



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

*Association internationale sans but lucratif*

*International non-profit organisation*

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UEMS 2021/22

**ONLINE MEETING OF  
THE UEMS ADVISORY BOARD**

**DRAFT MINUTES**

Friday 23<sup>rd</sup> April 2021  
14.00 – 16.00 CET

**Meeting held virtually**

## UEMS Advisory Board meeting, 23<sup>rd</sup> April 2021

### **Roll-call of Sections**

*Prof. Ricci - Chair of the AB*

36 Sections were present or represented.

### **Welcome**

*Prof. Papalois - UEMS President*

Prof. Papalois welcomed everyone and explained that his presentation would focus on European Training Requirements (ETRs), one of the flagship projects of the UEMS. The UEMS ETRs are a pan-European effort led by Sections/Divisions/MJCs/Thematic Federations in collaboration with other UEMS Bodies, with National Medical Associations (NMAs), and the wider European community. We have a very rigorous and robust peer review process, including our ETRs Review Committee, NMAs and UEMS Bodies.

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Prof. Papalois reminded us that every author puts in an enormous amount of work to present an ETR, and this work needs to be respected and appreciated. The UEMS is currently implementing two new elements: new terms of reference for the ETR Review Committee and a new review process for the ETRs.

Prof. Papalois explained that ETRs were projected by the UEMS to the broader European community as a great contribution for the practice of specialist doctors, with the ultimate goal of service to patients. This should be a source of pride for the UEMS.

Of course, some challenges arise when reviewing ETRs. For this reason, Prof. Papalois believes that we need to keep in mind some overarching principles when reviewing and expressing opinions about UEMS ETRs:

First of all, UEMS ETRs express our vision as an organisation as to how we view training and specialist practice in a specific specialty or competence. They are not a legal requirement, but a consensus opinion of our vision. No document can cover everything that happens in Europe; what is important is that the principles are commonly agreed and that they express a European vision.

Secondly, there is huge overlap of specialist practice, this needs to be accepted and should be reflected in ETRs.

Thirdly, a clear distinction should be made in the ETRs between knowledge and competencies. Moreover, the spirit of the review is incredibly important. We need to work in a collegiate and supportive way, and ETRs should be an opportunity to help and learn from each other.

Lastly, ETRs are documents in constant evolution and they will be regularly reviewed to ensure that they continue to reflect reality.

Prof. Papalois explained that there was an ongoing dialogue regarding one of the ETRs that will be presented today. In an effort to clarify these matters, Prof. Papalois has prepared a document; it is a piece of work that everyone can contribute to and that the ETR Review Committee must refine. Prof. Papalois believes that if this document was incorporated into all ETRs and made part of the UEMS overarching principles, many of the problems and disputes we face would be minimized or eliminated.

To conclude, Prof. Papalois reminded us that the power of each ETR lies on the appraisal and support of colleagues.

**1. Approval of the agenda\*\***

*Prof. Ricci – Chair of the AB*

The agenda was approved.

**2. Approval of the minutes of the October 2020 AB\*\***

*Prof. Ricci – Chair of the AB*

The minutes were approved.

**3. Specialist issues**

**3.1. Training Requirements and other documents**

**3.1.1. *Training Requirements for Neonatology\*\****

*Dr Ross Russell*  
*Doc – ETR Ne*

Dr Ross Russell presented the ETR for Neonatology.

Ms Shruti Sharma (European Junior Doctors) asked if junior doctors were included in the development of this ETR and Dr Ross Russell confirmed.

Votes in favour: 35 / against: 0 / abstention: 1

The ETR was supported by the Advisory Board.

**3.1.2. Training Requirements for Paediatric Endocrinology\*\***

*Dr Ross Russell  
Doc – ETR PE*

Dr Ross Russell presented the ETR.

Prof. Papalois congratulated Dr Ross Russell and the Paediatric team for the work that has been done over the past few years, which should be projected as a model.

Votes in favour: 34 / against: 0 / abstention: 2

The ETR was supported by the Advisory Board.

**3.1.3. Training Requirements for Oro-Maxillo-Facial Surgery\*\***

*Dr Magennis  
Doc – ETR OMFSS*

Dr Magennis presented the ETR.

Prof. Papalois clarified that the Advisory Board was primarily for discussion between UEMS Sections.

Dr Aclimandos (President Section Ophthalmology) asked if the comments from the Section of Ophthalmology were taken on board and Dr Magennis confirmed.

Dr Kaarela (President Section PRAS) mentioned that the ETR was too broad and that the Section of OMFS should focus on what it actually does. Dr Kaarela explained that the Section of PRAS would be more than willing to take part in the Head and Neck MJC.

Prof. Fenton (President Section ORL) explained that the manner in which the ETR was circulated and reviewed was unacceptable for the Section of ORL; he also added that their words were taken out of context and used against them. With regard to the ETR, the fact that curriculum and syllabus have been intertwined throughout the document is confusing and can lead to misinterpretations. Prof. Fenton explained that the Section of ORL could not accept the ETR as is and that the ambiguity of the document must be changed. Prof. Fenton concluded saying that they looked forward to the MJC in Head and Neck and would be happy to discuss with colleagues about their comments.

Prof. Peul (President Section Neurosurgery) stated that the ETR needed only minor adjustments, and that he did not believe that OMFS was invading other specialties. Prof. Peul explained that the current discussion was not constructive and called on the specialties in Head and Neck to sit together and look at the ETR in harmony.

Dr Agius (Secretary Section ORL) explained that [in the ORL logbook, there were only 6 operations described on facial fractures that take place in countries where there is no OMFS.](#)

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[On the other hand, OMFS put forward 84 pages of interface surgery which was mainly consisting of ORL procedures and knowledge. This included huge topics such as otitis media and sinusitis which require several fellowships to fulfil in order to achieve competence.](#)

Prof. Papalois reminded everyone that the ETR was submitted on time, months ahead of the Council meeting. The Section of OMFS made an enormous effort to incorporate comments from colleagues and be as inclusive as possible. Finally, Prof. Papalois stated that we were all on the same side, serving the same organisation and purpose, which is to advance specialist practice and patient care.

Dr Magennis pointed out that the ETR was circulated in January, and that the Section had been open and transparent about the process. The problem is that there is a confusion between the appendix, the competencies and the logbook, which is there to record experience.

Prof. Cikes stated that both the ORL and OMFS ETRs were extremely well written, with excellent content. As a reviewer of both ETRs and the Chair of the ETRs Review Committee, Prof. Cikes explained that the overlap between the two ETRs was expected in such neighboring specialties, there was no objection to this. Prof. Cikes encouraged dialogue and commitment to better education.

Prof. Gans (President Section Internal Medicine) added that, for the future, it would be necessary for specialties identifying overlapping domains to sit together, define how the competencies could be taught and how they should be assessed. Prof. Gans is greatly in favor of the concerned specialties getting together with regard to the OMFS ETR.

Prof. Papalois revisited the discussion regarding the creation of an MJC in Head and Neck Surgery. Even if this discussion, which took place in the past, stopped progressing, there is nothing that prevents us from restarting it; the MJC would of course involve anyone who wishes to contribute. This MJC would allow for areas of subspecialty, fellowships, and many more to be defined. Prof. Papalois stated that it was totally in our hands to re-start the conversation and that the UEMS Executive would be very happy to facilitate the communication and establishment of this MJC.

Prof. Michalis (President Section Cardiology) mentioned the need to improve the way we work together and emphasized the importance of more collaboration.

Dr Magennis explained that there were almost no objections to the ETR in itself. What seems to have caused the confusion and distress is the inclusion of the syllabus of knowledge. Dr Magennis explained that he would be happy to suspend the inclusion of the appendices until the issues with the Section of ORL are resolved. His suggestion is to vote solely on the ETR, without the appendices which would be reworded, improved, and brought back to be reviewed in Cyprus in the context of a future MJC in Head and Neck Surgery.

Dr Balzan (President Section Pneumology) explained that he had never seen such a process. He mentioned it would be better to vote on the document as it was presented first, and correct it later if it is unsuccessful; Dr Kaarela concurred.

Dr Magennis asked if a two-stage voting process would be possible and Prof. Papalois explained that there could only be one vote. Dr Magennis stated that he wanted to proceed with the vote of the entire document. He explained that, whatever the outcome of the vote, the Section of OMFS would represent their ETR in Cyprus with modifications.

Votes in favour: 21 / against: 8 / abstention: 6

The ETR was supported by the Advisory Board.

Prof. Papalois concluded saying that we cannot ignore the fact that a lot of discussion took place. He is delighted to hear the commitment of the authors to sit together with other colleagues to improve elements of the ETR, regardless of the outcome of the vote.

#### **3.1.4. Training Requirements for Vascular Surgery\*\***

*Prof. Mansilha*  
*Doc – ETR VS*

Prof. Mansilha presented the ETR.

Dr Joris (Secretary Section Radiology) explained that coil embolization was listed as a skill on one of the pages, which is a significant issue for the Radiology and Interventional Radiology communities. The Section strongly insists on having this point removed.

Prof. Mansilha clarified that their goal was not to go in non-vascular fields; they are using this technique in their daily practice in many different European countries. It is an overlap domain. Prof. Mansilha agreed to clarify in the ETR that coil embolization is restricted to the vascular field.

Dr Peter Turnpenny (Secretary Section Medical Genetics) made a few comments about potential additions to the ETR, especially with regard to the interaction with other specialists. Dr Turnpenny mentioned that they would expect trainees and professionals to know when to involve the expertise that geneticists can offer in terms of finalizing a diagnosis and offering the appropriate genetic tests. Prof. Mansilha agreed with the comments and will take them into account.

Prof. Michalis mentioned EPAs and the importance of further training to specialize.

Votes in favour: 24 / against: 2 / abstention: 3

The ETR was supported by the AB.

**3.2. ESICM consultation paper on Annex V of the Directive on the Recognition of Professional Qualifications**

*Prof. Sander*  
*President of the MJC ICM*

Prof. Papalois explained that this agenda item would be moved to the Council meeting.

**4. Reports from the Groupings**

Prof. Gans explained that Grouping I discussed about ETRs, UEMS exams in times of Covid-19, and other ideas for webinars. One of the topics that was raised was how scientific societies could be enticed to collaborate with UEMS Sections. The proposal would be to perform a survey on this matter and then to organize a webinar.

Dr Ulrich explained that Grouping II discussed all the ETRs that were presented today. They also discussed about the possibility of Sections coming together as groups to negotiate with providers in order to lower prices regarding assessments and exams.

Prof. Ricci explained that Grouping III discussed about concerns surrounding ETRs, constitutional issues, and the Code of Conduct. Plans for upcoming examinations were also discussed along with the need to update annex V for the many specialties that still have incorrect or incomplete names.

**5. AOB**

Prof. Ricci thanked the participants for their contribution and explained that all ETRs had been supported by the Advisory Board.

Prof. Papalois congratulated Prof. Ricci on his chairmanship.

*Items in italic with \*\* required a vote or a decision.*