



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

*Association internationale sans but lucratif International non-profit organisation*

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**UEMS 2021/31**

**REPORT OF  
THE SECRETARY GENERAL**

**UEMS COUNCIL MEETING**

**22-23 OCTOBER 2021**

PRESIDENT: PROF. VASSILIOS PAPALOIS  
TREASURER: DR OTHMAR HAAS

SECRETARY-GENERAL: DR JOÃO GRENHO  
LIAISON OFFICER: DR ROMUALD KRAJEWSKI

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## 1. Introduction

It is undoubtedly refreshing to be able to present the written version of this reports that I will have the opportunity to discuss with you in a live meeting.

Much as already been said and written about the impact of the COVID Pandemic on our organization and it is for me a pleasure to present a report that, although still referring to the many signs of disruption caused by this situation is also a first attempt to look at a future that, although not COVID 19 free, is looked upon with a sense of hope on the return of some normalcy to our lives.

It is also worth mentioning that UEMS normal life from now on will probably be different of the pre-COVID 19 era.

This fact is already evident in the organization of this Council meeting that will be hybrid with its live component being held in beautiful Cyprus. Nonetheless, all those delegates, who are unable to join us there will also have the possibility to attend the meeting and participate in the discussions, via digital connection.

On the behalf of the whole UEMS Constituency I would like to thank the ΠΑΓΚΥΠΡΙΟΣ ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ (Cyprus Medical Association), for initially offering to host and afterwards accepting and negotiating its postponement from its previous date in October 2020 and finally for addressing all the technical details necessary to the hybridization of this Council meeting.

It is with great anticipation that I look forward to this meeting and hope that it marks the end of a long and hard path that our organization had to travel for the past one and a half years. The fact that we made this journey without major damage being inflicted on UEMS is a testimony to the high-quality hard work and time that daily, countless colleagues offer to the UEMS. I will never be able stop thanking their generosity in contributing to the advancement of UEMS.

A word of gratitude is also due to the UEMS administrative team that, working from their homes for the past year and a half kept the administrative part of the organization working without any problems, being thus able to support the UEMS Enlarged Executive and UEMS Bodies in their work during these difficult times.

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## 2. The UEMS Office in Brussels

Table 1: current work force of the UEMS office in Brussels.

### Staff and working time structure

(Based on data SEPT. 2021)

	Full time	Part time				Total (FTE)
		4/5	3/4	1/2	2/5	
Accreditation dpt	3	2			4.6	
Administrative and financial dpt	1			2	2	
Internal & External affairs dpt	1				1	
Section administrative dpt	2				2	
Internship					0	
Head office management	1				1	

Full Time Equivalent (2021 Vs 2020)

10.6 (Vs 8.6)

TOTAL Number of staff (in Oct.  
2021)

12

I would like to highlight some points at this stage:

- 1- As already described in the previous report from the middle of March until the end of May 2020, teleworking was made obligatory by the Belgium government. UEMS complied with its obligations and the staff worked from home during all that period.

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- 2- In May 2020, the anti-epidemic measures were relaxed but the recommendation was that, whenever possible, employees should work at home. The UEMS Office team started some activities at the Domus. A decision was made to have a minimum of one person in each department (management/-finances/accreditation) present at the Domus to assure the good running of the work. Instructions were regularly sent to the staff to allow everyone to work in a safe environment. This is still the situation at present and the UEMS EEC and Office team are exploring the possibility of implementing some of the working practices established during the pandemic in a future where the COVID-19 pandemic is no longer present.
- 3- One member of the team has been on an extended sick leave since February 2021 and needed to be replaced by a new employee. Currently UEMS is negotiating with the member of the team that is on extended sick leave the termination of the collaboration. This negotiation was started at the request of the team member.
- 4- The gradual return of the UEMS activities to the pre-pandemic levels made it necessary to create a second post of secretarial support to UEMS Sections.
- 5- A steady increase in the number of events submitted for accreditation is seen since the beginning of the year. At this time, the number of monthly applications submitted for accreditation with EACCME is similar to the pre-pandemic period. This fact along with the measures that were implemented by EACCME to help providers face the pandemic, the explosion of the new forms of education that keep on being brought to our attention, and the inquiries made by more national accreditation authorities seeking to either reach and sign an agreement or expand the existing ones to encompass the accreditation of small national events, have constituted a substantial increase in the amount of the workload of this department. This means that more resources will have to be allocated to the accreditation department in a short period of time, to allow EACCME to continue offering a robust and efficient service.

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## 3. The Domus Medica Europaea

Table 2: Estimated DME revenue for 2021 compared with previous years

	TOTAL 2015 (VAT excl.)	TOTAL 2016 (VAT excl.)	TOTAL 2017 (VAT excl.)	TOTAL 2018 (VAT excl.)	TOTAL 2019 (VAT excl.)	TOTAL 2020 (VAT excl.)	TOTAL 2021 (VAT excl.)
Tenants	€ 25.000,00	€ 41.000,00	€ 84.000,00	€ 85.516,03	€ 96.000,00	€ 88.900,00	73 095,00
Rooms	€ 7.546,00	€ 19.018,00	€ 21.370,25	€ 10.940	€ 7496.75	€ 0,00	1 200,00
Services	€ 970,00	€ 4.440,00	€ 5.475,00	€ 3.120,00	€ 4.200,00	€ 4.512,00	4 200,00
Parking	€ 1.300,00	€ 5.600,00	€ 1.305,12	€ 1.050,00	€ 4.500,00	€ 7 290,00	4 915,00
<b>TOTAL</b>	<b>€ 34.816,00</b>	<b>€ 70.058,00</b>	<b>€ 112.150,37</b>	<b>€ 100.626,03</b>	<b>€ 107.712,25</b>	<b>€ 100 702,00</b>	<b>83 410,00</b>

(the figures cover 12 months for each year – Sept-Dec periods are anticipated, as payments are made sometimes on trimester or semester basis).

**Total DME income:** 83 410€ on yearly basis in 2021 (Vs 100.702€ in 2020) → **-17%**

The Domus Medica Europaea has currently office spaces rented to 3 organizations. They are the UK National Health Service (NHS) and the European Association of Urology (EAU) on the first floor and the Smoke Free Partnership (SFP) on the fourth floor.

Currently there are office spaces available to rent in the DME, and the office is always available to accommodate requests of potential tenants to make a tour of the premises.

Currently there are 4 parking spaces rented, 6 are being used by UEMS employees and 2 are free to use by visitors.

The DME is offered in very preferential prices for our NMAs and UEMS Bodies. Please be in touch with our CEO to explore ways to utilize the DME for your events. One important issue to keep in mind is that for European medical events it offers much better status and visibility compared to hotels etc.

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## 4. Finances

The proposed budget for 2022 has been circulated and will be discussed in the Board and Council meetings that will be held 22<sup>nd</sup> and 23<sup>rd</sup> of October 2021.

We choose to highlight the following issues:

1. The UEMS budget for 2022 has been prepared considering that the evolution of the COVID-19 pandemic is still surrounded by much uncertainty. As such, the budget that will be presented is a conservative one.
2. The projected income for 2021 is 2.944.149 € compared to 2.491.957€ in 2020.
3. The budgeted income in 2022 is 2.987.100€ which will support the total budgeted expenses of 2.677.590€ with a projected positive net result of 285.907€.
4. No increase in the membership fee is planned to 2022.
5. The UEMS has repaid the 1.000.000€ straight loan in full in June 2021 and thus continues to honour all its obligations to external partners.

## 5. EACCME

As already showed on this report, EACCME activity was still impacted by the unfolding of the pandemic, but seems to be steadily returning to the pre-pandemic levels.

### 5.1. EACCME meetings

The Virtual UEMS EACCME Advisory Council meeting took place on 11 March 2021.

The Virtual UEMS Conference on CME-CPD in Europe titled “EACCME: Facing the COVID challenge and beyond” took place on 12 March 2021.

### 5.2. EACCME Agreements

- Negotiations to sign an agreement of Mutual Recognition of Accreditation with the Dutch Medical Association are currently underway and are expected to be concluded in the second semester of 2022.
- Negotiations to sign an agreement with the Pan-Hellenic Medical Association for the recognition of Accreditation of events held in Greece in the Greek language are finished and the agreement will be signed during the upcoming Council Meeting in Limassol.

### 5.3. IT Developments

A new pathway for the accreditation of integral recordings of Live Educational Events was established and implemented in April 2021

A new pathway for comparing the data of event report to the data that was declared by providers when submitting the events was implemented. Reconciliation of this data has led to adjustments in the accreditation fees upon confirmation of the event report data.

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## 5.4. Support to allied healthcare professionals to develop accreditation systems

Discussion with the European Association of Hospital Pharmacists (EAHP) on CME accreditation collaboration continues. The signing of a MoU is projected to occur by the first semester of 2022.

Discussion with the European Union of General Practitioners continues. The signing of a MoU is projected to occur by the first semester of 2022.

## 5.5. Measures implemented to respond to COVID-19 impact on EACCME

Early in the beginning of the COVID-19 crisis, EACCME was faced with the necessity to adjust its rules to accommodate the requests that started coming from providers.

The implementation of these changes had one major principle in mind, which was to allow some flexibility related to the process without compromising our principles and the robustness of the EACCME review.

With the expected normalization of the COVID situation and the experience gained by providers during this period, EACCME decided that it no longer made sense to maintain those changes. As such providers were informed in July that all changes implemented at that time will be ended on the 1<sup>st</sup> of January 2022 and the pre-pandemic rules and deadlines will apply from that time onward.



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## 5.6. EACCME in figures (data for 2021 until 31<sup>st</sup> of August)

LEE: Live Educational Events

ELM: e-Learning Material

REV Pack: Journal revision package

WEB PAC: Webinar Package

Table 3: Comparison of EACCME Activities in the first 8 months of 2020 and 2021

	2020	2021	Change
<b>LEE</b>	1122	1316	+36%
<b>ELM</b>	135	184	+ 24%
<b>REV Pack</b>	5	8	+ 37%
<b>WEB Pack</b>	2	24	+ 1078%
<b>Total</b>	<b>1264</b>	<b>1577</b>	<b>+ 39%</b>

Table 4: Monthly Comparison of EACCME Activities in the first 8 months of 2020 and 2021

2021	LEE	ELM	REV PACK	WEB PACK
JAN	104	36	3	2
FEB	121	23		4
MAR	216	22	1	4
APR	168	21		3
MAY	124	32		4
JUN	185	24		1
JUL	254	15	4	4
AUG	189	11		2
<b>Total</b>	<b>1316</b>	<b>183</b>	<b>8</b>	<b>24</b>
<b>2020</b>	<b>1 122</b>	<b>135</b>	<b>5</b>	<b>2</b>

In 2021 the number of live educational events submitted to EACCME to accreditation has risen 36% when compared to the same period of 2020. This is a clear indicator that the CME and accreditation landscape has adapted to the new reality and the number of events submitted is approaching the pre-pandemic numbers.

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Table 4: LEE submitted until 31/08/2021 based on the number of participants

Number of participants	Number of applications
< 100	638
101-250	613
251-500	179
501-1000	107
1001-2000	57
2001-5000	42
> 5000	25

The majority of LEE accredited by EACCME had less than 250 participants. This presents evidence that the desire for small high-quality events is rising across the Europe and that doctors value the opportunity to engage in these smaller activities

Table 5: Type of ELM accredited by EACCME until 31/08/2021

Type of ELM	Number of applications
Individual module(s)	157
E-platform	25
E-library	1
App	1

Table 5 demonstrates that the accreditation of new forms of e-learning material that has been introduced with EACCME 2.0 keeps on attracting new applications of excellent educational e-platforms and e-libraries.

Overall, the numbers that are presented in this report seem to show a marked recovery of the accreditation activity across Europe.

EACCME had, on the 31<sup>st</sup> of August of 2021, accredited more events, in all categories than in all year of 2020.

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Although the situation seems to be normalizing, vigilance is still necessary and the EACCME teams keeps on being alert and responsive to our providers needs, without jeopardizing the quality and independence that characterizes EACCME.

## 6. Internal Issues

### 6.1. European Training Requirements

The ETR's in Vascular Surgery, Neonatology and Paediatric Endocrinology were adopted during the April 2021 Council meeting.

These along with all adopted ETR's can be consulted at <https://www.uems.eu/areas-of-expertise/postgraduate-training/european-standards-in-medical-training>

### 6.2. Oral Maxillofacial Surgery ETR

The ETR for OMFS was supported by the Advisory Board (AB) but not by the National Medical Associations (NMAs) at the UEMS Council meeting in April 2021,

Since this was the first time since the establishment of the AB that an ETR was approved by the AB but not by the NMAs, as per the UEMS ROPs, the UEMS Executive took the responsibility to facilitate the consultation for the ETR, until its review at the October 2021 AB and Council meetings.

The roadmap for this review (including many reminders) was:

- On the 6th of May 2021, a letter from the UEMS Executive was circulated to NMAs and UEMS Bodies to collect comments, proposals, and concerns on the version of the OMFS ETR that was presented during the April 2021 Council. The deadline to receive comments was on the 7<sup>th</sup> of June 2021.
- All of the comments were then compiled into a file and sent to the OMFS ETR team.
- The OMFS ETR team worked a new version of their ETR, taking into account the feedback received.
- On the 27th of September 2021, the revised version of the OMFS ETR was circulated to the UEMS Constituency, with the possibility once again to comment on the document. The deadline for the last round of comments was set to the 8th of October 2021.

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- These comments were forwarded to the OMFS ETR team and the new and final version of the document, the initial version and a version with track changes to highlight the differences between them was circulated.

## 6.3. 3 Past Presidents Report

The discussion of the European Training Requirements (ETRs) for Oral Maxillofacial Surgery (OMFS) at the UEMS Advisory Board (AB) and Council Meetings of 23 -24 April 2021, generated a lot of controversy including comments and behaviour that were not up to the high anticipated by the UEMS standards of collegiate and constructive approach to all matters related to the work of our organisation.

It was the decision of the UEMS Enlarged Executive Committee (EEC) to proceed with a formal review of all the facts related to this issue.

Three UEMS Past-Presidents whose ethos, gravitas, impartiality, experience, expertise, and knowledge of our organization are beyond any doubt (Dr Hannu Halila, Professor Zlatko Fras and Professor Romuald Krajewski) were asked to review all the material related to the discussion of the OMFS ETRs and write the relevant report and recommendations.

Dr Halila served as Chair of the committee and the EEC takes this opportunity to, once more, show its gratitude to the Past Presidents for their hard and meticulous work as well as their recommendations.

The EEC decided to circulate the report to the UEMS NMAs and UEMS Bodies after circulating it first to the parties involved.

## 6.4. ETR Preamble and Practical Guide to Managing Overlapping Competency and Knowledge within UEMS European Training Requirements (ETRs).

Further to the actions taken in the aftermath of the OMSF ETR discussion that were described in the previous 2 points, 2 documents were produced aiming to ensure that future discussions about ETR's are clearer and less prone to confusion and false narratives.

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These were the ETRs preamble, that summarises in a comprehensive way the UEMS vision and practice related to ETRs and that will be presented at the Council meeting and a practical guide for addressing issues of overlapping knowledge and competencies when writing an ETR.

The EEC firmly believes that these documents will be instrumental for the constructive appraisal of all present and future ETRs.

## 6.5. Webinars on ETR's Appraisal Process and Assessments in the Pandemic

The UEMS EEC decided to produce a series of webinars related to several aspects of the projects of the UEMS.

The first webinar on the new ETR's Appraisal Process was presented on the 22<sup>nd</sup> of June and the second dealing with the issue of Assessments during the Pandemic was presented on the 29<sup>th</sup> of June.

## 6.6. EACCME 2.1

EACCME 2.0 was presented and implemented in 2016 and has been an enormous success, helping to further establish EACCME as the only pan European Accreditation authority.

Nevertheless, medical education is an ever-evolving activity and new forms of medical education are constantly being developed. This was acutely evident during the COVID-19 pandemic in which providers had to evolve and adapt its activities to conform to the difficulties that were before them. EACCME also had to adapt its rules to try to accommodate, without jeopardising its principles, the many providers requests that came its way.

The necessity to update EACCME criteria to better adjust to the new times was already evident then and became more and more pressing as the pandemic evolved.

The EACCME office and the Secretary General started working on updating the criteria, task in which they have the support, in an advisory capacity, of a working group composed by Dr Len Harvey, Prof. Josef Glaza and Prof. Wolfgang Grisold.

The first results will be presented for discussion during the upcoming Advisory Council meeting in January 2022 and the final proposal, EACCME 2.1 will be presented in the EACCME conference that will be held in Seville, Spain in March 2022.

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## 6.7. EACCME Conference

The EACCME Conference titled “EACCME 2.1 – Answering the Challenges of the Future” will be held in Seville in the Hotel Sevilla Melia on the 11th and 12th of March.

A “Save the date” email was circulated in the end of September and the registration details and final programme are expected to be circulated in November.

## 6.8. Webinar to Launch the Clinical Leadership Academy

The preparatory work to establish a Clinical Leadership Academy performed by European Association of Hospital Doctors (AEMH) in partnership with the UEMS has been completed and was presented to the UEMS constituency during the virtual UEMS Council meeting that was held on the 23rd and 24th of April 2021.

The Webinar that officially launched the Clinical Leadership Academy was held on the 17<sup>th</sup> of September 2021.

The first assessments of the academy are scheduled to occur on the first trimester of 2022.

UEMS has high expectations for this project and hopes that this is the first of many projects that will be developed in partnership with other European Medical Organizations.

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## 7. Conclusion

The UEMS Council meeting of 23 and 24 October 2021 in Limassol, marks the first step towards the return to normal for our organization.

Although the hybrid model of meeting is here to stay, and UEMS has adopted it to this meeting, the opportunity to meet again, face-to-face after a long hiatus is an occasion that we long for and that we feel that must be celebrated.

This new reality must not obscure the lessons that we all learned during the past 18 months.

UEMS prides itself for being an inclusive and open organization, in which all should feel free and safe to disagree on any matter and to voice that disagreement publicly.

But one should never forget that, in the end we are all colleagues bound together by the love for our profession and for our intransigent defence of the well-being of our patients.

What happened in the Council meeting of last April in which what should have been discussions about technical issues of the profession gave rise to *ad hominem* attacks, distortions of the truth, attempts to harm colleagues' careers by filing professional complaints in the name of the organization or invoking "patient safety" as an argument against another speciality's ETR should not and surely will not occur again.

Ours is a vibrant and prolific organization that only stands to lose when colleagues adopt those behaviours.

The UEMS Enlarged Executive has worked very hard since the April meeting to lay down the foundation work to avoid that such situations occur again. But, in the end, it is up to whole the UEMS constituency to make sure that decisions are taken based on the correct information held in the documents that are circulated in a timely manner by the Executive.

The future of UEMS will be bright as long we are all committed to work with the best interest of our patients, colleagues, and the organization in mind.

I hope to see you all in Limassol!

João Miguel Grenho

UEMS Secretary-General