



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif
EU Transparency Register 219038730914-92

International non-profit organisation

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
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UEMS 2025/23

**MEETING OF
THE UEMS ADVISORY BOARD**

DRAFT MINUTES

Friday 17th October 2025
15:00 – 17:55 GET*

Meeting held live at:

[Sheraton Grand Tbilisi Metechi Palace](#)

20 Telavi Street,
Tbilisi 0103
Georgia

Tel.: +995 322-772020

**All times are local – Georgian Standard Time (GET, GMT+4)*

PRESIDENT: PROF. VASSILIOS PAPALOIS
TREASURER: DR OTHMAR HAAS

SECRETARY GENERAL: DR JOAO GRENHO
UEMS OFFICER FOR EUROPEAN AND INT. AFFAIRS: DR MARC HERMANS



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UEMS Advisory Board meeting, 17th October 2025

Roll-call of Sections

*Dr Hans-Peter Ulrich
Secretary of Grouping II*

33 out of 44 UEMS Sections were present.
The majority required to pass a vote was set at 17.

1. Approval of the agenda **

*Dr Hans-Peter Ulrich
Secretary of Grouping II*

The Agenda was unanimously approved without changes.

2. Approval of the minutes of the April 2025 AB **

*Dr Hans-Peter Ulrich
Secretary of Grouping II*

The Minutes were unanimously approved without changes.

3. Reports from the UEMS Groupings

3.1. *UEMS Grouping I*

*Prof. Lampros Michalis
Chair of the Grouping*

A discussion took place on inactive members and the challenges this creates. Prof. Michalis expressed his appreciation to Dr Maeve Durkan for her continued support to Grouping I. The Sections also indicated their wish to be able to use the DME free of charge when holding meetings.

3.2. *UEMS Grouping II*

*Dr Hans-Peter Ulrich
Secretary of the Grouping*

Dr Ulrich delivered his report. The ETRs were discussed, with particular attention to those relating to Emergency Medicine and surgical procedures. All other ETRs received unanimous



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support. Grouping II also expressed its support for the creation of the MJC in Disaster Medicine. Matters relating to finances and management fees were subsequently addressed.

3.3. UEMS Grouping III

*Prof. Thomas Griesbacher
Chair of the Grouping*

Thomas Griesbacher delivered his report, stating that 15 out of 17 Sections were represented. The agenda was reviewed, and the ETRs were regarded positively. There were no objections to the winding-up of the Cardiothoracic Section, and the creation of the MJC in Disaster Medicine received full support.

A concern was raised regarding one Section where the membership fee for a particular country has remained unpaid for several years, as the relevant Scientific Society has refused to settle the amount due. In the meantime, we have contacted the NMA representative to seek mediation, and we remain hopeful that the matter can be resolved amicably.

Prof. Vesna Kusec reported on the Laboratory Medicine meeting held earlier this morning. A key challenge identified was the growing availability of consumer diagnostic kits via online platforms such as Amazon, which are increasingly used directly by patients. This is an issue that will require careful monitoring going forward.

Finally, participants were reminded of the upcoming UEMS Congress in Leuven (27–30 May).

4. Finances

4.1. Management Fee 2025**

*Dr Othmar Haas
UEMS Treasurer
Mr Marco Sartori
UEMS Accountant*

The UEMS Treasurer presented the *Management Fee 2025*. He explained that the sections participating in the 3-month fixed deposit have renewed it from 6 October until 6 January 2026, with a 3% return.

A few years ago, a management fee was introduced to help cover office expenses. Since then, we have improved the staffing situation and strengthened the internal affairs office. We have increased the DME personnel during the few years. The central office calculated these fees, which amount to approximately €200,000 per year.

Fee revenue increased by 9% last year.

The sections generate their income primarily from examinations.



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The Treasurer further explained that the UEMS Office in Brussels requires funding to cover operational services, including legal services and support linked to the International Office. He estimated that the Office requires approximately €225,000–€250,000 per year to operate, and stated that this cannot be sustained without the management fee.

The management fee is calculated based on turnover, and for 2025 the proposed rate is 9%, corresponding to approximately €216,000. He clarified that EACCME income is not included in this calculation. Subject to approval, the total management fee amount will be transferred on 31 October.

The Chairs of the Groupings were kindly invited to address this matter within their respective Sections and to submit concrete proposals for a more appropriate method of calculating the management fee.

5. Specialist issues

5.1. Presentations from UEMS Bodies

5.1.1. **Presentation on « clinical pharmacology to non-clinical pharmacologists »**

Prof. Romaldas Mačiulaitis
President of UEMS Section of Pharmacology

The President of the UEMS Section of Pharmacology delivered a comprehensive and insightful presentation on the rational and responsible use of medicines and therapeutic strategies.

Top 7 PTP tasks defining presence and clinical relevance:

1. Interpretation of drug inefficiency
2. Extrapolation of indication, dosage
3. Interpretation of diverging DDIs
4. Interpretation of pharmacokinetic/TDM analysis
5. Interpretation of provisions in SmPC
6. Differential diagnosis and management of ADR
7. The experimental Rx.

Prof. Mačiulaitis explained that the majority of countries within the UEMS recognize Pharmacology as a specialty; however, eight EU countries, including Belgium, do not formally recognize it. In Lithuania, competencies in Pharmacology are fully recognized, as reflected in the national framework. The situation in other countries was also outlined (see presentation).

An overview of the respective national training requirements was provided, together with a summary of the Competency-Based Medical Education (CBME) frameworks applied in each country.

An agreement has been established with the UEMS Pharmacology Section.

They have defined a framework consisting of 11 Entrustable Professional Activities (EPAs).



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5.1.2. Presentation on rare and undiagnosed diseases introduction within all ETRs

*Prof. Dr. Serdar Ceylaner
President of UEMS MJC RUD*

Prof. Ceylaner presented the implementation of Rare and Undiagnosed Diseases (RUD) across all ETRs, emphasizing that this concerns all medical specialties. Rare diseases affect 8–10% of the population, with misdiagnosis remaining common. These include rare, ultra-rare, combined, or novel disorders.

Etiology involves multiple factors, including genetics, infections, trauma, environmental, and immunological causes. Genomic technologies now play a key role in diagnosis. Important overlaps were highlighted, such as genetic susceptibility to infections or increased trauma-related complications (e.g., bleeding, thrombosis, bone fragility).

Approximately 24% of all cancers are rare cancers (ESCO data). An ETR on competency in Rare Adult Disorders is under development, and an examination will be conducted by the European Board of RUD.

Next steps include defining essential rare disease competencies within each specialty and strengthening cross-specialty collaboration.

5.1.3. Update on Guidelines for Appraisal and Accreditation of Post-Graduate Training Centers

*Prof. Umut Akyol and Dr Andreas Papandroudīs
UEMS WG PGT*

Prof. Umut Akyol presented an update on the progress of the guidelines.

He emphasized the three fundamental pillars of post-graduate training: the trainers, the trainees, and the training centres. These are cohesively linked through the training documents, with the ETRs serving as the unifying framework that connects and aligns all three components.

The guideline, in its current form, will be presented tomorrow.

Dr Ulrich formally acknowledged and commended the work of the group.

5.1.4. Updates from the Thematic Federation for Medical Ethics

*Dr Konstantinos Koumakis
Secretary UEMS TFME*

Dr Andreas Papandroudīs, Vice-President of the UEMS, presented on behalf of the bureau of the Thematic Federation for Medical Ethics.

Three meetings have been held to date, during which three new topics were addressed:

1. The development of a survey targeting the NMAs, corresponding to objective 4 of the Mission Statement.
2. An outline he prepared for a potential document that the TFME could draft on the ethical aspects of the European Health Data Space.



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3. The updated Draft Syllabus for Medical Ethics, which now includes additional topics such as Green Medical Ethics, Sustainable Healthcare Systems, social media in medicine, artificial intelligence in medicine, and large health data databases.

5.2. European Training Requirements

5.2.1. Introduction of the submitted ETRs and feedback of the ETR RC

*Prof. Nada Čikeš
Chair of the UEMS ETR RC*

Prof. Paolo Ricci, UEMS Vice-President, delivered the presentation on behalf of Prof. Čikeš. He highlighted the importance of carefully following the new ETR Template, Timeline, and Guidelines. For this session, 10 ETRs were submitted, of which 6 were retained for consideration. The proponents of the ETR on Competence in Upper GI were unfortunately unable to attend and present.

Key challenges identified:

- **Implementation of CBME (Competency-Based Medical Education):**
A fundamental paradigm shift in professional education, central to the ETR framework. This requires moving from the traditional time-based training model towards a competency-based approach.
- **Implementation of CanMEDS:**
The integration of the seven physician roles — Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional — is mandatory within the ETRs.
- **Implementation of EPAs (Entrustable Professional Activities):**
Particular emphasis was placed on:
 - Definition
 - Purpose
 - Distinction between competency and activity
 - Assessment methods
 - Practical implementation
 - Concrete examples

Prof. Papalois commended the work of Prof. Nada Čikeš and the entire ETR Review Committee for the significant professionalisation of their work. It was noted that a 10-minute presentation is insufficient to fully reflect the depth and extent of the Committee's work. Sections were reminded that the ETR RC's role is to support and guide them in the process, not to act in an adversarial capacity.



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5.2.2. PDM for the Competence in Obstetric Anaesthesiology**

*Prof. Oleg Sabelnikovs
President of EBA*

Prof. Olegs Sabelnikovs presented the concept of the Professional Development Module (PDM), highlighting the importance of continuous professional development for residents, as well as structured training and CPD in Anaesthesiology.

He clarified that the European Training Requirements (ETR) are intended for trainees, whereas the PDM is specifically designed for specialists.

General core competencies - should be achievable by most national training programmes

Specific core competencies - basic competence levels proposed

He then outlined the structure of the PDM, presenting its different sections:

Section 1 - General Information

Section 2 – Learning objectives, Domains and Competencies, with particular reference to

Section 3, which focuses on 5 Entrustable Professional Activities (EPAs).

Prof. Sabelnikovs concluded by expressing his sincere thanks to the EBA group for their valuable contribution and support.

The PDM was unanimously supported by the AB.

5.2.3. ETR for the Specialty of Geriatric Medicine**

*Prof. Jūratė Macijauskienė
President of UEMS Section of Geriatric Medicine
Prof. Roman Romero-Ortuno
Coordinator of the 2025 ETR Revision*

Prof. Macijauskienė suggested that, for the sake of coherence, it would be more appropriate to schedule this presentation after the colleagues from Adolescent Medicine. She then opened the presentation.

She referred to Directive 2005/36/EC, noting that in practice there is far greater diversity and complexity than is reflected in the legal framework. She outlined the group's ambition to identify a pragmatic set of possibilities for CME/CPD in geriatric medicine (GM) and used the metaphor of providing "more pictures of geriatric medicine to be coloured," illustrating the need for further development and clarification in the field, especially in the countries where the GM is just emerging.

This presentation represented the 2025 update. The work was carried out by a group of 15 colleagues from across Europe, with Prof. Roman Romero-Ortuno serving as Chair of the ETR Writing Committee. Prof. Macijauskienė explained the timeline of the revision process before handing over to Prof. Romero-Ortuno.

Prof. Romero-Ortuno explained the principles of the 2025 revision.



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He then presented the structure of the updated document (Basic Structure, Key educational differences from the previous ETR, as well as its novelties), outlining the basic ETR structure for the 2025 update, including:

- Organisation of training
- Training requirements for trainers
- Training requirements for training institutions

The coordinator of the ETR writing team also highlighted the novelties of the document: full integration of CanMeds, further development of EPAs, inclusion of knowledge on *biology of ageing*; and encouragement of research opportunities; knowledge of evidence-based tools for frailty, falls, appropriate prescribing; inclusion of specific tools to assess trainees' communication with patients, family members, and caregivers in real clinical settings etc.

Prof. Jurate Macijauskienė concluded by emphasising that the document promotes inclusive, contemporary, and evidence-based terminology and content in Geriatric Medicine.

Aydan Oral (PRM Board) thanked the authors and commented in particular on the Entrustable Professional Activities (EPAs). The President of the GM Section acknowledged the importance of this remark, noting that EPAs require trainees to reflect on how they integrate and apply evidence in practice.

The document was unanimously supported by the AB.

5.2.4. ETR for the Competence in Reproductive Medicine**

*Prof. Antonios S. Makrigiannakis
EBCOG/ESHRE*

Professor Makrigiannakis presented the first European Training Requirement (ETR) for Competence in Reproductive Medicine. The primary objective of the ETR is to adequately prepare obstetricians and gynaecologists in the field of reproductive medicine.

He explained that the current document is not yet fully aligned with the standard ETR template but expressed full commitment to revising and harmonising it within a reasonable timeframe.

The presentation outlined the practical and clinical skills required, as well as the defined competences, structured across five levels of proficiency. The core competences include:

1. Reproductive endocrinology disorders;
2. Medically Assisted Reproduction (MAR) procedures.

The Entrustable Professional Activities (EPAs) were also presented, with the objective for trainees to achieve Level 4 competence, corresponding to independent practice.

Regarding the organisation of training, a minimum duration of two years was proposed, with clearly defined milestones and periodic assessments. The curriculum framework and formative assessment methods were described, along with specific training requirements for both trainers and training centres. It was noted that ESHRE is an accredited body.

The UEMS President commended the excellent presentation and the evolution of ESHRE, highlighting the importance of reproduction medicine, as a field encompassing the clinical and scientific care at the very origin of human life.



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5.2.5. ETR for the Competence in Transitional Care of Adolescents and Young Adults**

Prof. Lina Zabuliene

President of UEMS MJC Adolescent Medicine and Health

Prof. Zabuliene presented the *ETR for Certification of Added Qualification for Transitional Care of Adolescent and Young Adults*.

The Chair of the MJC AMH highlighted the importance of the document for trainees and trainers alike, while addressing the persistent “silo thinking” within healthcare systems. She explained that the ETR provides a clear and well-structured framework that is easy to understand and implement. The initiative began in 2018, and in 2022 the Training Objectives were developed and supported by the UEMS Council. Building on this foundation, the group has now submitted its first ETR. The overarching goal is to ensure that every Adolescent and Young Adult (AYA) across Europe experiences a safe, well-supported, and equitable transition into adult healthcare services.

The ETR ensures that specialists from various disciplines — including rheumatology, cardiology, internal medicine, paediatrics, psychiatry, and family medicine — develop and strengthen consistent postgraduate core competencies in managing patient transitions. It establishes a measurable and formally recognized standard of competence, moving beyond reliance on informal experience. At the same time, it aligns with the UEMS mission to define minimum training standards across Europe while respecting national flexibility, thereby reinforcing UEMS leadership in setting European and global standards.

Prof. Zabuliene underlined the “triple impact” of the ETR: tangible benefits for patients, healthcare professionals, and healthcare systems. The structure of the ETR is modular, flexible, and interdisciplinary. The training is designed to last between 4 and 12 weeks and follows a blended learning format, including placements in paediatric–adult joint clinics and community health settings. The framework includes seven Entrustable Professional Activities (EPAs).

Prof. Zabulienė expressed special thanks to Prof. Cikes for preparing an excellent draft ETR template, particularly helpful for those new to the process, as well as to the PRM Section and other reviewers for their valuable contributions.

The ETR for CTCAYA was unanimously approved by the AB.

5.2.6. ETR for the Specialty of Pathology**

Prof. Ambrogio Fassina

President of UEMS Pathology Section

Prof. Fassina presented the first European Training Requirement (ETR) for the Specialty of Pathology, describing it as a living document that will continue to evolve over time. He emphasized the complexity of pathology as a specialty, which encompasses a wide range of pre-analytical, analytical, and technical aspects.



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The ETR outlines different levels of competence. At a basic level, it requires solid experience in diagnostic interpretation. At a specific level, it includes comprehensive knowledge across the main fields of pathology, such as autopsy pathology, histopathology, cytopathology, and molecular pathology. Complementary competencies are also highlighted, ensuring adequate knowledge in related areas such as ethics and forensic medicine.

The document further defines the structure of training, including the training schedule, the overall curriculum framework, and a core curriculum designed to ensure harmonized standards across Europe.

The ETR for Pathology has been unanimously supported by the AB.

5.3. Constitutional Matters

5.3.1. Winding up the UEMS Section of Cardiothoracic Surgery**

*Dr João Grenho
Secretary General of the UEMS*

The Secretary General explained that the specialty is not listed in Annex V and has remained inactive for a considerable period. Addressing the Assembly prior to proposing a vote, he outlined the rationale for initiating the winding-up procedure.

He noted that the Section has not produced any substantive activity or outcomes in recent years and that no developments have emerged from it for a prolonged period, thereby justifying the proposal to discontinue its operation.

The winding up of the Section of Cardiothoracic Surgery was unanimously supported by the AB.

5.3.2. Winding up the UEMS Thematic Federation for Vertigo

The winding up of the TF for Vertigo was announced.

*Dr João Grenho
Secretary General of the UEMS*

6. AOB

Items in italic with ** require a vote or a decision

19:00 GET : UEMS-GAMS Banquet Dinner

Sheraton Grand Tbilisi Metechi Palace – Restaurant