



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

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**Report of the Secretary-General October 2003
for Meeting Management Council UEMS
Ljubljana, 17-18 October 2003**

Introduction:

In the October 2002 meeting in Stockholm a new Executive Committee was elected. They continued the work done by their predecessors. Much work was done concerning the Commission Proposal for a new Directive on the Professional Qualifications and the relation with the European partner Medical Associations. Tight contacts with the different sections were also held and the accreditation process did also require a lot of attention.

1 - The DG Internal Market proposal COM(2002)119:

The new Doctor's Directive and its consequences for the practising medical doctor and more particularly the specialist was one of the main concerns of the Executive Committee during the last months. Members of the Executive Committee met some MEP's to discuss with them the problems arising from the new Doctor's Directive. Following those discussions some proposals were made for amendments to this Directive. After the rejection by the European Parliament of the Zappala Report the problem raises how the process will evolve. The executive committee tries to remain in contact with the MEP's so that concerted action can be achieved, also of course with other European Medical Organisations.

A larger implications of DG Sanco in Health matters can improve the situation.

2 - SANCO, Directorate Health and Consumer Protection:

DG SanCo organised in the last year the European Health Policy Forum where numerous Non Governmental Organisations such as Patients Organisations, Organisations representing Nurses, Pharmacists, the pharmaceutical industry and so on participate. These meetings are more or less think tanks where bilateral communication is very important. It is not a one way meeting but DG SanCo tries to involve the different stakeholders in the process.

Here also UEMS tries to participate and wants to clarify some of our concerns.

The European Health Policy Forum proposed to move all the items related to doctors from DG Internal Market to DG SanCo.

3 - European Partner Medical Associations:

There are regular meetings coordinated by CPME where the presidents of the different European medical organisations such as UEMS, UEMO, PWG, AEMH and others can discuss and can try to determine a common platform of Independent European Medical Organisations.

The role of the Liaison Officers is also to be stressed and a good collaboration between the different Independent European Medical Organisation starts with mutual presence of the liaison officers at the meetings of the different Management Councils and the respect of each others particularities.

Of course in the light of the enlargement in 2004 7 of the new countries are already Associated Members and the three countries that were not concerned with UEMS till now were contacted. Cyprus already reacted and submitted the candidature as Associate Member.

4 - UEMS Sections:

The UEMS Sections and Boards are the characteristic particularity of our organisation. They reflect the involvement of the different specialities in the work. They participate in the decision making by influencing the policy proposed by the National Member Organisations. They are now also an intimate part of the Management Council having six elected members representing the different sections and boards.

This more direct implication of the Sections and Boards in the Management Council was experienced as a very positive event during the last Management Council and the participation and implication is large.

In may the meeting of the Sections and Boards with the Executive Committee is also reflecting the problems the Sections experience.

5 - UEMS Working Groups:

* **Postgraduate training and Updating of Chapter 6 of the Charter** (chair Dr. Z. Fras, rapporteur Dr M. Giger) There was some discussion concerning the European Board Certificates and exams in assessment. The goal is finalising chapter 6.

* **CME/CPD – Quality Assurance in Clinical Practice** (chair Dr E.Borman, rapporteur Dr L.B. Rasmussen) Dr. Borman presented a paper dealing with the role of the UEMS and defined the different stakeholders in the process. The Quality Agenda includes quality improvement, quality assurance and quality control. Important is that the whole process must be supportive and not destructive. There must be a good correlation between performance (what a doctor can) and competence (what he knows).

* **Relations with the Sections and European Boards** (chair Dr. G. Brenning, rapporteur Dr. H. Bredin). Relations between the Sections and Boards and the Management Council.

* **Quality of patient care** (chair Dr P.J.Theuvenet, rapporteur N) Dr. Theuvenet wants to establish a new group that would focus more specifically on developing an effective specialist quality policy programme.

- * **Specialist practice in current health care systems**, chair Dr M.Greff, rapporteur N). Analysis of the answers to the Questionnaire “Ten main difficulties of specialist practice”.

The Working Groups will report to Management Council in its October 2003 meeting.

6 - Executive Committee:

The Executive committee met on 22 March, 9 May and 27 August. At the March meeting held before the Management Council the Vice Presidents were also invited.

Focus of attention were the Commission Proposal for a new Directive on Professional qualification (see above), the Working Groups, the problem of the non-subscription of France and the Accreditation.

7 - EACCME:

The number of European accreditations is picking up continuously. As the response to a letter asking for agreement with the national CME regulating bodies as asked by the former Secretary General is not encouraging (only a few responses have been received), the new Secretary General will try to contact every National Accreditation Authority of the Member States of the European Union and try to personally convince the responsables that EACCME plays an important role and can help in making the work of the National Accreditation Authorities easier.

It is in the interest of the national organisations, both professional and governmental, to participate in the EACCME system fully. It facilitates access of their doctors to international developments. It also brings foreign doctors to their countries, with all its scientific and cultural benefits.

The danger is realistic that European Societies will prefer to organise their events in countries which participate to the EACCME and where a mutual agreement with the EACCME-UEMS exists. This will in a way enhance the importance of EACCME and when the national bodies fail to support the EACCME, which is their own institution and which is in their own interest, national CME regulating bodies are in danger of losing control over the European setting.

The Sections and Boards of the UEMS will have a very distinct place in the process in the evaluation of the Quality Control afterwards.

Provider Accreditation has been rejected by the Management Council in March 2003 and it was decided in that same Management Council to create a Working Group on Long Distance Learning which started its activities on August 27th.

8 - UEMS website:

Thanks to the help of Dr. Peter Theuvenet the new website could be opened (www.uems.net) and has many new features. The search function can be developed. Many documents should be easily downloaded and opened by AcrobatReader. Of course the Sections can have some place in the uems website and EACCME is an important page.

Thanks to a large European ISP, Tiscali, will be the webprovider and will assist on technical problems. Some parts of the website will be protected and every user will have an identification and password. A very big part of the work will remain the protection against viruses.

9 - Secretariat:

Mrs. Lucy Degotte retired on the 1st of January 2003 and her work was taken over by Mrs. Paulus and Reychler.

The activities of the EACCME increase quite heavily and may be some extension of the staff for this activity has to be taken into account in the future.

The activities of the UEMS have also changed in the time and get more actively involved in the defence of the medical specialist in Europe trying to help him to cope with some administrative steps.