



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

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**D 0425**

**UEMS Specialist Sections and European Boards  
Meeting with the UEMS Executive Committee  
Brussels, 15 May 2004**

**Documents:**

- D 0340 Report on the meeting of the UEMS Sections and Boards on 10 May 2003
- D 0418 Reports from the Sections for 2003
- D 0416 Professional recognition directive
- D 0401 Report on the meeting of the UEMS Advisory Committee on CME
- D 0406 EACCME annual report 2003

**Introduction by the UEMS President, Dr H. Halila**

The President, Dr H. Halila, welcomed the new delegates from the UEMS Specialist Sections.

**1. Approval of the minutes of the meeting on 10 May 2003 (D 0340), UEMS annual report 2003 (D 0405) and Sections' reports (D 0418)**

The minutes of the last meeting were approved (D 0340). The UEMS annual report is not available yet. The Sections' reports (D 0418) were distributed during the meeting: the Sections that have not yet sent their report to the Secretariat are asked to do so at their earliest convenience.

**2. Sections' representation on UEMS Management Council – report from the 3 groups**

This year the main meeting of the Presidents and Secretaries of the UEMS Specialist Sections and Boards started at 11.00 a.m. in order to allow the 3 groups of Sections to meet for 2 hours before the plenary assembly.

The representatives of each of the three groups of specialties met with their group and reported during the main meeting. The Management Council delegates, Dr Brenning (S) and Dr Bredin (IRL), in charge of the UEMS working group "Relations with the Sections and Boards", took part in the discussions.

- a) Dr Rodney Burnham, who chaired group 1, highlighted the importance of such a meeting. He underlined the communication problems between the Sections / Boards and the Management Council and made some suggestions (a more efficient support from the UEMS Secretariat, contacts with the European specialist societies, lobbying activities, etc.).
- b) Since both representatives were absent, Dr Busch chaired this group. Administrative recommendations were made:
- mailing of the agenda 4 weeks prior to the meeting and writing of the report within 2 weeks after the meeting
  - communication of all email addresses by the Brussels Secretariat
  - selection criteria for group representatives (e.g. avoid to elect a President of a Section whose mandate is coming to an end soon, etc.)
  - clarification of the relations between the UEMS and European Union bodies
- c) Dr Pinheiro underlined the importance of improving the existing system. He cannot report since he has received no feedback from the members of his group. In his opinion a 2-year mandate is perhaps a little too short in order to become acquainted with the wheels of UEMS and the European organizations.

The mandate of the Sections' representatives on the Management Council was discussed. Group 1 suggested new representatives; groups 2 and 3 wanted to continue another year. It was suggested to spread the renewal of the mandates of the two representatives.

In conclusion, the 3 groups are made up as follows:

- group 1      Prof. C. Donner (2 years)  
                  Dr C. Semple (3 years)
  - Allergology and Clinical Immunology
  - Cardiology (+Paediatric Cardiology)
  - Endocrinology
  - Gastroenterology
  - Geriatrics
  - Infectious Diseases
  - Internal Medicine
  - Nephrology
  - Neurology
  - Paediatrics (+Subsections)
  - Physical Medicine and Rehabilitation
  - Pneumology
  - Rheumatology
- group 2      Prof. R. Greenhalgh (3 years)  
                  Prof. A.M. Holschneider (2 years)
  - Anaesthesiology
  - Cardiothoracic Surgery
  - Gynaecology and Obstetrics
  - Neurosurgery
  - Oro-Maxillo-Facial Surgery / Stomatology
  - Orthopaedics
  - Otorhinolaryngology
  - Paediatric Surgery
  - Plastic, Reconstructive and Aesthetic Surgery
  - Surgery (+ Vascular Surgery, Thoracic Surgery)
  - Urology

- group 3      Dr D. Pinheiro (1 year)  
                  Prof. H. Gollnick (2 years)

- Child and Adolescent Psychiatry and Psychotherapy
- Clinical Neurophysiology
- Dermatology and Venereology
- Medical Biopathology
- Nuclear Medicine
- Occupational Medicine
- Ophthalmology
- Pathology
- Psychiatry
- Public Health Medicine
- Radiology
- Radiotherapy

The issue of re-elections was also discussed. Some delegates were in favour of re-elections, even if only for one mandate – moreover we are in a democratic system. Others considered that it was best to have a turnover (because it concerns the designation of a Section and not of a person), so that every Section could be designated.

Regarding the number of meetings to be organized every year, the assembly decided after discussion to organize only one (or possibly a main meeting and a second meeting on a specific topic).

### **3. UEMS Working Groups**

#### a) Working Group Postgraduate Training

The revision of Chapter 6 (Charter on Training) is the main item on the agenda of this group which hopes to be able to present the updated chapters 6 for all the Sections by the end of the year. A questionnaire will be sent to all the National Associations in order to collect information on the different methods of evaluation used to evaluate specialist candidates. The results will also be presented at the end of the year.

#### b) Working Group CME / CPD

Dr Borman, Chairman of this group, drafted a document renamed "Promoting Good Medical Care", which he amended after receiving several comments from members of the Management Council. The working group will continue its work on this important topic.

#### c) Working Group Relations with the Sections and Boards

This working group is studying ways to improve communication between the UEMS Management Council and the Sections / Boards. 6 Sections' representatives represent the Sections in Management Council meetings: a discussion took place (see item 2).

#### d) Working Group Specialist Practice – Current Healthcare Systems

A quite expensive survey is planned. The group will have to see if the European authorities are interested in this survey to support it.

#### e) Guidelines International Network (GIN)

Dr Theuvenet suggested the creation of a new working group that would promote medical directives.

The two main items are:

- development of European policies on how to maintain guiding principles (finalization of guidelines)
- co-operation with GIN on a joint European policy

### **4. European examinations (D 0411)**

Further to a comment made by a British delegate on the Management Council, it was decided that the Management Council would write a letter to all the Sections and Boards in order to clarify the UEMS' position as to the status of European examinations organized by UEMS Boards. According to the Management Council, these examinations are only a means of quality assurance of postgraduate training. They have no legal standing at national or European level. This letter provoked many reactions as the Boards felt that they did not have UEMS support. It was suggested to send a new letter clarifying this matter.

### **5. Specialist issues**

#### a) Vascular Surgery

The proposal to create a Section of Vascular Surgery was made in writing by the Finnish Medical Association and the Federazione Nazionale degli Ordini dei Medici Chirurghi et Odontoiatri.

In accordance with the UEMS statutes and rules of procedure, the proposal was forwarded to the Sections of Surgery, Cardio-Thoracic Surgery and Radiology for comment. According to the UEMS statutes, vascular surgery fulfills all the requirements needed to become a section. The decision was postponed till the next meeting of the Management Council.

#### b) Vascular medicine

Vascular medicine applied with the UEMS to become a subsection of the Section of Internal Medicine. This application was forwarded to the Sections of Internal Medicine, Cardiology and Vascular Surgery. Two of the Sections were opposed ; consequently it was not possible to approve the creation of this subsection.

#### c) Emergency medicine

The European Society for Emergency Medicine applied with the UEMS Secretariat in order to create a Section of emergency medicine. Since this specialty is an independent specialty in only two countries (United Kingdom and Ireland), it is not possible according to the UEMS statutes to create such a Section. It was then proposed to create a multidisciplinary joint committee. The Sections interested in taking part in this group are the following: anaesthesiology, dermato-venereology, geriatrics, internal medicine and pneumology.

## **6. European Union**

### a) Professional recognition directive (D 0416)

The President summarized in writing the current developments of the directive on the recognition of professional qualifications (COM (2002) 119 final). This summary is available on the UEMS website ([www.uems.net](http://www.uems.net)). The outcome of the debates that took place in the European Parliament's Legal Affairs Committee is reassuring from the medical profession's point of view. On the other hand, a working group of the Council of Ministers will meet on 17 and 18 May 2004. Proposal: a specialty will be mutually recognized if it exists in 2/5 of the member states; this seems to be a promising proposal since it will not really change anything to the current situation. The outcome of this meeting will be made available on the UEMS website.

### b) The enlargement of the European Union and its impact on the UEMS

Since 1st May, 8 of the 10 new countries have become full members of the UEMS. Latvia introduced an application that will be on the agenda of the next Management Council meeting in October. Lithuania will then be the only country that still has not joined the UEMS.

The National Medical Associations were asked by the Secretariat to appoint delegates to all the Specialist Sections.

A new sharing-out key will be applied in 2005.

## **7. UEMS website**

Dr Theuvenet explained that the new UEMS website, [www.uems.net](http://www.uems.net) is now operational. During the last 6 months, proposals were made to the Sections as to the format of their homepages which are now all functional. The Sections are asked to develop their own website.

If some Sections need advice or technical support in creating their own website, they can send an email to the UEMS or to the following address: [website@uems.net](mailto:website@uems.net).

The next step will consist in making proposals to the Sections in order to harmonize the information available on their homepage. Each Section will have to check the information available on its UEMS homepage while taking into account the information presented.

## **8. EACCME**

The reports D 0401 and D 0406 were distributed to all the participants.

The EACCME's activities are constantly increasing.

The Secretary-General started a series of visits in the various Member States in order to present the EACCME system. It is important to establish mutual agreements with the national accreditation bodies.

Another important aspect is the need to have a universal unit of CME credits which could be the European CME credit (ECMEC).

A discussion took place on issues raised by some Sections because there seems to be a bit of in-fighting as to who does what and who gets the fee.

## **9. Compendium 2004**

The new compendium is expected to be published at the end of November. The main topic will be CME / CPD. Dr Harvey, editor-in-chief, will send a letter to the President and Secretary of each Section and Board asking them to contribute 1,200 words in a 2 page spread.

## **10. Next meeting**

The next meeting will take place on Saturday 21 May 2005 in Brussels.

## **11. Miscellaneous**

There was a debate regarding the terms of membership of Sections' delegates. The rules of procedure state that "the appointments are made for 4 years and may be renewed twice. The two delegates from each country are nominated alternately every two years." A question was raised as to whether the term of membership could be extended if a delegate became a president or secretary.

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Managing Director

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