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Dear Colleagues,

It is a great pleasure to welcome you to the Autumn Council Meeting of the UEMS in Brussels. As we meet again at the heart of our organisation, I would like to thank all our Members, Sections, Boards and other UEMS bodies for their continued engagement and contribution to the work of the UEMS throughout what has already been a particularly active year.

The Spring Council meeting in Tunis took place at a time when the UEMS was entering 2026 from a position of considerable financial, organisational and operational stability. The Secretary General's Report presented at that meeting described 2025 as a year of consolidation, during which much of the work undertaken over previous years had started to produce tangible results.

The six months since Tunis have been particularly active. Several initiatives that were still under development in April have since moved forward or been implemented. The first UEMS Congress took place in Leuven in May, bringing together the different components of the UEMS community, European Medical Organisations and external partners. The EACCME Accredited Provider programme has moved from consultation and development to implementation. Work on the European Training Requirements has continued at a very high level, while the UEMS has maintained and further developed its engagement with European institutions and partner organisations.

These developments have taken place alongside a sustained high level of activity across the organisation. This is particularly visible within the EACCME, where activity remains at historically high levels, but also across many other areas of UEMS activity. At the same time, particular attention has been given to strengthening the relationship with our Members. The regular meetings now taking place with individual Members are providing a valuable opportunity for direct exchange, allowing us to listen more closely to national perspectives, better understand their priorities and concerns, and strengthen the link between our Members and the UEMS. The financial position of the organisation remains strong and, following the final repayment of the bank loan associated with the Domus Medica Europaea, the UEMS is now free of external debt.

Not all developments, however, should be assessed simply in terms of activity or growth. The period since Tunis provides an opportunity to look at what has been achieved, what has worked as expected and where experience has shown that adjustments may be needed. This applies to new initiatives such as the UEMS Congress, but also to established areas of activity that continue to evolve as their scale and complexity increase.

The breadth of UEMS activity remains one of its defining characteristics. Our Members, Sections, Boards and Committees inevitably approach European specialist medicine from different perspectives and with different priorities. Bringing these perspectives together, while maintaining a common direction and a clear sense of what the UEMS represents, remains an important part of our work as an organisation.



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This report therefore follows directly from the report presented in Tunis. It provides an update on the main developments since April and, where appropriate, an assessment of what they mean for the UEMS as an organisation. More detailed reports on several of these areas will be presented separately during this Council meeting; the purpose here is to place them within the broader picture of UEMS activity.

João Miguel Grenho
UEMS Secretary General



1. EACCME

a. Accredited Provider Status

One of the most important developments since the Spring Council meeting has been the launch of the EACCME Accredited Provider Status.

This initiative represents an important evolution of the EACCME accreditation model. Until now, EACCME accreditation has essentially been based on the assessment of individual educational activities. The Accredited Provider Status introduces a complementary approach, allowing organisations that consistently demonstrate their ability to meet EACCME requirements to be recognised at provider level.

The model presented in Tunis was the result of a development process followed by a consultation that ran from January to the end of March 2026. The feedback received during this process was subsequently reviewed and incorporated into the final model. The Accredited Provider Status has now been formally launched, with the first application period open until 31 October 2026. Successful providers will be able to award ECMEC®s to eligible educational activities from 1 January 2027. This represents the transition from a concept that has been discussed and developed over several years to a new operational component of the EACCME system.

As part of the launch, an introductory webinar was held on 2 October to present the new status and provide an opportunity for reviewers, providers and EACCME Specialist Accreditation Boards (ESABs) to discuss the model and its practical implementation. The webinar attracted around 100 participants, reflecting a significant level of interest from the EACCME community at this very early stage.

The significance of this development goes beyond the introduction of a new accreditation pathway. The growth and increasing diversity of EACCME activity require the accreditation system itself to evolve. Assessing individual activities will remain an essential part of the EACCME model, but it should not be the only possible approach for organisations with a well-established record of providing high-quality CME/CPD and with appropriate internal processes to ensure compliance with EACCME standards.

Accredited Provider Status introduces a different relationship between the EACCME and experienced providers. It recognises their capacity to assume greater responsibility for the quality and compliance of their educational activities, while maintaining the oversight, monitoring and standards required by the EACCME. It is not intended to lower the threshold for accreditation, but to apply that threshold in a different and more proportionate way.



This is particularly relevant as the scale of EACCME activity continues to increase. A sustainable accreditation system cannot depend indefinitely on increasing its administrative capacity at the same rate as the number of applications. Provider accreditation creates the possibility of concentrating resources where detailed individual assessment adds most value, while establishing a different level of responsibility for providers that have demonstrated their ability to operate consistently within the EACCME framework.

The first application cycle will provide an important opportunity to assess how the model works in practice. Its success should not be measured simply by the number of providers obtaining Accredited Provider Status, but by whether it makes the accreditation system more effective while preserving the independence, transparency and educational quality on which the credibility of the EACCME depends.

b. EACCME in figures

The very high level of EACCME activity reported in 2025 has continued during 2026. As the figures available for this report cover the period from January to August, direct comparison with complete previous years should be made with some caution. Where possible, comparison with the equivalent period of 2025 provides a more accurate indication of current trends.

Table 1: Live Educational Events applications

Year	LEE applications
2022	2,156
2023	2,080
2024	2,244
2025	2,476
2025 Jan–Aug	1,759
2026 Jan–Aug	1,779

Live Educational Events continue to represent the largest component of EACCME activity. Following the record of 2,476 applications submitted in 2025, 1,779 applications had already been submitted by the end of August 2026. This compares with 1,759 applications during the same eight-month period in 2025, representing a small increase of approximately 1.1%.

This is perhaps more significant as an indication of stability than of further growth. After several years of increasing activity and the record reached in 2025, the number of LEE applications appears to be remaining at a historically high level. At this scale, maintaining activity while



continuing to ensure timely and consistent assessment is in itself an important operational consideration for the EACCME.

Table 2: E-Learning Material and other formats (Jan-Aug)

Activity	January–August 2025	January–August 2026	Change
E-Learning Materials	163	116	–28.8%
Webinar Packages	37	38	+2.7%
Blended Learning	8	10	+25.0%
Reviewing Packages	4	5	+25.0%

The picture for E-Learning Materials is different. By the end of August 2026, 116 ELM applications had been submitted. The available comparative financial/activity table records 163 applications for the corresponding 2025 reporting period. Webinar Packages have remained essentially stable, with 38 applications compared with 37, while Blended Learning applications increased from 8 to 10.

The reduction in ELM applications deserves to be followed, but it would be premature to draw broader conclusions from an eight-month period. In particular, it should not automatically be interpreted as a decline in digital education. Webinar Packages have remained stable and Blended Learning applications have increased slightly, suggesting that the evolution of the different digital and mixed educational formats should be considered together.



Table 3: EACCME income

Activity	Jan–Aug 2025 Applications	Jan–Aug 2025 Income (€)	Jan–Aug 2026 Applications	Jan–Aug 2026 Income (€)
LEE	1,759	1,167,265	1,779	1,236,298
E-Learning Materials	163	163,681	116	153,298
Reviewing Packages	4	2,535	5	5,742
Webinar Packages	37	57,321	38	63,823
MCQ / MCQ Packages	–	–	1	0
Blended Learning	8	8,080	10	10,294
Appeals	3	866	2	570
Learning by Teaching	4	736	3	376
Total income		1,400,484		1,469,623

The high level of accreditation activity is reflected in EACCME income. According to the activity figures available at the time of this report, total income increased from €1,400,484 in the comparable 2025 reporting period to €1,469,623 in 2026. LEE accreditation remains by far the largest component, accounting for €1,236,298, compared with €1,167,265 in 2025.

The figures show that the evolution of income does not necessarily follow the number of applications in the same way across all accreditation formats. This is particularly visible in ELMs, where fewer applications in 2026 have nevertheless generated income relatively close to that recorded in the previous period.

c. Activity under agreements with National Accrediting Authorities

Spanish Accreditation Council for Continuing Medical Education (SEAFORMEC)

The cooperation with SEAFORMEC continues to generate a substantial and diversified volume of activity. In 2025, 322 Live Educational Events, 186 E-Learning Materials and 23 combined activities were processed under the agreement. During the 2026 reporting period, the corresponding figures were 231 LEEs, 131 ELMs and 10 combined activities.

The figures remain consistent with the high level of activity observed over recent years and confirm the established nature of this cooperation. The value of the agreement is not only reflected in the number of applications, but also in the way in which national and European accreditation frameworks can work together without unnecessary duplication.



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Panhellenic Medical Association

Activity under the agreement with the Panhellenic Medical Association continues to be particularly significant. Following 176 LEE applications in 2024, the number increased to 603 in 2025. A further 401 applications had already been recorded during the 2026 reporting period.

The rapid development of activity in Greece demonstrates the impact that cooperation with a national medical authority can have when EACCME accreditation is integrated into the national CME/CPD environment. It provides an interesting model for how the EACCME can extend the practical use of European accreditation standards through cooperation rather than by attempting to replace existing national systems.

d. International agreements and partnerships

The international network of agreements supporting the EACCME continues to be an important element of the system, particularly in facilitating the recognition of European CME credits beyond Europe and maintaining cooperation with other established accreditation systems.

During 2026, the agreement with the Accreditation Council of Oncology in Europe (ACOE) and the agreement with the Österreichische Akademie der Ärzte were renewed. Work is ongoing on the renewal of the agreements with the American Medical Association (AMA) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

These agreements are important not simply because they extend the recognition of EACCME credits. They place the EACCME within a wider international accreditation environment and create opportunities for continued exchange on standards, criteria and the evolution of CME/CPD accreditation.

The development of these relationships remains particularly relevant at a time when medical education is increasingly international. Physicians participate in educational activities across borders, providers operate internationally and digital education has further reduced the significance of national boundaries. Maintaining effective mechanisms for recognition and cooperation between established accreditation systems is therefore increasingly important.

e. Procedural and operational developments

The continued development of the EACCME requires the structures supporting it to evolve. During 2026, this has involved changes both within the EACCME team and in the technical infrastructure on which the accreditation system increasingly depends.

Prof. Paolo Ricci, Vice-President of the UEMS, has joined the EACCME team as Deputy Head of EACCME, bringing a particularly valuable combination of practical accreditation experience and first-hand knowledge of the work of our Sections and Boards. His appointment represents an



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important reinforcement of the EACCME leadership and will provide valuable support to the Head of EACCME at a time of increasing activity, growing operational complexity and significant developments within the accreditation system.

On the technical side, the transition from dFakto to Nalios as IT provider is ongoing, together with the migration of the EACCME platform from Odoo v.16 to v.19. These changes are intended to provide a more robust basis for the further development of the platform and to support the operational requirements of an accreditation system that has become considerably larger and more complex.

The technical development of the platform should not be seen simply as an IT matter. The experience of recent years has shown how closely the effectiveness of the accreditation process depends on the tools supporting providers, reviewers and the EACCME Office. As activity grows and new accreditation pathways are introduced, the platform needs to evolve with the system and, wherever possible, simplify processes rather than add further complexity.

The first UEMS Congress also provided an opportunity for the EACCME community to meet and discuss some of the broader questions facing CME/CPD accreditation. Dedicated sessions addressed cooperation between Europe and Latin America, the definition and assessment of learning needs, and the future challenges of CME/CPD accreditation towards 2030–2050. The EACCME was present throughout the Congress with a dedicated booth.

These discussions are particularly relevant because the future development of the EACCME cannot be driven by activity figures alone. The accreditation system needs to continue responding to changes in the way education is designed and delivered, while preserving clear standards of independence, transparency and educational quality. The introduction of Accredited Provider Status, the evolution of the platform and the continued dialogue with providers, reviewers and accreditation partners should therefore be seen as different parts of the same process: ensuring that the EACCME remains able to adapt without losing the principles on which its credibility has been built.



2. European Training Requirements

a. ETRs and PDMs adopted at the Spring Council Meeting – Tunis, April 2026

European Training Requirements remain one of the core areas of UEMS activity and one of the most important instruments through which the organisation contributes to the harmonisation of postgraduate specialist medical training in Europe.

The level of activity reported at the Spring Council meeting has continued throughout 2026. At the Council meeting in Tunis, the following European Training Requirements and Professional Development Modules were adopted:

- PDM for Disaster Medicine for Anaesthesiologists
- ETR for Competence in Abdominal Wall Surgery
- ETR for the Specialty of Endocrinology
- ETR for Competence in Hand Surgery
- ETR for the Specialty of Obstetrics and Gynaecology
- ETR for Competence in Paediatric Allergology
- ETR for Competence in Paediatric Emergency Medicine
- ETR for Competence in Paediatric Gastroenterology, Hepatology and Nutrition
- ETR for the Specialty of Urology

b. ETRs submitted to the Autumn Council Meeting – Brussels, October 2026

The work has continued during the months following Tunis, and a further substantial group of ETRs is now being submitted to the Autumn Council for approval:

- ETR for Competence in Paediatric Rheumatology
- ETR for Competence in Emergency Surgery
- ETR for General Haematology
- ETR for the Specialty of Nephrology
- ETR for General Practice/Family Medicine
- ETR for the Specialty of Rheumatology
- ETR for the Specialty of Thoracic Surgery
- ETR for the Specialty of Paediatrics
- ETR for Competence in Paediatric Endocrinology and Diabetes
- ETR for Competence in Paediatric Infectious Diseases
- ETR for Competence in Paediatric Urology
- ETR for Competence in Upper Gastrointestinal Surgery

This continued level of activity demonstrates the engagement of our Sections, Boards and other UEMS bodies in the development of European training standards. It also illustrates the



increasing diversity and complexity of the ETR framework. The work of the ETR Review Committee, chaired by Prof. Nada Čikeš, has therefore become increasingly important in ensuring consistency across documents developed by very different specialties and disciplines.

The discussions in Tunis highlighted some of the challenges involved. These include alignment with Annex V of Directive 2005/36/EC, the distinction between specialties and competences, adherence to the agreed ETR structure, areas of overlap between different ETRs and the progressive implementation of competency-based medical education, including CanMEDS roles and Entrustable Professional Activities. These are not simply questions of terminology or format. As the number of ETRs increases, maintaining a coherent approach across the different documents becomes increasingly important.

The objective, however, should not simply be to produce an increasing number of ETRs. The UEMS now has a substantial portfolio of European training standards and greater attention must progressively be given to their implementation and impact. The value of an ETR ultimately depends on its capacity to influence specialist training in practice, whether through formal incorporation into national training frameworks or by providing a European reference against which existing programmes can be assessed and developed.

c. ETR for General Practice/Family Medicine

Among the ETRs submitted to this Council, the European Training Requirement for General Practice/Family Medicine deserves particular mention because of the different process through which it has reached the UEMS.

Unlike most ETRs, this document does not originate from a UEMS Section. General Practice/Family Medicine is not represented by a Section within the UEMS. The development of the ETR has therefore been undertaken by UEMO and WONCA, the organisations directly representing General Practice/Family Medicine at European level. The ETR Review Committee has provided substantial input to ensure its alignment with the structure, requirements and principles applicable to UEMS ETRs.

The UEMS Executive has supported this work and agreed to bring the resulting ETR into the UEMS approval process and before the Council for a vote. While its development has followed a different pathway from most ETRs, the document is nevertheless a UEMS ETR and, once approved by the Council, will form part of the UEMS framework of European Training Requirements on the same basis as other ETRs.

This provides a practical example of cooperation between European Medical Organisations, allowing an important European training standard to be considered within the UEMS framework without attempting to assume a role that belongs to the organisations representing the specialty.



This cooperation builds on an established relationship between the UEMS and UEMO within the EACCME system, based on a formal agreement for the assessment of educational activities in General Practice/Family Medicine. The development and submission of this ETR therefore builds on an established relationship and extends that cooperation into postgraduate medical training.

d. Review and approval process

The increasing number of ETRs has made it necessary to look again at the way in which these documents are presented and approved within the UEMS.

Until now, ETRs have effectively been presented twice during the Council cycle: first to the Advisory Board, where Sections and UEMS bodies have the opportunity to discuss them, and subsequently again to the Council before the vote by the UEMS Members. The possibility of avoiding this duplication was already discussed during the Spring meetings.

At this Council meeting, a proposal will therefore be submitted to introduce a single presentation of each ETR, while preserving the respective roles of the Advisory Board and Council in the process. Under the proposed approach, the substantive presentation and discussion will take place within the Advisory Board, while the Council will retain its responsibility for the final decision and vote.

This is a relatively simple procedural change, but an important one. As the number of ETRs increases, the approval process needs to remain rigorous without becoming unnecessarily repetitive. Reducing duplication does not mean reducing scrutiny. A clearer separation between the detailed specialist discussion and the subsequent institutional decision should allow both parts of the process to fulfil their respective roles more effectively.

Beyond these procedural developments, the broader challenge remains the implementation of the ETRs. During the Spring Council meeting, work was already underway to better understand how these standards are being used at national level. Formal incorporation into national training requirements will inevitably vary between countries and specialties, but formal adoption is not the only measure of impact. ETRs can influence curriculum development, assessment, European examinations and the wider discussion on the standards expected from specialist medical training.

As our portfolio of ETRs continues to expand, understanding that impact will become increasingly important. The development of the ETR framework should therefore not be measured only by the number of newly approved documents, but also by the extent to which UEMS standards contribute to the quality and harmonisation of specialist medical training across Europe.



3. External Relations and European Policy

a. European and International Affairs Office

The work of the UEMS in European and international affairs has continued throughout 2026. Dr Marc Hermans, UEMS Officer for European and International Affairs, will present his report later during this Council meeting, providing a more detailed overview of the activities and developments in this area. I will therefore limit this section to a few developments of particular institutional relevance.

Our engagement with European institutions, international organisations and the other European Medical Organisations remains an important part of the work of the UEMS. Many of the challenges currently facing healthcare in Europe — including the medical workforce, working conditions, professional mobility, postgraduate medical training, digital transformation and the organisation and resilience of healthcare systems — cannot be addressed effectively by individual organisations acting in isolation.

Cooperation between the European Medical Organisations therefore remains particularly important. While our organisations represent different parts of the medical profession and inevitably approach some questions from different perspectives, there is considerable value in identifying areas where a common position can strengthen the medical voice at European level. The first UEMS Congress provided a further opportunity to reinforce these relationships, with eight of the nine European Medical Organisations participating in the meeting.

The UEMS has remained involved in several European projects, including KEEPCARING, DISCERN DSS and UM HEART VR. These projects provide another practical dimension to our engagement at European level, allowing the UEMS to contribute its professional and educational perspective to initiatives developed together with other European partners.

b. Cooperation with WHO Regional Office for Europe

One particularly important development during this period was the signing, on 10 June 2026 in Copenhagen, of a Joint Statement between the WHO Regional Office for Europe, the UEMS and nine other medical organisations. The UEMS was represented at the signing by its President and Secretary General.

The Joint Statement identifies a broad range of areas for cooperation, including the health workforce and working conditions, health promotion and the prevention of non-communicable diseases, mental health and wellbeing, digital health and artificial intelligence, climate change and environmental sustainability, health inequalities, and the development of more resilient and integrated health systems.



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For the UEMS, this cooperation is particularly relevant because many of these priorities directly affect the environment in which medical specialists are trained and practise. They reflect a broader reality: questions concerning the medical workforce, education and professional practice cannot be considered separately from the transformation of healthcare systems in Europe.

The importance of the agreement therefore goes beyond the signature of an institutional statement. It provides an opportunity to ensure that the experience and expertise of medical specialists are represented more systematically in discussions that will influence the future of healthcare in Europe. The value of this cooperation will ultimately depend on our capacity to translate the framework established by the Joint Statement into concrete areas of work.

Image 1: Signing of the Joint Statement between the WHO Regional Office for Europe, the UEMS and nine other European medical organisations, Copenhagen, 10 June 2026.





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c. Cooperation within the European medical community

The UEMS occupies a particular position within the European medical community. Through our Members, Sections and Boards, we bring together national perspectives with the expertise of medical specialists across a very broad range of disciplines. This gives the UEMS a perspective that combines professional representation with direct expertise in specialist training, medical practice and CME/CPD.

Our contribution to the wider European medical community should build on this position. Effective cooperation with other medical organisations does not require us to have the same priorities or positions on every issue. It requires us to identify the areas where working together can strengthen the medical voice, while ensuring that the perspective of medical specialists is clearly represented.

This also depends on maintaining a strong connection between our external engagement and the work taking place within the UEMS. The credibility of our voice at European level ultimately comes from the expertise and experience of our Members, Sections and Boards.



4. 1st UEMS Congress

The first UEMS Congress took place in Leuven from 27 to 30 May 2026. This represented an important new step for the organisation, creating for the first time a scientific and professional meeting capable of bringing together the different components of the UEMS community, European Medical Organisations and external partners in a format extending beyond our traditional statutory meetings.

The final figures provide a useful indication of the scale of this first edition. The Congress attracted 439 registrations from 53 countries and included 64 scientific sessions with 194 speakers. Fifty-five UEMS bodies were represented, with 40 contributing directly to the programme.

The Congress generated 95 abstract submissions and included a Mentorship Programme bringing together 25 mentors and 29 mentees, creating further opportunities for scientific engagement and professional exchange.

Overall, the first UEMS Congress can be considered a success. This assessment is supported not only by the level and diversity of participation, but also by the feedback received from participants. The EACCME evaluation showed a very positive overall assessment of the Congress, with a large majority of respondents rating the different aspects of the meeting positively.

These figures are particularly relevant when assessing what the first Congress was intended to achieve. One of its main objectives was to provide a common platform for an organisation whose activity is normally distributed across a very large number of Sections, Boards, Committees and other bodies. The level of participation across the UEMS structures showed that there is both an interest in and a role for such a platform.

The involvement of the European Medical Organisations was equally important. The Congress provided an opportunity to bring together organisations that work alongside each other throughout the year but do not often have the opportunity to discuss common European medical issues within the same programme. This wider participation helped position the Congress not simply as an internal UEMS event, but as a meeting point for the broader European medical community.

The first edition represented a significant financial and organisational investment by the UEMS. This should be considered in the context of establishing a new international congress rather than simply as the financial result of an individual event. Part of the expenditure related to infrastructure and materials that can be reused in future editions, while the experience and organisational knowledge acquired through delivering the first Congress are themselves important assets for the future.



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At the same time, the purpose of a first edition is also to learn. The detailed debrief undertaken after the Congress, together with the feedback received from participants, identified a number of areas where the format can be improved. In particular, a future Congress would benefit from a more concentrated programme, fewer parallel sessions, greater opportunities for interaction and networking, and an earlier and more sustained communication and promotion strategy.

These lessons do not diminish what was achieved in Leuven. They are part of the value of the investment made in creating the Congress. We now have considerably more information about what attracts participants, how our different bodies engage with the programme and where changes can make a future edition more focused and effective.

The first UEMS Congress should therefore be seen as the beginning of a process rather than as an isolated event. It demonstrated that the UEMS is capable of bringing together its different components and partners around a broader scientific and professional programme, while providing a practical basis on which to develop the concept further. The experience gained in Leuven should now guide the preparation of the next edition in 2028, building on what worked well and adjusting those elements where the first Congress showed that a different approach would add value.

Image 2: Scientific sessions, professional exchange and networking during the 1st UEMS Congress, Leuven, 27–30 May 2026.





5. Internal Issues

a. Relations with UEMS Members

One of the areas to which particular attention has been given during 2026 has been strengthening the direct relationship between the UEMS and its Members.

Regular meetings with individual Members have therefore been introduced, providing an opportunity for direct and informal discussion with the Executive outside the formal setting of Council meetings. These meetings allow Members to raise issues that are particularly relevant at national level, and give the Executive a better understanding of how UEMS activities and policies are perceived across different national contexts.

The experience so far has confirmed the value of this approach. The diversity of healthcare systems, postgraduate training structures and professional environments across Europe means that the priorities and concerns of our Members are not always the same. Understanding these differences is essential if the UEMS is to develop positions that genuinely reflect the European specialist medical community.

These meetings are intended to be a two-way process. They provide an opportunity not only to listen to the priorities and concerns of our Members, but to explain developments within the UEMS, discuss areas where Members may become more involved and identify issues where closer cooperation may be useful.

Council meetings will naturally remain the principal forum in which our Members collectively discuss and determine the direction of the organisation. However, the experience of these more regular exchanges has shown the value of maintaining a dialogue between Council meetings rather than limiting that relationship to two formal meetings each year.

The regular meetings with Members will therefore continue during 2027.

b. UEMS Sections, Boards and other bodies

The Sections, Boards, Committees and other UEMS bodies remain at the centre of much of the scientific and professional work of the organisation. Their contribution is particularly visible in areas such as the development of European Training Requirements, European examinations and other European standards, but increasingly also in wider discussions concerning specialist medical practice and education.

The discussions within the three Groupings during the Spring meetings again demonstrated the value of creating opportunities for exchange between specialties and for identifying areas where closer cooperation between Sections may be useful. This becomes increasingly relevant



as the subjects addressed by the UEMS extend beyond the traditional boundaries of individual specialties and require input from several professional perspectives.

The first UEMS Congress provided a different environment for this interaction. Bringing together a large number of UEMS bodies within the same scientific and professional programme created opportunities for exchange that are more difficult to achieve within the formal structure of Council meetings. This is another aspect of the Congress experience that should be preserved and further developed.

c. UEMS Section of General Haematology

An important structural development since the Spring Council meeting has been the establishment of the UEMS Section of General Haematology.

The creation of the Section was proposed by the Portuguese Medical Association and received support within the Advisory Board and the Groupings before being approved by the Council in Tunis. The establishment of a dedicated Section provides General Haematology with a clear organisational basis within the UEMS and the opportunity to participate fully in the scientific, educational and professional work of the organisation.

The new Section has since held its elections. Prof. António de Almeida (Portugal) was elected President, Prof. Eleftheria Hatzimichael (Greece) Secretary, Prof. Daniel Coriu (Romania) Treasurer and Prof. Valentín García-Gutiérrez (Spain) Vice-President.

The establishment of the Section has already been followed by its first substantive contribution to the work of the UEMS, with the European Training Requirement for General Haematology being submitted for approval at this Council meeting. This provides a good example of how the creation of a new professional structure can translate rapidly into concrete work within the organisation.



6. Finances

The financial position of the UEMS remains strong. The final 2025 accounts confirmed the positive evolution reported at the Spring Council meeting, with the year closing with a positive result of €176,343.03.

This positive position has continued during the first half of 2026. Operating income reached €3,274,969.42, compared with €2,690,911.32 during the same period in 2025, while operating charges increased from €2,025,698.67 to €2,306,639.92. The resulting operating profit for the first six months of the year was €968,329.50, with a net result of €934,209.15.

These figures should nevertheless be interpreted with some caution. The first half of the year includes income and expenditure that are not necessarily distributed evenly throughout the year and, in particular, €389,300 related to the redistribution of surpluses from European examinations from previous years. The half-year result should therefore not simply be extrapolated to the end of 2026.

The strong financial position of the organisation has allowed the UEMS not only to maintain its existing activities but to invest in new initiatives. The first UEMS Congress is an example of this approach. As discussed earlier in this report, the first edition required a significant investment to establish a new international meeting and create the organisational basis on which future editions can be developed.

a. Domus Medica Europaea

A particularly important financial milestone was reached during 2026 with the final repayment of the bank loan associated with the Domus Medica Europaea. The acquisition of the Domus represented a major long-term investment for the UEMS, and the completion of its bank financing means that the UEMS is now free of external debt. This closes an important chapter in the financial development of the UEMS and places the organisation in a considerably stronger position than it occupied when the investment was originally undertaken.

b. Budget 2027

The proposed budget for 2027 reflects a deliberately prudent approach. Total income is budgeted at €4,395,466.20 and total charges at €4,329,037.87, resulting in a projected operating profit of €66,428.33 and a final positive result of €17,378.33.

The relatively limited projected surplus should not be interpreted as a weakening of the financial position of the organisation. Rather, the budget reflects the continued development of UEMS activities while maintaining a cautious approach to both projected income and expenditure.



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The financial stability achieved over recent years gives the UEMS greater capacity to plan beyond the immediate financial cycle and to invest where this supports the objectives of the organisation. At the same time, the experience of recent years has shown the importance of maintaining financial discipline as the scale and complexity of our activities increase.

A detailed presentation of the accounts and the proposed Budget for 2027 will be given by the Treasurer, Dr Othmar Haas, during the Council meeting.



7. The UEMS Office in Brussels

a. Current workforce

Table 4: Current workforce of the UEMS Office in Brussels

	Full time	Part time		Total (FTE)
	100%	50%	40%	
Accreditation	6	1	1	6,9
Administration and finances	2			2
Administrative support to UEMS bodies	4			4
Internal & External affairs (incl. Coordination and Communication dpts)	5			5
Head Office Management	1		1	1,4
Internship/temporary staff	1			1
TOTAL staff: 21				
Full Time Equivalent (2026 Vs 2025)				20,3 (19,3)

The UEMS Office has continued to evolve during 2026 in response to the level and increasing diversity of UEMS activity. The current workforce stands at 20.3 full-time equivalents, reflecting a further reinforcement of the operational capacity of the organisation.

This development follows the same pattern described in the Spring report. Accreditation continues to represent the largest area of activity, while the Office provides support to an increasingly active network of Sections, Boards, Committees and other UEMS bodies. At the same time, the growing involvement of the UEMS in European affairs, communication,



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examinations, IT development and other projects requires a broader range of functions and expertise within the Office.

Following her internship with the UEMS earlier in the year, Hanne De Boe joined the Office in September as Junior Communication & AI Integration Officer, reflecting the increasing importance of both communication and the integration of AI tools within the organisation.

The evolution of the workforce should continue to be considered in relation to the development of the organisation itself. The objective is not simply to increase the size of the Office as activity grows, but to ensure that the UEMS has the appropriate capacity, organisation and expertise to support its activities effectively. This requires continued attention to internal processes, allocation of responsibilities and the use of digital tools.

Image 3: Current workforce of the UEMS Office in Brussels

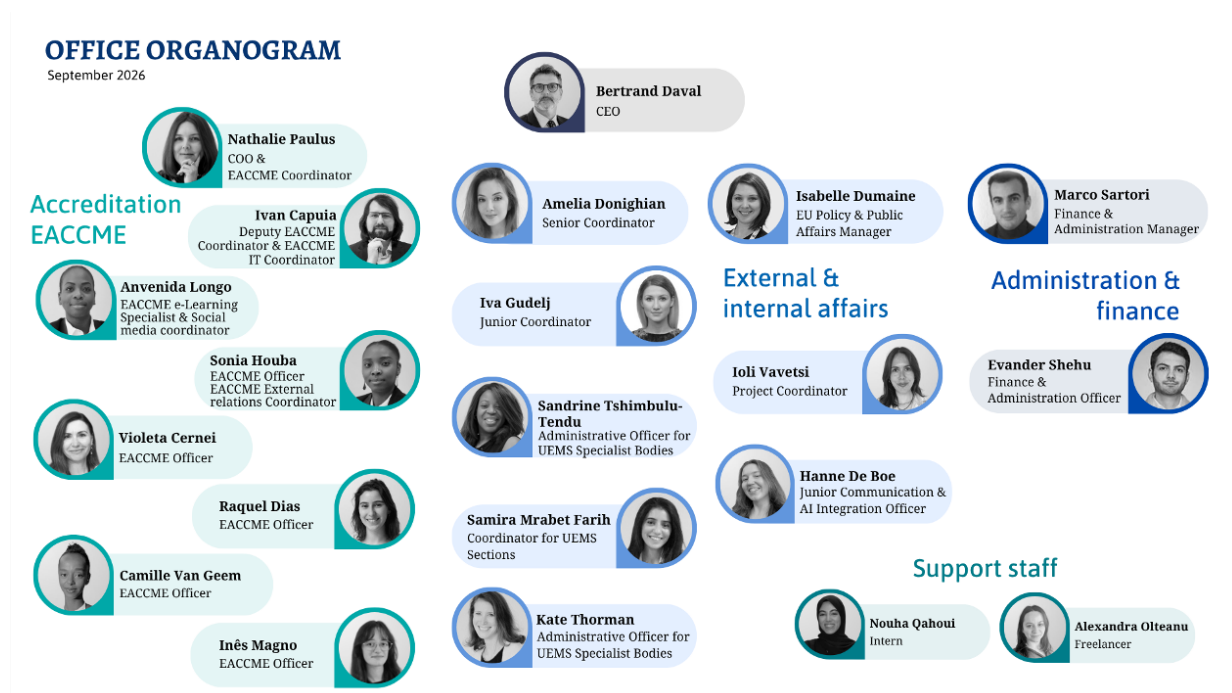
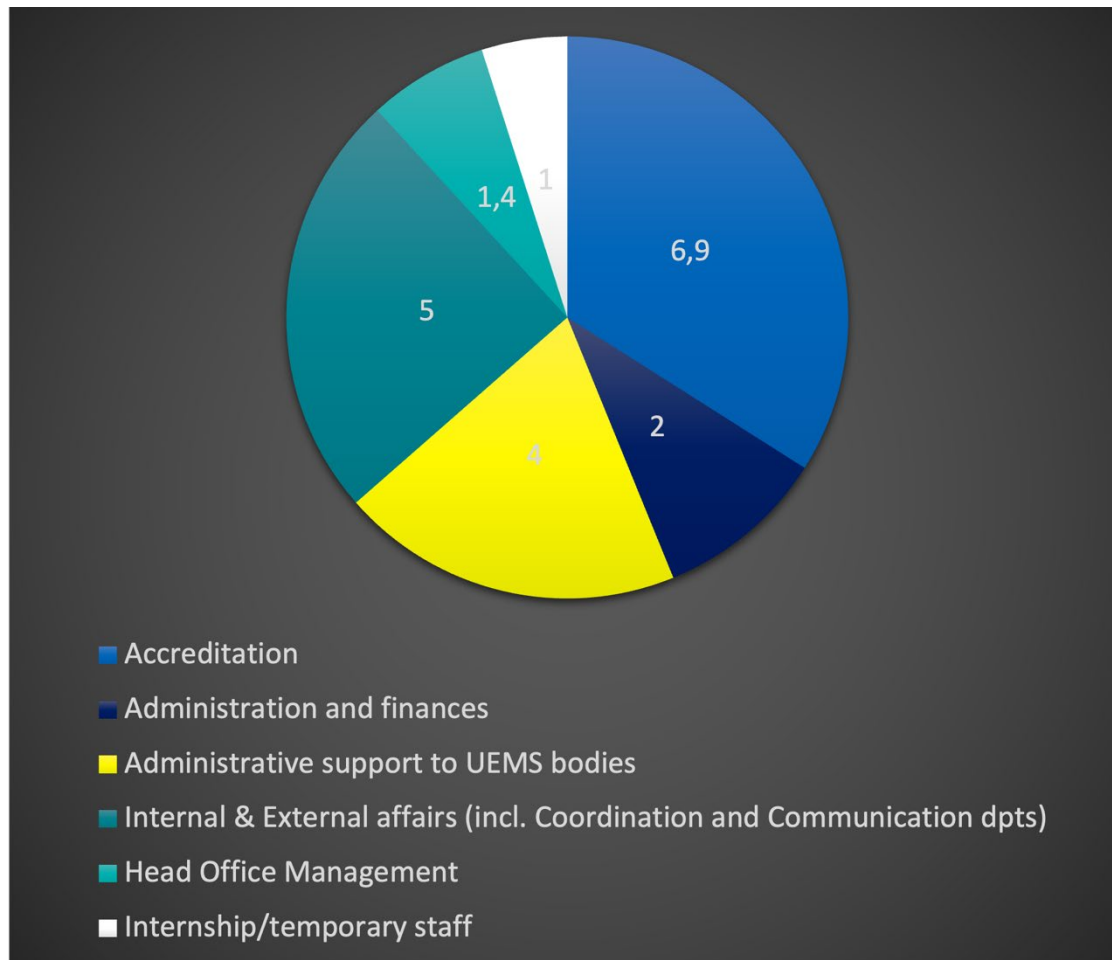




Image 4: Distribution of UEMS Office workforce by area of activity (FTE)



b. Administrative and Operational Overview

2026 has been a particularly demanding year for the UEMS Office, with the normal operational activity of the organisation taking place alongside the implementation of several important projects.

The Accreditation team has continued to manage a very high level of EACCME activity while, at the same time, preparing and implementing the EACCME Accredited Provider Status. This has required the development of new procedures and supporting structures while maintaining the day-to-day operation of the existing accreditation system.

The Office has continued to provide administrative and coordination support to the Executive, Council, Advisory Board, Sections, Boards and other UEMS bodies. This includes the preparation



and follow-up of statutory meetings, support for elections and nominations, coordination with UEMS Members and the day-to-day management of the many activities taking place across the organisation.

A particularly significant additional workload during this period was the organisation of the first UEMS Congress. Delivering a new international meeting of this scale required considerable involvement from the Office alongside its regular responsibilities. The experience gained through the first edition should now allow the preparation of the 2028 Congress to begin from a much stronger organisational basis.

Work has continued on the technical infrastructure supporting UEMS activities. The transition to Nalios as the new IT provider and the migration of the EACCME platform from Odoo v.16 to v.19 are important elements of this process. As discussed earlier in this report, these developments are particularly relevant for the EACCME, but they are also part of the wider need to ensure that the technical infrastructure of the organisation develops in parallel with its activities.

Work has continued on the Member Zone and UEMS Fellowship projects, both of which are expected to reach completion during the final quarter of 2026.

Taken together, the level of activity managed by the Brussels Office illustrates how its role has continued to evolve. The Office is today responsible not only for ensuring the administrative continuity of the UEMS, but also for supporting an increasingly broad range of accreditation, educational, scientific, institutional and policy-related activities.

I would once again like to thank the entire UEMS Office for their work and commitment throughout what has been an exceptionally busy period. Much of the activity described in this report would simply not be possible without their daily work.

c. The European Medical Specialist Review

The European Medical Specialist Review (EMSR) has continued to consolidate its activity following its launch. Articles are now being published and further submissions are progressing through the review process, confirming the gradual establishment of the journal as a new component of UEMS activity.

The EMSR provides the UEMS with its own platform for publishing and sharing scientific, educational and professional work from across the European specialist community. Its



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continued development will be important in strengthening the visibility of the work undertaken within the UEMS and providing another channel through which the expertise of our Sections, Boards and wider professional community can be shared.



8. Final Remarks

The Spring report described 2025 as a year of consolidation. Six months later, I believe we can see more clearly what that consolidation has made possible.

The UEMS enters the final part of 2026 from a strong position. The organisation is financially stable and free of external debt, EACCME activity remains at historically high levels, the Accredited Provider Status has moved from development to implementation, work on European Training Requirements continues at a very high level, and the first UEMS Congress has created a new platform bringing together our professional structures and partners. At the same time, our engagement with European and international organisations has continued to develop.

These are important developments, but activity alone should never become the measure of our success. More applications, more ETRs, more projects or more meetings are relevant only if they contribute to what the UEMS is ultimately here to do: improve the quality of specialist medical training and practice in Europe and represent the interests and expertise of European medical specialists.

This means that, as the organisation grows, we need to remain attentive to how its different components work together. The UEMS is a complex organisation, bringing together Members, Sections, Boards, Committees and many other professional structures. This diversity is one of our greatest strengths, but only if we are able to connect it and translate it into a common direction.

For this reason, strengthening the relationship with our Members will remain a priority. The regular meetings introduced during 2026 have shown the value of maintaining a more continuous dialogue outside the formal Council meetings. They allow us to understand national realities better, but they also create an opportunity to discuss how the UEMS can be more useful to its Members. These meetings will continue in 2027.

The same principle applies to our Sections, Boards and other bodies. Much of the expertise of the UEMS lies within these structures. Our responsibility as an organisation is to make that expertise visible, connect it where necessary and ensure that it can contribute not only to our internal work, but also to the wider European debate on medical education, professional standards and healthcare.



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Our growing cooperation with European institutions, WHO/Europe and the other European Medical Organisations gives us an increasing opportunity to contribute to that debate. But a stronger external voice can only be sustained by a strong internal organisation and by positions that are genuinely grounded in the experience of our Members and professional structures.

Looking towards 2027, I do not believe that our main challenge is simply to do more. It is to make better use of what we have built: to understand the impact of our ETRs, to ensure that the evolution of the EACCME remains sustainable, to apply the lessons learned from the first Congress, to strengthen the relationship with our Members and to ensure that our internal structures continue to support the increasing role of the UEMS.

The UEMS has changed considerably over recent years. It has become a larger, more active and more visible organisation. Our responsibility now is to ensure that this development translates into greater relevance and greater impact for medical specialists in Europe.

I would like to conclude by thanking our Members, Sections, Boards and Committees, the members of the Executive and Enlarged Executive, and the entire UEMS Office for their work and commitment throughout 2026. The progress described in this report is the result of a collective effort, and it is on that same collective engagement that the next stage of the UEMS will depend.

João Miguel Grenho
UEMS Secretary General