



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

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UEMS 2009 / 50 DRAFT

MEETINGS OF THE BOARD & COUNCIL

REPORT

Meetings held at the "Polat Hotel Renaissance" (Istanbul, Turkey)

16th–17th October 2009

BOARD MEETING

Friday 16th October (8.30 to 9.30)

Zlatko Fras (*UEMS President*) opened the meeting and welcomed the Heads of Delegation. Bernard Maillet (*UEMS Secretary-General*) made the roll-call of delegations.

1. **Current state of the accounts of revenues and expenses closed on 30.06.2009**

UEMS 2009/22

UEMS assets

UEMS 2009/22 – Annex I

Explanatory note on the accounts

UEMS 2009/22 – Annex II

The October Board Meeting is the occasion to examine the intermediate accounts of revenues and expenses of the organisation for the months elapsed. UEMS financial situation for this period is summarised in UEMS 2009/22 and its annexes.

Presentation of UEMS 2009/22 and annexes

Discussion

The accounts of revenues and expenses were presented by Giorgio Berchicci (*UEMS Treasurer*). He namely pointed to the satisfactory revenues generated mainly from the contribution fees and the EACCME. At the same time, he was satisfied that expenses were reduced further to a decision from the UEMS Enlarged Executive.

No discussion

2. **Draft budget for 2009**

UEMS 2009/23

The UEMS financial policy for 2010 has to be voted and contributions need to be approved on the basis of the defined contribution key.

For recall, in 2005, a new contribution key was elaborated for the UEMS further to the enlargement of its Full Membership. As agreed by the UEMS Board at that time (Brussels, 12.03.2005 – Munich, 21.10.2005), the basic figures for determining this key were: the population, the number of specialists and the GDP per inhabitant in each country. For 2010, the key had to be adapted further to the resignation of the Icelandic Medical Association.

Presentation of UEMS 2009/23

Discussion

Vote

Giorgio Berchicci presented the draft budget for 2010. In doing so, he pointed to the good balance between revenues and expenses as well as the revised contribution key for the next year.

Discussion

Max Giger (*Switzerland*) requested one full-time equivalent employee be added in the budget. Otherwise the draft budget would in his view be unrealistic. Cillian Twomey (*Ireland*) insisted on the need to quantify the needs likely to arise from the ECAMSQ project.

Zlatko Fras informed that one half FTE had been scheduled in accordance with the UEMS Strategy. This should be financed with parts of the income generated by the EACCME.

In conclusion, the draft budget was amended with the inclusion of the start-up costs for the ECAMSQ for € 50.000

- ***The amended draft budget was unanimously adopted.***

3. Documents for endorsement by the Board

3.1. e-Platform on medical training

3.1.1. Partnership agreement with Orzone

On the occasion of the Council Meeting held in April, the idea to develop an electronic platform to support the work of the UEMS Sections & Boards in harmonising medical training was presented. An agreement of equal partnership was elaborated with a Swedish IT provider (Orzone) for that purpose.

This agreement is now submitted to the Board for final endorsement.

In accordance with the confidentiality clauses of the draft agreement, this document cannot be circulated in any form. However, an original copy of the draft shall be made available in the meeting room prior to the meeting for consultation by the Members of the Board.

Presentation of the draft partnership agreement

Discussion

Vote

3.1.2. Mandate to the UEMS Executive for the management of the project

For the purpose of the implementation and management of this project, a specific mandate is sought from the Board in order to secure the necessary accountability in the UEMS organisation.

Discussion

Vote

Numbered copies of the draft agreement were distributed at the meeting.

Zlatko Fras introduced the background and purpose of these two items (3.1.1. and 3.1.2.).

As already mentioned in previous meetings, the idea behind this proposal was to develop an e-platform which could support the registration and assessment tools for the different components of medical education and training. The draft agreement found with Orzone (Swedish IT company) would be that Orzone would deal with the technology and the UEMS with the content of training provisions and at no cost for both partners until the go-live of the project.

A presentation was given on the mechanisms of the partnership:

Discussions with Orzone started in February 2009

Orzone was selected out of a tender by the European Board for the Specialty of Cardiology to develop an electronic platform for training and revalidation of the following components of training: Knowledge – Skills – Professionalism.

Financial support was refused to support the project and therefore help from UEMS was sought by the UEMS Section of Cardiology.

An innovative idea emerged: establish a partnership agreement on equal basis under which Orzone would “invest” its IT Technology and the UEMS would “invest” its medical knowledge.

On this basis, a draft agreement was proposed and discussed.

The Preamble of the Agreement stated: *“The Partners are willing to enter into a collaboration agreement aiming to the development, roll out and maintenance of an electronic web based platform aiming to structure in a pro active way the three following areas of medical training: knowledge, skills and professionalism. In a nutshell the rationale behind the contemplated collaboration is that Orzone brings the IT expertise and UEMS the medical expertise.”*

Key features of the Agreement included namely that:

- There would be no costs until “go-live” of the platform
- The project would be governed through:
 - A Management Board
 - An IMO Steering CommitteeBoth with a clear prevalence of UEMS
- The following clarifications and additions had been made:
 - Customisation was refined and distinguished from Development
- Quality Control mechanisms were provided for:
 - 12-month review
 - Service Level Agreement
 - Compliance with the rules of the art and best business practice
- Continuity of the system would be ensured through:
 - The granting of Licences, notably through end users licence agreements (EULA)
 - Softened “exclusive” nature
 - The possibility of a benchmarking process
- Revenues generated by the platform would be shared equally (50-50)
- The Governing Law was established in Belgium, with the possibility of mediation at the World Intellectual Property Organisation (WIPO) in Geneva
- The agreement would be limited to Europe and expand over 10 years (+ 2)
- An example of the different mechanisms was given with a Specialty ‘A’

In a view to finalise the negotiation process with Orzone, it was proposed to the Board

- *To entrust the UEMS President Dr Zlatko Fras and UEMS Secretary-General Dr Bernard Maillet to sign the partnership agreement with Orzone and to finalise the details of this agreement.*

Discussion

Discussions were postponed and continued at the end of the day (17.00).

Further to the discussions and comments raised during the Council Meeting, a new proposal was formulated and agreed:

- ***Mandate was given to the UEMS Executive to work towards an agreement with the IT company Orzone in order to establish a partnership on equal basis and develop and test electronic platforms for 3 pilot specialties, namely Anaesthesiology, Cardiology and Radiology for a probation period of two years. It is understood that this project will be at no cost for the UEMS which will contribute its medical knowledge.***

3.2. Documents submitted by the Enlarged Executive regarding practical issues of its functioning

The UEMS Enlarged Executive adopted three documents to better regulate and organise practical aspects of its functioning. These documents are now submitted to the Board for final endorsement.

These documents were briefly presented and submitted to the Board for endorsement.

Discussion

Edwin Borman (*UK*) congratulated the Treasurer and was satisfied that the UEMS was taking seriously the priorities of financial clarity and constraints, especially in a context of economic crisis and turmoil within other European Medical Organisations. In his view, these documents were fair and should be supported. Giorgio Berchicci agreed and will be seeking even greater transparency with regard to financial matters.

Cillian Twomey (*Ireland*) also supported greater transparency. He agreed with the proposed figures for reimbursement as they were based on average costing.

Jacques Gruwez (*Belgium*) pointed to the need to include the Secretary-General in the decision-making regarding travelling and representation. Zlatko Fras gave concrete examples which were making this irrelevant. Hannu Halila (*Past-President*) agreed that one person should be responsible for making decisions as it would be otherwise unpractical. He also suggested requesting written reports from those claiming reimbursement when they attended meetings.

Vlad Tica (*Romania*) congratulated the Executive on its work and suggestions. He discussed the opportunity to limit visits to one third of the UEMS S&B and NMAs. Giorgio Berchicci made clear that what was sought was quality in the presence and content. If information was the only objective, it could also be sent by e-mail. Cillian Twomey agreed with the "1/3 rule" but this should not preclude "extra visits". In this respect, he insisted that common sense was to prevail.

3.2.1. Guidelines for travel and representation

Doc – Guid.trav.repres

This document sets out the UEMS Enlarged Executive's internal guidelines on attending international meetings. This document was elaborated in a view to bring greater transparency and clarity with regard to the representation of the UEMS to other organisations/meetings and is now submitted for endorsement by the Board.

- ***This document was adopted: 19 for – 1 against (Germany) – 2 abstentions (Belgium & France)***

3.2.2. Rules for reimbursement of expenses

Doc – Reimb.exp

This document sets out the UEMS Enlarged Executive's rules for the reimbursement of expenses incurred by Members of the Enlarged Executive. This document was elaborated further to changes in the ROP relating this issue and is now submitted for endorsement by the Board.

- ***This document was adopted: 18 for – 1 against (Germany) – 3 abstentions (Belgium, France & Latvia)***

3.2.3. Code of Conduct Rules for Members of the UEMS Executive and Enlarged Executive Committee

Doc – EEC.Code.of.Conduct

This document sets out the UEMS Enlarged Executive's ethical rules in the exercise of their functions. This document was elaborated in a view to bring greater transparency and clarity and is now submitted for endorsement by the Board.

- ***This document was unanimously adopted: 21 for – 0 against – 0 abstention
It was also agreed to refer to it officially within the UEMS Rules of Procedure.***

COUNCIL MEETING

Friday 16th October (10.00 to 17.00)
Saturday 17th October (9.00 to 12.30)

Zlatko Fras (*UEMS President*) opened the meeting and acknowledged the organisation of the meeting by the Turkish Medical Association. Umut Akyol (*Turkey*) welcomed the members of Council.

Bernard Maillet (*UEMS Secretary-General*) proceeded to the roll-call of delegations and welcomed the new delegates.

1. Approval of the Agenda

- *The agenda was approved.*

2. Approval of the Reports of the Board & Council Meetings held on 25.04.2009 in Brussels

UEMS 2009/19

Comments were raised by Vlad Tica (*Romania*) who requested softening statements under item 5.3 §2.

- *The Reports were approved with the requested amendment.*

3. Interim Report from the Secretary-General

UEMS 2009/24

Bernard Maillet presented the main items of his interim report:

- The internal organisation: with the change in the order of the S&B and Council Meetings as well as the proposal to include S&B within the UEMS Council;
- The meetings and activities of the different components of the UEMS: mainly Council, S&B and CESMA;
- The current discussions with the Serbian Medical Chamber on their potential entry into the UEMS;
- The different EU Directives: mainly the Directive on Qualifications which should be reviewed in 2012;
- The joint meeting of European Medical Organisations, with a particular emphasis on the collaboration between the UEMS and PWG, notably on the issue of assessments and the participation in the activities of the UEMS S&B;
- The work of the newly elected Enlarged Executive;
- In the field of EACCME: the launch of e-learning accreditation, the work by the Taskforce and the revision of the criteria for accreditation;
- The publication and distribution of the UEMS Newsletters;
- The increased workforce within the UEMS Brussels Office, with two new stagiaires.

Bernard Maillet referred to his written report for further detailed information.

4. Progress-Report from the President on the implementation of the UEMS Action plan for 2009

Zlatko Fras gave an insight of the state of progress in the implementation of the Action Plan for 2009:

- **KA1 – Political significance**

Objective:

- Development of lobbying, public relations and expert-knowledge to provide sound background for evidence-based policy-making

Action:

- Move forward and raise awareness on issues of concern for the constituency in the fields of:
 - Directive on the recognition of professional qualifications (Directive 2005/36/EC)
 - Electromagnetic fields (Directive 2004/40/EC)
 - Patient mobility (COM(2008)414-415)
 - e-Health
 - Healthcare workforce management

Comments:

Information had been circulated on the achievements with regard to these issues, notably through the Newsletters. Satisfaction was expressed, particularly as regards the ability to attract involvement from the whole UEMS constituency.

➤ ***This area was therefore considered as successful***

- **KA2 – Harmonisation of Postgraduate Training in Europe**

Objective:

- Establishment of the cycle for setting standards for PGMST
- Having up-to-date review about the PGMST programmes in European countries
- Consultations on harmonization of PGMST to other European bodies
- European examinations and Fellowships

Action:

- Establishment of the EACPGMST (European Advisory Council for Postgraduate Medical Training)
- Office staff support (½ FTE)

Comments:

This area was under continuous work from the UEMS Executive, notably with the activities of CESMA and the project of ECAMSQ underway. While Zlatko Fras recognised the lack of additional staff support to meet these challenges, he was satisfied with the amended draft budget which incorporated it.

➤ ***This area was therefore considered as successful***

- **KA3 – Coordination of CME-CPD in Europe**

Objective:

- Define and disseminate the general standards for CME/CPD activities and for granting credit points
- Define the feasible and consensually agreed procedure for granting the credit points for CME/CPD activities in Europe

Action:

- Appointment of the Governance Body to the EACCME
- Detailed survey + publication on existing CME/CPD systems

Comments:

The EACCME Taskforce was very active with a good representation of the different actors and the successful launch of e-learning accreditation.

➤ ***This area was therefore considered as successful***

- **KA5 – Analysis of data related to the practice of medical specialists**

Objective:

- Define and perform the first pan-European survey

Action:

- Define and perform the first pan-European survey

Responsible persons:

- UEMS WG on Specialist Practice

Comments:

The aim of this key area was considered as very ambitious. However, further to the resignation of the WG Chair, new delegates had to be appointed. The proposal to run this project was though formulated and should be pursued in 2010.

➤ ***This area was therefore considered as unsuccessful***

- **KA8 – Marketing, identity and enhanced financial stability**

Objective:

- Define the potential publics
- Define the ways of communicating with publics
- Assure appropriate structure for communication and marketing
- Define potential financial resources besides membership fees

Action:

- Comprehensive analysis and plan for communication, PR and possible external funding

Outside help:

- Yes with an external consultation agency

Comments:

Seeing the need to rely on outside help and the related potential financial implications, this key action was postponed to Spring 2010. This was mainly justified by current global financial uncertainties.

➤ ***This area was therefore considered as unsuccessful***

- **KA9 – Corporate identity**

Objective:

- Analysis of the current UEMS image
- Developing a plan to improve the UEMS already established corporate identity
- Improving the UEMS external corporate identity – visual image
- Improving UEMS corporate communication – increasing awareness of the organisation

Action:

- Analysis document
- New design of complete visual image of the organisation
- Articles in National Medical Journals
- Communication to every single medical specialist in Europe (internet)

Outside help:

- Yes with an external consultation agency

Comments:

Further to similar financial constraints, the decision to consult designers was postponed even if it was already started.

➤ ***This area was therefore considered as unsuccessful***

- **CONCLUSION**

Comments:

Satisfactory success was achieved on areas under the direct responsibility of the UEMS Executive and Brussels Office. Still greater effort should be given.

Discussion on Items 3 & 4

Edwin Borman (*UK*) raised the issue of the Domus Medica. While he recognised that other European Medical Organisations were in financial difficulties, he considered the current context as very positive to make such investment. He therefore enquired about the state of progress to the Executive. Zlatko Fras reported that an informative meeting had been held with representatives of the UEMS bank with a wish to examine the UEMS financial capacity. At the same time, indications of support were received from other EMOs. While solutions were said to exist, he considered that nothing was ready yet to be presented to Council and hoped to put forward concrete proposals at the next meeting. Anyway, he appreciated the support from the UEMS Board and Council.

Cillian Twomey (*Ireland*) regretted that no effective move had been made on this important issue although it had been raised again and again. He appreciated that a principle agreement was reached but he insisted on the need to mandate the Executive to be more proactive in drawing policy to achieve a single Domus Medica and move from discussions to action.

Salvatore Ramuscello (*Italy*) requested clarification on the appointment of a governance body for the EACCME and the involvement of national bodies. More particularly, he offered the readiness from the Italian authorities to contribute. He also raised concerns about external sources of funding to sustain UEMS activities and the potential conflicts of interest. Zlatko Fras made clear that this external source was only meant in a view to compete for public funding. Even if specific agencies will be consulted, full independence will prevail.

Max Giger (*Switzerland*) asked for further details with regard to CESMA and its potential implications on the revision of the Professional Qualifications Directive. Bernard Maillet referred to the report of CESMA which shall be circulated to Members of Council. Jacques Gruwez (*Belgium*) also requested further information through a report from the chair of CESMA.

Zlatko Fras welcomed the different initiatives and suggestions raised, especially as regards the Domus Medica. These shall be taken on board and be reported upon at the next meeting.

5. Working Groups

Reports were received on the WG meetings held on the day before.

5.1. e-Health

C.Twomey & P.Pattynama

Peter Pattynama (*Radiology – WG Rapporteur*) reported on the discussions at the meeting of the working group. This WG meeting was fruitful in spite of the small attendance and the lack of consistency in the WG membership as well as the key role this WG was meant to play on issues such as electronic patient records, telemedicine, etc. where the industry remains predominant. He therefore pleaded for more involvement from delegates of Council and S&B in order to raise awareness and consolidate background information.

A strategy on the WG priorities should be defined, and this in order to compensate the lack of official policy on the developments within the UEMS. So far the predominant groups were two EU-funded projects: CALLIOPE and epSOS. It was recommended that the UEMS was present at the meetings of these groups both with medical and secretariat support. Other initiatives were also pointed out but with lower priority (e.g. EHTEL, ELSA, etc). This recommendation was put for endorsement.

With respect to the draft directive on cross-border healthcare, Peter Pattynama was pleased with the success of the amendments proposed by the UEMS, especially as regards Article 16 on e-Health. However, in a compromise from the Swedish Presidency, the EU Council of Health Ministers removed all UEMS-proposed amendments. Once a common position will be achieved on this issue, the text will again be scrutinised by the European Parliament in second reading. With issues being discussed by the EU Council, the real lobbying power lied with the national medical associations in their contacts with their national governments. It was proposed drafting a letter from the UEMS to Heads of Delegations, which could be used for lobbying their national ministers.

On the WG practical management, the re-appointment of Peter Pattynama and Cillian Twomey as WG Rapporteur and Chair was confirmed.

A formal written report shall be made available to members of Council.

Discussion

Edwin Borman raised concerns about the compromise text proposed by the Swedish Presidency. Zlatko Fras suggested addressing this issue under Item 7. He also requested a draft motion be prepared and presented.

William Dunlop (*Gynaecology*) was interested in the activities of the WG and offered the expertise from members of EBCOG (European Board and College in Obstetrics and Gynaecology).

Lisette Tiddens-Engwirda (*CPME*) informed the members of the UEMS Council that an ongoing paper was produced by the CPME and amended on a regular basis. She requested it to be taken into consideration and links be established with the CPME relevant WG.

Max Giger enquired about the actual responsibility on this issue within the members of the Executive. Zlatko Fras informed that Peter Pattynama and Cillian Twomey were appointed as “external” representatives for this issue. At the same time, support will also be provided through

the UEMS Brussels Office. Travel and accommodation will also be covered under the general guidelines adopted by the Board.

Cillian Twomey (*Ireland – WG Chair*) came back on the basic issues to be settled, i.e. support to the WG activities as well as the consistency in the WG work and participation.

- ***Further to an indicative vote, the UEMS Council agreed that the WG should carry on its activities and attend meetings and/or conferences on a regular basis, including projects and initiatives such as CALLIOPE, epSOS or ELSA.***

5.2. Future Structure of the UEMS

G.Brenning & T.Holzgruber

5.2.1. Proposal from the WG on the representation of S&B in Council Meetings

UEMS 2009/25

Further to discussions at its meeting held in September, the WG on the Future Structure of the UEMS will report on the progress of its work. In this respect, the WG will submit proposals and seek indications from Council.

Discussion

Vote

Gunilla Brenning (*WG Chairman*) presented the recommendation paper on behalf of the working group. She very much appreciated the WG members' commitment to the WG activities and meetings.

She particularly highlighted the WG conclusion "that the participation of the Specialist S/B in the Council has been the most important issue for the future structure of UEMS." This item was therefore considered intensively and the following recommendation:

"The representation of NMAs in the council should not be changed (one or two delegates per country plus experts). One vote per country should remain, so that only the head of the delegation of the full member states has the right to vote.

The representation of the S/B should be changed, so that every section (38) has the right to send one delegate to the council (without voting rights). The costs of the representation of the S/B have to be taken by S/B.

According to the actual situation with 36 member countries, most of the delegations only have two members, some only one (2 delegates as medical doctors or a medical doctor and an expert). This would lead to a possible maximum of 72 plus 38 section representatives. Plus the executive and the staff of the Brussels office (around 10); this would make 120 persons as a possible maximum.

The WG wishes that the Council will vote on this proposition in principle at the Council meeting in Istanbul in October."

Discussion

Zlatko Fras thanked and supported the members of the WG, particularly the Chairwoman, for their work and commitment. He saw as a major challenge to combine sustained activities with the work on revising the structure.

Jacques Gruwez (Belgium) too supported the recommendations from the WG and welcomed what he saw as a major step forward.

Thomas Holzgruber (Austria – WG Rapporteur) indicated that Statutes and Rules of Procedure could remain untouched as the motion would be adopted. He also pointed to the need to re-work the time schedule for Council meetings once these proposals would need to be implemented.

Edwin Borman (UK) was supportive but enquired about the implications for the S&B Groupings and their potential removal. Thomas Holzgruber reminded that S&B Groupings had been constituted outside of the ROP. This issue should be further discussed with the S&B delegates in March.

Bernard Maillet also thanked the WG members. In his view, Groupings had failed to properly represent the S&B and the new proposal was much more sensible.

Salvatore Ramuscello (Italy) raised concerns about the S&B predominance and the possible dilution of national representation as well as the rising costs as a consequence of this change.

Gerd Hofmann (Liaison Officer) made clear that the “parliamentary structure” of the UEMS would remain untouched.

Ciro Costa (Portugal) regretted that the solution proposed would be unpractical and complicated in practical terms. He was also concerned that a certain number of specialties were not represented through the S&B.

Luc Van Calster (Belgium) suggested keeping the voting system practical.

Zlatko Fras agreed that practicalities needed to be considered carefully. In his view, this was a matter of re-establishing the link of trust within the organization.

Max Giger (Switzerland) welcomed the idea, especially in a view to achieve progress within the three main key areas, namely postgraduate training, continuing medical education and professional development, and quality assurance, which were seen as matters of interest at both national and specialties' levels.

Thomas Holzgruber pointed to the fact that voting rights were no longer a source of concern from the S&B. According to him, such development would have required a massive overhaul of the UEMS structure and Statutes.

S. Askhenazi (Israel) understood the concerns raised but generally supported the WG suggestion. He though proposed amending the text slightly.

Cillian Twomey (Ireland) rejected fears and welcomed the idea to improve democracy through extending previous initiative in this regard. In his view the general UEMS governance would remain unaffected.

William Dunlop (Gynaecology) pointed to the true concerns from the S&B, i.e. improving communication and further contributing to the work of the organisation. He also saw much added value in the S&B as they transcended national interests and were therefore beneficial in the debates.

- ***The suggestion from the WG was put to a vote: 19 for – 2 against (Portugal & Italy) – 1 abstention (Denmark).***
- ***The WG was also mandated to work out the practical implications regarding the organisation of the first joint meeting of Council and S&B.***

5.2.2. Report on the WG Meetings (Amsterdam, 04.09.2009 – Istanbul, 15.10.2009)

UEMS 2009/26

Thomas Holzgruber (*Austria – WG Rapporteur*) reported on the meetings of the working groups:

1. Communication

Different lists were being established (S&B and NMAs; administrative contact persons; and S&B Presidents and Secretaries) and should be made available to the Members of UEMS through the website. In this respect, it was regretted that the decision to revamp the current UEMS website was again postponed as it was seen as essential in internal and external communication and should be organised rapidly.

2. Information letter to all section delegates

A draft information letter was being drafted and its final version was to be endorsed. This letter shall be sent out to all UEMS delegates and NMAs.

3. Situation of S&B

Better information should be received by the UEMS Brussels Office with regard to S&B activities and meetings.

The WG also discussed the need to still hold meetings of the S&B further to the decision taken by the UEMS Council.

The mandate of the representatives from the S&B Groupings was also addressed. The opportunity to keep meetings of the Groupings was also questioned.

These items will be submitted to the S&B Meeting for consultation.

4. Working Groups

It was proposed to revise the organisation of WG. Two categories should be established: with vs. without time limits: WG vs. standing committees.

The legal implications of the establishment of ECAMSQ in regard to the Statutes and ROP will be further examined.

5. General mandate

Discussions also focussed on the mandate periods for members of the Enlarged Executive as well as S&B Presidents, Secretaries and Treasurers. Due to a lack of time, no common position was reached and this issue was postponed.

No discussion

5.3. Postgraduate Training

Umut Akyol (*Turkey – WG Rapporteur*) reported on the discussions at the meeting of the working group. Issues addressed notably included:

- Specialist Training:

The lack of real progress with the collection of chapters 6 was regretted. A revision of the “strategy” was evoked, i.e. chasing the S&B on a more regular basis.

The WG could not achieve any significant success to collect new Chapters 6 from S&B. The space in UEMS web site for all the present Chapters 6, as well as the original definition of the Chapter 6 that we have asked from the Secretariat is still not present and functioning. Therefore it was decided to change strategy and share all the Sections among the members of the WG. Each member will reach directly to a couple of Sections and collect the latest forms of the Chapters 6 with direct communication.

Jan Peder Amlie (*Cardiology*) informed us about the updated Chapter 6 of Cardiology Section which included not only the old data, but wider details about the required knowledge, attitudes and procedures. This could be a recommendation for the future template of Chapters 6.

- Access to PGT:

The WG discussed the draft table which summarizes the data that was collected from the national delegates of Council. A first draft report was written according to the data to work on. It was hoped to mature it for the next meeting and eventually ready it as a policy paper proposal of the WG on access to PGMST. A proposal that we decided to work on was to prepare a glossary to clear the differences and misunderstanding about the terminology related to the field in different countries. Another proposal was to change the name of our WG into MST, medical specialist training.

- ECAMSQ:

The WG was satisfied to be in a leading position in the management of this new body.

Clarifications were brought by Zlatko Fras to the WG with regard to the exact structure of the ECAMSQ and the places of the WG and CESMA in it. The subject would be further discussed within Council. Seeing the leading role of the WG within ECAMSQ, it was suggested increasing the number of WG meetings to 4 times a year (every 3 months), instead of 2, in order to be more efficient and cover the expected busy schedule of ECAMSQ.

The Turkish Medical Association insisted that no governmental influence in this project should be tolerated. The proposal of TMA about the danger of the involvement of governmental bodies into ECAMSQ that can make the situation of NGOs (societies and medical associations/chambers) in some countries more difficult was discussed and generally approved.

- Working Time:

In order to collect objective data about the EWTD and its impact on medical education and training, a survey will be prepared by Bernardo Bollen Pinto (*PWG*). This issue was postponed.

5.4. Quality in Patient Care

Giorgio Berchicci (*Treasurer – WG Rapporteur*) reported on the discussions at the meeting of the working group.

The main issue addressed was the UEMS membership in GIN (Guidelines-International-Network). Collaboration was seen as worthwhile and should therefore be maintained but should be re-thought in a view to reduce costs of the membership fees.

Discussion

Zlatko Fras agreed on this collaboration's added value and mandated Gerd Hofmann (*Liaison Officer – WG Chairman*) to clarify this situation.

Gerd Hofmann insisted that this was a real issue of interest for the S&B albeit concrete working methods needed to be revised.

Vlad Tica (*Romania*) expressed firm interest on this issue. He advised elaborating templates and a clear methodology in order to facilitate work.

Gerd Hofmann raised the idea that the UEMS could become a clearing house of international guidelines. At the same time, members of GIN might be invited to join in the work of the WG.

Luc Van Calster (*Belgium*) encouraged considering patients' considerations as well.

Giorgio Berchicci suggested preparing a questionnaire to the S&B, which should also be related to the work of the European Committee for Ethics.

5.5. Specialist Practice in current Health Systems

Herbert Menzel (*Germany – WG Chair*) reported on the discussions at the meeting of the working group. Herbert Menzel took over from Jörg Rüggeberg further to his dismissal.

A research institute had been contacted to elaborate a questionnaire which was distributed to the UEMS Members even though too few answers were received.

Discussion

Zlatko Fras looked forward to concrete outcomes to the WG activities.

Luc Van Calster (*Belgium*) pointed to the databases already existing. These were indeed consulted but there was a need to reformulate certain questions.

Once re-vamped, the questionnaire will be circulated to the UEMS Members.

6. Discussion Forum – The European Council for the Accreditation of Medical Specialist Qualifications

The Executive of UEMS decided to pursue its initiative and hold a plenary discussion forum in order to foster the debate among the delegates attending the meeting. This Forum aims to invite everyone having free discussions on selected topics without formal reporting. A short oral report is then to be given to inform the plenary Council meeting of the issues raised during the discussion.

The issue proposed on this occasion is the introduction of the European Council for Accreditation of Medical Specialist Qualifications.

Informal report to be received

Zlatko Fras gave an overview of the presentation he gave at the Discussion Forum.

The background document for this issue was circulated over Summer and a certain number of contributions were received, but more were called for.

In his presentation, he pointed to the following items:

- Historical background:
 - o The work done by the UEMS since its foundation, notably on the relevant EU Directives and particularly the Advisory Committee on Medical Training (ACMT)
 - o The UEMS policies relating to training: visitation of training centres, specialist training, etc.
 - o The commitment from the UEMS Strategy to concentrate on 3 main key areas: PGT, CME-CPD and QA
- UEMS Strategy's KA2: Harmonisation of PGMST in Europe
Aim: "Improve the UEMS position as the leading European medical representative organisation that sets standards for all aspects of Postgraduate Medical Specialist Training (PGMST)."
- Scope:
 - o Develop Policy that applies to all contributors acknowledged/authorized by the ECAMSQ to survey, monitor, and assess specialist medical education and training for the purpose of accreditation of medical practitioners across Europe.
 - o The whole process of accreditation shall help to ensure that health services employing (pre)licensed doctors offer sufficient experience, education, training, supervision, assessment, evaluation, support (including resources) and a safe working environment to enable doctors in training to meet the objectives of their training programmes.
- Aims:
 - o To invite the NMAs, UEMS S&Bs, and national authorities responsible for accreditation of medical education and training in each of the 27 member states to reach consensus on the core essentials that inform high quality medical specialist education & training programmes,
 - o To convey the agreed outcome of these deliberations to the European authorities with a view to having these agreed principles formally incorporated into EU legislation,

- To offer and ensure the appropriate tools in order to implement the comprehensive process of individual/organisational/institutional PGMST accreditation at the European level.
- Terms of reference:
 - To develop and implement accreditation standards and guidelines for postgraduate medical specialist education and training in Europe,
 - To inform, advise and implement the decisions made by the UEMS Council in the area of the development of standards and the accreditation different aspects of MST at the European level;
 - To develop and implement comprehensive, transparent, and feasible system of individual / organizational / institutional MST accreditation and revalidation (where applicable) at the European level, according to national and EU standards,
 - To help in ensuring that all the training positions offer sufficient experience, education, training, supervision, assessment and feedback to enable the junior doctors to meet national and EU objectives and prepare them for independent high-quality specialist medical practice;
 - To assist national authorities/training institutions in ensuring that the trainees has completed all necessary requirements to enable recommendation for full registration as a Medical Specialist,
 - To oversee the further development and implementation of an accreditation process, including the recruitment, training and management of accreditation surveyors and implementation of periodic reviews,
 - To promote and/or undertake projects/research related to the development of standards and the accreditation of MST at the European level.
- Proposals regarding the ECAMSQ practical implementation:
 - The ECAMSQ will be governed by the Council of the UEMS.
 - The Council decided in its meeting of October 16, 2009 in Istanbul to establish the ECAMSQ, with the ECAMSQ becoming operational in 2010
 - As an initial formal step towards the ECAMSQ establishment is the convening of the UEMS Advisory Council on Post Graduate Training (PGT) in which the National Licensing Authorities can be directly represented as well as the UEMS Sections and Boards, UEMS Council for European Medical Specialty Assessment (CESMA), as well as the NMAs
 - The representation by the countries in this will be very different as the organization of training and that of licensing of Medical Specialists is also very different depending on the individual EU Member State.
 - The daily proceedings of the ECAMSQ will be managed by the Executive Committee of the UEMS through its Brussels Secretariat.
- Electronic platform:

In order to sustain the implementation of the project and the deployment of medical training, the development of an electronic platform was envisaged. This will allow to support the evaluation and registration of knowledge, skills and professionalism as the basis to deliver European diplomas.
- Discussion Forum:

Further to the Discussion Forum, additional ideas but also warnings emerged as to how to proceed.

Discussion

Edwin Borman (*UK*) welcomed the UEMS readiness to address this controversial issue and pointed to the potential to break new ground.

Vlad Tica (*Romania*) welcomed the principles of assessment and examination. He though pleaded for the ECAMSQ to deal with incentives to quality in medical training and practice. However, it should not replace or supersede the authority of national associations but rather support their work.

Luke O'Donnell (*Gastroenterology*) supported what he considered as a wonderful initiative but was concerned about the involvement of national licensing authorities. While he agreed with the three pillars defined, he advised adding one criterion namely the ability to generate and/or discover knowledge. Zlatko Fras invited him to contribute his proposed change in written. This model had been developed by educationalists and was naturally not perfect. This is why any suggestion to improve it was welcomed.

Jean-Luc Jurin (*France*) was supportive of the idea. He was satisfied that the UEMS was conducting such reflection process and considered the necessary key elements.

Runa Sturlason (*Denmark*) questioned the strategy to get the national authorities on board. Zlatko Fras recognised the daunting task this represented. He took the EACCME as an example, where this process was not over yet. The first priorities were therefore defined stepwise: launch the initiative first and then organise meetings with national competent authorities in order to fulfil the basic requirements.

- ***Further to an indicative vote, the UEMS Council agreed to proceed further with this initiative.***

6.1. e-Platform for medical training – Partnership agreement with Orzone

On the occasion of the Council Meeting held in April, the idea to develop an electronic platform to support the work of the UEMS Sections & Boards in harmonising medical training was presented. An agreement of equal partnership was elaborated with a Swedish IT provider (Orzone) for that purpose.

This agreement and a specific mandate for the implementation and management of the project were submitted to the Board for endorsement.

Report to be received on the decision taken by the Board

The idea, background and principles of the Partnership Agreement further to the discussions at the Board Meeting were presented.

Discussion

Jacques Gruwez (*Belgium*) pointed to the opportunity to consider national medical organisation and enquired about the initiatives already undertaken by the S&B as Orzone was to become the UEMS privileged partner under the proposed agreement.

Hans-Peter Ulrich (*Germany*) raised again a few items of concern arising from the proposed partnership agreement.

Edwin Borman (*UK*) focused on the bigger picture and shared his experience with the IT company Orzone which was recognised as a leading company in simulation and research simulation.

William Dunlop (*Gynaecology*) regretted he was unaware of the agreement and requested S&B be consulted.

Cillian Twomey (*Ireland*) called for greater caution in entering into an agreement with a business company. A specific mandate should be given to confirm this agreement.

Zlatko Fras insisted on the momentum and opportunity to conclude this agreement. A mandate will be defined and put for decision whereby the Executive will be responsible for finalising the agreement and a pilot and “confirmation” phases will be distinguished. Another option was to open a tender and try to find another partner.

Vlad Tica (*Romania*) trusted the preparatory work done by the Executive. He particularly insisted on the need to look into intellectual property issues very carefully. He also questioned two of the open issues, namely the exclusive nature and pricing. Zlatko Fras made clear that the agreement was void until the annexes were not agreed.

Hans-Peter Ulrich advised to give up the draft agreement and rather supported the alternative proposal.

Giorgio Berchicci agreed with the concern with regard to the length of the agreement but he also pointed to the time needed to the UEMS for making decisions. He particularly insisted on the underlying aim of this proposed agreement, i.e. involving further the UEMS S&B. He also expressed his dream was to change mindset and awareness about the UEMS. He finally pointed to the potential for good operation and the links which could be made to other issues such as: ethics, IT, culture, etc.

Ciro Costa (*Portugal*) questioned the reference to revalidation.

Veli-Pekka Lehto (*Pathology*) pointed to the need to know effectively the level of risk involved for the organisation. He also put in question the model’s fitness for purpose to all specialties as well as top-down vs. bottom-up approaches. He therefore pleaded for a wider consultation of the UEMS S&B.

Luke O’Donnell (*Gastroenterology*) welcomed the motivation for the project but was worried about the risk of failure. The newly proposed suggestion to grant exclusivity for three specialties only and for a probationary period of two years was satisfactory in his view. But he also commented that the UEMS should have no hesitation to get in touch with other providers.

Hans Hjelmqvist (*Sweden*) considered it was really important for the UEMS to go forward with this project. He agreed with the pilot phase with three specialties even if they were each very different. He finally commented on the good reputation of Orzone in Sweden as a very competent company supported by a network of academics and institutions.

The discussion will be continued at an extraordinary Board Meeting to be held at 17.00.

7. European Issues

Seeing the current context of recent EP elections and appointment of a new College of Commissioners, a majority of the EU legislative work currently at stake was suspended. For this reason, this item of the agenda was reduced in order to better reflect the most recent developments.

A presentation was given by Frédéric Destrebecq (*UEMS Acting Chief Executive Officer*) on the following issues:

7.1. The renewal in the European Parliament and Commission

European elections were held in June to designate new Members of the European Parliament. The Commission is also undergoing a phase of reconstitution of its Members. These circumstances should be scrutinised in order to identify the opportunities which can be seized as well as the challenges ahead.

Discussion

7.2. Green Paper HC Workforce

*COM(2008)725
UEMS 2009/07*

The European Commission launched this Green Paper on healthcare workers and the challenges that the profession currently faces and for which there is an added value for an action at the European level. The text pointed to issues such as:

- Increasing ageing population in Europe
- Need of constant training and education to adapt to new technologies
- Worrying consequences of mobility, i.e. brain drain
- The shortage of healthcare workers
- Appearance of new diseases and infections

Thanks to an internal consultation process carried within the UEMS, an extensive contribution from the UEMS constituency could be sent in. The document produced by the Executive (UEMS 2009/07) was presented to the Members of Council in April as the basis for the UEMS policies to defend the interests of medical specialists in Europe.

As a matter of fact, the main concerns expressed involve items such as continuous medical education and training, notably in view to facilitate the integration and use of new technologies, and guarantee, at the same time, the quality of the education through the creation of general standards and the proper assessment of training centres.

Other relevant issues encompass the mobility of healthcare workers and the need to assure that incoming staff holds proper qualifications to practice within Europe.

Further actions and provisions to attract students to medical and nursing professions in order to avoid a possible shortage of healthcare providers in the coming years, were also called for.

The Commission was expected to give a follow-up regarding this issue after Summer. A report is to be given on the possible initiatives to be launched by the Commission.

Discussion

Frédéric Destrebecq gave a presentation from DG Sanco with regard to the EC Green Paper on European workforce for healthcare and the preliminary analysis of responses to the consultation:

- The process:
 - o A Green Paper published in December 2008 containing 40 action proposals, 9 topics
 - o A Public Consultation which ran until April 2009
 - o A final report this Autumn (2009)
- The objective:
 - o To launch a debate on the challenges facing health systems and the health workforce, including ethical issues
 - o Asked stakeholders to give opinion on a range of soft options for EU support or actions
- The result:
 - o Nearly 200 respondents, overwhelming majority recognise:
 - European dimension
 - need for EU action
 - o Conclusions from consultation will feed in possible future policy proposals
- Spread of respondents by categories and Member States
- Main concern regarding scope
- Need to:
 - o Address the shortage and adaptability of health workforce
 - o Consider a broad health workforce, including social care
 - o Take into account that there are both employed and independent workers in this sector
- A mandate for action?
 - o Only 2.5% of respondents are strictly against any action
 - o A further 8% mention the need for actions implemented at EU level to have a specific added value
- Actions with most support:
 - o To improve working conditions
 - o To increase public health capacity
 - o To guarantee mobility, while supporting the WHO global code on international recruitment
 - o To gather more data and analysis
 - o To foster innovation
- Working conditions and training:
 - o Continuing professional development
 - o Gender diversity - impact of part-time working strongest in most feminised groups
 - o Full implementation of the working time Directive
 - o Extending roles for health workers
 - o Encouraging return to practice campaigns? Recruitment of over 50s? Wider adoption of flexible employment practices

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- Public Health Capacity:
 - o Strengthening the capacity for screening, health promotion and disease prevention
 - o Training to enhance communication skills
 - o Improving access to occupational health for all workers including health workers
- Mobility and migration:
 - o Preserve free movement in EU
 - o Support the WHO global code on international recruitment
 - o Set up exchange programmes
 - o Better integration of migrants
- Data and analysis
 - o Data on health workforce
 - Data on health needs also?
 - o Setting up systems to monitor flows of workers
 - E.g.HPro pilot, IMI
 - o Assisting in workforce planning, for MS preferably within existing structures
 - o Cooperation with OECD & WHO
 - Role of Eurostat?
- Innovation
 - o tackling barriers to entrepreneurial activity in the health sector
 - o encouraging the use of new technologies/training for n.t.
 - o consolidation of existing practices
- EU should complement MS action in:
 - o Tackling current EU-wide demographic and technological challenges
 - o Recruiting & retaining a competent, well-trained, motivated workforce
 - o Providing policy and decision makers with quantitative and qualitative data
- Next steps
 - o Report on consultation this year
 - o Transition period–new Commission
 - o Close collaboration with BE Presidency (second half of 2010)
 - o Subsequent policy proposals by Commission
- The next Commission (2009-13)
 - o President Barroso was re-elected 2 weeks ago
 - o His political guidelines made reference to the growth potential of "white jobs" (healthcare, childcare, long term care).
 - o Several links to topics highlighted in the replies to the consultation

Discussion

Edwin Borman (*UK*) welcomed as encouraging news that the Commission had understood the need to address this important issue. He suggested further lobbying the persons and members of the EU Institutions involved. He also appreciated the recognition from the EU authorities of the healthcare sector's added value. In his view, using the healthcare sector as a driver for growth was an interesting drive.

7.3. Extraordinary item: Working Time

| *Further to information recently received, an extraordinary item was added to the agenda.*

Frédéric Destrebecq reported on EC opinions recently released with regard to the derogations under the European Working Time Directive applied by Hungary, the Netherlands and the UK. At the same time, the long-awaited implementation report that the Commission was due to issue was still not published at the moment of the meeting.

The two next Presidencies of EU Council (Spain and Belgium) were said to not prioritise this issue within their work programme. The Commission should also be looking further into the issue and commission a study. Further information will be circulated about this issue when relevant in order to motivate UEMS Members to feed into the study.

Discussion

Claude Wetzel (*FEMS*) distinguished two issues:

1. The Commission did accept the derogations concerning doctors in training from Hungary, the Netherlands and the UK. This was still possible under the Directive currently in force but must be stopped on 31.07.2012.
2. This Directive was allegedly not likely to be revised, especially as France and Germany requested that no action would be undertaken during two years. However when addressing the European Parliament on 15.09.2009, Jose Manuel Barroso had announced the launch of a new revision process before Christmas. It was said that a proposal for possible action was being circulated within the Commission services.

On a question from Cillian Twomey (*Ireland*) with regard to the rational and potential consequences of these derogations, Claude Wetzel pointed to the bad example set to the other EU countries.

Jacques Gruwez (*Belgium*) drew attention to the implications for certain countries and specialties and the need to ensure decent education and training.

7.4. Extraordinary item: Patient's rights in cross-border healthcare

| *Further to information recently received, an extraordinary item was added to the agenda.*

Frédéric Destrebecq reported on a proposed compromise from the Swedish Presidency of EU Council for a common position on the draft directive on patient's rights in cross-border healthcare. This compromise text removed essential components from the original proposal as well as the UEMS-proposed amendments which were voted by the European Parliament in its first reading. These amendments involved issues such as e.g. the use of telemedicine, medical regulation or the continuity of care.

At the moment of the meeting, the continuation of the adoption process was pending this common position by the EU Council, which was expected by January 2010.

Discussion

Edwin Borman (*UK*) expressed worries on the EU Presidency Paper which he considered as unacceptable, especially as professional and patient safety elements of the text were removed. The only possible reaction in his view was to make sure that the UEMS-proposed are not lost.

Upon request from Zlatko Fras, a motion was prepared at the meeting and submitted to Council for decision.

Vlad Tica (*Romania*) suggested expanding the text on certain items and paragraphs. A few additional improvements were proposed and incorporate in the draft.

- ***The motion (UEMS 2009/30) was unanimously adopted.***

7.5. Recognition of Professional Qualifications

The recognition of new specialties under the “new” Directive (2005/36/EC)

The case of Clinical/Medical Genetics

The directive on the recognition of professional qualifications (2005/36/EC) was adopted in October 2005 and entered into vigour two years later.

Several requests were received from UEMS Sections & Boards and/or Multidisciplinary Joint Committees to update or incorporate medical specialties according to the modern standards of medical practice.

Such a proposal from the French and Czech governments was recently cast in order to include clinical/medical genetics within the scope of the Directive and for it to benefit from automatic recognition. The UEMS has been following this issue carefully in order to advise as to how to find the best outcome.

A presentation will be given on the working model established under the new EU Directive in order to provide UEMS Members with greater insight regarding this issue.

For recall, this Directive should be revised by 2012. For this purpose, efforts must be pursued in order to provide evidence-based requests to update and revise this piece of legislation.

Discussion

Milan Macek (*European Society of Human Genetics*) gave a presentation on the progress and developments with regard to the inclusion of Medical/Clinical Genetics within the scope of the Professional Qualifications Directive:

- Directive 2005/36/EC
 - o Was not amended for the past 5 years
 - o Acknowledges specialisation at a EU-wide level for cross-border provision of medical care, via “mutual recognition of diplomas, certificates and other evidence of formal qualifications” – 2/5 of Member States must recognise a medical specialty for it to be included.
- Medical/Clinical Genetics within ACMT Reports
 - o Specialty meets the standards (“inclusion criteria”) since 1997

- “Inaction hurts” – The process of integrating Clinical/Medical Genetics
Momentum during the Czech Presidency of EU Council
 - o Motivations and incentives through professional and scientific societies (ESHG & EuroGenTest)
 - o EU Recommendation on Rare Diseases – Milan Macek was leading negotiator on behalf of the Czech Government
 - Inclusion of Clinical/Medical Genetics on the basis of scientific evidence than 80% of rare disease have a genetic origin
 - Mention that expertise rather than patients themselves should travel
 - Need to develop medical training “in fields relevant to the diagnosis and management of rare diseases

This thereby induced a need to ensure a framework for the mobility of professionals in this context.

- o Further to a Breakfast Meeting with the French Minister for Health, France officially requested Clinical/Medical Genetics be included within the Directive.
- o Within the UEMS, Council endorsed the curriculum elaborated by the MJC on Clinical Genetics which describes Clinical/Medical Genetics as a medical specialty with a minimum training period of 4 years.
A particular tribute was also paid to Jean-Jacques Cassiman (*ESHG President*), Frederic Destrebecq (*UEMS Acting Chief Executive Officer*), Bernard Maillet (*UEMS Secretary-General*) for their work and assistance in this dossier.
- o The French request was examined by the EC “Recognition Committee”. This committee is responsible for all professional activities and has a mandate to evaluate the overall duration, but not the content of postgraduate training. This was said to make the whole process lengthy and complicated.
- o Legal dossiers on the specialty recognition were contributed to the EC.
Clinical/Medical Genetics enjoyed the status of primary specialty in 21 out of 27 EU Member States and was undergoing recognition countries in 5 countries, Luxembourg being the only specialty where it was not recognised.
- o Letters of support from Presidents of National Human Genetics Societies were circulated to the Commission and national governments, stating notably that countries having a 5-year curriculum were ready to accept specialists from countries having a 4-year curriculum.
- o A petition from the Presidents of NHGS was also organised.
- o Albeit the Recognition Committee had no competence with regard to the content of training, national PGT curricula were requested.
- o The recognition of Clinical/Medical Genetics was to be addressed at a meeting of the Recognition Committee to be held on 22.10.2010.

Discussion

Zlatko Fras suggested elaborating a checklist with the key action points for this process to be successfully completed.

Cillian Twomey (*Ireland*) acknowledged the work done and the commitment from Milan Macek and moving the matter forward. He though regretted the feeling of “d’jà-vu” as this issue should have been settled more than 20 years ago. He therefore pointed to the need to re-establish a

specific committee for the medical profession. He also regretted the cumbersome procedure which was in place.

Bernardo Bollen-Pinto (*PWG*) wished to get out more from the Directive with the inclusion of issues such as quality principles of education and training which had been left out of the scope. He therefore suggested taken advantage of the revision process to be initiated in order to incorporate additional elements relating to medical education and training. Zlatko Fras added that a certain number of fields would be tackled with the establishment of the ECAMSQ.

Milan Macek regretted the many delays and postponements from the Commission in handling this issue. He pointed to medical oncology which was continuously delayed and the “slippery slope” the process represented, especially with the big countries.

Bernard Maillet raised the idea to introduce particular competences in certain fields of specialisation.

8. EACCME – Progress-report

A progress-report is to be given on the recent developments relating to the EACCME in regard to:

- Its Taskforce
- The accreditation of e-learning materials
- The web-based application form

Discussion

Bernard Maillet (*UEMS Secretary-General*) gave an update on the developments related to the EACCME. He notably pointed to the clarification recently brought in the structure of agreements for the specialty reviewers. Two types of agreements were now established: the “classical” one and an alternative to recognise the specificities from the European Specialty Accreditation Boards. Albeit different, this last option was harmonised in order to simplify the process as much as possible.

Edwin Borman (*UK – EACCME Taskforce Chair*) reported on the work and activities of the EACCME Taskforce.

- Work and composition

The TF was said to be working effectively and work was progressing according to schedule. For recall, the TF was made up of representatives from the UEMS Executive, national accreditation authorities and UEMS S&B. Thanks to straight and intense discussions, concrete results were achieved, one example being the accreditation of e-learning materials.

- Accreditation of e-learning materials by the EACCME

Edwin Borman was satisfied that the system had come to life in spite of the difficulty arising from the high number of applications received in comparison to the number of reviewers readily available to carry evaluations. Edwin Borman therefore pleaded to members of Council to attract volunteers who should make themselves known to the UEMS office. As a matter of clarity, he mentioned to the work by the reviewers was compensated.

- With respect to the procedure itself, an amendment procedure was introduced as a way to improve modules submitted and thereby an encouragement to the use of e-learning for CME purposes.
- Online application system
Major problems with the use of the online application system were reported upon mainly by reviewers and providers. These difficulties were recognised and the necessary action was undertaken. As the IT provider appeared to not be able to achieve up to the level expected, moves were made to have a proper back-up system.
 - Criteria for the accreditation of live events
The work necessary to revisit these was underway.

Zlatko Fras thanked Edwin Borman on behalf of the TF for the work and progress achieved. He also clarified that the IT provider would be changed. A transitory solution had to be found for the interim period.

9. Specialist issues

9.1. Report from the Sections' Delegates

In order to improve the contacts between UEMS S&B and Council, the Sections were divided in three groups which can each delegate two representatives to Council in order to report on the questions dealt with at S&B level.

Reports & Discussion

Group I

Jan Peder Amlie (*Cardiology*) presented the report from his grouping.

- EACCME:
A new accreditation system originally proposed for Cardiology was worked on for certain specialties. This move was justified by potential conflicts of interest and could serve as a model to other specialties.
- Chapter 6:
The idea was raised to modify the structure of this document according to three pillars: knowledge, procedure and attitudes. This had been done in Cardiology, notably in a view to implement it within an e-platform. Education and training in subspecialties as well as the accreditation of training centres should also be included in this process.
- Communication:
The Grouping was satisfied with the improvement in contacts with the UEMS central. The efforts in this respect were very much appreciated.

No discussion

Group II

William Dunlop (*Gynaecology & Obstetrics*) presented the report from his grouping. In spite of the fact that no meeting had been held since 21.02.2009, a few developments were presented:

- EC Green Paper on European Workforce for Health
The questionnaire that was distributed at the S&B meeting was completed and responded after the meeting as the agenda and timing did not allow it to be dealt with at the meeting.
- WG on the UEMS Future Structure
William Dunlop was delighted that the proposal to extend the participation to UEMS Council Meetings to representatives of the S&B was accepted.
- PWG representatives
Difficulties with the representation of PWG delegates within Group II S&B were reported upon.

Discussion

Bernardo Bollen Pinto (*PWG*) reported on the appointment of delegates to the UEMS S&B and the difficulty to find volunteers for all S&B. A solution should be worked out in this regard. Zlatko Fras pointed to improvements to be made in communication and the need to circulate agendas, reports and information from the S&B also to PWG. He suggesting appointing specific workforce to deal with this issue in a proactive way. Bernard Maillet mentioned the improvements expected with the implementation of a new UEMS website. He also insisted that information should be received from all S&B.

Group III

Veli-Pekka Lehto (*Pathology*) presented the report from his grouping further to its meeting on 21.02.2010.

- Composition
The Grouping's heterogeneity probably justified the small attendance to the meeting.
- Communication
Newsletters were seen as a valuable source of information and the visits to the S&B by Bernard Maillet were seen as positive in channelling information.

General discussion

Max Giger (*Switzerland*) requested that S&B should inform about the changes they make to their Chapters 6.

Peter Pattynama (*Radiology*) came up with a concrete proposal: if Groupings prove to be unable to collect these documents, collection could/should be organised through the Brussels Office.

Edwin Borman (*UK*) suggested dedicating a specific time slot on this matter at a next Council Meeting in order to have all Heads of S&B present to discuss this issue, potentially through a new subcommittee.

Vlad Tica (*Romania*) proposed drafting templates for establishing Chapters 6. Zlatko Fras referred to such template which had been drafted previously and encompassed all items and sub-items to be addressed.

He also specified that work on a new website was underway. It was envisaged to establish a webpage for each Section readily available with common information with Chapters 6.

9.2. Documents for endorsement

9.2.1. Syllabus of Paediatric Surgery

Doc – S.Paed.Surg

The UEMS Section of Paediatric Surgery developed its training curriculum and requested to have it officially endorsed by the UEMS.

Further to the approval by the S&B representatives at their meeting on 21.02.2009, this draft document was submitted to Council for endorsement in April.

After some discussion, this item was referred back to the Section with a request to clarify the involvement of academic institutions / universities. The Section answered this request positively. This item is therefore put back on the agenda for consideration.

Discussion

Vote

Gian-Battista Parigi (*Paediatric Surgery*) apologised for his absence at the previous Council Meeting. He presented the document with the precision and proposed compromise to include the statement “recognised training centres”. He pointed to the interest generated by this document from all over the world to endorse the European syllabus.

Discussion

Jacques Gruwez (*Belgium*) opposed this document. He mentioned the fight at the Belgian level from professional organisations against academic institutions to be involved in medical training. This issue was discussed by a certain number of participants.

Edwin Borman (*UK*) insisted that such initiatives were to be encouraged.

Max Giger (*Switzerland*) reported on the development of new PGT programmes being developed in Switzerland whereby access to training was further regulated. He therefore requested this be slightly amended in the proposed Syllabus.

Further to these requests, two amendments were made to the text (pages 10 & 12)

- ***The Syllabus of Paediatric Surgery was put to a vote and adopted: 21 for – 0 against – 2 abstentions (Austria & Belgium).***

9.2.2. Policy statement on Emergency Medicine

Doc – MJC.Em.Med

The UEMS MJC of Emergency Medicine submitted this draft policy statement to have it officially endorsed by the UEMS.

Discussion

Vote

David Williams (*Emergency Medicine*) presented the proposed Policy Statement which encapsulated the key features of Emergency Medicine at the European level.

Discussion

Zlatko Fras appreciated the MJC approach as a way to raise awareness about this specialty. Jacques Gruwez (*Belgium*) referred to the Belgian case where the training duration should be normally of 6 years minimum. He therefore suggested updating the figures presented.

- ***The Policy Statement on Emergency Medicine was put to a vote and adopted: 21 for – 2 against (Germany & Switzerland) – 0 abstention.***

10. Procedural matters

10.1. Membership – Serbia

UEMS 2008/42

A request to become Member of the UEMS was received from the Serbian Medical Chamber.

Further to requests for clarification on the representativity of this organisation, no further feedback was received as yet.

Discussion

Vote

Further to the lack of progress, this issue was postponed.

10.2. Proposals to amend the Rules of Procedure

UEMS 2009/21

10.2.1. The GBS-VBS (Belgium) proposed changes be introduced in the ROP as follows:

II.2. Rights

Doc – GBS-VBS – ROP

A. Voting right

Each full Member has the right to vote except for the provisions stated in Article II.2.C. Each national delegation has its vote cast by the head of the delegation or his duly appointed medical deputy.

The status of specialist doctor is required in order to vote validly.

Discussion

Vote

Jacques Gruwez (*Belgium*) presented this proposed amendment which was justified further to the discussions at the last Council Meeting.

Zlatko Fras further commented on the additional amendment proposed by the Executive in order to clarify the matter fully.

Discussion

Cillian Twomey (*Ireland*) understood the rationale for this problem but was concerned about potential problems this could cause to some Members of UEMS, especially small organisations. He agreed that medical delegates should ideally be in charge of voting procedures but in their absence, any nominee should be allowed to cast a vote provided this person was notified to the UEMS Secretariat. In his view, the proposed solution might turn out to be unpractical if it was applied rigidly.

Edwin Borman (*UK*) had serious concerns with regard to this matter and advised envisaging all practical consequences especially for small delegations. While he agreed that the UEMS had to define how national delegations should be ideally organised, he was reluctant to dictate the nature of delegations likely to attend UEMS meetings. He therefore pleaded for greater freedom and flexibility be left to national organisations.

Hans-Peter Ulrich (*Germany*) mentioned the consequences this could have on other countries, such as Germany where a wide majority of doctors are self-employed. He though supported the proposal as a matter of principle.

Zlatko Fras commented that this matter was arising from the elections and wondered whether this was purely medical, especially as this kind of decisions were normally taken in advance well ahead of the meeting.

- **The amendment to the Rules of Procedure was put to a vote and adopted: 17 for – 3 against – 3 abstentions.**

Hannu Halila (*Past-President*) suggested including the specialties of the national representatives on the list of participants in order to know everyone's background and also as a matter of transparency for the S&B delegates. This information shall be added to the list of attendees at the next meeting.

10.2.2. The UEMS Enlarged Executive proposed changes be introduced in the ROP as follows:

Article V. Executive (Article VIII of the Statutes)

V.1. Election of the members of the Executive

(...)

Successful candidates to the Executive shall commence office on the following 1st January to ensure a smooth transition of responsibilities. They will be expected to sign and conform to the Code of Conduct, as agreed by Council.

Discussion

Vote

This proposed amendment was presented in relation to the Code of Conduct previously adopted by the Board of UEMS.

No discussion

- ***The amendment was put to a vote and unanimously adopted: 23 for – 0 against – 0 abstention.***

12. Treasury

A report is to be given on the decisions taken by the Board.

Discussion

Giorgio Berchicci (*UEMS Treasurer*) reported on the discussions and decisions taken by the Board of UEMS with regard to financial matters.

See above

He eventually suggested examining possibilities of establishing a new key further to the likely reduction in GDP and changes in the number of specialists in EU countries.

13. European Medical Organisations

Report from the representatives of the European Medical Organisations present

Discussion

Zlatko Fras reported on the joint meeting of EMOs which was held in June in Brussels. He definitely saw potential to open a new chapter in the collaboration between EMOs.

CPME

Lisette Tiddens (*CPME*) reported on the work and activities from CPME, which were to be discussed at their meeting on the week after:

- Changes were likely to be brought to the CPME internal structure after France, Italy and Spain had left the organisation
- EC Green Paper on European Workforce for Health
- Cross-border healthcare
- Working Time
- e-Health
- Patient Safety, and notably CPME involvement in the EU-funded project EUnetPAS
- Health inequalities
- Organ donation
- The pharmaceutical package, which includes issues such as information to patients, the fight against counterfeit medicines and pharmacovigilance
- The European Medicines Agency
- Medical training, namely: the quality assessment of international medical graduates, CPD, training in communication and leadership, centres of excellence
- Mental health and the EU prevention programme
- Climate change and global warming, which were defined as priorities of the EC and WHO
- Antibiotic resistance
- Vitamin-D deficiency
- EU stakeholders' platform on physical activity and health
- Alcohol
- Tobacco
- Ethics, including issues such as fair trade in medical goods, allowed conscious objections, solidarity in health

Lisette Tiddens invited the other EMOs to take part in the activities of the CPME Subcommittees.

Discussion

Max Giger (*Switzerland*) pointed to the CPME internal difficulties, which were in his view both political and financial. He therefore proposed that PGT and CME-CPD were based on the work carried by the UEMS as a way to rationalise resources. Such delegation to the UEMS, as to any other EMO, would be likely to dilute their financial burden. Lisette Tiddens answered that a close

collaboration already existed and that the financial burden was not in direct relation to the issues addressed.

FEMS

Claude Wetzel (*FEMS*) referred to his report which had been circulated in written to the attendees. Only a few items were addressed but he focussed primarily on the FEMS top priority, i.e. the European Working Time Directive. For the sake of clarity, he made the following preliminary clarification: this legislation only applies to salaried doctors.

Further to the failure from the EU Council and European Parliament to agree under the conciliation procedure in April, it was expected that the Commission would make the text respected. In other words, 15 EU Member States which were using derogations unlawfully would be brought to the European Court of Justice.

As a next step, social partners should be consulted on the opportunity to initiate new proposals. FEMS was already preparing for this and was in good contact with key MEPs.

Claude Wetzel also pointed to other issues, such as:

- The recognition of professional qualifications and the negative impact of the EU directive especially on the demography of health professionals with shifts from East to West and the creation of “medical deserts”. FEMS was to prepare a recommendation in this respect.
- Cross-border healthcare: FEMS was supportive of free mobility in the interest of patients.
- Privatisation of EU health systems: A survey carried together with the AEMH revealed that there was no real trend towards greater privatisation in Europe but attention will be drawn to the issue, especially on public-private partnerships.
- Green Paper on healthcare workforce, which encompassed the hardcore of issues of interest to FEMS, which was looking forward the EC initiatives. In general terms, FEMS was agreeing to free mobility but with the necessary safeguards and regulation in place.
- Working conditions: A questionnaire was circulated and the findings were under development in collaboration with the PWG.
- Ethical and moral issues: A letter of complaint was to be sent to the Italian government which was compelling doctors to denounce illegal migrants.
- New Parliament and Commission: Further to the elections, the EPP was dominant but more importantly half of MEPs were new in their position. Claude Wetzel therefore advised other EMOs to “teach” them about EU medical/healthcare politics.
- A joint letter with ETUC (European Trade Union Confederation) was addressed to EU authorities in order to request greater regulation of economy.

On the collaboration with the other EMOs, Claude Wetzel mentioned the understanding between FEMS and AEMH to support a common voice but without any hierarchy. Both organisations also supported the project to establish a physical Domus Medica. The very proof that a common action was necessary and successful was the achievements in relation to the EWTD.

No discussion

PWG

Bernardo Bollen Pinto (*PWG*) introduced himself as the newly elected President and will be in office for three years.

He mainly identified five challenges to PWG:

- Internally, with the integration of new member countries and the departure from others as well as the introduction of new accountability pathways for members of the Executive.
- EMOs: PWG was open and ready to greater collaboration but suggested that direct lobbying to EU Institutions was to be organised, especially for issues of direct concerns.
- Workshops should be organised in order to foster bottom-up approaches.
- Communication tools should be upgraded towards web2.0.
- Medical demography: PWG was willing to increase its responsibility in this matter.

At the next meeting of PWG, Zeev Goldik (*CESMA*) was to present an update on the activities of CESMA. Other issues to be addressed were: the Recognition Directive, e-learning, the Bologna Process, competence-based training, survey on manpower and gender issues.

Discussion

Zlatko Fras was satisfied with the collaboration thus far and even supported increased cooperation.

Max Giger (*Switzerland*) requested to have two representatives of PWG within the UEMS working group on postgraduate training. Bernardo Bollen Pinto was happy to hear such proposal and referred to the good attendance over the past years.

UEMO

Willy André (*UEMO*) reported on the work and activities of the UEMO, which since March was having a legal standing under Belgian Law.

He first pointed to the joint meeting of EMOs held in June with as concrete outcomes: the common statement and the launch of a common website: www.edomusmedica.eu.

He also mentioned the work done under the UEMO working groups on:

- CME-CPD
- Prevention, including tobacco, youth health and the creation of a database for GPs
- The medical profession's attractiveness
- Quality assurance and particularly the specific responsibility of GPs as well as the complementarity with specialists

Discussion

Max Giger (*Switzerland*) was interested in getting further data on the attractiveness of the profession. While he had no figures at hand, Willy André gave the example of Belgium where 15 to 20% of medical graduates were going for general practice.

Hans-Peter Ulrich (*Germany*) asked for further information on the issue of mobility, particularly in the framework of the recognition of qualifications. Zlatko Fras requested any information or data be exchanged with the UEMS.

Vlad Tica (*Romania*) questioned the opportunity to develop and defend a European model of GPs recognised as specialists in family medicine, such as it is the case in Romania. Zlatko Fras pointed to such possible rapprochement through CME accreditation and the opportunity for the UEMO to collaborate more closely under the roof of the EACCME.

AEMH

Ciro Costa (*Portugal*) in his capacity of AEMH vice-President reported on a conference recently organised on the privatisation of hospitals.

At the end of these presentations, Cillian Twomey (*Ireland*) requested a clear commitment from all European Medical Organisations to joining a single common Domus Medica.

14. Any other business

14.1. CESMA

In the absence of Zeev Goldik (*CESMA Chair*), Bernard Maillet reported on the work and activities of CESMA:

This initiative was created further to an initiative from the Section of Paediatric Surgery and led to a first common document: the Glasgow Declaration. This paper aimed to harmonise the assessment process all over Europe even though it was recognised that it had no legal value.

Discussions were initiated with the US with regard to the opportunity to establish recognition.

26 medical specialties were involved in the process thus far.

A next meeting was to be held in Vienna on 21.11.2009.

Discussion

Vlad Tica (*Romania*) reported on the situation in Romania where the Ministry of Health intended to include Anaesthesiology within CESMA, which would be likely to clearly bypass the prerogatives from the Romanian College of Physicians. After a first refusal from the RCP and negotiations with the government, it was made clear that a European exam would not replace national examinations. While the idea of an EU exam was accepted, it was only partially recognised and with different ratios. While he warmly welcomed the initiative, Vlad Tica strongly suggested national professional bodies be contacted and involved within CESMA.

Bernard Maillet and Zlatko Frasn regretted this happening as they considered this to be in contradiction with the spirit of the UEMS Statutes. They requested to bring to their attention any such potential breach which ought to be clarified: It was unacceptable from the Board of Anaesthesiology to operate in such a way, especially under the UEMS umbrella.

Thomas Holzgruber (*Austria*) reminded the principle that CESMA was a sub-entity of the UEMS and thereby unable to sign contracts or agreements on its own.

14.2. Position statement proposed by the Turkish Medical Association *Doc - TMA*

A request was received from the Turkish Medical Association to adopt a formal motion of support to the TMA in its discussions with the Turkish government, particularly as regards the involvement of professional societies in the development and implementation of training programmes.

Discussion

Vote

Iskender Sayek (*Turkey*) requested the support from the UEMS to the Turkish Medical Association in their talks with the Turkish government.

- ***The position statement was put to a vote and unanimously adopted: 22 for – 0 against – 0 abstention.***

15. Next Meetings

- S&B Meeting – 13th March 2010: Brussels, Belgium
- Council – 17th April 2010: Brussels, Belgium
- Council – 7th-9th October 2010: Prague, Czech Republic
- October 2011: Naples, Italy
- October 2012: Paris, France

Frédéric Destrebecq
UEMS Acting Chief Executive Officer

EUROPEAN UNION OF MEDICAL SPECIALISTS

Secretariat: Avenue de la Couronne, 20

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ANNEX

LIST OF PARTICIPANTS

LISTE DES PARTICIPANTS

Enlarged Executive Committee

Comité Exécutif Elargi

President
Secretary-General
Treasurer
Liaison officer

Dr. Zlatko FRAS
Dr. Bernard MAILLET
Dr. Giorgio BERCHICCI
Dr. Gerd HOFMANN

Président
Secrétaire Général
Trésorier
Officier de liaison

Vice-Presidents

Dr. Ricard GUTIERREZ
Dr. Zoltan MAGYARI
Dr. Kari PYLKKANEN

Vice-Présidents

Past President

Dr. Hannu HALILA

Past Président

Invited Member

Dr. Gunilla BRENNING

Invitée

Administration

Acting CEO
Managing Director

Mr. Frédéric DESTREBECQ
Ms. Bénédicte REYCHLER

Dir.Gén.ff
Directrice administ.

FULL MEMBERS

MEMBRES EFFECTIFS

AUSTRIA

Dr. Othmar HAAS
Mr. Thomas HOLZGRUBER

AUTRICHE

BELGIUM

Prof. Jacques GRUWEZ
Dr. Luc VAN CALSTER

BELGIQUE

CYPRUS

Dr. Vasos OIKONOMOU

CHYPRE

CZECH REPUBLIC

Prof. Jan SKRHA

TCHEQUIE

DENMARK

Dr. Runa STURLASON
Ms. Marianne HANSEN

DANEMARK

FINLAND

Dr. Kari PYLKKANEN
Dr. Antti TAMMINEN

FINLANDE

FRANCE

Dr. Jean-Luc JURIN

FRANCE

GERMANY

Dr. Herbert MENZEL

ALLEMAGNE

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	Dr. Hans-Peter ULRICH	
HUNGARY	Dr. Zoltan MAGYARI	HONGRIE
IRELAND	Prof. Cillian TWOMEY	IRLANDE
ITALY	Dr. Mario BARRESI Dr. Nicolino DAVTILLIA Mr. Davide MARTINELLI Ms. Nunzia NAPOLEONE Dr. Salvatore RAMUSCELLO Dr. Luigi SODANO	ITALIE
LATVIA	Dr Arta Olga BALODE	LETTONIE
LITHUANIA	Dr. Rimuydas TOLOCKA	LITHUANIE
NORWAY	Dr. Frank ANDERSEN Dr. Einar SKOGLUND	NORVEGE
PORTUGAL	Dr. Paulo COELHO Dr. Ciro COSTA Dr. Guimaraes DOS SANTOS	PORTUGAL
ROMANIA	Dr. Vlad TICA	ROUMANIE
SLOVENIA	Ms. Mojca VRECAR	SLOVENIE
SPAIN	Dr. Ricard GUTIERREZ Dr. Carmen G. ASOREY Dr. Marc SOLER	ESPAGNE
SWEDEN	Dr. Hans HJELMQVIST Dr. Mats ROMAN Dr. Turid STENHAUGEN	SUEDE
SWITZERLAND	Dr. Max GIGER	SUISSE
UK	Dr. John BLACK Dr. Edwin BORMAN Dr. Simon EDWARDS Mr. Martin CARROLL	ROYAUME-UNI

ASSOCIATE MEMBERS

MEMBRES ASSOCIES

ISRAEL	Dr. Shai ASHKENAZI	ISRAEL
TURKEY	Prof. Umut AKYOL Dr. Iskender SAYEK Dr. Mustafa UNLU	TURQUIE

EUROPEAN UNION OF MEDICAL SPECIALISTS

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DELEGATES UEMS SPEC. SECTIONS DELEGUES SECTIONS SPEC. UEMS

GROUP 1	Prof. Jan P. AMLIE (Cardiology)	GROUPE 1
GROUP 2	Prof. William DUNLOP (Gynaecology)	GROUPE 2
GROUP 3	Dr. Veli-Pekka LEHTO (Pathology)	GROUPE 3

OBSERVERS

OBSERVATEURS

CPME	Ms. Lisette TIDDENS-ENGWIRDA	CPME
FEMS	Dr. Claude WETZEL	FEMS
PWG	Dr. Bollen PINTO	PWG
UEMO	Dr. Willy ANDRE	UEMO

GUESTS

INVITES

HAND SURGERY	Prof. Massimo CERUSO	CHIRURGIE DE LA MAIN
CESMA CESMA	Dr. Zeev GOLDIK	
PRESIDENT ELECT OF THE EUROPEENNE EU SOC. OF HUMAN GENETICS	Prof. Milan MACEK	SOCIETE DE GENETIQUE
PEDIATRIC SURGERY PEDIATRIQUE	Prof. Gian Battista PARIGI	CHIRURGIE
EMERGENCY MEDECINE D'URGENCE	Dr. David WILLIAMS	MEDECINE
RADIOLOGY	Prof. Peter PATTYNAMA	RADIOLOGIE

Apologies – Excusés

Dr. Len HARVEY (Honorary President)
Dr. Mitja KOSNIK (Slovenia)
Dr. Romuald KRAJEWSKI (Vice-President – Poland)
Dr. John TJEN (The Netherlands)
Dr. Vallo VOLKE (Estonia)
Dr. Barbara ANEMODOURA (Greece)
Prof. Ted POPOV (Bulgaria)