



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

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UEMS 2009 / 52

**Meeting of the
UEMS Advisory Council on Continuing Medical Education**

Saturday 28th November 2009

*Maison des Associations Internationales
Rue Washington 40 – 1050 BRUXELLES*

Report

Zlatko Fras (*UEMS President*) opened the meeting and welcomed the delegates present.

1. Roll-call of delegates

Bernard Maillet (*UEMS Secretary-General*) made the roll-call of the delegates present.
Delegates attending their first meeting were welcomed and presented.

2. Approval of the minutes of the last meeting (Brussels, 22.11.2009) UEMS 2008/52

Minutes of the previous meeting will be re-circulated and submitted for approval at the next meeting.

3. Presentation of the EACCME Annual Report 2009 UEMS 2009/02 REV

Bernard Maillet presented the EACCME Annual Report.

He first reminded the purpose of UEMS-EACCME policy, i.e. harmonising the procedure, including the fees, for each specialty and each country. Having one entry should contribute to avoiding the multiplication of the process.

Fees: They are based on a sliding scale reflecting the number of participants.

Credits: Only full credits are applied without weighted factors, according to the rule 1-3-6 and which can be converted into national credits (e.g. Spain, and then Belgium, Romania, Sweden and Germany).

Practical operation: A flowchart was defined on the basis of agreements with UEMS S&B, European Specialty Accreditation Boards and National Accreditation Authorities with quality assurance and

feedback systems into an integrated system (*For the full list of agreements signed, please refer to the PPT presentation "Annex 3"*).

Agreement with the American Medical Association: The two-year pilot project was re-conducted on 1st July 2006 for a period of four years. According to this renewed agreement, Credits granted to events taking place in the United States and approved by an ACCME accredited provider are recognized in Europe and Credits granted to events taking place in Europe approved by EACCME can be recognized in the US as AMA PRA Category I® credits.

Activities: The accreditation of e-learning materials was introduced on 6th April 2009; Work was carried by the EACCME Taskforce; a new provider was looked for.

e-Learning: The accreditation of e-learning materials started as the next big project for the EACCME in 2009. Quality criteria were revised for that purpose. A specific scale of fees was established as costs for evaluation of e-learning events was considered as different. Provider accreditation was turned down thus far.

Accreditation of e-Learning: Criteria for accreditation (UEMS 2008/20rev) were adopted including issues such as: the fulfilment of educational objectives and learning needs; description and nature of the material; details of the provider including quality assurance. Additional details regarding the accreditation process were also established: fees, mechanism of application, criteria for decision-making, appeal procedure and outcomes.

EACCME Taskforce: It was created in November 2006 in order to bring together representatives from National Accreditation Authorities, UEMS S&B, ESABs and the UEMS Executive under the chairmanship of Edwin Borman. This group aims to look into issues such as: quality improvement of the process; the introduction of new formats of learning; the governance of the EACCME; increasing the visibility of the EACCME. The Taskforce's achievements thus far include: an analysis on the state of play of the system "Improvement of the EACCME" (UEMS 2007/23); the accreditation of e-learning materials ("The Accreditation of e-CME and e-CPD by the EACCME" – UEMS 2008/20rev)

For the Future: Issues to be addressed encompass topics such as: Systematic evaluation of meetings by the participants; More agreements with the Sections and the National Accreditation Authorities; Further contacts (with other parts of the world, with UEMO, with other Health Care Professionals Organisations); New provider for the EACCME website.

Zlatko Fras pointed to the room for improvement remaining in spite of the high number of events accredited (1000+).

4. Report from the EACCME Taskforce

Edwin Borman (*EACCME Taskforce Chairman*) reported back to the Advisory Council the recent developments of the work carried by the EACCME Taskforce as well as an appraisal of the areas of problem which were addressed.

He also recognised the success of the system with an increased number of applications received and events accredited.

As concrete outcomes of the work currently underway, he notably pointed to the continuous monitoring of the accreditation of e-learning materials; the establishment of new criteria for the accreditation of live events; the need to address commercial support thoroughly.

As series of recommendations was also presented in order to improve the functioning of the system in place for the accreditation of e-Learning materials:

- a. An “amendment procedure” was established in the accreditation process of e-learning materials in order to allow providers to improve the material submitted rather than to have it rejected.
- b. The length of modules and the related allocation of credits were discussed. It was eventually agreed to establish a threshold of 45 minutes (including the test component) as a minimum duration.
- c. The fee was agreed as follows: € 600 as a flat fee with an additional € 600 per additional hour of learning.
- d. The case of multiple applications was also considered. It was agreed to accept bundles of applications as long as they do not exceed 3 ECMEC worth.

(For the full presentation, please refer to the PPT presentation “Annex 4”)

Discussion

- i. It was also suggested looking into the possibility to accredit full courses rather than modules individually. Examples were given by José Pereira da Silva (*UEMS Section of Rheumatology*), i.e. the EULAR courses, where a different approach will need to be taken in order to address the high volume of content to be evaluated. World-leading companies involved in e-CME were also said to present particular cases.

Two options were pointed to: either accredit and invoice automatically or extend the evaluation deadline to six months.

- ii. Robin Stevenson (*EBAP*) suggested looking into provider accreditation as it exists in the United States, provided that the necessary control mechanisms were put in place.

Edwin Borman reminded that the system as established by the EACCME provided for the accreditation of single events. When addressing e-learning, it then shifted to the accreditation of single e-learning modules. However the process in North America set rules whereby providers themselves apply. After their systems and internal processes were scrutinised, they were granted accreditation automatically for all the materials they would produce.

Two sets of problems were pointed to: 1. Financial implications and 2. Lowered quality of materials produced.

Bernard Maillet clarified that the US accreditation system was rather hybrid with a combination of event and provider accreditation. One option for the EACCME system in his view could be to introduce provider accreditation partly and maintain event accreditation for live events.

According to José Pereira da Silva, a difference in treatment should be made between:

- companies requesting a discount when applying for a high number of modules be accredited, and

- scientific organisations providing for consistent educational units.

The model followed by EBAC, where only faculties were accepted as providers in order to dilute suspicion, was taken as an example. On that basis, it was proposed envisaging a hybrid system whereby:

- Provider accreditation would apply for scientific organisations, universities, etc.
- Event accreditation would apply for sponsored meetings or modules.

It was proposed looking into establishing both in a combined way, provided that necessary control mechanisms are put in place to monitor providers. This was said to potentially cause a certain number of practical problems, particularly as regards controls of international providers.

According to some, consistency should be ensured between the accreditation systems for live events and e-learning.

- iii. The process will continue to undergo continuous monitoring and will be worked through if necessary. The criteria for the accreditation of e-learning materials will be revised according to the recommendations proposed (see above) and, when deemed as robust enough, will be implemented for the accreditation of live events.
- iv. Further attention was called for on the issue of commercial bias. Especially as for instance in some countries providers can be accredited by law and little could be done by the EACCME about this. It was also referred to the UEMS policy on ethical principles (UEMS 2008/45) which included references to CME-CPD, as a guarantee for independency for the industry.
- v. An additional challenge was pointed to, i.e. the event evaluation by the participants themselves. This was said to be a major essential requirement to be put in place when the criteria for the accreditation of live events will be revised in the future.
- vi. The nature of e-learning materials to be accredited was questioned. It was agreed to accept potentially all types of material provided that it is compliant with the criteria set out in UEMS 2008/20 and comprise an assessment component.
- vii. The question arose on the minimal set of questions to be applied for the assessment component, especially as to whether this was also applicable for live events. Particular questions were also raised, such as minimum pass mark or the possibility to re-take a failed test, and should be regulated.
- viii. The possibility to hire additional staff within the UEMS Brussels Office will be evaluated in order to best answer to increasing needs.

5. EACCME Taskforce proposed Policy Documents

Zlatko Fras presented the documents proposed by the EACCME Taskforce and put them for discussion in a view to finalise their drafting.

Edwin Borman invited participants to contribute their comments in a consultation which will run till 31.12.2009. Once finalised, these documents will be circulated and eventually adopted by the UEMS Council.

“The avoidance of bias in educational activities”

Ian Stake (*Royal College of Physicians, London*) explained that this document aimed to define the general principles with regard to bias. This is why this document should also be completed by others which would follow. The paper set out the relation between support, conflict of interest and bias, which are not necessarily automatically linked. In doing so, a certain number of types of bias was pointed out: e.g. commercial, academic, political, etc.

These principles were opened to debate.

Discussion

- i. The issue of political bias was debated further. Ian Starke argued that good reasons existed for separating education from governmental instances. This was also a reason to require more transparency regarding conflicts of interest.
- ii. José P.Da Silva raised concerns regarding the open access of industry papers on the web. He therefore suggested that the UEMS takes a position on this issue.
- iii. Comments were voiced on the need to identify promotional materials and bias. The definition of “detectable bias” was also discussed.
- iv. With respect to wording, “EACCME” should be changed into “UEMS-EACCME”.

“Guidelines for commercial support of CME events”

José P.Da Silva gave details on the background for this paper: as a new contributor to the EACCME Taskforce, he had offered to work on revising the documents at the basis of EACCME. For this purpose, José P.Da Silva took over the work done in Rheumatology where the idea to establish a European Board of Accreditation (EBAR) was discussed after positive feedback from Cardiology had been received.

José P.Da Silva invited comments as he hoped to have a final version ready for the UEMS Council.

Edwin Borman reminded the plan to hold the consultation of the Advisory Council, then the whole UEMS, in order to have the document ready for adoption by the UEMS Council in April 2010.

Discussion

- i. The second bullet on page 2 will be removed.
- ii. It was pointed out that disclosure was also needed on previous conflicts of interest.
- iii. A discussion arose on the terms to be used on the area of “restricted” vs. “unrestricted” grants.

If possible, discussion should be continued on these sensitive issues.

Additional feedback should also be received on the accreditation of satellite symposia.

“EACCME recommendations for CME providers”

As for the previous document, it was open for discussion.

Discussion

- i. The good description of the steps to be undertaken by the provider was appreciated, especially with core issue of participants’ feedback. Details in the wording should simply be refined or sometimes corrected.
- ii. It was agreed to link this issue of “auditing” by the participants themselves with the “visitation” of events which should be made at random. According to Peter Polak (EBAC), a difference should though be maintained between “visitation” (which related to other fields of quality assurance) and “monitoring” of CME events.
- iii. José P.Da Silva informed that proper Statutes of the EACCME should be drafted, which would set out the entire structure and process. Mandate will be given to the Taskforce to carry out this work.

“Use of EACCME logo and name”

Edwin Borman saw as a real source of concern that the EACCME statements have been taken over by a certain number of CME providers although confirmation of accreditation was not received. Means for proper checking and control should be provided through this document.

It was called upon the national accreditation authorities, as well as the UEMS Sections & Boards and the Specialty Accreditation Boards, to inform the UEMS Secretariat of any such breach.

The paper presented was seen as a first response to this issue. Legal action might also be envisaged if needed.

Discussion

- i. Statements in the document should be made stronger: the UEMS logo and the accreditation statement cannot be used if accreditation was not granted. The logo could however be used by providers once the accreditation has been granted as well as national authorities under the terms of the mutual agreements. A statement should also be included on the misuse of the logo.
Concerns were raised about potential misunderstandings in the use of the logo and it was therefore proposed to only allow the inclusion of the accreditation statement.
- ii. The EACCME is a registered trademark from the UEMS, used together with the UEMS logo. The opportunity to design a specific logo for the EACCME should be clarified when establishing statutes.
- iii. Particular attention should be paid on the publication of events on the UEMS website. This would naturally facilitate monitoring. Accuracy of this list was hence seen as a top priority.
- iv. It was also pointed out that conflicts of interest could exist within the process itself as organisers/providers and reviewers were sometimes the same persons.
- v. The idea to make providers sign a proper contract was raised. It was answered that they had to accept the terms and conditions of the EACCME rules when submitting their application online. This

was seen as the best answer for the time being seeing the many differences between the national regulations.

Advice should be sought from a professional lawyer to determine the best option in this regard.

- vi. The wording was discussed. It was agreed to tighten it up seeing the potential legal implications.
- vii. It was also agreed to extend the scope of this document to the accreditation of e-learning as well.
- viii. It was suggested re-examining the system for the recognition of CME credits, notably in a view to establish conversion tables such as the one existing with Spain.
- ix. It was also seen as important to clearly define the scope of the CME activities, particularly their “international” nature.

Alejandro Aparicio (*American Medical Association*) reported on the current developments in the US. Increased restrictions were now established regarding the criteria for accreditation of CME providers. Links with the pharmaceutical industry were prohibited and restrictions were imposed on the allocation of grants. This was likely to lead to a reduction in the number of medical education commercial societies (MECS).

“Mission and objectives”

See above.

****Criteria for the establishment of European Specialty Accreditation Boards (To follow)***

Zlatko Fras reminded the agreement to have a two-tier system whereby particular provisions were accepted with four Specialty Accreditation Boards, namely: ACOE, EBAC, EBAID and EBAP. The same should also apply to Gastroenterology, Rheumatology and others. This initiative was taken after considering the requests from a certain number of the UEMS S&B.

José P. Da Silva pointed to this as an issue of clarity and transparency further to the lack of response from the UEMS to repetitive requests to establish clear pathways. He therefore proposed to adopt clear rules in this respect

Zlatko Fras was surprised by these questions as a formal decision had been taken at the last meeting. This formal decision was in place and this even if unhappiness had been expressed about it. As a matter of fact, clear rules can be put on paper.

Bernard Maillet pointed to one of the main tasks of the EACCME Taskforce, i.e. defining guidelines on governance. In this regard, he found the different meetings held with the ESABs as very constructive.

Edwin Borman identified three potential models for dealing with CME accreditation whereby either:

- 1- The EACCME is the single entry point for applications;
- 2- Individual specialties receive applications, or;
- 3- An hybrid system is installed for some specialties: the EACCME offers a portal and the secretariat support; national authorities and specialties can receive applications; final validation is made by the EACCME.

In his view, while model #1 no longer applied and model #2 was seen as unrealistic, model #3 offered a pragmatic development. He also saw a need to make the system robust enough and ensure appropriate communication mechanisms.

Edwin Borman invited stakeholders in the process to contribute their ideas should they have any and at the same time concentrate their efforts on option #3.

Discussion

- i. The potential added value for establishing Specialty Accreditation Boards by putting together the resources of UEMS Sections and Scientific Societies was recognised. This added value was reflected in an autonomous administrative management and quality assurance system with proper monitoring and feedback assessment. The opportunity to have differentiated agreements was justified by these factors but also by the “volume” of the specialty as adequate financing was needed to sustain such activities.
- ii. These arrangements were though questioned in the light of potential conflicts of interest. Further guidance and scrutiny was therefore called for in this regard.
- iii. José P. Da Silva welcomed the Executive’s decision to follow model #3. He therefore also required his request for a differentiated agreement to be answered.
- iv. David Williams (*UEMS MJC on Emergency Medicine*) warned against the multiplication of acronyms and the consecutive reduced clarity and increased confusion.

Comments on all the above documents were invited by 31.12.2009.

Two additional documents were announced as being in progress and should also be submitted for consultation in a near future:

****Criteria for the accreditation of satellite symposia (To follow)***

****Potential legal action in case of abuses (To follow)***

6. Update on the accreditation of e-learning materials

6.1. Applications approved and not approved

It was reported that 68 applications had been received since the launch of the accreditation for e-learning materials.

The standards and criteria were said to be satisfactorily strong for this purpose. As already mentioned, a formative feedback mechanism was put in place in order to complete the evaluation process.

The take-up was seen as very positive as much interest was expressed by providers and potential applicants.

6.2. Decisions made by the UEMS Executive following recommendations by the EACCME Taskforce

Bernard Maillet reported on the recommendations from the Taskforce (See above) which were approved by the UEMS Executive, namely:

- a. The remit of the Task Force will have to be clearly defined.
- b. The proposal to establish a working group including members of the UEMS EEC, the EACCME TF and UEMS Secretariat to deal with the issue of the EACCME application system was approved.
- c. The proposal to establish an amendment procedure in the revision of e-learning materials was approved.
- d. The proposal to revise the allocation of credits was approved as follows :
 - 1 ECMEC for 45-90 minutes
 - 2 ECMECs for 91-150 minutes
 - 3 ECMECs for 151-210 minutes
- e. The proposal to revise the schedule of fees was approved as follows : Flat fee of € 600 for each material of minimum 1 ECMEC, with an additional fee of € 600 per additional ECMEC. One third of this amount shall then be distributed to each evaluator.
- f. The proposal to accept bundles of applications (not exceeding 3 ECMECs worth) was approved.
- g. The proposal to accept webcasts for e-learning accreditation under certain conditions was approved.

(For the full list of agreements signed, please refer to the PPT presentation "Annex 6")

6.3. Need for assessors

An essential rate limiting step in the accreditation of e-learning materials was pointed to, i.e. the number of reviewers.

A call was therefore launched to sign up to the process:

- Delegates were said to be experts in their fields of practice;
- This would bring additional experience in the growing field of e-CME;
- Financial compensation is offered to individual reviewers.

The responsibilities reviewers should sign up to are namely to commit to time scales and follow pro-forma evaluation forms.

This call for interest will also be circulated by e-mail after the meeting.

Discussion

On a request for clarification, 4 applications were reported as being turned down. Edwin Borman justified this with the following reasons:

- Criteria for accreditation were made more stringent, especially as compared to the accreditation of live events. Once the standards for e-learning would "retrofit" into those in use for the accreditation of live events, an increased number of rejections in this field was also expected.
- Criteria were not followed by a certain number of providers.
- The rate of failure was somewhat high. However, thanks to the newly introduced amendment procedure, a few applications could be improved instead of being rejected. This procedure was seen as a fair innovation and a mean to educate providers.

7. Accreditation of live events

7.1. Update on the web-based application form

Zlatko Fras reported on the problems experienced with the use of the UEMS website and identified further to a survey carried last year. The UEMS Executive concentrated efforts on resolving these difficulties but was unfortunately unsuccessful in obtaining improvements from the webmaster.

The decision was therefore taken to change the IT provider. A gradual approach was followed:

- 1- Abandon the current website and switch it to a bridging solution;
- 2- Sustain the process with the bridging solution during a transition period;
- 3- Make the necessary endeavours to identify a definite provider.

Two potential reasons were given to explain this failure:

- 1- A lack of knowledge in pure IT, e.g. the definition of specifications;
- 2- The level of spending invested in the platform.

The UEMS website was also said to need revision. A possible integration of the two with a single provider could be envisaged at a later stage.

This momentum was seen as an opportunity to get feedback from users on areas where improvements were needed.

One hypothesis for this failure also lied in the exceedingly high level of complexity reflecting the general workflow of the process. This is why the approach taken was probably less ambitious with reduced automatisation.

José P.Da Silva suggested building on other bodies' experience, for instance with the European Specialty Accreditation Boards, and this even though their system was allegedly less complex. He also enquired from the report of Bernard Maillet the level of income generated by the EACCME and insisted on the need to re-invest in improving the system to ensure sustainability. It was though considered that, as a non-profit organisation, this level of re-investment was difficult to determine. Zlatko Fras pointed to the need to raise awareness on this re-investment.

Personal interest in IT development was raised from the floor. It was advised to build a dynamic website with a simple design, such as those in place for peer-reviews of scientific journals. This was said to be achievable at a reasonable cost.

Specific support from IT advisers should also be provided in order to find the most appropriate model with simple requirements.

7.2. Proposed new criteria

Edwin Borman informed the audience that the next meeting of the EACCME Taskforce was scheduled to be held on 6.02.2010 in Berlin. A draft document on this issue will be circulated among the members of the Taskforce in view of that meeting to conduct an informal "sensitivity check".

7.3. Missing evaluation reports

Edwin Borman suggested that this problem was certainly related to IT problems. He therefore drew the attention of the UEMS Executive and Brussels Office on potentially lost data.

8. National reports: update on CME-CPD in Europe

A survey was circulated in order to collect the contributions from the organisations present. This questionnaire was two-fold as it contained an update of national reviews ("CME Bible") as well as an overview of broader information.

A report from this survey will be drafted and circulated.

Alejandro Aparicio (*American Medical Association*) gave an overview of the last developments in the accreditation system in the USA.

He mentioned that three credit systems existed, with the PRA system applying to specialists. This system represented a significant activity.

In 2008, the accreditation of providers was reported as declining to 700+ both at the national and States' levels and commercial support dropped by 20%. These factors were explained thanks to increased scrutiny, the declining economic context and the consolidations amongst companies. Another factor was a newly adopted health legislation: the "Physicians Payment Sanction Act", whereby scrutiny on any payment made to doctors by companies was increased.

Furthermore, the American Board of Medical Specialties formalised requirements to doctors for re-certification. A mandatory system was put in place whereby 25 credits should be obtained through education and service components with evidence-based measurements within the framework of a "Practice Improvement CME" (PICME) system. He also referred to the Research Institute on CME whose mandate was expanded and which was due to release its report soon.

Zlatko Fras thanked Alejandro Aparicio and looked forward to the re-conduction of the mutual agreement in July 2010.

Discussion

- i. PRA credits were said to be divided in two categories: "1" for accredited providers and awarded by the AMA and "2" for direct activities from physicians but not accepted by everyone.
- ii. The trend of commercial support for 2009 was also likely to continue to drop tremendously.
- iii. Questions were raised on the AMA experience with respect to the system of provider accreditation and control mechanisms in place. This system was seen as a means of delegation and extension of CME options which proved to be efficient thanks to liaison mechanisms with the ACCME and States' Medical Societies. As additional added value, the multiplicity in the types of providers was pointed out as a way to meet different perspectives and needs. However, quality assurance was said to suffer from the burdensome and overly bureaucratic procedures which allegedly limited scrutiny. Discussions were held on additional auditing mechanisms, notably in a view to investigate commercial bias. Provider accreditation was established both at the national and States' levels.

Len Harvey (*Honorary President*) thanked all the contributors to the survey distributed. He invited comments to be sent to the UEMS Brussels Office. An update report was expected for the New year and shall be released on the UEMS website and will be continuously updated.

9. Any other business

- The agreement signed with the UEMS Section of Surgery was raised by Jacques Gruwez. It was confirmed by the UEMS Executive that this agreement had been signed in December 2008.
- Communication was aid to need improvements. It was regretted that, with the current EACCME website, accreditations were suffering delays and the lists of accredited events were unavailable. The reviewers' responsibility to provide timely responses was pointed out. Bernard Maillet also pointed to the confusion between international events and EACCME-accredited events. It was also strongly advised to avoid multiplying databases for accredited events. This was said to change in the future and doctors potentially involved were invited to contact the UEMS Brussels Office.
- It was reported on the creation of a single National Accreditation Authority in the Netherlands.

10. Next meeting

The next meeting of the UEMS Advisory Council on CME will be held on **27th November 2010**.

Frédéric Destrebecq

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MEETING OF THE UEMS ADVISORY COUNCIL ON CME (EACCME)

List of participants - Brussels, 28th November 2009

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DENMARK	Dr Helle NIELSEN	Danish Medical Association
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Dr Romuald KRAJEWSKI (Vice-President)
Dr Zoltan MAGYARI (Vice-President)
Dr Kari PYLKKANEN (Vice-President)

Dr Hannu HALILA (Past President)
Dr Leonard HARVEY (Honorary Member)

Dr Edwin BORMAN (Chairman EACCME Taskforce)
Dr Gunilla BRENNING (President WG Future Structure)

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Ms Bénédicte REYCHLER (Managing Director)
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Dr Alexandre BISDORFF (Neurology)
Prof. Nicolas CHRISTODOULOU (Sports Med. & Phys. & Rehab. Medicine)
Dr Remy DEMUTH (Radiology)
Dr Gilbert FAURE (Medical Biopathology)
Prof. Wolfgang GRISOLD (Neurology)
Prof. Jacques GRUWEZ (Surgery)
Prof. Jan Willem LEER (Radiotherapy)
Dr Daniela MARCHETTI (Microbiology)
Dr Marianne MERTENS (Plastic Surgery)
Dr Colin SEMPLE (Internal Medicine)
Dr Robin STEVENSON (Pneumology - EBAP)
Dr Gordana SUNARIC MEGEVAND (Ophthalmology)
Dr. Alfred TENORE (Paediatrics)
Prof. Johannes VAN LOON (Neurosurgery)
Dr Peter WHELAN (Urology)
Dr David WILLIAMS (Emergency Medicine)
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EUROPEAN SPECIALTY ACCREDITATION BOARDS (ESAB)

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Prof. Ingrid NILSSON-EHLE (EBAID)
Mr Nicola PELLEGRINO (ACOE)
Dr Peter POLAK (EBAC)
Mrs Line PEREME (ESC / EBAC)

GUESTS

Dr Alejandro APARICIO (AMA)

Apologies

Dr G. AFLALO (Ophthalmology)
Dr G. ASTRUP (Anaesthesiology)
Prof. Z. AYKAC (Anaesthesiology)
Dr Cl. CUVELIER (Pathology)
Dr A. DEBRUYNE (Sports Medicine)
Prof. J. de MONCHY (Allergology)
Dr. J. ENGELBRECHT (Germany)
Dr R. GRIEBENOW (Cardiology)
Dr C. GOMEZ ASOREY (Spain)
Dr R. GUTIERREZ (UEMS Vice-President)
Dr H. HJELMQVIST (Sweden)
Prof. P. HODIAMONT (Psychiatry)
Mr R. JACKSON (Royal College of Psychiatrists)
Dr U. KRISTOFFERSSON (Genetics)
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Dr L. MAFFIOLI (Nuclear Medicine)
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