UEMS — EUROPEAN UNION OF MEDICAL SPECIALISTS

The Newsletter of European Medical Specialists

In this issue:

UEMS News 2010 / 07

November 2010

Outcomes of the UEMS Council Meeting Prague, 7th–9th October 2010

For the first time since 1958, the UEMS Council meeting gathered delegates from National Member Associations as well as delegates from the UEMS Sections & Board. The Board and Council of UEMS met in Prague from 7th to 9th October 2010 for their bi-annual meeting. This first common meeting was an historical landmark in the life of the organisation and will pave the way to improved coordination between the two main components of the UEMS.

These meetings in Prague were also historical by the decisions which were taken, the most important of which being for the UEMS to purchase premises to accommodate a European Domus Medica. The necessary steps were undertaken in this regard and endeavours are now continued in order to confirm this mandate. Further information on this particular issue will follow.

On the occasion of these meetings, a wide range of issues were also addressed and decisions taken with regard to current EU issues on the one hand and internal rules and guidelines on the other.

UEMS Structure

As mentioned, statutory changes were adopted in order to regulate the mechanisms of improved collaboration between the UEMS Council and S&B. These changes were elaborated further to the considerable work carried by the working group on the future structure of UEMS, which was stirred with great commitment by its chairwoman Dr Gunilla Brenning. These changes notably encompassed:

- The creation of 3 Standing Committees in the fields of expertise and key areas of interest of the UEMS, namely: Postgraduate Training; Continuing Medical Education and Professional Development; and Quality Management. These SC will be responsible a.o. to deal with their relevant accreditation councils: the EACCME® (European Accreditation Council for Continuing Medical Education) and the ECAMSQ® (European Council for Accreditation of Medical Specialists Qualifications)

Visit of the Charles University by the UEMS national delegations

- Ad hoc Working groups can be created by the Council or the Executive in a view to address specific issue according to the aim of the organisation (i.e. EU affairs or other relevant domain). Members of these working groups are nominated as experts by the Executive. These working groups have a time limit and at the end of the fixed term or when the mission is completed they will be dismissed. The decisions taken by these working groups will be ratified by the Council.

Continued on page 4

EU Health Policy Forum Brussels, 21st October 2010

On 21st October 2010, the European Commission held the EU Health Policy Forum which brings together various stakeholders in the health sector.

The Health Policy Forum was chaired by Mr. Andrzej Rys, Director of the Public Health and Risk Assessment Directorate in DG Health and Consumers within the Commission. Strategic and recent developments on current key health issues were discussed among stakeholders in a view to improve the efficiency of actions and initiatives in the field of Health at European level.

Belgium's perspective

The Belgian Presidency was invited to present its actions and activities with regard to health. Ms Leen Meulenbergs Head of the Federal Services of Health and Environment Interna-

Continued on page 3

European Antibiotic Awareness Day

On 18th November 2010, the European Antibiotic Awareness Day was organized by the European Centre for Disease Prevention and Control (ECDC). The ECDC has, together with health authorities across the European Union, launched European Antibiotic Awareness Day, a European public health initiative which is marked annually on 18th November.

This year, the European Antibiotic Awareness Day campaign focuses on working with hospital prescribers, pharmaceutical committees, managers and pharmacists to reduce unnecessary antibiotic use in hospitals through supporting national campaigns.

Antibiotic resistance is one of the most important threats to patient safety in hospitals in Europe. Antibiotic-resistant bacteria have become an everyday occurrence in many European hospitals where they affect patient safety, and increase patient morbidity and mortality as well as the average length of stay in hospital.

The European Center for Disease prevention and Control (ECDC) promotes the prudent use of antibiotics as well as a multifaceted strategies which include use of ongoing education, use of evidence-based hospital antibiotic guidelines and policies, restrictive measures and consultations from infectious disease physicians, microbiologists and pharmacists, may result in better antibiotic prescribing practices and decreasing antibiotic resistance. The ECDC also insist on several measures which are relevant to tackle this issue:

- Monitoring of hospital antibiotic resistance and antibiotic use data has been shown to provide useful information to guide empirical antibiotic therapy in severely ill patients,
- Correct timing and optimal duration of antibiotic prophylaxis for surgery is associated with a lower risk of surgical site infections and lower risk of emergence of antibiotic-resistant bacteria,
- Studies show that, for some indications, shorter rather than longer duration of treatment can be administered without differences in patient outcome and this has also been associated with lower frequencies of antibiotic resistance,
- Taking microbiological samples before initiating empiric antibiotic therapy, monitoring culture results and streamlining antibiotic treatment based on culture results is a means to reduce unnecessary antibiotic use.

For more information please visit the following weblink:
http://ecdc.europa.eu/en/eaad/Pages/ToolkitHospitalPrescribers_KeyMessages.aspx

¢

Addressing Adverse Drug Reaction: the new pharmocovigilance legislation

On 15th September 2010 a seminar was organised by PGEU and EPF on "Adverse Drug Reactions: Moving forward together on Patient Safety?". This seminar was hosted by MEP Linda Mc Evan in the European Parliament with an aim to raise awareness on the impact of the new Pharmacovigilance legislation on Adverse Drug reaction (ADR) and the possible solutions to enable patients and health professionals to act more effectively to tackle this issue.

The pharmacovigilance legislation was part of the „Pharmaceutical Package" put forward by the European Commission in 2008 and comprising three legislative proposals, the other two being on anti-counterfeiting and information on prescription medicines.

This Directive, which had already been agreed by the European Parliament's Public Health Committee, was overwhelmingly endorsed by the plenary in Strasbourg.The legislation must be put into effect within 18 months of its publication in the EU Official Journal and will see the European Union and its Member States set up pharmacovigilance websites. The national web portals, to be linked to the EU's own, will include assessment reports, summaries of product characteristics and patient information leaflets. The portals will also tell patients how to report any suspected adverse reactions.

The rate of patients' deaths and harm" caused by adverse events is estimated as the fifth largest cause of death in hospital – yet the rate of reporting adverse drug reactions (ADRs) is as low as 10-25% of all cases.

The new legal provisions facilitating direct patient reporting to health authorities represent the added value of spontaneous patient reports, providing crucial complementary information to those submitted by health professionals. Evidence suggests that patients tend to directly report symptoms such as sexual dysfunction, suicidal behaviour, and so on, which they may find uncomfortable to mention to health professionals.

Patient safety and Quality management are the key points of this new legislation which aims at bringing added-value to the existing legal framework through the reinforcement of patients, health professionals and European Agency's role, namely the European Medicines Agency. The UEMS is dedicated to improving patient safety through the active participation of Health Professionals and welcomes the various measures to be implemented in this legislation. However, the UEMS expresses its concern that the new reports from adverse drug reaction which will be sent through pharmacovigilance website will not be easily made available to health professionals given the EU data protection law. The UEMS insists on the importance of increased collaboration between doctors, patients and pharmacists as the best way to tackle the issue of Adverse Drug Reaction.

EUROPEAN PARLIAMENT

¢

Consultation on tobacco product directive

The European Commission has launched a public consultation regarding the possible revision of the Tobacco Products Directive 2001/37/EC. The aim of this directive is to facilitate the functioning of the internal market in the tobacco products sector while ensuring a high level of protection to public health.

These public health provisions mainly cover:

- The maximum content of tar (10 mg), nicotine (1 mg) and carbon monoxide (10 mg) per cigarette;
- The health warnings and other labelling requirements
- Reporting on the tobacco ingredients by the industry to the authorities
- Ban on misleading texts, names or signs in tobacco packages, and oral tobacco.

Since 2001 tobacco products have increasingly diversified. This consultation will cover 6 key areas:

- The scope of the directive;
- Smokeless tobacco products;
- Consumer information;
- Reporting and registering ingredients;
- Regulation of ingredients;
- Access to tobacco products.

This consultation is based on existing knowledge and aims at providing an early opportunity for all stakeholders to input on the possible need to revise the Directive and on the different policy options that such revision might involve.

The consultation is available under the following URL: http://ec.europa.eu/health/tobacco/consultations/tobacco_cons_01_en.htm

¢

EU Health Policy Forum

Continued from page 1

-tional Relations of Belgium, representing the Belgian Presidency presented the Presidency's priorities for health. She reminded the audience the main achievements of the Belgian Presidency in the field of health and drew the attention to the future joint action which will be set up in the next work plan and which will aim to include health professionals needs and expectations. Several Ministerial Conferences were organised to address specific issues such as the Ministerial Conference on Chronic Disease held in Brussels on 20th October.

Hungary's perspective

Hungary will take the next Presidency of the European Union and has already worked with Spain and Belgium to the elaboration of the common agenda.

- Investing in the healthcare of the future - to be part of the April 2011 Ministerial Council.
- EU workforce: the Presidency will continue the work done so far by the previous presidencies, based on the green paper
- Health security will be an important field and in particular the EU preparedness plan,
- Childhood vaccination initiatives: the Presidency will organise expert level discussions around this topic.
- Mental health: the Council will publish conclusions on this topic, under the Hungarian Presidency
- eHealth: will be the subject of a ministerial event in May, during eHealth week

Active and Healthy Ageing

The Commission gave a presentation of the European Innovation Partnership On Active And Healthy Ageing (AHAIP) which aims at enabling citizens to live a healthy life until old age, improving the sustainability of social and healthcare systems as well as developing innovative products and services. In this regards, three work areas have been targeted so as to efficiently implement this EIP initiative:

Work area 1 – individuals as patients and consumers

Work area 2 – social and health care systems

Work area 3 – developing EU and global markets

DG SANCO will soon launch an online consultation and will hold a stakeholder consultation meeting on 26th November 2010. It highlighted the fact that the timetable for this project was tight and that the aim was to adopt a multi- annual strategic work programme early summer 2011 in view of presenting some outcomes of the project by the end of 2011.

The European Center for Disease prevention and Control (ECDC)

The Director of the European Center for Disease prevention and Control (ECDC) made a presentation of the actions undertaken by this European Agency to take care of disease prevention. Presenting the priorities of the agency, he outlined the need for more attention to be given to social determinants and to reach populations that can be difficult to access, giving the example of a measles outbreak in the Roma population. He also pointed out the major role of Health professionals in Disease management and welcomed the participants to the Forum to further collaborate with ECDC.

eHealth development

DG INFSO presented the main actions in the field of eHealth on which they are currently working on, starting with the Digital Agenda for Europe. It outlined the work being done on the minimum common set of patient data for interoperability of patient records to be accessed or exchanged electronically across Member States and the promotion of the deployment of telemedicine services.

Concerns raised by participants

The members of the Health Policy Forum welcomed the different presentations made and expressed their concern regarding the importance of taking into consideration stakeholder's views. Many initiatives are taken at European Level by European Institutions and EU Member States.

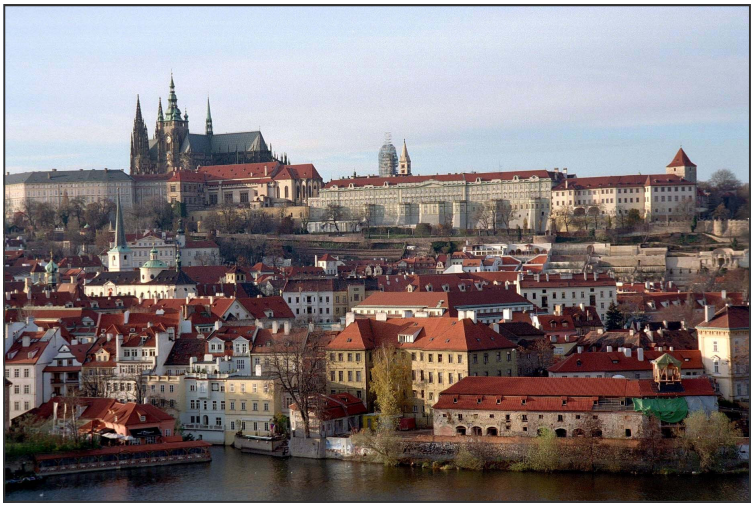
Increased collaboration is therefore necessary to fully implement EU policies and tackle issues in the field of health at European level. Participants are invited to get involved in consultations led by the Commission and to actively work together support and inform their members.

¢

EUROPEAN UNION OF
MEDICAL SPECIALISTS

Avenue de la Couronne, 20
BE - 1050 Brussels

Phone: +32 2 649 51 64
Fax: +32 2 640 37 30
Web: www.uems.net
E-mail: info@uems.net



Outcomes of the UEMS Council Meeting

Continued from page 1

- For the sake of clarity and transparency the mandates of the different positions within the UEMS have been harmonised to four years renewable only once. The Presidents and Secretaries of Sections and Boards as well as members of the Executive will therefore be elected for a mandate of four years and will be able to be re-elected only once in the same position.
- Several legal clarifications have been made so as to more efficiently reflect the reality and ensure the adequacy between the statutes and the rules of procedures.

ECAMSQ®

The Discussion Forum was dedicated to the recent developments of the ECAMSQ® (European Council for Accreditation of Medical Specialists Qualifications). This newly established body aims to assess the competence of each European individual medical specialist according to the highest standards of medical training. When fully implemented, this project will guarantee that each medical trainee accesses appropriate EU-harmonised Knowledge, Skills and Professionalism in each EU Member State. This competence-based approach aims to achieve a common background for the assessment and certification of medical specialists' competence all over Europe, based on the core curricula developed within UEMS Specialist Sections. In a context of increased cross-border healthcare, the development of such a model will guarantee the delivery of safe and high quality health care for all European citizens all over Europe.

In doing so, the ECAMSQ® is not intended to supersede the sovereignty of national competent authorities nor create a new layer of bureaucracy but rather mobilise the existing initiatives and forces in the field of postgraduate training and harmonise to the upper the content of medical training for the benefit of patients across Europe. Its founding philosophy is based on competence-based learning with periodical formative assessments of Knowledge, Skills and Professionalism, notably by means of multiple choice questions (MCQs) and direct observation of practical skills (DOPS). In the near future, this framework will be supported by an electronic platform whereby each medical specialist will have an online portfolio in which his/her training will be recorded step by step.

Ultimately, the ECAMSQ® will enable European medical specialists to move freely from one country to another all over Europe while bringing the necessary guarantees to the Member States' authorities with regard to the moving doctors' competence.

e-Health

The Council of UEMS endorsed the "CALLIOPE Roadmap". This document was produced by the European project CALLIOPE (Call for Interoperability) of which the UEMS is a beneficiary, and aims to draw the baseline in the development of interoperable e-Health systems.

EACCME®

The Recommendations proposed by the Taskforce on EACCME® were unanimously endorsed. These included the creation of a governance body; providing documents for reviewers of e-learning material; the refusal to accredit events directly funded or provided by pharmaceutical and medical equipment industries; the examination of potential "provider accreditation".

However, it was also decided to postpone adoption of the policy documents elaborated by the EACCME Taskforce in order to allow for a new round of deeper consultation within the UEMS Membership. These papers will be submitted again for endorsement at the next Council meeting to be held on 8-9th April 2011.

UEMS Sections & Boards

The UEMS Sections & Boards which attended the meetings presented a few issues for endorsement by the Council. These issues notably included:

- The creation of a Multiple Joint Committee and Board on Oncology;
- The endorsement of the Chapters 6 in Radiology and Oro-Maxillo-Facial Surgery as well as the White Book on Hand Surgery;
- The creation of European Boards in Emergency Medicine and Hand Surgery.

All documents were added to the UEMS website (www.uems.net) and the report of that meeting will be made available soon (UEMS 2010/50). Please contact the Secretariat of UEMS, should you need any further information.

¢