**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](https://www.uems.eu/__data/assets/pdf_file/0004/73597/Statement-on-the-central-role-of-medical-doctors-2018.pdf)).

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/CMD) 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 European health space.