



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

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D 0415 Draft

Minutes of the Meeting of the UEMS Management Council

Saturday 20 March 2004, 10.00 a.m. - 5.00 p.m., Maison des Associations
Internationales, Rue Washington 40, 1050 Brussels

The President, Dr. Halila, welcomed the Management Council especially those delegates attending for their first time. He once again thanked the Slovenian Delegation for the wonderful meeting in Ljubljana in October '03. Tribute were paid to the late Dr. Guy Des Marez. Dr. Des Marez was Treasurer of the UEMS from 1973 to 1980 and Secretary-General from 1980 to 1990. The President also remembered Dr. Vilaça, a member of the Portuguese delegation who also died since the last Management Council meeting.

The UEMS MC stood for a minute's silence in memory of our late colleagues and also in memory of the victims of the recent terrorist attack in Madrid.

Observers attending were:

Dr. Joseph Barry (President IMO – IRL); Prof. Ariel Lindner (IS), Dr. Inon Schenker (IS).

The representative for Vascular Surgery present in the meeting, Dr Benedetti - Valentini is also welcomed.

1. Approval of the minutes of the Management Council meeting in Ljubljana on 17 and 18 October 2003 (D 0364)

Dr. Borman (UK) sought clarification of UEMS's position on the status of the examinations organised by some UEMS Specialist / Boards. Some Boards favour examinations as part of their assessment of their EU specialist training programmes, whilst others do not, preferring instead to avail of other methods of assessment. It was agreed that UEMS Board examinations have no legal status and conferred no obligation of automatic recognition by any EU Member State, unlike the national diplomas/certificates of undergraduate and specialist training referenced in the Doctors Directives. It was suggested that some Sections/Boards might not be aware of this fact. Accordingly, Management Council agreed that the President would issue a letter of clarification to ALL UEMS Sections & Boards on this subject. The official UEMS policy is that it grants no official recognition to Board examinations.

In the discussion follows that examinations are always the responsibility of the national organisations and that a European examination is in no way a guarantee for a position

on the European level. It is a matter for each national authority (like in Switzerland) to decide whether to recognise these European examinations or not on a voluntary basis.

The minutes of the MC meeting are adopted without any other comments.

**2. 2003 Annual report from the Secretary-General (D 0405).
Report National Associations (annex) handed out at the meeting.**

The Secretary – General present an oral overview of the highlights of 2003. The MC met twice in 2003. In October '03 Cyprus was accepted as new Associate Member and Israel as an Observer. Most points will again be discussed on the agenda today. In the secretariat Mrs. Degotte, who retired in late 2002, had not yet been replaced. The Secretary General thanked those delegations that had submitted a report for 2004. The written report from the Secretary General in addition to the National Reports will be circulated shortly.

3. Professional recognition directive – vote of the European Parliament on 11 February (letter Dr H. Halila)

The President has written a short overview on the current position regarding the recognition of professional qualifications [COM (2002) 119 final]. This will shortly be posted, together with some background introductory comments on UEMS's contribution to the deliberations, on the UEMS website (www.uems.net). Whereas the outcome of the deliberations of the EP Committee on Legal Affairs was reassuring from the medical profession's perspective, the opinions of the EU Council of Ministers were still awaited. They will be considering the many EP amendments in the coming months. It remains unclear whether the new directive can be advanced during the current Irish Presidency prior to the admission of the 10 accession countries in May or, more likely, in the Dutch Presidency during the second half of 2004. It was further questioned if the forthcoming elections to the European Parliament might delay any early decision taking on this topic. Either way it was essential to continue to lobby national Employment, Health and Education ministries, and MEPs, with UEMS concerns on this subject.

The President acknowledged the efforts of many in UEMS for the 'achievements' to date as well as the efforts of our sister EU Medical bodies in this jointly organised endeavour. The amendments adopted by the EP give some optimism that all 52 specialties currently listed in the Official Journal will continue to be so recognised. The prospect of new specialties being added to the list is also mentioned - so long as any such specialties are recognised, as independent specialties, in a 'limited number' of Member States.

It was reported that Mr. Stoodley, former Head of Unit, DG Internal Market had been transferred to a new post elsewhere in the European Commission.

Dr. Grewin (President, CPME) warned that there was a time limit. He supported the initiatives taken by the European medical specialists. It remains unclear how the Commission will respond to the EP amendments and might influence the EU Council deliberations in a way that might be less favourable to the EU Medical Organisations views. For this reason a good result still has to be awaited. So the 'battle' has yet to be won. The CPME will continue its lobby since it is possible that in autumn a final decision might be taken after all. The battle, like the UEMS has done in the past, is for full recognition for all 52 Specialties. The CPME planned to discuss the situation further at its plenary meeting on 26/27 March '04.

8.2 CME/CPD – Confirming good clinical practice (document Dr Borman)

At the request of Dr. Borman, Chairman of this WG, this item was discussed early to accommodate some delegates who had to leave at lunchtime.

The most recent draft (dated 1 March '04) of the working group, now re-named "*Good Clinical Practice*" was presented by Dr. Borman. The WG had amended the paper following the contributions at the Ljubljana MC meeting and the subsequent amendments that the WG received.

The Working Group questioned whether the UEMS, after 2½ years discussion, were now ready to adopt this paper. Some of the key principles are UEMS policy since the ***Charter on Quality Assurance*** adopted in 1996. The first two pages in the latest version of the draft (the French version came just a few days later) are the key points, elaborated upon in the text that followed.

Following a lengthy debate during which several UEMS delegations raised questions and sought clarification, based upon the situation in their own country, the following was agreed:

- a) The Management Council reaffirmed its opinion that the UEMS should adopt a position paper on Quality Assurance and asks the WG to continue its work towards achieving that end – hopefully in Lisbon.
- b) The general opinion was that, due to the different healthcare systems under which medical specialists in Europe work, any UEMS Policy QA paper should not pose a threat to specialists but rather reinforce and support them. The preamble to the paper needs to reflect this reality and appropriate textual assistance will be provided by Germany and Belgium, to reflect their concerns.
- c) The overall impression was that the text as presented was too long. The language used is often alien to the average medical specialists (instead of "clinical practice" now used is the "medical care"). This may estrange specialists who have to work with this document.
- d) For whom is the paper being drafted, to whom should it be addressed were other questions raised?
- e) The text should reflect, in a more prominent manner, the role and responsibility of the medical specialist
- f) A further draft paper, incorporating the many comments, will shortly be will be circulated to all delegations. Following discussion with their NMAs reactions and comments should be fed back to the WG within 1 month of receipt of the next draft.

Note:

The WG met briefly over lunch and in the light of the earlier discussion agreed to continue working on this important subject (Borman).

4. UEMS Specialist Sections

4.1 Representation of the Sections in the MC meetings.

The President welcomed the four UEMS Sections Representatives to the MC meeting. The 2004 annual Sections/Boards meeting will be held on 15 May 2004 in Brussels in the Rue Washington. As was agreed in 2003, the main meeting will not start until 11am, thus allowing the 3 Groups of Sections to meet together for 1-2 hours in advance of the plenary meeting. Members of the UEMS Working Group on "Relations with Sections and Boards" will also attend these meetings.

The President then invited the representatives of the three Sections Groups to address Management Council.

Group I

- Allergology and Clinical Immunology
- Cardiology (+Paediatric Cardiology)
- Endocrinology
- Gastroenterology
- Geriatrics
- Infectious Diseases
- Internal Medicine
- Nephrology
- Neurology
- Paediatrics (+Subsections)
- Physical Medicine and Rehabilitation
- Pneumology
- Rheumatology

The representative from this group Dr. Rosado Pinto is only able to present the present status of his own Section i.e. Allergology, since no other comments were received. On the European level Allergology is occupied reinforcing the position of the Section by establishing standards to training and CME. Allergology continues to work on its training standards and the quality of the clinical process.

Dr. Burnham (Gastroenterology) asked the question when the present representatives were due to change. All were initially appointed to serve for 2 years. From the discussion that followed some suggested that a 2-year term might be too short, given the time taken to familiarise oneself with the myriad of European structures and organisations. This matter will be raised at the May '04 meeting.

Group II

- Anaesthesiology
- Cardio-thoracic Surgery
- Gynaecology and Obstetrics
- Neurosurgery
- Oro-Maxillo-Facial Surgery / Stomatology
- Orthopaedics
- Oto-rhino-laryngology
- Paediatric Surgery
- Plastic, Reconstructive and Aesthetic Surgery
- Surgery (+ Vascular Surgery, Thoracic Surgery)
- Urology

The representative of this group , Dr. Jorma Piha, confirmed the earlier mentioned difficulties of poor communication between the different members of their group. In fact he had had no feedback at all.

Group III

- Child and Adolescent Psychiatry and Psychotherapy
- Clinical Neurophysiology
- Dermatology and Venereology
- Medical Biopathology
- Nuclear Medicine
- Occupational Medicine
- Ophthalmology
- Pathology
- Psychiatry
- Public Health Medicine
- Radiology
- Radiotherapy

The representative of this group Dr. Pinheiro, concurred with the above comments from his Group's perspective.

General Comments

In the light of experience to date a number of conclusions were drawn:

- a) If this model in organisation wants to be successful then it requires the active involvement of all parties. Communication is a two way process. The UEMS Secretariat sent an e-mail to all Sections and Boards to improve communication.
- b) In the May meeting to come the issue of communication both within and between the three Sections Groups will again be discussed
- c) Information on current, accurate e-mail addresses should be available on the UEMS website
- d) There is inconsistent representation at Group meetings and at the Working Groups. This is an unwanted situation since it may hamper communication.
- e) Meetings of all National UEMS Section/Board representatives should take place in each country at least once a year. Such meetings, in those countries where they are held, have been shown to greatly improve communication and understanding.

4.2 Vascular Surgery

The proposal to create a Section of Vascular Surgery came by way of a written request from the Finnish Medical Association (letter) and from the Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri (letter).

The Italian representative Dr. Benedetti-Valentini had to leave at lunchtime and due to the change in the order in the agenda was not present during discussions. The President indicated that, in keeping with UEMS Statutes and Procedure, this request was being referred to the Section of Surgery, Section of Cardiothoracic Surgery and the Section of Radiology for their comments. According to the Statutes of the UEMS, vascular surgery fulfils the criteria for a section. The decision will be postponed to the next MC meeting.

4.3 Statutes of the Section of Cardiothoracic surgery

The Statutes were approved by the MC.

4.4 Statutes of the Section of Nuclear Medicine

The Statutes were approved by the MC.

4.5 Creation of a Subsection of Paediatric Neurology

Here some discussion followed based upon the situation in the different countries. The SG informs that UEMS has already recognised several Sub-sections within the Section of Paediatrics. It was decided to ask the views of related Sections such as Child & Adolescent Psychiatry, Neurology. The MC advises the subsection to invite representatives from the sections of Child and Adolescent Psychiatry and Neurology to participate in the subsection.

4.6 Change of name of the Section to Oro-Maxillo-Facial Surgery and Stomatology

MC approved the change of name of the Section. The Section will be asked whether in time Stomatology might be dropped from the title altogether. The change of name to section of Oro-Maxillo-Facial Surgery and Stomatology was approved at this point.

4.7 Position paper of the UEMS Section of Pathology on European policy concerning medical autopsies (draft document)

The MC noted that this was a draft paper. The UEMS shares the concern of the Section of Pathology on the decreasing number of autopsies being performed and how this affects quality assurance of clinical medicine and medical education. The MC suggests that the paper needs to be further revised and discussed by the Section of Pathology members prior to being reconsidered by the MC.

The question is raised and concern is expressed on some aspects of Telemedicine. It seems that Tele-radiology enables commercial companies to have digitalised photo's reviewed far away from the patient. This is an unwanted development. Outsourcing in medicine is a potential unwanted development. (Silberman) In Brussels a group called E-medicine was created and no medical specialists is involved. Attention has to be paid tot his development.

5. UEMS Website (Dr Theuvenet)

Dr. Theuvenet presented an overview of status of the website. What was promised already during the Helsinki meeting n 2000 is now operational. The UEMS website has been redrafted and the functionality improved. All previous information has been reallocated and redundancies were removed. There is now a search engine and a protected area. As for the functionality of this protected area there is still debate in the Executive, however proposals will be brought to MC later in the year. During the last 6 months proposals were made to the Sections on the layout of the UEMS Section portals, which have all been implemented. The Sections are being encouraged to develop their own website like the Psychiatry and Surgery already has.

If Sections want to create their own website, need advice or support, e-mails can be sent to the UEMS and in the mailbox to: website@uems.net

In the next phase, proposals will be made to the Sections on a uniform set of information available on their portals. Each Section has to monitor the information on its own UEMS portal with respect to the presented information. The UEMS mailboxes are operational and e-mails can be sent directly to different Executive members directly as the UEMS Bureau.

In the next months 3 UEMS members are going to work on the set of information available on the National Medical Specialist Associations. It will again have to show identical information while at the same time allowing characteristics of each country. Also here the idea of having a portal applies.

Since the ability of medical specialists and specialties is limited due to high travelling expenses, the UEMS will explore the possibilities, including costs, of video-conferencing as an alternative to convening in Brussels, for example Executive Committee meetings. This will be done in close cooperation with Tiscali.

The new UEMS website was financed thus far by the Foundation Intranet Medical Specialists Netherlands (SIMSN). From 2004 onwards all costs will have to be paid by the UEMS. In the meanwhile we have nearly finished the software tool that will allow the staff at the UEMS bureau update the website on a day-to-day basis. For the foreseeable future the cost to the UEMS will not be prohibitive.

6. CPME Communication (Dr B. Grewin, CPME President)

The President welcomed Dr. Grewin (Sweden), the newly elected President of the CPME, to the Management Council meeting. Dr. Grewin was until now been the head of the Swedish delegation to the UEMS Management Council. Dr. Grewin stated that this was his first visit to any European Medical Organisation since he took office. European cooperation and collaboration between the different EU Medical Representative Associations is essential. There is much work to be done. For fruitful cooperation we have to know more about to each other. Information can be presented to the UEMS from the CPME and vice versa. There is already good cooperation especially since the establishment of the Joint Presidents meetings $\frac{3}{4}$ times each year. There are several areas where the CPME is active and in the following overview these are briefly reviewed.

The CPME is active in the following areas, which are also of interest to the UEMS:

a) **The Professional Recognition Directive**

As is well known this has been a struggle for many years where also the CPME is active. The CPME will meet shortly after this meeting in order to support the UEMS in its efforts to change the Directive.

b) **European Commission: free movement of Services** and starting a practice is one of the key issues of the Commission. At this moment the national authorities have the full responsibility but changes may be at stake, these are monitored by the CPME.

c) **European Working Time Directive**: is now revisited by the European Commission. Consultations will end before the end of the month.

d) **Patient mobility** : this is work directed to have care for all Europeans and any decision making here will influence our professional life.

e) **Patient safety**: program is developing and we want the EC to get involved.

f) **Find an agreement with the EFPIA** (European Federation of Pharmaceutical Industries and Associations) : set of guidelines of a pharmaceutical code of conduct in Europe. These guidelines will also deal with a code of conduct. Is extremely important that we are involved ourselves.

g) CPME: all policy is first discussed and developed in one of 4 Sub-Committees and then taken to the Board or the General Assembly for adoption or otherwise. There is a subcommittee on education. Quality Management in CME/CPD. Possibly a combined working group with other European Associations can be formed.

These are the main topics that are on the agenda of the CPME.

h) Dues: What will be the subscriptions for the 10 incoming European full members. A new Working Group of CPME has been established to examine this matter.

i) Very important meeting with the Presidents of the other European Medical Organisations. CPME is revising its earlier document on how to deal with policy papers / motions from the other EMO's.

There are no further questions as the president states that cooperation is already discussed in president's meetings that are organised on a regular basis, The President thanks Dr. Grewin for coming and attending the MC meeting.

7. **European medical associations UEMO, AEMH, FEMS, PWG, EFMA (European Forum of Medical Associations)**

UEMO : (Dr. André) : the UEMO financial problems are partially relieved. In the June meeting further discussions will follow. There was some discussion on the 'specialty' of General Practice and what this means. A specialisation with only a 3-year training curriculum would be unusual nowadays. (There are 4 and 5-year GP training programmes in some countries with plans for this to commence in other Member States as well). Not all European UEMO members agree on the new definition

AEMH : no representative.

Dr. Costa (P), Vice-President gave a verbal report of the September 2003 meeting. No more recent information.

FEMS : no representative

PWG : (Dr. Tiainen, President of PWG) Apologies from Dr. Barbara Goeggel, who though in Brussels had to convey a late apologies due to a sudden illness on the morning of the meeting.

PWG Madrid meeting in November 2003 :

a) Document on **Research on Postgraduate Training** was accepted. PWG feel that research should be in the curriculum of all PGT schemes, but no obligatory.

b) PWG: on EWTD – **European Working Time Directive**. The Directive comes into effect in August 2004. PWG defined standards. The PWG hopes to be able to organise a conference later this year, hopefully in Dublin (subject to funding confirmation from the European Commission). The next PWG meeting will be held in Copenhagen in June.

European Forum of Medical Associations :

There are no regular contacts due to financial problems.

8. Reports from the UEMS working groups

8.1 Postgraduate Training WG

Dr. Giger (Ch.) presented the report.

Revision of Chapter 6 (Charter on Training) has been under discussion for the past two years. The last update was over ten years ago in 1993. A checklist of headings has been prepared and MC agreed to the inclusion of 4 additional items. This will now be sent to all Sections and it is hoped to have updated Chapter 6 information on ALL Sections by the end of the year. The Sections have been divided out between each member of the PGT Working Group. Dr. Brenning agreed to remind the Sections to complete their responses as quickly as possible.

Assessment Methods of PGT: Very different cultures in the UEMS countries. A questionnaire is to be sent to all NMAs seeking information on the different Assessment Methods in use for evaluating their postgraduate trainees. Results will be presented at the Lisbon MC meeting.

8.2 CME/CPD WG

Confirming Good Clinical Practice (document Dr Borman)(see earlier discussion in the minutes)

8.3 Relations with Sections & Boards WG

Dr. Bredin: the WG presented the report (see text)

Each WG member has undertaken to attend at least one Section meeting held in his or her country each year.

How many delegates of a national organisation are allowed to be present in a Section?

Another concern is that some Section representatives were never officially nominated by the National Medical Organisation in membership of UEMS in their country.

The way the WG was started, its activities etc will further discussed in Lisbon. The WG will present its report for the UEMS website. Also a Chapter in the Yearbook would be preferable.

The general problem of communication is mentioned again. It is stressed again that communication is a two-way responsibility

8.4 Specialist Practice WG - Current Healthcare Systems

Dr. Greff: presents an overview of the work. The problem was that the information that became available presented an enormous variable situation. A report will be presented in Lisbon on the European Working Time Directive.

To this purpose a study is planned that costs around €400,000. Money that has to be raised first and possibly the European Authorities are interested enough to support the study. The MC discusses on this topic and the question is raised (Lowry) is this effort is

worthwhile since so much information is available. Dr. Silberman adds that the study will be done at the national level starting with a few pilot studies. There is a growing interest in the Member States. Data collection is in any case the first option. This study may be of great interest to the UEMS where the interests of the UEMS have to be protected. Dr. Burnham adds that the Royal College of Surgeons has already performed such a study and data are available.

The President stated that this development is not on the agenda. The Executive will later deal with this and related questions. The “opt out” scenario is a difficult one to tackle. It is important that European Medical Organisations speak with the same voice also on this matter.

8.5 Guidelines International Network (GIN)

Dr Theuvenet reports that after last meeting several talks have been made with a representative of GIN. In order to speed things up a letter was sent GIN and preparations were made for a meeting between the UEMS and GIN. GIN has informed us that the Presidium of GIN was asked for its opinion. Since this a global network no reactions was available during this meeting. Timetable however being a meeting, possibly in May, with the two Delegations. A position paper as the basis for the cooperation will be drafted and the intention is to present it in Lisbon.

9. The Future of the European Medical Organisations (See documents UK (Dr Borman) and IRL (Mr. Richardson)

Introduction by Dr. Borman. The BMA drew attention to the situation where we have several medical representative organisations in Europe, the main ones being CPME, UEMS, UEMO and PWG. There are any reasons why this is not very effective. First of all, financial reasons since it can be expected that some costs are made by all organisations the same time. United we can perform better. The level of lobbying expertise, once united, we can perform better. Also the European politicians could appreciate one organisation of medical doctors. In a new organisation, the new structure could have branches where all medical parties are represented without losing their identity.

Presentation of Irish Paper by Mr. Richardson: Mr. Richardson (Ireland) gave the background to the paper tabled in the name of the Irish Medical Organisation.

After these presentations, it is stated that both the UK and IRL operate organisational structures in their own countries not unlike that which they were advocating for the ‘unified EU Medical body’. But other delegations have different representative structures in their countries that made the model proposed more challenging for them. It would be a great advantage if the medical world could speak with one voice. Duplications in any sense could be avoided. In the discussions that follow several comments are made and importantly that there are advantages but also disadvantages. The President states that the items present in both papers are already in discussion in the **Joint Presidents meetings** that take place on a regular basis, the next such meeting scheduled for the week following the March '04 MC meeting.

The search for a common Domus Medica in Europe could be an option where all participants are together and try to share costs, but maintain independent organisations. However, the UEMS can manage its affairs well due to its position and the costs of the premises in the Avenue de la Couronne. Moving into new premises can put financial constraints to the UEMS. Another problem is how to divide the costs. Dr. Twomey indicated that the origin of the paper is not the Irish UEMS delegation.

From the discussion it is clear that any increase in the annual subscription would not be accepted by some national medical specialist organisations, especially those who already have high national obligation (Dr. Righetti). In several other UEMS members' states where already a national umbrella organisation exists, it is reported that there are also other consequences. In France membership is mandatory and this also resulted in a not very effective representation of the French medical specialists. This is an important issue that is shared by others. Sometimes it is good to have two organisations (Dr. Burnham).

PWG plans to discuss these papers next June. Personal opinion is that the name of a body is less important than the outcome. On the national level we have very different organisations. Co-operation is of course possible. A model on how to implement this in Europe would be desirable. In the final conclusion general lines are remembered (also the view of Dr. Peiffer regarding the value of a single *Domus Medica*). The whole question of European representation is focused on the assumption that we can perform better once united but, speaking in one voice has a danger that in practise it also could mean, "yes, as long as it is my voice". The assumed reduce in costs due to the unification doesn't take into consideration the needs that will result from a larger unified organisation.

The main issue for the UEMS however has been and will continue to be: are we able to represent the interests of the European Medical Specialists and our Sections in a new organisation and can we afford the new financial demands. If there is no satisfactory answer to either of these two questions, then any move poses unwanted threats. There is a fear that the Sections in this situation could consider forming a new "Union of Sections" outside the planned joint organisation.

It was decided to move forward cautiously and continue to communicate on this and start cooperation where possible.

10. EACCME

report on the meeting on 29 November 2003 (D 0401)

2003 EACCME annual report (D 0406) will be send as soon as possible.

The President reminds the MC that there is also an Annex to these documents. The Netherlands Delegations asks for clarification of who receives an invitation to the EACCME. In some countries, in an unwanted situation, a governmental delegation is send to this meeting without any involvement of the UEMS Delegation. Also in The Netherlands, the Dutch Order didn't receive information. In this Delegation Dr. Tjen, is the responsible delegate also for CME/CPD. It is asked to assure that the UEMS Delegation are in the position to sent a Delegation that is representative for CME/CPD on behalf of the Medical Specialists to Brussels.

11. UEMS Compendium 2004 (3 letters)

The UEMS Compendium will be made for this year. See the 3 letters. Invitations are also send for national and speciality contributions. Dr. Harvey (UK), Liaison Officer, is the Editor-in-Chief.

12. UEMS Treasury: report from the Board (D 0404)

(this report includes the discussions and decisions taken by the UEMS Board)

- a) The UEMS had to try to balance the budget 2003 by not replacing staff and keeping close watch on the expenditures. As can be seen from the balance and although not all subscriptions were received this was achieved. The feared deficit due to the subscription problems of France was compensated by extra income. Although the UEMS is pleased with the extra income generated by the accreditations in the

EACCME, this has for the time being be accepted as a step in between to a more professional organisation of the UEMS. The Board and later the Management Council approved the account 2003 thanking Dr. Lamy for his good work on behalf of the UEMS.

**b) Internal Auditors report
(Dr. Alexandre Bisdorff (Lux) and Dr. Max Giger (Ch.))**

The account 2003 is approved by the Internal Auditors and the Treasurer is officially discharged. The financial position of the UEMS and also the bookkeeping gave the auditors reason for comments. It is since the amount of money involved and the expected increase in the organisation perhaps best to consider having an accountant make the annual report. Another reason is the increase in income by not only the UEMS subscriptions but also its own activities.

c) Problem of the non-payment by France of its subscription, with possible suspension

The total amount due over 2002, 2003 and 2004 amounts to €90,000. France has recently paid an initial sum of €10,000 and has asked to be allowed to pay the outstanding monies due (some €60,000) for years 2002 and 2003 over the next 2 years. Dr. Greff explained the French position indicating that the subscription dues are now or donations from each of the Specialist Sections. France is most anxious to remain an active participant in UEMS affairs.

The Management Council discusses the options available to it in the event of a member falling behind in its annual subscription. Dr. Halila quoted from the relevant Statutes which states that the Management Council “**may** decide to” but clearly is not mandated to do so...

The danger of establishing an unwanted precedent was mentioned by a number of delegates. Accordingly it was argued that the Monies due from France needed to be settled as quickly as possible, maximally within two years, though preferably within one year. Meanwhile MC decided to accept the €10,000 recently paid as part-payment for the outstanding 2002 subscription. The MC decides to ask France to present a written confirmation of the timescale it envisages to clear its debts by the May 14th Executive Meeting. This will then be considered at the next Board meeting in Lisbon. The MC expresses its gratitude for all the work done by Dr. Greff in trying to resolve this dilemma.

**d) Future financial policy – proposal for a new sharing-out key for 2005
(document to be circulated)**

In an overview Dr. Lamy states that the earlier decision taken to allow the ten new incoming members to grow to full paying members will come into action. During a 3 years period the dues are raised with 1/3 to full level. The UEMS proposes to keep the dues for the “old” members as they are now. Unless unexpected financial mishaps occur, only inflation has to be taken into consideration. The extra income may present to the UEMS a possibility to keep the dues as low as possible. It has to be remembered however that the UEMS staff is now not what it was earlier and the EEC is working on a proposal to improve it. Also new costs like the UEMS website will have to be considered, unexpected financial mishaps, the need for more service and support to the sections from the UEMS.

The UEMS has kept the annual dues and its key the way they were over the last years. Reason being that the variables that would enable the use of a new key are

not as reliable as is needed. The total number of medical specialists i.e. is sometimes very difficult to have.

The new criteria on which the suggested new key is based on their respective percentages are:

- a) **18%** of the key: to be linked to each country's gross domestic product (to replace the gross national product, which is not available in the ten new accession countries)
- b) **40%** - number of medical specialists
- c) **17%** - number of inhabitants
- d) **2%** - language
- e) **5%** - travelling distance to Brussels
- f) **18%** - voting rights

The UEMS will in due time present an update to all members. It is further decided that the UEMS will send a letter to all National Medical Specialists organisations asking them to state the exact number of specialists in active practice in their country and some means of confirming the figure they produce. If this can be achieved then all figures are more reliable and can be compared which will improve the key.

13. The application from Bulgaria for associate membership of UEMS

This item was deferred pending receipt of follow-up information from Bulgaria.

14. Venue and date of next meetings:

14-16 October 2004 : Management Council, Lisbon, Portugal.

Dr. Costa welcomes on behalf of the Portuguese Medical Association the UEMS. He will forward an electronic presentation for the UEMS, it will also be uploaded on the UEMS website.

Future meetings:

21-22 October 2005	Management Council, Munich, Germany
October 2006 :	Management Council, Budapest, Hungary
October 2007 :	no invitation to the UEMS yet
October 2008	Management Council, Copenhagen, Denmark

The President reminds the members that 2008 will mark the 50th Anniversary of the UEMS. The occasion will be commemorated at a special anniversary meeting of the MC in Brussels in March 2008. A detailed program comparable to the 40th Anniversary will be developed for the occasion.

15. Other meetings:

15 May 2004 :	UEMS Sections and Boards, Brussels
27 November 2004 :	UEMS Advisory Council on CME meeting, Brussels

The President closed the meeting at 5 pm and thanked the Management Council for its support. He wished everybody a safe trip home. A word of thanks was conveyed to the translators for their much-appreciated hard work.

March 31st 2004

B. Maillet, Secretary General UEMS