



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

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UEMS 2013 /38

MEETINGS

OF THE

COUNCIL

OF

UEMS

Report

Meetings held at the Marriott Hotel

Paris (France)

Saturday 19th October 2013

COUNCIL MEETING

*Items in italic with ** require a vote or a decision*

*Saturday 19th October 2013 – 09.00 to 17.30
(including coffee, lunch and tea breaks)*

Dr Krajewski (*UEMS President*) opened the meeting and welcomed the delegates. He addressed the audience with a speech in honour of Prof. Cillian Twomey and Prof. Jacques Gruwez on the occasion of their retirement thanking them for their outstanding contribution to the UEMS. He notably highlighted the significant progress made by the UEMS under the presidency of Prof. Twomey and recalled the leading role of the UEMS in the Advisory Committee for Medical Training. He emphasised the long-standing involvement of Prof. Gruwez as delegate for Belgium at the UEMS Council and at the level of the UEMS Surgery Section.

Dr Borman (*UEMS Secretary General*) made the roll-call of delegates. 25 National Member Associations were present or represented (see appended table).

Dr Krajewski welcomed Dr Agoumi from Morocco as guest to the UEMS Council and informed the delegates that discussion were ongoing with the Moroccan Association of Medical Specialists which is considering applying to the UEMS as Observer Member.

1. Approval of the agenda

Approval of the minutes of the last meeting, held in Brussels on 20.04.2013

The agenda and the minutes were approved

2. Interim report of the Secretary-General

Dr Borman reported on the latest developments pertaining to the UEMS activities. He notably informed the delegates that the Brussels Urban Planning Authorities had finally granted the work permit thus enabling the UEMS to start the renovation work. The expected duration of the renovation work was 6 months and the housewarming and opening of the UEMS House/Domus Medica Europea was foreseen as of May 2014.

Dr Borman also referred to the revision process of the Professional Qualifications Directive which ended in a compromise reached between the European Parliament, the European

Commission and the Council. He presented the UEMS amendments that had been turned-down in the negotiation (i.e. harmonisation of duration of postgraduate medical training to 5 years and introduction of a list of competence that medical specialists should be trained in but also highlighted the amendments included in the final text (i.e. involvement of stakeholders in the delegated act process, language checking, refusal of partial access, alert mechanism, etc).

Dr Borman explained that the introduction of new criteria for the evaluation of Live Educational Events had had positive impact on the quality of CME events evaluated by UEMS-EACCME but also contributed to increase the credibility and central role of the UEMS-EACCME®.

Dr Ulrich (*UEMS Vice President*) requested clarifications regarding the repartition of the fees CME providers were paying to the UEMS-EACCME.

Dr Borman stated that one third of the fee was allocated to the National Accreditation Authority's reviewer, one third to the UEMS Section's reviewer and one third to the UEMS. As per reimbursement rules to UEMS Sections, the UEMS provide the reimbursement via bank transfer on the Section's account in Belgium, thus did not need to pay VAT.

3. Medical Specialist Qualifications

3.1. Development towards establishing a Standing Committee on Post Graduate Training

Dr Fras (UEMS Liaison Officer) explained that the Council had adopted the rules governing the Standing Committees to be established in each key areas of expertise of the UEMS. As per Postgraduate Medical Training, further discussions were needed to explore the relationship between the CESMA, the Steering Committee on e-platform, the Working Group on PGT.

He unveiled the foreseen action plan to achieve this objective and stated that the UEMS Executive would first identify in each country the National Accreditation for postgraduate training (e.g Ministry of Health, Medical Chamber, Medical order or else) and convene a meeting of these competent authorities aiming at discussion further possible co-operation. Once this step done, the Standing Committee on PGT would be formally established.

3.2. Update on pilot tests of knowledge-based assessments and Steering Committee on e-platform pilot project

Dr Fras explained that the UEMS would apply again for European funding and seek the support of a professional writer to secure concrete outcome. Receiving European

funding would provide support to the UEMS initiatives and enable the UEMS to find synergies to promote competence-based training.

He also detailed the planned co-operation with the University of Sheffield to adapt their e-platform (MINVERA) already in use at the University to the needs and expectations of the UEMS and notably to the European context of postgraduate medical training.

Prof. Papalois (*S. Surgery*) urged the UEMS Executive to reach an agreement with the University of Sheffield as soon as possible in order to start implementing a UEMS e-portfolio.

Prof. Griebenow (*S. Cardiology*) referred to the initiative developed by the UEMS Cardiology Section (EUCARDIA) which aimed to provide administrative support to candidates to the European Diploma in Cardiology.

3.3. Report on the revision process of the Professional Qualifications Directive

Mr Destrebecq provided an update on the revision process of the Professional Qualifications Directive (2005/36/EC). The European Commission, European Parliament and the Council reached an agreement on the revised Directive. Several amendments supported by the UEMS were taken on board but some major amendments advocated for by the UEMS since many years were not accepted (i.e harmonised duration of training to 5 years for all specialities and introduction of competence-based training for medical specialists). Three hooks have been identified as potential means to promote the UEMS activities:

- Common Training Framework: this undefined concept aims to be a third mechanism enabling recognition of qualifications. Professional organisations such as the UEMS could liaise with the European Commission to set-up a Common Training Framework (common set of knowledge, skills and competence) for medical specialities not already benefitting from automatic recognition of qualifications (i.e. Intensive Care Medicine). The UEMS intends to promote the Training Requirements and European Curriculum developed by its Sections and Boards to define those CTF.
- Regular reporting from Member States on their CME-CPD mechanisms: EU Member States were to report on a regular basis on the mechanisms established to promote Continuing Medical Education and Professional Developments. Proposals from the UEMS Working Group on CME-CPD would be welcomed.
- European Professional Card: this e-certificate aimed to facilitate the movement of professionals and was relying on the Internal Market Information system (IMI) which was a network of competent authorities linked by a platform and enable

exchange of information on a moving professional. The UEMS will be involved in the discussions regarding the practical implementation of this Card.

He also highlighted the timeframe for this new text to be adopted. Its adoption was to be finished by October 2015. In the meantime, the UEMS would collect evidence pertaining to the titles of specialities and start elaborating its strategy to update the annexes of the Directive which would be updated.

The issues identified during the discussion were the need for National Member Associations to receive guidance from the UEMS to lobby their government promoting the UEMS views and achievements and also strongly encourage Member States to update the annexes of the Directive. The added-value of the UEMS leading the debate at the European level was highlighted.

3.4. Council for European Specialty Medical Assessments (CESMA): report on the outcome of the last meeting & future developments

Prof. Papalois (S. Surgery) reported on the last meeting of the CESMA held in Istanbul on 10-11 May 2013. The issues discussed in the framework of the meeting were Multiple Choice Questions (MCQs), e-portfolios and organisation of oral examinations. He also reported on the CESMA Appraisal process that had been applied to the European Examination in Transplantation Surgery. This quality control evaluation consisted in an in-depth review of the organisation and the running of European Examinations against the criteria established by the CESMA. The outcome of this process was a very detailed report assessing the strength and weaknesses of the examination and providing recommendation. Such appraisal process was to be further used for European Examinations in Surgery, Ophthalmology and Hand Surgery.

Dr Fras (*UEMS Liaison Officer*) thanked Prof. Papalois for his report and his active involvement and commitment to promote the activities of the UEMS both within the UEMS Surgery Section and the CESMA.

3.5. Report from the WG on Postgraduate Training

Prof Hjelmqvist reported on the discussion held within the Working group on Postgraduate medical Training. He stressed that the Glossary of Terms drafted by Prof. Tenore would be further fine-tuned by the Steering Committee on e-platform. Sections and Boards were also invited to engage in a modernisation of their Chapter 6 using the UEMS Template.

Dr Fras added that the UEMS Charter on Visitation of Training Centres would be updated further to a survey to be launched to evaluate the visiting policies at National level.

4. Continuing Medical Education

4.1. EACCME® Progress Report

Dr Borman reported on the latest developments with regard to the EACCME and referred to his Secretary General Report which had been disseminated prior to the meeting. He stated that the introduction of new criteria for the accreditation of Live Educational Events had been relatively well accepted by providers of CME events. He also referred to the CME reviewers meeting held on 6th July in Brussels during which the decision was made to create the status of frequent applicant for trusted CME providers.

He finally invited delegates to attend the next UEMS Conference on CME to be held in Brussels on 28th February 2014.

4.2. Report from Working Group on Continuing Medical Education

Dr Duffy (*Ireland*) reported on the discussion held within the WG on CME. Despite the increasing workload for both CME providers and UEMS-EACCME reviewers, members of the UEMS Council agreed that EACCME criteria had an impact on providers' behaviour, transparency and accountability.

The issue of disclosure of Conflict of Interest (COI) for speakers and faculty was identified as an area of concern for many providers and reviewers.

4.3. Report on the criteria for accreditation of Live Educational Events

Dr Borman stated that since the introduction of new criteria for accreditation of Live Educational Events, the UEMS-EACCME® reinforced its central position and authority in the world of CME. Thanks to the support of UEMS Specialist Sections and National Accreditation Authorities, the evaluation of international Live Educational Events (LEE) established and recently reinforced by the EACCME appeared to be very robust.

4.4. Proposed amendments to the EACCME® working practices

Dr Borman referred to the outcome of meeting of the CME reviewers (Brussels, July 6th 2013) and highlighted the fact that reviewers had agreed to reduce the deadline for CME Providers to submit an application from 14 weeks before the event to 12 weeks.

He also presented the criteria for CME providers to apply for a 'frequent applicant' status and benefit from a 10 weeks deadline to submit their event.

The Council decided to refer the draft document to the Advisory Council on CME which would be mandated to find the most suitable and pragmatic approach and wording to implement the 'frequent applicant' status.

4.5. CME Conference (Brussels, 28th February 2014)

Dr Borman stated that the UEMS would organise its second conference on CME-CPD and aimed to attract key players in the field of CME. The Conference will aim to discuss and evaluate the impact of the introduction by the UEMS-EACCME of new criteria for the accreditation of Live Educational Events.

5. Specialist issues

5.1. Report from the UEMS S&B Meeting and the three S&B Groupings held the day before

The UEMS Executive had proposed 3 questions to Sections and Boards to discuss within the groupings in order to stir up the discussion and collect views and input on the following issues:

➔ A New Strategy for Visitation Programmes

➔ European Specialists Assessments at the Crossroad

- *Group I*

Prof. Griebenow (*S. Cardiology*) reported on the discussions held in Group I. He stressed the need to define clear criteria for visitation of training centres and the added value of such programmes. The group also suggested to identify the triggers for initiating a visit of training centres.

As per the European Examinations, the Group I suggested to unify the concept of examination as some Sections had only knowledge-based examinations whereas other had also oral examinations.

Prof. Griebenow ended his report by highlighting the need for more discussion with regard to the Explanatory Notes on the functioning of UEMS Structures.

- *Group II*

Dr Bianchi (*S. Ophthalmology*) reported on the discussions held in Group II. He welcomed the large attendance and stated that visitation of training centres to be undertaken by the UEMS was to be further improved. The Group suggested to involve local authorities in this process and establish robust evaluation criteria in order to offer an added-value to training centres.

The Group II also decided to undertake an internal survey in order to have an overview of the number of Sections already active in visiting training centres. Such initiative was to be led by Prof. Papalois who would then prepare a draft document for the evaluation of training centres.

Dr Bianchi also stated that several Sections were not willing to have the Explanatory Notes adopted as such.

- Group III

Dr Hermans (*S. Psychiatry*) reported on the discussions held in Group III. He stated that the UEMS should have an overview of the national systems of accreditation of training centre. The evaluation of training centres should also address the issue of the competence of trainers within those centres.

Dr Hermans regretted that few information was available on the status of European assessments in each country and pleased for a longitudinal study of EU exams.

Dr Krajewski (*UEMS President*) thanked the rapporteurs for their report and informed the Council that a meeting with representatives from European Scientific Societies would be organised in 2014 in order to foster synergies between the UEMS and those organisations.

5.2. Training Requirements and other documents

Dr Krajewski explained that each training requirement had been reviewed by the recently established ETR Review Committee as part of a quality process. Exchange of information between the reviewers and the authors regarding some part of the documents were made and the requested clarifications were brought in this regard.

5.2.1. Training Requirements in Cardiology

Prof. Griebenow and Dr Hall (*S. Cardiology*) presented the Training Requirement in Cardiology. They emphasised the double nature of this document which was a political document outlining the key competence of European Cardiologists as well as an operational document providing information on practical skills requested.

Dr Krajewski requested information regarding Emergency Cardiology and the requirement to undertake training in General Internal Medicine prior to specialise in Cardiology.

Prof. Griebenow explained that Emergency Cardiology was dealt with in a separate chapter on acute cardiac care and that the requirement to undertake training in General internal Medicine was voluntarily brief pending a definition from the UEMS Section of Internal Medicine pertaining to the scope of their speciality.

Dr Krajewski insisted that UEMS ensures that no restrictions are being made in the Training Requirement granting exclusive right to practise one or several procedure. The UEMS policy

was that Medical Specialists should co-operate rather than building fences between specialities.

The Council adopted the Training Requirement in Cardiology.

5.2.2. European Curriculum in Radiology

Dr Demuth presented the document drafted by the European Society of Radiology. This document had not been adopted during the last UEMS Council meeting due to its late submission. He stated that the UEMS Radiology Section had endorsed the Curriculum during its last meeting (Barcelona, 12 October 2013) and paid tribute to Prof. Ertl-Wagner for her strong commitment to adapt the curriculum to the UEMS template (UEMS 2012.29).

The Council adopted the European Curriculum in Radiology.

5.2.3. Training Requirements in Medical Microbiology

Prof. Hilpi Rautelin (S. Medical Microbiology) presented the Training Requirement in Medical Microbiology.

Discussion over the wording “recognised by the National Medical Association” were clarified as Prof. Rautelin proposed to change into National Competent Authority.

The Council adopted the European Curriculum in Medical Microbiology.

5.3. Constitutional issues

5.3.1. Explanatory Notes on the functioning of UEMS Structures

Dr Krajewski presented the document and explained the rationale underpinning this internal document. The Explanatory Notes were aiming at providing clarifications over the provisions of the UEMS Statutes and Rules of procedures. It was not intended that this document would provide for a change of Rules of procedures but only detail the possible uncertainties and offer a pragmatic approach to facilitate the work of the UEMS Sections and European Boards.

Prof. Twomey (Ireland) proposed to amend the document and include a time limit for Thematic Federation as well as a clear definition of its scope of activities.

Given the impact of the document on the functioning of European Boards, many delegates suggested to postpone the adoption of the document until proper consultation of Scientific Societies would be undertaken.

Dr Krajewski stated that this document aimed at being a living, pragmatic and flexible document that would be used should their be concerns pertaining to the interpretation of the UEMS Statutes and Rules of Procedures.

5.3.2. Creation of a MJC in Wound Healing

Prof. Czarnecka presented the rationale underpinning the request to create a new structure to address the issue of Wound Healing.

Concerns were raised as to the multiplication of structures within the UEMS to address disease-specific disciplines.

Dr Krajewski stated that the UEMS Executive supported the creation of a Thematic Federation in Wound Healing rather than a MJC.

The Council created a Thematic Federation in Wound Healing.

5.3.3. Winding up of the divisions of Thoracic Surgery

Dr Borman stated that the Council had created a Section of Thoracic Surgery without formally dismissing the two divisions hosted under the Section of Surgery and Cardiothoracic Surgery. In order to prevent any misunderstanding, the UEMS Executive proposed to wind up the divisions.

The Council wound up the divisions of Thoracic Surgery.

5.3.4. Creation of a European Board in Emergency Medicine

Dr Williams presented the rationale underpinning the creation of a European Board. Further to the creation of the Section of Emergency Medicine and the winding-up of the MJC in Emergency Medicine, the European Board had automatically been dissolved. He therefore stressed the need to have a European Board to support the organisation of European Exams in co-operation with the European Society of Emergency Medicine.

The Council created a European Board in Emergency Medicine.

5.3.5. Creation of a Thematic Federation in Hypertension

Prof. Clément explained the need to create a Thematic Federation on Hypertension and referred to the support received from the Section of Cardiology and Nephrology.

Some concerns were raised as to the creation of disease-specific structures within the UEMS and the possible increase of UEMS structures should all disease-related discipline be willing to request the creation of a Section, Division, MJC or TF under the UEMS aegis.

Prof. Gans (S. Internal Medicine) expressed the clear opposition of the Section to this request and highlighted that the main issue was the implementation of guidelines by medical specialists which already detailed the process and requirements to treat patients with hypertension.

Dr Krajewski stated that Thematic Federations would have a limited lifetime. The added-value of such Federation and the outcome of its work would be reviewed regularly by the UEMS Council.

The Council created a Thematic Federation in Hypertension

6. Statutory issues

6.1. Change of Status of membership for Croatia

Dr Krajewski explained that since Croatia became the 28th Member State of the European Union, its status within the UEMS could be changed from associate member to full member.

The Croatian Medical Association expressed its interest in changing status.

The Council decided that the Croatian Medical Association would become a Full Member of the UEMS.

6.2. Admission of Iceland in the UEMS

The Icelandic Medical Association applied again to the UEMS and expressed its strong interest in taking part in the activities of the UEMS.

The Council welcomed the Icelandic Medical Association as full Member Association.

6.3. Honorary Membership and Committee of Past Presidents and Honorary Members

Dr Krajewski referred to the proposal drafted by Past Presidents detailing the criteria to receive honorary membership. He explained that these amendments to the Rules of Procedures aimed to clarify the rules governing the attribution of Honorary Membership. In addition to the elaboration of these rules, Dr Krajewski explained that a “Committee of Past Presidents and Honorary Members” would also be created, its role and scope of activities having to be further elaborated by the past presidents. He stressed the advisory capacity of this Committee which would be consulted to undertake assessments of UEMS activities and provide recommendations.

A proposal amendment to the UEMS Rules of Procedures would be submitted to the UEMS Council at its next meeting (Brussels, April 2014)

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

AEMH – CEOM – CPME – EANA – EJD – EMSA – FEMS – UEMO

Dr De Deus (*President AEMH*) reported on the recent activities of the AEMH. He referred to the Conference on Hospital Doctors which addressed issues pertaining to hospital management, working conditions of hospital doctors and professional autonomy. He reaffirmed the AEMH commitment to co-operate with other European Medical Organisations and looked forward to future co-operation.

Dr Butiene (*Liaison Officer EJD*) presented the latest developments related to the activities of the European Junior Doctors. She notably reported on the outcome of the survey on e-health conducted recently and aiming at raising awareness on the expectations of Junior Doctors with regard to electronic Health records (HER) and eHealth in general. The outcome of this survey showed that medical schools should include teaching about how electronic healthcare should work in order to boost Junior doctors contribution in the development of e-Health, Junior Doctors should be involved not only as learners, but as leaders and teachers too. Moreover the acknowledgment of Junior Doctors natural skills should allow their involvement in e-Health implementation teams/working groups with senior doctors (more clinically experienced) helping each other in increasing the system usability through their different skills and skill levels.

Dr Rostkowska (*President EMSA*) outlined the key activities of the EMSA and stressed the good cooperation with the European Junior Doctors. She notably referred to the ongoing discussion with the EJD Working Group on e-Health and the International Society for e-Health and Telemedicine.

Dr Reginato (*President FEMS*) presented the latest developments regarding FEMS’s activities and expressed the organisation’s concern with regard to the situation of colleagues in

Slovakia and Croatia. He also pointed to the contrast between the objectives of the organisation to promote harmonisation at the European level of training and the national regulation related to medical training. European Member States were said to be keen to keep the upper hand on medical training. Dr Reginato also stated that Healthcare Professionals were highly needed in times of economic crisis and favoured the idea that the European institutions should take action to prevent Member States from reducing healthcare budget. He notably pointed to the statement that FEMS would elaborate and disseminate to other Medical organisation to raise awareness on the impact of the economic crisis on daily medical care.

Dr André (Liaison Officer UEMO) reported on the outcome of the last General Assembly and referred to the recently adopted policy on CME-CPD and quality assurance. He emphasised the UEMO's willingness to co-operate with the UEMS in this regard.

Dr Rostkowska provided a brief report on behalf of CPME. She notably presented the outcome of the last General Assembly during which a working group in Ethics was created to address ethical questions on a more permanent basis. The CPME has won the tender on CME-CPD. She explained that the study to be made in the framework of this tender, which is commissioned by the European Commission, will look at existing structures of Continuous professional development (CPD) for doctors, dentists, nurses, pharmacists and midwives and identify trends. The results, which shall also be discussed in a stakeholder workshop, will feed into recommendations for further action on CPD which shall be issued to the European Commission. The CPME was also involved in several European projects: Joint Action on Healthcare Workforce, Joint Action on Patient Safety, eHealth Stakeholders Group.

Dr Krajewski thanked the representatives of the European Medical Organisations and expressed the UEMS willingness to further co-operate with all organisations, especially in view of the UEMS House/Domus Medica Europea which would reinforce the communication and co-operation between EMOs.

8. EU Affairs

8.1. Joint Action on Healthcare Workforce

8.2. CEN's initiative to set Standards in Aesthetic Surgery

Dr Ulrich (UEMS Vice President) updated the delegates regarding the initiative to develop standards in Aesthetic Surgery. He notably insisted that the UEMS had not initiated such process and had expressly opposed such process without much success to date. Dr Ulrich insisted that Member Association would be active to advocate against this initiative and lobby the national standardisation institute to refuse approving such project.

Dr Krajewski stressed the need for organisation such as the UEMS to engage into constructive dialogue with relevant organisations (World Medical Associations, ...) to promote

professional autonomy to the European Institutions and show that the CEN's initiative has no support from the medical profession.

9. Working Groups

Due to time constraints, the report from the Working Groups were to be disseminated in writing to the UEMS constituency.

10. Items for information

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

Dr Krajewski reported on the outcome of the Board meeting. He stated that the interim financial report for 2013 and the draft budget for 2014 were adopted by the Board. He also welcomed the start of the renovation works of the UEMS Domus Medica Europea and the expected housewarming and opening by the end of 2014.

11. Any other business

- Free Trade Agreement

Dr Borman explained that a free trade agreement between the European Union and the United States of America was currently being discussed and could possibly impact the medical profession. During a meeting with the European Commission (DG Markt), the input from the UEMS was sought in view of getting information on the number of doctors moving and coming to and from USA.

Dr Borman raised awareness about the possible inclusion of doctors in this agreement and its subsequent concerns should the health sector be falling under the terms of this agreement.

- Situation of Turkish colleagues

Dr Akyol reported on the current political crisis in Turkey with social turmoil. He explained that doctors helping injured participants in the protest against the governments have been accused of taking part in these events. Dr Akyol raised awareness on the use of tear gas by police forces against protesters.

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- Oro Maxillo Facial Surgery qualifications

Dr Ulrich presented the concerns of the Section of Oro-maxillo-Facial surgery pertaining to the qualification as Dental and Oro-maxillo-Facial surgeons further to a pathway including dental and/or medical training. In some European countries, which are listed separately in the Directive 2005/36 EU with the title of Dental and Oral-Maxillo Facial Surgery it is granted only to those specialists having obtained a dental and medical degree whereas in other countries, the title Oral-Maxillo Facial Surgery it is conferred to specialists with a single medical degree and dental training without receiving a dental degree. The main concern for the Section of OMFS is that, in the Directive 2005/36/EC, the training can start only after both degrees - medical and dental - are obtained. Another concern for the Section of OMFS is that specialists having a medical degree and only dental training might seriously undermined the quality of care provided to patients. The Section strongly supported that only specialist with double qualifications should be entitled to be Dental and Oral Maxillo Facial Surgeon.

Dr Ulrich proposed that the UEMS Executive would send a letter to the European Commission to request amending the annex V of the new Directive EU 2013/55.

The text

Directive 2005/36 EU *“Training leading to the award of evidence of formal qualification as a specialist in “Dental, Oral and Maxillo-Facial surgery” (basic medical and dental training) assumes completion and validation of basic medical studies (Article 24) and in addition, completion and validation of basic dental studies (Article 34)*

should be replaced in the “NEW” Directive 2013/55 EU by the text:

“The conferring of a diploma leading to the award of evidence of formal qualification as a specialist in “Dental, Oral and Maxillo-Facial Surgery” (basic medical and dental training) assumes completion and validation of basic medical studies (Article 24) and in addition, completion and validation of basic dental studies (Article 34)”

The Council supported the Section’s decision and will write a letter to the European Institutions requesting the amendment of the Annex V of the Directive.

12. Next Meetings

UEMS Advisory Council on CME

Brussels, 30 November 2013

UEMS Council

Brussels, 11-12 April 2014

UEMS Council

Spain, October 2014

Warsaw, October 2015

Other proposed host countries for future Council meetings: Norway and Israel

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Annex I – List of Member Association present, represented or absent

Country	Association	Present	Represented	Absent
Austria	Austrian Medical Chamber	X		
Belgium	Groupement des Unions Professionnelles Belges de Médecins Spécialistes (GBS)	X		
Bulgaria	Union of the Bulgarian Medical Societies			X
Cyprus	Cyprus Medical Association	X		
Czech Rep	Czech Medical Association J.E.Purkyne	X		
Denmark	Danish Medical Association	X		
Estonia	Estonian Medical Association			X
Finland	Finnish Medical Association	X		
France	Union Nationale des Médecins Spécialistes Confédérés (U.ME.SPE)	X		
Germany	Gemeinschaft Fachärztlicher Berufsverbände (G.F.B.)	X		
Greece	Panhellenic Medical Association	X		
Hungary	Association of Hungarian Medical Societies			X
Ireland	The Irish Medical Organisation	X		
Italy	Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri (FNOMCeO)	X		
Latvia	Medici Latvian Medical Association			X
Lithuania	Lithuanian Medical Association	X		

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Luxembourg	Association des Médecins et Médecins-Dentistes	X		
Malta	The Medical Association of Malta	X		
Netherlands (the)	Dutch order of medical specialists	X		
Norway	Norwegian Medical Association	X		
Poland	Polish Chamber of Physicians and Dentists	X		
Portugal	Portuguese Medical Association	X		
Romania	Romanian College of Physicians of Physicians	X		
Slovakia	Slovak Medical Association (SkmA)	X		
Slovenia	Medical Chamber of Slovenia		PROXY TO AT	
Spain	Spanish Medical Association	X		
Sweden	Swedish Medical Association	X		
Switzerland	Swiss Medical Association (FMH)	X		
UK	British Medical Association (BMA)	X		
Total		24	1	4

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Annex I List of Participants

Title	First Name	Last Name	Category	Specialty/ Organisation	Organisation	Country
Dr	Carmel	ABELA	UEMS Specialist Section	Anaesthesiology		Malta
Dr	Carmel	ABELA	UEMS Specialist Section	Anaesthesiology		Malta
Dr	Moulay Said	AFIF	Guest		UNMSP	Morocco
Dr	Guy	AFLALO	UEMS Specialist Section	Ophthalmology		France
Dr	Saad	AGOUMI	Guest	Gynaecology	UNMSP	Morocco
Dr	Umut	AKYOL	UEMS National Medical Association	Otorhinolaryngology	TMA	Turkey
Dr	John	ALBERT	UEMS Specialist Section	Orthopaedics		United Kingdom
Dr	Magnus	ANDERSSON	UEMS National Medical Association		SMA	Sweden
Dr	Willy	ANDRE	European Medical Organisation	General Practitioner	UEMO	Belgium
Prof	Peter	ARENBERGER	UEMS Specialist Section	Dermato-Venereology		Czech Republic
Prof	Shai	ASHKENAZI	UEMS National Medical Association	Paediatrics		Israel
Prof.	Jörg	BAHM	UEMS European Board	Hand Surgery		Belgium
Prof.	Sue	BAILEY	UEMS European Board	Psychiatry		United Kingdom
Dr	Martin	BALZAN	UEMS National Medical Association	Pneumology	MAM	Malta
Dr	John	BASKOZOS	UEMS National Medical Association	Endocrinologist	PhMA	Greece
Dr	Werner	BAUER	UEMS National Medical Association	Internal Medicine	FMH	Switzerland
Prof.	Deborah	BAX	UEMS Specialist Section	Rheumatology		United Kingdom
Prof	Chiara	BENEDETTO	UEMS Specialist Section	Gynaecology		Italy
Prof	Chiara	BENEDETTO	UEMS Specialist Section	Gynaecology		Italy
Dr	Giorgio	BERCHICCI	UEMS Executive	Oro-maxillo-facial Surgery		Italy

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Dr	Piero Attilio	BERGAMO	UEMS National Medical Association	Ophthalmology	FNOMCeO	Italy
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