



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 2015/27

MEETINGS OF THE COUNCIL OF UEMS

Report

Meetings to be held at the

Mercure Grand Hotel,

Warsaw (Poland)

Friday 16th October 2015

Saturday 17th October 2015

Welcome

Dr Krajewski – *UEMS President*
Dr Lella - *Polish Chamber of Physicians and Dentists*

Dr Krajewski (*UEMS President*) welcomed the participants and thanked the local hosts for their hospitality and their efficient support to organise the Council meetings.

Dr Borman (*UEMS Secretary General*) made a roll call of delegates present. 27 National Member Associations were present or represented.

1. Approval of the agenda

The agenda of the UEMS Council meeting was approved.

2. Approval of the minutes of the last meeting, held in Brussels on 10-11.04.2015

Dr Balzan stated that he would like to present some comments on the appraisal of European examination in Radiology. He will present his comments during the next Council meeting.

- *The minutes of the last UEMS Council meeting, held in Brussels on 10th & 11th April 2015 were approved.*

3. Report of the Secretary-General

Dr Borman (*UEMS Secretary General*) presented his report. He stated that his report had been sent late due to heavy workload and also in order to allow for the most updated data on EACCME and on financial situation to be inserted in it. He presented the Executive Committee proposals regarding accreditation of new educational forms. The scope is very wide : apps, e-library, peer reviews. Dr Borman called upon every delegate/ Section to get involved in the EACCME review. A pool of back-up reviewers shall be created to ensure smooth running of EACCME. As was detailed at the last Council meeting, the key challenge that the UEMS faces currently, and will have for the next year, is to ensure financial stability. Dr Borman explained that this was his last report as Secretary General of UEMS, he emphasized the massive amount of work done by the EEC and by Dr Krajewski during his mandate. Dr Borman thanked all colleagues for their input and great collaboration.

4. Specialist issues

4.1. Report from the Meetings of UEMS S&B and Groupings

Chairmen of groupings reported on the discussions held in the morning.

- Group I

Prof. Griebenow (*S. Cardiology*) reported on discussions held on Group I.

The ETR in Internal Medicine has been reviewed by the Grouping 1 and is considered as a very huge and elaborated document. Only few amendments will be done and it will be presented to the UEMS Council meeting in April 2016 for adoption. The Grouping 1 asked the EEC to approach the EU institutions regarding Internal Medicine as a specialty. Participants of grouping 1 reviewed the updates on the UEMS Charter on visitations of Training Centres and enquired about the clear role of UEMS in this process. Regarding the changes in Annex V Directive 2013/55/CE, several changes on the title & duration of training will be provided by Sections to the UEMS. As of ETR guidelines, there is a real need to define precisely who is the trainee/trainer/ training centre. The grouping 1 discussed the cooperation between Sections and UEMS Executive: some changes need to be brought to the Council in shorter basis: handling of finances by sections/ advices on Sections activities / cooperation with external partners.

- Group II

Prof Papalois (*S. Surgery*) reported on the discussions held in Group II.

Grouping 2 had fruitful exchanges about the role of Sections & Boards of the UEMS. The Sections are doing a great amount of work and should have the right to influence the decisions. The proposal from Grouping 2 is to formally include the chairs of groupings to the Enlarged Executive Committee (EEC). As for voting rights of Sections & Boards various options may be considered : one vote per Section/MJC or votes per grouping. This should be the first priority of the new EEC. Regarding ETR submission, clear rules shall be established and implementing regarding the timeframe of ETR submission, comments, final document. Dr Parigi presented the European Census on Paediatric Surgery to the Grouping 2. This has

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been considered by the grouping as a very great and interesting piece of work. Sections who have comments on Annex V Directive 2013/55/CE shall provide remarks to the UEMS as soon as possible. The EACCME fees will not be reimbursed before 2017. The internal fund that will be established within a month and the EACCME fees of Sections will be documented in this fund.

- Group III

Dr Kristoffersen (*Norway*) reported on discussions held within group III.

Dr Harvey has encouraged delegates to volunteer for EACCME reviewing.

The draft database for successful candidates of European examinations is very much welcome but some questions regarding data protection shall be addressed. Sections who have comments on Annex V Directive 2013/55/CE shall provide remarks to the UEMS as soon as possible. The role of Sections within UEMS has been discussed by the Grouping 3. The Sections & Boards are doing a great amount of work, and they shall be recognized for that.

Dr Krajewski thanked the chairmen for their reports and welcomed the input and proposals from delegates.

Dr Christodoulou (*Cyprus*) asked for a formal vote on the UEMS voting rights for next Council meeting.

Dr Krajewski explained that the EEC was very receptive to the justified demands of Sections & Boards. The Executive will start to work on proposals immediately after the Council meeting. A structural committee will be launched with representatives from NMAs and S&B.

4.2. Hypertension – Communication

Dr Clement, Chair of the UEMS Thematic Federation on Hypertension reported on the work done by the Thematic Federation during the last year and presented the future challenges of the TF. There are evidences that Blood pressure is not well controlled. The means exist but awareness shall be increased. Dr Clement called all participants to measure blood pressure as a routine at all occasions. All participants are invited to join the Thematic Federation.

4.3. Training Requirements and other documents

4.3.1. Training Requirements in Plastic, Reconstructive and Aesthetic Surgery

Prof Briffa presented the European Training Requirements in Plastic, Reconstructive and Aesthetic Surgery.

Two amendments proposed by the UK delegation were accepted:

- Acknowledgement that part-time training is welcomed and re-wording of the phrase about full time training
- More robust examination process where a candidate wishes to take the oral examination in a language other than English – both of the examiners must fluently speak the language that the candidate wishes to take the examination in, and not just “normally one examiner”.

Prof Briffa agreed with the comments and the amendments will be made, under the control of the ETR Review Committee.

➤ *The UEMS Council unanimously adopted the Training Requirements in PRAS*

4.3.2. Training Requirements in Paediatrics

Prof Ross-Russel presented the European Training Requirements in Paediatrics.

Dr Kristoffersen (*Norway*) congratulated the Section for the excellent work done but expressed some concerns regarding the sentence “*The training may not be interrupted for more than one year* “. This could be seen as gender discrimination (parental leave).

Two amendments proposed by the UK delegation were accepted:

- Including safeguarding vulnerable children as a specific competence in the topic list
- Revision of a phrase relating to time out of training which, in the original form, would be likely to represent direct sex discrimination in the UK.

The Section of Psychiatry suggested that psychiatry training shall be integrated to the ETR.

Prof Ross-Russell welcomed the comments and agreed to change these points.

➤ *The UEMS Council adopted the Training Requirements in Paediatrics (26 for; 1 abstention).*

4.3.3. Training Requirements in Trauma Surgery **

Prof. Oestern presented the European training requirements in Trauma Surgery.

Dr Kristoffersen requested for reference to be made not only to EU countries but also to EFTA countries.

Dr Felicissimo (Section Orthopaedics) raised concerns about the overlaps with the Orthopaedics Section activities. He stated that the Section of Orthopaedics was against the development of a new specialty in Trauma Surgery.

Prof Papalois informed the Council that the ETR Trauma Surgery has been presented to the UEMS Council a year ago in Granada, delegates have had one year to raise their comments and discuss the ETR. Clear rules shall be established in terms of deadlines for ETR and comments. The ETR Trauma Surgery is a very robust document and presents a competency, there is no such hidden aim to create a new specialty.

Dr Krajewski recalled that ETRs are not about new specialties, there are overlaps in all medical activities that touch several specialties.

- ***The UEMS Council adopted the Training Requirements in Trauma Surgery (22 for; 5 abstentions).***

4.3.4. Training Requirements in Angiology

Prof. Catalano presented the European Training Requirements in Angiology.

Dr Maillet (Belgium) provided comments on behalf of Dr Joris (*Radiology*): Angiology is considered a specialty as such in only few countries (Central Europe i.e. the German-speaking countries and some regions of Eastern Europe). In these countries it is sometimes possible for an angiologist to act as an interventionalist. In the ETR, it is called an "*additional curriculum in Arterial interventional therapy*" and it is described as optional. But that's very tricky and touchy. In Belgium for example it will take now seven years after the medical cursus to be allowed to perform interventional therapy (5 years radiology and 2 more years for a specific certificate in interventional radiology : level 4). Interventional radiology and not interventional angiology because all the therapeutic procedures are made under X- rays and because interventional radiology consists by far in the most radiating procedures. Therefore the European safety rules for radio-protection (EURATOM) have to be strictly implemented and followed (machines, education, registration ...etc). These procedures must also be performed in hybrid installation with an OR

environment. Therefore also the term " interventional angiology " has been banned officially in Belgium because it was confusing. Furthermore in this ETR nothing is said about the type of vessels concerned : abdominal, splanchnic, pelvic and cerebral vessels...are not specifically excluded (in the case of an thrombo-endarterectomy for the treatment of stroke f.ex.) The intra-arterial thrombolytic therapy is also not mentioned. And what about superselective embolizations ? Quality control and assurance need a more complete training in the procedures and in the knowledge of X-rays. Therefore Dr Joris explained that the presently existing situation in some countries must be an extinctive framework and in the future be limited to the arterial diagnostic procedures only for the new candidates. So to Dr Joris opinion, this paper is not to the point and is too vague and not enough restrictive. His suggestion is that it has to be re-discussed again in a joint committee before presentation at the UEMS. The vote must be postponed.

Dr Guex (*MJC Phlebology*) congratulated the Division for its hard work and stated that the MJC phlebology will collaborate with M. Catalano on the accreditation of Centers.

Prof Rowland made a comment on the 3 levels of competency (p.8 of the document), other curricula have four competency levels. UEMS standardization would be helpful on that point.

Prof Catalano welcomed Prof Rowland comments and will incorporate them.

- ***The UEMS Council adopted the Training Requirements in Angiology (22 for; 3 abstentions, 1 against).***

4.3.5. Training Requirements in Breast Surgery**

Dr Leidenius presented the ETR in Breast Surgery.

Prof Briffa (*PRAS Section*) expressed concerns regarding the sentence "*For pragmatic reason the individual logbooks are scrutinized in the eligibility process taking into consideration the various national requirements and local situations.*" (page 5 ETR)

Dr Leidenius welcomed the comment and agreed to remove this sentence from the ETR.

Prof Papalois recalled that the presentation of the ETR Breast Surgery was matching with the kick-off meeting of the MJC Breast Care that took place on Saturday 17th October 2015. Various specialties agreed and have started to work together in this field.

- *The UEMS Council adopted the Training Requirements in Breast Surgery (26 for; 1 abstention)*

4.3.6. Training Requirements in Neurosurgery **

Dr Krajewski presented the ETR in Neurosurgery.

Prof Papalois congratulated the Neurosurgery Section and informed the Council that the Grouping II has approved this document and recommended its adoption by the Council.

Three amendments proposed by the UK delegation were accepted:

- Clarifying the actions related to trainees who do not progress as expected (withdrawal of a trainee would not generally be considered as remedial). The sentence on page 6 needed to be removed or reformulated.
- Inclusion of safeguarding vulnerable children (child protection / child abuse) as specific competencies required
- Changing the paediatric age range in the document to reflect the UN Convention on the Rights of the Child.

Dr Krajewski welcomed these comments and agreed to include them on the ETR.

- *The UEMS Council adopted unanimously the Training Requirements in Neurosurgery.*

4.3.7. Training Requirements in Manual Medicine**

Dr Locher presented the ETR in Manual Medicine and recalled that the MJC has been created in Larnaca meeting.

Dr Christodoulou (Cyprus) explained that his Section Physical and rehabilitation medicine was first against this ETR, but understanding that this is about competencies, the Section agreed with this document.

- *The UEMS Council adopted the Training Requirements in Manual Medicine (17 for ; 9 abstentions; 1 against)*

4.3.8. Training Requirements in Orthopaedics

Dr Felicissimo presented the EFORT European Educational Platform draft curriculum. This document has been produced thanks to a great collaboration between the UEMS Section Orthopaedics and the European Scientific Society. The UEMS Section approved the document in May 2015 and asked now for the endorsement of the UEMS Council.

Prof Papalois congratulated the Section for this joint effort, it is an example of high level consultation and cross national cooperation.

➤ *The UEMS Council endorsed the draft Curriculum.*

Dr Krajewski presented general remarks on the ETR adoption process :

- Consultation shall be as wide as possible, through UEMS Sections but also all National & European societies
- All documents of this kind have to be submitted two months prior to the meeting
- Comments can be presented until one month before the Council
- The Final version of the document has to be ready and published TWO weeks before the Meeting

If these deadlines are not followed, the document will not be presented at the UEMS Council meeting, discussion and its adoption will be postponed until the next meeting.

5. Elections of the Enlarged Executive Committee

The next Executive of the UEMS for the period 2016-2020 has been elected as follows:

President:	Dr Romuald KRAJEWSKI (POLAND)
Secretary General:	Prof. Vassilios PAPALOIS (UNITED-KINGDOM)
Treasurer:	Dr Bernard MAILLET (BELGIUM)
Liaison Officer:	Dr Zlatko FRAS (SLOVENIA)

Besides, four vice presidents were also elected:

Dr. Joao GRENHO (PORTUGAL)

Dr. Marc HERMANS (BELGIUM)

Dr. Othmar HAAS (AUSTRIA)

Prof. Hans HJELMQVIST (SWEDEN)

6. Constitutional issues

6.1. Proposed creation of a MJC Rare and Undiagnosed Diseases

Prof. Melegh presented the request to create a MJC in Rare and Undiagnosed Diseases on behalf of the Section Clinical Genetics. Prof Melegh recalled that the European Commission recognized the importance of this issue, and numerous huge systemic research projects have been granted, moreover, the implementation of European Reference Network for rare diseases is now on the way.

Prof Papalois congratulated B. Melegh for this initiative and stated that the UEMS Section of Surgery wants to be part of this MJC. The UEMS Sections of Rheumatology, Paediatrics, Laboratory Medicine also expressed their interests to take part of the work within the MJC.

➤ *The UEMS Council created the MJC Rare and Undiagnosed Diseases.*

6.2. Change of the name of the Section Clinical Genetics for “Clinical Genetics and Genomics”

Prof. Melegh presented the request to change the name of the Section Clinical Genetics for “Clinical Genetics and Genomics”.

Dr Krajewski explained that the Section title is linked to the title used in the Annex V Directive 2013/55/CE. The Council shall decide whether this proposal shall be integrated on the proposal that the UEMS will present to the Commission in the beginning 2016.

Dr Cuvelier (*Pathology*) expressed some concerns regarding the add of “genomics” to the Section title. This term could be add to various Sections Titles.

➤ *The UEMS Council approved to propose the change the name of the specialty “Clinical Genetics and Genomics” within the framework of revision Annex V Directive 2013/55/CE*

6.3. Change of Name section ORL for “Otorhinolaryngology, Head and Neck Surgery”

Dr Pedersen presented the request to change the name of the Section ORL for “*Otorhinolaryngology, Head and Neck Surgery*”. He explained that this proposal was justified by the practice of ORL specialists. This was not an attempt to offend any other specialty.

Dr Magennis (*OMFS Section*) expressed deep concerns about this proposal. The OMFS Section has not been consulted and no dialogue has been launched in that sense. The OMFS Section fully opposes the change of title with the addition “*Head & Neck*” and requests the postponement of the vote.

Dr Krajewski recalled the EEC position : when an area is multidisciplinary, it would be better to not connect it to any particular specialty. The EEC kindly invited the Section the launch a dialogue and to try to reach a consensus.

The vote of this proposal has been postponed and the Sections interested are invited to launch consultations.

7. Medical Specialist Qualifications

7.1. UEMS-CESMA Guideline Appeal Procedure for European postgraduate medical assessments

Prof. Papalois, on behalf of the Council for European Specialist Medical Assessments (UEMS-CESMA) presented the Guideline on appeal procedure for European postgraduate medical assessments. He recalled that this document was not a restrictive document.

Further to the comments raised, Prof Papalois agreed to remove from the document the sentence “*If the “friend” is a lawyer, a notice should be given by the appellant (e.g. four weeks prior to the hearing date) in order to allow legal representation if necessary for the appeal panel.*” Furthermore the guideline will be revised every two years.

➤ *The UEMS Council unanimously adopted the Guideline on appeal procedure for European postgraduate medical assessments*

8. The floor will be opened to representatives of other European Medical Organisations

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CPME

Dr Jacques de Haller (*New Elected President CPME*) thanked UEMS for the invitation and stressed the importance of collaboration between European medical organisations. He called for more meetings between UEMS and CPME and stressed the importance for both organizations to clearly declare their engagement to work better together. As for the CPME activities, Dr de Haller recalled the importance of fighting against standards on health Services produced by non medical professionals. The CPME is also involved on the TTIP negotiations, industry-physicians relationship, CME. The CPME has two new members : France and Croatia.

AEMH

Joao De Deus presented the reports of AEMH. All EMOs will participate on the Joint Conference on CPD on 18th December 2015 in Luxembourg. In cooperation with AEMH and HOPE, AEMH will organize the 3rd European Hospital Conference on 19th November 2015 in Dusseldorf, Germany.

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EJD

Brigita Jazbar presented the reports of European Junior Doctors. EJD recalled that EJD officially nominates delegates to UEMS Sections & Boards, these delegates shall be kept informed of the S&B activities. The EJD General Assembly will be held in Oslo on 24th/25th October 2015. As for political positions, EJD focuses on : TTIP, Baltic trade agreement, standardisation of medical services.

UEMO

Dr André (*UEMO liaison Officer*) presented the report of UEMO. The last UEMO Council was held in May 2015. The general assembly has decided for an accreditation system of CME specific for general practice. An intense debate about collaboration with UEMS EACCME took place. However UEMO General Assembly decided to create its own system of accreditation, the initial investment shall be around 35.000 € for the first two years, then it shall result to auto-financing by participants. Criteria and procedure have still to be defined.

The UEMO has continued its participation in the ENS4care (<http://www.ens4care.eu>). This is a work initiated by the European Federation of Nurses on the use of communication technologies and information in care. UEMO reflected on the respective fields of activity of UEMO and WONCA: UEMO is clearly a professional association and WONCA is an academic organization.

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

Dr Krajewski presented the conclusions of the Board meeting to the Council. Additional financial information will be circulated to NMAs S&B. NMAs will be approached to speed up 2016 membership fees payments. Dr Krajewski thanked the BMA for its very detailed report on management, this will be of great help for the UEMS. The Board has decided to open the DME to commercial tenants. The Board adopted the draft budget 2016. The Board has also endorsed the proposal for Internal Fund that has been circulated to S&B. Sections are kindly invited to participate and UEMS has already sent all necessary information about it.

Dr Maillet asked for clarification about the EBAC issue. Dr Borman and Dr Krajewski explained that UEMS has tried as much as possible to solve the EBAC issue through compromise and negotiations. Unfortunately it seems that a compromise will not be reached. UEMS will have to take legal actions to recover the due fees.

10. Continuing Medical Education

10.1. EACCME Progress Report

Dr Borman presented the Progress report EACCME, detailed in the Secretary General's report. EACCME submissions are stable for 2015. Dr Borman encouraged strongly colleagues to advocate for EACCME accreditation to their National Societies. He also called for greater involvement of colleagues to the reviewing process of events. The Advisory Council on EACCME will take place November 28th, 2015. The Working group on CMECPD will work on the EACCME 2.0. project.

Dr Borman presented the different forms of new accredited educational programs. UEMS is at a crucial turn of EACCME, solutions will be proposed by the Governance Board on EACCME.

10.2. EACCME 2.0.

Dr Harvey presented the draft proposal on EACCME 2.0. Delegates shall keep in mind that the principles of accreditation stated by UEMS will never be compromised. This draft is a first step to launch a great debate on EACCME and all delegates are invited to comment on it.

10.3. Creation of a UEMS database for successful applicants for the UEMS Exams and Honorary Diplomas, UEMS accredited Centres for Training and UEMS-CESMA Appraised Exams.

Prof Papalois presented the draft proposal for the creation of a UEMS database for successful applicants for the UEMS Exams and Honorary Diplomas, UEMS accredited Centres for Training and UEMS-CESMA Appraised Exams. This issue is crucial especially that some Sections do not have precise records of the diplomas delivered. It is a question of good governance. The proposal is that each candidate to European examination, Honorary diploma etc... will pay a 30€ fee in advance so they are recorded in the database.

- *The UEMS Council adopted the draft proposal Creation of a UEMS database for successful applicants for the UEMS Exams and Honorary Diplomas, UEMS accredited Centres for Training and UEMS-CESMA Appraised Exams(26 for: 1 abstention)*

11. Working Groups

11.1. E-Health

The Working Group meeting has been cancelled.

11.2. Continuing Medical Education & Professional Development

Dr Halila reported on the discussion held within the Working Group CME-CPD. 30 delegates attended the meeting. The Working Group discussed the recommendations for reporting in

January 2016 from member states regarding CPD for e.g. doctors, Professional Recognition Directive. Dr Harvey gave a feedback from the Governance Board. For information the meeting was advised of the upcoming Joint European Medical Organisation's Conference CPD for Doctors – Improving Healthcare, December 18, 2015, Luxembourg.

11.3. Postgraduate Medical Specialist Training

Prof Hjelmqvist reported on the discussion held within the Working Group on Postgraduate Medical Specialist Training & Specialist Practice. The Working Group agreed that training must be competencies based. The Working Group strongly supported a formal procedure for the submission of ETRs to be defined within UEMS.

11.4. Quality of Patient Care

Dr Hofmann reported on the discussion held within the Working Group on Quality of Patient Care. 1) Statement to TTIP: General view : healthcare should remain excluded from the treaty. But a lot of articles influences healthcare issues and therefore the UEMS should react to the draft on the base of Giorgio Berchicci's paper and Dr Berchicci should be asked to elaborate a statement together with members of the WG engaged in this field. 2) Choice of persons for the medical study. After a wide discussion about choice-conditions for the entrance to the Study of Medicine, the WG thinks it is not a special task for the WG, but it should worked further on this issue together with EMSA and EJD. Link the German TMS (Test Medical Studies): www.tms-info.org<<http://www.tms-info.org>> 3) Questionnaire on working conditions of medical specialists in Europe. The Draft should be sent to all members of the WG to decide at the next meeting, how to continue. the participants propose that the both , WG Specialist Practice in Europe and the WG Quality of Patients Care should be unified.

12. EU Affairs

12.1. Revision Annex V directive 2005/36/CE

Dr Krajewski explained that a proposal from UEMS shall be brought to the EU Commission at the beginning of 2016. All UEMS Sections are invited to review the Annex V Directive 2005/36/CE and to present their comment on minimum length of training & Title as soon as

possible. The UEMS position is that the minimum training duration for each specialty shall be at least 5 years.

Prof Rowland expressed some concerns regarding the link between UEMS ETRs and Common training Frameworks (CTFs) mentioned in the Directive. The UEMS shall define clearly if ETRs are to be presented to the Commission in the scope of CTFs. If this is the case, the procedure shall be different.

Dr Krajewski thanked Prof Rowland for his comments and acknowledged the point of the use of UEMS documents. Dr Krajewski proposed that the BMA presents some written proposals to start the debate.

13. Any other business

14. Next Meetings

UEMS Advisory Council on CME	Brussels, 28 November 2015
UEMS Council Spring 2016	Brussels, 22-23 April 2016
UEMS Council Fall 2016	Israel, Oct. 2016

Prof. Shapira presented the proposal to host the UEMS Council Fall meeting in 2016 in Tel-Aviv, Israel. He presented the potential venue and organisation of the meetings to the delegates.

Dr Krajewski, on behalf of the EEC, thanked Prof Shapira for his kind offer. UEMS would be very happy to organize the Council meetings in Tel Aviv, however security factors need to be taken into account. The proposal is to review the security situation in Israel in April 2016 and confirm whether the Council could reasonably be organized there.