

UEMS (European Union of Medical Specialists)  
24 Rue de l'Industrie  
1040 Brussels  
Belgium

12 September 2018

Dear Romuald, Dear Vasilios

### **UEMS Strategy**

Many thanks for your letter of 3 August 2018 looking at UEMS' future strategy. We have taken the opportunity to have discussions within the BMA and in this letter, I wish to propose, on behalf of the BMA, several topics for discussion during consideration of UEMS' future strategy at the upcoming Council meeting in Brussels in October 2018.

We welcome your initiative in advance of the Council meeting since the scope for action during the 2019/24 EC (European Commission) and EP (European Parliament) mandate is vast. Indeed, with European politics in a period of extreme flux it may well be a time of unprecedented opportunity for UEMS and its membership.

Accordingly, we would propose that the following areas of activity be studied, with a view to expanding related UEMS activity:

- **Public health and EU legislation:** our patients' health is clearly impacted by a host of issues; not all of which can be dealt with satisfactorily by legislation. However, when the opportunity arises to secure such legislative changes, it is imperative that the UEMS responds proportionately and brings the full weight of its expertise to bear in securing favourable outcomes.

Current activity, carried out in conjunction with other EMOs (European medical organisations) and the BMA, to ensure that alcoholic beverages comply with existing EU labelling regulations<sup>1</sup> illustrates this perfectly.

If successful, such action would result in the mandatory inclusion of both ingredients and nutritional information on all alcoholic beverages, and an attendant improvement in health outcomes due to heightened public awareness.



As the necessary legislation will almost certainly not be completed ahead of the conclusion of the current political mandate (2014/19), significant pressure will need to be applied to the EC to ensure that it is during the next mandate.

This is one example of how the UEMS can become involved in influencing EU legislation and it is likely that there will be a number of similar ideas which originate from within the UEMS constituent bodies which, when teased out, could form the basis of a UEMS lobbying and influencing strategy over the lifetime of the next Parliament.

Additionally, there are ways in which that UEMS can help to improve population health in the future – for example one way will be to ensure that ETRs involving patient-facing work all include competencies for safeguarding vulnerable people. Colleagues within UEMS will have noticed that this is one area where the UK has been consistent in its comments on ETRs over the recent years – if UEMS ETRs, syllabi and curricula over time were standardised to include agreed competencies in safeguarding children (aged under 18 years of age) and adults over 18 years of age, in the future the EU medical workforce would have more safeguarding skills than at present – potentially leading to improved population health across Europe. A further example would be to look at what public health preventative measures can be included in ETRs so that there is a renewed focus on preventative medicine – through the training advocated by UEMS – in the future, again potentially enhancing the health of patients across Europe and influencing the way in which diseases progress (or regress).

For these reasons – and others that UEMS constituent bodies will be able to better describe - we believe the UEMS can help to improve public health across Europe.

- EU support for specialist training: UEMS’ development of medical curricula is an exemplar of the type of pan-European cooperation that the EU promotes. Accordingly, and with the EU funding programme *Erasmus +* designed to “modernise education (and) training...across Europe”, we believe that the UEMS should increase its efforts to secure EU funding for its core activities.

Should UEMS’ activities not meet the criteria in existing/planned EU funding programmes, then we believe that serious efforts should be made to lobby the relevant actors so that future budget lines correlate strongly with key UEMS objectives and, in the short term, consideration should be given to enhanced spending of UEMS’ resources to increase the chances of securing EU funding, through preparatory work.

Previous BMA activity in this area has shown that securing such outcomes is very much achievable.

- EU support for specialist treatments and technologies: UEMS’ members work at the cutting edge of the profession and use increasingly complex and sophisticated treatments and technologies in their provision of specialist healthcare.

The EU’s *Horizon 2020* funding programme’s Health, Demographic Change and Wellbeing sub-programme “supports the development of new, safer and more effective

interventions” and has provided more than €2 billion in funding to related projects from 2014/17.

We are not proposing that UEMS involve itself in the extremely complex, and often onerous, business of applying for such funds. Rather, and as per the previous point, we believe that serious consideration should be given to mapping members’ views regarding future treatments/technologies and engaging with the relevant decision makers to align future budget lines, in *Horizon 2020* and other related programmes, with their speciality’s requirements.

As a result of its longstanding work in driving up standards in European medical education and training, UEMS is held in high esteem, and recognised as the leading voice for medical specialists, by both key decision makers in both the EU institutions and national governments.

We believe that such hard won kudos could, indeed should, be used to deliver the types of positive legislative and policy outcomes briefly touched upon in this letter. We hope that the constituent parts of UEMS, including other NMAs, will respond well to our proposals in the discussions next month, as well as coming up with their own themes and further examples, perhaps within the above categories and, no doubt, others. To that end, you may wish to circulate this letter as a stimulus to some of the discussions and if you do wish to do that please do go ahead.

The BMA looks forward to discussing our ideas with UEMS colleagues next month and, as always, continuing to share our expertise in order to help secure the interests of Europe’s medical specialists and the patients we serve.

Yours sincerely,



**Professor Andrew Rowland**  
Head of the UK Delegation to the UEMS

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<sup>i</sup> Regulation (EU) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers