



European Union of Medical Specialists
Union Européenne des Médecins Spécialistes

The Newsletter of European Medical Specialists

Continuing Progress and Development of UEMS activities

Summary:

- Austrian priorities for the Presidency of the EU
- Infringement Proceedings with regard to professional qualifications
- Legal framework on medical devices will be amended
- Combating HIV/AIDS at the European level
- A view on the real impact of more seniors for health care systems according to Canadian evidence



Dr. Bernard Maillet
Secretary-General

The “old” and “new” Executives of UEMS will be meeting on 21st and 22nd January next. Time has come to look back to the work achieved during the mandate of the previous Executive Committee.

- New Full Members entered into UEMS following to the enlargement of the EU in May 2004. Beside this and thanks to political will, France could reintegrate UEMS after a one-year dismissal.
- As the membership of UEMS increased in 2004, a major challenge was to find a way by which every Member would give a balanced financial contribution based on objective criteria.

- With regard to procedural matters, new Statutes and Rules of Procedure were adopted.
- The European Accreditation Council for CME remained one of the key priorities of the former UEMS Executive and continues on the road of success.
- With respect to the good cooperation with the Sections & Boards of UEMS, two major achievements were the adoption of a European Definition of the Medical Act and the agreement with Guidelines-International-Network.

During its previous mandate, the UEMS Executive was also active on the European scene.

- The Directive on the recognition of professional qualifications gave a really satisfactory outcome thanks to active contacts with EU officials.
- The draft Directives on services and working

time were two other issues where UEMS took action and where work remains underway.

- UEMS was also deeply involved in various working groups managed by the European Commission, ie. the European Health Policy & Open Health Forums and the eHealth Stakeholders Group.
- Medical specialists are also actively represented within the working group on the Conference of European Medical Organisations on Continuing Professional Development.

On 21st and 22nd January, both “new” and “old” Executives of UEMS will meet in order to discuss these issues and ensure the continuity of UEMS policy.

Extensive coverage of these topics will be provided in the Annual of the Secretary-General (UEMS 2006 / 01)

In this issue:

- Austrian Presidency of the EU Priorities for 2006 **2**
- Internal Market - Professional qualifications **2**
- Revision of the EU Legislation on Medical Devices **3**
- EU Communication on combating HIV/AIDS **3**
- Mythbuster: The aging population will overwhelm the healthcare system **4**

Austrian Presidency of the EU - Priorities for 2006



On 1st January 2006, Austria started holding the rotating Presidency of the EU, and this until 30th June.

The Austrian Presidency announced it would continue work on issues already under discussion. These include:

- The EU Health and Consumer Programme;

- The draft Directive amending the organisation of working time;
- The proposal for a Regulation on medicines for paediatric use;
- The revision of the Directive on medical devices;
- The follow-up to the Communication on HIV/AIDS and the draft Legislation on human tissue engi-

- neered products;
- The draft Recommendation on hospital-related infections;
- Women's Health;
- Diabetes prevention; and
- The draft Regulation on Public Health Indicators.

For further information on the Austrian Presidency of the EU, please consult the following website: www.eu2006.at.



Internal Market - Professional qualifications Infringement proceedings

The European Commission recently requested France to modify its legislation ("reasoned opinion") which is seen to hinder to the temporary provision of services by doctors, dentists and midwives.

The Commission felt that the conditions set out under the French law concerning the temporary provision of services by doctors, dentists and midwives are unduly restrictive. The EU Directives on the automatic recognition of these professionals'

qualifications (Directive 93/16/EEC regarding doctors) provided for simplified procedures for the provision of services, i.e. make a prior declaration of his/her services, whereas the French system not only requires migrants to make a declaration per medical procedure or per patient but also restricts services provided to the same patient for a maximum of two days. According to the Commission, these rules go beyond the provisions of the EU Directives as well as the criteria set by the European Court of

Justice, as they hinder the free provision of services by the professionals concerned. In the Commission's opinion, France is also reducing the opportunities available to its own citizens to be treated by qualified professionals from other Member States.

Reasoned opinions are the second stage of the infringement procedure laid down in Article 226 of the EC Treaty. If there is no satisfactory reply within two months, the Commission may refer the matter to the European court of Justice.

France to modify its legislation on the temporary provision of services by doctors, dentists and midwives

Revision of the EU Legislation on Medical Devices

The European Commission recently proposed amendments to the current legislative framework on medical devices, ranging from simple bandages and spectacles, through life maintaining implantable devices, equipment to screen and diagnose disease and health conditions, to the most sophisticated diagnostic imaging and minimal invasive surgery equipment.

The most significant part of this proposal concerns conformity assessment, including design documentation and design

review, clarification of the clinical evaluation requirements, post market surveillance, compliance of custom-made device manufacturers and the alignment of the original medical device directive 90/385/EEC.

The proposal also brings increased transparency to the general public in relation to the approval of devices as it aims to introduce the necessary regulatory clarification in order to continue the high level of protection of human health and support better implementation. It also foresees provisions necessary to regulate medical devices with an ancillary human tissue engi-

neered product. This mirrors the proposed EU legislation on advanced therapies and fills a potential regulatory gap.

The Commission proposal will now be forwarded to the European Parliament and Council for co-decision.

For additional information, including the text of the study and the Commission proposal:
http://europa.eu.int/comm/e_n_t_e_r_p_r_i_s_e/medical_devices/revision_mdd_en.htm.

For further information on the proposal on Advanced Therapies:

<http://pharmacos.eudra.org/F2/advtherapies/index.htm>.



Source: www.ipvi.com.cn

EU Communication on combating HIV/AIDS

The European Commission recently adopted a Communication on "combating HIV/AIDS within the European Union and in the neighbouring countries 2006-2009".

This follows up on the Commission working paper on a "Coordinated and integrated approach to combat HIV/AIDS" adopted in 2004. The Communication focuses

on key issues such as the involvement of civil society: fostering dialogue with stakeholders such as patients, NGOs and the private sector is central to boosting the impact of any HIV/AIDS strategy. A stronger focus on prevention is also deemed necessary, as contrary to some perceptions the epidemic is on the increase in Europe and basic messages on prevention need to be restated,

especially among high risk groups and young people. The Communication also addresses issues including surveillance, treatment and research and details concrete projects in an Action Plan for the period 2006-09.

For any further information, please consult the following website:
http://europa.eu.int/comm/health/ph_threats/com/aids/aids_en.htm.

**EU Communication
to foster the
involvement of civil
society in
combating HIV/AIDS**



Avenue de la Couronne 20
Kroonlaan 20
BE-1050 Brussels

Tel +32 2 649 51 64
Fax +32 2 640 37 30
Email secretariat@uems.net
asg@uems.net

UEMS on the web:
www.uems.net

The European Union of Medical Specialists (UEMS) is the oldest medical organisation in Europe and will celebrate its 50th anniversary in 2008. With a current membership of 29 countries, it is the representative organisation of the National Associations of Medical Specialists in the European Union and its associated countries.

Its structure consists of a Council responsible for and working through, 37 Specialist Sections, each with its own European Board, addressing training in the Specialty and incorporating representatives from academia (Societies, Colleges and Universities). An Executive Committee comprising the President, the Secretary-General, the Liaison Officer, and the Treasurer, is responsible for the routine functioning of the organisation.

UEMS is representative of over 1.6 million specialists in all the different specialties. It also has strong links and relations with European Institutions (Commission and Parliament), the other independent European Medical Organisations (e.g. CPME, PWG, UEMO) and the European Medical & Scientific Societies.

By its agreed documents, UEMS sets standards for high quality healthcare practice that are transmitted to the Authorities and Institutions of the EU and the National Medical Associations stimulating and encouraging them to implement its recommendations.

The UEMS established the extremely important European Accreditation Council for CME (EACCME®) in 2000, which facilitates the exchange of CME credits within the European Union, its associated countries and the United States. These are achieved by virtue of common memoranda of agreement on mutual recognition reached between UEMS, the National Accreditation Authorities and the American Medical Association.

If you have any views with regard to the issues covered in this Newsletter, do not hesitate to contact the Secretariat of UEMS.

Mythbuster: The aging population will overwhelm the healthcare system

A research conducted by the Canadian Health Services Research Foundation in 2000 demonstrated that aging population was not necessarily likely to overwhelm healthcare systems.

According to this study, even if nobody disputes the fact that healthcare costs increase with more old people, this increase will happen along a gradual slope easily cushioned by the economy and will not swamp the system. In the CHSRF opinion, the most dramatic role in the aging trend is played out in changing patterns of health services utilisation, i.e. heavier and more intense treatment for those over 65, and not in the numbers of the elderly directly.

On the basis of evidence collected in Canada between 1982 and 1996,

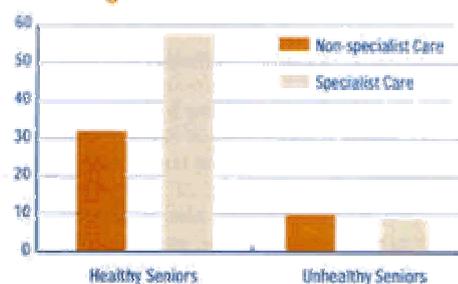
researchers from the CHSRF concluded that it was not the number of the elderly driving the increase in healthcare costs but rather that they were increasingly using healthcare services. And this, contrarily to what can be intuitively assumed, was not the fact of more sick seniors. The study in question indeed stated that, despite the rising numbers of the elderly in ill health, it was actually healthy seniors who had driven the most significant increases in healthcare use: 57.5% increase of their visits to the doctor, far more than for unhealthy seniors.

According to Mythbusters' researchers, this might originate in the value in routinely giving the elderly procedures such as flu vaccinations, cataract sur-

geries and hip replacements. However, it is admitted that further research would need to be done in order to clearly identify procedures that truly improve living standards for the elderly.

Mythbusters are prepared by Knowledge Transfer staff at the Canadian Health Services Research Foundation and published only after review by a researcher expert on the topic. © CHSRF 2001

Increase in medical use by seniors in good and bad health



Source: www.chsrf.ca

The full text of this paper is available at the following website: http://www.chsrf.ca/mythbusters/pdf/myth5_e.pdf