**Broadening engagement of UEMS with the European Medical Community**

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# Background

At present UEMS has no links to individual doctors including lasting links to those who have been involved with UEMS but who are no longer delegates. Broadening the base of engagement will give a mechanism to widen the base of the organisation. This will be important as the activities extend to include publication of a journal and running congresses.

This document will outline some strategies to broaden the base. As the mechanism of delivering this objective will use the new software, there will also be secondary advantages to the organisation.

# Strategies for Broadening Engagement

To have a robust, secure database for those involved in UEMS, linked to UEMS or colleagues who wish to use resources on our website is essential to deliver this programme. It will also increase the perceived value of the UEMS website to our UEMS bodies and generate a benefit for all those involved. Any database must be secure from hacking and only display information which the users wish to share either with those in UEMS or with the public.

# Conflict of Interest form - Web Resource Open to All Doctors and linked to EACCME

This CoI form could be linked to EACCME applications or simply a public register where doctors can share this information. With each COI record, the individual would get a unique number and a QR code to share or place in their presentation if they want others to see their declaration easily.

Updated in last 12 months (if displayed)

Information for any non-affiliated doctor wishing to record and publish their register of interests (small fee)

Information for members of affiliated organisations and those who have passed a UEMS Exam (smaller fee)

# UEMS Delegates and Examiners – past and present

For those currently involved with UEMS, the UEMS office would enter or confirm key details. An efficient internal register would allow faster communication and more rapid updating to maintain accuracy. The register would control discussion groups (list-servers) of those involved in UEMS bodies with digests sent to those who were delegates or who had registered their interest in that body/working group.

Some of the discussion groups would be ‘members only’ behind a wall moderated by participants. Others could be open (on the public side) and moderated (read before posted).

### Access to Members’ Zone of UEMS website

The membership side of the database would only be accessible to UEMS members. The majority of the responsibility to maintain the database would rest with the individuals/organisations whose information is stored, with some input from the UEMS office.

### Search option/publication within Members’ Zone

The value to members and to the public will be the elements which can be searched. These search options would be members directory, conflict of interest, find a doctor (geography, specialty), would include searching by name, by nation, by role, by specialty, location.

### Current UEMS officers, bureau and delegates

All those involved in UEMS would be asked to record some key information for the organisation’s use. Some information would be available within UEMS and a small amount available to the public.

NMA confirmation of status of delegates would be via online portal for that nation. The software would send notification to the UEMS body of the new delegates. The software would also notify the NMA, the body and the individuals when the role is due to time expire.

**Suggested Public information:** First name, Last names, specialty, role within UEMS body, UEMS body (there may be more than one UEMS body e.g. Section, Group II, TF, MJC etc. Date role started, date role due to end (renewable yes/no), national medical registration number, link to medical registration body.

**UEMS members directory information:** no information shared but option to contact via webform, share e-mail, mobile/WHatsAPp.

Other information – optional to complete and to share: Work details, private practice details, professional interests, photograph, social media links.

**Internal UEMS information:** declaration of interest, code of conduct sign-up, EDI information.

## NMAs and Heads of Delegation

NMA only element of website

NMAs would be able to maintain their details and have access to NMA discussion groups.

NMAs and UEMS office together could confirm the status of delegates on-line making the process more efficient than the current ‘letters’. This validation would also record the date of start and any demission dates of delegates.

## UEMS EEC

EEC only area one website

Agenda management software for meeting and records of meetings

# Strategies for UEMS delegates and examiners

## Fellow Registry <https://www.uems.eu/uems-fellows>

### Public open and searchable register of those who have completed UEMS exams

Maintained by a very small annual fee
Date exam passed, Name of exam, Link to curriculum/ETR assessed in exam.

Currently those who pass UEMS exams have no link to UEMS. This proposal to link those who pass the exam to UEMS has four levels. We could start with the first, but plan for the others using the Odoo software. All those running exams which include the UEMS logo would be asked to either invite their candidates to use the register, or collect fees and submit registration details to UEMS.

**First level** is a simple voluntary register for those who have passed exams. Passing a UEMS badged fellowship exam is an important landmark of CME progression. The new Odoo software creates the opportunity of generating a searchable register of successful Fellows. This register would be searchable on the UEMS website and would have the name and date of the exam pass. The initial registration would cover the administrative cost of validating the Fellow’s identity and their exam success. **For a small extra annual subscription**, practice details, an updated CV and a photograph could be added.

**The second level**, which would also be voluntary, would allow those who register to use UEMS software to record their CME (which could link into EACCME database).

**The third level** would include the ability to record Continual Professional Development. All medical specialists have lifelong development of knowledge and understanding through Continuing Medical Education (CME). Surgeons may also have a record their surgical activity across their practice and review their outcomes and allow the Fellow a route to reflect on their practice.

**The fourth level** would be the option of, either at request or as a random sample, having their records reviewed by a colleague who is a specialist in that field.

### Outline of software development in addition to simple register

**CME** – based on their national processes and accreditation they will summarise their hours of CME for the preceding 12 months and have the formal records available should they be selected for review.

**Surgical Activity (for Surgeons)**  – using the format defined within the Chapter 6/ETR they will select the main areas of their surgical practice (with the numbers of these cases) and also the others areas included in their full scope of practice. A full logbook with details of the cases (without patient details) should be available should they be selected for review.

**Feedback from colleagues and patients** – surgeons will summarise feedback provided. This may be informal (cards letters, e-mails), or formal (multi-source feedback, patient questionnaires). Copies of these should be available if selected for review.

**Activities to advance the specialty** – a summary of the key activities through which the specialist has advanced their specialty. This would include papers, presentations, committee activity, training and assessment. Copies of these should be available if selected for review.

**Personal Development Plan (PDP)** – Two text boxes., a review of the previous year’s PDP and a plan for the following year.

# Engagement with National Associations supporting Sections

Register of organisations and link their delegates to UEMS bodies

* Access to NMA membership facilities
* Regular EU updated directly (as well as through their delegates).
* Recognition as preferred contributors to EACCME

# Engagement with CME Providers and Industry

## Calendar of Events (free or small fee)

## Register of providers (fee)

# UEMS Voluntary Registration/sharing of CPD/PDP

Registered details (these are added either from the specialists details when they first applies, paying the registration fee and will appear when the surgeon signs in to the website. They will also be searchable by colleagues or patients.

### QualificationsDate completed specialist training

### Medical Registration number in nation

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I declare that the following figures are an accurate record of my Continuing Professional Development during the year YYYY and, if requested, have the physical evidence to support this declaration. If requested, I will provide the evidence behind this declaration to EBOMFS in a timely manner and not more than 3 months after the request.

### Qualifications obtained

### CME

### Clinical Practice

### Honours/awards

### Other information

### Personal Development Plan (PDP)

## Opt-in for Review (appraisal) of CPD

If a surgeon is selected for (or requests) review of their CPD records.

1. Will be asked to assemble their CPD records in digital format.
2. Will be offered the opportunity to discuss their CPD records with a surgeon who is trained appraiser whose scope of surgical practice is similar to their own. This may be a surgeon from their own nation or a surgeon from another nation.
3. Surgeon and appraiser will review the records and discuss the CPD records and the PDP records.
4. Appraiser and surgeon will be offered the opportunity to complete a formative MCQ whose contents will be mapped to their scope of practice. When they have completed the assessment both will discuss with the questions either of them got wrong.
5. At the end of the appraisal, based on CPD or their discussions, they will add five questions to the formative MCQ bank.
6. The process will generate ECMECs for the surgeon and the appraiser for the discussion and for drafting the MCQs.

Normally a surgeon would only be able to request a review once during each 7 year cycle.

Participating surgeons who are selected for review should normally complete the review within 3 months.

Appraisal would usually be an online process using video conference software but could be face to face if both individuals are happy to do this.

Notes of the meeting will be added to the appraised surgeon’s portfolio and are owned by the appraisee.