



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

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UEMS 2021/32

REPORTS OF UEMS NATIONAL MEDICAL ASSOCIATIONS

UEMS Council Meetings

22-23 October 2021

Meetings to be held at

GrandResort Hotel

127, Amathuntos Avenue,
4533 Parekklesia,
Limassol,
CYPRUS

Tel.: +357-25634333

Fax: +357-25634588

E-mail: grand@grandresort.com.cy



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FULL MEMBERS

SpiFa (Germany)

Name of the National Medical Association	Spitzenverband Fachärzte Deutschland e.V. (SpiFa)	
Legal Status	Registered association	
Website	www.spifa.de	
Head of delegation	Name: Dr Klaus Koenig Email: Koenig-steinbach@t-online.de Phone: +49 (0)201 320 35 660	
Other Members of the Delegation	Name: Email: Phone:	Name: Email: Phone:
	Name: Email: Phone:	Name: Email: Phone:
CME status in your Country (mandatory/voluntary?)	Yes. Registered general practitioners, authorized clinicians, and physicians employed by a healthcare center or contract doctor must earn 250 CME points within five years. The proof of duty entered into force on 1 of July 2004 by law. Hospital-based specialists, as well as psychological psychotherapists working in hospitals and child and adolescent psychotherapists need to earn 250 CME points within five years, of which at least 150 will be subject to subject-specific training, also by law.	
Please specify if sanctions could apply in case of breach	Yes - fee reductions	
CME accreditation body	17 medical associations nationwide ("Landesaerztekammern")	
Is there a separate "CME credits recognition body" for individual doctors?	No	
Number of delegates to UEMS Bodies	1 German delegate to the council of UEMS 80 German delegates and observer to sections, boards and MJC's	
National Registry of Specialists and website	/	
Do NMA members participate in EACCME national review? If Yes, how many events have been	No	



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reviewed in 2020-21?	
Please list events/topics/developments that you consider the most important for medical specialists in your country	<p>Germany is interested in finding standards together in UEMS and would like to learn how UEMS is lobbying German interests in the EU administration. Decisions in the bodies of UEMS have to enter the politics.</p> <p>Participation in the surveys by the EU commission for the topics "experiences with covid-19 and the national health services in the countries" and "the use and re-use of health data in the light of the General Data Protection Regulation".</p>
Comments	/



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The Panhellenic Medical Association

Name of the National Medical Association	PANHELLENIC MEDICAL ASSOCIATION	
Legal Status	PUBLIC LAW LEGAL ENTITY	
Website	www.pis.gr	
Head of delegation	Name: Andreas PAPANDROUDIS, MD, PhD, Ophthalmologist Email: pisinter1 ; papandroudis-24@ath.forthnet.gr ; andreasophta@gmail.com Phone: +30 6945 57 35 33 +30 2553023644	
Other Members of the Delegation	Name: Athanasios EXADAKTYLOS, MD, PhD, Plastic Surgeon Email: pisinter@pis.gr ; pisinter1@pis.gr ; exadac@gmail.com Phone: +30 6944 53 73 76	Name: Charalampos KOULAS, MD, Ophthalmologist Email: pisinter1@pis.gr ; hariskoulas@gmail.com Phone: +30 210 72 58 660-662 (ext.3)/ +30 6977627004
	Name: Email: Phone :	Name: Email: Phone :
CME status in your Country (mandatory/voluntary?)	YES, VOLUNTARY	
Please specify if sanctions could apply in case of breach	NOT APPLICABLE	
CME accreditation body	PANHELLENIC MEDICAL ASSOCIATION	
Is there a separate "CME credits recognition body" for individual doctors?	NO	
Number of delegates to UEMS Bodies	3 NMA delegates to UEMS Council 2 delegates per Specialilsts Section	
National Registry of Specialists and website	NO	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	YES 373 NATIONAL EVENTS in 2021	



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Please list events/topics/developments that you consider the most important for medical specialists in your country	POSTGRADUATE TRAINING, CONTINUOUS MEDICAL EDUCATION, MOBILITY IN EU, HEALTHCARE SYSTEMS, MEDICAL LIABILITY, MEDICAL ADVERTISING etc.
Comments	NO SPECIFIC COMMENTS



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The Croatian Medical Association

Name of the National Medical Association	CROATIAN MEDICAL ASSOCIATION	
Legal Status	NGO	
Website	www.hlz.hr	
Head of delegation	Name: PROF. ŽELJKO KRZNARIĆ, MD.PhD, FEBGH Email: zeljko.krznaric1@zg.t-com.hr Phone: +38514693358	
Other Members of the Delegation	Name: PROF. ADRIANA VINCE, MD, PhD Email: avince@bfm.hr Phone: +38514693358	Name: PRIM. NEVEN MICULINIĆ, MD, PhD Email: nmicula@gmail.com Phone:
	Name: Email: Phone:	Name: Email: Phone:
CME status in your Country (mandatory/voluntary?)	Yes /No Yes, mandatory	
Please specify if sanctions could apply in case of breach	Your license will not be relicensing (in a period of six years)	
CME accreditation body	CROATIAN MEDICAL CHAMBER (CMC)	
Is there a separate "CME credits recognition body" for individual doctors?	No	
Number of delegates to UEMS Bodies	CROATIAN MEDICAL ASSOCIATION HAS AT LEAST ONE DELEGATE FOR MOST UEMS SECTION	
National Registry of Specialists and website	YES / Croatian Medical Chamber / National Registry	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	In 2020 nobody. Tomislav Božek, MD participated in EACCME meeting in January 2019	
Please list events/topics/developments that you consider the most important for medical specialists in your country	Large number of specific postgraduate courses/symposia are organized virtually during COVID-19 by national professional specialist societies, members of the Croatian Medical Association. The implementation of the specialty training had to be changed because of Covid-19, most of trainees had to work in Covid-19 units for several months.	



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Comments

Committee for International Cooperation with UEMS (members are delegates of Croatian professional societies in the UEMS Sections and Boards) has regular preparatory meetings before the UEMS Council and related meetings.



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The Austrian Medical Chamber

Name of the National Medical Association	Austrian Medical Chamber	
Legal Status	Statutory body under public law	
Website	http://www.aerztekammer.at	
Head of delegation	Name: Dr. Eiko MEISTER Email: eiko.meister@klinikum-graz.at ; eiko.meister@gmx.at Phone: 0043/1/514 06/3931	
Other Members of the Delegation	Name: Dr. Thomas HOLZGRUBER (legal adviser) Email: holzgruber@aekwien.at Phone: 0043/1/51501/1218	Name: Dr. Othmar HAAS Email: o.haas@aon.at Phone: 0043/699 /10213717
	Name: Email: Phone:	Name: Email: Phone:
CME status in your Country (mandatory/voluntary?)	Yes / No mandatory; every licensed doctor, GP or specialist will regularly have to provide evidence of their CME to the Austrian Medical Chamber.	
Please specify if sanctions could apply in case of breach	Consequences may range from a written reprimand to revocation of license to practice. The latter may apply if a doctor insistently fails to comply with CME obligations.	
CME accreditation body	Austrian Medical Chamber via Austrian Academy of Physicians (Österreichische Akademie der Ärzte GmbH)	
Is there a separate "CME credits recognition body" for individual doctors?	No	
Number of delegates to UEMS Bodies	118	
National Registry of Specialists and website	Website of the Austrian Medical Chamber with search function according to specialists	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	Yes. In total, more than 115 Austrian CPD activities/events were accredited by UEMS-EACCME, 2020 on an European level. The total number of CPD events certified by the Austrian Medical Chamber via the Austrian Academy of Physicians amounts to more than 26.593 CPD activities in 2020.	
Please list events/topics/developments that you consider the most important for medical specialists in your country	Improvement of working and training conditions in general, higher salaries; support of private practice	



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The Czech Medical Association

Name of the National Medical Association	Czech Medical Association	
Legal Status	Official organization approved by the Czech Law	
Website	www.cls.cz	
Head of delegation	Name: Prof. Jan Škrha Email: jan.skrha@lf1.cuni.cz Phone : +420 603252129	
Other Members of the Delegation	Name: Prof. Petr Arenberger Email: pa@avemedica.cz Phone : +420602214443	Name: Email: Phone :
CME status in your Country (mandatory/voluntary?)	Yes , mandatory	
Please specify if sanctions could apply in case of breach	Usually specific sanctions have not been realized	
CME accreditation body	Czech Medical Chamber	
Is there a separate "CME credits recognition body" for individual doctors?	No, but Czech Medical Association has agreement with Czech Medical Chamber to recognize the number of credits suggested for its activities	
Number of delegates to UEMS Bodies	Two delegates for every UEMS Section in which the respective Czech Medical Society is involved	
National Registry of Specialists and website	The global and new National Registry is in preparation at Ministry of Health	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020?	Members are engaged but there is no formal evidence and collected data are therefore not available Data are available at Czech Medical Chamber, not by CZMA	
Please list events/topics/developments that you consider the most important for medical specialists in your country	There is a huge number of specific postgraduate seminars/symposia organized by National Medical Societies or Czech Medical Chamber in different fields of specialties	
Comments	No specific comments	



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The Finnish Medical Association

Name of the National Medical Association	Finnish Medical Association	
Legal Status	Professional Association & Trade Union, Voluntary membership (appr. 91 % of Finnish doctors are members)	
Website	www.laakariliitto.fi	
Head of delegation	Name: Dr. Tuula Rajaniemi President of the FMA, Specialist in Anaesthesiology Email: tuula.rajaniemi@laakariliitto.fi Phone : +358 40 542 7211	
Other Members of the Delegation	Name: Dr. Sami Heistaro, Head of Education, FMA, Specialist in Public Health Email: sami.heistaro@laakariliitto.fi Phone: +358 40 905 2800	Name: Email: Phone:
CME status in your Country (mandatory/voluntary?)	Voluntary (no recertification but legislative requirements, see below) The FMA recommends a minimum of 10 CME days per year paid by the employer. The FMA recommendations for CME/CPE are currently being updated in collaboration with other relevant professional organizations. The Finnish legislation requires that all health care professionals maintain and update their knowledge and skills, and that employers enable their participation in CME/CPD.	
Please specify if sanctions could apply in case of breach	No sanctions presently. The responsibility to follow the above mentioned law lies on the employer as well as on the individual doctor.	
CME accreditation body	Finnish Medical Association www.laakariliitto.fi	
Is there a separate "CME credits recognition body" for individual doctors?	No	
Number of delegates to UEMS Bodies	94	
National Registry of Specialists and website	National Supervisory Authority for Welfare and Health www.valvira.fi	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020?	Yes Appr. 15	



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Please list
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medical specialists in your country

Finland has been planning a major social and health care reform for a long time, and the Parliament finally endorsed the proposed laws in June. A key feature of the reform is integration of primary and hospital care, as well as that of health and social services. The responsibility for organizing services is to be moved from over 300 municipalities to 21 regions and the City of Helsinki as of 1 January 2023.

The FMA has emphasized that the key priority should be to strengthen the primary health care. A well-working primary health care is also the basis for functional specialized care.

Large projects to reform and unify the various electronic patient data systems are going on in various parts of the country, including the Helsinki University Hospital Region. As in many such reforms, the developments have not only been smooth and have raised criticism among the health professionals, especially doctors.

The Finnish Government has constantly been increasing the number of new medical students despite the fact that an increasing number of young Finns study medicine in e.g. the Baltic countries or Sweden, with the aim to return to Finland after graduation. The FMA has invited all relevant bodies for an analytical discussion towards a national consensus regarding the realistic number of medical workforce expected to be needed in the future.

Recent prognoses regarding future specialist workforce indicate that in many specialties there is an urgent need to increase specialist training, whereas in some others, trainee numbers should be decreased. In the future, there may be – at the same time – a surplus of young doctors and a deficit in many specialties. A new selection procedure for specialist training was introduced in 2019, with the aim to balance future demand and supply of specialists.

There is also concern about equal distribution of specialists in different parts of the country. There can be a shortage of specialists in certain parts of the country and, at the same time, oversupply in other parts, especially in the bigger cities.

The specialist training in Finland is being developed towards competence-based structures, the five medical faculties collaborating here actively.

The pandemics challenged medical education and CME/CPD at all levels in Finland, too. New methods of e-learning, however, have been introduced during the past year, and most probably many of these are to remain even after the pandemics.



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	The Finnish Government has pre-planned a revision of the law on health care professionals. This might lead to more demanding rules for CME/CPD for doctors and other health care professionals but also for employers. However, it is unlikely that recertification would be introduced in Finland in the near future.
Comments	



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The Norwegian Medical Association

Name of the National Medical Association	Den norske legeforening The Norwegian Medical Association	
Legal Status	Full Member State	
Website	www.legeforeningen.no	
Head of delegation	Name: Einar Kristoffersen Email: enar.kristoffersen@helse-bergen.no Phone : +47 481 71272	
Other Members of the Delegation	Name: Nina Evjen Email: nina.evjen@legeforeningen.no Phone : +47 922 54 256	Name: Merete Dahl Email: merete.dahl@legeforeningen.no Phone : +47 913 43 495
	Name: Kari Eikvar Email: kari.eikvar@legeforeningen.no Phone : +47 957 72 913	Name: Gro Reichelt Email: gro.reichelt@legeforeningen.no Phone: +47 41 70 11 22
CME status in your Country (mandatory/voluntary?)	Voluntary for all specialties	
Please specify if sanctions could apply in case of breach		
CME accreditation body		
Is there a separate "CME credits recognition body" for individual doctors?	The National Health Authorities gives financial support to specialists in family medicine if they document that a CME program has been accomplished every five years.	
Number of delegates to UEMS Bodies	68 in sections, 6 in divisions and 5 in MJC	
National Registry of Specialists and website	The National Health Authorities: https://register.helsedirektoratet.no/hpr	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020?	Yes, but no events have been reviewed in 2020.	
Please list events/topics/developments that you consider the most important for medical specialists in your country	Developing continuing education programs in each specialty, not organized as a resertification system, but as a built-in requirement for departments approved for medical specialist education.	
Comments		



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The Swiss Medical Association

Name of the National Medical Association	Swiss Medical Association FHM / Swiss Institute for Medical Education SIME	
Legal Status	Association under private law	
Website	www.siwf.ch / www.fmh.ch	
Head of delegation	Name: <u>Brodmann Maeder</u> Monika Email: monika.brodmannmaeder@siwf.ch Phone : +41 31 503 06 00	
Other Members of the Delegation	Name: <u>Spinas</u> Giatgen Email: giatgen.spin@uzh.ch Phone :	Name: Email: Phone :
	Name: Email: Phone :	Name: Email: Phone :
CME status in your Country (mandatory/voluntary?)	Yes /No mandatory	
Please specify if sanctions could apply in case of breach	sanctions are possible	
CME accreditation body	Swiss Institute of Medical Education SIWF/ISFM	
Is there a separate "CME credits recognition body" for individual doctors?	Swiss Institute of Medical Education SIWF/ISFM and Specialists Societies	
Number of delegates to UEMS Bodies		
National Registry of Specialists and website	<i>Medizinalberuferegister</i> (www.medreg.admin.ch)	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020?	--	
Please list events/topics/developments that you consider the most important for medical specialists in your country	- Competency-based postgraduate medical education with the development of EPAs as mandatory part of the training requirements. - Yearly symposium for medical educators	
Comments		



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The Portuguese Medical Association

Name of the National Medical Association	Portuguese Medical Association	
Legal Status	Chamber	
Website	ordemosmedicos.pt	
Head of delegation	Name: João de Deus Email: joaomdeus@gmail.com Phone : +351969846777	
Other Members of the Delegation	Name: José Santos Email: jose.santos.crsul@gmail.com Phone : +351917813016	Name: Email: Phone :
	Name: António Batista Email: antonio.martins.baptista@omsul.pt Phone : +351917574383	Name: Email: Phone :
CME status in your Country (mandatory/voluntary?)	Yes, voluntary	
Please specify if sanctions could apply in case of breach		
CME accreditation body	Portuguese Medical Association	
Is there a separate "CME credits recognition body" for individual doctors?	No	
Number of delegates to UEMS Bodies		
National Registry of Specialists and website	<i>Portuguese Medical Association</i> / ordemosmedicos.pt	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	Yes. 237 events	
Please list events/topics/developments that you consider the most important for medical specialists in your country		



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The British Medical Association (BMA)

Name of the National Medical Association	British Medical Association	
Legal Status	Trade union & professional association	
Website	www.bma.org.uk	
Head of delegation	Name: Dr John Firth Email: JohnFirth@nhs.net Phone: 0044 7711 937 039	
Other Members of the Delegation	Name: Dr Eddie Morris (Deputy to Head of Delegation) Email: epmorris@rcog.org.uk Phone:	Name: Robert Delis Email: rdelis@bma.org.uk Phone: 0032 496 43 91 33
	Name: Email: Phone:	Name: Email: Phone:
CME status in your Country (mandatory/voluntary?)	Mandatory, though the requirements are vague and are part of Annual appraisal by the employer and Revalidation	
Please specify if sanctions could apply in case of breach	Unclear due to vagueness and problems associated with the pandemic	
CME accreditation body	No CPD (As CME is called in the UK) accreditation body, as anybody can offer to accredit if it meets their standards	
Is there a separate "CME credits recognition body" for individual doctors?	Each Royal College or Faculty has their own mechanism for recognising CPD activity.	
Number of delegates to UEMS Bodies	83 Delegates to UEMS Sections and Boards (largely consisting of 2 delegates per body)	
National Registry of Specialists and website	<i>General Medical Council</i>	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	No	
Please list events/topics/developments that you consider the most important for medical specialists in your country	<ul style="list-style-type: none"> • Backlog of NHS cases • Workforce • Moral injury • 3% pay award • 'Specialty Doctor' grade • Brexit 	



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Addressing backlog of NHS cases given the amount of extra money is not sufficient

The BMA have demanded the NHS is provided with 'substantial' new investment to increase and support the workforce as front-line staff face a vast and mounting backlog of care. Three million people in England alone are now waiting for elective procedures as a result of the pandemic. Doctors at the 2021 BMA annual representative meeting called for ministers to honour their pledges in dealing with the impact of the pandemic.

At the ARM policy was passed demanding the Government provide adequate funding to create capacity to deal with the backlog. They called for the return of public funds paid to the for-profit sector to retain capacity under-used during the pandemic. The meeting also agreed that the BMA should work with the Government to develop a public information campaign on the NHS backlog and likely timescale for returning to normal services.

In July, a BMA report revealed the sheer scale of the hidden impact of the COVID-19 pandemic – with millions of patients not receiving planned operations, treatments and appointments. NHS England data for June shows waiting lists for treatment increasing and unmet care rising, with the number of people waiting over one year for treatment 46 times its normal value in June. And the statistics suggest the majority of patients are likely now waiting more than four months for treatment. the total waiting list currently sits at an alarming, record high 5.61 million and continues to grow. According to a report by the IFS this figure could soar to 13 million by autumn 2022.

Further analysis of data by the BMA from NHS England on pressures within the health system can be found here.

Workforce

Earlier this year, the BMA published a workforce report looking at how severe medical shortages in England have become. The report looks at current workforce data trends analysis and how the Government can combat the widening gap between medical staff supply and increasing patient need. The report shows that the huge gap between doctor supply and patient need is widening every year and that investment in the medical is urgently needed. The report shows that across primary and secondary care, there are currently 2.8 doctors per 1000 people in England, while the average in comparable OECD EU countries is 3.7. If the rate of medical workforce growth remains the same, it will take until 2046 before the NHS has the number of practicing doctors needed to



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match that average. That puts us 25 years behind where we should be today. With this in mind, this makes tackling both the pandemic and the resultant backlog much harder. The full report can be found [here](#).

In October 2020 we published a report looking specifically at consultant workforce shortages which focuses on issues facing the consultant workforce and what actions need to be taken by UK governments and employers, now and in the future, to ensure consultants are retained in the NHS.

Moral Injury

The UK's death toll from the COVID-19 pandemic has been one of the highest across Europe with recent figures showing a total of 161,798. The pandemic has had a stark impact on doctors' wellbeing and mental health in the UK. The BMA's COVID 19 tracker surveys show that over four in 10 doctors, mental health has deteriorated during the pandemic, and many are exhausted from working flat out without taking adequate leave. The COVID-19 pandemic has left staff exhausted, with high levels of burnout being seen across the workforce.

In the last 15 months, the BMA has also heard consistently about the moral burden doctors in the UK are facing. The resulting impact on doctors' health from moral distress and moral injury can be significant, with the concepts being linked to severe mental health conditions such as depression and post-traumatic stress disorder (PTSD). This is a result of the institutional and resource constraints healthcare staff face, meaning they often cannot provide the high level of care they want and expect to be able to deliver. This is compounded by not feeling supported in difficult decision-making or when needing to challenge decisions of others. Poor workplace cultures can mean doctors are often discouraged from speaking up on these issues. Working with the BMA's ethics and human rights team, we identified key actions that needed to be taken to prevent moral distress and help those already suffering from it. The BMA surveyed its membership on this matter, and a report on the survey's findings was published 16 June. This report also provides recommendations for Government and other organisations on alleviating moral distress in doctors as well as steps doctors can take themselves.

3% pay award

In late July the Government decided to give consultants a 3% pay uplift in England. With inflation (retail price index, RPI) at the time already at 3.9%, and the consumer price index predicted to increase to close to 4% later this year, this so-called uplift is essentially yet another real terms



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pay cut. In addition, the uplift is not reflected in CEAs (clinical excellence awards), which means for those consultants with a CEA their pay will rise by even less than 3%. In the devolved nations, the respective governments are yet to announce what pay award consultants will receive.

In March the BMA consultants committee launched a consultant-led campaign – Fairness for the Frontline – calling on the Government to recognise the significant erosion of our salaries over the past decade and demanding at least a 5% pay uplift for consultants in England, together with a mechanism to correct our previous loss in pay. The 3% awarded in July not only falls well short of this demand but worsens the impact of the many years of pay erosion Consultants have faced. Consultants, more than any other group of healthcare workers, have been hit hardest by years of below-inflation pay rises from successive governments. In 2008/09, the estimated take-home pay for the average consultant in England was £67,752. Taking inflation (RPI) into account, the real-terms value of that figure was £48,356 in 2019/20. That is a real decline in value of 28.6%.

Shortly after the announcement was made, we published a survey for consultants to better understand what they thought of the offer and, if they were unhappy, what steps they would be willing to take to push for better pay. The survey suggested a suite of possible actions consultants could take part in. We have discussed the results with the committee and have written to the DDRB and Secretary of State to ask for reform and restitution of the DDRB process and have also notified them that consultants in England will not be submitting evidence this year.

Implication of the introduction of 'Specialty Doctor' grade

As part of the 2020/21 SAS contract negotiations, the BMA and NHS Employers have agreed to the creation of a new national grade for senior SAS doctors, known as the specialist grade.

The specialist grade is a new contract, and applicants must meet a set of generic capabilities criteria to be eligible for this grade. All specialist posts in the future will be created at the discretion of the employer, where they have identified a specific workforce need. This means that specialty doctors on the 2021 and 2008 contracts will not have any automatic right to progress from their current grade into the new specialist grade. Instead, they will have to apply for such a role when it becomes available. The BMA consultants committee will continue to work closely with colleagues from the SAS committee to keep implementation of this change under review.

Pensions

In the NHS, we still face a pensions taxation system that is not only



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unfair but one that leaves doctors with little option but to retire early or reduce the work they do for the NHS. The number of doctors taking voluntary early retirement has increased nearly fourfold since the Government started meddling with pensions and pensions taxation. Earlier this year, the Chancellor took the decision to freeze the lifetime allowance. The BMA's survey clearly demonstrated that 71% of members responding would retire even earlier and 61% would reduce their hours because of these changes.

last summer the Government launched its consultation on McCloud and the BMA produced a robust response. The Government accepted our key recommendation of enabling deferred choice - this means that members affected by these changes will be able to choose whether they wish to be a member of the legacy scheme (the 1995/2008 scheme) or the reformed scheme (the 2015 scheme) at the point of retirement rather than next year. This ensures that they can make the choice based on actual rather than predicted pension values. However, we were disappointed by the Government's approach to addressing contingent decisions, such as those who may have retired early or opted out of the scheme as a result of being moved across to the 2015 scheme and continue to lobby for the automatic right to purchase lost pension rather than eligibility being assessed on a case by case basis.

We have also submitted responses to a number of Government consultations, including changes to the minimum pension age and changes to the cost cap process and discount rates.

Below is a list of areas of focus for the BMA pensions committee going forward.

Response to the consultation on the NHS Pension Scheme's contribution structure

The key focus of the BMA's Pension's Committee will be in ensuring doctor's voices are heard with responding to the Department of Health and Social Care's consultation on the proposed models for the NHS Pension Scheme's contribution structure. Tiered structures have been proposed by the Department of Health and Social Care remain inappropriate to doctors. These will have the effect of demoralising staff and increasing the likelihood of doctors taking early retirement at a time where the NHS can ill afford to lose these experienced doctors.

BMA pensions committee key priorities for alternative options for reform of the pension scheme

Employ the design of the judiciary pension scheme within the NHS
The Government announcement for the reformed pension scheme for the judiciary, in response to similar issues with recruitment and



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retention to those found within the NHS. There are early indications are that this has already started to reverse the recruitment and retention difficulties in the judiciary. However, if the Government failed to act until the NHS reached crisis point before taking such an action, it would be too late to rectify the situation as senior doctors will have been left with little option but to retire and it will be incredibly difficult to persuade them to return to the NHS with a change in policy. The BMA is therefore strongly advocating for the introduction of a similar tax unregistered defined benefit pension scheme across the UK for those affected in the NHS, to mitigate the current punitive pension taxation system, would ensure that the scheme remains sustainable.

Mandate the use of recycling policies in NHS trusts

The BMA continues to advocate for trusts to offer an alternative reward policy to those staff adversely impacted by pension taxation. In essence, this means paying the employer's pensions contributions as additional salary rather than directly into the scheme. This essentially helps maintain their "total reward package". Whilst recognising the initial cost pressure caused by this measure for trusts, we would highlight the clear benefits of this approach in retaining staff and allowing them to take on extra contractual duties that, without such a policy, would likely see them incurring taxation charges to their pension that would in effect cost them more than they would earn for this extra work.

Brexit

The BMA would like to thank, once again, UEMS and its constituent members for their ongoing support of our efforts to mitigate the impact of Brexit on the medical profession and patients it serves, including recently endorsing a letter on medicines supply to Northern Ireland stating that there is an increasing number of concerns within the medical profession, as any disruptions in the medicines supply to NI might be detrimental to health of the whole nation, including:

- The alarming number of medicines currently offered to patients in NI that are at risk of withdrawal due to the cost and complexity of duplicating regulation solely for the NI market, which remains in the European acquis for medicine regulation. Under the NI Protocol, drugs produced in GB will have to be licensed separately and be subject to safety inspections and other checks which, consequently, require additional warehousing, laboratory testing and the involvement of technical specialists as of 1 January 2022.
- Concerns around the restricted ability to authorise medicines for licence from the Medicines and Healthcare products Regulatory



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Agency (MHRA), as NI will also remain under the European Medicines Agency (EMA) licencing and regulations. There is increasing divergence between these two regulatory regimes and one can no longer assume that the same licence and regulations will apply as per the rest of the UK. This also has indirect effects on the Joint Committee on Vaccination and Immunisation (JCVI) and National Institute for Health and Care Excellence (NICE) guidance and recommendations.

- Any shortages in medicines supply risks patients' needs not being met and could result in physicians prescribing medicines that are less than optimal for their patients. The situation could be worsened by the inability to access any alternative medication.

MRPQ

As of 1 January 2021, UK professionals will need to seek recognition for their professional qualifications from the appropriate regulator in the EEA or Switzerland under third country rules. For UK professionals resident in the EU at the end of the Transition Period, the Withdrawal Agreement provides for the protection of recognition decisions applied for/granted before the end of the Transition Period. It also applies to EU professionals resident in the UK at the end of the Transition Period.

In order to provide more certainty for business and regulators, the UK has unilaterally decided to continue to recognise EU/EEA qualifications until the new framework in the Professional Qualifications Bill (PQB) is in place. The PQB is the UK Government proposal for a new overarching framework for the recognition of professional qualifications in the UK following UK's departure from the EU. The Bill is currently being considered by the House of Lords.

The PQB aims to revoke the EU derived system for the recognition of professional qualifications in the UK and break from the current system which obliges regulators to treat holders of EEA/Swiss qualifications in a preferential way to holders of other overseas qualifications. It will bring to regulators flexibility to recruit professionals from other countries such as Canada, Japan or Australia. It also contains powers for the government to stipulate that certain professions might have routes to recognition for all countries around the world. In the event of shortages of particular occupation, the government will set out a list of professions where the regulators will be required to consider applications from around the world. The decision for whether a professional qualification was deemed equivalent or not or whether a professional was deemed to meet the UK standards remain under regulators' competency. The UK



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government will also have powers to implement the professional qualifications elements of international trade agreements.

Horizon Europe

The UK has secured association to the full Horizon Europe programme 2021-2027, except for the 'financial instrument' part of the European Innovation Council (EIC), so UK organisations can bid for EIC grants but not loans. UK researchers will continue to be eligible for schemes through the European Research Council, Marie-Sklodowska-Curie Actions (MSCA) and to participate and lead collaborative projects. British scientists can continue to work with EU partners on clinical trials and UK nationals can be experts or evaluators within the programme. The UK government will participate in Programme Committees and help to define the strategic direction of the programme but will not have voting rights on these committees.

The European Commission (EC) published a [document](#) explaining the process, scope and main features of UK's association to Horizon Europe.

Data adequacy decision

On 28 June 2021, the EC officially [adopted](#) the EU adequacy decision on the UK data protection regime which means that the EU considers the UK's privacy laws to be as protective of people's privacy as the EU's, through its own General Data Protection Regulation (GDPR). It also means that the flow of personal data from the EU to the UK will continue as before. This comes after the BMA's intensive engagement with our European partners, including UEMS, which resulted in co-writing a [statement](#) and co-hosting a pan-European [webinar](#) on 6 May, where Professor Michel Coleman represented the BMA and outlined the importance of the continuation of data flows for the European medical profession and the patients it treats.

Survey on international medical graduates (IMGs)

BMJ Careers is working with the BMA and the GMC to support international medical graduates (IMGs) wishing to work in the UK.

The survey aims at collecting views on the main challenges faced by IMGs who wish to work as a doctor in the UK. The answers will be treated confidentially, and the survey is available [here](#).



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ASSOCIATE MEMBERS

The Turkish Medical Association

Name of the National Medical Association	Turkish Medical Association	
Legal Status	Same as the last report	
Website	Same as the last report	
Head of delegation	Name: M. Umut Akyol Email: Same as the last report Phone :	
Other Members of the Delegation	Name: İskender Sayek Email: Same as the last report Phone :	Name: Email: Phone :
	Name: Email: Phone :	Name: Email: Phone :
CME status in your Country (mandatory/voluntary?)	Yes /No Same as the last report	
Please specify if sanctions could apply in case of breach	Same as the last report	
CME accreditation body	Same as the last report	
Is there a separate "CME credits recognition body" for individual doctors?	Same as the last report	
Number of delegates to UEMS Bodies	Almost in all S&Bs and most MJC's	
National Registry of Specialists and website	Same as the last report	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	Report is sent to EACCME regularly	
Please list events/topics/developments that you consider the most important for medical specialists in your country	Pandemic, vaccination, negative impact on medical education in general and doctors employee rights, intrusion of the governmental bodies into TMA and non-governmental organizations.	



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Comments

TMA has been an active ass. Member of UEMS for decades fulfilling its obligations and responsibilities. Therefore, Practical preclusion of Turkish colleagues to attend the general council meeting in Cyprus is unacceptable. We would like to hear the executive committee's official comment about this vital subject



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OBSERVERS TO THE UEMS

The Georgian Association of Medical Specialists

Name of the National Medical Association	Georgian Association of Medical Specialties	
Legal Status	NGO	
Website	www:gams.ge	
Head of delegation	Name: George Chakhava Email: george.chakhava@gmail.com Phone :+995599559101	
Other Members of the Delegation	Name: Nia Bregvadze Email: dean@aieti.edu.ge Phone :599273263	Name: MiKhael Okujava Email: mikhaelokujava@gmail.com Phone :+995599580888
	Name: Sergo Tabagari Email: stabagari@europe.com Phone :+995599931919	Name: Ilia Nadareishvili Email: ilianadareishvili@yahoo.com Phone :+995593939725
CME status in your Country (mandatory/voluntary?)	Yes /No	
Please specify if sanctions could apply in case of breach	Not applicable	
CME accreditation body	Minister of Labour, Health and Social Affairs of Georgia Postgraduate and CPD Council, GAMS	
Is there a separate "CME credits recognition body" for individual doctors?	NA	
Number of delegates to UEMS Bodies	6	
National Registry of Specialists and website	NA	
Do NMA members participate in EACCME national review? If Yes, how many events have been reviewed in 2020-21?	Yes 2	
Please list events/topics/developments that you consider the most important for medical specialists in your country	Remote Education, Telemedicine, COVID 19 related issues, ETR related problems	



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Comments	I hope it will be possible renovate GAMS-UEMS Agreement in 2022
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