



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

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UEMS Annual Report 2002

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Executive Committee UEMS

effective since 19 October 2002:

President:	Dr Hannu Halila (FIN)
Secretary-General:	Dr Bernard Maillet (B)
Liaison officer:	Dr Len Harvey (UK)
Treasurer:	Dr Vincent Lamy (B)
Managing Director:	Mrs. Reychler (B)

1. Introduction, the position of the UEMS in the profession in Europe

The purpose of the UEMS is the harmonisation and improvement of the quality of medical specialist health care in Europe and the tending of the interests of our colleagues in Europe. These goals are being pursued in cooperation with the European sister Medical Associations and increasingly with European Medical/Scientific Societies. Key-elements in this network are the UEMS Specialist Sections/European Boards.

Core activities of the UEMS are the quality and structure of Postgraduate Training and Continuing Education of medical specialists. This reflects itself in the Charters and Declarations in these fields and in the activities of the EACCME[®], the European Accreditation Council for Continuing Medical Education. Reaching consensus and defining recommendations on these issues to the institutions of the European Union is a major goal of the UEMS, but it has become clear that within the institutions of the European Union the Directorate Internal Market is only marginally interested in the harmonization and improvement of quality of Health Care by way of European legislation. Its focus is the free movement of people and services. So the UEMS has been putting more emphasis on its relation with the Directorate of Health and Consumer Protection and it participates in the newly established European Health Forum of this Directorate.

An important area in the activities of the UEMS is the development of recommendations directly to the colleagues in the field and to the national member associations. These member associations of the UEMS are the representative national associations of medical specialists. These bodies established the UEMS, have financed it since its establishment in 1958 and constitute the Management Council, its legislative body.

2. Management Council of the UEMS:

The Management Council of the UEMS met in Brussels on 23 March 2002 and in Stockholm on 18-19 October 2002. In the March meeting the Medical Association of Azerbaijan was admitted as associate member of the UEMS. Changes in UEMS structure were discussed, but it was decided to maintain the present structure of the Executive Committee and Vice-Presidents. More tasks will be allocated to the Vice-Presidents.

- The October 2002 meeting was the last meeting chaired by the outgoing President, Dr Cillian Twomey (IRL), and also marked the retirement of the Secretary-General, Dr Cees Leibbrandt (NL), and the Treasurer, Dr Jean-Claude Schaack (L). In the elections of 18 October 2002 new officers were elected. It was the first meeting attended by six representatives of the specialist sections and boards under the new system agreed at the March 2002 Management Council.
- A redefinition of the position of the UEMS as one of the European Medical Associations was a major point of discussion in both Management Council meetings. Relations with the CPME (Comité Permanent des Médecins Européenne) and the sectoral partner organisations were discussed and also the relations with the European Professional Societies.

The UEMS is occupying a unique position in the profession. It is the centre of a network with on one side the specialties in Europe, organized in the UEMS Sections and on the other side the national representative associations in the member countries. In the year 2002 the UEMS has pursued the policy of strengthening its ties with professional organizations in Europe and beyond.

- Much energy has been given by the Executive Committee and the secretariat to the matter of the Proposal by the European Commission for a fundamental change in the Directive concerning the exchange of medical diplomas in the European Union.
- The establishment of the EACCME[®], the European Accreditation Council for Continuing Medical Education in 1999 and coming into operation in 2000 have reinforced the involvement of the UEMS in Continuing Medical Education and Professional Development. In 2002 the agreement between the AMA (American Medical Association) and the EACCME concerning mutual recognition of CME credits was extended till 2006.

3. Executive Committee UEMS:

The Executive Committee met 8 times during the year 2002, 5 times together with the vice-presidents. The meetings were often combined with meetings with representatives of other organisations. Members of the Executive Committee represented the UEMS in meetings of numerous professional organizations in Europe and the USA.

Main points of attention of the Executive Committee in the year 2002:

- Future structure of the UEMS.
- The Proposal for a new Directive concerning the free exchange of doctors in the European Union, replacing the "Doctors Directive" 93/16/EC and its amendments.
- Matters involving the UEMS Specialist Sections.
- The development of CME/CPD (Continuing Professional Development) policy, the EACCME (European Accreditation Council for Continuing Medical Education).
- The relation with the European institutions, particularly with the new Directorate for Health and Consumer Protection (SANCO, see D 0252).
- The relations with other European Medical Associations, especially the CPME (D 0251).

4. National Medical Associations (see website):

The reports by the delegations to the UEMS of the national member associations concerning the situation in their countries in the year 2002 will be published on the website as soon as they are available. The 2002 overview of the situation concerning Continuing Medical Education in the member states will be also published on the website.

5. Working Groups UEMS Management Council:

The Management Council Working Groups were established in September 2000 for a 2 year period. Their work was reviewed in the Management Council meeting of October 2002.

5.a Working Group on Postgraduate Training:

This group is chaired by Professor Gruwez (Belgium). It has been updating chapter 6 of the UEMS Charter on Postgraduate Training with contributions from the specialist sections and European Boards. It will publish the results in a new compendium with updated contributions from all specialties by 2004. It has also carried out a survey on visiting programmes and examinations run by sections and boards. It expects to have the final results available for the March 2003 meeting. The group has also begun discussing whether or not examinations are the best way of measuring training and had touched on problems linked with changes to working hours.

The Management Council agreed that the working group should continue and that the merits of examinations needed further exploration in the light of recent educational opinion.

5.b Working Group on CME/CPD:

The Working Group on Continuing Medical Education / Continuing Professional Development is chaired by Dr Borman (UK). Having drafted the UEMS Declaration of Basel (see D 0120), adopted in October 2001, it is now working on quality assurance of CME. This group was also given a mandate to continue.

5.c Working Group on Quality of Patient Care D 0254):

This group, chaired by Dr Peter Theuvenet (Netherlands) circulated a detailed paper (D 0254), outlining areas that it might tackle and floating the idea of a European Medical Specialist Quality Charter. There will be a review March 2003.

5.d Working Group on Specialist Practice:

This Working Group is presently chaired by Dr Greff (France). Priority in its remit have the following problems:

- Budgetary shortfalls;
- Shortages of doctors, and poor regional distribution in some specialties;
- Financial, legal and political pressures on specialist practice.

Five further points had also been identified for discussion:

- Increasing liability of doctors;
- The interface between primary and secondary care;
- Promotion of teamwork;
- Promotion of peer review;
- The split between hospital and non-hospital practice.

There will be a review March 2003.

5.e Working Group on Relations with Sections and Boards:

This group has been chaired by Mr Hide (UK), who also participated in the meeting with the Sections on 11 May 2002. Following earlier recommendations of this Working Group representatives of the Sections participated for the first time in the Management Council meeting of October 2002. Further recommendations were presented to Management Council, mainly about monitoring the new arrangement for section/board representation and further improving relations between the Management Council and sections and boards. The recommendations were approved and the group was given a mandate to continue. As Mr Hide was retiring from the UEMS, Dr Gunilla Brenning (Sweden) was appointed to chair it in his place. Mr Hugh Bredin (Ireland) was appointed as rapporteur, to replace Dr José Ramet (Belgium).

6. UEMS Specialist Sections (D 0228):

A detailed overview of the activities of the UEMS Specialist Sections is given in D 0228. On 11 May 2002 the Presidents/Secretaries of the Sections/Boards met with the Executive Committee. This meeting was well attended with also many observers from associated medical bodies being present. The reports are available under n° D 0221 and D 0230. There have been frequent and fruitful contacts between representatives of the Sections and members of the Executive Committee throughout the year 2002 as well.

New Sections, Subsections and Multidisciplinary Joint Committees:

The newly established Section Cardiothoracic Surgery had its first meeting in Brussels on 30 August 2002 and the new Multidisciplinary Joint Committee Paediatric Urology convened for the first time in Louvain on 9 February 2002.

The Management Council followed the request of the Section Paediatrics and established Subsections Paediatric Haematology & Oncology and Paediatric Metabolic Diseases.

Representative European associations in several disciplines such as Hypertension, Vascular Medicine, Medical Oncology and Child Neurology indicated that they want a form of association with the UEMS. Standing policy of the UEMS is to associate such institutions to the relevant UEMS Specialist Section with consultation of neighbouring sections. No solutions in these cases have been found yet in 2002.

An initiative for the establishment of a Multidisciplinary Joint Committee on Hand Surgery has been launched in 2002.

7. European Accreditation Council on Continuing Medical Education, EACCME®:

The UEMS Advisory Council for CME, the steering body of the EACCME, convened in Brussels on 23 November 2002. In this meeting delegates of the National Authorities on Continuing Medical Education of the member states met with the UEMS Executive Committee. The meeting was attended by Dr D.K.Wentz, Director of the CME/CPD Department of the AMA (American Medical Association). The report of the meeting will be published on the website.

The activities of the EACCME picked up during the year 2002 substantially. Mandatory CME is increasing in the European countries due to national legislation or professional regulations and doctors are needing CME credits more and more in order to be able to continue practising.

Working Group:

In the previous meeting in November 2001 it was decided to establish a Working Group with participation of various organisations represented in the EACCME to study pending issues.

The Working Group produced a background paper, which was discussed in the Working Group meeting in Brussels on 6 July 2002. The recommendations of the Working Group were forwarded to the UEMS Management Council meeting in October 2002 (Document D 0250 rev1).

*** Accreditation of distance learning programmes. Recommendation:**

"The UEMS Advisory Committee on CME recommends to Management Council that expert advice is necessary in the field of internet-based CME and asks the EACCME to convene a group of individuals from the medical profession with both professional and technical expertise in the field of internet-based CME to report to Management Council."

This recommendation was approved.

*** Accreditation of certain providers for a period of a certain number of years.**

Draft Recommendation:

"The UEMS Advisory Committee on CME recommends to Management Council that EACCME award accreditation, as a pilot project, in a limited number of instances:

** for xx year(s) to xx professional organisers of CME activities, and to recognize their accreditation*

** for xx year(s) of xx professional European accreditation bodies and to recognize their accreditation.*

The EACCME is required to report the experiences during the year 2003 in the annual report concerning that year."

Management Council did not approve this recommendation. The point will be reviewed.

*** CPD, Continuing Professional Development, incorporation into the EACCME (see D 0120, Basel Declaration). Recommendation:**

"The UEMS Advisory Committee on CME recommends that Management Council does not take steps to incorporate CPD into the EACCME process because CPD is currently a national activity. Management Council asks its Working Group on CME/CPD to look into the matter of European accreditation of CPD and advise accordingly."

This point was referred to the UEMS CME/CPD Working Group accordingly.

The EACCME and the AMA (American Medical Association) are recognising each others credits since 2000. Negotiations to extend this arrangement were conducted by the Secretary-General in April and June 2002. An agreement to extend this arrangement till 2006 was reached and approved by the AMA Council of Education in June 2002 and by the UEMS Management Council in October 2002 (see D 0234).

Concerning the quality issue of CME, contacts with the AMA and the ACCME (the American Accreditation Council for CME) have been laid. The ultimate goal is to establish a joint set of quality requirements for CME as an extension of the present UEMS document D 9908.

The EACCME annual report 2002 will be published separately.

8. EUROPEAN INSTITUTIONS:

Enlargement:

The European Commission finally came to the conclusion that Health Care is an issue in the enlargement process. In 2002 the Commission sent out a fact-finding mission to the accession countries (the "TAIEC" mission). Teams with members from Ministries of Health but also from the profession have visited the accession countries. Mr L.P.Harvey, liaison officer of the UEMS Executive Committee participated in this venture.

SANCO (Directorate Health and Consumer Protection), European Health Forum:

The UEMS has been putting emphasis on its relation with the Directorate of Health and Consumer Protection and it participates in the European Health Forum of this Directorate. Meetings of the Forum took place on 20 June, 22 October and 22 November 2002. An elaborate position paper of the UEMS on the issues at stake in the European Health Forum was presented by the UEMS president (D 0252).

The Health Strategy Plan 2000 of the European Commission defines 3 areas of EU Commission action in the field of public health for the years 2001-2006 (see D 0027):

- Development of a health information system
- Rapid response to health threats
- The addressing of health determinants.

The Health Strategy Plan was adopted after a conciliation procedure. Main effect of the conciliation process has been commitment of more financial means on the initiative of the European Parliament.

Directorate Internal Market:

Here the issue was the Commission Proposal COM(2002)119 for a new Directive governing the mutual recognition of professional qualifications superseding the current "Doctors' Directive" (93/16/EC, latest amendment 2001/19/EC). For the medical specialists it means a split between the specialties. Specialties recognized in all member states remain under the sectoral system with automatic recognition; all other specialties move to the general system, in which the host country has to evaluate the diploma on a case-by-case basis and can require additional training or examination.

The other problem in the Proposal is the free provision of services under the Treaty of Rome. In the case of medical personnel this would be extended to a period of 16 weeks without registration in the host country.

Both points are unacceptable for medical specialists. Basic policy of the UEMS has been that the medical specialists want to preserve the mutual recognition of professional qualifications without sacrificing quality. The UEMS is concerned about the lack of emphasis on quality in the new text and in the course of 2002 an extensive lobbying process has been conducted. It had been a concerted action of all European Medical Associations, orchestrated by the CPME, which also conducted the legal analysis. A joint response was formulated. This was presented by the associations to the Commission, the European Parliament (also selected individual members), the Economic & Social Committee of the EU and the national Health Attachés in Brussels. The member organisations were asked to use the joint response in their contacts with national Ministries of Health. The UEMS also distributed the joint response to the UEMS Specialist Sections with the request to use their channels to emphasize the point of view of the medical specialists where possible.

On 18 September 2002 the Executive Committee had a meeting with the rapporteur of the Health Committee of the European Parliament. On 1 October 2002 the Committee on Legal Affairs of the European Parliament held a hearing, in which both the president of the CPME and the Secretary-General of the UEMS have presented the opinion of the medical profession.

At the end of 2002 the outcome is still uncertain. The European Parliament will discuss the Proposal in 2003, but following the consultations with the professions there is criticism in the European Parliament. This means that the European Parliament might formulate amendments which might require a conciliation procedure (article 251, Treaty of Rome). This will take an extra half year. Only then the Council of Ministers can make the final decision.

The UEMS Management Council asked the Executive Committee to develop alternative strategies which could be presented to the European Parliament.

9. European Medical Associations and Societies:

Comité Permanent des Médecins Européens (CPME) (D 0251, D 0257):

The relation of the CPME with the sectoral European Medical Associations is now definitely on the CPME agenda. A document defining the internal procedures of the CPME when handling documents of partner organisations was finalised in 2000 (D 0047). Further cooperation was effected in joint Working Groups and especially on the matter of the Proposal COM(2002)119 for a new Directive on recognition of diplomas, which was introduced by the European Commission in March 2002.

European integration is accelerating and an important enlargement of the European Union will take place May 2004. This increases the need for a strong unified representation of the Medical Profession on the European level. It has to be based upon mutual respect and can only be achieved if the sectoral groups are granted authority in the remits for which they are responsible within a unified European medical organisation. The CPME has a key position in this discussion. There is need for a European umbrella organisation in which the sectoral organisations like the UEMS are accommodated with their responsibility and authority untouched. This is especially needed for the UEMS as the UEMS Specialist Sections/European Boards and the European Medical/Scientific Societies associated with the Sections should also feel comfortable in such a European umbrella structure. Otherwise an umbrella structure will fail.

A brainstorming session was held in Salzburg on 24 August 2002, organised by the CPME President and attended by the presidents of all sectoral European medical associations. The meeting was attended by Dr Twomey, Leibbrandt and Harvey. The meeting has been run by a professional facilitator and has aimed to find ways of improving communication and cooperation among the different organisations. One of the issues was finding ways for the profession to speak with one voice, the problem being how to deal with the "one voice as long as it's my voice" attitude. A preliminary paper was circulated after the meeting (D 0251) defining some models to achieve this goal. One of the options, feasible in the near future, was the proposal to establish a "Steering Group" with as members the presidents of the organisations concerned and with the task to distribute tasks between the participating organisations. The project will be continued in 2003 and will have a high priority.

In the Salzburg meeting the UEMS has brought in the following points:

- Improving transparency, based upon mutual respect.
- Joint representation in consultations with the European Commission, depending on the issue.
- Presentation of the results of joint efforts as results of joint efforts, not under CPME logo.
- Upgrading of the regular meetings of the liaison officers to executive level.
- Structural liaison of the CPME to the other organisations and their working groups.
- Structuring establishment and task description of joint Working Groups on executive level.
- Definition of spheres of interest and division of tasks (with written agreement).
- Replacing of the name "Associated Organisations".
- Exploration of formation of a joint umbrella structure with Councils authorized in their remit and a Plenary House which deals with major issues of general interest only.

European Union of General Practitioners (UEMO):

There have been several contacts with the UEMO Executive, both in 2002 and before, especially on the matter of European CME in general practice / family medicine. Several European National CME Authorities are worrying about the lack of a European clearing system of CME credits in these disciplines like the one the UEMS has established in the EACCME for specialist medicine. The UEMO has been urged repeatedly to take action in

this matter, but finally the UEMO decided to stay away from a European structure of CME in general practice / family medicine.

The EACCME has been receiving request for accreditation of CME activities in general practice / family medicine. So far the EACCME has rejected requests for accreditation in these disciplines on the ground that these disciplines are in the remit of the UEMO. It will be difficult to maintain this policy in the future.

Permanent Working Group of Junior Doctors (PWG):

Mr L.P.Harvey attended the PWG meeting in London in May 2002, Dr H.A.Holm the PWG meeting in Bern in November 2002.

Professional Societies:

There have been many contacts with European Societies, mainly concerning CME. There is a real desire in several of the European scientific societies to participate in the UEMS. In many instances this is being effected on the level of the UEMS Specialist Sections, but the present UEMS structure with Specialty Sections with the specialty linked to official recognition in European member states is too rigid for this purpose. Many European Societies cover a multidisciplinary field and it is not practical to establish just for this purpose multidisciplinary joint committees. A more efficient and flexible structure has to be developed. The Management Council will have to address this point.

10. UEMS Secretariat:

Secretariat:

The changing position of the UEMS in the medical profession has been felt in the secretariat. The Managing Director Bénédicte Reychler, Lucy Degotte and Nathalie Paulus have performed very well. Investments in the infrastructure have taken place and will have to continue on a ongoing basis to meet the increasing requirements.

Website (opened in 1997):

The expansion of the website was also in 2002 an ongoing process with weekly updates. It has developed into a major source of reference for specialist medicine in Europe. The contract with BELGACOM has been renegotiated and more memory space is available now. A second website address "www.eaccme.be" has been inaugurated, giving direct access to the EACCME-pages of the main UEMS website. There has been an upgrading of the equipment as well. Several Specialist Sections opened their own websites. These were linked to the UEMS website in the page "Sections".

A more thorough upgrading of the website is envisaged for the near future. Work is going on a design for a new configuration of the homepage. Contact has been made with a professional Internet company.

Sections:

Several Sections are asking for secretarial support by the Brussels office, for which the Sections are prepared to pay a reasonable compensation. Some Sections are in need of a permanent mail and telephone address which is functioning throughout the working day. With the expansion of the UEMS and the growing importance of the Sections and European Boards especially in their relation with the European Societies, this point has been given priority.

An extra room in the office building could be rented and equipped. In this room the secretariat of some Sections and also the secretariat of the EACCME can be accommodated. Problem is storage space for archives.

Developments:

Business at the secretariat has been increasing. In recent years additional activities due to the website and the EACCME have been added. Work in the Specialist Sections has also expanded. The incoming administration could add additional topics. Altogether this will make a strong appeal to the secretariat in the coming period.

11. References:

Documents available on the website:

- D 0027 - Health Strategy Plan, European Commission, May 2000
- D 0047 - CPME, document relationship CP with associated organizations, November 2000
- D 0120 - CME/CPD, UEMS Position Paper October 2001 (Basel Declaration)
- D 0221 - Sections, letter from Secretary-General April 2002
- D 0228 - Sections, report separate Sections to Section meeting 11 May 2002
- D 0230 - Sections, meeting UEMS Sections and European Boards, 11 May 2002 (Brussels)
- D 0234 - EACCME-AMA, agreement exchange recognition CME credits June 2002
- D 0250 - EACCME, recommendations Working Group July 2002
- D 0251 - CPME, report Brainstorming meeting Salzburg, 24 August 2002
- D 0252 - European Health Policy Forum, UEMS response meeting 20 June 2002
- D 0254 - Management Council Working Group Quality Patient Care, report October 2002
- D 0257 - CPME, report liaison officer meeting CPME October 2002, Salzburg