



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

20, Av.de la Couronne, Kroonlaan
B-1050 BRUSSELS
www.uems.net

tel: +32-2-649.5164
fax: +32-2-640.3730

e-mail: secretarygeneral@uems.net

D 0339

**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
MANAGEMENT COUNCIL BRUSSELS, 22 MARCH 2003**

**1. Minutes of the Management Council meeting held in Stockholm 18-19
October 2002 (D0261)**

Dr Antypas (Greece) requested that the minutes of the meeting of the last Management Council in Stockholm be changed to reflect the Greek delegation's dissatisfaction with the election process. The Greek delegation want to stress that in the future the UEMS has to respect the rules of procedure of the organisation and the principles of democracy for the election of the functions at the UEMS. Dr Grewin (Sweden), who had been one of the tellers, acknowledged these criticisms and accepted that the electoral procedures had not been satisfied to the full. He pointed out, nevertheless, that the same electoral procedure had been used before in Vienna with no subsequent criticism. Dr Twomey (Ex-President) listed the areas where the electoral procedure could be improved. Candidates should leave the room for the vote to be counted, there should be no members on the election committee from countries where there was a candidate, or who had members on the existing executive, and voting should be by secret ballot. It was necessary to establish how the secret ballot should be conducted, because currently there were no rules. Dr Halila (President) assured the members of the Management Council that these rules would be adhered to more precisely in future elections (see further).

A discussion followed about whether to change the minutes, or to leave them as written and reflect the change in understanding in this meeting's minutes. The latter course was agreed and the minutes were passed as given.

2. Annual report 2002 from the Secretary-General (D 0301)

Dr Maillet presented the Annual Report for 2002. The Report is available on request. He also presented the national reports of the member countries.

Dr Pylkkanen (Finland) raised the Finnish Medical Association's concern about plans their government had to enable nurses to train as medical doctors on a reduced training programme. There had been a debate about whether such a training scheme

would meet the requirements for professional recognition under European law. Dr Pylkkanen asked whether there were any other member states that had similar systems.

Dr Hofmann (Germany) described a similar system operating on a case-by-case basis in the north of Germany. Like the Finnish delegation, Dr Hofmann considered the training obtained in this way insufficient, and suggested that the UEMS should adopt a policy on these schemes. Mr Lowry (UK) pointed out that the UK has a special graduate scheme that allows university graduates to gain a medical degree in 3 years. However, Dr Tiainen (President, PWG) stated that no comparison could be made between a university degree and training for nursing.

Delegates from Belgium, the Netherlands and Poland all stated their opposition to such a training course on the grounds of the negative experiences of their respective countries with various forms of medical assistants.

Dr Rüggeberg (Germany) reported that a new medical law under discussion in Germany would abolish specialists in free practice and insist that they work in hospitals. This proposed law would also entail re-certification every 5 years. A failure to match the requisite criteria would lead to removal from the medical register.

Prof Del Giacco (Italy) informed the Management Council that allergology had been dropped from the Danish list of recognised specialties.

Dr Borman (UK) raised the subject of the Declaration of Basel. There were 4 key elements to what he described as the 'consumerist' agenda (i.e. the agenda of patients and the consumers of health services, and those in government who support that agenda):

- The delivery of quantity
- Quality
- Deregulation
- Increased accountability

There was pressure on the profession to increase output while also reducing costs. The fourth of these points was of particular importance to UEMS, since it was the UEMS's task to safeguard quality and standards. The UEMS should work to set high standards in healthcare quality and co-operate actively with patients' groups and society at large to ensure that the right standards were set. It was vital that the UEMS was active in campaigning, because otherwise the initiative would be taken by member states' governments, whose own agendas may lead doctors in the direction of a US-style system of managed care.

There followed a discussion about the need for improved communication between the European medical organisations so as to co-ordinate responses to the issues that had been raised by the Management Council. The Council acknowledged that the medical profession had a duty to reduce wastage in resources and therefore to reform practice and increase output.

The Management Council also agreed that the current Doctors' Directive should be adhered to and that the UEMS should insist that only those training programmes with a minimum requirement of 5-6 years of university education should be recognised as medical degrees. An 'energetic' response to this effect should be made.

3. UEMS Specialist Sections

Dr Borman reported that the UK's representatives to the sections and boards had asked for greater priority to be given to sections and boards' issues at the present meeting. Furthermore, the sections and boards should be given priority in this way at all subsequent meetings of the Management Council as well. He had written to the President, Dr Halila and was pleased by the positive response.

Dr Schydlo (Germany) commented that this issue was very important, but that it was necessary for sections and boards to be genuinely representative of their specialties, and that this remained a problem. There should be an improved system for reporting debates of the sections and boards. Dr Twomey referred to the system of groups that had been set up to represent the sections and boards. He stressed the possibilities for electronic communication, but also acknowledged that there was room for improvement in this system of representation.

Dr Burnham raised the issue of training inspections and reported that the gastroenterology section had had trouble establishing a European-wide inspection system.

Others mentioned the importance of making the sections and boards aware of Management Council activity, as well as the other way round. When lobbying European institutions, the sections and boards should allow the Management Council to work on their behalf and let them take a lead. The Management Council should co-ordinate all lobbying efforts for the sections and boards with the help of national medical associations.

The Council discussed the establishment of sections for new specialties such as Emergency Medicine and Genetics. Dr Twomey pointed out that any specialty must be recognised in at least 20% of member states before it is eligible to form a section. Alternatively it could take part in related multi-disciplinary committees. For instance, accident and emergency medicine could form a committee with intensive care. Dr Schydlo remarked that these two specialties were not alike and that it would be inappropriate for them to co-operate in that way. Dr Grewin suggested establishing a system of additional specialties, analogous to sub-specialties, related as branches to a stem specialty.

4. UEMS website

Dr Theuvenet gave an update presentation on the new UEMS website. The Council agreed to reduce the number of languages on the website header to just English and French, although there was a suggestion that addresses in Brussels should also include their Flemish equivalents to reflect Belgian practice. Mr Lowry also suggested that the password to the site should be simple so that it would be convenient to use

for the secretariat. Dr Theuvenet reported that the Dutch internet provider Tiscali would help with ideas and passwords.

5. Next Management Council meeting in Slovenia, 17-18 October 2003

The Slovenian delegation gave a brief Powerpoint presentation about Slovenia, Ljubljana and the hotel where the next meeting of the Management Council would take place.

6. Report from the Liaison Officer with the Standing Committee of European Doctors, Mr Len Harvey

Mr Harvey reported that Mr Stefano Zappalà, rapporteur to the European Parliament's Committee on Legal Affairs and the Internal Market, had presented a draft report on the proposed new directive on the recognition of professional qualifications at its meeting on 19 February 2003. The conclusions he drew in his report had split the Legal Affairs Committee and caused consternation among many of the reformers in the Commission who wished to simplify the structure for the recognition of qualifications. In essence, Mr Zappalà's report had had the effect of reopening the debate over whether those professions with a sectoral system can be covered adequately by a general system.

Mr Zappalà himself wished to maintain the Doctors' Directive and the other sectoral directives, but the reaction from many in his Committee and elsewhere in the Commission and among MEPs was far more negative about such sweeping changes to the original proposal. Given the split in opinion in the Committee it had been decided that a first date for amendments to Zappalà's amendment 3 text, which would bring back the Doctors' Directive, would be set for 24 April. At the meeting a further date for amendments would be set depending on whether the Committee opted for Zappalà's version or the original proposal as a basic text to work from.

Dr Halila reported on the Presidents' meeting in January, the first ever meeting of the presidents of the various European medical organisations. At that meeting there had been a discussion of different models for the harmonisation of the organisations' work. There had been a lengthy discussion of these models at the meeting of the Management Council in October 2002. Neither model A (which foresaw the merging of all the organisations into one overall body) nor model B (involving a looser structure with the presidents of each organisation forming a steering group) were fully accepted, although the meeting itself demonstrated how the latter option might work. The meeting had discussed what topics it might be possible for the organisations to collaborate on. For 2003 it was decided that the proposed directive on professional recognition should be the focus of attention. The presidents decided to meet every year and decide at each meeting what they could work on together.

Dr Holm (Norway) added that the co-ordination of activity between organisations would have to be greatly improved to facilitate such a project. Dr Borman expressed his view that his own model C (involving the initial co-ordination of only the most prominent organisations) was slowly coming into effect as an evolutionary mechanism that would bring the UEMS, the CPME, the UEMO and the PWG together over time.

7. European medical associations UEMO, AEMH, FEMS, PWG, EFMA

7.1 European Union of General Practitioners (UEMO)

Dr André (UEMO) reported that the organisation had experienced considerable financial difficulties. These had been exacerbated by problems the organisation had had with Kensington Publications, which produced their annual compendium. With reference to the previous discussion, Dr André stressed the importance of the presidents' meetings in reducing the duplication of work and therefore unnecessarily stretching the different organisations' budgets. He added that if the UEMO wished to have general practice recognised as a specialty there ought to be even closer co-operation between that organisation and the UEMS.

Mr Lowry reported that the UK was moving in the direction of having a specialist list for GPs that would also require changes in training. Mr Harvey highlighted the problem of having two classes of GPs (GPs and Family Medicine specialists) pointing out that such an arrangement would fall foul of recognition rules. Dr Twomey insisted that the main problem facing general practice was re-writing the articles covering it in the proposed directive to take account of the changes that had taken place in its recognition as a specialty.

The next meeting of the UEMO is planned on 30-31 May 2003.

7.2 European Association of Senior Hospital Physicians (AEMH)

Dr Zilling (AEMH) reported that the AEMH had moved to Brussels and had been registered under Belgian law. He also reported that at its annual meeting Slovakia had been accepted as a full member. The next annual meeting would be held in Copenhagen on 5-6 September 2003 (40th anniversary of the AEMH).

7.3 European Federation of Salaried Doctors (FEMS)

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

7.4 Permanent Working Group of European Junior Doctors (PWG)

Dr Holm (UEMS Liaison Officer to the PWG) first apologised for not having submitted a written report in time for the meeting. He reported that Italy and Belgium were no longer members of the PWG. At the meeting in Bern on 7-9 November 2002, the organisation had discussed co-operation between the European medical organisations, the inclusion of general practice as a specialty under article 3 of the proposed directive on professional recognition, and the importance for the sections and boards of having PWG representatives. With reference to general practice as a specialty, Dr Holm argued that the quality of training must be formalised before length of training is decided.

Dr Goeggel (PWG Liaison officer to the UEMS) reported that the issue of nurse practitioners would be discussed at the meeting in Vienna at the PWG's next meeting. Dr Theuvenet pointed out that there was a difference between nurse practitioners and nurse doctors, and that there was a danger of conflating two separate issues. Dr Tiainen agreed that there was a difference, but stressed that it

was important to discuss the division of labour between doctors and nurse practitioners.

A discussion followed about the status of European-wide exams set by the sections and boards. Dr Halila reported that in its charter, the UEMS is prohibited from supporting European-wide examinations, even though he acknowledged that many sections do run them. While it had maintained its opposition to European board examinations, the UEMS had reached a compromise position, where specialist qualifications that had already been in existence for 3 years were recognised. Dr Schydlo replied that strong opposition had only come from one or two countries. Dr Halila stated that the Management Council should revisit this topic at a later date. There was a need for a change in perspective with regard to specialist training. More stress should be placed on outcomes, and such an 'Outcome project' would promote assessment of training over the final-exam system. Dr Schydlo remarked that the working group on postgraduate training had the remit to consider this topic. Dr Bredin (Ireland) requested that the sections and boards should also be consulted on this issue before it came to the Management Council again. Mr Harvey expressed his opinion that there was a split between surgical and medical disciplines. Final exams were more appropriate for training surgeons, and assessment was more appropriate for other doctors. The Board examinations at present could be no more than 'window dressing', since only the diplomas issued in the country where a doctor trained were recognised. Before such a system could operate smoothly, however, there must be greater harmonisation between the education programmes of different member states. Dr Halila suggested that postgraduate training be reviewed again by the working group. The issue of training was very changeable and the UEMS should ensure that it reviewed the situation on a regular basis.

7.5 European Forum of Medical Associations and the World Health Organisation (EFMA-WHO)

Dr Nunes (Portugal) spoke for the EFMA in the absence of Dr Salzberg. He reported that the WHO had reduced funding for the EFMA, which had necessitated EFMA's rethinking how it organises itself. There is a particular problem for Eastern European countries who are unable to pay contributions. No agreement had been reached by the Management Executive about how to resolve this. The EFMA was at a crossroads in its existence and needed to decide whether to become a fully-fledged medical organisation covering the whole of geographical Europe.

8. EU, European Commission Directorate-General for Health and Consumer Affairs (DG SANCO), Directive on the Recognition of Professional Qualifications

Dr Halila reported again that Mr Zappalà had met with criticism over his amendments to the proposed directive on mutual recognition of professional qualifications. The Council had in effect refused to co-operate with the Committee on Legal Affairs and the Internal Market. The European organisations must consider how to react in the event of Mr Zappalà's report being rejected in favour of the original draft. Furthermore, there were additional problems over the issue of common platforms. Furthermore, the Greek presidency of the EU has delegated the issue of professional

recognition as a priority for the succeeding Italian presidency to finalise the necessary legislative procedures.

The Management Council also considered how EU Enlargement might affect these debates. Dr Borman reported that the email on the threshold for the automatic recognition of specialties that the BMA had recently sent round the other European medical was not intended to reflect the Association's own policy, but was intended merely to gauge opinion on what a compromise position might look like were Mr Zappalà's amendments to be rejected. It was very important, therefore, that the UEMS and the other European medical organisations had such a back-up position to rely on in this situation, and it was necessary to start thinking about it now. The Management Council also discussed how the UEMS should relate to accession countries who are not yet members of the organisation, such as Latvia, Lithuania and Cyprus. Dr Halila reported that a letter had been sent to the non-UEMS accession countries inviting them to join.

The Management Council then discussed the European Health Forum and the Convention on the Future of Europe. Dr Twomey argued that quality medical care required a quality medical training system. There were problems about making public health an integral part of the European constitution. It was important to redress the lack of attention given to public health in the Convention and to argue for a single directive to cover all health profession qualifications.

Mr Doran (BMA European Liaison Officer) reported that the Convention had debated whether health should be a 'shared competency' or a 'supportive competency' and a 'social objective' or merely a 'value' in the European constitution (as a 'social objective', health would be a directly applicable right of all European citizens: as a 'value' it would be an aspiration of the EU). It was important for the medical profession and for the European medical organisations in particular to continue to lobby for health to be maintained as a European shared competency and an objective value, since there was a danger that if such lobbying pressure were not kept up that it would be dropped from the constitution altogether.

9. Reports from the UEMS working groups

9.1 CME/CPD

Dr Rasmussen (Denmark) reported that the draft policy paper on quality assurance (QA) had been discussed at the working group's meeting and subject to further amendments would be sent out for wider consultation. The group had also discussed a draft paper on quality control, commencing the next phase of the group's planned work. The Slovenian delegation expressed their hope that the policy paper on QA would be ready to go to the next meeting in Ljubljana for approval. Dr Holm reported that the World Forum for Medical Education (WFME) had met in Copenhagen the previous week and had produced guidelines for standards in CPD. He agreed to send copies of the guidelines to the sections and boards so that they could examine the differences between their systems and the WFME.

9.2. Postgraduate Training

Dr Jorgensen (Norway) reported that the group's meeting had lasted 4 hours. The group was continuing to update chapter 6 of the UEMS Charter on Postgraduate Training after some sections (paediatrics, surgery and neurosurgery) had requested further changes. The Charter would be printed at the same time as the next compendium. Dr Fras (Slovenia) suggested that once chapter 6 had been finished each member of the working group should pick one or two chapters and review them according to the checklist that the group had devised. The group also agreed to consider the issue of assessment in postgraduate training as had been mentioned in the discussion following item 7.

9.3 Relations with sections and boards

Dr Bredin reported that the system of representation of sections and boards to the management Council appeared to be working well and didn't require any major changes until it had been given a chance to work. However it was important that the issue of relations between the Council and the sections and boards was resolved since the UEMS required co-operation at this level to achieve its aims. It was important that the communications between sections and boards representatives on the Council and their members continued throughout the year.

9.4 Patient Care

Dr Theuvenet reported that the group had not met. It had re-circulated its questionnaire last year and presented its report in Stockholm, but had received responses from only 8 countries. He asked the Management Council to establish a new group that would focus more specifically on developing an effective specialist quality policy programme.

9.5 Current Healthcare Systems

Mr Lowry reported that this group had also seen problems with its continued existence. There was a need to match more fluently the work of the group to the aims of the UEMS. The problems that the group had discussed included the various systems in force in the member states for remunerating doctors for their work. Another significant problem that they identified was indemnity. The group should look at the pros and cons of a salaried and fee-for-item system of remuneration, and with this in mind prepare a narrower and more focussed report for the meeting in Ljubljana in October. Dr Gruwez suggested that the group change its name back to 'specialist practice'.

Dr Halila suggested that since the Patient Care working group had in effect decided to terminate its current work, the Management Council should consider establishing a new working group on statutes, rules and procedure, whose remit would be to examine issues relating to the enlargement of the Union. Dr Theuvenet asked that anyone who wished to work on the group should declare their interest so that the group could start work before the next meeting. It was agreed that Mr Harvey, Dr

Theuvenet, Dr Hofmann, Dr Twomey, Dr Christopoulos (Greece) and Dr Grewin would form the core group. They would liaise with the CPD/CME group, but would maintain their independence from it. More specifically the group would produce guidelines on national evidence-based guideline development. These would include treatment and quality of practice protocols based on the Cochrane principles. The Management Council decided that the core group would prepare a report on what this group's remit should be before the next meeting in the autumn.

10. European Accreditation Council for CME (EACCME)

Dr Halila reported that at the last meeting other accreditation bodies had been critical of the EACCME, and considered its aims to be an invasion of their territory. The EACCME's work was at an early stage and the pilot study on incorporating CPD, provider accreditation, and distance learning had not been taken up at the Stockholm meeting in October 2002. This was a matter that had been given to the CME/CPD working group to discuss again at the present meeting.

The Council discussed the role the EACCME could play in either provider accreditation or individual learning event accreditation. Dr Halila reported that the Management Council had not changed its view and that it was only prepared to accredit individual events. The document on EACCME procedure was being updated.

Prof Del Giacco began a discussion about how EACCME accreditation would be recognised in countries like Italy, where the ministry of health administers CME. The issue of sponsorship was also raised. Dr Lamy (Treasurer) suggested that these problems could be resolved by better informing state authorities how the system works. Dr Nunes considered mandatory CME a problem. There was a danger that governments rather than doctors would seek to control CME on financial grounds rather than strictly medical ones, and therefore there should be an EU-wide system independent of individual governments.

Mr Harvey reported that the EACCME had introduced a sliding scale of fees for distance learning/ internet based CME ranging from €100 to €1000 in price, depending on the number of participants (250 - 5000+). These fees would be in force from 1 April 2003.

11. UEMS Compendium

Mr Harvey reported that he and Mr Kennedy (Denmark) had visited Kensington Publications Ltd about the new edition of the compendium. They had discovered what appeared to be a 2002 edition, which had not been agreed upon. Kensington Publications assured them that they were only mock-up copies, but there was doubt as to the veracity of this claim. As a result of these problems the Executive Committee had decided not to continue co-operating with Kensington Publications and had subsequently begun negotiations with another company to produce a 2003-2004 edition in the spring of next year. The new edition would also contain themed articles on CME/CPD, although contributions on other subjects would also be included.

12. UEMS Treasury: Board's report

The Board's report for the year 2002 was unanimously accepted. Dr Lamy reported that the drive to reduce costs largely had been successful, although there had been additional costs incurred from IT consultancy work related to the new website. As a result, the 2002 budget had been balanced. Funding was largely from members, but there were other sources of funds, such as accreditation.

The major cause of concern was the French delegation's continued non-payment of the subscription charge. Mr Harvey suggested that the Executive Committee should meet with the French leadership to try and resolve the issue. Dr Halila reported that according to the constitution of the UEMS another year's non-payment by the French delegation would result in the suspension of France from the organisation. He hoped that the matter could be resolved before then.

13. Venues and dates of the next meetings

16-18 October 2003 in Ljubljana, Slovenia
19-20 March 2004 in Brussels
14-16 October 2004 in Lisbon, Portugal
October 2005 in Berlin, or Munich, Germany
October 2006 in Budapest, Hungary

14. Miscellaneous

14.1 Other meetings

Sections and Boards: 10 May 2003 (Brussels)

Summary Management Council Meeting

The UEMS:

- Will review the organisation's electoral system and will clarify how secret ballots are to be conducted (**item 1**).
- Will continue to campaign to ensure that the principles on quality control established in the Declaration of Basel are adhered to (**item 2**).
- Will develop a back-up position on the proposed directive on the recognition of professional qualifications in the event that Mr Zappalà's amendments are not acceptable (**item 8**).
- Will continue its lobbying work to ensure that public health remains a European objective rather than just a shared value in the new European constitution (**item 8**).
- Will circulate the paper on quality control in training to the Management Council (**item 9.1**).
- Will circulate the World Forum for Medical Education (WFME) guidelines on standards for CPD to the UEMS sections and boards. The sections and boards will examine the differences between these guidelines and their own systems (**item 9.1**).
- Has agreed to terminate its working group on patient care. It will establish a new working group on statutes, rules and procedure. The new working group will focus its attention on the practical problems associated with EU enlargement (**item 9.4**).
- Has asked its working group on current healthcare systems to produce a report on how it will further focus its work. The group will concentrate on member states' systems for remunerating doctors (**item 9.5**).

July 2003, Bernard Maillet, Secretary-General
With thanks to Sallie Nicholas, BMA

Meeting UEMS BOARD, 22 March 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: 16 full members (of 18) were represented, France and Germany: apology.

1. – Account of revenue and expenses 2002 (D 0307):

The new executive wants to thank Dr. Jean-Claude Schaack for his outstanding work on the finances of the UEMS. The personel is the most important post in the expenses.

We have some savings and the assets are well kept.

There are higher contribution fees coming from EACCME.

All efforts will be made to have France paying its subscription (see point 3 of the agenda).

The positive result is added to the reserve, which has to cover according to Belgian law the wages for one year of the staff. On top of that there is now a modest strategic reserve.

The account of Revenue and Expenses 2002 was approved.

2 – Internal Auditor's report :

The internal auditor (Dr. Peter Theuvenet) has checked the numbers.

They unanimously accept the accounts-of Revenues and Expenses 2002.

New internal auditors will be elected during the next meeting of the Management Council in Ljubljana.

3 – Problems of the nonpayment by France of its subscription :

France is one of the founder members of the UEMS. The National Member Organisation of France at the Management Council is the UMESPE. In France there are somewhat 60 % liberal and 40 % salaried doctors working. The largest part of the subscription is paid by the liberal doctors. The last years a lot of actions were undertaken by UMESPE to improve the doctors position in France. After the letter of the Secretary General and Treasurer to the French members of the Sections and Boards these get aware of the financial problems and tried to find a solution. They are fully aware that the non-payment of France will automatically lead to the exclusion of France of the UEMS and also their exclusion in the different Sections and Boards.

We have also contacted CEPLIS. This was a request of the French delegation in order to have more contacts with other "liberal professions" in Europe (cfr. La Nouvelle Voie - D0242).

A proposal was made to pay a part of the contribution for 2002 and fully 2003. The payment of a part of the contribution by France would be a precedent for other members so this cannot be accepted.

Getting the money for the contribution from the sources (the different sections) can be a better solution.

A number of options can be presented :

Approach the Sections again, asking for paying their part of the French contribution.

Review the different (specialist) doctor's organizations in France.

Maybe France does not want to participate to the working of the UEMS, if it is so, it is their choice.

It seems that there is a bad communication between the French delegates

4. – Future financial policy :

Proposal of the introduction of a sliding fees for the administrative work of the EACCME. This proposal was accepted unanimously and will start from the 1st of April 2003 on.

There is a request for secretarial help coming from some sections. It will be difficult to give much secretarial support with the actual staff. There is sufficient work from UEMS.

Some people would like to have the UEMS lobbying more. This is also something which is costly. It can be done by the national medical organizations. The BMA has a representative in Brussels active in lobbying.

The problem is raised as in many other Medical Organisations of the cost of multilingualism. We proposed earlier to restrict to two active languages (English and French). We will have to look for this at the end of 2003.

The Board thanks Mrs. Degotte who went to retire for her contribution in the working of the UEMS.