



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

UEMS 2025/24

**MEETING OF
THE UEMS COUNCIL**

DRAFT MINUTES

Saturday 18th October 2025

09:00 – 12:30 GET

13:30 – 16:30 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)*



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

UEMS Council meeting, 18th October 2025

Welcome address by the UEMS President

Prof. Vassilios Papalois
UEMS President

Professor Vassilios Papalois opened the meeting by warmly welcoming the participants. He further expressed his sincere gratitude to our Associate Member, the Georgian Association of Medical Specialties (GAMS), their entire team and their President, Professor George Chakhava, for their generous hospitality and excellent organisation. He referred to the *Pre-Council Symposium* dedicated to CME–CPD, acknowledging that there had been understandable hesitation in the current climate, yet emphasising his appreciation that UEMS participants had come to Tbilisi in such strong numbers. He also recalled the previous evening's dinner, enriched by the remarkable performance of the National Ballet of Georgia, as a celebration of culture and collegiality.

The UEMS President extended his thanks to the sister European Medical Organisations and expressed his anticipation for the forthcoming and timely discussion on Disaster Medicine, a matter of pressing relevance.

Turning to strategic reflections, the UEMS President underlined the inspirational work carried out by colleagues both within and beyond the room. The UEMS, as an organisation, he noted with pride, continues to grow in strength, stature, and connectivity. Financially, UEMS stands on solid ground, with assets of €5.2 million in addition to the DME. He remarked with confidence that the financial position of the UEMS is robust and well managed. While membership fees currently represent only 5–6% of total income, the majority of resources are generated through our products: EACCME activities, examinations, and the accreditation of examinations and training centres, thereby contributing to the long-term financial sustainability and stability of the organisation. A European portfolio that did not exist a few years ago has now evolved into a dynamic and politically active office, deeply engaged in advocacy, lobbying, and fundraising initiatives, notably through *Horizon Europe* and other cross-cutting programmes. He invited further suggestions for innovative, cross-cutting budgetary initiatives, acknowledging the work of Marc Hermans, UEMS Officer for International Affairs, and Isabelle Dumaine in representing the EU dimension within the UEMS.

Prof. Papalois reaffirmed that the National Medical Associations (NMAs) are the true pillars and shareholders of UEMS, providing political, organisational, and moral support. He stressed the importance of a genuine two-way relationship: NMAs are encouraged to promote UEMS initiatives — such as the forthcoming Congress — while also informing UEMS of national or European priorities they wish to advance. He highlighted the example raised by Romania regarding regulatory frameworks and scientific misuse of information. Strong governance, he emphasised, requires that delegates formally represent their NMAs and maintain close connectivity with the UEMS Office.

He called the National Medical Association to get in touch with the Office for renewal and succession or representatives to all our 100+ UEMS Bodies, noting memorably that “success without succession is failure by another name.”



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

He then turned to the outstanding work of UEMS Bodies, praising the exceptional depth and daily commitment of the Sections, Boards, and Committees across all fields of specialist practice. Constitutional improvements have been undertaken where necessary, and further connectivity among Sections remains a priority. The Thematic Federation on Green and Sustainable Medical Practice was commended as an exemplary initiative, as was the relaunch of the TF for Legal and Forensic Medicine, reflecting emerging priorities in medical practice.

Memorandums of Understanding continue to be signed, strengthening alliances, with EFIM cited as a recent example. The CME–CPD Charter, under the leadership of the esteemed colleague Hannu Halila, former President of the UEMS, represents a core element of UEMS' vision and identity. The development of ETRs under the ETR Review Committee framework reinforces a new dimension of professionalism, while the Postgraduate Training Working Group advances guidelines for the accreditation of training centres.

Through EACCME, UEMS continues to appraise and accredit medical education activities across Europe. The UEMS President further warmly acknowledged Dr João Grenho, Secretary-General, for his full-time involvement in the EACCME, and thanked him for his extraordinary dedication in effectively managing two full-time responsibilities: his close guidance within the EACCME team and his specialist practice.

Looking ahead, the UEMS President highlighted the strategic importance of fully utilising the organisation's new digital platform and reaffirmed that the forthcoming UEMS Congress is a flagship, collective endeavour.

In closing, Prof. Papalois paid tribute to the UEMS staff at the DME, under the capable leadership of CEO Bertrand Daval. He emphasised that UEMS does not merely hire staff — it invests in people — and carries a responsibility to support their professional development. He encouraged members to engage with them as valued colleagues and professionals.

He concluded with two reflections on legacy. Aneurin Bevan's creation of the NHS transformed healthcare and left an enduring mark on history; similarly, the vision behind open universities — inspired by Bevan's spouse, Jennie Lee— broadened access to knowledge. These examples, he suggested, remind us that institutions must rise above routine, defend European values, and work not only for today, but for lasting impact.

"As I will no longer be President in two years' time," he reflected, "you may remember that our most valuable asset is neither the DME nor the funds in our accounts. Our most precious resource is our people — the colleague sitting next to you."

Welcome address by President of GAMS

*Prof. George Chakhava
President of GAMS*

Professor George Chakhava, President of the Georgian Association of Medical Specialties (GAMS), delivered the welcome address as host of the UEMS Autumn Council meeting and of the *Pre-Council Symposium* on CME-CPD, thanking all participants for coming over to Tbilisi, adding that it is an honour to Georgia to host our Council. He extended his grateful thanks to the UEMS Executive, for their collaboration and collegial spirit, for their support in making the event possible, and for their participation in the Pre-Council Symposium. He further expressed the hope that he and his team had



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

succeeded in making the participants feel welcome and at home during their stay, and that they had the opportunity to experience the warmth of Georgian hospitality.

The GAMS President highlighted the importance of continued collaboration and shared commitment among medical specialists across Europe.

Roll-call of delegations and introduction of new attendees

Dr João Grenho
UEMS Secretary General

At the time of the roll call, 25 Full Member National Medical Associations were present or represented in the room, setting the majority required for votes at 14.

1. Approval of the agenda **

Dr João Grenho
UEMS Secretary General

The Agenda was unanimously approved without changes.

2. Approval of the minutes of the last UEMS Council Meeting **

Dr João Grenho
UEMS Secretary General

The Minutes were unanimously approved without changes.

3. Report of the Secretary General

Dr João Grenho
UEMS Secretary General

Dr João Grenho opened his presentation by once again expressing his sincere thanks to the Georgian Association of Medical Specialties (GAMS) for their generosity, commitment, and enthusiasm in supporting European medical education and for hosting the event.

He explained that his report was structured around five main areas:

1. EACCME
2. European Training Requirements (ETRs)
3. The first UEMS Congress
4. Domus Medica Europea (DME)
5. The UEMS Office in Brussels

1. EACCME

Dr Grenho reported that *EACCME 3.0* has now reached a stage of maturity, demonstrating its strength in terms of efficiency, sustainability, and transparency.

A new "Provider Accreditation" pathway for long-standing partners is currently under development and is planned to be launched in July 2026, following its presentation to the Spring Council meeting in 2026. He also noted the expansion of applications from the fields of Dental Medicine and General Practice/Family Medicine.

- **Overview 2024–2025**



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

The EACCME continues to experience steady post-COVID recovery and sustained growth across all educational formats. Record numbers of accreditation applications are being processed while maintaining high quality standards.

The ongoing digital transformation through the Odoop platform, together with the EACCME 3.0 framework, has significantly improved operational efficiency. Strong collaboration between UEMS bodies, reviewers, and national authorities remains essential to this success.

- **Live Educational Events (LEEs)**

By the time of the report, 1,759 events had already been recorded. Since 2022, LEE applications have consistently remained above 2,000 per year, with 2024 reaching a peak of 2,244 applications, the highest number since the pandemic.

e-Learning Materials (ELMs).

- Accreditation of webinar packages continues to increase, with 37 accredited in the previous year.

- **Important collaborations**

The collaboration with SEAFORMEC in Spain allows the accreditation of educational activities delivered in Spanish. This partnership has led to a 43% increase in accredited activities.

PanHellenic Medical Association (PhMA) – EACCME collaboration: there continues to be sustained demand from Greek providers, demonstrating the growing relevance of this collaboration.

- **Focus for 2025**

Key priorities for EACCME include:

- Development of the new accreditation pathway
- Clarification of accreditation criteria
- Continued procedural and operational improvements
- Adaptive management to respond to increasing demand

The Secretary General further emphasised that EACCME remains one of the most responsible, reliable, and quality-driven accreditation bodies in Europe.

2. European Training Requirements (ETR) Framework

Dr Grenho presented the UEMS ETR Terms of Reference and Timeline document (UEMS 2025/7), summarising the ETRs adopted in the past and outlining future developments.

Looking ahead, the focus will be on continuous updates and refinement of the ETR template, as well as ongoing support for Sections and Boards in maintaining and updating their training requirements.

3. First UEMS Congress

The first UEMS Congress will take place in Leuven from 27–30 May 2026, and registrations are now open.

The programme will include sessions on:

- European health policy
- Equity, diversity and inclusion (EDI)
- Artificial intelligence and machine learning in healthcare

Dr Grenho also highlighted the **Mentorship Initiative**, which will allow participants to offer or receive professional guidance in a supportive environment, connect with colleagues from across Europe, and exchange experience and expertise.

4. Domus Medica Europea (DME)



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

All available spaces at the Domus Medica Europea are currently rented. Dr Grenho presented revenue figures covering the period 2018–2025.

Revenue is generated through: office rentals, parking spaces, conference rooms and events, virtual and postal service fees, office service contracts.

Total revenue is expected to exceed €100,000, the highest level since 2021, confirming a clear upward trend and the growing attractiveness of the DME.

Important tenants contributing to this success include: Cancer Patient Forum (CPE), Alliance for Regenerative Medicine, ESMO, European Urological Foundation.

5. UEMS Office in Brussels

Dr Grenho presented the structure, team, and organisational chart of the Brussels office, which continues to play a central role in supporting the operational and administrative activities of UEMS.

Departmental highlights

- Accreditation: sustained EACCME workload and preparation for the Accredited Provider pathway
- Administration and Coordination: continued support for the organisation's governance and activities
- Coordination and Internal & External Affairs: strengthening institutional relations and internal processes

Staff changes and strategic projects

Several digital and strategic initiatives are currently underway, including: creation a Member's Portal, launch of the UEMS Journal, launch of the UEMS Fellowship register, redesign of the UEMS logo etc.

The current workforce structure of the UEMS Office was also presented.

Prof. Papalois praised the Secretary General, Dr Grenho, for his exceptional contributions, emphasizing the superb work he has done not only for EACCME, but for the organization as a whole. The President noted that anyone aspiring to succeed the Secretary General should understand that it is effectively a full-time role. He also highlighted the scale of EACCME events, describing them as major European enterprises with thousands of participants that continue to grow.

4. Presentation of the accounts and approval of 2026 Budget **

*Dr Othmar Haas
UEMS Treasurer*

Dr Haas presented the financial overview for 2026. Total income is projected at €4.5 million, with the main sources being EACCME (€1.7 million) and Examinations (€1.1 million). Additional income comes from the National Medical Associations (NMAs), the UEMS Congress, and potential future sources such as a journal.

The budget includes €50,000 allocated for refurbishment of the Domus. Expenditures also cover mileage, parking, insurance, and increased human resources costs. Taxes are noted as significant, and there is a plan to enhance non-taxable employee benefits.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

For 2024, a surplus of €11,000 was recorded, and the goal is to further increase the surplus in 2026. Common investments also represent a substantial portion of UEMS income. The organization currently has a loan from 2020, which will be fully repaid by mid-2026, leaving UEMS debt-free. Other items discussed included the management fee and EACCME dues. UEMS maintains strong financial stability, with €3,260,270.98 in readily available assets and €1.915 million in invested assets.

Prof. Papalois stated that anyone wishing to conduct a detailed review of UEMS finances or wishes to know more details is welcome to do so. If you want to do a deep diving into our finances you are welcome to do so. He added that for any finance-related matters, including the launch of new projects, colleagues are encouraged to consult with the team, which is committed to supporting the successful initiation of any activity.

Marc Hermans, UEMS Officer for International Affairs, clarified to the attendees that the reimbursement requests should be sent to **Marco Sartori**, the UEMS Accountant, not to him, distinguishing himself from Marco.

The UEMS budget for 2026 has been unanimously approved by the Council.

5. European Affairs

5.1. *Report of the European Affairs Department*

Dr Marc Hermans

UEMS Officer for European and International Affairs

Marc Hermans and Isabelle Dumaine co-presented the Report of the European Affairs Department. The presentation included updates from the Task Force on EU & International Affairs. Suggestions from the last Council meeting were highlighted, including sharing the ETRs externally, ensuring international representation, and improving information sharing. A dedicated page on the UEMS website has been proposed but is not yet implemented.

The UEMS International Affairs team also discussed external contacts, including the WHO MeND survey, and engagement with several EU associations of nurses and doctors. Logistics and financial aspects related to WHO Europe were addressed, and a recent meeting with Latvian colleagues was referenced (see presentation).

Isabelle Dumaine provided updates on two ongoing projects:

1. KeepCaring – Horizon Europe Project: Focused on reducing stress and preventing burnout among healthcare workers through structured interventions (Work Packages WP2, WP3, WP4).
2. Discern DSS Project: Updates on Work Packages WP2 and WP3 were presented.

5.2. *Presentation and updates on the First UEMS Congress May 2026*

Prof. Vassilios Papalois

UEMS President

Prof. Papalois presented an overview of the **first UEMS Congress**, outlining the setup, focus, and objectives.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

The Congress aims to showcase the practice of medical specialists across Europe. The programme will feature four plenary sessions covering:

- EU Health
- AI and Machine Learning
- The European Medical Workforce
- EU Health and Healthcare Systems in Crisis

The Congress will include approximately 70 sessions, addressing topics such as workforce planning, burnout among healthcare professionals, and practicing medicine in crisis situations, which are increasingly relevant in Europe.

A draft programme is expected to be ready this month, and session leaders have already been contacted. The call for abstracts is ongoing, with possible themes including EU Health and AI/Machine Learning.

The venue, located in Leuven, just a short distance from Brussels, was presented as a strategic choice. Leuven, a beautiful university city, will host what is envisioned as a “small UEMS city,” emphasizing the Congress as both a professional and networking hub.

Registration fees and participation were discussed, highlighting that everyone’s contribution is essential. Prof. Papalois stressed the importance of promoting UEMS in all related communications, noting that the Congress will energize the organization and help it move to the next level.

6. Specialist Issues

6.1. Report from the Advisory Board

*Dr Hans-Peter Ulrich
Chair AB – Secretary of Grouping II*

Dr Hans-Peter Ulrich presented the Advisory Board (AB) report, noting that **33 Sections were represented** and that all votes were carried unanimously. He emphasized that for the organization to function effectively, it requires strong leadership and a deep understanding of both the knowledge and experience accumulated by its members. Dr. Ulrich also expressed sincere thanks to the Executive Committee for their continued dedication and efforts, highlighting the important role they play in supporting the work of the Advisory Board and the wider UEMS community.

He concluded by underscoring that the success of the organization depends on collaboration, active participation, and the collective expertise of all Sections, ensuring that the Advisory Board continues to guide UEMS with insight and commitment.

6.2. European Training Requirements

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

*Prof. Paolo Ricci for Prof. Nada Čikeš
Chair of the UEMS ETR RC*

Prof. Paolo Ricci, UEMS Vice-President, delivered the presentation on behalf of Prof. Čikeš. Prof. Ricci presented updates on the European Training Requirements (ETRs) and the work of the ETR Review Committee (ETR RC). He outlined the **Terms of Reference of the ETR RC**, noting that the ETR Review Committee leads



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

the review process, facilitates dialogue in cases of differing approaches, and ensures that the UEMS maintains high standards in specialist training across Europe. He also presented the **new ETR Timeline for 2025**, and emphasized the importance of carefully following the **new ETR Template, Timeline, and Guidelines**. It was suggested that all steps of the ETR timeline should be clearly reflected in the minutes.

For this session, 10 ETRs were submitted, of which 6 were retained for further consideration. The proponents of the ETR on Competence in Upper GI were unfortunately unable to attend and present. Professor Ricci highlighted the paramount contribution of Mr Arthur Felice (EPA), describing him as the *deus ex machina* of the ETR Committee. His work has been instrumental in translating complex professional competencies into structured units that can be clearly explained and applied in trainee education.

ETRs were described as the flagship project of the UEMS, representing a pan-European effort to harmonize training standards and raise the level of competence in specialist training. Their development involves close collaboration with Section Delegates, national representatives to the UEMS Sections and Boards, and Multidisciplinary Joint Committees (MJsCs), ensuring strong connections with all relevant stakeholders.

Several key challenges were identified in the implementation of ETRs:

- **Implementation of Competency-Based Medical Education (CBME)**
A fundamental paradigm shift in professional education, requiring a transition from the traditional time-based training model to a competency-based approach.
- **Implementation of the CanMEDS Framework**
The integration of the seven physician roles — Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional — is mandatory within the ETR structure.
- **Implementation of Entrustable Professional Activities (EPAs)**
Particular emphasis was placed on : their definition and purpose; the distinction between competencies and activities; appropriate assessment methods; practical implementation; and the use of concrete examples in training.

Professor Ricci noted that what was presented represents **only the tip of the iceberg** of the work undertaken by the ETR Committee.

The President of the UEMS emphasised that the European Training Requirements (ETRs) represent one of the most significant outputs of the UEMS. Following their adoption, the next step will be their publication in a reputable European scientific journal, further strengthening their visibility and impact.

The Secretary General announced that the ETR submission deadline for the Spring Council is December 23rd.

He also informed participants that all presentations delivered during today's Council and GAMS sessions will be made available on the Council webpage on Wednesday.

6.2.2. Professional Development Module PDM for the Competence in Obstetric Anaesthesiology **



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

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 his presentation by thanking the members of his Sections and Board.

The Secretary General announced that all ETRs received the full support of the Advisory Board during its meeting the previous day.

Dr Papandroudakis (PhMA) raised a question regarding the duration of the training programme for the PDM, to which Prof. Sabelnikovs clarified that it is set to 12 months.

The Professional Development Module (PDM) in Obstetric Anaesthesiology was subsequently unanimously supported and adopted by the Council.

6.2.3. European Training Requirements 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 opened the session by presenting the revision process of the Geriatric Medicine ETR. She highlighted that while the landscape of geriatric medicine varies across Europe, in practice there is even greater heterogeneity. She emphasized the importance of promoting geriatric medicine in countries where it is still emerging.

The President of the Section recalled that the first ETR for geriatric medicine was published in 2020, and that the revision process began in 2024 under the leadership of Prof. Romero-Ortuno, who also presented the timeline for the revision.

Key terms were defined and clarified in the updated ETR, including:

- Geriatric Medicine
- Geriatrician
- Core practice: Comprehensive Geriatric Assessment (CGA)
- Age focus etc.

The ETR 2025 continues to adopt inclusive, evidence-based terminology, promoting awareness of ageism and encouraging the use of respectful language such as “older adults” or “older people” rather than “the elderly” in healthcare.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

Prof. Romero-Ortuno then detailed the structure of the revised ETR, noting its alignment with evidence-based medicine frameworks, including CanMEDS, and the incorporation of all feedback received during the consultation phase. Key content areas now include:

- Structure and definitions
- Imaging skills and diagnostic imaging in cognitive disorders
- Laboratory medicine
- Clinical pharmacology
- Pain management and rehabilitation medicine

In conclusion, Prof. Macijauskienė emphasized that the revision of the ETR promotes inclusive, contemporary, and evidence-based terminology and content, reflecting the evolving standards in Geriatric Medicine across Europe.

The ETR Revision for Geriatric Medicine has been unanimously voted on and adopted by the Council.

6.2.4. European Training Requirements for the Competence in Reproductive Medicine **

*Prof. Antonios S. Makrigiannakis
EBCOG/ESHRE*

Prof. Makrigiannakis opened by thanking the audience and presenting the first European Training Requirement (ETR) for Competence in Reproductive Medicine. He explained that the primary objective of the ETR is to adequately prepare obstetricians and gynaecologists to practice safely, independently, and to the highest professional standards in the field of reproductive medicine.

The initial draft of the ETR was prepared using the previous UEMS template and submitted in January 2025, with a revised version aligned to the new format resubmitted in June 2025. While the document is not yet fully integrated with the new ETR template, Prof. Makrigiannakis expressed full commitment to completing this harmonization within a reasonable timeframe. He noted that the adoption of the new functional IT platform will require additional time.

The presentation outlined the trainee profile and competence framework, detailing the required practical and clinical skills, which are structured across five levels of proficiency. Core competencies include:

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

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

Prof. Makrigiannakis described the organisation of training, proposing a minimum duration of two years, with clearly defined milestones and periodic assessments. The curriculum framework and formative assessment methods were presented, alongside specific requirements for both trainers and training centres. It was also highlighted that ESHRE is an accredited body, supporting the standardisation and quality of reproductive medicine training.

The presentation also covered key training content, including: fertility preservation, infertility diagnosis and treatment, reproductive health issues, and assisted reproductive procedures. Learning outcomes encompass theoretical knowledge, clinical skills, and laboratory competencies, complemented by visual representations of practical and clinical skills.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

The UEMS President commended the presentation, noting the evolution of ESHRE and emphasising the significance of reproductive medicine as a specialty that addresses the clinical and scientific care at the very origin of human life.

The ETR for the Competence in Reproductive Medicine was voted on and adopted with a single abstention.

6.2.5. European Training Requirements 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 *European Training Requirement (ETR) for the care of Adolescents and Young Adults*, defined as individuals aged 10 to 24 years, highlighting the importance of bridging gaps between Sections, Multidisciplinary Joint Committees (MJsCs), National Medical Associations (NMAs), and the patient populations spanning children, adolescents, and young adults. As a specialist in endocrinology, she highlighted her perspective on transitional care and its critical role in healthcare.

She addressed the challenges of siloed thinking in healthcare systems and stressed the significance of addressing the psychosocial and existential aspects of living with illness. Transitional care matters because adolescents and young adults are neither children nor small adults, requiring attention tailored to their unique physiological, psychological, and developmental needs. She cited moments from Tbilisi 2025 to illustrate key experiences in shaping this field.

Prof. Zabuliene outlined the triple impact of transitional care: benefits for patients, healthcare professionals, and healthcare systems. She acknowledged the foundational work of Prof. André Michaud, who established the MJC. The training objectives for this ETR were published in December 2022, and the ETR identifies specialties focusing on transitional care, in alignment with the EU legal and policy framework, including Directive 2005/36/EC and Directive 2013/55/EU.

The ETR is structured to be modular, flexible, and interdisciplinary, with a duration of 4 to 12 weeks, adaptable to national training systems and pathways (e.g., CAQ, CPD, or integrated modules). The format incorporates blended learning, combining online modules with 1–2 weeks of onsite clinical exposure, in settings such as joint pediatric-adult clinics and community health environments.

The core domains of learning encompass ten key areas, and the ETR identifies seven Entrustable Professional Activities (EPAs) at the heart of competency development. Among these, EPA6 focuses on empowering adolescents and young adults (AYAs) to engage in self-management and shared decision-making.

Prof. Zabuliene also described implementation pathways and options for integrating the ETR into national systems, highlighting the importance of continuous quality improvement and a commitment to updating the ETR every five years. She expressed her heartfelt gratitude to all contributors to the project.

During the discussion, Dr Papandroudou, UEMS Vice-President (PhMA) asked about the applicability of the ETR in countries debating the establishment of young adult clinics. Prof. Zabuliene explained that the ETR is aligned with the WHO definition of adolescents (10–18 years). Questions were raised regarding the minimum duration of training, which ranges from 4 to 12 weeks, and the apparent



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

discrepancy between blended learning formats and the 1–2 weeks of onsite exposure, which will be clarified in the final document.

The *ETR for the Competence in Transitional Care of Adolescents and Young Adults* was unanimously voted for and approved, with a single abstention.

6.2.6. European Training Requirements for the Specialty of Pathology **

*Prof. Ambrogio Fassina
President of UEMS Pathology Section*

Prof. Ambrogio Fassina presented the European Training Requirements (ETR) for Pathology, recalling the early approval of the first ETR for the specialty six years ago. He expressed deep appreciation for the dedication of the UEMS staff, the members of the ETR Review Committee (ETR RC), and the writing team.

The ETR aims to establish a standardised system of education in pathology, functioning as a living document that maintains a close connection with the evolving practice of the specialty. Pathology was described as a fascinating and vast field, bridging basic science and clinical medicine, with a unique and delicate professional pathway. Entrustable Professional Activities (EPAs) have been integrated into the framework to ensure competency-based training.

Prof. Fassina highlighted that the organisational and technical aspects of pathology are highly specialised. Core knowledge includes general pathology, encompassing autopsy pathology, histopathology, and cytopathology, while molecular pathology is considered an integral part of modern practice.

Complementary areas of training cover ethics, forensic medicine, diagnostic imaging, AI applications, and toxicology. The ETR also allows for elective modules to tailor training to specific interests.

The ETR for Pathology was unanimously voted on and adopted by the Council.

6.3. Constitutional Matters

6.3.1. 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 closure of the Section was unanimously voted on, and the Cardiothoracic Surgery Section has been formally dissolved by the Council.

6.3.2. Winding up the UEMS Thematic Federation for Vertigo



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

Dr João Grenho
Secretary General of the UEMS

The TF on Vertigo has had no activity in recent years, and repeated attempts to contact its members yielded no results. As per UEMS procedures, the winding up of a Thematic Federation does not require a vote. The Secretary General declared that the activities of the TF are officially terminated.

6.3.3. Proposal to establish a new UEMS Section for Cardiac Surgery**

Prof. Dirk Van Raemdonck
President UEMS Thoracic Surgery Section

The President presented the proposal on behalf of Prof. Van Raemdonck, clarifying the distinction between thoracic surgery and cardiac surgery. He noted that the Thoracic Surgery Section is highly active and expressed its willingness to support the establishment of the new section. While the two specialties are closely related, they are distinct entities, as identified in Annex V, and the new section will be established in full compliance with constitutional procedures.

The Secretary General opened the floor for comments, and no objections were raised.

The creation of a new UEMS Specialist Section for Cardiac Surgery was voted on, with a single abstention. The Section for Cardiac Surgery has been officially established by the UEMS Council. Members will be soon invited to submit nominations for representatives to the Section.

6.3.4. Proposal for the establishment of a new UEMS MJC, for Disaster Medicine**

Dr Roberta Petrino
President of UEMS Section and Board of Emergency Medicine

Prof. Roberta Petrino presented the proposal for the creation of a new UEMS Multidisciplinary Joint Committee (MJC) on Disaster Medicine. She explained that the initiative originated from a proposal by Latvia for the creation of an MJC on military medicine. This proposal was discussed within the Emergency Medicine Section in June. Given the Section's strong involvement in disaster preparedness and response, it was considered more appropriate to develop a broader multidisciplinary initiative focusing on disaster medicine.

Disaster medicine was presented as an inherently multidisciplinary field. The proposal has already received the endorsement of the Emergency Medicine Section and the Public Health Section (PHS), and the creation of the MJC requires the support of at least two UEMS Sections.

Prof. Petrino provided definitions to frame the discussion. A disaster is defined as a serious disruption of the functioning of a community or society at any scale due to hazardous events. Disaster medicine is a branch of medicine that focuses on preparedness and planning, triage and mass casualty management, medical logistics and coordination, public health surveillance and outbreak control, as well as psychological support and rehabilitation.

Recent events in Europe over the past decade illustrate the increasing relevance of disaster medicine, including earthquakes, the COVID-19 pandemic, the ongoing war in Ukraine, and disasters linked to climate change and environmental changes. The disaster cycle was presented, highlighting



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

pre-impact phases (prevention, mitigation and preparedness) and post-impact phases (response and rehabilitation).

The management of the medical consequences of disasters requires specific knowledge, competencies and coordinated multidisciplinary collaboration. The proposed MJC would therefore:

- Provide a platform to integrate various medical specialties involved in disaster preparedness, response and mitigation;
- Develop a European curriculum in Disaster Medicine, defining the necessary skills and competencies for the different phases of disaster management.

The proposal originates from the Emergency Medicine and Public Health Sections, with the expectation that additional specialties, such as Orthopaedics and Traumatology and others, would also contribute.

Prof. Papalois noted that, following approval, an open invitation would be issued to all National Medical Associations and UEMS Sections to nominate representatives, after which formal elections would be organised. He also emphasised the need to consider disaster preparedness in a broader context, including trauma and other large-scale emergencies, areas in which Europe may not yet be sufficiently prepared.

The proposal was then opened for discussion.

Dr Ficher (Slovenia) raised the issue of civilian and military collaboration. The President of the UEMS clarified that the term "military medicine" had been avoided because UEMS does not have the mandate or expertise to train military doctors. However, this does not exclude collaboration with military professionals or other relevant experts when appropriate. The intention is to establish a framework primarily for civilian doctors.

Prof. Akyol (Turkey) highlighted the importance of preparedness, noting that the difference between being prepared and unprepared becomes critical at the moment of impact. In Turkey, recent natural disasters have led to the creation of a national standing committee on disaster medicine. Prof. Sabelnikovs (Anaesthesiology) expressed support for the creation of the MJC. Dr Bohdana Scherbachuk (Ukraine) also supported the initiative. The President of the UEMS commended the Ukrainian delegation for their continued participation in UEMS Council meetings despite the difficult circumstances.

The Section of Geriatrics also endorsed the proposal. Dr Papandroudou (Greece) stated strong support for the creation of the MJC, noting that Greece has faced numerous natural disasters in recent years. The Psychiatry Section expressed interest in contributing, particularly regarding psychological trauma and the importance of knowing both what to do and what not to do when responding to disasters.

The proposal was subsequently put to a vote.

The Council unanimously approved the creation of the Multidisciplinary Joint Committee on Disaster Medicine, which was therefore established.

6.3.5. UEMS CPD Charter**

*Dr Hannu Halila
Chair of the CME/CPD WG*



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

Dr Halila, UEMS Past President and current Chair of the CME/CPD WG, presented the proposed UEMS CPD Charter. He explained that the term “Charter” was chosen deliberately, as it reflects the terminology historically used by UEMS since the 1990s and appropriately captures the purpose of the document.

He recalled that the current UEMS policy on Continuing Professional Development (CPD), based on the Basel Declaration adopted in 2001, is now relatively outdated. The CME/CPD Working Group has therefore been discussing the need for an updated policy at several previous meetings. A smaller Task Force was subsequently appointed to prepare a draft of the new document. Dr Halila thanked the members of this group for their work.

During the drafting process, discussions focused particularly on the key policy statements to be included in the Charter, including questions such as when CPD should begin during a doctor’s professional life. The document clarifies that UEMS supports systems and procedures that facilitate doctors’ participation in CPD activities and endorses methods aimed at improving both the quality of care and the quality of medical practice.

The Secretary General emphasised the importance of the document and encouraged Council members to review it carefully.

Dr Papandroudīs (Greece) raised the issue of whether CME/CPD should be mandatory or voluntary. He noted that strong motivational measures may be necessary to ensure adequate participation, as maintaining a minimum level of CME/CPD is essential for patient care. He also pointed out that most countries already require a minimum amount of CME/CPD and suggested that this could be considered in a way similar to the accreditation of training centres.

Prof. Papaloīs clarified that the purpose of the discussion was not to address the accreditation of training centres but rather to present the overall vision of UEMS regarding CME/CPD, highlighting that the UEMS strongly supports the importance of CME/CPD; and that at the moment there is no clear evidence demonstrating a significant difference in outcomes between voluntary and mandatory CPD systems across countries.

Action point: The CME/CPD Charter will be distributed to the Council.

7. Reports

7.1. European Medical Organisations

*Panel discussion Session on the topic: **The advancement of Disaster Medicine in Europe***

AEMH – AMSE – **CEOM** – CPME – EANA – EJD – EMSA – FEMS – UEMO*

**All EMOs are invited to send their PPT presentations by October 3rd.*



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

Dr Hermans chaired the EMO's Panel session – *The advancement of Disaster Medicine in Europe*. During the discussion, Dr Hermans engaged the panelists by posing three key questions to stimulate reflection and debate

1. On MJC on Disaster Medicine should develop an ETR?
2. What are the terms we need? Who are we supposed to work with? What will be needed?
3. Could you think of something overlooked? Something that overlooked our medically inspired strategies?

The panel brought together representatives from several European medical organisations, who shared their perspectives on the development of disaster medicine in Europe.

Dr Tiago Villanueva, representative of UEMO, presented the perspective of family doctors and their aspirations in becoming a recognised specialty in a context in which disaster medicine is more and more present.

Dr Valentina Pugelj, representative of EJD, and also a specialist in EM, endorsed the idea of potentially developing an ETR for the disaster medicine; junior doctors are getting more and more involved in the ETRs writing process.

Dr José de Santos presented the perspective of CEOM, expressing appreciation for the opportunity to participate in the Council discussion and highlighting the importance of coordinated European action in disaster preparedness.

Representatives from FEMS, Dr Noel Carrillho, emphasised that, while they could not directly address the development of an ETR from the FEMS perspective, the medical community should focus on strengthening preparedness and ensuring that healthcare systems are as ready as possible to respond to disasters.

The representative of AEMH, Dr Pierre Maldague, noted that their organisation is not directly involved in ETR development but could contribute particularly in the area of hospital management during crises. A panel of experts will meet in Brussels next month to discuss this topic further. AEMH expressed its support for the UEMS initiative.

Ole Johan Brekke, from CPME, stressed the critical importance of communication during crises. When communication systems fail, the effectiveness of the response depends heavily on available resources and prior training. He emphasised that practical simulation exercises are essential and that such training must be properly organised, funded, and coordinated across institutions.

The President of the UEMS raised a practical question regarding the development of a training curriculum in disaster medicine. Given that disaster medicine involves many specialties, he noted that the traditional model of training organised strictly by specialty sections may not be sufficient.

Prof. Akyol (WG PGT) highlighted that one of the main challenges in disasters is the immediate chaos that follows the impact. While many people attempt to help, the lack of clear authority and coordination can create confusion. He also pointed out additional concerns such as protecting medical personnel and maintaining basic survival principles during emergencies.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

Prof. Roberta Petrino (EM) added that any potential ETR in Disaster Medicine would need to be unconventional, as it would necessarily involve multiple disciplines and require an interdisciplinary training approach.

Further discussion addressed the resilience of healthcare systems when digital infrastructure fails. Participants noted that internet outages or cyberattacks could severely affect hospital operations. In some emergency departments, contingency plans already include reverting to paper-based systems for laboratory requests and patient documentation in case electronic systems become unavailable.

Cybersecurity was also identified as an emerging threat to healthcare systems. In Belgium, for example, several hospitals have experienced cyberattacks, and recovery can take months. Some institutions are therefore developing simulation exercises and crisis protocols to prepare for such scenarios. Systems such as B-FAST (Belgium's official rapid response team for international disasters), which connect doctors, hospitals, and civil protection services, are being developed to improve coordination during emergencies.

Participants also stressed the importance of cross-border collaboration, shared terminology, and common training frameworks. In some countries, universities have already introduced basic courses related to military or disaster preparedness, which could serve as a foundation for broader disaster medicine education.

Finally, Dr Hermans invited the audience to reflect on additional elements that might have been overlooked in current strategies, encouraging wider awareness of the importance of preparedness, coordination, and training in strengthening Europe's response to disasters.

7.2. Updates from the UEMS Associate and Observer Members

7.2.1. Ukraine

*Dr Bohdana Scherbachuk
UEMS WG Ukraine*

Dr Bohdana Scherbachuk presented the current situation in Ukraine in the context of the ongoing war. She highlighted the significant challenges faced by the healthcare system, including the growing burden of mental health problems and the difficulties in maintaining adequate medical training under wartime conditions.

Despite these challenges, she noted that Ukrainian doctors have gained extensive experience in disaster medicine and would be willing to share their knowledge and practical insights with the wider European medical community.

Dr Scherbachuk also expressed gratitude to UEMS for its continued moral support during these difficult times.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

7.3. Reports from the UEMS Bodies

7.3.1. Updates from the UEMS Thematic Federation for Medical Ethics

*Prof. José María Domínguez Roldán Dr Konstantinos Koumakis
Secretary UEMS TFME*

Dr Andreas Papandroudakis presented on behalf of the bureau of the TF.

Action plan of the group includes the following points:

- A survey to be addressed to NMAs, in line with point 4 of the Mission Statement.
- An outline for a document that the TFME could draft on the ethical aspects of the European Health Data Space.
- An updated Draft Syllabus for Medical Ethics, including new topics such as Green Medical Ethics, Sustainable Healthcare Systems, Social Media in Medicine, Artificial Intelligence in Medicine, and Big Health Databases.

Create in collaboration with CEOM working groups to study and achieve those goals. Any other EMO interested to work with us in this field is welcome to participate in the WG.

8. Working Groups Reports

8.1. Continuing Medical Education & Professional Development

*Dr Hannu Halila
Chair of the CME/CPD WG*

Dr Halila presented on his group. The CME/CPD Working Group meeting was attended by 33 participants.

The discussion focused mainly on two items: the *CME/CPD Charter* and a *questionnaire on the current CME/CPD situation in UEMS Member Countries*. The questionnaire will be circulated shortly, and the results may be presented during next year's Congress.

Other topics included recent developments related to EACCME, updates from UEMS Member Countries and specialties on their CME/CPD systems, the need for training for disaster situations, including war, and a recent publication in the CME/CPD Journal.

8.2. Artificial Intelligence

*Dr Grégory Perrard
Chair of the AI WG*

Dr Perrard reported on the activities of the AI Working Group, noting that it is a relatively new group. He emphasised that artificial intelligence is increasingly present in many aspects of society, including medicine, scientific publishing, and public policy.

The Working Group is currently focusing on two main topics:

- The use of AI in the development of examination questions;
- The role of AI in the education and training of medical trainees, including the possibility of introducing a transversal component on AI within all ETRs. This discussion also addresses ethical and deontological considerations, as well as the differences between closed and open AI systems.



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

The group plans to:

- Hold regular online meetings;
- Consult AI specialists, such as engineers, when necessary to improve understanding of the technology;
- Present its work at the UEMS Congress in May.

Prof. Akyol also raised concerns regarding the potential risks associated with the use of AI.

8.3. *Postgraduate Medical Specialist Training*

*Prof. Umut Akyol
Chair of the PGT WG*

Prof. Akyol reported on the activities of the PGT Working Group, noting that the meeting gathered a large number of participants. The discussions focused on key aspects of postgraduate medical training, including medical trainees, trainers, training documents, and training centres.

Particular attention was given to the development of **Guidelines for the Appraisal and Accreditation of Postgraduate Training Centres**. Prof. Akyol expressed his thanks to Andreas and Nash Patil for their contributions to this work, as well as to Mr Arthur Felice, who presented an updated version of the *Glossary and List of Acronyms document*.

A draft of the guidelines will be shared with Council members in the coming weeks. Prof. Akyol concluded by providing an overview of the group's ongoing work.

8.4. *Ukraine*

*Dr Olena Lukashevych on behalf of Dr Clive Kilgallen
WG for Ukraine*

Dr Hermans reported on behalf of the Chair of the WG and on behalf of Dr Lukashevych, who were not able to travel to Georgia.

He briefly presented the achievements, current activities and future plans of the WG for Ukraine.

Here are some important take-aways:

- Questionnaire on infectious disease and antimicrobial surveillance.
 - Promote adoption of UEMS ETR's.
 - Promote collaboration in simulation medicine.
 - Lancet Commission on health in Ukraine - Marisa Casanova Dias.
- Preparation for Congress 2026 – present exemplar examples of medical advances in Ukraine, disseminate the learnings of Ukraine medical service to the rest of UEMS medical community.

9. AOB



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
VAT n° BE 0469.067.848

T +32 2 649 51 64
www.uems.eu
coordination@uems.eu

9.1. Highlights of the Survey on Frailty in Older Adults for UEMS Bodies

*Prof. Roman Romero-Ortuno
UEMS Section of Geriatrics*

Prof. Romero-Ortuno presented the preliminary results of the survey. He thanked the Council members and the UEMS Office for their support and contributions. The deadline for responses has been extended.

So far, 277 responses have been received from non-geriatricians providing care to older adults. The initial results suggest that the concept of frailty in older adults is not yet widely familiar among all practitioners.

9.2. Presentation from Tunisia

*Prof. Foed Bouzaouache
Head of Tunisian Delegation/CNOM*

Dr Foued Bouazache presented Tunisia, the host country of the upcoming UEMS Council meeting. He highlighted historical links between Georgia and Tunisia, referring in particular to the figure of Moustapha Khodja.

His presentation warmly invited participants to Tunisia and introduced Carthage Thalasso, the venue where the next Council will take place. He also noted that Geriatrics has recently been recognised in Tunisia as a standalone medical specialty.

Prof. Papalois, the UEMS President, closed the meeting by thanking all participants for three productive and enjoyable days. He expressed special gratitude to the Georgian colleagues for their hospitality and organisation, and thanked all attendees for their continued efforts in advancing the medical profession.

Next UEMS Spring Council Meeting – Tunis, 24-25 April 2026.

Next UEMS Autumn Council Meeting – Brussels, 16-17 October 2026.

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