



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

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UEMS Review of the process regarding the proposal for UEMS European Training Requirements for the specialty of Oral and maxillo-facial surgery

Report to the UEMS Enlarged Executive Committee by UEMS Past Presidents

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July 22, 2021

Introduction

UEMS Advisory Board representing the UEMS Sections at its virtual meeting on April 23, 2021 voted in favor of the Oral and maxillo-facial surgery (OMFS) European Training Requirements (ETR). UEMS Council representing the National Medical Associations Members of the UEMS (NMA) did not approve the ETR in the current format on April 24. The ETR will undergo further consultations and amendments, and will be on the agendas of UEMS meetings in October 2021.

During the process prior to these meetings there was very intensive correspondence and several virtual meetings. Also the discussion during these April meetings was very lively.

UEMS Enlarged Executive Committee (EEC) discussed the process of the OMFS ETR development and assessment at its meeting on May 10, 2021. Three UEMS Past Presidents (Zlatko Fras, Hannu Halila and Romuald Krajewski) were asked to review this process and to give a report including suggestions for future handling of such cases to UEMS EEC (minutes of the UEMS EEC teleconference on 10.05.2021).

Three Past Presidents are part of the UEMS EEC but they have not been involved in the correspondence relating to this ETR. They are from countries (Poland, Slovenia, Finland) other than those of OMFS and ORL Sections Presidents (UK and Ireland).



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This report has been prepared and drafted for the exclusive benefit of the UEMS Enlarged Executive Committee for use in connection with the review of the OMFS European Training Requirements endorsement process, and the possible improvement of the ETR development procedure. It may not be relied upon by any other person or used for any other purpose and its content may not be disclosed without our prior written consent.

This report does not in any way constitute a recommendation to carry out any of the suggestion this report might contain, which must be the subject of an independent and considered decision by the UEMS Enlarged Executive Committee.

This report is not (and cannot be considered as) a legal opinion in relation to anything mentioned or referred to in this report. It has been written as a general summary of significant issues identified in the analysis of the materials examined by the report's authors together with improvement suggestions, and is not a substitute for specific advice on specific problems or issues. Furthermore, we did not undertake any further research or analysis of any document or information other than those provided to us and listed hereafter.

Materials examined

We were provided with a large set of materials relating to this ETR development procedure. That included copies of e-mail correspondence between representatives of OMFS and Otorhinolaryngology (ORL) Sections and UEMS President and Secretary General, starting from January 26, 2021. We also examined transcripts of a meeting with the ORL and OMFS Sections representatives on April 22, transcripts of UEMS Advisory Board meeting on April 23 and UEMS Council meeting on April 24. We watched the recordings of a web meeting (March 17) between ORL Section and UEMS President and Secretary General as well as Grouping II meeting (April 23).

Concerns about the process

It became clear to us that on multiple occasions commonly accepted principles of communication between colleagues were not followed during this process. Therefore, it is most important that UEMS Council accepted the Code of Conduct at its meeting on April 24, 2021. The Code is to be signed and followed by all Officers of the different UEMS Bodies.



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Inappropriate behavior at meetings and in e-mails

We observed several instances of unacceptable behavior in the emails and during meetings. They included phrases like “dentists performing laryngectomies” and “Irish passport by accident of birth”. There were also repeated accusations of bullying and harassment but we don't find evidence of such behavior. Claiming that “we were last to be informed” was not true based on the materials we examined. Communication by the authors of the OMFS ETR was timely and appropriate.

Tone and content of correspondence

In the ORL correspondence overall there was evidence of tone and content which is not collegial and not in line with the principles of the UEMS Code of Conduct. It is worrying, to state the least, that medical technologies like endoscopy or surgical navigation seem to be considered a propriety of a single specialization. Questioning the status of a specialty that is listed in Annex V of Professional Qualifications Directive is inappropriate and certainly could not be considered a constructive attitude in ETR development process. This attitude is further confirmed by repeated statement on “invasion of our territory”.

The use of term “patient safety” in comments

We observed that during the handling of the proposal for UEMS OMFS ETR, the term “*patient safety*” was used by different parties in a very general manner and most of the time without the relevant arguments. By definition “*patient safety*” is a health care discipline that aims to prevent and reduce risks, errors and harm that occur to patients during provision of health care. It emerged due to the rise of cases where patients suffered significant harm within the health care facilities, which were/are mainly due to the overall complexity in health care systems.

A variety of stakeholders are responsible for ensuring that patient care is safely delivered and that no harm occurs, among which professional bodies and organizations play a fundamental and crucial role. In essence, there are several principles in place regarding the culture of patient safety, most of which aim to prevent a misuse of the term (e.g. use of validated tools, act on the data, leading by example, use of transparent approach, etc.), which were not addressed by those opposing the OMFS ETR proposal during this process. Comments indicating patient safety issues were not sufficiently specific.

Sharing confidential communication

Throughout the study of the case we noted also the significant problem of sharing communication, which creates a huge potential for misunderstanding. This should be addressed at least from two



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aspects. First, by sharing incomplete information the correspondents are faced with proposals and sometimes pressed to react on the basis of only partial arguments. By continuing the process, the conclusions created are prone to significant bias. The second one is the issue of confidentiality. It is true, that each communication nowadays should be considered potentially public and that the true confidential documentation should be marked as “confidential”, but there were several occasions where supposedly confidential (personally expressed) information was shared widely. With no doubt, even if there is no bad intention, it can inadvertently lead to an additional bit of confusion.

Widening the consultation process to organizations outside of UEMS

By principle, the process of development and adoption of the UEMS ETRs as a whole is designed as very open and transparent. While the document is in its development phase, when it is under review, as well as even in the final phase of its preparation for adoption, the procedure includes several possibilities to discuss the draft with external parties. In fact, consultation to the outside is not only possible, but necessary. External parties include the key professional opinion leaders and most of the time the representative medical societies, both professional and scientific. In case of UEMS ETRs, our constitutive bodies should rely mostly on the consultation and harmonization with the European professional/scientific organizations, but also those being eminent and recognized at the national level.

However, certain rules and procedures have to be applied to the final phase of the adoption of particular ETR document – where the vote should be executed exclusively on the merits - to prevent the situation where the inherent rights of established UEMS bodies (in this case of the UEMS OMFS Section) are restricted by bodies outside UEMS.

Making a formal complaint to organizations outside of UEMS

We received a copy of complaint filed with Liverpool University Hospitals NHS Foundation Trust. This action in our opinion is highly improper and shows that Executive of ORL Section not only ignored the basic UEMS official representation rules but also resorted to personal attacks on OMFS ETRs proponents. This action puts in very serious doubt declarations of good will and collaboration.

To summarize the overview of the procedure we would like to state that discussion on a scope of practice among specialties, while always present in UEMS ETR development, crossed the borders of what we would consider appropriate in collaboration among European medical specialists. Status, area of competence and scope of practice of any given specialty should not be defined by setting up



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fences and preventing others from crossing such arbitrarily drafted borders but by special quality of competence and practice achieved through specialist training and professional development.

Lessons learned and proposals for the future

New transparent framework for development of UEMS ETR

Some of the problems related to the correspondence regarding OMFS ETR were due to difficulties with keeping track of the process and the numerous comments received. It is good that UEMS has already decided to start using a new transparent, properly documented framework for whole ETR development procedure. This makes it easier to follow the process and the input by UEMS Members, bodies and external stakeholders, to verify claims of being “bypassed”, not informed. This is especially important in the case of ETRs that may be related to several different specialties.

Importance of following the UEMS Code of Conduct

Our Committee points out that the UEMS “Code of Conduct for Officers of the UEMS Bodies” had been approved by the UEMS Council on April 24, 2021 and thus is not formally applicable to activities that occurred before its approval, but does apply to actions that occurred afterwards. Moreover, the Code of Conduct contains principles that should be considered valid also without formal approval. In the light of the Code of Conduct principles our Committee indicates that some statements and comments on OMFS proposal have violated personal behavior rules listed in Code’s point 8 and lodging the complaint with administration, that occurred after the Code had been approved and thus should be considered binding, is not an action advised in Conflict Resolution part of the Code.

The UEMS “Code of Conduct for Officers of the UEMS Bodies” contains broadly defined principles of proper conduct in UEMS activities. The Committee would like to stress that interpretation and application of the Code rules is in the hands of UEMS Enlarged Executive and UEMS Council. Colleagues elected to an officer position and all delegates to UEMS Bodies should bring to the UEMS EEC questions and problems for advice and resolution as soon as they see potential problems. The Committee also stresses that the Code’s rules are not and should not be very specific, but UEMS procedures and terms of reference should be sufficiently detailed and specific to reduce misinterpretation and potential abuse. Strengthening of the Code statements concerning structure and representation of the UEMS should be considered by the UEMS EEC.

Strengthening the role of the UEMS ETR Review Committee



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We found that the entire process of development and review of the UEMS ETR in OMFS was performed in agreement with the well established, internally agreed template. The procedure itself was entirely correct. Everyone within the organization had possibilities to comment and to be involved and there is no indication to the contrary. The opinions gathered from different stakeholders were considered by the authors. Consideration by the authors does not have to result in adoption of all comments and proposals.

However, we again also in this case noticed presence of one of the inherent weaknesses of the UEMS as a voluntary professional organization. Since throughout the process of development of the particular ETR the level of commitment - including the actual use of available possibilities to comment, discuss and propose solutions - was very diverse among the constituency, we faced its usual great intensification just in front of the final phase of presentation and discussion by the Advisory Board and voting for its adoption by the UEMS Council.

As for the future we propose to further strengthen the role of the UEMS ETR Review Committee, as well as to develop additional procedures and tools to reduce this "last minute" activity and its consequences. In front of all we propose the introduction of the rule that issues that could not be resolved during the ETR consultation procedure should be clearly identified by the authors of ETRs and by UEMS ETR Review Committee and the Committee should inform national representatives about such issues well ahead of the process of final discussion and voting by the UEMS Council. Resolution of diverse opinions should be based on merits, not through political style lobbying.

Importance of making a distinction between Knowledge and Competence

Authors of proposed ETR documents should make a clear distinction between ETR contents that describe competencies that the specialist should have and the knowledge that is required. The knowledge is an added value and strong point of medical specialists training. While skillful performance of a defined set of procedures is necessary and forms the basis of competence-based training that has been advocated and promoted by the UEMS since many years, additional, broad knowledge and understanding of problems related to conditions diagnosed and treated by a given specialty along with familiarity with approaches offered by specialties also dealing with these conditions, constitute the basis of proper medical specialist practice. In competence-based training there must not be a confusion resulting from an assumption that the knowledge is sufficient basis for practice.

Keeping the discussions within UEMS

There was evidence that discussions and correspondence during this process was widened to organizations outside of UEMS, as described above ("Widening the consultation process to organizations outside of UEMS"). We advise that the consultation with external parties should be properly documented and available to all participants of the consultation. Wide external consultation



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and collaboration with other associations is advisable during the ETR development and consultation process and should be concluded when final version of the proposed ETR is ready. Further discussions should be held within the UEMS and should be based on the ETR content and its merits. UEMS Bodies have the opportunity to express their opinion in the Advisory Board, National Medical Associations in the UEMS Council. It is critical that stages of ETRs development, consultation and endorsement decision are clearly defined, given adequate time and strictly monitored by the ETR Review Committee.

Information to participants of NMA representatives about their role at Advisory Board meetings

During the UEMS Advisory Board meeting of April 23, there was intervention of national representatives. It was rightly noted by the Chair of the meeting that this should not happen. In the future these principles should be reminded and observed. Advisory Board is a meeting of the UEMS Sections. Representatives of national medical associations are observers at this meeting. On the other hand, UEMS Council is primarily a meeting of national representatives and UEMS Sections representatives are observers at that meeting.

Multidisciplinary Joint Committee (MJC) for areas overlapping several specialties

The UEMS is a voluntary association that among its goals highly values inter-disciplinary collaboration. Knowledge and experience of individual specialties should be used to improve patients' care that becomes increasingly a team effort and involves multiple medical specialties and professions. As a result, there are many competencies and procedures that are practiced by multiple specialties and professions. The UEMS MJCs should be created for practice areas that are of interest to multiple specialties and could serve as consultation forum to establish principles of training and practice, as in case of OMFS ETR. Attempts to "protect one specialty area from invasion" by other specialty/specialties and refusal to participate in an MJC should not prevent a MJC creation. ETRs in specialties participating in a MJC should be harmonized to reflect optimal skill sharing and organization of specialist care.

Possibility of national adaptation regarding the use of ETRs

The UEMS experience shows that UEMS ETRs can be adopted without modification as national specialist training programs. Due to different national health care systems and division of tasks between different specialties it is possible to adapt UEMS ETRs to national framework of postgraduate training and this should be explained in each ETR document. It should also be noted that ETRs describe training of individual specialists. They are not meant to describe organization of national postgraduate training systems.



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Concluding remarks

We found a number of inappropriate behaviors, but we do not advise to undertake action against any colleague at this time. However, if similar behavior within UEMS is to be repeated, then the UEMS Executive needs to take formal action

We strongly suggest that whole ETR procedure should be transparently documented and any unresolved issues should be listed as options that can be evaluated by the Advisory Board and decided by the Council.

We appeal to all UEMS colleagues to assure that during whole ETR development, consultation and formal endorsement discussions are on merits of a proposal, no personal or any other discriminatory arguments are made, and constructive and collaborative spirit is maintained.

Hannu Halila

Zlatko Fras

Romuald Krajewski

For reference:

UEMS 2021/11 **Code of Conduct for Officers of the UEMS Bodies**

Approved by The UEMS Council: Date 24th April 2021