



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

*Association internationale sans but lucratif*

*International non-profit organisation*

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UEMS 2016/08

## MEETINGS OF THE UEMS COUNCIL

**- Report-**

**CURRENTLY UNDER CONSULTATION**

Meetings held at the

Maison des Associations Internationales

Rue Washington 40

1050 Brussels (Belgium)

*Brussels, 21<sup>th</sup> & 22<sup>nd</sup> October 2016*

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## **Welcome**

Dr Krajewski (*UEMS President*) welcomed the participants and made an introduction speech on UEMS situation. He explained that UEMS was doing well thanks to the solidarity that prevailed amongst UEMS Members and Bodies. The Internal Fund that was created in 2015 remained untouched and some delegates proposed to use it to support UEMS bodies who encounter financial challenges; evolving therefore from an Internal Fund to a Solidarity fund. The cooperation with other European Medical Organisations is getting better and we cooperate to preserve professional autonomy. UEMS has numerous projects on the go : EACCME 2.0, European Examinations, ETRs, Future Structure of the organisation. The future does look brighter than ever.

Prof. Papalois (*UEMS Secretary General*) made a roll call of delegates present: 27 National Member Associations were present and 2 proxies were given. The simple majority for decision would be 15.

Participants observed a minute of silence in memory of Dr Hofmann, UEMS Past Liaison Officer and Vice-President.

### **1 Approval of the agenda**

- **The agenda of the UEMS Council meeting was approved.**

### **2 Approval of the minutes of the last meeting, held in Warsaw on 16-17.10.2015**

- **The minutes of Warsaw Council meeting were approved as true and accurate document.**

### **3 Interim report of the Secretary-General**

Prof. V. Papalois (*UEMS Secretary General*) presented the Secretary General report. The SG report presents the political aspects while the CEO report is more about facts. The main points of the SG report are the DME, the ETR, the Future structure of the organization and the vision for the next 10 years. Prof. Papalois commented on the EEC work, stating that the spirit of the Executive team was remarkable : democracy, inclusiveness and open minded approaches prevailing. He also thanked all UEMS staff for their involvement and excellent work. The DME is now full, with the last comers being the Europe office of the NHS UK. He explained that on financial matters, UEMS was doing better and better, with the objective to start paying back EACCME fees in 2017. EACCME 2.0 has been designed based on practical comments from the ground, the governance Board on CME paying particular attention to concrete.

On the Future Structure, Prof. Papalois recalled the mandate from Warsaw Council and the large scale consultation that took place within the organisation. He also encouraged Sections and Groupings to take the ownership of the organisation's projects, such as ETR and Visitation of centres. Prof. Papalois concluded recalling that UEMS faces challenges but remains an association that offers real services for real people in real life.

#### **4 Specialist issues**

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

Prof. Griebenow reported on the Grouping I discussions.

- Future Structure : Grouping I delegates welcomed the proposal to have representatives of groupings within the EEC and the creation of the Advisory Board. As for the elections of the grouping's chairs, it was proposed that President of Sections can be a candidate for the position only under the condition that he/she has at least two more years to go as Section's President.
- It was recommended to extend the timetable to submit documents to the Council from 4 weeks to 6 weeks.
- On visitation of centres, the Sections will be consulted and grouping I will present conclusions on Spring 2017. It has been recommended to consider non medical experts such as educationists as members of the panel.
- On NASCE, grouping I welcomed the presentation as an important contribution to patient safety.

Prof. Benedetto reported on grouping II discussion.

- Prof. Magennis (OMFS Section) was elected as the Secretary of the grouping II. The sections decided to try to define the role and job of Chair and Secretary of Groupings. Formal elections will take place during the next UEMS Council meeting in Tel Aviv.
- The proposals on Future Structure was unanimously accepted. The question of MJCs and TFs participation was raised, and Prof. Benedetto encouraged the Executive to clarify this point.
- Prof. Weerts was confirmed as the grouping II candidate to the Finance Committee.

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- Grouping II strongly supported the principles of EACCME 2.0. The Sections discussed the number of credits now proposed for review/ articles/ scientific papers/ lectures at international congresses.
- The NASCE presentation was very well welcomed and Grouping II enhanced the importance of simulation in medical training.

Dr Hermans reported on Grouping III meeting.

- The Sections were in majority in favour of adopting the Future Structure proposals. The document sent around was perceived as a compromise grown out of different opinions. After two years the new structures should indeed be evaluated as to their effects on the decision making processes within UEMS. For all, the proposal is a first step in an ongoing evolution that will need further implementation in the Rules of Procedure. The chairs of the Groupings, being invited members of the Enlarged Executive will have responsibilities but without liabilities.
- The second item on the agenda “ETR Submission rules & ETR Review Committee” was a document everybody could support. After the experience of past years everybody supported the more official process of the approval procedure of ETRs. The chair put the question whether a glossary would be helpful in order to have a general list of terms that we all could use when writing documents.
- The last item on the agenda, Update on the UEMS Charter on Visitations of Training *Centres*, raised no particular problems. Many Sections already have visitations on their agenda. A question raised was the question of who’s paying for the visitations.
- A delegate raised the question how UEMS could react to actual tendencies of managers to appoint sometimes differently trained professionals on posts where medical staff are supposed to be appointed.
- The general atmosphere during the meeting was very constructive. The chair thanked all present for the collaborative stance. He announced his stepping down as the actual chair since he’s experiencing a conflict of interest being UEMS vice-President since the Warsaw meeting. He encouraged others to stand for the office of Chair and for Secretary of the Grouping, to be elected during the upcoming meeting in Israel.

Prof. Papalois thanked the chairs for their reports and recalled all sections to start consultations on ETR guidelines and visitations as soon as possible.

#### 4.2. Training Requirements and other documents

##### 4.2.1. *Training Requirements in Internal Medicine*

Prof. Gans (President IM Section) presented the ETR in Internal Medicine. He explained the process of the ETR production that started in 2014. The goal being to define clearly the portrait of the internist as a team player who is coordinating care in close collaboration with other Specialties and primary care physicians. All stakeholders, including National societies and European society were consulted.

Prof. Papalois congratulated Prof. Gans for the excellent document and encouraged other UEMS bodies to run such large scale consultation for their ETRs.

- **The ETR in Internal Medicine was approved by the Council. (1 abstention)**

##### 4.2.2. *Training Requirements in Neurology*

Dr Bisdorff (President Section Neurology) presented the ETR in Neurology. The Section went through the exercise to update the ETR according to the new guidelines. A wide consultation process took place. Some of the comments received from Sections and NMA could be integrated to the ETR.

Dr Bax (UEMS Section Rheumatology) raised the question of the use of the word “attitudes”. Dr Bisdorff confirmed that this word could be changed in the ETR. Prof. Papalois emphasized that the ETR Review Committee will be in charge of the harmonization process of ETRs including the glossary. Dr Magennis agreed that a nomenclature would be indeed very welcome and useful.

- **The ETR in Neurology was approved by the Council (2 abstentions)**

##### 4.2.3. *Training Requirements in Pain Medicine*

Dr Abela (President MJC PM) presented the ETR in Pain Medicine. He explained that this ETR involved several specialties having a special interest in Pain Medicine. The idea is to have the definition of competences that may be integrated into the basic specialties. There is no intention to develop a separate specialty in Pain Medicine. It is a competence based curriculum. It is the first attempt in Europe to try define what is a pain Specialist. The MJC in Pain Medicine would ask the Council for approval of the process and encouragement of all stakeholders to become involved.

Dr Christodoulou (NMA Cyprus, President Section PRM, Chair MJC Sports Medicine) requested the vote to be postponed as he claimed his Section was not consulted.

Prof. Papalois recalled that all sections are invited to send representatives to MJC, furthermore documents have been sent several months in advance.

Dr Duffy (NMA Ireland) congratulated Dr Abela for the ETR, patients in pain are extremely vulnerable and it is a great initiative to create a module that all specialties could potentially integrate in their curricula. It can become a component of the basic ETRs, it is a new concept for UEMS.

Prof. Rowland (NMA UK) asked if there were anything like adult neglected/ abused mentioned in the ETR.

Dr Cikes (Section Rheumatology) proposed that MCQs could be better defined.

Dr Joris (Radiology) expressed the wish of Radiology Section to be involved in the MJC PM.

- **The Council approved the proposal to express appreciation of the work done so far as a valid and proper first step and to mandate the MJC PM to continue the process of ETR production aiming to define the competences of a doctor with special training in pain medicine. All sections are invited to contribute.**

#### *4.2.4. Training Requirements in Laboratory Medicine*

Dr. Marcelis (*Section LM*) presented the ETR in Laboratory Medicine.

Dr Melegh (*Section Clinical genetics*) claimed that its section has not been consulted. This ETR includes competences that are common to Clinical Genetics.

Dr Krajewski recalled that the document is not a new one, it has been circulated several months ago. Moreover in all medical areas there are overlaps, competences described in ETR do not however belong only to the specialty in question.

Dr Ulrich (*NMA Germany*) stated to have received the approval from the German society of laboratory medicine and therefore supports this ETR.

Prof. Papalois explained that one of the role of ETR Review Committee will be also to ensure proper coordination amongst all interested specialties, societies and stakeholders. Moreover, an ETR being approved by UEMS Council does also mean that the work continues to keep the ETR updated, all specialties are invited to contribute.

- **The ETR in Laboratory Medicine was approved by the Council (20 for - 7 abstentions – 1 against)**

#### 4.2.5. CTF/ETR

Prof. V. Papalois made a presentation with regards to CTF, i.e. an EC initiative, not a UEMS one. It is not anymore an active program due to the oppositions of National Competent Authorities (oppositions coming from the fact that everyone can propose a CTF to the EC, and therefore can become the law of the land in Europe). Prof. Papalois met in June, in Manchester, the European Network of Medical Competent Authorities (ENMCA). He urged them not to kill the concept even if they disagree with the process. The ENMCA will prepare a draft proposal for the process and consult the UEMS before presenting it to the EC. The goal is to reach a consensus around Europe. We expect to hear from them in December 2016 and to engage in a discussion with regards to the CTF process. On the other hand, ETR are UEMS products, available to everyone who wants to use them. We shall be proud of them. As of now, UEMS proposes its ETR on voluntary basis and makes sure that they are of really high quality. Dr Krajewski explained that CTF concept is really much in line with UEMS ideals : training requirements in Europe should be harmonized. The Executive will keep the S&B informed about further developments.

#### 4.3. Practice of some aspects of medicine by non-medical professions

Prof. Christodoulou (NMA Cyprus, President Section PRM, Chair MJC Sports Medicine) explained that several EU countries encounter the problem of non-medical professions practising some parts of medicine. A survey was launched and 35 answers collected. This question raises concerns of the medical profession with regards to patient safety. The statement by the CPME and the World Confederation of physiotherapists has been used recently by National societies of physiotherapy to claim to National government the recognition of their practice. Dr Christodoulou suggested to launch a survey at bigger scale with the help of NMAs Members of UEMS.

Dr Krajewski explained that he already discussed this problematic statement with Dr De Haller, President of CPME. He recalled that the CEN initiative was not supported at EU level thanks to our lobbying action. The issue here is clearly patient safety. We also need to be careful with our action if we say that only doctors have competencies, governments will answer that there are too few doctors in almost all EU countries.

Dr Halila proposed to broaden the scope of the survey (ophthalmologists, gynaecologists, etc...) to have a very clear picture.

Prof Papalois emphasized that it was of course out of question to fight against any credible healthcare professionals. On the contrary UEMS is very pro-cooperation as long as patient safety is

preserved. The healthcare models these days are definitely multidisciplinary. The goal of the survey would be to determine whether there is a risk for patient safety when non-medical professionals practice some part of medicine.

- **Dr Christodoulou was mandated to follow up on this initiative and to prepare a survey to be circulated to the whole UEMS family.**

#### 4.4. Statement Formalin banning

Dr C. Cuvelier (President Section Pathology) presented the joint statement of the UEMS Section of Pathology and the European Scientific Society of Pathology. The UE has the intention to ban completely the use of formalin. Dr Cuvelier would like to ask UEMS Council for supporting the Section lobbying efforts to make sure formalin could still be used by pathologists, as there are no existing alternative products that guarantee the preservation of human tissues.

- **The UEMS Council unanimously adopted the motion “that UEMS would require that the European Commission makes an exception on the ban of formalin for the use in Pathology.”**

## 5 Constitutional issues

### 5.1 UEMS Future Structure

Prof. V. Papalois presented the proposals from the Working group on Future Structure. He recalled that the Executive had a clear mandate from Warsaw Council meeting. UEMS is a non-for-profit organisation under Belgian law. There are some legal requirements such as voting rights being the exclusive prerogative of full members of the organisation, namely the NMAs. The mandate given by Warsaw Council was to preserve the basic structure of UEMS while reflecting the great importance of UEMS bodies and recognising their contribution to the organisation.

The two proposals on the table were :

- 1/ To involve representatives of S&B in UEMS daily management (EEC, FC, internal auditor).
- 2/ To enhance S&B participation in policy making through the creation of an Advisory Board (AB) that would meet one day before the Council. The Executive will set up the agenda of the AB and the topics that require a vote. If the votes of the AB and the vote of the Council differ, the UEMS EEC will be in charge of conducting negotiations to reach a compromise. At the end, the Council will have the final say.

If the proposal by Future Structure WG is adopted the next step would be a change of UEMS Rules of Procedure to be adopted during the next Council meeting. In parallel, Groupings will elect their chairs according to the Terms of References. Then in Autumn 2017, we can have full implementation of this proposal. Of course, once the implementation starts, adjustments would still be possible.

Dr Krajewski recalled that UEMS Executive is here for interpreting how statutes should apply. The structural evolution of UEMS is a tremendous opportunity to move forward.

Dr Balzan raised the question of overlap between the groupings' and AB work. Prof. Papalois answered that working groups are requested to work on documents submitted (ETR guidelines, Visitation); while the AB will vote on matters that are to be considered by the Council and are of interest to the Sections. Of course adjustments would be possible after the implementation starts.

The Danish delegation requested to receive a clear list of topics that AB will have to vote on. Prof. Papalois answered that the Executive will provide an indicative list. Finance matters remain clear prerogative of the Board.

Prof. Rowland (UK) thanked the working group and all colleagues involved in the Future Structure proposals. UK delegation considers this step as a decisive one for UEMS Bodies to play an increased role within the organisation. The BMA opinion was that even more influence shall be given to UEMS bodies. BMA wanted for Sections to have in some way a vote at the Board and at the Council to underline the importance of their work. UEMS bodies do amazing work and their voices have to be heard. After consultation with other NMAs and UEMS bodies, it appears that a consensus has been reached for first step of the way forward. This is the reason why the BMA will vote in favour of the proposals : package to be approved as principles that the Executive will translate that into rules of procedure and present for adoption during Israel Council.

➤ **The UEMS Council unanimously adopted the proposals on Future Structures.**

5.2 German Representation to UEMS

Dr Krajewski presented the agreement reached by GFB/ SpiFa, according to which from January 2017 SPIFA will be the new German NMA Member of UEMS. Now the situation is very clear and the Council is asked to endorse this change of member.

The UEMS Executive and UEMS Council congratulated GFB and SpiFa for the consensus reached and expressed in particular their appreciation to the compromise spirit demonstrated by Dr Rüggeberg and Dr Ulrich. UEMS Council also expresses to the GFB its deep gratitude for the very productive

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collaboration and support to UEMS activities over the past decades. SpiFa and GFB will coordinate in the coming weeks an updated list of German delegates to the UEMS Bodies.

- **The UEMS Council unanimously approved SpiFa as the new member of UEMS representing the German specialists.**



## 5.3 Admission of The Bulgarian Medical Association in the UEMS

Prof. Gabrovsky presented the Bulgarian Medical Association request to become a full member of UEMS.

- **The UEMS Council unanimously approved the admission of the BuMA as a full member of UEMS.**

## 5.4 Admission of the Serbian Medical Chamber in the UEMS

Prof. Milan Dinic presented the request of the Serbian Medical Chamber to become an associate member of UEMS. He explained that all physicians in Serbia have to be members of the SMC to practice medicine. There are around 40 medical specialties recognized in Serbia. The SMC is not a trade union. It is a Chamber, is involved in deontology & ethical matters too. The goal for the SMC is to become member of UEMS to try to line up Serbian training programs and CME to the European standards.

- **The UEMS Council unanimously approved the admission of the Serbian Medical Chamber as an associate member of UEMS.**

## 5.5 Admission of the Arab Board for Health Specialisation in Iraq in the UEMS

Dr Jawad Rasheed presented the request of the “Arab Board for Health Specialisation in Iraq ” to become an observer member of UEMS. He emphasized the need for Iraq to develop public health. So far the medical training is not so well organized. The goal of the Arab Board is to raise awareness and standards and to improve post graduate qualifications. Being linked to UEMS would be an invaluable help to Iraq.

- **The UEMS Council unanimously approved the admission of the Arab Board for Health Specialisation in Iraq as an observer member of UEMS.**

## 5.6 Proposed creation of an European Board of Phlebology

Dr Guex (President MJC Phlebology) presented the request of the MJC Phlebology to create a European Board of Phlebology (EBP). The EBP would be constituted according to UEMS rules with MJC and sections members endorsed by their NMAs as well as representatives of Scientific Societies. The goal is to prepare a ETR & a curriculum in Phlebology, it would also be a certification authority in Phlebology. All UEMS Sections are invited to join the MJC and EB.

Further to a question from Dr Christodoulou, Dr Krajewski explained that there are no UEMS rules limiting the award of fellowship to candidates from outside EU. European Examination diplomas are confirmation of excellence.

Dr Yiacomettis requested that the reference to “cosmetic surgery” was removed from all UEMS documentation and replaced by Plastic, Reconstructive and Aesthetic Surgery, the official name of the specialty. Dr Guex agreed with this change.

Dr Lamont (Section Vascular Surgery) questioned the opportunity to create an examination in Phlebology while there is already a UEMS examination in Vascular surgery. Dr Krajewski recalled that UEMS Bodies do not intend to compete against each other. The question here is about additional competences. The results of a phlebology examination would be that successful candidates will have recognition of competences in this precise narrow field.

- **The Council approved the creation of the European Board of Phlebology ( 19 in favour; 1 against; 7 abstentions)**

#### 5.7 Proposed change of name Section Medical Biopathology to Section Laboratory Medicine

Dr Helena Alves - Section LM/MB explained that the name of the specialty in Annex V of Directive 2013/36/EC was wrong. There is a clear and urgent need to update this.

The UEMS Sections are invited to continue the consultations about updates on Annex V.

## **6 Medical Specialist Qualifications**

### 6.1 Update : UEMS-CESMA Guideline Appeal Procedure for European postgraduate medical assessments

Dr Parigi presented the amendment on UEMS-CESMA Guideline Appeal Procedure for European postgraduate medical assessments.

- **The Council unanimously approved the guideline amendment.**

Dr Parigi presented the report on CESMA activities. CESMA will celebrate in 2017 the 10 years of Glasgow declaration. It was created as a think tank on how to perform examinations. All UEMS bodies are invited to send representatives and to participate in the meetings.

## **7 European Medical Organisations**

### **7.1. AEMH**

Dr De Deus reported on the last update of AEMH activities and projects: zero tolerance to corruption, clinical leadership; E-health; access to online medical files; new website. On CME / CPD: AEMH opposed mandatory CME/CPD and revalidation. Educational activities should be assessed by the profession – see the Consensus Statement adopted by the CPD Conference (18 December 2015, Luxembourg);

### **7.2. CPME**

Dr Maillet reported on the last update of CPME activities and projects : Patient' Rights and Patient Safety; eHealth; Pharmaceuticals and Medicinal Products; Professional Ethics and Practice; Public Health and Disease Control; Communication. Dr Krajewski commented on the great improvement of relations between our organisations in the last few months.

### **7.3. EJD**

Dr Jazbar reported on the last update of EJD activities and projects : Training conditions of Junior doctors, Maternity, pregnancy, corruption; TTIP; Strike in Norway and in UK.

### **7.1. EMSA**

J. Papazoglou reported on the last update of EMSA activities and projects: 6 pillars of EMSA are Medical Ethics and Human Rights; European Integration ; Medical Education; Public Health; Medical Science; European Health Policy. Policy priorities are Migrants' and Refugees' Rights; Mutual Recognition of Medical Degrees; Gender and Sex Medicine; Preventive Healthcare; Common European Doctorate; Electronic and Mobile Health.

## **8 Report to Council of the outcomes of the Board Meeting**

Dr B. Maillet (UEMS Treasurer) presented the outcomes of the Board meeting. Due to April meeting cancellation, the accounts 2015 have been approved by email procedure in June 2016. The financial report was approved and would be sent to the Belgian Tax Authorities in due time. Dr Maillet presented the cash situation of the organization:

- Straight Loan reimbursed
- Internal Fund remained untouched
- In the 2017 draft budget income was kept very conservative especially for EACCME
- Increase in income will allow UEMS to reimburse the UEMS Sections progressively on the funds put temporarily on the Internal Fund
- Some investments are very much needed on IT level
- Operational costs of Domus Medica are covered by the activities

The budget for 2017 was approved.

Dr J. Skhra was appointed as an internal auditor together with Dr Halila.

The Finance Committee composition is as follow :

- Treasurer (Chair)
- Secretary General
- One Vice President (Dr. Othmar Haas)
- Three delegates representing NMA's
  - Dr. Willem Van den Wijngaart
  - Dr. Tomas Cobo
  - Dr. Mikko Pietilä
- Three delegates representing the three Groupings
  - Grouping 1 : Dr. J.Lillienau
  - Grouping 2 : Dr. J. Weerts
  - Grouping 3 : Dr. J. Frayling
- Ex Officio
  - Mrs. Reychler (UEMS Director)
  - Mr. Bertrand Daval (UEMS CEO)

Dr Batelson suggested to create guidelines for treasurers of Sections.

## **9 Continuing Medical Education**

### **9.1 EACCME Progress Report**

The EACCME progress report is part of the UEMS Secretary General Report.

### **9.2 EACCME 2.0.**

Prof. Papalois presented the proposals on EACCME 2.0. He explained that EACCME is a flagship project of UEMS. It is the dominant force of accreditation in Europe and its incomes allow UEMS to invest in projects of importance. The decision to improve EACCME processes came from the comments received from within the UEMS and from the partners. Stakeholders were urging UEMS to be faster, more efficient, more user friendly as well as to cover more elements and to embrace recognition. The Governance Board on EACCME and the EEC presented documents and asked for comments from UEMS family but also to external partners. The statute of trusted providers will be created. Moreover, UEMS plans to enhance quality control on the ground. The Governance Board received numerous comments that will be addressed. The EEC is also aware that adjustments might be necessary once the new programme is implemented. The EEC seeks now for the approval of the UEMS Council on the principles as backbone of EACCME 2.0 to be implemented in the beginning of 2017. The proposals are very practical.

Dr Christodoulou asked for clarification about quality control on the ground. Prof Papalois explained that once there will be discrepancies between the paper program and the on-site program, the providers will be asked for clarification and if the explanation is not provided, sanctions might be applied.

Dr Balzan insisted on the fact that once UEMS signs agreements with external boards on accreditation, the EACCME rules have to be implemented with scrutiny.

Questions about the fees were raised and Prof. Papalois explained that this is still under consultation. The whole point being to be not outrageously expensive but to be able to run the platform operationally.

Dr Krajewski recalled that EACCME goal is not to act as police officer but to help colleagues to organise CME events of good quality.

Prof. Papalois explained that the term “unrestricted grant” was defined with details in the EACCME 2.0 documents. The point is not to forbid industry from financially supporting CME but it is to control that there are no strings between industry financial support and the scientific program.

- **The Council unanimously adopted the package documents on EACCME 2.0 and gave mandate to UEMS EEC to implement it.**

Dr Krajewski thanked the Council for this vote and recalled that EACCME is a very responsible organisation. He launched an appeal to all NMAs and UEMS bodies to endorse the EMOs Luxembourg statement affirming the principle that professional development of doctors has to remain in the hands of the medical profession. EACCME is part of this big effort . There are initiatives to make CME more bureaucratic and we should oppose this.

Dr Harvey also recalled that EACCME needs reviewers from all specialties. All delegates are invited to contact the UEMS office and the Secretary General if they would like to participate in EACCME work.

### 9.3 Conference on CME Amsterdam – 12<sup>th</sup> Nov. 2016

Prof. V. Papalois - UEMS Secretary General relaunched the invitation to all UEMS family to register for the UEMS-CME Conference to be held in Amsterdam on 12<sup>th</sup> November 2016.

## 10 Working Groups Reports

### 10.1 E-Health

Dr K. Batelson (NMA Sweden) reported on the discussions of the E-health Working group. There are great discrepancies between countries on that field (e-prescription, patients records, telemedicine). The Working group believes that UEMS should have a real policy on that topic and proposes to check the data collected developed by other organisations if any. The idea is to launch a survey to have a clear picture of different practices in all European countries. The WG hopes to have more information by Spring 2017 to be presented to the UEMS Council.

### 10.2 Continuing Medical Education & Professional Development

Dr Duffy (NMA Ireland) reported on the discussions held in the WG CME-CPD. The WG welcomed the EACCME 2.0 documents. The WG discussed the revision of the UEMS publication “Continuing

Medical Education and Professional Development in Europe – Development and Structure”. On the topic Experiences from EU Member States reporting to the EU Commission regarding CPD for e.g. doctors, Professional Recognition Directive, Article 22, in January 2016, the question of revalidation was raised. The UEMS is not in favour of mandatory CME.

### 10.3 Postgraduate Medical Specialist Training

Prof. Hjelmqvist (*UEMS Vice-President*) reported on the discussions held in the WG PGT. 24 delegates participated in the WGPGT meeting. A report of UEMS-CESMA was given by Prof. Parigi including a brief report of current activities. Thereafter the working group focused on e-learning/e-platform. UEMS liaison officer Dr Fras gave a background information of the work with e-platforms in UEMS and examples of e-platforms from ongoing work in several sections. The WG asked Dr Fras to form a small group, including the chairman of the WG Prof. Hjelmqvist, with the aim to further develop and continue the earlier work with e-platforms that has been done in UEMS. The WG decided that Dr Fras and Prof. Hjelmqvist should continue the discussion in UEMS Executive and Enlarged Executive.

Finally the Annex V 2005/36/CE was discussed. The chairman of the WG will continue the work with Annex V in the working group and in UEMS EEC.

## **11 EU Affairs**

Dr Z. Fras - UEMS Liaison Officer explained that due to finances restrictions UEMS presence on EU related events had decreased. However as the situation starts improving, UEMS will increase its presence on EU stage. It is also of great importance to have strong links between the UEMS and its NMAs. The EEC plans to meet NMAs individually on a regular basis. On the CEN issue, UEMS position is to refuse participation in this initiative. UEMS is involved in the European Reference Network (ERN), EC initiative that we greatly support. On the qualification directive, UEMS position is that training should be competences based. This is why it is of paramount importance that all Specialties produce ETR. The Malta EU presidency would be an opportunity in the field of Erasmus style scheme for PGT and Hippocrates +. The Executive will get in touch with Maltese government through Dr Balzan to have more information.

Dr Fras reported on the blood pressure measurement that took place during UEMS Council. The idea was to test whether we are here to deal with real problems. Globally speaking the analyses prove

quite high blood pressure amongst UEMS Council participants. Measuring blood pressure aims to raise awareness.

#### 11.1 Revision Annex V directive 2005/36/CE

Prof. Hjelmqvist reported on the annex V Directive 2005/36/CE. Mrs Carratala from UEMS office had launched a large consultation amongst UEMS Sections so the office could present the proposal to the European Commission. So far the EC had acknowledged receipt of the proposal but has not implemented the changes yet.

Dr Ulrich (Germany) explained that all specialists have interests on this. Dr Ulrich received a different input from the officials of the EC. It is not clear whether there is a way to amend the annex V or not at all before 2018.

The proposal is that Dr Ulrich would be mandated to investigate at the EC. Meanwhile all NMAs delegates are invited to also approach their national authorities to explain the UEMS proposals.

Dr Krajewski recalled that UEMS position is that specialists training is not less than 5 years. There are only a very few exceptions to this principle.

#### 11.2 Signature of MoU between EPA and the Section of Psychiatry

Dr Hermans presented the Memorandum of Understanding signed between UEMS and EPA as an example of good practice. The ETR in Psychiatry will be presented to the UEMS Council in Tel Aviv – April 2017 and is the result of fruitful collaboration between the Section and the ESS.

Prof. Papalois congratulated Dr Hermans and invited all UEMS Bodies to follow this path in order to have clear definition of relations with Scientific Societies. He insisted that on all UEMS documents the official name of the Former Yugoslav Republic of Macedonia should be written as such.

#### 11.3 BMA – Brexit Brief

Prof. Rowland stated the strong commitment of BMA to UEMS family. Brexit should not threaten health of Europeans. 30.000 doctors in the UK got their primary diploma in an other country.

Dr Krajewski estimated that for the time being, the UK representation to UEMS is unchanged.

We hope that developments will be such that nothing will have to change. Medical professions are always in the forefront of international cooperation.

Dr Duffy from Ireland, and Dr Balzan from Malta formulated declaration of support to British colleagues.

#### 11.4 General Practice as specialty

Dr Z. Fras recalled the BMA statement issued on this topic. If generalists – family medicine specialists are listed in Annex V, they would be very welcome to join UEMS.

### 12 Next Meetings

***UEMS Council Spring 2017\*\**** Israel, 27-28 April 2017

➤ *Approved (7 abstentions)*

***UEMS Council Fall 2017 \*\**** Brussels, 20-21 Oct. 2017

***UEMS Council Spring 2018\*\**** Morocco, 13-14 Ap. 2018

***UEMS Council Fall 2018\*\**** To be decided, 19-20 Oct. 2018

➤ One of the meeting of 2018 will be in Morocco. It is still to be decided whether it will be in Spring 2018 or Autumn. Dr Agoumi stated a preference for Spring 2018.