



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

RUE DE L'INDUSTRIE, 24

BE- 1040 BRUSSELS

www.uems.eu

T +32 2 649 51 64

F +32 2 640 37 30

info@uems.eu

UEMS 2018/20

MEETINGS OF THE UEMS COUNCIL

Minutes

Friday 26th April 2018
Saturday 27th April 2018

Meetings held at
Les Jardins de l'Agdal
Marakkech,
Morocco

UEMS Council meeting, 28th April 2018

Welcome

Dr Agoumi, Honorary President of the Collège Syndical National Des Médecins Spécialistes Privés (CSNMSP) welcomed delegates in Marrakesh. He recalled the importance of this meeting for Moroccan doctors and emphasized the strong links between UEMS and the CSNMSP.

Dr Krajewski (UEMS President) welcomed delegates and thanked Dr Agoumi and the team of CSNMSP for their warm welcome and all the hard work for the preparation of this meeting. UEMS is very happy and proud to work with Moroccan colleagues on tangible projects that have real impact on the medical practice. In the President Report, Dr Krajewski explained that UEMS is doing well. Some challenges were faced and some others remain but the Organisation has taken steps to address them all. The Advisory Board that took place on Friday 27th May 2018 in Marrakesh demonstrated lively discussion and a real commitment for all specialists to work together for the good of UEMS. During Brussels meeting in October 2018, UEMS will officially celebrate its 60th Birthday, it will be a great opportunity to reflect on what UEMS can do in the future.

Roll-call of delegations and introduction of new attendees

Prof. Papalois (UEMS Secretary General) made a roll call of delegates present: 27 National Member Associations were present or represented.

1. Approval of the agenda

- **The agenda of the UEMS Council meeting was approved.**

2. Approval of the minutes of the last meeting, held in Brussels 21st October 2017

- **The minutes of Brussels Council meeting (UEMS 2017.20) were approved as true and accurate document.**

3. Interim report of the Secretary-General

Prof. Papalois (UEMS Secretary General) presented the Secretary General report. He echoed Dr Krajewski's comments and warmly thanked Moroccan colleagues for their overwhelming hospitality. He recalled that in principle UEMS organizes its Councils twice a year : one in Brussels and one in another EU country. The meeting location outside the EU aims to express our solidarity with colleagues and to enhance their affiliation to UEMS family. The SG report presents the political aspects and is circulated with the CEO report which focuses more on factual data. The difficulty to

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report on the UEMS is that the organisation increases by the day. It is a challenge to know with details what is happening everywhere. Prof. Papalois commented on the EEC work, and on the commitment of the Groupings Chairs. They do a fantastic work to express the voice and aspirations of the Sections. They greatly contribute to the EEC work and the success of the Advisory Board is a lot of credit to them. He reminded that the UEMS EEC is always available for colleagues, at any given time.

There are many meetings and initiatives happening in UEMS. One of them is the international EACCME agreement with Spain that will be signed later on this day thanks to the wonderful work of Dr Cobo. UEMS has also strengthened its links with Bulgarian colleagues through an EACCME agreement and during a Symposium attended by the UEMS Executive Committee in Sofia. These meetings pave the way for further collaboration. In April 2018, SPIFA, the UEMS German Member has hosted the EU day in Berlin, this was a very constructive meeting where the UEMS EC and SPIFA Executive had the opportunity to discuss in details the future of European doctors.

Prof. Papalois commented on the work performed by the UEMS office, recalling that colleagues at the Domus are always available and ready to assist. The DME is now fully operational, many events are organized there and all space to be rented is rented but we have been very careful in the selection of tenants. However there is a need to spread the culture of using it! This is the Home of medical Doctors in Brussels.

The finances of UEMS have been reviewed by the external auditor who made some recommendations. The Domus will be evaluated in a near future to get a clear picture of its value. The accounting needs to be in total accordance with the Belgian Law. During the Advisory Board (27/04/2018) a very long discussion took place and it resulted in an agreement in principle that the accounting compliance costs will be shared between UEMS Bodies. The sections will work on proposals and present them in order to make a final decision in October 2018. The UEMS incomes come mainly from EACCME and European Examinations, but these activities need to be expanded in order to secure UEMS finances.

EACCME 2.0 has been successfully launched. 140 e-learning events were reviewed in 2017 showing how EACCME accreditation is appealing in Europe. There are many new projects in EACCME 2.0 that are still being developed : e-platforms, e-library, recognition of professional qualifications, etc... Prof Papalois emphasized three major topics for EACCME this year :

- Agreements signed with Spain and Bulgaria
- Toledo meeting that will take place in May with regards to mutual recognition with Central and South America which demonstrates that the dialogue starts and that EACCME is appealing to the world.
- The EACCME Conference that will take place in November 23/24, 2018 where UEMS will meet its partners : NAA, Scientific Societies, etc... and discuss on the CME/CPD future in Europe.

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The European Training Requirements (ETR) are the proof that UEMS is the leading force in Europe when it comes to develop Training requirement in Specialist Practice. UEMS is approached by Scientific Societies on this topic. The reports of UEMS NMAs and UEMS Bodies have been harmonized by the production of a template. This is a very great way to quickly understand what is going on in UEMS and all delegates are invited to consult them.

CESMA has elected a next Executive in December 2017. Prof. Mark Westwood (Cardiology) is the new Chair and Maeve Durkan (Endocrinology) is the new Vice-Chair. The next CESMA meeting will take place in London on 26th May 2018. Prof. Westwood will present further the CESMA vision for the coming years during this meeting.

UEMS will turn 60 this year, the whole family will celebrate this in Brussels in October 2018. UEMS is a very strong organization with extremely committed delegates who work on projects that impact the medical practice in Europe and beyond.

Dr Hermans (UEMS Vice-President) commented that for new comers (and also not so new comers) it takes years to understand a little inside of UEMS work. UEMS EEC together with the Sections should create supporting tools for newly appointed delegates. Dr Krajewski commented that if there is such a need, we may prepare material but also maybe organize a side meeting during the Council for a “get to know UEMS” briefing session.

Prof. Duffy (Ireland) explained that in Ireland to raise awareness about UEMS activities, the UEMS news topic is present in all agendas of the NMA. Prof Papalois recalled that some NMAs also organize pre-Council meetings with all delegates which proved to be very useful.

Dr Kirschner (EBCOG) commented on the UEMS office function. He asked whether it is realistic that UEMS office takes over the whole accounting of UEMS bodies. He also stated that this Council will be his last as EBCOG representative. Prof. Papalois explained that indeed the office can and will take over all accounting activities. The idea is that delegates will be relieved from the administrative work that is time consuming for them. He paid tribute to the contribution of Dr Kirschner during all these years as EBCOG representative and thanked him for all the very robust and high level discussions he initiated and participated to.

4. Specialist issues

4.1. Report from the Advisory Board

Dr Magennis (Chair of the Advisory Board) thanked all delegates who represented their Sections during this meeting. He reported on the Advisory Board discussions :

- All ETRs are supported by the Advisory Board, compliments to the authors. Some comments were presented and authors agreed to the proposed changes.

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- On the proposal to change the name of ETR, the rationale of this proposal is fully understandable but many countries use “requirements”. The Advisory Board decided to not advise for change of the name of ETR.
- On the proposal to amend the ETR review process, it was stated that the main problem is to have active members of the ETR Review Committee. It would be useful to have a more structured and uniform way to review ETRs. The Advisory Board advised that processes are developed and implemented for ETR Review Committee work.
- The statement on the role of physicians was unanimously approved by the Advisory Board.
- The Change of the name of the Section “clinical Genetics” was unanimously approved by the Advisory Board.
- The creation of an MJC Adolescent Medicine was unanimously approved by the Advisory Board and many Sections showed their interest to join this MJC.
- The accounting platform was lively discussed by the Advisory Board. The external auditor recommendations were very clear and UEMS has to undertake this step. The Sections will take responsibility for UEMS work. The Groupings Chairs will work to find a solution for the costs to be distributed fairly among Sections with a particular care to small Sections that could be threatened in their activities. None of the proposals presented were supported by the Advisory Board but there is an agreement that for the October Council meeting, Sections will draft proposals and a vote will take place to finalize this. This is an important piece of work.

Dr Kirschner commented on the importance to not segregate between “big” and “small” Sections. It was agreed that another model should be found. There is no point to antagonize Sections.

Dr Murray (PRAS Section) commented that the Advisory Board schedule was too tight to discuss number of important issues. For example the PRAS Section would have liked to raise the question of GDPR impact on UEMS Exams. He also raised the question of Sections participation in MJC's. Prof. Papalois commented that every Section is entitled to participate in MJC's work and if there are any problems, delegates should contact the office. Mr Daval (UEMS CEO) stated that the office has been working on the GDPR implementation together with UEMS lawyer. Some guidelines will be soon circulated to UEMS bodies.

4.2. Training Requirements and other documents

4.2.1. Training Requirements in Physical and Rehabilitation Medicine

Dr Christodoulou presented the ETR in Physical and Rehabilitation Medicine - Presentation

- **The ETR in Physical and Rehabilitation Medicine was approved (1 abstention).**

4.2.2. Training Requirements in Endocrinology

Prof. Durkan presented the ETR in Endocrinology. She explained that after October 2017 Council meeting, and the comments from the ETR RC, the ETR was amended accordingly. It now reflects an holistic approach. The agreement on EU exams was signed with MRCP and the British Society of Endocrinology. Prof. Durkan acknowledged the EC and in particular Prof. Papalois commitment in this process. The first exam will take place in June 2018.

Some comments were formulated about the common trunk that should be more detailed : 2 years of internal Medicine and 4 years of endocrinology. It was also noted that Education involves research and critical analyze of research.

- **The ETR in Endocrinology was unanimously approved.**

4.2.3. Training Requirements in Anaesthesiology

Dr Sabelnikovs presented the formal revision of the ETR in Anaesthesiology.

- **The ETR in Anaesthesiology was unanimously approved.**

4.2.4. Training Requirements in Gynaecology Obstetrics

Prof. Nizard presented the ETR in Gynaecology and Obstetrics. This new curriculum is a tool that aims to be spread across Europe to move on forward.

- **The ETR in Gyneacology and Obstetrics was unanimously approved.**

4.2.5. Training Requirements in Emergency Medicine

Dr Kurland presented the ETR in Emergency Medicine. Emergency Medicine is a young specialty so this ETR is of paramount importance to drive the development of the specialty. The EM chain of care starts in the medical dispatching and follows the patient in the prehospital setting. EM is a unique area of competence : EM specialists treat patients of all ages. Time is key for EM Specialists. EM is a fundamental part of the health care system : "Anyone anytime anyplace".

Prof. Ross-Russell commented on the limited reference to children, he suggested that more references should be added. Prof. Rowland (UK) supported Dr Ross-Russell's comment.

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Dr Kurland agreed to expand this part of the syllabus. She outlined the importance of the ETR adoption to set standards across Europe.

- **The ETR in Emergency Medicine was approved (17 for, 4 against, 7 abstentions).**

The document is adopted but the authors must come back to the UEMS Council in October 2018 with the amendments developed together with the Sections involved.

4.2.6. Training Requirements in Paediatric Rheumatology

Prof. Ross-Russell presented the ETR Paediatric Rheumatology. The Section of Rheumatology supports this very intelligible document.

- **The ETR in Paediatric Rheumatology was approved (26 for, 1 abstention).**

4.2.7. Training Requirements in Paediatric Infectious Diseases

Prof. Ross-Russell presented the ETR Paediatric Infectious Diseases.

- **The ETR in Paediatric Infectious Diseases was approved (26 for, 1 abstention).**

4.2.8. Training Requirements in Paediatric Allergology

Prof. Ross-Russell presented the ETR Paediatric Allergology.

- **The ETR in Paediatric Allergology was approved (25 for, 2 abstentions).**

4.2.9. Proposal to rename European Training Requirements - European Training Recommendations

After the discussion on this topic during the Advisory Board Meeting, Dr Bisdorff acknowledged that keeping the word “requirements” is much more forceful. Therefore he decided to retrieve his proposal. Dr Krajewski explained that the preamble of the ETR should be revised to explain the ETR status. Furthermore it is important to remind all specialties that they should write(or revise) the ETR in their specialty.

4.2.10. ETR Reviewing process

Dr Bisdorff proposed to appoint a lead reviewer for each ETR submitted to review. This lead reviewer would make sure that each Section received the proper feedback. A template for review should be developed to make sure that the essential aspects of ETRs are properly commented.

Prof. Papalois proposed to set up a teleconference with the ETR RC in the coming weeks and then to organize a face-to-face meeting in Brussels during the October Council meeting. Prof. Rowland (UK) also suggested that UEMS should have a standardized format for ETR- such as the bluebook in Gastroenterology. Prof Papalois explained that the progresses of UEMS bodies have been remarkable in the past few years. As suggested by the Cypriot delegation, UEMS needs to have a complete picture of ETR in all specialties as soon as possible. The ETR RC should work on this proposal and

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present it for adoption in Brussels. Dr Bisdroff will coordinate with the ETR RC these projects for new template, timeline, visibility and validity.

4.3. Statement on Role of Physicians

Dr Krajewski presented the EMOs Statement on Role of Physicians that was already endorsed by the other EMOs. The Memorandum of Understanding signed between CPME and Physiotherapists and the abusive way it was used, was a good lesson learnt for Medical Specialists. The Section of Laboratory Medicine/ Medical Biopathology welcomed this statement that underlines the importance of specialist doctor in patient care. Dr De Deus (AEMH representative) recalled the EMOs support for this statement as a very important document. Dr Halila (UEMS Past President) congratulated UEMS and EMOs for finding a consensus. Prof. Rowland (UK) strongly opposed this statement. In the UK, there are independent experts such as specialist nurses, Intensive Care nurses. Such statement could be damageable for the relations between these professionals and medical specialists. Delegations from Italy, Austria, France, Germany, Cyprus, Greece, Poland strongly support this statement.

- **The EMOs Statement on the role of Physicians was adopted (24 for,3 against, 1 abstention).**

5. Continuing Medical Education

The EACCME Progress Report is incorporated into the SG report. Prof. Papalois explained that the Governance Board has been replaced by 4 Working Groups working on specific topics. In November 2018, the CME Conference will take place in Brussels. It will be great opportunity to discuss the future of CME in Europe. The working Groups reports are now open for comments. Once comments are received, the WG will present their conclusions during UEMS October Council for subsequent presentation at November CME Conference. UEMS Delegates are strongly invited to provide their input on the innovative ideas described on the reports.

Dr Machado, Chair of the WG Collaboration with other HealthCare professionals commented on the project. The WG has reflected on a similar system and equivalent rules for other Healthcare professionals but another currency could be used : some non medical other kind of credit, adjusted to their profession. Prof. Duffy (Ireland) commented on the variety of other HealthCare professionals in Europe. Maybe a case by case approach should apply. Prof Papalois commented on the fees for e-learning : with EACCME 2.0 UEMS has tried to apply the most fair fees possible. The final documents will be presented in Brussels for adoption.

Signing of the cooperation agreement with Spain

Dr Cobo, Dr Krajewski and Prof. Papalois signed the cooperation agreement on EACCME.

6. Constitutional Issues

6.1. Creation MJC Adolescent Medicine

Prof. Ross-Russel presented the proposal to create a MJC in Adolescent Medicine. The transition phase between children and adults needs to be carefully handled. The UEMS Sections of Endocrinology, Obstetrics and Gynaecology, Rheumatology, Paediatric Surgery, Allergology, Physical and Rehabilitation Medicine supported this proposal.

- **The creation of a MJC Adolescent Medicine was approved (26 for, 1 against).**

6.2. Change of the name of the Section Clinical Genetics to Medical Genetics

Prof. Meleghe explained the rationale of this proposal : it is for the Section to get its name in accordance with Annex V.

- **The change of the name of the Section Clinical Genetics to Medical Genetics was unanimously approved.**

6.3. Honorary regulations in RoP

The UEMS EEC proposes to create two other distinctions within UEMS: the UEMS decoration of honor and the UEMS Medal. The idea is to have these distinctions ready for UEMS 60th Anniversary. Once the proposal is adopted by the Council, the candidacy can be sent and the vote will take place via electronic vote.

- **The Honorary regulations in the UEMS Rules of Procedure were adopted (24 for).**

6.4. Presentation of the MJC in Sexual Medicine

Prof. E.A. Jannini presented the MJCSM and raised the constitutional issue of (non) voting bodies but being requested to pay the same "fee" as the other - voting - UEMS bodies. Prof. Papalois argued that in the actual statutes, it is impossible for the MJCs to vote, but this could be changed in the near future according to the new needs of the UEMS.

RK specified that since MJCs are created by the UEMS Sections and the Sections send delegates to the MJCs, voting by MJCs would duplicate the votes of the Sections..

7. Medical Specialist Qualifications

7.1. UEMS-CESMA Report

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Prof. Westwood, the newly elected Chair of CESMA presented the report. CESMA gathers a very wide scope of specialist assessments. The collaboration between the partners is very fruitful, many topics are under discussion : accessibility, writing questions, eligibility, marking, security, etc... There are many challenges for European assessments : the Brexit, the anglophile domination, the assessment perception across Europe. The next meeting will take place on 26th May 2018 in London. One of the topic will be the definition of a high quality exam. CESMA has worked on developing appraisals which is another method for the harmonization process.

Dr Cikes (Rheumatology) congratulated Prof. Westwood and the new CESMA Executive for their dynamism. The Section is willing to hear about CESMA activities.

Prof. Gans (EEC – Internal Medicine) recalled the importance of ETR in the assessments, these documents must be used as reference for EU Exams. It would be very interesting to create stronger links between CESMA and the PGT WG.

Prof. Papalois commented that at some point all EU exams organized by UEMS bodies or in collaboration with UEMS bodies should get appraised. It may be useful to define a deadline. One other important point for CESMA is to work on the future of European Assessments. Strategic thinking has to start now.

8. UEMS Associate Members and Observers

Dr Turhal presented the report of the Turkish Medical Association. He thanked the UEMS for the support given to Turkish Medical Association when the members of the Executive Council were detained 4 months ago because they declared that the “war was a public health problem”. The Council of Associations of the Medical Specialties is trying to expand the quality assurance of training through conducting National Board Exams and applying visitation of specialty training programs. The National Accreditation Council have benefited significantly from the agreement with EACCME. It accredits about 700-1000 activities per year. Dr Sayek will formally express his will to expand the collaboration in the EACCME in the near future.

9. European Medical Organisations

- Dr De Deus presented the report for AEMH – European Association of Senior Hospital Physicians. AEMH is working on medical doctors involvement on hospital management. There is a project to produce an ETR in clinical leadership. The next meeting will take place in Lisbon on June 2018 together with FEMS. 8 EU Health systems from different EU regions will be in focus .
- Dr Santos presented CEOM – European Council of Medical Orders- report. CEOM works on medical ethics, European observatory. He commented on the great improvement of the EMOs collaboration.

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The Austrian delegation suggested that for the next UEMS meetings a slide describing in brief the different EMOs could be displayed when they present their report.

- Bernard Maillet presented the CPME – Standing Committee of European Doctors- report. The CPME General Assembly took place on 14th April 2018, in Brussels. The outcomes of the meeting are : CPME statement on the European Commission proposal for a regulation on HTA, CPME Policy on Trans fats, Admission of a new associated organisation member , Further policy discussions.
- Francisco Ribeiro Mourão presented the report for EJD – European Junior Doctors. EJD represents over 300.000 JDs from all over Europe and have 21 national members from different organizations. PGT Chairperson is also UEMS Liaison for our Reps and coordinates the work of the Working groups under the PGT Committee, currently: Free Movement of Doctors and Medical Leadership. Medical Workforce Committee takes part in EU joint project regarding medical workforce planning and coordinates work of the WG During Malmo meeting (October 2017) the Statement of support for JD in Poland was adopted. In January 2018, the Statement of support for Turkish Doctors was issued.

Dr Krajewski recalled that Junior Doctors are very welcome to UEMS Sections & Boards meetings.

- Dr Reginato presented the FEMS – European Federation of Salaried Doctors- report. In September FEMS will organize a meeting in Brussels to discuss the inequities of Doctors working conditions in Europe. UEMs is invited to attend this meeting.

10. Report to Council of the outcomes of the Board Meeting

Dr Maillet (UEMS Treasurer) presented the outcomes of the UEMS Board meeting hold on Friday 27th April 2018. UEMS is a big AISBL. The incomes of EACCME and EU Exams are increasing. The external audit that took place in April 2018 showed that it became necessary for UEMS to implement a financial platform. All cash transactions need to be processed through UEMS Bodies official bank account. It is completely illegal to hold a separate bank account (non UEMS bank account). The platform that is being developed will be very useful to improve communication amongst UEMS bodies. It will help standardizing the process, save time and ensure consistency.

11. Working Groups Reports

11.1. E-Health

Dr Bisdorff reported on the Working Group E-Health meeting. The participants have decided to focus the work on the “digitalization of Healthcare”. The digitalization of Health Care will change the practice for doctors and the medical profession needs to respond to this challenge with open mind. There are many issues linked to this topic : Data protection, insurance, confidentiality, artificial intelligence. The digitalization of Health Care will also have an impact on UEMS ETRs and CME. The

participants have decided to change the WG Ehealth to WG on digitalization of medical care. European Junior Doctors will participate. During October 2018 meeting, Dr Bisdorf will present a detailed action plan to the Council.

Prof. Papalois thanked Dr Bisdorf for relaunching the WG, the new theme seems very promising.

11.2. Continuing Medical Education & Professional Development

Dr Duffy and Dr Halila reported on the WG CME CPD. The new EACCME platform was discussed, as well as the expansion of number of reviewers. The participants reflected on the EACCME WG progress reports. These WG are productive and all delegates are invited to join.

- WG Development of a training module for reviewers: The group discussed the question of who should be a reviewer. Participants also commented on quality control on-site, it would be useful to have some feedback as to what happened at the event. Visiting the meeting incurs substantial costs. Another option could be to check reports after the event.
- WG Conflict of interest disclosure forms: The participants complimented the very detailed and extensive report. Any feedback should be sent to the working group
- WG Expansion of recognition of professional qualifications: The report was presented in draft in Brussels during the EACCME Advisory Board. Participants discussed the areas of expansion. It is important to keep it simple. There are 11 new areas of recognition suggested. Some questions were raised such as how to deal with issues such as personal reading, how can this be measured/controlled or is it taken on trust.
- WG Collaboration with other healthcare professionals: The idea is to open the concept of CME/CPD and the system and process to other health care professionals. EACCME and ECMECs are trade marks of UEMS. Participants discussed the opportunity for a new name for credits for non medical doctors suggested EHPEDCs. The whole system should remain with a link/control at UEMS, someone from UEMS should remain part of evaluation panel. Some participants raised the question of which healthcare groups would be the first to start collaboration? The EU professional qualifications directive doesn't only talk about doctors, it includes other professionals. Maybe the name EACCME could be changed– perhaps EACCPD. The idea is not to accredit other professionals; rather to collaborate with them to develop their own system?

11.3. Postgraduate Medical Specialist Training

Dr Akyol reported on the WG PGT. The productivity of our WG for the last couple of years has been limited. The WG's role is important in terms of harmonization and increasing the quality of postgraduate medical training and therefore its activity should continue in closer and more efficient contact between its members and its counterparts in UEMS. Therefore the WG would like to propose establishment of a committee with presence of representatives from our WG, CESMA, Groupings and Executive Committee, if needed, to work on solid projects like e-platform for PGT to be more efficient.

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The WG also decided to be “get together” more often either via electronic platform, actual meetings of the whole WG or smaller task groups and share the work done electronically. The actual time period for our WG’s meetings during bi annual general council meetings can also be increased up to 3 hours if possible. CESMA’s new president and vice-president kindly shared information regarding CESMA. Discussion regarding the proposal of changing the name of “training requirements” into “ training recommendations” took some time and consensus was towards not making any immediate changes that may cause underestimation of the importance of pan-European training quality.

11.4. Quality of Patient Care & Specialist Practice in current Health Systems

Dr Berchicci reported on the WG. One month ago, most of attendees received a very interesting document made by FEMS Colleagues on Specialists condition in all Europe. Despite made four years ago, this document (in English translation) can be adopted as a base to comprise problems and perspectives. The WG decided to improve FEMS document content, to be in line with national differences and European directives. All sections are invited to participate to the WG. Dr Berchicci suggested to write a letter to All European governments to finally apply European directives in all Countries. It’s absolutely necessary that harmonization of curricula should be the first step to obtain good specialists everywhere. The WG also discussed on recertification and requalification after 5 years. The WG underlined the importance of ETR in specialists training harmonization. Next step will be to discuss about the impact of new biotechnology on specialists presence in different NHS.

12. EU Affairs

12.1. UEMS in a post-Brexit Europe

The UEMS President provided an overview of the legal situation – i.e. the BMA remains as a full member of the UEMS unless the members seek its expulsion via the route detailed (see below) in the statutes:

The exclusion of Members can be proposed by the Executive to Council after having heard the defence of the organisation in question. The exclusion is decided by the Council by a majority of three-quarters of the Members present or represented after hearing the defence.

Resigning and excluded Members have no rights to the assets.

Having reiterated the value of BMA input to the organisation, he then advised that since the BMA did not and was highly unlikely to behave in a manner that would lead members or

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Executive to propose its exclusion (like non-payment of fees), he would hand over to AR for an update on Brexit.

With no objections from the floor, the BMA's ongoing full membership of UEMS is confirmed.

12.2. Follow-up meeting UEMS /ESSs (19th October 2017)

Dr Fras explained that he is working on the preparation of the European Council on CME-CPD for spring 2019.

13. Next Meetings

<i>UEMS Council Fall 2018</i>	<i>Brussels, 19-20 Oct. 2018</i>
<i>UEMS Council Spring 2019</i>	<i>Brussels, 12-13 Ap. 2019</i>
<i>UEMS Council Fall 2019</i>	<i>London, 18-19 Oct. 2019</i>
<i>UEMS Council Spring 2020</i>	<i>Brussels, date TBC</i>
<i>UEMS Council Fall 2020</i>	<i>Limassol, Cyprus, Date TBC</i>

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UEMS Council Meeting
Marrakesh 26/28 Apr. 2018
Participants List

UEMS NMAs

Name	Country	Position
DR OTHMAR HAAS	Austria	Member of delegation
DR EIKO MEISTER	Austria	Head of Delegation
DR THOMAS HOLZGRUBER	Austria	Member of delegation
DR JEAN-PAUL JORIS	Belgium	Head of Delegation
PR NADA CIKES	Croatia	Head of Delegation
PR NICOLAS CHRISTODOULOU	Cyprus	Head of Delegation
DR HANNU HALILA	Finland	Head of Delegation
PR PETR ARENBERGER	Czech republic	Head of Delegation
MR FRANCIS RUBEL	France	Head of Delegation
PR.GEORGE CHAKHAVA	Georgia	Member of delegation
PR SERGO TABAGARI	Georgia	Member of delegation
PR.GOETZ GELDNER	Germany	Head of Delegation
MR KOULAS CHARALAMPOS	Greece	Head of Delegation
DR ANDREAS PAPANDROUDIS	Greece	Member of delegation
PR.BELA MELEGH	Hungary	Head of Delegation
DR FRIDBJORN SIGURDSSON	Iceland	Head of Delegation
MR NAISHADH PATIL	Ireland	Member of delegation
PR TREVOR DUFFY	Ireland	Head of Delegation
PR YORAM SHAPIRA	Israel	Member of delegation
PR.RAFFAELE GIMIGLIANO	Italy	Member of delegation
DR MUSA AWAD HUSSEIN	Italy	Member of delegation
DR GIORGIO BERCHICCI	Italy	Head of Delegation

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PR AIVARS VETRA	Latvia	Head of Delegation
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DR SAAD AGOUMI	Morocco	Member of delegation
DR HSSAIN	Morocco	Member of delegation
DR ZAROURI	Morocco	Member of delegation
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UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
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Denmark	Proxi to	Sweden
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Estonia	Proxi to	Finland
Czech Rep	Proxi to	Croatia
UEMS Bodies		
Name	UEMS Body	Specialty
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PR.GOETZ GELDNER	UEMS S&B	Anaesthesiology
PR OLEGS SABRLNIKOVS	UEMS S&B	Anaesthesiology
DR GREGORY PERRARD	UEMS S&B	Cardiology
DR MARK WESTWOOD	UEMS S&B	CESMA
PR.BELA MELEGH	UEMS S&B	Clinical genetics
DR DAIVA JASAITIENNE	UEMS S&B	Dermatovenereology
PR PETR ARENBERGER	UEMS S&B	Dermatovenereology
DR LISA KURLAND	UEMS S&B	Emergency Medicine
DR.MAEVE DURKAN	UEMS S&B	Endocrinology
DR JAN LILLIENAU	UEMS S&B	Gastroenterology
DR JAAP KRULDER	UEMS S&B	Geriatric Medicine
PR.JACKY NIZARD	UEMS S&B	Gynaecology and Obstetrics
DR.ROLF STEINAR KIRSCHNER	UEMS S&B	Gynaecology and Obstetrics
PR AURELIO PORTINCASA	MJC	Hand Surgery
PR NICOLA PETROSILLO	UEMS S&B/MJC	Infectious Diseases/ MJC-infection Control
PR.REINOLD GANS	UEMS S&B	Internal Medicine
Dr AUGUSTO MACHADO	UEMS S&B	Medical Biopathology / Laboratory Medicine
DR SIRAJ MISBAH	UEMS S&B	Medical Biopathology / Laboratory Medicine

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MRS LISE CARRATALA	France	UEMS Office
MR. BERTRAND DAVAL	France	UEMS CEO
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DR. JOAO DE DEUS	Portugal	AEMH
MR. FRANCISCO MOURAO	Portugal	EJD
MR. ENRICO REGINATO	Italy	FEMS