



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

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## **PROPOSAL FOR A POSITION PAPER**

### **The Future of the European Medical Organisations**

#### **Merging of EMO? With what consequences?**

##### **1. Background**

Like all the other European Medical Organisations (“EMO”), UEMS is concerned about the efficiency and effectiveness of its work. UEMS constantly aims to improve the representation of medical specialists at EU level and act as a forum for the harmonisation of the best quality of healthcare. Could an adapted representation mechanism for the medical profession in Europe within one body continue to allow UEMS to achieve this objective?

Notwithstanding the possible negative consequences of duplication by the existence of several EMO, one should also keep in mind the positive aspects, especially the rich specific knowledge of each EMO. UEMS has built up a strong and unique expertise thanks to its Sections and Boards (39). Merging all EMO together would simply mean putting an end to the efficient structure of UEMS in order to rebuild a new architecture under a new name with the possible dilution of the specialist voice. While such a possibility is not likely to save money to National Medical Associations (“NMA”), distribution of funds to specialist matters would be dependent on the new parent Executive. (See Annex I).

##### **2. Possible solutions**

The possible risk of duplication of work can easily be solved by an ever-better collaboration between EMO. It is also important to remember that certain issues might not be considered in the same way from the differing points of view of GPs, Specialists, junior or employed doctors, etc. How would a global structure deal with the specificity of each category of doctors? There is a great risk for an inadequate representation of the different types of European doctors.

Whilst fully supporting the importance of a strong voice for doctors in Europe, it is important that those views are truly representative and not only one view.

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In the present framework, improved cooperation is needed. It might be envisaged to adapt the current common body (Presidents' Committee) by giving it *more influence*. It would be composed by EMO sitting on an *equal status*. This body would include *two representatives* (President and Secretary General or Liaison Officer for example) of each EMO and meet every three months. *Other meetings* of such a body could also be set up with only one representative whenever necessary. This body would be the appropriate place to discuss all the issues on the agenda of each EMO and to endorse documents adopted by EMO. This body would also have a *rotating presidency* on a fixed term (six months or one year for example).

In order to avoid inefficiency, this body should be granted a more *important role* than simply being a "reference group" in the policy-making and the representation of European doctors as a whole. For instance, when representatives of the EU institutions have to be met, the system of *troika* (immediate-past, current and next Presidents of the Committee), which is used by the EU in external relations, could be envisaged. This could be the start of a common lobbying structure.

In considering the composition of the current EMO, the NMA is, in most cases, the same representative in CPME, UEMO and PWG. This is not so in UEMS or the other organisations. Even when they are, it is often National Specialist Organisations who supply the representatives to the Specialist Sections and Boards.

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## Annex I – Financial implications

It is argued that the existence of many different EMOs is unlikely to ensure cost-effective representation of the medical profession at EU level. After careful scrutiny, it might not be as simple as that suggests.

UEMS is located in premises rented from the Belgian Group of Medical Specialists (GBS-VBS). When it was proposed that UEMS should transfer to “Rue de la Science” with the other EMOs, it was clear that the rent proposed there was far beyond what is now paid to GBS-VBS. Both UEMO and PWG presently do not have a permanent office, but rotate it with their Presidency supported by their home Medical Association.

Regarding the salary costs, it seems that available data from CPME does not allow any reliable comparison of figures. For example, the salary paid to the Secretary General is included in the UEMS figures and apparently somewhere else in CPME's.

## Annex II – The European Medical Organisations

As background to this paper, a very short synopsis regarding the various European Medical Organisations:

**UEMS** – The representative organisation for all European medical specialists (approx 1.4 million). The Executive consists of 4 members (President, Secretary-General, Treasurer and Liaison Officer), often expanded to include the 4 Vice-Presidents, responsible to the Council which consists of the most representative specialist organization in the member countries (often the national medical organization). It is supported by the 39 specialty Sections, each with its own Board, with membership extended to include representatives of Specialist Associations and Societies. It has always had a central office with its own staff in Brussels.

**CPME** – members are the National Medical Associations. It has a 2-year rotating Presidency, which was in the member country until 6 years ago when a central Brussels office was created with an independent secretary-general (currently non-medical). Would hope to co-ordinate all representation of the profession as “one-voice” and the recently organised “Presidents’ Committee” of all the European medical organisations is moving to avoid duplication of effort. Still has a problem for its members to adopted the other organisations’ policies, often wishing to modify them.

**UEMO** – the body for general practitioners (increasingly specialists in family medicine). The presidency rotates 4-yearly with the office within the NMA of the president’s country. It has recently agreed a contract with CPME for it to provide lobbying services and use of the meeting room as required.

**PWG** – the body representing doctors in training with a rotating Presidency supported by and within the NMA of the president’s country. Representatives are nominated and supported by the NMAs. Currently exploring its options for a Brussels office (? within CPME).

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**AEMH** – represents senior hospital doctors with a rotating Presidency and an office + secretary within CPME.

**FEMS** – represents salaried doctors with the membership derived from a number of sources and occasionally more than 1 per country. Proposal to share office and secretary with AEMH.