



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.uems.eu

T +32 2 649 51 64
F +32 2 640 37 30
info@uems.eu

UEMS 2021/23

ONLINE MEETING OF THE UEMS COUNCIL

DRAFT MINUTES

Saturday 24th April 2021
10.00 – 14.15 (CET)

Meetings held virtually

UEMS Council meeting, 24th April 2021

Welcome

Prof. Papalois - UEMS President

Prof. Papalois welcomed everyone and expressed his grateful thanks to National Medical Associations (NMAs) and UEMS Bodies for their hard work and contribution. Thanks to that, the organisation is in excellent status.

Prof. Papalois thanked the National Medical Associations of Cyprus and Spain for their flexibility and help in rearranging the Council and EACCME meetings.

The UEMS is a dynamic and active organisation which operates in many different domains; Prof. Papalois stated that the UEMS would support NMAs and UEMS Bodies in any challenges they might face, whether at a European or national level.

The three pillars of the UEMS are the National Medical Associations, the UEMS Bodies, and the ever-growing UEMS partnerships in Europe and beyond. Prof. Papalois emphasized that the UEMS is one organisation legally, constitutionally, financially and operationally. We work together and always operate under this spirit. The UEMS is also a very democratic organisation in which differences of opinions are not only allowed, but strongly encouraged and respected. Professional and constructive dialogue is one of the major principles of the UEMS.

Prof. Papalois explained that the UEMS was financially strong and had always honoured all of its external financial commitments. In 2020, the organisation had a positive end of year position and Prof. Papalois congratulated everyone for this. When it comes to financial transparency, the report of the Secretary General, the report of the CEO, and financial reports have been circulated and contain thorough details about the finances. There is external and internal auditing, and the UEMS is open to scrutiny by the Board and NMAs collectively and individually. Meetings of the Treasurers of UEMS Bodies have been organised, individual support to UEMS Bodies has been offered, and the Chairs of the Groupings of the Sections are now part of the Enlarged Executive. Prof. Papalois encouraged UEMS Members to utilize these resources and suggest new elements of transparency and engagement.

During a crisis, the modus operandi for surviving and going forward is to adjust, to adapt and to evolve. Prof. Papalois explained that this is what happened within the organisation for its flagship projects: the European Training Requirements (ETRs), EACCME, exams, assessments, the work of the Working Groups and new projects.

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Regarding the approval and support of European Training Requirements, Prof. Papalois explained that reaching a consensus could be difficult, sometimes painful, but extremely empowering once attained. ETRs require an enormous amount of work from authors and this must be respected and supported. We have new terms of reference for the ETRs Review Committee and a new review process that will allow ETRs to be made visible to the UEMS constituency from the moment they are received by the UEMS Office. Prof. Papalois mentioned that a webinar would be organised by Prof. Nada Cikes (Chair of the ETRs Review Committee) in June 2021 to make ETRs and their concept visible to the broader European community.

Prof. Papalois explained that certain principles related to UEMS ETRs need to be considered to have constructive and productive discussions. First of all, with regard to their national application, ETRs are not legal documents, they represent our collective vision about training and assessment of the development of specialties in Europe. These documents are not to be imposed, the UEMS does not have the authority nor the appetite for this. ETRs are marks of excellence that will lead the way forward at a European level and that can be followed on a voluntary basis. The second principle is to recognize and accept that there is overlap of specialist practice between different specialties and competencies, and ensure that this is dealt with by interested parties in a constructive way. Moreover, Prof. Papalois explained that knowledge should be clearly differentiated from competence: knowledge does not translate into specialist practice; knowledge supports competence but one does not translate into the other. Additionally, regarding the spirit of the review, ETRs offer the best opportunity to talk, support, and learn from each other. This must not lead to heated debates as it then becomes counterproductive. Lastly, all ETRs will evolve and will be reviewed every two to three years to ensure that they are still up to date.

To anchor these principles, Prof. Papalois wrote a document stating that the UEMS recognises overlap of practice without accepting the invasion of one practice by another, that we accept that knowledge does not translate into competence, that we accept that recording of experience does not translate into full training that would allow to practice as an independent specialist, and that we encourage colleagues to consult and learn from ETRs to enrich their practice.

With regard to EACCME, Prof. Papalois congratulated the Secretary General and his team for their excellent response to the new challenges posed by the pandemic. An enormous amount of work was put into place to ensure that EACCME would be adapted to new realities.

Prof. Papalois gave an update on important documents. The UEMS is working on the technicalities of having Greek events in the Greek language accredited by EACCME; Prof. Papalois extended his grateful thanks to Dr Papandroudou (UEMS Vice President) and the Panhellenic Medical Association for their collaboration. The UEMS is also in the process of

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concluding an agreement with The Netherlands to become part of the EACCME family; Prof. Papalois thanked Dr Cense (Dutch NMA representative) for his amazing work. Other works in progress were mentioned, such as the agreement with the European Union of General Practitioners (UEMO) and the Memorandum of Understanding with CONFEMEL.

With regard to assessments in times of pandemic, Prof. Papalois praised CESMA for very promptly offering an overview and guidelines as to how virtual assessments should be conducted in a proper manner. A webinar will also be organised in June 2021 to address this issue.

Prof. Papalois explained that UEMS Working Groups (WGs) were committed to a focused agenda, continuity of work throughout the year, and palpable productivity. The UEMS is open to suggestions for new areas of not only permanent but ad hoc Working Groups. Prof. Michalis (President Section of Cardiology) proposed the creation of an ad hoc WG on Covid-19 to learn from the pandemic, and an invitation to join the group will be sent out.

With regard to new projects, Dr Hermans (UEMS Vice President) is working on creating a repository of resources on the UEMS history, with the support of Past Presidents. Additionally, the creation of a Thematic Federation on diversity and inclusivity is being led by Prof. Cikes and Dr Cobo (UEMS Vice President). Dr Hermans and Dr Papandroudakis have led a pan-European survey on the challenges faced by doctors in independent practice and are now in the process of analysing the data and translating it into recommendations. Lastly, Prof. Papalois explained that an agreement for the development of the Clinical Leadership Academy had been signed with the European Association of Senior Hospital Physicians (AEMH).

Prof. Papalois thanked colleagues for their work throughout the year.

Roll-call of delegations and introduction of new attendees

Dr Grenho - UEMS Secretary General

30 Full Member Associations were present or represented.

2 Associate Member Associations were present or represented.

2 Observer Member Associations were present or represented.

1. Approval of the agenda **

Prof. Papalois explained that Prof. Sander (President MJC Intensive Care Medicine) was not able to present during the Advisory Board Meeting. This item will therefore be added to the agenda, as point 7.

The agenda was approved.

2. Approval of the minutes**

The minutes were approved.

3. Report of the Secretary-General

Dr Grenho – UEMS Secretary General
UEMS 2021/08

Dr Grenho presented his report. He explained that three staff members were recruited for the UEMS Office in 2020 and beginning of 2021. Dr Grenho added that new additions to the team would be required in the foreseeable future.

Dr Grenho explained that there was a decrease in the revenues generated by the Domus Medica Europaea (DME). He invited UEMS Bodies and Medical Organisations in need of space to get in touch should they want to join the UEMS at the DME.

The UEMS is honouring its financial obligations and had a positive end of year position. This positive end of year position was possible because the sharp decrease in income was accompanied by an equal decrease in expenses. The income from the UEMS assessments and EACCME decreased due to the pandemic. More information can be found in the financial report.

Regarding EACCME, Dr Grenho explained that there was a new pathway for the faster accreditation of webinars related to Covid-19, and that an alternative path for the accreditation of packages of webinars was created in conjunction with the Section of Radiology and the European Society of Radiology. Additionally, a new pathway for the accreditation of integral recordings of live educational events was concluded and implemented in April 2021.

Two agreements were signed with the Accreditation Council for Oncology in Europe and the Finnish Medical Association. The agreements with the Royal College of Physicians and Surgeons of Canada and the European Society of Cardiology were renewed. Negotiations are ongoing with the Dutch and Panhellenic Medical Associations, and the discussion

continues with the UEMO. The agreement with the European Association of Hospital Pharmacists was signed.

Dr Grenho talked about the situation that led to the resignation of the Bureau of the Section of Surgery. A President, a Vice President, a Secretary, and a President of the Board were elected and the new Bureau of the Section was constituted. As no regular applications were received for the position of Treasurer, it was decided that the Board would appoint a colleague to serve as Treasurer until new elections would take place.

Dr Grenho explained that the UEMS webinars on ETRs and Exams in the Covid-19 era would take place in June 2021, and reminded us that 10 ETRs were approved during 2020.

To conclude, Dr Grenho explained that 2020 was a difficult year for the UEMS, which faced a lot of challenges. The UEMS was able to adapt, to make the necessary changes, and is gaining experience thanks to that. With regard to EACCME, the criteria are currently being revised.

4. Constitutional issues

4.1. SpiFa's proposal to update the timeline of circulation of documents

Dr Klaus Köning
SpiFa head of delegation

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Dr Köning explained that SpiFa submitted a motion that states that documents for Board or Council decisions must be sent in time. After consultation with Prof. Papalois, the motion asks for documents to be circulated at least eight weeks before the Council meeting.

Prof. Papalois explained that there were three categories of documents: European Training Requirements that, with the new ETR timeline, would become available more than two months before the Council; financial documents, which are extremely difficult to send in advance as they take time to prepare and need to reflect the financial reality; other documents that can be sent as soon as they are available.

Dr Köning emphasised that it was especially important to circulate ETRs at least eight weeks before the Council and Prof. Papalois concurred.

Dr Haas (UEMS Treasurer) explained that for financial matters it would be impossible to respect a three-months or two-months deadline, as the data would not be complete.

Prof. Papalois concluded saying that things will remain as they are now. The UEMS will try to get the financial documents ready as soon as possible, but they have to be accurate. If the ETR timeline is adopted today, the documents will be available well in advance.

Dr Köning agreed with Prof. Papalois' conclusion.

4.2. BMA's proposal to amend UEMS RoPs regarding UEMS recognition of service commendation

Dr John Firth
BMA head of delegation

Prof. Papalois explained that when a colleague completes his/her service in the UEMS, the Section or the UEMS Body might wish to express their appreciation. This can be done with a formal offer of thanks and gratitude.

The request of the BMA was for this to be translated into text and added in our RoPs. Dr Firth added that this commendation would be for anybody working within the UEMS community.

Votes: yes 28 / no 1 / abstention 0

The amendment was approved.

4.3. UEMS CoC

Dr Patrick Magennis
Chair of Grouping II

Prof. Papalois explained that the aim of this Code of Conduct (CoC) was to set certain rules and principles that elected officials of the UEMS must adhere to. If adopted, the CoC will only be signed by members in elected office, not by all the delegates.

Prof. Griesbacher (President Section Pharmacology) noted two technical issues while reading the document; these technical matters will be fixed.

Dr Balzan (Head of the Maltese delegation & President Section Pneumology) commented on the lack of whistleblower clause and would propose for clauses which are referring to conflicts of interest to be expanded to anything irregular or dishonest. Dr Krajewski (UEMS Liaison Officer) opposed the proposal. He explained that no regulation in the CoC must be read as preventing whistleblowing and added that it is currently not possible to put an amendment in the document, as such a document relies heavily on the wording of the text.

Prof. Papalois explained that the CoC was not a legal document, but an internal document of principles. He suggested to vote on the document as it is, with the proviso that proposals for modifications can be made and that the CoC can be reviewed again.

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Prof. Tarlatzis (President Section Gynaecology and Obstetrics) explained that adding a whistleblower clause with the one relating to conflicts of interest was not a good idea, as conflicts of interest are a specific issue.

Votes: yes 25 / no 1 / abstention 0

The UEMS CoC was approved.

5. Specialist Issues

The agenda was amended. Dr Ross Russell will start with the presentation of the ETRs for Neonatology and Paediatric Endocrinology.

Prof. Ricci (Chair Advisory Board) informed the Council about the decision of the Advisory Board on the aforementioned ETRs. The ETR for Neonatology was supported (yes 35 / no 0 / abstention 1); the ETR for Paediatric Endocrinology was also supported (yes 34 / no 0 / abstention 2).

5.1. Training Requirements and other documents

5.1.1 *Training Requirements for Neonatology***

*Dr Ross Russell
Doc – ETR Ne*

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Dr Ross Russell presented the ETR.

Dr Firth (BMA representative) mentioned that perinatal autopsies should be included in the next version of this ETR.

Votes: yes 25 / no 0 / abstention 0

The ETR was approved.

5.1.2 *Training Requirements for Paediatric Endocrinology***

*Dr Ross Russell
Doc – ETR PE*

Dr Ross Russell presented the ETR.

Dr Kilgallen (Irish NMA representative) suggested an addition to the ETR.

Dr Papandroudakis asked if Paediatric Endocrinology was considered a specialty or a subspecialty and Dr Ross Russell answered that paediatric subspecialties were not Annex V specialties that stood on their own, they are competencies within paediatrics.

Prof. Papalois suggested to use the term competence in the ETR.

Votes: yes 26 / no 0 / abstention 0

The ETR was approved.

5.2 ETRs review and approval process**

Prof. Cikes
UEMS Vice President
ToR and Guidelines on ETRs

Prof. Cikes presented the ETR Review and Approval Process proposal, prepared with Dr Grenho and Prof. Gans (President Section Internal Medicine and member of the Enlarged Executive Committee). Prof. Cikes explained that the aim was to emphasise the spirit of the review, which must be collegiate, academic and supportive.

Prof. Cikes described the role of the ETR Review Committee (RC), as well as the duties of the members of the RC. Prof. Cikes also presented the new ETR timeline.

Dr Bisdorff (Luxembourg NMA representative) suggested to create guidelines as to how the ETRs should be presented and discussed during the Advisory Board and Council meetings. Prof. Cikes agreed and explained that the ETR webinar would be a good opportunity to discuss about the quality and content of ETRs.

Dr Klausen (Danish NMA representative) raised the question of adding a preamble in all future ETRs describing how they should be read, in order to avoid misinterpretation. Prof. Papalois explained that all ETRs have a generic preamble that can be adapted by each UEMS Body. However, the ETR RC, leaning on the discussions that took place and the document presented by Prof. Papalois, could work on producing a new preamble for every ETR that would be used universally.

Dr Sabelnikovs (President Section Anaesthesiology) asked if the procedure would also apply to the update of an ETR and Dr Grenho confirmed that it would be the case.

Dr Papandroudakis mentioned the need to encourage Sections/Divisions/MJCs that have not yet submitted an ETR to do so, and to ask them if they need support. He also raised the issue of the implementation of ETRs in different European countries. Prof. Papalois stated that UEMS Bodies could be surveyed on the status of their ETRs. Prof. Cikes explained that the next steps of the Review Committee would be to discuss the implementation of ETRs and try to find all obstacles and enablers.

Dr Cense (Dutch NMA representative) suggested to postpone ETRs that are subject to discussion and to apply the new procedure and preamble/statement to these ETRs. Prof. Papalois responded that implementing something retrospectively was quite challenging, and that it was up to the authors to decide whether or not to present their ETRs.

Votes: yes 30 / no 0 / abstention 0

The new process was approved.

5.3 Report from the Advisory Board

Prof. Ricci - Chair AB

Prof. Ricci explained that the agenda and the minutes were unanimously approved.

Four European Training Requirements were presented. The ETR for Neonatology and the ETR for Paediatric Endocrinology were supported by the Advisory Board without any concerns.

The ETR for Oro-Maxillo-Facial Surgery was also supported by the AB (yes 21 / no 8 / abstention 6), but intense discussions took place, especially regarding the content of Appendices 1 and 2, and the overlapping competencies. The proposal to create a Multidisciplinary Joint Committee in Head and Neck Surgery was brought.

The ETR for Vascular Surgery was supported by the AB (yes 24 / no 2 / abstention 3) despite some concerns expressed.

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With regard to the Groupings' reports, the main issues discussed were the Code of Conduct, plans for UEMS examinations in the Covid-19 era, the ETR timeline and the update of Annex V.

5.4 Training Requirements and other documents

The agenda was amended. Prof. Mansilha will start with the presentation of the ETR for Vascular Surgery.

5.4.1 Training Requirements for Vascular Surgery**

Prof. Mansilha
Doc – ETR VS

Prof. Mansilha presented the ETR for Vascular Surgery.

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Dr Kilgallen (Irish NMA representative) enquired about the issue of embolization and asked if it had been removed from the ETR. Prof. Mansilha responded that this is not possible as embolization is part of the daily practice of a vascular surgeon. Dr Kilgallen also made a suggestion with regard to bad amputation that Prof. Mansilha agreed with, it will be added to the ETR.

The issue of overlapping competencies was discussed.

Dr Cense (Dutch NMA representative) asked if a sentence stating that embolization for vascular surgeons is meant to be for vascular procedures will be added to the ETR and Prof. Mansilha confirmed. Prof. Mansilha reiterated that vascular surgeons were not able to perform embolization in non-vascular fields.

Dr Joris (Secretary Section Radiology) suggested to add in the ETR that trainees are not expected to be experts in procedures such as embolization, and that such procedures are mentioned only for trainees to get in contact with this type of expertise. Prof. Mansilha disagreed.

Dr Ramuscello (Italian NMA representative) enquired about the educational pathway of vascular surgery regarding radiation-related pathologies and radiation protection matters. Prof. Mansilha explained that they were aware of the importance of the issue of radiation protection and that they had added a paragraph about European and national legal requirements for radiation protection.

Dr Lee (Secretary Division Interventional Radiology) explained that the Division of Interventional Radiology had an issue with the fact that coil embolization was written as a skill in the ETR – they have an issue with the wording and the fact that it is not mentioned that this procedure is restricted to areas of vascular surgery. Prof. Mansilha confirmed that the wording would be modified for coil embolization and reaffirmed that the target of the ETR was solely related to vascular fields.

As a point of clarification, Prof. Papalois explained that if there are vascular surgeons in Europe who credibly perform the embolization procedure for vascular surgery procedures, it is then perfectly legitimate to have it mentioned in the ETR, as long as it does not say that the procedure is exclusively performed by vascular surgeons and that it is recognised that different practices exist across Europe.

Votes: yes 21 / no 2 / abstention 1

The ETR was approved.

5.4.2. Training Requirements for Oro-Maxillo-Facial Surgery**

Dr Magennis
Doc – ETR OMFSS

Dr Magennis presented the ETR. He explained that yesterday was quite a fiery meeting and went back on some UEMS history. In 2017, in Tel Aviv, Dr Magennis and others proposed the creation of an MJC in Head and Neck Surgery; the proposal was withdrawn as the Section of ORL would not join the consensus at that stage. Prof. Papalois worked with the Sections of OMFS and ORL to try and resolve the issue but ultimately, they weren't able to move the proposal forward.

Dr Magennis stated that, although it was really good news that the Advisory Board had supported their ETR, the best news to come out of yesterday's meeting was the confirmation that the Section of ORL was willing to join the Section of OMFS and form a Multidisciplinary Joint Committee in Head and Neck Surgery, as it is the correct route to define competencies across OMFS and other specialties.

Prof. Papalois explained that there had been a lot of discussion regarding this ETR, with many parties and colleagues involved. He expressed his appreciation to all who contributed with their comments and suggestions. Secondly, Prof. Papalois explained that yesterday, prior to the vote of the Advisory Board, the authors of the ETR committed that regardless of the outcome of the vote, they will work with all colleagues who have expressed concerns. Finally, about the MJC in Head and Neck Surgery, Prof. Papalois explained that the content of the work of this MJC, the remit, is completely up to us to decide. There is no fixed agenda, we will brainstorm together, as a team, and we will come up with a best way forward for all Sections involved.

Prof. Akyol (Turkish NMA representative) explained that member societies in Turkey found the ETR unacceptable in its current form without a real consensus between the Sections functioning in the Head and Neck area. Many serious points have to be addressed and Prof. Akyol stated that a solid consensus should be achieved, mainly to strengthen the ETR.

Dr Kaarela (President Section PRAS) highlighted current issues with the ETR and explained why the Section of PRAS could not support it (overlapping competencies, problem with appendices). Dr Magennis responded that the appendix was about knowledge, what trainees should know, not about competencies – the words competencies and skills do not appear.

Dr Cense (Dutch NMA representative) commented that the UEMS ETRs should not be used for domain discussions, but in the Dutch NMA's view, Sections should be encouraged or maybe even obliged to describe common training requirements for procedures or treatments performed by different medical specialists. Dr Cense explained that the fact that

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this ETR did not reflect the same level of agreement between Sections was really problematic, which is why they asked for the presentation of the OMFS ETR to be postponed to the next Council meeting. Prof. Papalois clarified that, procedurally, the authors of ETRs cannot be forced to postpone the presentation of their documents because they have followed the correct process. It is entirely up to them to decide and they are perfectly entitled to proceed with the voting.

Dr Meister (Austrian NMA representative) mentioned that ORL specialists had heavy concerns about the procedures in Appendix two concerning the neck region. Dr Magennis reiterated that it was about knowledge of procedures and recording of experience, not about doing the procedures – it is not about competencies.

Prof. Fenton (President Section ORL) explained that the ORL Section would not accept this ETR, that they had been treated very poorly and that some of their questions and concerns had been ignored. Prof. Fenton mentioned that every specialty had an interface of overlapping areas, which they accept, but that the Dutch model of cooperation and crystallization should be followed rather than the lack of collaboration demonstrated in this proposal. Prof. Fenton urged NMAs to reject this ETR, which would allow them the time and opportunity to support OMFS colleagues for a successful and mutually agreeable proposal in Cyprus next October.

Prof. Papalois intervened to clarify a few points. First, he explained that the vote of the Advisory Board was procedurally correct; secondly, that the UEMS Executive acts neutrally and always for the benefit of the organisation; lastly, that bullying and harassment were forbidden within the UEMS and that, in the closely monitored communication, no traces of bullying or harassment were noted against any colleagues.

Dr Grenho added that the time spent by the Executive trying to find conciliation between the Sections of OMFS and ORL regarding this ETR was no different than the time spent doing the same for the ORL ETR. Therefore, any suggestions that the Executive would favour one Section over another are incorrect and hurtful.

Prof. Papalois explained that the process needed to be followed, and that it was very clear. If the votes of the NMAs concur with the votes of the Advisory Board, the ETR will be adopted in its current form, but authors have committed to work with colleagues to improve the appendices. If NMAs decide otherwise, it will then be the duty of the UEMS Executive, based on the Rules of Procedure, to facilitate the dialogue to be able to reach a consensus between the different parties and revisit the ETR in October. Finally, on the issue of the MJC in Head and Neck Surgery, Prof. Papalois explained that it would be a joy to coordinate a meeting between all parties involved with an open agenda, and see how we this can be taken forward constructively.

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Prof. Peul (President Section Neurosurgery) suggested that the OMFS ETR should exclusively focus on the OMFS specialty. He also agreed with the necessity of establishing an MJC in Head and Neck Surgery to work together on overlapping competencies.

Dr Magennis confirmed he wanted to proceed with the vote.

Votes: yes 10 / no 14 / abstention 4

The ETR was not adopted.

Prof. Papalois concluded saying that a call would be sent out regarding the establishment of the MJC in Head and Neck Surgery for interested parties to take part in this discussion. A proposal for its creation will be presented in October.

The Sections of OMFS and ORL both expressed their interest in working together.

5.5 Presentation from the CESMA

*Dr Westwood
Chair of the CESMA*

Dr Westwood presented an update on CESMA and its evolution over the past years.

Dr Westwood explained that the appraisal of examinations was no different than the appraisal of ETRs; CESMA needs to develop a system of collegial and constructive criticism of examinations and assessments based on respect and mutual trust.

Dr Westwood talked about issues surrounding appraisals and online examinations, such as security, cheating, and technological issues. Appraisals are currently suspended, but CESMA now needs to move forward, evolve, and develop new guidelines.

Dr Durkan (Vice President CESMA) mentioned that they had conducted a survey on how to shape the future of examinations in the Covid-19 era.

Prof. Papalois thanked Dr Westwood, Dr Durkan and CESMA for their hard work.

5.6 Proposal to include a paragraph on children, adolescents and vulnerable people in all future UEMS ETRs

*Dr John Firth
BMA head of delegation*

Dr Firth presented the proposal.

Prof. Gans (President Section Internal Medicine) is in favour of adopting the proposal but believes that it should be extended to other matters (e.g., patient safety, effective care) on another occasion. Prof. Papalois explained that the point made by Prof. Gans was very well

taken and that it was our intention to proceed with that. However, the focus will be on the document as it is presented today.

Prof. Vince (Croatian NMA representative) stated that the term psychiatric disorder should be changed to mental disorder, and that the text should be harmonized with the UN Convention on the Rights of People with Disabilities.

Dr Klausen (Danish NMA representative) mentioned that the Danish NMA agreed with the statement, but did not believe it was necessary to have this paragraph in all ETRs, as it is common knowledge. Dr Firth responded that the paragraph needs to be adapted to each specialty.

Votes: yes 21 / no 1 / abstention 1

The proposal was approved.

5.7 Change of the name of the specialty of Emergency Medicine

Dr Brown

President Section of Emergency Medicine

Dr Brown presented the proposal.

Dr Brown explained that the Section of Emergency Medicine was seeking support and approval for them to change the name of their specialty to Emergency Medicine in the Annex V.

Prof. Papalois mentioned that the UEMS had already accepted Emergency Medicine as the name of the Section by Council decision, and that the Enlarged Executive of the UEMS was in support of the proposal.

Votes: yes 21 / no 0 / abstention 1

The proposal was approved.

Prof. Papalois explained that the items requiring a vote would now be addressed, the agenda was amended.

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6. External affairs

6.1 Endorsement of the Vaccine Equity Declaration**

Dr Krajewski

UEMS Liaison Officer

Dr Krajewski presented the Vaccine Equity Declaration. He explained that access to vaccines was far from just and even, and mentioned that this was not a situation we should overlook.

Prof. Papalois concurred, adding that vaccines should be universally available and not the privilege of the powerful and economically strong.

Votes: yes 21 / no 0 / abstention 0

The endorsement was approved.

7. ESICM consultation paper on Annex V of the Directive on the Recognition of Professional Qualifications

Prof. Sander
President of the MJC ICM

Prof. Sander presented the matter. The MJC ICM believes that Intensive Care Medicine is a special competence, but not a specialty, and should not be listed as such in the Annex V.

Prof. Sander explained that the European Society of Intensive Care Medicine had engaged with lobby organisations to vote in favour of having Intensive Care Medicine listed in the Annex V as a specialty.

Prof. Papalois explained that it was the clear view of the UEMS and this Council that Intensive Care Medicine was a multidisciplinary competence, not a specialty. He suggested that Prof. Sander should draft a letter with the MJC's views for the UEMS to send it as an organisation to the European Commission. Prof. Sander agreed.

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8. Report to Council of the outcomes of the Board Meeting

Dr Haas - UEMS Treasurer

Dr Haas presented the financial situation. He explained that the income went down by 30% compared to 2019, and that the expenses also went down by 33%.

Despite the pandemic and Covid-19 situation, the UEMS is in a good situation and financially strong.

Dr Haas explained that the UEMS was facing multiple challenges with EACCME, with the distribution of funds from the Sections to the Office, and with regard to examinations. The conversation will continue in Cyprus in October and the Treasurers will meet to strategically think about what needs to be done.

Prof. Papalois thanked Dr Haas for his professional and efficient work.

9. Working Groups Reports

9.1 E-Health

Dr Bisdorff

Dr Bisdorff presented his report. The WG discussed about recommendations of digital knowledge and skills to include into ETRs, as they want to ensure that medical specialties in the future will be able to function properly in a digital environment.

Participants in the meeting emphasised the need for a more general position statement on digital medicine. It was suggested that this initiative should be coordinated with other European Medical Organisations and perhaps the World Medical Association (WMA).

Prof. Papalois mentioned that the E-Health WG should contribute to the Ad Hoc WG on Covid-19. Prof. Papalois also explained that the UEMS was exploring the possibility of being around the table of the WMA.

9.2 Continuing Medical Education & Professional Development

Dr Halila

Dr Halila presented his report. The WG had a lively discussion on the effects of Covid-19 on CME-CPD.

The next task for the WG will be to work on a new UEMS statement of CME-CPD for European specialists during and after the Covid pandemic. The intention is to have the statement approved during the October 2021 Council meeting.

With regard to the work of the WG, they came up with a smaller group of 13 colleagues who are willing to work further on the draft statement and possibly other topics.

9.3 Postgraduate Medical Specialist Training

Prof. Akyol

Prof. Akyol presented his report. The WG has a new rapporteur, Dr Vesna Kusec (Secretary Section Laboratory Medicine / Medical Biopathology).

Dr Kusec highlighted their two main topics of work: the first one is the survey on the duration of specialist training in the EU and other countries; the second one is the plan to draft a position paper on challenges and options of e-teaching or remote training.

9.4 Quality of Patient Care & Specialist Practice in current Health Systems

Dr Berchicci

Dr Berchicci presented his report. The WG discussed about the problems and challenges caused by the pandemic. They decided to ask the UEMS for a strong declaration in favour of an intensive vaccination and to support the activities of specialists and general practitioners.

The WG also discussed about how the pandemic had changed the perception and attitude towards the medical profession.

10. AOB

Dr Meister (Austrian NMA representative) wanted to inform the Council about the significant problems that the Austrian Medical Chamber is currently facing. Dr Meister explained that they were about to lose all competencies in post graduate training and quality assurance due to the judgment of the Austrian High Constitutional Court. Prof. Papalois invited Dr Meister to attend a teleconference of the UEMS Executive to discuss about the issue and put up a plan as to how the UEMS can support them.

Prof. Papalois thanked all attendees for their contribution and patience, and hopes to see everyone in Cyprus in October.

11. Next Meetings

UEMS Council Fall 2021

22-23 October, Limassol, Cyprus

Items in italic with ** required a vote or a decision.