

Association internationale sans but lucratif EU Transparency Register 219038730914-92

RUE DE L'INDUSTRIE, 24 BE- 1040 BRUSSELS VAT n° BE 0469.067.848 International non-profit organisation

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## UEMS 2024/21

## MEETING OF THE UEMS ADVISORY BOARD

### **DRAFT MINUTES**

Friday 18<sup>th</sup> October 2024 *16:30 – 18:45 CET* 

Meeting held live at:

The Thon Hotel Brussels City Centre Avenue du Boulevard 17,

BE - 1210 Brussels

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### UEMS Advisory Board meeting, 18<sup>th</sup> October 2024

### **Roll-call of Sections**

Dr Patrick Magennis and Prof. Thomas Griesbacher Co-Chairs of the AB Dr Magennis opened the meeting and extended a warm welcome to all participants. Prof. Griesbacher conducted the roll call.

Absent Sections: Cardiothoracic Surgery; CAP; Clinical Neurophysiology; Paediatric Surgery; Pneumology; Radiation Oncology and Radiotherapy; Thoracic Surgery; Urology; Vascular Surgery. Apologies: Neurology Section ; Paediatrics Section.

32 Sections present. Majority Set to 17 votes.

#### Approval of the agenda \*\* 1.

Dr Patrick Magennis Co-Chair of the AB – Chair of Grouping II

The agenda was unanimously approved.

#### Approval of the minutes of the October 2023 AB \*\* 2.

Dr Patrick Magennis Co-Chair of the AB – Chair of Grouping II The minutes of the previous AB Meeting were unanimously approved.

#### Presentation of the UEMS Award to Professor Rijk Gans 3.

Professor Papalois, the UEMS President, introduced the 2024 edition of the UEMS Awards, highlighting that nominees were put forward by NMAs, UEMS Bodies, or, in some cases, both. The awards celebrate outstanding contributions to the quality and service of the UEMS. While the formal ceremony is scheduled for tomorrow, one of the awardees is unable to attend. Consequently, their award will be presented today.

Professor Rijk Gans (Internal Medicine, NL) has been honored with the UEMS Gold Badge of Honor. In his acceptance, he expressed gratitude to the UEMS for the recognition and affirmed his commitment to continuing his contributions to the organization.

#### **Reports from the UEMS Groupings** 4.

### 4.1. UEMS Grouping I



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Dr Maeve Durkan Chaired the Grouping I Meeting on behalf of Prof. Michalis

Dr Durkan addressed the management fees within Group I, emphasizing the need for a dedicated meeting of Treasurers to discuss this matter in detail.

She also highlighted the growing interest in examinations, noting regional differences between the UK, Ireland, and the rest of Europe. The discussion touched on the potential introduction of an extra levy to generate income. However, the consensus was against imposing additional costs. While participation in some exams has increased, performance varies across Sections, with some excelling and others facing challenges. There was mutual agreement on the need to identify a sustainable solution that benefits all Sections.

Additionally, Dr Durkan mentioned the upcoming CESMA meeting, which will focus on AI. Discussions also covered the new proposed specialties, with overwhelming support for the recognition of general medicine. Dr Durkan further underscored the importance of mapping training pathways.

Finally, attention turned to the upcoming Congress in 2026, with an emphasis on presenting innovative ideas.

#### 4.2. UEMS Grouping II

Dr Patrick Magennis, Chair of the Grouping

Dr Magennis presented the Grouping III report, which focused on specialty and core elements, including non-technical skills, AI, green and sustainable medicine, and the creation of a compendium encompassing these aspects. Emphasis was placed on engaging individuals with their respective MJCs.

Key topics included entrustable professional activities (EPAs), with an upcoming Zoom meeting and survey planned before the Spring Council. The aim is to discuss EPAs and competency-based medical education (CBME) in curricula and training requirements, particularly in Surgery—an approach other groups may also wish to adopt.

A presentation in Surgery showcased the use of VR technology. There was a shared sentiment about the introduction of these elements when surgical procedures are involved (and their inclusion in the new ETRs, such as the PRAS one).

### 4.3. UEMS Grouping III

Prof. Thomas Griesbacher

Chair of the Grouping

Prof. Griesbacher presented the Grouping III report. The proposal of Laboratory Medicine Section has been discussed and well received. The ETRs were discussed, and the following ideas were drew:

- ETR Ophthalmology: approved without issues.
- Orthopaedics and Traumatology: debated, with a recommendation to include predisposing conditions, particularly genetic factors.
- PDM Module in Pain Medicine: debated, highlighting the need to address additional conditions.



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- ETR for PRAS: approved without issues.
- Competency in RUD: It was noted that references to presymptomatic affected families should address both children and adults. Additionally, more EPAs should be included. Clarification was sought on who from UEMS elaborated this ETR, as it lacks sufficient detail.

### 5. Specialist issues

### 5.1. Update from the TF for Green and Sustainable Medical Practice

Dr Carlos Cabrera President TF GSMP

Dr Carlos Cabrera delivered a compelling presentation highlighting key initiatives:

- UEMS Position Paper of Planetary Health and advocacy: emphasized the need for lobbying within the European Parliament to enact laws enabling effective climate action. Despite planetary health being a significant topic, only 0.1% of EU Parliament speeches address the medical sphere. Efforts have been made to raise this issue with policymakers.
- Collaboration and Initiatives: the Thematic Federation for Green and Sustainable Medical Practice has joined forces with the Climate Health Cluster to focus on decarbonizing national health systems. The aim is for every UEMS doctor to gain basic knowledge on climate change, planetary health, and their impact on health.
- Knowledge Dissemination: collaborations with organizations like ESC, ERS, EUPHA, EAACI, and others are underway. Participation in the Lancet Countdown in Barcelona was significant, but there is a need to translate research into practical guidance for doctors. Plans include publishing in The Lancet and creating a "Decalogue for Greener Medical Practice."

Focus Areas: the chair of the TF emphasized three priorities:

- 1. Creating and disseminating knowledge about climate change and planetary health.
- 2. Advocating for societies and professionals to address this as a global issue, beyond politics.
- 3. Engaging policymakers to integrate climate change into core human and medical concerns.

Prof. Papalois praised the TF's exemplary work, calling it a model of effectiveness. He urged the TF to guide UEMS in becoming greener.

Dr Cabrera acknowledged feedback on the Basic Curriculum and stressed the importance of structured outreach and practical solutions, such as reducing unnecessary in-person meetings to minimize carbon footprints.

The session concluded with a strong call to integrate greener practices into everyday medical activities and place climate change at the core of UEMS's agenda.

### 5.2. Exploring Educational Needs on Frailty Outside Geriatrics: An Initiative of the UEMS Geriatrics Section

Prof. Roman Romero-Ortuno UEMS Geriatrics Medicine Section

Prof. Romero-Ortun, Professor of Medical Gerontology in Dublin, presented on the UEMS Geriatrics Section initiative, highlighting the challenge of frailty in an aging population, with prevalence rates



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between 7%-24%. Frailty is not a medical condition, but its management requires broader education for non-geriatric specialists. A structured UEMS-coordinated survey will assess perceptions, tools, and training needs on frailty.

Dr Firth (Pathology) expressed concerns about neglect in old age and requested the inclusion of the Pathology Section and the Thematic Federation for Legal and Forensic Medicine in the survey. The UEMS President commended the Geriatrics Section, calling the initiative excellent and urging all Sections to support their work.

### 5.3. Common project proposal from Section of Laboratory Medicine\*

Prof. Patrick Twomey Chair of the UEMS Section of Laboratory Medicine/Medical Biopathology

Prof. Vesna Kusek presented a proposal seeking UEMS support for informal group collaboration, including a dedicated UEMS webpage for information sharing. Grouping III would remain open to other UEMS Sections and Bodies. The primary goal is to establish common standards in specialist training, identify shared professional aspects (competencies and EPAs), and highlight the importance of functional overlap in healthcare. The group also aims to guide other specialties integrating relevant material.

Prof. Gans (Internal Medicine) praised the Laboratory Medicine Section for the initiative.

Prof. Papalois expressed full support from the Executive, commending the collaboration as an excellent example and noting that while an MJC is sometimes necessary, informal cooperation can also be effective.

The proposal received strong support through an informal vote: 29 in favour.

### 5.4. European Training Requirements

### *5.4.1. Introduction of the submitted ETRs and feedback of the ETR RC*

Prof. Nada Čikeš

Chair of the UEMS ETR RC

Prof. Čikeš outlined the ETR review and appraisal process, emphasizing her role in leading reviews and fostering dialogue, particularly in areas of conflict. She highlighted challenges, such as implementing Competency-Based Medical Education (CBME).

Submitted ETRs as of 16th July:

- 1. Specialty of Ophthalmology
- 2. European PDM in Pain Medicine for Anaesthesiologists
- 3. Specialty of Plastic, Reconstructive, and Aesthetic Surgery (PRAS)
- 4. Competencies in Rare Neurological Diseases
- 5. **Specialty of Orthopaedics and Traumatology** (Previously proposed for the April Council and included in the last review).



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**ETR Review Committee Members**: invited colleagues to contribute by formulating documents applicable to various specialties and reviewing existing ones.

**Revision of the ETR Template:** Working Groups (WG) were established to refine the template and development process.

WG for ETR Template and Timeline: led by Dr Ute Moog (President of the UEMS SMG) WG for CBME Integration: spearheaded by Prof. Leila Niemi-Murola (Anaesthesiology). Progress and Future Directions of the ETR RC:

- Review of the ETR Template to enhance support for UEMS Bodies in drafting/revising ETRs.
- Five core components of CBME were discussed as a foundational framework.
- Future collaboration with scientific societies was emphasized to develop and revise training requirements.
- National Medical Associations (NMAs) were encouraged to advocate for ETR implementation.

Dr Casanova-Dias (Psychiatry) shared an example of her Section's collaborative work with Ukraine, published in *The Lancet*, as a model for integrating scientific societies into the process.

Prof. Čikeš called for deeper collaboration to create new and revised ETRs, aligning with evolving training needs across specialties.

### 5.4.2. Professional Development Module PDM in Pain Medicine for Anaesthesiologists \*\*

Prof. Oleg Sabelnikovs

President of EBA

Prof. Sabelnikovs presented the *Professional Development Module (PDM) in Pain Medicine for Anaesthesiologists.* This document is meant to be a new tool for harmonizing post residency program for training.

The President of EBA explained the concept of PDM, saying that we can divide the professional growth in any specialty in 3 main categories: undergraduate training, residency training and continuous professional development. Our main focus was on the last two categories.

- For residency training we produced the ETR;
- For the CPD we are working at the moment on producing a document; the PDM is meant to help harmonize the training in this post residential phase.

The PDM for anaesthesiologists summarizes learning objectives to enrich and increase competencies raising clinical experts and professional leaders to a **higher level of qualification**:

- **Part 1:** General Information about the European Professional Development Module (PDM) in Pain Medicine for Anaesthesiologists
- **Part 2:** Domains and Competencies in the PDM Pain Medicine for Anaesthesiologists
- Appendix I: Entrustable Professional Activities (EPAs)

Prof. Sabelnikovs explained that the aim of the PDM in pain medicine for anaesthesiologists is to provide a framework for harmonising the practice and teaching of advanced pain medicine across Europe by expert specialist clinicians. The PDM in Pain Medicine for anaesthesiologists could serve



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as a model for advanced training in other medical disciplines involved in pain medicine (e.g. radiology, surgery, neurology etc.).

During the presentation, a question arose from the Neurosurgery Section (Wilco Peul) regarding a recommendation to revise the terminology regarding the implantation of spinal implants or stimulators, which spans to several specialties; Prof. Sabelnikovs acknowledged the comment and clarified that anaesthesiologists have no intention of replacing surgeons.

Dr Kresimir Oremus, Secretary of the UEMS Section of Anaesthesiology and a member of the working group involved in drafting the document, explained that its goal is to enhance the anaesthesiologist's knowledge acquired during training, as outlined in the PDM. While anaesthesiologists collaborate closely with surgeons on a daily basis, their understanding of surgical procedures remains limited. The aim is not to overlap competencies but to gain a better understanding and integrate these procedures into a comprehensive patient management plan.

The European PDM in Pain Medicine was supported with 28 votes for, no abstention.

### 5.4.3. European Training Requirements in Ophthalmology\*\*

Dr Helena Prior Filipe UEMS Ophthalmology Section

Dr Prior Felipe offered a thorough presentation of the ETR in Ophthalmology, emphasizing its role as a "*living document*" designed to guide postgraduate medical education curricula and incorporate competency-based medical education (CBME). Dr Prior Felipe outlined the process initiated in 2023, which included validating 11 rotation-specific training outcomes, developing 21 entrustable professional activities (EPAs), and creating a logbook template for surgical and interventional procedures.

The presentation highlighted the integration of CanMEDS, progression from training outcomes to EPAs, and the structure of residency programs. Dr Prior Felipe also detailed the recognition process for trainers, requiring specific qualifications and experience, and addressed additional topics such as climate change, sustainable eyecare, systemic diseases, and the social impact of ophthalmology. The comprehensive approach encompassed community, global, and system-based care. She concluded by thanking reviewers for their feedback.

The ETR in Ophthalmology was unanimously supported by the AB.

### 5.4.4. European Training Requirements in Orthopaedics and Traumatology\*\*

Dr Nanni Allington President of UEMS Section O&T

Dr Allington presented the revised ETR in Orthopaedics and Traumatology, with contributions from Sweden, Austria, Lithuania, Germany, and Greece.



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She provided historical context, noting the evolution of the specialty from its origins in barber surgery to a modern, structured discipline. Over the past century, orthopaedics has progressed from freehand surgery to robotic-assisted operations, emphasizing competency-based medical education (CBME), CanMEDS, and entrustable professional activities (EPAs).

Orthopaedics encompasses a broad scope, addressing conditions from infancy and child abuse cases to skeletal disorders. Trainees must develop skills in reading X-rays and managing cases conservatively in collaboration with other disciplines, as well as surgically. The specialty overlaps significantly with others, including *Spine, Hand Surgery, Adolescent Medicine, Pain, Infection Control, Oncology, and Balneology.* 

Major challenges were highlighted, such as an aging population—over 40% of cases involve older patients with osteoporotic fractures—and increasing trauma from traffic accidents. The ETR aims to address these issues by emphasizing a structured training pathway, integrating the European curriculum, and working closely with European societies. Trainees are guided through a progressive entrustment scale:

- Level 1: Observation only
- Level 2: Acting with direct supervision
- Level 3: Acting with indirect supervision
- Level 4: Independent practice at consultant level
- Level 5: Mastery and fellowship-level competence

Trainees are expected to handle basic trauma care for upper and lower limb fractures and other injuries. Advanced areas such as pelvis, spine, and pediatric orthopaedic surgery require fellowship-level training. Dr Nanni Allington emphasized the importance of diagnostic skills, imaging, and collaboration with specialist laboratory medicine, while noting that highly specialized procedures, like scoliosis surgery, are beyond the scope of core training.

The annual EBOT exam serves as a key assessment tool. Some feedback on radiology was noted but not received through the endorsement process. Revised documents were submitted with limited explanation of responses to prior comments.

The ETR in Orthopaedics and Traumatology received support, passing with 25 votes in favor and three abstentions.

### 5.4.5. European Training Requirements for PRAS\*\*

Prof. Outi Kaarela

President of UEMS PRAS Section

Prof. Kaarela presented the European Training Requirements (ETR) for the PRAS (Plastic, Reconstructive, and Aesthetic Surgery) specialty, noting that the syllabus is extensive.

The ETR structure encompasses training requirements for trainees, trainers, and training institutions:

#### 1. Training Requirements for Trainees:

- Generic EPAs and specialty-specific EPAs
- Comprehensive syllabus



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- $\circ$   $\;$  Management of critical conditions such as burns and necrotizing fasciitis  $\;$
- Index procedures
- Formative assessment methods

Prof. Outi Kaarela expressed gratitude to the reviewers for their contributions. A comment from the Netherlands, shared by Radu Olariu, highlighted the addition of a section on multidisciplinary teams and clarified that the ETR does not impose specific mandates on individual countries.

The ETR was approved with 26 votes in favor and no abstentions.

# 5.4.6. European Training Requirements for the Competency of Rare Neurological Diseases\*\*

### Prof. Béla Melegh President of UEMS MJC RUD

Prof. Melegh presented the European Training Requirements (ETR) for Competencies in Rare Neurological Diseases, developed by the MJC RUD in collaboration with the European Reference Network (ERN) for Rare Neurological Diseases (ERN-RND). He clarified that this is a new submission, distinct from a revision of the ETR for the MJC RUD.

The presentation included an overview of the working group behind the ETR and highlighted its foundation in the established Body of Knowledge. Three annexes were added for further detail, and specific provisions for trainees were outlined (refer to the presentation for details).

Key elements include entrustable professional activities (EPAs). Comments were received exclusively from Sections. Dr Aydan Oral (PRM) inquired about the inclusion of rehabilitation perspectives and the presence of PRM physicians in multidisciplinary teams. Prof. Melegh confirmed their involvement.

The ETR for Competencies in Rare Neurological Diseases received 17 votes in favor, 4 against, and 5 abstentions, thereby moving forward.

### 5.5. Constitutional Matters

### 5.5.1. Application for the creation of a UEMS Section of Sports Medicine\*\*

Prof. Nicolas Christodoulou President of UEMS MJC Sports Medicine

Prof. Christodoulou highlighted the monumental achievement of including Sports Medicine as a recognized specialty under Annex V of the EU Directive—a milestone that was the result of over 18 years of persistent effort. This recognition required extensive advocacy and collaboration, culminating in 11 countries officially recognizing Sports Medicine as a primary specialty and uploading their respective documentation to the Internal Market Information System (IMI): Bulgaria, Croatia, Estonia, Finland, Italy, Latvia, Lithuania , Malta, Poland, Portugal and Romania. In April 2024, the



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European Union adopted a Delegated Act, which was subsequently published at the end of May. This marked the formal addition of Sports Medicine to Annex V.

#### Next Steps

The UEMS Multidisciplinary Joint Committee on Sports Medicine has submitted an application to transition into a full Section, accompanied by a formal letter of support from CyMA. A final celebratory meeting of the MJC was held to mark this significant milestone.

Prof. Christodoulou emphasized that the new Section will not begin from scratch. The MJC has been active and productive over the years, laying a strong foundation for this transition. Achievements to date include:

- Adoption of the European Training Requirements (ETRs) for Sports Medicine in 2019, during the London meeting.
- Ongoing recognition of scientific events through EACCME accreditation.
- Certification by equivalence for senior professionals.
- Criteria for Section Recognition

As per the UEMS RoPs, five criteria must be met for the recognition of a new Section:

1.Recognition as an independent specialty in at least one-third of EU Member States (minimum nine countries).

- 2. Registered in the EU Official Journal (Directive 2005/36/EC)
- 3. Practiced in exclusive practice by trained medical specialists
- 4. Practiced by a significant number of medical doctors
- 5. Practiced in recognised training institutions

Prof. Christodoulou noted that the extensive work carried out by the MJC will seamlessly transition to the new Section, ensuring continuity and maintaining momentum. He expressed gratitude to the European Commission, the previous UEMS Executive, and UEMS personnel for their unwavering support and guidance, as well as to the dedicated delegates who contributed to this success.

The UEMS President congratulated Prof. Christodoulou and his colleagues on their exceptional preparatory work, which has ensured that the evolution of the MJC into a Section is both constitutionally sound and fully aligned with UEMS protocols.

The application for the creation of the Section of Sports Medicine was unanimously approved, marking a new chapter in the advancement of the specialty.

### 6. <u>AOB</u>

The Chair of the AB, Dr Magennis noted that three presentations ran over time and kindly requested the presenters to condense their presentations for tomorrow to help maintain the schedule.

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

### 19:30 CET : UEMS-UEMO Joint Cocktail Reception

### **The Thon Hotel City Centre - Restaurant**