Meeting held at the Radisson SAS Royal Hotel  
Rue Fossé aux Loups, 47 BE-1000 Brussels  

on Saturday 21th February 2009
PLENARY MEETING

Dr Fras opened the meeting and welcomed new participants. He also commented on the new organisation of meetings and the Executive’s initiative to bring the meeting of S&B forward to February.

1. Approval of the agenda
   (UEMS 2009/03)

   Approval of the minutes on the last meeting held in Brussels on 17.04.2008
   (UEMS 2008/22)

   The phrasing of Item 4.7. of the agenda on Interventional Radiology was corrected.  
   *The agenda was approved.*

   Improvements to the minutes of the last meeting were called for on page 4§2.  
   *The minutes were approved.*

2. Annual report of the Secretary-General
   (UEMS 2009/01)

   Dr Maillet gave an overview of his written report.  
   *See Attachment 2.*

   Questions were raised as regards the participation to the work of the S&B from delegates from countries which are not represented within the UEMS, such as Serbia and Russia. Their participation as observers was agreed. In this respect, it was also agreed to stick to the definition of Europe according to the WHO-EFMA Handbook.

3. Report from the President on the implementation of the UEMS Action Plan for 2009
   (UEMS 2008/05 & 38)

   When presenting his report, Dr Fras reminded the background for adopting the documents on the UEMS Strategy and Action Plan. He emphasised a few practicalities to move the priorities defined forward, namely:
   - Improved visibility: this will be achieved through refreshing the UEMS main website and elaborating a new logo.
   - The EACPGT: see Item 6.
- Increased collaboration: work is shared between Executive Members according to the key areas of priority.

- Financial situation: while the UEMS situation is currently stable, the Executive remains cautious when making any decision on investment: assets will be spent on the priorities for the organisation, such as purchasing new premises.

- One or possibly two members of the Secretariat will be appointed for the relations with the S&B.

4. Specialist issues

4.1. Report from the 3 S&B Groupings

Group I
Prof. Amlie (Cardiology) presented the report from his grouping.

- EACCME practical operation
  The need to improve the general system was pointed to. Faced with increased disappointment towards the system in general and the web based platform in particular, a certain number of Sections had made endeavours to request assistance from the EBAC model. As this model was allegedly not fit for small specialties, Group I advised to refer this issue back to the EACCME Taskforce.

Dr Fras responded directly.

Tribute was paid to the developments made by EBAC and these were said to partly justify the agreement signed recently. This was notably seen as a good of operating with the European Specialty Accreditation Boards (ESABs) which also exists in other specialties which decided to establish such an accreditation board: oncology (ACOE), pneumology (EBAP), rheumatology (EBAR).

Problems had indeed been noticed with the implementation and use of the EACCME website. The complexity of the whole system dealing with ca. 40 national authorities and 40 specialties and its lack of uniformity were reminded.

An appropriate solution was now looked for with the help of external advisors. Part of the problems arising was notably due to the lacking testing phase which was deemed to have been too short.

- e-Learning
  This initiative was welcomed and seen as a good development for the future.

- Green Paper on EU workforce for health
  This issue was received with great interest but the Group regretted the lack of time to fully address it.

- Elections
  Prof. O’Donnell (Gastroenterology) was elected as the new chair of the Group.

Group II
Prof. Dunlop (Gynaecology) presented the report from his grouping.

- UEMS working groups
  Participation from S&B should be ensured as much as possible.
- PWG
  Clarification was required, notably in regard to the election process of PWG delegates to the S&B
- CESMA & PGT WG
  This collaboration was welcomed. Much important work was said to lie ahead.
  - Paediatric Surgery and Hand Surgery
  Further exchange was said to be needed. It was regretted that these issues were put forward to the plenary before further discussions.
- Voting rights to S&B in Council
  It was asked to mandate the WG on Future Structure with this request.
- Meetings
  It was proposed to hold meetings of the S&B Groupings in the day before the plenary.
  - This suggestion was endorsed.

Dr Fras reminded the good relationship between the UEMS and PWG, especially in regard to the system of appointment of PWG delegates to the UEMS S&B. This system of nomination was said to undergo a democratic process of nomination and election in each of the specialties. He also reported on information that the PWG was facing internal difficulties with its own membership, which he refused to comment further.

Group III
Dr Hagglof (Child & Adolescent Psychiatry) presented the report from his grouping.
  - Election
    Dr Lehto (Pathology) was elected as the new chair of the Group.
  - Practicalities
    Practical arrangements (agenda, papers, etc) for the Grouping Meeting as well as the flow of information with the UEMS Executive should be improved.
  - EACCME
    There was a lack of engagement from the reviewers to the system in general.
  - Green Paper on EU workforce for health
    Major sources of concern from the Group were:
    o the qualification of third countries migrants
    o the free movement of labour in regard to licensing and employment issues
    o the improvement of medical training: harmonisation of standards and systematic visitations
    o the need to bring legal clarity and to genuinely handle the development of telemedicine

Written reports were requested to the chairs and rapporteurs of the 3 Groupings.
4.2. CESMA

Dr Boorman reported on the activities and developments in regard to CESMA, which started 2 years ago with the adoption of the “Glasgow Declaration”. The aim of that platform was to share experience in the organisation of examinations and the harmonisation of procedures and standards. Advocacy was started in order to get recognition of European diplomas by the EU. The sustainability of the process was also said to be in question.

12 S&B were reported to attend the meetings of CESMA on a regular basis. The next meeting is to be held on 28 March and will notably work on drafting Statutes for this body.

4.3. Visitation and accreditation of training centres (Doc – JCIA)

This item was proposed by Prof. Gian Battista Parigi (S. Paediatric Surgery)

A presentation was given on the JCIA (Joint Commission International Accreditation) by its Director M. Carponi.

Prof. Parigi pointed to the potential gain in exchanging experience between the S&B and JCIA, particularly in regard to the accreditation of training centres.

Doubts were expressed by participants on the legitimacy of JCIA, which was mainly seen as a commercial organisation oriented on the basis of US blueprints, as well as on the opportunity to initiate such collaboration.


This item was proposed by Prof. Gian Battista Parigi (S. Paediatric Surgery)

The UEMS Section of Paediatric Surgery developed its training curriculum and requested to have an official endorsement by the UEMS. For this purpose, it was presented to the assembly of Sections & Boards. Endorsement by the UEMS was notably said to give an additional guarantee in attempting to get implementation at the national levels through national societies.

- The Syllabus of Paediatric Surgery was endorsed and will be put forward to Council for official adoption by the UEMS.


This item was proposed by Prof. Ulf Kristoffersson (MJC Clinical Genetics)

The UEMS Multidisciplinary Joint Committee on Clinical Genetics recently adopted its training programme after 3 years of operation and requested to have an official endorsement by the UEMS. For this purpose, it was presented to the assembly of Sections & Boards. This training programme was seen as an attempt to get uniformity and seek European recognition of the specialty.
The aspects of prevention in collaboration with other specialties were notably put forward. This was deemed as highly important in regard to the rising prevalence of genetic diseases in Europe.

Ethical issues arising from the practice of clinical genetics were dealt with in specific guidelines on the misuse of scientific and medical knowledge.

- The Training Programme in Clinical Genetics was endorsed and will be put forward to Council for official adoption by the UEMS.

4.6. European Curriculum in Emergency Medicine

This item was proposed by Dr David Williams (MJC Emergency Medicine)
The UEMS Multidisciplinary Joint Committee on Emergency Medicine recently adopted its European Curriculum and requested to have an official endorsement by the UEMS. For this purpose, it was presented by Dr Williams to the assembly of Sections & Boards.

Prof. Dunlop (Group II – O&G) reported on objections made by the Section of Surgery to the proposed curriculum and its reference to surgical procedures. It was answered that these issues had been discussed within the MJC with the representatives from the Sections of Surgery and Orthopaedics and an additional paragraph included in order to reflect their position.

- The European Curriculum in Emergency Medicine was endorsed and will be put forward to Council for official adoption by the UEMS.

4.7. Request to establish a division of Interventional Radiology

This item was proposed by Prof. Peter Pattynama (S.Radiology)
The UEMS Section of Radiology formally proposed to establish a division of Interventional Radiology within the Section of Radiology.

The background and rationale for that request were presented by Prof. Pattynama and Prof. Lee (CIRSE).

Comments pointed to the good opportunity to harmonise training in that subspecialty but though warned against the multiplication of subentities within the UEMS structure.

- The proposal to set up a division of Interventional Radiology was endorsed and will be put forward to Council for official adoption by the UEMS.

4.8. Multidisciplinary Joint Committee on Hand Surgery

This item was proposed by the FESSH Management Office
The UEMS Multidisciplinary Joint Committee on Hand Surgery requested to give an introduction on its work, aims and project. In this respect, a white book will be soon circulated among the UEMS S&B.
5. **EACCME**

5.1. **Report on the Meeting of the Advisory Council on 22.11.2008**

*(UEMS 2008/52)*

5.2. **EACCME Progress Report**

*(UEMS 2009/02—to follow)*

*See Item 4.1 – Group I*

5.3. **EACCME Taskforce**

In order to foster progress in the topics mentioned above, a taskforce was set up in 2006 to bring together representatives of the key actors in the field of European accreditation. A progress report will be given on the meeting to be held in the morning before the S&B Meeting.

Dr Borman (*TF Chair*) reported on the activities of the TF, which was said to functions effectively. Progress was reported upon in the following issues:

- Accreditation of e-learning, with adoption of the criteria *(UEMS 2008/20rev)* by the UEMS Council in October 2008
- Commercial sponsorship, which is currently addressed
- Updated standards (D 9908)
- Future initiatives, such as assessed learning or the revision of the credit system

5.4. **Awareness raising & “Marketing”**

As outlined in the UEMS Action Plan, a particular effort will be made to increase awareness from European doctors on the EACCME and the UEMS in general. For this purpose, the UEMS S&B will be asked to contribute by evaluating the potential “volume” of meetings which could gain European accreditation and further promoting European and international accreditation through the EACCME in these international events. A leaflet explaining the purpose and importance of the EACCME will be designed and disseminated.

5.5. **Constitution of new ESABs (European Specialty Accreditation Boards) and their agreements with EACCME – Rules of procedure and criteria for approval**

*This item was proposed by Prof. José Pereira da Silva (S. Rheumatology)*

The UEMS Section of Rheumatology recently requested to be able to establish its own accreditation board on the basis of the model developed by EBAC or EBAP. Upon Prof. da Silva’s request, this demand is brought to the attention of the assembly of Presidents and Secretaries of UEMS S&B.

Prof. da Silva presented the rationale for this request and insisted that clear and transparent rules had to be set for the creation of such accreditation boards.

Dr Fras reminded the conditions underpinning the differentiated agreement signed with EBAC and accepted the comments made.

A plea was made for greater harmonisation to be achieved, notably as regards application fees, while respecting the different views on the matter.
Interest was expressed on this issue and further information should be circulated on the conditions set to “qualify as ESAB”. Some other specialties had though already rejected this idea to operate as a Section in their evaluation for the EACCME.

6. **EACPGT**

On the basis of the UEMS Strategy and Action Plan and further to the activities undertaken, particularly through CESMA, it was decided to establish a European Accreditation Council for Postgraduate Training (EACPGT). A report and presentation were given on the preparatory work notably focused on the use of an electronic platform.

The aim of this project will be to give a structure to the accreditation and revalidation of specialists in Europe. Dr Fras insisted on the current political window of opportunity with the many initiatives undertaken at the EU level.

The internal launch of the EACPGT will be organised on the day before the UEMS Council, i.e. on 24th April 2009. A working group meeting was organised in order to prepare this activity.

Dr Fras gave a presentation on how the general system was organised, with the combination of knowledge, skills and professionalism. This was deemed to provide a full assessment of specialists’ fitness to practice. The main aim of this initiative would be ultimately to make the UEMS a recognised actor to monitor the accreditation and revalidation of specialists at the European level. This project will be supported by an IT platform for all specialties in all countries, which is to be developed in partnership with a Swedish IT company, Orzone.

Much work will have to be carried to achieve concrete outcomes, particularly by the UEMS S&B. For that purpose, S&B were asked to look into the feasibility to be part of a pilot phase and were invited to communicate their interest to the UEMS Brussels Office.

More information was to be circulated on that initiative in the coming weeks/months.

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7. **Medico-political issues**


Report was given on the progress regarding this issue.

The draft Directive on Patients’ Rights in Cross-Border Healthcare Mobility is currently under discussion in the European Parliament and Council. So far, the MEP John Bowis, when releasing his draft report, proposed some important changes to the original text. While this report was seen to be globally positive to the UEMS interests, further amendments were felt to be needed by the UEMS Executive. So far, the Executive succeeded to convince some eminent MEPs to suggest important provisions which should be included in the text:

- Maintaining professional mobility within the scope of the directive
- Establishing European-wide standards for healthcare providers
- Guaranteeing quality and safety in the use of eHealth and Telemedicine
- Increasing stakeholders involvement

The discussions will now proceed under the Czech Presidency of the EU Council whilst the Parliament should give its opinion in February 2009. A bigger effort will be needed to make sure the UEMS recommendations are duly taken into consideration.
7.2. Green Paper on European Workforce for Health

The European Commission has recently launched a Green Paper on healthcare workers and the challenges that the profession faces currently. The text points to issues such as:

- Increasing ageing population in Europe
- Need of constant training and education to adapt to new technologies
- Worrying consequences of mobility, i.e. brain drain
- The shortage of healthcare workers
- Appearance of new diseases and infections

The consultation process will close in March 2009.

The UEMS Executive agreed to make sure that the correct provisions are adopted in a view to ensure that the medical profession prerogatives are taken into consideration.

The main UEMS concerns involve items such as continuous medical education and training, notably in view to facilitate the integration and use of new technologies, and guarantee, at the same time, the quality of the education through the creation of general standards and the proper assessment of the medical schools involved in training actions.

Other relevant issue concerns the mobility of healthcare workers and the need to assure that incoming staff holds proper qualifications to practice within Europe.

The UEMS should also call for further actions and provisions to attract students to medical and nursing professions in order to avoid a possible shortage of healthcare providers in the coming years.

7.3. The European Working Time Directive (EWTD)

This Directive is being revised by EU Institutions further to ECJ rulings and potential infringements against EU Member States.

The EU Council adopted a common position in June 2008 whereby:

- Weekly working time should not exceed 48 hours, with an opt-out possibility to work till 60 or 65 hours per week;
- The inactive part of on-call shall not be counted as working time;
- Compensatory leave should be taken with “reasonable delay”.

Further to this, the European Parliament adopted an amended version of the text which ruled that:

- The opt-out clause should lapse three years after the reformed directive enters into force;
- The full period of on-call time, including the inactive period, should be counted as working time;
- Compensatory rest periods should be granted at the end of the working period.

Discussions are currently underway in the framework of the conciliation procedure in order to find acceptable compromise between the 3 EU Institutions.
7.4. Potential for collaboration with the American Board of Medical Specialties

Dr Maillet reported on his visit to the American Board of Medical Specialties in the United States. The UEMS was recently contacted by the American Board of Medical Specialties, which proposed establishing collaboration relationships in the field of assessments. Further contacts were initiated and discussions are underway in order to examine these possibilities further.

7.5. EC Communication on Telemedicine (COM(2008)689)

This item was proposed by Dr Remy Demuth (S.Radiology)

This document was released by the European Commission in the course of Summer 2008. For the purpose of the document, Telemedicine referred to 2 use cases, i.e. telemonitoring and teleradiology. Nevertheless, its aim is to cover the whole spectrum of medical activities and encourage Member States to facilitate the penetration and use of e-application by the healthcare profession, namely through:

- Building confidence in and acceptance of telemedicine services
- Bringing legal clarity
- Solving technical issues and facilitating market development

The Commission also proposed a series of actions (10) to be undertaken by Member States, possibly with the Commission in order to achieve these goals. The UEMS Section of Radiology, which is naturally already involved in this issue, has expressed the wish to further raise awareness among the other UEMS S&B with regard to this particular topic, which is likely to penetrate all fields of medicine in the near future.

Prof. Pattynama reported on his participation to the High-Level Conference on e-Health held in Prague. A particular workshop was organised in that framework to address the issue of legal clarity. In this respect, Prof. Pattynama welcomed the proposed amendments to the draft directive on patient’s rights in cross-border healthcare by the UEMS and which were to be examined by the European Parliament’s committee on Health. He drew attention to the crucial importance of this issue and encouraged all specialties to get to grip with that problem.

8. Harmonisation of Guidelines

A report was given by Dr Hofmann (Liaison Officer) and Dr Maienborn (GIN Secretary-General) on the collaboration between GIN and the UEMS.

Dr Hofmann focussed on the work in progress within the working group on quality in patient care on the development and harmonisation of medical guidelines at the European level. For this purpose, the outcomes of a questionnaire were presented: while there was globally clear interest for the S&B, the real use of GIN database was said to be rather poor.

Dr Maienborn gave an overview an overview of the historical background and aims of GIN as well as on the practical use of GIN website. She notably emphasised the potential arising from the platform of experts thereby created.

In front of the relatively poor interest from the UEMS constituency, Dr Fras informed that the UEMS might have to reconsider the opportunity for its membership to GIN.
9. Next Meeting

- The next meeting will be held on 6th March 2010.