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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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**D 0364**

**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)  
MANAGEMENT COUNCIL  
Ljubljana (Slovenia), 17-18 October 2003**

The meeting was chaired by Dr Hannu Halila who welcomed all the participants and the new delegates present.

**1. Minutes of the Management Council meeting, Brussels, 22 March 2003 (D 0339)**

The minutes were unanimously approved. The UK delegation pointed out that in future it would be preferable to expressly mention the source of the document if reproduced without any changes.

**2. Report from the Secretary-General (D 0341)**

Dr Maillet, Secretary-General, presented the main points in his report (D 0341):

- amendments to the proposal of a directive COM (2002)119 by DG Internal Market
- activities of the UEMS working groups
- EACCME: agreement with the relevant national authorities

**3. UEMS Website**

Dr Theuvenet commented on developments in the UEMS website. He wished to set up an editorial board in order to help him in his task.

- translation: most of the documents (mainly those from the Sections) are in English. The documents from the UEMS Secretariat will be translated into French.
- closed section: this point led to discussions highlighting some differences of opinion. Some delegations argued that no document was secret and that everybody should have access to the information. But what about draft

documents or working documents still under discussion? Dr Theuvenet believed that those documents should be discussed in a closed section or within the framework of a discussion forum. On the contrary, some delegates believed that posting those documents on the website would generate more impact from doctors around the world. It was finally decided that the chairman and rapporteur from the working groups would decide when their draft documents would be posted on the website. We should keep in mind that the website is our public image.

- Sections: the UEMS will help the Sections create their own website. Each Section will have its own homepage. If the Sections wish to develop it, costs will have to be taken into account. A contact person per Section and/or country should liaise with Dr Theuvenet.

#### **4. UEMS Specialist Sections**

##### **a) Meeting on 10 May 2003 – Presidents and Secretaries of the UEMS Sections and Boards (D 0340)**

The Presidents and Secretaries of the UEMS Sections and Boards met in Brussels on 10 May 2003. The views of all the national delegations members of UEMS were sought in order to know if they had meetings with their representatives in the Specialist Sections. The Management Council underlined the importance of those meetings.

At one of those meetings taking place twice-yearly in the UK, the issue of the examinations of the Boards and mainly the status and financing of these examinations was raised. To what extent are we (the Management Council) responsible for these examinations?

Some candidate countries would like to use these examinations in order to enhance the mutual recognition of specialties.

The UEMS Secretariat will write to the UEMS Sections and Boards and reaffirm the rules regarding the exams, confirming that they have no legal status.

The PWG would like the Management Council to take a clear position on this issue.

##### **b) Report from the Sections' representatives**

The representatives present had not received any feedback from the specialties they represent.

Group I: Dr J.E. Rosado Pinto (Allergology), replacing Dr S. Del Giacco, had not had any contact with other specialties. He reported on the European training programme in allergology approved during the meeting of the Section and Board in June 2003 (core curriculum) and informed the Management Council of the abolition of the specialty of allergology in Denmark.

Group II: Prof. Wladimiroff (Gynaecology), replacing Prof. Van Assche, also reported that he had not had any contact with other specialties. He commented on the activities of the Section of Gynaecology: development of minimum criteria for European examination centres, setting-up of a visiting system for hospital recognition, distance learning, draft directive on the mutual recognition of professional qualifications, CME authorities.

Group III: Dr H. Sontag (Child and Adolescent Psychiatry) presented the issues discussed within the Section of

- Ophthalmology: lobbied for amendments to the directive regarding the duration of training and wished also to have a clear distinction made between ophthalmologists and opticians/optometrists.
- Psychiatry: problem of the delegates' term of office, clear status for psychiatrists (as opposed to psychotherapists).

Contacts between the Management Council and the Sections will have to be improved. The UEMS Secretariat will have to regularly contact the Sections and Boards and guarantee feedback between the representatives of the various groups.

#### **c) New name of the Section and Board of Anaesthesiology**

The Section of Anaesthesiology, Reanimation and Intensive Care proposed to change the name of its Section. The name "Section of Anaesthesiology" was unanimously approved.

#### **d) Emergency medicine**

A request was introduced with the UEMS Secretariat in order to set up a Section of Emergency Medicine. According to the UEMS statutes, this is not possible. Instead it could form part of a multidisciplinary joint committee. It would be interesting to know the status of emergency medicine in the various member countries.

#### **e) Statutes of the Section of Cardiothoracic Surgery**

Since the text of the statutes came in too late with the Secretariat, this issue was postponed till the next Management Council meeting.

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At this stage Dr Theuvenet asked who is the official representative in each Section. He was told that every Section's representative must be approved by the National Association member of the UEMS but it is stated nowhere that this delegate must be a member of the National Association.

### **5. Associate medical organizations**

- a) Report from the Liaison Officer with the Standing Committee of European Doctors, Mr Len Harvey (D 0348)**

Dr Harvey reported on CPME's activities. CPME continues to lobby on the proposed new directive on professional recognition.

CPME has been involved in the European Commission's "High Level Process of Reflection on Patient Mobility and Health Care Developments in the European Union".

DG SanCo set up the "European Health Policy Forum" in which all health organizations take part. A document on the mobility of health professionals was discussed.

Dr Halila added that the CPME meetings were preceded by a meeting of the Presidents of all major European medical organizations. At the last meeting in August 2003, the main points for discussion were: the future of the European medical organizations and the impact of the EU enlargement on the medical profession. This meeting also smoothed things over between the different European medical organizations and made the A, B or C models pointless.

A common issue to all European medical organizations is the influence of the enlargement on the sharing-out key for the subscriptions.

#### **b) Patient's safety: CPME working group**

The issue of patient safety is widely discussed within CPME. Dr Holm gave a presentation on the CPME document (CPME 2003/034) based on studies available at [www.nap.edu/html/to\\_err\\_is\\_human](http://www.nap.edu/html/to_err_is_human).

CPME should work towards

- establishing a voluntary confidential reporting system
- a common internationally recognized terminology
- the integration of standards for patient safety in national accreditation systems

CPME is organizing a conference on patient safety to be held at the end of 2004.

A discussion followed regarding the adoption or endorsement of this document by the profession whose support is important.

The document CPME 2003/034 was endorsed by the Management Council and will be sent to the Sections and Boards for comments.

## **6. Reports from the European medical associations UEMO, AEMH, FEMS, PWG**

### **a) European Union of General Practitioners (UEMO)**

Dr W. André (UEMO) reported on the different issues discussed by UEMO: financial difficulties, duration of training in general practice, cooperation agreement with

CPME. The general practitioners' qualifications and abilities were also on the agenda and differed according to the health system and the number of hospitals.

#### **b) European Association of Senior Hospital Physicians (AEMH)**

Dr. Ciro Costa (Portugal) attended the 40<sup>th</sup> anniversary meeting of the AEMH in Copenhagen in September 2003. One of the main issues discussed was its financial difficulties together with the creation of contacts with DG SANCO and HOPE. Croatia was accepted as a full member.

#### **c) European Federation of Salaried Doctors (FEMS)**

There was no representative from the FEMS to give a report.

#### **d) European Permanent Working Group of European Junior Doctors (PWG)**

Dr. B. Goeggel drew the attention to the issues discussed within PWG: status of young refugee doctors, implementation of the working time directive, impact and repercussion of the EU enlargement on junior doctors and the role of PWG in this process, high quality training, part-time training.

### **7. National Associations – new applications for membership**

The Management Council unanimously accepted Cyprus' application for associate membership of the UEMS.

Since Israel is not part of the Council of Europe, it was accepted as an observer.

### **8. UEMS Compendium 2004**

As a result of the difficulties experienced with Kensington Publications and since the contract was coming to an end, it was decided to find a new editor for the next Compendium. The Executive Committee signed a contract with Medical Futures. The next Compendium will be published in October 2004 and will mainly focus on CME/CPD. National delegations and Sections and Boards will be requested to contribute to producing articles. Questions were raised concerning the format, costs and distribution: the format will remain the same as in previous years, distribution will be the responsibility of each country's National Association, the UEMS will receive (at least) 5% royalties.

Dr. Harvey thanked Mr. T. Kennedy (DK) for his collaboration as co-editor; he will be replaced by Dr. G. Hofmann.

## **9. DG Internal Market**

One year and a half ago the European Commission proposed the so-called Doctor's Directive that went to the European Parliament. Intensive lobbying resulted in somewhat 400 amendments and a compromisal proposal of Mr. Zappala. The Doctor's Directive should lead to a limitation of the number of recognized specialities in Europe going from 52 to 17. A very controversial regulation was also the free practice without referring to the National Authority for a period of 16 weeks.

The European Elections are too nearby for having a solution on this topic and it is generally agreed that it will be postponed after these elections.

One suggestion was that the Irish Delegation which will hold the EU Presidency in the first six months of 2004 might seek to have, for example, those specialties recognized in 60 % or more of the European Member States automatically listed for mutual recognition.

The enlargement countries have signed a document to accept the actual list of 52 specialities.

We have to contact all possible people for this, not only the Members of the European Parliament, the National Ministers of Health but also the Ministers of Foreign Trade who are mostly responsible for mutual recognition.

## **European Health Forum**

The European Health Forum meets twice a year together with about 15 non-governmental organizations; Dr Halila, President, represents the UEMS. At the last meeting, the following issues were discussed:

- health and social policy: the Forum approved a document with recommendations to the various levels of EU decision-making
- mobility of health professionals: the Forum will prepare recommendations on key-elements related to the system of professional qualifications and to the impact of the mobility of health professionals on patients
- health and environment: the Forum exchanged views on the way the European Convention should tackle health issues

## **10. Reports from the UEMS working groups**

### **a) Specialist Training**

Dr Giger reported that a paper on postgraduate training assessment (Chapter 6) would be presented to the Management Council in March.

### **b) CME/CPD – Quality assurance of clinical practice (Dr Borman)**

Dr Borman presented a paper on "Quality assurance in clinical practice" (D 0349) with a list of key-elements from the text. A lengthy discussion followed and comments were received from Belgium (quality control must remain within the remit of the health professionals), the Netherlands (clarification of terminology), Ireland, etc. The paper

will have to be revised according to the various comments and translated into French. A new paper (which could be entitled the “Declaration of Ljubljana”) will be presented at the next Management Council meeting in March.

Another item on the agenda of this working group was the UEMS policy on “The Regulation of the Medical Profession”. A paper will be presented at the Management Council meeting in October 2004.

### **c) Relations with the Sections and Boards**

It is essential to improve the communication between the Management Council and the Sections and Boards. Cooperation should be developed through this working group. The names and e-mail addresses of the 6 delegates representing the Specialist Sections on the Management Council should be forwarded to the various Sections in order for them to communicate the issues they wish to be discussed to their representative. Therefore, the group suggested that:

- a member of the Management Council should attend the working groups’ meetings
- two of the six representatives from the Sections should attend the working groups’ meetings
- the three specialty groups should meet before the May meeting
- the National Associations should hold at least one annual meeting with their Sections and Boards’ representatives

### **d) Quality of Patient Care**

This group has not met anymore. Dr Theuvenet had circulated a questionnaire on the quality of patient care. Unfortunately he had received responses from only 8 countries. He suggested establishing a new group that would focus on developing medical guidelines. He refers to an existing project on which the UEMS could base itself: “Guidelines International Network” (GIN), available at <http://www.g-i-n.net>.

Collaboration could be sought with GIN. Most guidelines available are written by the Sections and Boards.

### **e) Specialist Practice in Current Health Care Systems**

This working group concentrated on the organization of specialist practice in the various health systems and on the evaluation of these various systems’ consequences.

Dr Bisdorff will draw up a questionnaire on current models of specialist practice. A summary of this questionnaire should result in a statement on good system practice in Europe.

## **11. Treasury**

### **a) Account of revenue and expenses, first half of 2003 (D 0342)**

Dr V. Lamy (Treasurer) presented the accounts of revenue and expenses closed on 30/06/2003.

As far as subscriptions are concerned, Italy announced the payment of its subscription; Poland would also pay its subscription. The major cause of concern remained the non-payment by France of its subscription. According to the UEMS statutes, if France does not pay its subscription for 2002 and 2003, it will be suspended from the UEMS at the next Management Council meeting in March 2004. Let's hope that the matter could be resolved before then.

#### **b) Draft budget 2004 (D 0343)**

A 2% increase was proposed in the 2004 budget and unanimously accepted.

As from 2005, further to the EU enlargement and to the membership of the accession countries to the UEMS, a new sharing-out key will have to be calculated.

The associate countries' subscription will be spread over three years; it will increase by one third every year to a full subscription by 2007.

The UK delegation suggested contacting the new countries before establishing a new key. It also requested that the UEMS established its goals and justified its expenditure before presenting a budget.

### **12. European Accreditation Council for CME (EACCME)**

#### **a) Long Distance Learning**

The working group on long distance learning met in August in Brussels. The UEMS Executive Committee is part of this group which includes members from the Sections and Scientific Societies interested in this project.

A questionnaire will be distributed to the National Associations, Sections and Boards in order to know if long distance learning projects already exist in some countries. A report will be presented in March.

#### **b) Agreement with the relevant authorities**

Dr H. Pardell (Spain) gave a presentation on the Spanish accreditation system.

An agreement was signed between the UEMS/EACCME and Spain and Cyprus.

It is important to have a close collaboration between the UEMS/EACCME and the relevant national authorities. Dr Maillet, Secretary-General, will continue to develop these contacts.

Applications for European accreditation are constantly increasing. The UK delegation wished to have a report on the EACCME activities: all the information is available on the UEMS website.

### **13. Venues and dates of the next meetings**

29 November 2003: EACCME, meeting of the Advisory Council, Brussels

19-20 March 2004: Management Council, Brussels

15 May 2004: UEMS Sections and Boards, Brussels

14-16 October 2004: Management Council, Lisbon, Portugal

27 November 2004: EACCME, meeting of the Advisory Council, Brussels

21-22 October 2005: Management Council, Munich, Germany

October 2006: Management Council, Budapest, Hungary

October 2008: Management Council, Copenhagen, Denmark

### **14. Miscellaneous**

Dr Koutroubas, CEPLIS Managing Director, explained how the organization works. CEPLIS is an organization made up of national interprofessional associations, European monoprofessional associations (architects, accountants,...). It has 30 members and a secretariat in Brussels.

It is an organization recognized by the Economic and Social Committee (ESC).

CEPLIS        is consulted before the ESC takes any decision  
                  is involved in the European civil dialogue  
                  holds its meetings in the buildings of the ESC  
                  is an information centre, a lobbying group

Its aim is to represent the liberal professions through a single channel, to defend them and represent them in an efficient way while each profession retains its autonomy.

The terms of membership are the following:

- the Association must be represented at national or European level (no doctors' association is part of CEPLIS for the moment)
- the subscription fee amounts to around 3,000 € / year.

Its members have the possibility to use the ESC's meeting rooms.

# UEMS Board and Management Council Meeting Ljubljana October 18th 2003

Meeting UEMS BOARD, 18 october 2003

The meeting of the Board (see Statutes, art.15-20) was chaired by the president Dr. H. Halila.

Treasurer Dr. Vincent Lamy. Agenda see D 0311

The Board meeting, required by Belgian law, was restricted to one representative per full member.

## **Report:**

**0. – Roll call:** 15 full members (of 18) were represented, France, Iceland and Spain : apology.

### **a. – Approval of the accounts of revenue and expenses closed on 30-06-2003 (D 0342):**

The accounts are presented by the Tresurer (Dr. Lamy).

Dr. Grewin asks to present the assets also in advance attached to the invitation to the meeting.

We have enough assets to cover the legal obligations in Belgium.

The problem of the payment of the subscription by France has been solved by the proposal of the different specialities to pay their part of the contribution.

Before the march meeting the heads of delegation should be informed concerning the payment.

The account of Revenue and Expenses closed on 30-06-2003 are approved.

### **b – Approval of the 2004 draft budget (D 0343)**

Some Heads of Delegation ask for more details in the costs for instance in travel.

Is the voting system good or should we introduce a weighted vote. This is also a problem : how we have to load the votes ? There has always been a kind of weighted vote when it was concerning financial aspects but not on principles.

It is not accepted any longer to take a linear increase in costs based on the inflation but a schedule should be made with some prevision on costs that could be expected.

### **c– Discussion future financial policy – Proposal for contribution of incoming countries :**

The contribution for the incoming countries will be determined with the same key as for every other Member State.

This problem is also raised in other European Medical Association such as UEMO and CPME. On the first meeting of the CPME in January there will be a discussion on their solution that could be very fruitful.

The problem for us is that the actual key is not working because some data on the new countries are not available.

**d. Appointment of internal auditors :**

There was a call for new internal auditors and Dr. Bissdorf (Luxemburg) and Giger (Switzerland) are elected.