



## Advisory Board – 5 Year Strategic Objectives for AB and UEMS Bodies Formal Proposals for Voting at AB from Chairs of Groupings



### Introduction

After the creation of the Advisory Board, UEMS bodies and their bureaus have a robust way to influence the direction of the organisation in addition to communication with delegates' National Medical Associations the Members of the UEMS. With this power comes responsibility. UEMS bodies can no longer focus only on the future of their own group but must give consideration to the future of the whole organisation. This bringing together of the whole of UEMS increased the dynamism of our organisation and created opportunities which simply did not exist when UEMS bodies were divided into many, loosely connected groups. A logical next step is for the Advisory Board to define some strategic objectives for the near future. The purpose of this short paper is to present several ideas for activities that would further accelerate growth of our association.

**Action: For the objectives that will be supported, the next step for colleagues will be to volunteer to join 'task groups' to bring a formal written proposal to the next meeting of the Advisory Board in Brussels.**

There are already draft documents for majority of the proposed objectives. These are not final but would be the basis for further work and the formal proposal.

### Proposed Strategic Objectives – 5 Year Plan to be delivered by 2027

**These proposals will be presented and discussed at the Advisory Board in Athens October 2022.**

#### 1. Develop and agree Quality Indicators for UEMS Bodies \*

This would define key domains for all UEMS bodies and allow progress to be tracked at each meeting of UEMS Advisory Board and Council.

- a. Red-Amber-Green Grid for Qis which could include.\*
  - Tracking of progress in implementation of QIs.
  - Prepare and report to the UEMS Office:
  - Financial Reserve Policy
  - Budget plans including plans to utilise/invest current funds.
  - Plans for ETR development or ETR update.

#### 2. Strengthen/expand relationships with Scientific Societies at European & national levels.\*

- a. Draft document is part of agenda pack

#### 3. Financing UEMS Sections, Multidisciplinary Joint Committees, Thematic Federations. \*

- a. Develop and agree a harmonized and sustainable funding model for all UEMS bodies.

#### 4. Promotion, implementation and development of EACCME accreditation system

#### 5. Identify and deliver additional mechanisms to improve accounting processes of UEMS bodies.

Define and implement effective mechanisms to eliminate 'missing' financial documents (invoices, receipts etc) with the twin objectives:

- a. Reduce risk of losing not-for-profit status of UEMS in Belgium
- b. Have accounting books which are sufficiently robust to support external quality certification.

#### 6. Identification of and Proposals for Common Projects \*

The Advisory Board has expressed general support for creating a process to develop, agree and fund projects of mutual benefit across UEMS bodies. Identify and implement projects that are considered the most important and useful for whole association.

\* Existing documents to be attached to the proposals and follow in this document.

# 1) Red/Amber/Green Summary of UEMS Body's Compliance and Transparency Guidelines – draft proposal

## Introduction

UEMS is complex association of diverse medical specialties in Europe. In many ways its strength comes from its diversity. Medical specialists from all the specialties recognised across the Europe including the EAA, Switzerland, Norway and the UK, work selflessly for the benefit of trainees and specialist colleagues.

Within UEMS there is a need for some organisational consistency and transparency. This table is designed to encourage all UEMS bodies to deliver in the standards of the best. Not all the columns will

## Example RAG Table

UEMS Body	Code Of Conduct	Report	Reserve Policy*	Annual Budget Plan*	Minutes	ETR*	Exams CESMA review*	Exam Base Data Shared*	Climate Change	Diversity & Inclusion
OMFS Section	Green	Amber	Green	Red	Green	Green	Red	Green	Red	Green

\* If UEMS body does not have any funds and/or an exam and/or ETR is not relevant these can be left blank (white)

## Summary of RAG Domains

**Code of Conduct:** **Green:** all Executive have completed the CoC, **Amber:** over 50% have completed CoC; **Red:** less than 50%.

**Summary of Activity UEMS report:** **Green:** twice per year, **Amber:** once per year; **Red:** none provided in last 12 months.

**Reserve Policy:** **Green:** Reserve policy agreed and shared with UEMS Treasurer, **Amber:** Reserve policy approved but not shared; **Red:** no reserve policy, White N/A.

**Annual Budget Plan:** **Green:** Plan agreed and shared with UEMS Treasurer, **Amber:** Plan agreed but not yet shared; **Red:** no budget plan, White N/A.

**Minutes of Meetings:** **Green:** Minutes completed and shared with UEMS SG within 1 month, **Amber:** Minutes shared 6 months **Red:** not shared.

**ETR:** **Green:** ETR completed/reviewed <5 years, **Amber:** ETR completed/reviewed >5 years **Red:** no ETR, White N/A.

**Exam CESMA Reviewed:** **Green:** Exam reviewed <5 years, **Amber:** Exam reviewed >5 years **Red:** exam not year CESMA reviewed, White N/A.

**Exam Core Data Shared:** **Green:** Data shared each year with UEMS SG, **Amber:** Data shared >2 years ago **Red:** exam data not shared, White N/A.

**Climate Change Plan:** **Green:** Shared evidence of delivering plan, **Amber:** Shared plan but no evidence of delivery **Red:** No plan.

**Diversity and Inclusion:** **Green:** Shared evidence of active policy, **Amber:** Shared policy but no evidence **Red:** No policy.



## 2) UEMS and Scientific Societies 2022

### Introduction

UEMS has a long history and has evolved over its 64 years. With its 41 member National Medical Associations (NMA) and 64 internal bodies it is a large and complex organization. Its key activities concentrate on postgraduate training (PGT), Continuing Professional Development and Continuing Medical Education (CPD/CME), and on the quality of medical specialist practice. The most important efforts in PGT area are the European Training Requirements and European examinations prepared by the UEMS bodies in collaboration with Scientific Societies. In the CPD/CME area the most important activity is European Accreditation Council for Continuing Medical Education (EACCME) that runs the CME accreditation service for European and global CME providers. Quality of practice related to specific practice areas is addressed by the respective UEMS bodies and this document includes proposals for new developments in this area.

Excellent communication and collaboration with European Scientific Societies (ESS) has been established in many specialties and areas of practice represented in UEMS bodies. It brings along multiple benefits and helps to build and reinforce position of the medical profession in Europe and in EU Member States. It is an important manifestation of responsible professional autonomy of doctors, willingness of the profession to constantly improve, to implement high standards of professional practice and to conduct, preserve and strengthen a central role of physicians in the healthcare (see European Medical Organizations statement, [2018](#)).

The medical specialists face multiple challenges presented by administrative and financial pressures, extraordinary workload that significantly increased during the pandemic, insufficient harmonization of training and competencies across the EU, fragmentation of European healthcare into diverse national systems. In its areas of competence the UEMS in collaboration with ESS has always promoted and supported ideas of harmonized European health space through the development and implementation of European standards in PGT and CPD/CME, professional mobility, interdisciplinary collaboration. The pandemic and its effects on the healthcare have shown that such approach is indispensable. Therefore, UEMS collaboration with the ESS should be expanded and strengthened for the benefit of the medical profession and European patients.

### Collaboration with European Scientific Societies.

Out of 55 medical specialties listed in Annex V and “automatically” recognized across the EU 43 are represented in the UEMS as the Specialist Sections, 8 are covered by the existing Sections and only 4 are not yet organized. Existing collaborations between UEMS and ESSs are organized in multiple forms. Formal agreements on collaboration, memoranda of understanding and informal agreements are in place depending on the identified needs, traditions and opportunities.

Areas of collaboration include but are not limited to:

- Elaboration of harmonized European specialist training curriculum
- Organization of specialist European examinations
- Organization of visitation programs
- Development and promotion of high quality, unbiased CME/CPD
- Shared specialist review of CME activities submitted for EACCME accreditation
- Setting European standards of specialist practice
- Monitoring status and developments in specialist practice of a specialty in European and other countries
- Preparation and joint work in EU-funded programs

- Lobbying efforts
- Provision of joint opinion and statements to the EU institutions
- Networking between specialties
- Engagement with trainee representatives and patients organizations

Each of the above points is already addressed in ongoing collaborations. European medical specialists should strive to achieve full scope of collaborative activities in each specialty. The UEMS has a long tradition of interdisciplinary collaboration and harmonization of diverse national approaches typical for EU Member States resulting in widely adopted and supported European standards. Each of these topics denotes a vast area with multiple activities that should be expanded in collaboration with European stakeholders and should be elaborated separately.

## European Council on CPD/CME

An important area of collaboration among all European Medical Organizations (EMOs) and ESSs is CPD/CME. In 2015 EMOs issued the Consensus Statement of the European Medical Organizations on Continuing Professional Development (Luxembourg, 2015). The Statement stresses that accreditation of CPD activities should remain in the hands of medical profession. It also stresses that overregulation at EU or national levels will not enhance professional mobility and will not assure cross-border quality of care. In view of growing “CPD bureaucracy” by public authorities and healthcare administrations, pressures from the medical industry it is very important to organize a wide coalition of medical associations that will elaborate and promote high, reasonable and professional standards in CPD/CME.

The coalition could be organized as “European Council on CPD/CME” that would be open to all EMOs and ESSs. It would meet at least once per year and would discuss developments, and adopt policy documents in CPD/CME area. It would establish a strong joint opinion that would be presented to European and national policymakers and competent authorities.

The Council’s activities would include:

- Elaboration of European standards in CPD/CME
- Promotion of high quality, unbiased CPD/CME practices in the EU
- Monitoring status and developments in CPD/CME area
- Assuring political and financial support for CPD/CME led by the medical profession

## European Fellowships

Each year many European doctors and growing number of doctors from outside the EU take voluntary European Examination to obtain a diploma that confirms their high qualifications. European Examinations are also adopted in a number of countries and specialties as equivalent to or replacement for national specialist examinations. As described above, it is an important area of European collaboration that is constantly expanding. Successful candidates are excellent doctors who are willing to take additional effort and cost to verify their qualifications. This effort should be rewarded and should be the first step in lifelong engagement in European CPD/CME.

The European Fellowship (EF) could fulfill this and other needs. It would constitute a proof of high professional competence assessed according to the harmonized European standard established by the medical profession (European Council on CPD/CME) in line with the Luxembourg Statement. The European Fellowship should remain a voluntary activity established and provided by the medical profession.

The EF should be open to all European doctors. Successful candidates taking European Examinations endorsed by the UEMS will automatically become the EFs for 5 years. Afterwards the EF should be renewed

every 2 years. Basic requirements for the EFs would include being in the active practice in one of EU MSs and meeting a required level of CPD/CME activity with minimum of 20% of the activities being accredited by the UEMS EACCME. Specialist bodies might propose additional, specialty-specific requirements that would need to be approved by the European Council on CPD/CME. The EF application and membership fees will be calculated to cover the costs of the EF Board and administration, including database of the EFs that would serve as the confirmation of the EF status.

The EF should be linked to multiple activities by the ESS and the EMOs and should provide additional benefits to the Fellows, like reduced CME fees, access to high quality sources of professional information etc. To maintain and expand the EFs system, annual meetings of the EFs should be organized by UEMS bodies and collaborating ESSs for each specialty/practice area with European Fellows Congress dedicated to European CPD/CME and coordinated by the European Council on CPD/CME.

EF system should also promote and encourage participation of the EFs in the work of EMOs and ESSs. The UEMS bodies should consider inviting the EFs representatives to their meetings and working groups. These voluntary activities become more and more difficult in current very demanding and intensive medical practice but they are indispensable to maintain autonomy and independence of the profession. With doctors busy in their practices the healthcare, training and professional standards would be increasingly taken care of by public authorities. Giving some personal time to voluntary joint efforts of the profession is needed more than ever. Therefore, an active participation in scientific and professional associations at national and European levels should be not only encouraged but rather required by the EFs system.

## Collaboration with National Scientific Societies (NSS)

The NSS members participate in the work of UEMS bodies as delegates nominated by their NSS and approved by the NMA. They also participate in UEMS – ESS collaborations as members of the ESS. Very often the engaged, active Colleagues participate in activities of multiple associations. With very few exceptions the NSS delegating their members to UEMS bodies pay contributions required for operation of UEMS bodies.

It is expected that the Colleagues delegated to UEMS as well as those delegated to ESS will provide a strong, active link between their NSS and the European association. Several NMAs organize regular, usually annual meetings of delegates to the UEMS together with representatives of the NMA. These meetings are very useful and serve both formulation of positions, proposals, needs and requests to be presented at the UEMS meetings as well as keeping national delegates informed about the current status, issues and plans of the UEMS. The meetings should be strongly encouraged and preferably required from each NMA. Members of the UEMS Enlarged Executive who know the organization very well are ready to participate, provide information and advice.

Delegates to the UEMS bodies should be provided with an easy access to up to date materials presenting the UEMS structure and procedures, its main activities, finances, current projects, requests, collaborations etc. that could be used at national meetings of the delegates and on other occasions.

Collaboration with the ESS should include support for and promotion of active participation by NSS in ESS, UEMS and other EMOs.

## Conclusion

European associations of doctors have gained enormous experience, have built strong capacity and have developed effective European collaborations in many areas. Strengthening and expanding network of collaborations among ESSs, EMOs, NMAs and NSSs has a huge potential for taking the status of medical profession in the EU to a new, higher level. The areas of collaboration indicated in this document constitute a starting point for other initiatives and a call for EU-wide, harmonized, joint voluntary action based on European values and supporting common Europea.



## 3) and 6) Common Projects Benefits for all, Funded by All,



### Outline draft proposal

#### Background

At previous meetings of the Advisory Board, particularly when chaired by Rik Gans, there was general support for UEMS Bodies to use their funds together to improve the efficiency and effectiveness of UEMS. After discussion with Treasurers there was general support for UEMS bodies creating a fund to support common projects. This short proposal originated in these discussions. Common projects could be across all of UEMS or within the groupings or inter-specialty bodies. All these actions would be under the supervision of the UEMS Treasurer.

#### Proposals for Common Projects (Advisory Board)

Funding and applications would be grouped into three domains.

- Projects to improve the Functioning of UEMS bodies (administration/exams) 1/3
- Projects to promote UEMS across Europe 1/3
- Projects to improve collaboration across UEMS bodies 1/3

#### Choosing Projects

Active use of UEMS funds for the benefit of the organisation is the core activity of UEMS as a not-for-profit organisation. If the proposal to assemble funds for common projects is agreed, we will also need a process to select the best projects. For the first projects, we would want things which would benefit all UEMS bodies (from largest to smallest), which are finite/deliverable, and within the initial budget. The process would be: Projects reviewed by 3 Chairs of Groupings.

Shortlisted projects shared with Advisory Board Agenda

Vote at Advisory Board with usual 2/3 +1 required for agreement.

#### Review of the Process of Common Projects

At each meeting of the Advisory Board the Group Chairs will present a summary of the activity of the Common Funds projects and funding. The Advisory Board will have complete control and oversight of Common Projects and updates will be presented at each meeting.

#### Assembling Funds

**Initial Collection:** One-off collection from all UEMS bodies 3% of held funds (approximately 150,000€). This would create 50,000€ for each group of projects.

**On-going Funds for Common Projects:** Maintenance of the Common Projects could have funds raised by the same process as the initial capital (based on funds on account) or could be through a supplement on the UEMS Management Fee. It would not be envisaged this would ever be more than 1-2% additional levy. This will be decided by the AB vote by their normal rules.

#### How would Projects within Groupings or Multi-Specialty Projects be funded?

Using the same principles for a specific project the steps would be:

Agreed in advance by a majority of all stakeholders within that Group/Body (same as AB 2/3 plus 1)

Reported to all stake-holders and to the Advisory Board.