



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

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UEMS 2011 / 27

MEETINGS
OF THE
BOARD & COUNCIL
OF
UEMS
REPORT

Meetings to be held at the Maison des Associations Internationales

Rue Washington 40 – 1050 Brussels (Belgium)

Friday 8th April 2011

Saturday 9th April 2011

BOARD MEETING

Saturday 9th April 2011 – 8.30 to 9.30

Dr Frasn opened the Board meeting

Dr Maillet made the roll-call of delegations and stated that 21 Members were present or represented.

Giorgio Berchicci pointed to the national associations failing to pay their dues, i.e. which are hence not authorised to vote.

1. Approval of the minutes on the Board Meeting held in Prague on 08.10.2010

The minutes of the last meeting were approved.

**2. Accounts of revenues and expenses for the year 2010
UEMS assets Explanatory note on the accounts**

UEMS 2011/11

Background:

The Spring Board Meeting is the occasion for members to examine the annual accounts of revenues and expenses of the organisation for the previous year. The UEMS financial situation for this period is summarised in UEMS 2011/11 and its annexes

Dr Frasn noted that the balance of the budget reflected the revenues and expenses set in the provisional budget for 2010. Still, some items were provisioned but not spent.

He added that the travel and representation costs were increasing as the UEMS activities were progressively enlarging. To avoid any misunderstanding, more details on the expenses will be provided in the future.

He also mentioned that a new UEMS website would be created this year.

Dr Berchicci presented the accounts of revenues and expenses and pointed to the good financial situation of the organisation in spite of global financial crisis

The Accounts of revenues and expenses were approved.

3. New premises - Report on the mandate given by the UEMS Board to the UEMS Executive

Background:

The proposal that the UEMS purchases its own premises to accommodate its secretariat and internal meetings (and possibly also the other EMOs') was raised, discussed, approved and confirmed at the last Board Meetings held in Istanbul (October 2009), Munich (June 2010) and

Prague (October 2010). On these occasions, the Board mandated the UEMS Executive to finalise agreement towards the purchase of premises and reached a principle agreement for an investment amounting to up to € 3.200.000.

In spite of this strong political will, negotiations for the purchase of premises as proposed in Prague failed. The Executive therefore continued its endeavours and was presented other premises located in the European Quarter (Rue de l'Industrie 24 – 1040 Brussels). Further to in-depth scrutiny, an offer (meeting the Board's financial mandate) was made to the owners who accepted it.

The UEMS Executive is happy to report on these developments and present to the Board the outcome of its endeavours.

Dr Fras presented the result of the UEMS Executive's endeavours with regard to the new premises. He emphasised the fact that the premises found met the requirements of the Board and were expected to cost less than 3 M€.

The UEMS current assets were around 1.8 M€. As the UEMS revenues were increasing, the impact of the loan was not expected to be too significant. Dr Fras informed the members Council that the bank agreed to lend 2.5 M€ over 10 years - 50% in bullet, 50% in classical loan.

Discussion

The UEMS received the commitment to join the 'Domus Medica' from different organisations: FEMS-AEMH, PWG, UEMS S&B (Gastro) and the French Medical Order. The priority will be to have the European Medical Organisations join in. An active promotion will start to make them integrate the Domus Medica.

As per the CPME, this was a particular case and sensitive issue since they already rent their own offices until 2014 but also claimed for co-ownership of the Domus Medica.

Dr Fras informed the Council about the need for the UEMS to choose between buying the building or buying shares of a company. The owner of the premises had created a company which owned the building and proposed either to buy the company or the building. Buying shares would enable the UEMS to save registration fees (12,5% of the total cost). The Executive is currently negotiating with the bank to find the best suitable and financially sustainable solution for the UEMS. The rates for loan to be contracted in order to purchase the premises were 4.8%.

The purchase of the new premises was said to be a historical step for the UEMS. Some members pointed out that a stepwise approach was to be considered by the UEMS Executive while buying the building or the shares and notably with regard to the financial liability and potential impact on National Member Associations' budget.

Concerns were raised as to the practical management of the premises which could be used for accommodation of meetings or other purposes in the interest of the organisation.

Dr Coelho reminded the Council that attention should be paid to avoid giving too much time to the premises and not enough for UEMS itself.

Dr Fras explained that, prior to purchasing the house, the new UEMS Statutes adopted in the framework of the Prague Council meeting had to be adopted and certified by the Notary to be

legally valid. In this respect, an Extraordinary meeting of the Council was scheduled on 24th May.

The Council unanimously (with one abstention NL) supported the actions carried and the scenario presented by the Executive.

4. Budget for 2011

UEMS 2010/35 REV

Background:

The budget for 2011 was voted upon and adopted at the last Board Meeting held in October 2010 in Prague. Adaptations were to be made to this document further to recent developments, namely the purchase of premises by the UEMS in the framework of the mandate given to the UEMS Board. In addition, levels of compensations for the UEMS Executive were elaborated in accordance with a former decision by the Board.

Dr Berchicci presented the draft revised budget which included the costs for purchasing the premises as well as the compensation for Executive members. Dr Frasn added that the full scheme of the loan was to be distributed to NMAs.

The new Budget for 2011 was unanimously adopted (with one abstention NL).

5. Taskforce for a new repartition key

Background:

Further to requests from a certain number of UEMS Members, the UEMS Executive agreed to establish a specific Taskforce with an aim to re-evaluate the calculation of the contribution key in use for determining the amount of the membership fee for the different national associations which are full members of the UEMS.

The Executive decided to create a Taskforce in order to explore possible improvements of the repartition key whose members will be as follows: Dr Berchicci, Mr Destrebecq as well as national delegates from Germany, Czech Republic and Luxembourg.

Dr Frasn explained that the mission of the Taskforce is complex since objective criteria should be used to calculate the members' fees.

6. UEMS registration to Belgian VAT

UEMS 2011/12

Background:

Further to the expansion of its activities, particularly the development of the EACCME, the UEMS was confronted with the need to clarify its situation in relation to tax authorities in Belgium where it is established.

The UEMS Executive therefore commissioned a study looking into the UEMS current and potential future situation.

Dr Fras reminded the Council that according to the Belgian Law, the UEMS activities was very likely to need to register itself as a VAT tax payer in Belgium. In this respect, the UEMS would be exempted from paying VAT for its activities except for accreditation of CME events by EACCME®. Further to the consultation of legal and tax experts, it appeared that tax authorities could claim up to 3 years of unpaid VAT concerning accreditation (up to 7 years should the tax authorities estimate that there was fraud).

Several options were available and the experts were still enquiring further so as to find out the best solution for the organisation.

Dr Borman stated that the European Society of Anaesthesiology managed to get exemption for their work. He suggested to separate activities of UEMS according to the application of VAT and urged the Executive to act as soon as possible.

Dr Fras also informed the Council that VAT will be applicable in relation to third parties only but will not cover the reimbursement to Sections and Boards for their work in the framework of UEMS-EACCME®.

7. UEMS Sub-accounts

UEMS 2011/13

Background:

The UEMS is committed to improve its financial transparency. By law, the UEMS has to create accounts for each of its Specialist Sections. Further to the decision taken in Prague to start with some Section, the Secretariat has contacted the bank and opened accounts for those Sections.

Dr Fras recalled the proposal to the Membership for managing of the UEMS S&B bank accounts. He highlighted the fact that the UEMS had the legal personality and was legally responsible for the financial management of the organisation. According to its Statutes, Sections and Boards had no separate legal existence from the organisation and as such were therefore prohibited from having their own bank accounts.

Some Sections reported that they had already started using bank accounts of this kind and were pleased with this situation. Some delegates expressed their reluctance to see this measures implemented as it was said to be questioning the independence of the Sections.

Dr Fras admitted that this issue could be problematic and proposed that the Executive and the Chair of the groupings meet in the coming days in order to define the cooperation model on this matter. The outcome of this meeting would then be discussed during the Extraordinary Council Meeting in Brussels on 24th May.

8. Internal auditors' report

Doc-Int.Audit

Each year the financial management of UEMS is subject to the auditor's scrutiny.

Dr Fras thanked Dr Van Calster for the internal auditor's report which assesses the financial management of the UEMS..

The Council unanimously adopted the internal auditor's report.

COUNCIL MEETING

Saturday 9th April 2011 – 09.45 to 17.00

Zlatko Fras welcomed the participants to the Members of the UEMS Council.

Dr Maillet made the roll-call of delegations: 21 Members were present or represented. He too welcomed the new delegates.

Dr Berchicci highlighted the current situation of some National Associations present which did not pay their dues (Latvia). The Latvian Medical Association was therefore excluded from voting.

1. Approval of the agenda

Approval of the minutes on the last meeting held in Prague on 07-09.10.2010

Dr Fras explained the different items added to the agenda.

- **Items arising from the minutes on the last meeting**

- **Statutory changes**

UEMS 2010/25

Background:

After 3 years of work and investigations from the working group on the future structure of the UEMS, statutory changes were adopted at the last Council Meeting in Prague. In order to become fully effective, these changes had to be published in the Belgian Official Journal ("Moniteur belge").

However, the recently revised Belgian Law on non-profit organisation stipulated that a Belgian notary needed to be present when changes were made to a certain number of key articles within NPO Statutes, e.g. the NPO objectives and the activities undertaken in order to fulfil these objectives.

This obligation aroused from the implementation of recent changes in the Law which were not in use yet when the UEMS last changed these articles in its Statutes. The UEMS was therefore compelled to arrange this at its Council meeting in Brussels. Nevertheless, it was not possible to have the UEMS notary Me Bruno Michaud present on the day of the Council Meeting. Upon his advice, it was therefore proposed to have a specific proxy signed by the Heads of delegations in order to mandate the UEMS Secretary-General Dr Bernard Maillet to represent the organisation for the specific purpose of meeting personally with Me Michaud in order to finalise the drafting and publication of the final Act.

Dr Fras explained that instead of the proposals originally made (see above), it was proposed organising an Extraordinary Assembly of UEMS Council on 24th May.

Dr. J-PJacques (S. Gastroenterology) asked for clarifications with regard to the quorum and the purpose of organising an extraordinary meeting to confirm the decisions made in Prague

Dr Fras explained that this Extraordinary Council Meeting was scheduled on the 24th May at Brussels Airport in order to confirm the adoption of the Statutes in compliance with the Belgian Law. He added that this meeting will also be the opportunity to clarify the financial situation of the UEMS as regards the issue of VAT.

- **Proposal for a UEMS Division in Balneology** *Doc-PRM-Balneology*

Background:

A letter was received from the UEMS Section of Physical and Rehabilitation Medicine requiring clarification upon the vote casted at the last Council Meeting in Prague on the proposal to establish a UEMS Division in Balneology.

Further to the request for creating a Division in Balneology and the vote of the Council in Prague, the legal framework was explored so as to clarify some uncertainties. In order for a decision to be adopted by the Council, it has to be made by majority of Members present or represented. Therefore this request was rejected as abstentions were considered as a 'no' according to the Belgian law governing this issue. This reasoning was based on evidence provided by the Belgian delegation (GBS-VBS). The Statutes and Rules of Procedures have to comply with the Law which remains in all case predominant.

- **Adoption process of the ECAMSQ[®]**

Background:

A letter was received from the Danish Medical Association requiring clarification upon the process followed to establish the European Council for Accreditation of Medical Specialist Qualifications (ECAMSQ[®]).

The decision to create Standing Committees on Post Graduate Training was taken in the framework of the Council Meeting in Prague (October 2010). Under this context, the ECAMSQ[®] was not formally established but a pilot phase is currently being carried out. The real launch of the ECAMSQ[®] will be through conventions with National Associations. Dr Fras thanked the Danish Medical Association for their request and proposed to further discuss the content of the ECAMSQ[®] in the coming months.

Dr Ulrich pointed to the wording of the Oro-maxilo-facial Surgery Curriculum (chapter 6) which was said to be unclear.

Dr. Gruwez stated that he was mentioned in the report but was not present in Prague.

The minutes were unanimously approved

2. Annual report of the Secretary-General

Dr Maillet presented his report and apologised for the delay in circulating it. He pointed to 2010 as a pivotal year for the organisation and highlighted the improvement with the EACCME[®] website as well as the growing involvement of Sections and Boards in UEMS activities.

The Secretary General particularly pointed to the following elements:

- The fruitful meeting of CESMA and the extension of the group

- The Extraordinary Meeting of the Board in Munich (June 2010)
- The launching of ECAMSQ[®] project and the launch of Pilot tests in Anaesthesiology, Cardiology, Intensive Care Medicine and Radiology
- The renewal of the agreement between the EACCME[®] and the AMA
- The continuing activities of the EACCME[®] Taskforce
- The valuable collaboration of UEMS constituencies especially in the field of EACCME[®] and ECAMSQ[®]
- The start of the process to purchase new premises
- The fruitful European Activities and notably the Ministerial Conference on Healthcare Workforce held in September under the auspices of the Belgian Presidency and UEMS influence on the final conclusion.
- The increase of staff in the Secretariat which is a first step paving the way to further needed extension
- Information via newsletters and newsflashes

Dr Borman encouraged the Executive to further continue increase staffing within the Secretariat as workload was rising.

Dr Fras answered that this issue was discussed within the Executive and an agreement to engage a stagiaire for support and a part-time employee.

3. Working Groups

3.1. CME-CPD

Discussion

Dr Borman presented the outcome of the discussions held the day before the Council. The Working Group addressed the issue of CME credit points and discussed the opportunity to add quality criteria to the credits. The Working Group also discussed in general terms the impact of ageing workforce on CME-CPD (i.e. fitness to practice).

Dr. Griebenow insisted that the number of credits should not be reduced due to the introduction of quality criteria. He added that the German experience in this regard could be interesting to look at and proposed to circulate the results after their presentation during a recent CME Conference.

Dr Fras called for evidence with regard to the number of credit points to be collected by Doctors in their countries prior to changing anything to the ECMEC[®] system.

Dr Costa emphasised the simplicity of ECMEC[®] which enabled them to be widely accepted and strongly recommended to work together with provider and not against them. He suggested keeping the current ECMEC[®] system and finding other ways to address the issue of quality of CME event.

Dr Bianco also supported the idea to keep the current system until a better solution is available. Dr Coelho proposed to keep a simple system for Congresses and explore possible improved system for lectures or Symposia.

Dr Maillet reminded the Members of the Council that the equivalence of ECMEC[®] with National credits should be safeguarded.

Dr Borman concluded the discussions and invited all interested individuals to forward him their comments and contribution. He also stated that the ECMEC[®] would be kept while other criteria would be developed.

3.2. e-Health

The Renewing Health Project – update

Background:

The UEMS was invited to get involved in the Renewing Health project which aims to improve health services in Europe to the increasing number of patients suffering from chronic conditions, in particular Diabetes, Cardiovascular disease and Chronic Obstructive Pulmonary Disease (COPD). The goal was to demonstrate that telehealth based services improve quality of life, enable patient involvement and empowerment while optimising the use of resources in health provision.

The UEMS was invited to represent health professional's viewpoints as users of e-Health services. For this purpose, a Users' Advisory Board was created to collect user's perspective (health professionals but also patients, carers...). Its role was to ensure that the implemented e-Health solutions improve the satisfaction of Health professionals and benefit both patients and doctors

Dr Dingli (*Malta*) reported the discussions held in the Working Group. Further to Mr Destrebecq explanations on UEMS involvement in this e-Health project, the working group discussed the issues of electronic records and telemedicine.

The question of the Electronic Health Record (EHR) was raised and members of the working group pointed to the potential drawbacks but also the advantages of the introduction of EHR in healthcare system. The main concerns were related to data protection as it was said that the main risks were hacking on personal data. Moreover, the involvement of Pharmaceutical industry and insurance companies was said to be potentially jeopardising the quality of EHR to the detriment of patients.

At the same time, Telemedicine offered the possibility of improvement in the delivery of healthcare but could created false responsibility for medical doctors. The use of telemedicine services should not be done primarily for financial reasons but to get expertise from multidisciplinary team or get to remote areas. In any case, the responsibility should remain in the hands of the clinicians.

The Working Group also reminded the UEMS advocacy that the same standards as in 'traditional' medical services apply to e-Health and telemedicine services.

Discussion

Dr Fras recalled that the UEMS was defending the same position with regard to the use of e-Health solutions than some years ago i.e. same quality and safety standards to be applied to e-Health services as 'traditional' services.

Dr Krajewski warned that Medical Doctors could not be held responsible for the care provided by entities outside of his/her field of activity. He also added that considering the rising possibilities in the use of IT in Health, no one-size-fits-all solution was possible but for each particular case the medical doctor involved would be responsible for the care provided.

Dr. Parigi (*S. Paediatric Surgery*) informed members of the Council on the attempt from the Section to certify websites and "accredit" information. He also suggested the extension of such a system to the UEMS in general. Dr Fras replied that this idea should be further discussed by the Sections in order to define the necessary guidelines for that purpose.

Dr. Griebenow (*S. Cardiology*) mentioned the patients' files in Germany which should guarantee the highest level of data protection. He pointed to the need to have qualified workforce using IT in the field of Health and clear definition of roles. Dr Metelko (*Croatia*) emphasised the need to determine who can access the Health record before having EHR.

Dr Fras concluded that the UEMS policy will remain unchanged on this issue and that it will strongly advocate for the safety and quality of care be maintained irrespective of the type of healthcare provided.

3.3. Postgraduate Training

Dr Hjelmqvist (*Sweden*) made a short oral report since this issue was also covered under item 5.1. The discussions within the Working Group were pointing to the ECAMSQ® and the application for EU funding from DG Education on Lifelong Learning. He also reported the fruitful meeting of the CESMA as it enabled exchanges of good practices.

3.4. Quality of Patient Care

Dr Berchicci reported that the collaboration with Guidelines International Network (GIN) was to be stopped. He also mentioned that the UEMS would participate in the 7th World Conference on environment-related disease. The presentation paper was to be circulated as soon as possible.

3.5. Specialist Practice in current Health Systems

Background:

The Working Group on medical specialist practice in current health systems decided to survey in greater details and collect data with regard to this matter. For this purpose, a questionnaire was elaborated and sent for the first time to UEMS membership in 2008. During the UEMS Council meeting in Prague in October 2010, the working group decided to send the questionnaire again

as a new attempt to collect more answers. It is obvious that there is a need to have greater insight on this issue in order to improve and increase the UEMS action

Dr. Ulrich (*Germany*) apologised on behalf of Dr Goette. He said that the EUPHA database was to be consulted in order to find out accurate data and the existing questionnaire would be further developed.

Dr Fras explained that the UEMS was collaborating with the EU Observatory and would pursue further cooperation when appropriate.

Dr. Gruwez (*Belgium*) stressed the linguistic issues of the questionnaire circulated in October 2010 and added that it was difficult to answer to questions correctly.

Dr. Gruwez recalled a Study from Fritz Betske Institut allegedly on behalf of UEMS and expressed his concerns with regard to this study and would be very happy to receive additional information on this issue.

Dr Hofmann reminded the audience that the questionnaire had been elaborated by the Fritz Betske Institut upon request of the former GFB President, who was also Chair of the Working Group on Specialist Practice.

4. Continuing Medical Education

4.1. Report on the Meeting of the Advisory Council on CME on 27.11.2010

Background:

The Meeting of the UEMS Advisory Council on CME held in November was an opportunity for participants to discuss further issues relating to the EACCME® practical process.

Dr Maillet reported the discussions of the meeting of the Advisory Council on CME. The Members of the Council made no comments on the report of the meeting

4.2 EACCME Progress Report

UEMS 2010/02

Background:

Many developments occurred in the field of the EACCME® during 2010, particularly as regards the practical process with the online application form, new agreements with NAAs, S&B and other ESABs as well as a renewed agreement with the American Medical Association. Much work is also currently underway, notably in the areas of harmonisation between countries and specialties and marketing of the whole system. Another piece of work for 2011 will be the continuing implementation of the accreditation of e-learning materials

Dr Maillet stated that the EACCME[®] activities were developing significantly with a higher number of applications received and the smooth functioning of the new website. He informed the Council about the renewal of agreement with the American Medical Association and the newly signed agreement with the Royal College of Canada. He also expected to have an agreement UEMO with regard to with the accreditation of CME events for General Practitioners.

Dr Frasn informed the Council that a Conference on CME in Europe was to be organised by the UEMS. The provisional date announced was 24th November. This tentative date was to be confirmed since it could interfere with other organisation meetings. This Conference was aimed to improve the visibility of the UEMS as a major actor in CME in Europe.

4.3 EACCME Taskforce

Background:

A report was given on the last TF meeting held in London on 21.01.2011, and the progress achieved thus far. The Taskforce notably addressed issues relating to the criteria for CME accreditation as well as the governance and organisation of the process in general.

Dr Borman presented the key points discussed during the last Taskforce meeting which was said to be very active thanks to the support of the Brussels Office (Frédéric Destrebecq and Nathalie Paulus) and the commitment of its members.

The Taskforce discussed the integration of the UEMS new structure and notably the Standing Committee on CME and will circulate the report as soon as possible. The composition of the Standing Committee and its functioning was considered and will be made available in the report. The revision of the e-learning documents was also mentioned (see below)

Discussion

Debate over Provider Accreditation arose as Dr Borman stated that the Taskforce was looking into this issue. Dr Borman made clear the fact that the Taskforce was examining this issue did not mean that the UEMS would accept this system as this issue needed to be eventually approved by the Council prior its implementation.

The Provider Accreditation system exists in the United States and in some European Countries but it is acknowledged that the European context is entirely different as each Member State has its own structure for CME and the criteria are different.

Some Scientific Societies were said to favour the introduction of a Provider Accreditation system and therefore try to influence the debate. Though this system offered potential possibilities of improvement, it was clear that introducing such a system was not envisageable in the short term.

On the basis of the above, Dr Frasn called for further clarification with regard to Provider Accreditation.

4.4 EACCME Taskforce proposed Policy Documents

Dr Borman presented the documents which the Council had the opportunity to examine in the past but had not adopted them due to technical delays.

In the course of the discussions, clarifications were asked with regard to the involvement of members of the Taskforce in the Rome group which is a think-tank alleged to be linked to the pharmaceutical industry. The potential conflict of interest arising from the involvement in the Rome group was said to potentially influence the content of the documents to be voted by the Council.

Dr Krajewski stressed the importance to focus on the document itself and let the Council decide whether it can be adopted or not. Dr Frasn added that a 'Brussels Group' should instead be created in order for the UEMS to take the lead on this matter and thereby to dissolve misunderstanding or eventual bias.

Dr Borman explained that despite the fact that amendments received to produce this document were discussed within the Taskforce, some of them were not accepted.

- **Document 1: “*The avoidance of bias in educational activities*” was adopted (12 for – 1 against – 5 abstentions)**
 - 2 amendments to this document were also adopted

- **Document 2: “*Guidelines for commercial support of CME events*” was adopted (15 for – 0 against – 4 abstentions)**

- **Document 3: “*EACCME recommendations for CME providers*” was adopted (16 for – 0 against – 4 abstentions)**

The question of the introduction of new guidelines was raised as it might supersede with this document. This issue was to be clarified pending adoption of these new guidelines.

- **Document 4: “*Use of EACCME logo and name*” was adopted (18 for – 0 against – 2 abstentions)**

Dr Bianchi stressed the importance to strike the balance between the necessary protection in the use of our logo and the need to improve UEMS visibility which could imply to have the logo used by providers.

Dr. Ulrich insisted on the fact that as strict rules were applied to providers, strict procedures should also be implemented. Dr Borman recalled the strict procedure for e-learning which lasted 8 weeks.

- **Document 5 : “*Mission and objectives*” was adopted**

Dr Frasn congratulated the Taskforce for these achievements.

4.5 Additional proposed Documents

Background:

The draft policy document “The Accreditation of e-Learning Materials by the EACCME” (Revised Criteria) elaborated by the EACCME Taskforce was submitted for decision to the Council

UEMS 2011/20

Dr Borman reminded the audience that the document UEMS 2008/20 was the basis for the accreditation of e-Learning materials and that though it was well established it needed to be revisited.

The questions of the fees and reimbursement were raised in the course of the discussion. The evaluation of e-learning material is done by individual reviewers who receive a reimbursement for their evaluation. The fees cannot be applied according to a sliding scale as the reviewer needed to go through the whole module to perform their evaluation. The Taskforce decided to stick to the current system which appeared to be efficient.

Dr Borman also explained that the Taskforce had envisaged to have agreement with Sections and Boards in order to have additional reviewers and thus regulated reimbursement issues.

The document was adopted (19 for – 0 against – 4 abstentions)

“Proposed Constitution of the UEMS Standing Committee on CME-CPD Governance Board”
To follow: UEMS 2011/YY

Dr Borman informed the members of the Council that this document would be ready for the next October meeting and suggested postponing the decision on this document together with the statements to be included on the UEMS-EACCME website on the sponsoring of CME events.

5. Medical Specialist Qualifications

5.1. European Council for the Accreditation of Medical Specialist Qualifications

Background:

On the basis of the UEMS Strategy and Action Plan and further to the activities already undertaken or underway, it was decided to establish a European Council for the Accreditation of Medical Specialist Qualifications (ECAMSQ®).

Dr Frasn reported on the pilot assessments which had been launched in the beginning of 2011. A pilot test was already organised on February 4th in Intensive Care Medicine and was a real success. The next pilot test was to occur in May in Anaesthesiology.

Dr Fras also reported on the OLIMPE project which was an application to receive European Funding to launch pilot projects in the framework of the ECAMSQ. Further to meeting representatives of the Commission's DG Education, the UEMS decided to submit an application which could help obtaining complementary funding.

In the near future, Dr Fras wished that the Standing Committee on Post Graduate Training would be firmly established.

Discussion

The DMA raised the question as to the high standards developed in the framework of the ECAMSQ[®] and agreed in principle to continue in this sense. However, they feared that this would lead to the compulsory introduction of a European exam, which they clearly opposed.

Dr Fras explained that the CESMA activities were dealing with the concept of assessment and were not aiming at implementing European exams either directly or indirectly.

5.2. Council for European Specialty Medical Assessments

Background:

The CESMA Group was convened by a certain number of UEMS S&B which were involved in the organisation of medical examinations at the European level. This process materialised with the adoption of the "Glasgow Declaration" in 2006 which led to on-going discussions on the harmonisation of medical assessments in Europe. An update was to be given further to the meeting of the CESMA Group in Malta on 02.04.2011.

Dr. Parigi presented the outcome of the last CESMA meeting held in Malta on 2nd April and which 31 Sections & Boards attended. He notably stressed the importance to elaborate syllabus of training before further developing the assessment of Medical competence. He also emphasised the need to consider site visits without superseding National Authorities' competence. In his view, this would help the UEMS in striving for Excellence.

He ended the report by informing the Council that invitation will be sent in the future to all Sections and Board for the next CESMA meetings.

6. EU Affairs

6.1. The EU Professional Qualifications Directive

UEMS 2011/07

Background:

The directive on the recognition of professional qualifications (2005/36/EC – 2006/100/EC) was adopted in October 2005 and entered into vigour two years later. This piece of EU legislation encompasses the provisions by which specialist titles can be recognised across the EU when healthcare professionals are moving between EU countries.

This directive should be revised at the horizon of 2012. The European Commission launched a consultation of professional organisations for that purpose. The UEMS collected views from its membership as well as from other European Medical Organisations (EMOs) and provided the Commission with concrete suggestions to improve the mechanisms currently in place.

Dr Fras referred to the Discussion Forum held the day before and chaired by Dr Halila.

6.2. Working Time

UEMS 2011/08

Background:

As part of its review of the EU working time Directive, the European Commission launched on 21 December 2010 the mandatory second stage of consultation with workers' and employers' representatives at EU level. It also presented a detailed Report on the legal implementation of the Working Time Directive in Member States. The new consultation asks for social partners' views on detailed options to review EU working time rules covering key themes such as:

- *on-call time*

- *timing of minimum rest periods*
- *tackling excessive working hours*
- *better reconciliation of work and family life and*
- *clarifying areas whether the law appears unclear.*

Mr Destrebecq reminded the current revision process and the issues at stake with regard to the Working Time issue.

Dr Harvey commented on the UEMS position which reflected in particular concerns as regards medical training. This document has been sent to the Commission in the framework of their consultation process. Reactions were now expected from the European Institutions.

Discussions

Dr. J.Gruwez pointed to the paper from Arthur Felice on EWTD in Surgery and proposed to have it circulated as it was said to be very useful and clear.

Dr. Griebenow warned that the argument referring to quality training to justify the increase in Working Time might eventually be dangerous to health professionals.

The issue raised by the EWTD was deemed to be very complex as it potentially covers many areas such as Training, on-call Time, work-life balance, handovers, life expectancy...

It was reminded that the UEMS position reflected this complexity. Further information was to be circulated in due time alongside with the development and updates on this dossier.

Any other business

Further information on the issue of Cross-border care and Healthcare Workforce will be circulated in writing after the meeting.

7. Specialist issues

7.1. Report from the UEMS S&B Meeting and the 3 S&B Groupings held on the day before

Background:

The UEMS Sections & Boards are represented by means of 3 Groupings as well as within a plenary meeting.

Group I – J-P Jacques

Dr Jacques reported on the discussions within Group I. He notably stressed that the Sections & Boards had done a good work to achieve the completion of European Curriculum. Still, he pointed to the heterogeneity of European examinations.

Dr Jacques also pleaded for greater transparency in EACCME activities both in terms of reimbursement and communication flow. He notably stressed the difficulties in the management of applications and urged the Executive to ensure that enough human resources were made available to deal with increasing workload.

Dr Fras replied that the Executive had addressed this issue through the enlargement of the Brussels Office staff and committed to continuing improving the situation in the future.

Group II – M. Polonius

Prof Polonius presented shortly the outcome of the discussion within Group II. The discussions covered the following items:

- Sub-accounts
- Circulation of supporting documents: need to add the date of last revision and the numbering of pages
- Dates of meetings to be received 18 months in advance to allow smooth coordination and preparation of Sections meetings ahead of Council.
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Group III – V.P Letho

Dr. Letho reported on the discussions within Group III. He stated that the Group agreed with the different proposals referred to in the item Specialist Issues and requested the Members of the working group on Specialist Practice to circulate the enquiry to Sections and Boards. He also highlighted the opportunity for the ECAMSQ® to bridge the gap in the harmonisation efforts. Despite the different concerns with regard to miscommunication within the UEMS and the heterogeneity in the composition of this grouping, Dr. Letho insisted on the improvement made and suggested to further exchange information within groupings.

7.2. Sexual Medicine **

Background:

The European Board of Urology asked for the creation of a Multidisciplinary Joint Committee on Sexual Medicine. This proposal was supported by the UEMS Section of Psychiatry and the European Board and College of Obstetrics and Gynaecology (EBCOG).

A Presentation was given by Dr. Eardley in order to bring further evidence supporting the request to create an MJC on Sexual Medicine.

The Sections and Board gave an indicative vote on the day before the Council and unanimously supported the creation of a MJC in Sexual Medicine.

The Council unanimously adopted the proposition.

7.3. Request to change the name of the UEMS Section of Medical Biopathology into “UEMS Section of Laboratory Medicine / Medical Biopathology” **

Background:

The UEMS Section of Medical Biopathology requested to have its name changed into “UEMS Section of Laboratory Medicine / Medical Biopathology”.

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Dr Maillet presented this item and wished to clarify the visibility of the Section.
Further to an indicative vote, there was unanimous support from Sections.

The proposition was adopted (18 for – 0 against – 1 abstention)

7.3 Phlebology

Background:

Interest was shown from the European Venous Forum (EVF) the European Society of Vascular Surgery (ESVS) and the International Union of Phlebology (UIP) to establish a Multidisciplinary Joint Committee on Phlebology within the UEMS. Further to the Council's request, additional information was to be provided by Dr. Davies during the meeting.

This item was postponed for indefinite time since such proposal to create a MJC needs to come from a National Member Association and this was not the case.

7.4. Division of Spine Surgery

Background:

The UEMS Section of Orthopaedics asked for the creation of a Division on Spine Surgery within the UEMS Section of Orthopaedics.

A presentation was given by Dr Gunzburg in order to support the creation of a Division on Spine Surgery.

Sections & Boards had recommended during their meeting on the previous day to create a MJC in Spine Surgery rather than a division.

The Council adopted the proposition to create a MJC Spine Surgery (17 for – 0 against – 0 abstentions).

7.5. Section of Haematology

Background:

The Slovenian Medical Chamber requested that the creation of a Section on Haematology should be considered by the UEMS Council. A presentation of the opportunity for doing so will be given by representatives of the European Haematology Association. Seeing the tight deadline, the decision upon this topic will be postponed to the next Council Meeting.

The European Haematology Association contacted the UEMS Executive in order to create a Section in Haematology. The Slovenian Medical Chamber supported that request and submitted it to the Council. However, while haematology is an independent Specialty recognised under the Directive and can hence be represented under a Specialist Section, this request did not meet the procedural requirements under the UEMS Rules of Procedures and was therefore postponed to a next meeting of Council.

8. Alliance of European Medical Organisations

Background:

At the EMOs "Presidents" Committee Meeting held in Porto on 5.12.2009, the idea to establish an Alliance of EMOs was proposed. A background document was elaborated for that purpose by AEMH and FEMS. A repartition of tasks was also agreed between the EMOs on that basis. It was to be reported upon the last meetings of the EMOs Alliance as well as on developments of this collaboration, particularly the practical steps towards the establishment of a physical Domus Medica. In this respect, a particular emphasis was given on the last achievements from the UEMS Executive.

Dr Fras presented the initiative to create an Alliance between EMO in order to improve collaboration and to define the repartition of tasks at the European Level. A draft document was therefore elaborated in a view to identify the areas of interest of each organisation. He hoped that the EMOs would join the Domus Medica in the near future thereby increasing the efficiency in the collaboration.

Discussion

Dr. Gruwez expressed his concern with regard to the allocation of tasks between the Alliance as the UEMS should not limit itself solely to PGT and CME-CPD but rather focus on broader areas of interest for the medical profession. He particularly stressed the importance not to limit UEMS scope of activities in the draft document so as to keep the UEMS identity untouched.

Dr Fras answered that the document was not binding to the UEMS but aimed at defining clear priorities in key areas and did not preclude initiatives being taken in others. He added that the draft document was at a very early stage.

Dr Borman expressed BMA's bewilderment about being member of 3 European Organisations and strongly supported improving cooperation which he said could benefit to all organisations notably in terms of representation costs.

Dr Fras emphasised the UEMS increased visibility at the European level and recognised that political influence was not a given but rather the result of a regular and continuous work.

UEMO – W.André

Dr André pointed to the strong will of the new UEMO President to continue collaboration with the UEMS. He recalled the Declaration on Quality Assurance for General Practitioners adopted during the last meeting in November as well as Motion on Tobacco. He added that the UEMO supported the World Medical Association's declaration on antibiotics.

Dr André voiced UEMO's concern with regard to the collaboration with EACCME which would eventually add a new layer of bureaucracy or even assimilate UEMO to UEMS thus contributing to UEMO's dilution within the UEMS. He also mentioned the possibility to use UEMS structure to keep GP's specificity.

Dr Maillot backed up this last option and reminded the existing situation with ESABs which could be applied to GPs.

PWG – C.Morhardt

Dr Morhardt informed the Council that the PWG had recently changed its name into European Junior Doctor – Permanent Working Group. He stated that PWG was working on the Working Time Directive and Professional Qualifications Directive.

9. Items for information

9.1. Treasury

Report will be given on the discussions and/or decisions taken by the Board of UEMS.

Dr Berchicci presented the accounts of revenues and expenses and pointed to the good financial situation of the organisation in spite of global financial crisis.

Dr Berchicci also reported on the draft revised budget which included the costs for purchasing the premises as well as the compensation for Executive members..

10. Any other business

11. Next Meetings

UEMS Council

Extraordinary Meeting: Brussels Airport 24 May 2011

Napoli 6-8 October 2011

Brussels 20-21 April 2012

Paris 4-6 October 2012

Invitations received from Cyprus to collide with EU Presidency