issuing, renewing, and managing all sick leave documentation.

Slovenia: No.

Switzerland: Yes. Generally, 2 days; from the third day, a medical certificate is required. It should be noted that the employer is entitled to require a medical certificate from the first day of absence, particularly when absences are frequent.

Ukraine: No. Sick leave is possible to make only by doctor, patient can call to his primary care doctor to discuss if the visit is needed, and the sick leave can be possible without visit for 3-5 days.

Other countries have chosen to allow short-term sick leave without requiring a medical certificate, for a limited number of days per year: 3 times one day in ***Belgium***, 3 days in ***Germany***, 3 days in ***Finland***, ***7 days*** in the United Kingdom...

Is self-declaration of leave for a sick child possible in your country?

Bulgaria: No. Self-certification is not possible in Bulgaria. Sick leave for caring for a sick child must be issued by a physician (usually a general practitioner or pediatrician), as the document has legal and social insurance implications. However, it is important to distinguish this from school absences. In Bulgaria, children may be excused from school by parental justification (self-certification) for a limited period—typically up to 3 consecutive school days, within an annual limit (commonly up to 15 days per school year, depending on school regulations). Longer absences require a medical certificate.

Denmark: Yes.

France: No, a certificate for a child's sick leave must be provided from the very first day (or half-day) of absence. Employees are generally entitled to 3 days per year (unpaid); 5 days if the child is under 1 year old or if the employee is responsible for at least three children under 16. The company's collective agreement may provide paid leave or grant additional days. A medical certificate is never required (except for a few rare infectious conditions for return to school); justification is provided solely by the parents.

Israel: No, a medical certificate is still required to justify a parent's absence and ensure statutory sick pay. Same self-generation of certificate process applies in this case as well.

Italy: No. It is the paediatrician who must certify that the child is sick.

Malta: No. There is no standardised national self-certification system in this context. Requirements for certification depend largely on employer policies and contractual arrangements.

Poland: No.

Portugal: No, it requires medical certification.

Russia: No.

Serbia: No. Self-declaration is not possible. Parents must either bring the child in person to the chosen paediatrician or provide existing medical documentation from the child's paediatrician. The paediatrician is responsible for issuing the leave certificate.

Slovenia: No.

Switzerland: Partially. It is at the discretion of employers.

Ukraine: No. Sick child is possible to make only by doctor (patient can call to his primary care doctor to discuss if the visit is needed).

Are general practitioners in your country asked to provide medical certificates of little medical value?

Bulgaria: Yes, general practitioners in Bulgaria are frequently required to issue certificates with limited medical value, contributing significantly to administrative burden, for example: notes for returning to school or kindergarten after minor illness; medical certificates for participation in sports or travel; documentation for social or administrative purposes where no clinical assessment is truly needed.

Denmark: No, it is in reality very little and seldom.

France: Yes, there are many: certificates requested by social housing providers for home adaptations (showers, accessibility, etc.), certificates required to access a locker or an elevator at school, annual certificates to renew nursing care or a medical bed, certificates from private insurers requesting confidential medical information, certificates for excess waste production for patients requiring protective pads, etc. There are also absurd situations (for example, a sports club affiliated with a federation often follows rules such as no certificate for minors and one every 3–5 years for adults; but practising the same sport in a non-affiliated club may involve different requirements, often an annual certificate at all ages).

Israel: Yes. GPs face a significant burden providing certificates and clearances for government and non-government organizations. For example, general "fitness for work" forms for low-risk occupations (e.g., office or teaching) that do not involve specific occupational hazards. Certificates for summer camps, school trips, or assisted living admissions that primarily require social or functional assessments rather than clinical ones.

Italy: Yes, very often, schools require a readmission certificate even after a short absence. Additionally, some schools ask for a certificate proving that a student is not allergic to milk and dairy products just for a field trip to a dairy farm.

Malta: Yes. This is a recognised issue in Maltese primary care. Common examples include return-to-work certificates for self-limiting illness; school absence certificates; fitness-to-travel documentation; administrative confirmations without clear clinical necessity, etc. These tasks can add to workload without contributing meaningfully to patient care.

Poland: Yes. Required (Mandatory) Medical Certificates for admission to public sports schools or sports classes; for admission to public uniformed schools (military, police, fire service); for admission to public music and art schools; for competitive sports participation by children and adolescents; certificates stating „no contraindications" (without specifying what those contraindications are) for: foster care placement; serving as a lay judge... and non-Mandatory (Voluntary) Certificates often incorrectly sent to primary care physicians (GPs): initial fitness tests for uniformed services, periodic fitness tests for uniformed services, pequests for so-called „PE exemption" for soldiers/police officers, fitness tests for candidates to uniformed-service universities, certificates for nursery admission stating the child is healthy post-illness / fit to attend, certificates confirming fitness to participate in dance classes / senior aqua aerobics, certificates for school social fund applications, certificates for marathon participation, certificates for adult aqua aerobics participation, any other certificate an event organizer can think of...

Portugal: Yes. General practitioners are frequently required to provide medical certificates of limited clinical value, including school absence justification, sports clearance, and administrative declarations.

Russia: Yes, for example, a certificate of access to the swimming pool, to go to a children's camp.

Serbia: No. Self-declaration is not possible. Parents must either bring the child in person to the chosen paediatrician or provide existing medical documentation from the child's paediatrician. The paediatrician is responsible for issuing the leave certificate.

Slovenia: No.

Switzerland: Partially. It is at the discretion of employers.

Ukraine: No. Sick child is possible to make only by doctor (patient can call to his primary care doctor to discuss if the visit is needed).

Serbia: Yes. General practitioners in Serbia are routinely required to issue medical certificates that have little or no clinical value. Some of these certificates are ready-made forms, and some are ordinary reports. For some certificates, a report from a general practitioner is not sufficient. Common examples include fitness certificates for recreational activities; certificates for school trips and excursions; certificates confirming inability to attend court hearings or administrative proceedings; proof-of-life certificates for pensioners receiving pensions from abroad; basic health certificates for driving licence applications; certificates for pensioners authorising visits to health resorts; health status certificates required for bank loan approval; health certificates for enrolment in school or university; work capacity certificates for various administrative purposes; health certificates for travel abroad; health certificates for obtaining a firearms/weapons permit; health certificates required in child adoption proceedings, etc.

Slovenia: Yes, general practitioners in Slovenia are asked to provide medical certificates of little medical value. Examples include certificates for not attending school, certificates for dietary requirements at work, and certificates stating how long the patient was at an examination.

Switzerland: Yes, for example: medical certificate required from the first day for adolescents in training, especially in vocational schools or apprenticeships; school absence certificate required when they miss an assessment, even in the case of a flu-like illness.

Ukraine: No.

If so, are there, to your knowledge, a website or movement in your country that brings them together to change practices?

Bulgaria: At present, there is no widely established national platform specifically aimed at reducing the administrative burden related to medical certification in Bulgaria. Some steps toward digitalisation have been introduced, such as electronic sick leave certificates (e-sick notes), which improve reporting and communication with institutions. However, these measures have not significantly reduced the overall administrative workload for general practitioners.

Denmark: We have **cooperation between doctors' organisation and municipalities and other stakeholders** that might ask for GP-documentation to avoid meaningless documentation.

France: Yes, following in the footsteps of our Belgian colleagues, we launched **certificats-absurdes.fr** in March 2023 with the *Collège de la Médecine Générale*. There, we provide free posters and a reusable stamp (designed by SANAGA), list the absurd certificates that have been reported, and have carried out actions in collaboration with several Departmental Councils of the Order of Physicians to challenge hundreds of institutions and insurers regarding the lack of legal basis (and in some cases the illegality) of certain requests. Each year, we run the "Purple September" mediatic campaign to raise awareness of physicians' administrative burden, notably by reaching out to mayors, members of parliament, the minister, maternal and child protection services, insurers, sports clubs, and others.

Israel: The Israeli Association of Family Physicians acts to reduce this administrative burden, successfully advocating for legislative changes like the 2015 "Gym Law" and the 2024 "Short-Term Certificate" amendments to eliminate unnecessary issue of medical certificates. To address physician burnout and long wait times, a national committee established a "closed list" of justified medical certificates. Primary care clinics will no longer issue non-clinical documents for third parties (e.g., employers or private entities). Instead, these are being replaced by patient self-declarations or handled by the requesting organizations' own medical resources. However, these recommendations are currently in the early stages of implementation and while some digital reforms are active, many employers and institutions still rely on traditional certifications as the system transitions toward the new standards. The Israeli Medical Association (IMA) maintains that physicians should only certify a patient's current medical status rather than "predicting" fitness or give clearance for non-medical tasks.

Italy: Yes. All the main Union(s) of GPs (SNAMI, FIMMG, SMI) are fighting for reducing these illegitimate administrative tasks but without success!

Malta: There is no formal national campaign or dedicated platform in Malta specifically focused on reducing low-value medical certification.However, the issue is increasingly recognised within the profession and is discussed in professional forums, including within the Malta College of Family Doctors and the Medical Association of Malta, particularly in the context of workload, efficiency, and the evolving role of doctors within the healthcare system. More broadly, this reflects alignment with ongoing discussions at European level regarding the reduction of low-value administrative tasks in primary care and the need to optimise the use of clinical time (European Commission, 2023; WHO Regional Office for Europe, 2022). While not yet formalised into a national initiative, there is a growing awareness that this is an area where system-level change would be beneficial.

Poland: No.

Portugal: Professional advocacy exists, notably through APMGF, aiming to reduce administrative burden and improve clinical efficiency.

Russia: No.

Serbia: No. To our knowledge, there is currently no dedicated website, campaign, or organised movement in Serbia focused specifically on reducing the administrative burden in general practice.

Slovenia: Yes, there is a movement in Slovenia that brings general practitioners together to change these practices.

Switzerland: Yes. A study is currently being launched, commissioned by the Federal Office of Public Health for the whole of Switzerland. We are contributing to it through a direct observational study of consultation days in family medicine, with data collected by students who have previously completed a placement in these practices. In April 2026, the SSMIG published the results of the 'Paper Tiger' survey as part of its anti-bureaucracy campaign, showing that unnecessary administrative tasks are widespread and take time away from patient care (https://www.sgaim.ch/fr/paperasserie).

Ukraine: No.