



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

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Report of the Secretary-General

For 2009

UEMS Council Meeting

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1. Introduction.

After the adoption of the document on the Future Strategy of the UEMS, a core document proposed by our President, the first steps to implement it have been undertaken and will have to be followed up very closely in order to achieve the very high levelled goals that have been proposed.

2009 will be seen for the UEMS as a keystone year as there were major achievements realized. First on April 6th 2009, UEMS-EACCME introduced e-learning materials in the process.

The new structure for the harmonization of Post Graduate Medical Specialist Training, the European Council for the Accreditation of Medical Specialist Qualification (ECAMSQ) was launched first during the meetings of the Sections and Boards in February and then in the Council meeting in April and it was officially created during the Istanbul meeting in October.

At the Istanbul meeting, a historic decision was taken to change the constituency of the UEMS Council meetings introducing a representative of each Section or Board of the UEMS as an observer participating actively in the discussions but without voting rights. This will change dramatically the collaboration between the different bodies that are our backbone, on the one hand the National Medical Associations and on the other hand the UEMS Sections and Boards.

The visibility of the UEMS in different areas of interest was intensified and resulted in a broader and more efficient cooperation with other partners.

The webbased application form for EACCME events that was introduced in January 2008 created a lot of trouble and problems and it was decided at the end of 2009 to search for an

alternate provider which would solve the problems and provide us with a well working, easy, efficient and customer friendly system.

Our efforts were directed to keeping up the close contacts with and presence at the meetings of the different UEMS Sections and Boards. This triggered the issue of many updates of the Training Programs (Chapter VI's of our UEMS Charter on Post Graduate Training), and undoubtedly strengthened the ties and the solidarity with the Sections.

Also regarding the activities and outcomes of the Council for European Specialist Medical Assessment (CESMA) 2009 was an important year.

From the 11 UEMS Sections and Boards that participated to the first meeting of CESMA in Glasgow in February 2007 we have now 28 Sections, a majority of which are organizing European Examinations or are considering to start organizing them.

By having this harmonization in the process of Assessment, we also encourage the Licensing Authorities of the Member States to consider having the European Examination as a part (or even an integral part) of the national exam and it looks as this happens more and more in practice.

The meetings of CESMA are also a very important opportunity to have a broad discussion about many practical issues that one can learn from the other how to solve it on the best way.

By developing those activities and integrating them, they could be included in a webbased platform that will look after the certification, the CME-CPD and eventually re-certification of our colleagues.

At the Istanbul meeting of the UEMS Council in October 2009 it was decided to start a pilot project for the e-platform together with the Swedish company Orzone.

The pilot project will run for two years and will involve three UEMS Sections, Anesthesiology, Cardiology as well as Radiology.

After these two years, the pilot project will be evaluated and based on the outcomes the Council can propose to extent the project gradually to all the UEMS Sections and Boards as well as the Multidisciplinary Joint Committees.

2. New Members.

During the April 2009 meeting of the Council in Brussels, we were happy to accept the application as associate member and welcome Armenia in our midst.

We are proud and glad to have received a formal request for membership from the Serbian Association in 2008. This application was discussed at the Copenhagen Meeting in October 2008 and there appeared some problems and more clarifications have been requested but until now, we did not received any.

Contacts are still underway with Russia and Belarus. It would be fine to have contacts with other countries that were part of the former USSR.

At the Istanbul meeting of the UEMS Council the application by Armenia to become an Associate Member was unanimously accepted.

Other European countries are willing to participate in a way or another to the UEMS activities and for instance Albania could be in the future a candidate to join the organization.

3. European issues.

3.1. The election of the European Parliament and renewal of the European Commission.

The European Parliament has been renewed after the European elections that were held in June 2009. The European Commission will also be renewed and both issues will lead to changes in policies that will have to be followed carefully.

3.2. Patient Safety in Cross Border Healthcare.

The Swedish Presidency of the EU Council proposed a compromise 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 for instance the use of telemedicine, medical regulation or the continuity of care.

Essential components of the initial text were removed, especially those concerning professional and patient safety, and therefore this text seems to be unacceptable. It has to be stressed that our position on this issue is clear and we would have to try to have those reintroduced in a next version.

At the Istanbul Council a motion was proposed by our President and accepted.

Obviously, there will be more work to be done by both the EU Commission and Stakeholders such as the UEMS.

3.3. *Directive on the recognition of professional qualifications (2005/36/EC).*

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 specialities 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.

When considering the revision of the Directive expected for 2012, one could think on the inclusion of for instance quality issues on Post Graduate Training and have also a competence based training.

Obviously, this is in line with our new project, the European Council for Accreditation of Medical Specialty Qualification (ECAMSQ).

In view of the revision of the Directive it is very important that the UEMS Central Office can get all the Chapter VI's from the different UEMS Sections and Boards as well as from the MJC's as this will be very important to have the information concerning the denomination of the Specialty as well as the proposed length of Training for that particular specialty in order to provide this information and amend the data as listed in the Addendum of the EU Directive.

Another important issue to be included in the revision of the Directive is the introduction of the concept of "Particular Competences".

The Directive considers in the actual wording only basic specialties to be recognized all over Europe but Particular Competences are playing more and more an important role in medical practice and activities such as Intensive Care or Oncology have to be recognized in a way or another.

Based on the principle of the Free Movement it would be very important to give also to those practitioners the possibility to provide health care in different EU Member States and this mainly for the benefit of the better treatment for the patients and citizens.

These Particular Competences could be organized from different basic specialties.

This will also prevent the creation of a multitude of new specialties that will make it complicate to overview the field of practice.

3.4. *Proposal for a Directive amending the organisation of the working time (COM(2004)607).*

This Directive on the Working Time has been debated extensively in the UEMS Council and in many Sections.

It seems that an agreement on this issue was reached by the Ministers to have a maximum working week of 48 hours but allowing the Member States to take derogatory measures.

The inactive part of on-call work will not be counted as working time, the compensatory leave will have to be taken within a “reasonable delay” and the individual opt-out possibility will be limited to a maximum working time of 60 hours per week.

Taking into account the different views in the European Parliament and the EU Member States, the conciliation procedure has been started in order to find an acceptable compromise.

In 4 years time, this Directive will be reviewed by the European Commission on the basis of a consultation of the social partners.

3.5. *eHealth.*

e-Health is a topic that attracted a lot of attention also in 2009.

The UEMS also participates very actively in the eHealth Stakeholders Group, created by the DG Information Society, in order to bring together the different stakeholders sharing an interest in this field.

We have two delegates in the e-Health issues for the European Commission, Dr. Cillian Twomey and Peter Pattynama who attended many meetings on our behalf.

3.6. *European Health Policy Forum.*

Also in 2009, the UEMS participated in the Health Policy Forum meetings. Issues discussed included the membership of the European Health Policy Forum, patient safety and transparency in EU consultation processes as well as the European Commission's action on health strategy and health services. The meetings were also an excellent occasion for the exchange of information and for informal contacts with the European Commission as well as with other stakeholders.

3.7. *Green Paper on European Workforce for Health.*

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.

The objectives of the UEMS are fully in concordance with these issues for instance the harmonization of Post Graduate Training as well as of Continuing Medical Education –

Continuing Professional Development and the integration of new technologies in the provision of the most appropriate and evidence based healthcare to the patients.

4. Procedural matters – Statutes and Rules of Procedure.

An important step was proposed by the Working Group on the Future Structure of the UEMS to have the delegates from the UEMS Sections and Boards as well as our UEMS Multidisciplinary Joint Committees present during our Council meetings.

The experience of the Groupings of Sections, represented through six representatives (two for each Grouping representing Internal Medicine specialties, Surgical specialties and Other specialties) was not very positive and especially in the Grouping of the “other specialties” the fact that the fields were so different made it difficult to come to a common position on the different issues for discussion.

The President or Secretary of the UEMS Section and/or Board will not have a voting right but will be attending the meetings and will have the possibility to present their views on the matters discussed at the Council.

Clearly, this will in our view enhance the flow of information and increase the efficiency of the work done by both the UEMS Council as well as the UEMS Sections and Boards.

Some work has still to be done to organize the way those new Council meetings will be held but the aim is to improve the outcomes and make it even much more democratic than it was.

5. European Organisations.

5.1. European Medical Organisations

The relations with the other European Medical Organisations (EMO's) were pursued in a constructive manner. Several topics were more specifically developed:

- The UEMS took an active part in several joint working groups set up by the CPME together with the other EMO's on issues such as CPD and health services.
- In June 2009 UEMS participated in the joint meeting of the European Medical Organizations where the aim was to try to better collaborate together and avoid duplication in different issues.
- The collaboration between the UEMS and the PWG on the issue of Assessment of Training was much improved with the active participation of Dr. Bernardo Bollen-Pinto to the activities of CESMA.

The PWG improved the information towards their delegates in the UEMS Sections and Boards and a more regular exchange of information about the meetings and the delegates was brought about.

By signing an agreement, the UEMS and the PWG confirmed the active involvement of PWG delegates in the meetings and activities of the UEMS Sections and Boards.

- Contacts were continued with the UEMO with regard to their possible involvement in the EACCME. As no decision has been taken by the UEMO so far, the discussion remains open.

In this topic, it is important to mention that at the initiative of Dr. Pedro Nunes, the President of the CEOM (Comité Européen des Ordres Médicaux), a meeting was organized in Porto in December 2009 to bring the European Medical Organizations (EMO) together and to create a kind of "Alliance of EMO's".

The UEMS very strongly supports this initiative, giving every organization its importance and role in the development of policies in their fields of experience and excellence.

5.2. *European Health Professionals Organisations.*

On the initiative of HOPE (European Hospital and Healthcare Federation), several European organisations of health professionals (Hospitals – Doctors – Nurses – Hospital Pharmacists), including the UEMS, were invited to an informal roundtable to exchange information and views on various issues at stake.

As important changes were expected to take place in 2009 at the political level in Brussels due to the elections of the European Parliament as well as the change of the European Commission, not so many meetings or activities were undertaken.

5.3. *Other European Organisations.*

Thanks to its Secretariat in Brussels, the UEMS was able to make and maintain informal contacts with different stakeholders and associations as well as with Commission officials and MEPs.

Our CEO, Mr. Frédéric Destrebecq attended also many meetings at the level level of the European Parliament and the European Commission or participated in activities organized by other stakeholders in the field of Health Care in Europe.

Participation in activities organized by other European Organizations such as the European Platform of Patient Organizations, Science and Industry (EPPOSI) as well as by Scientific Societies increased the visibility of the UEMS in these areas.

Recent activities have contributed to improve the UEMS image and influence. This remains a key objective for the Staff of the Brussels Office and particularly for the Secretary-General as well as the UEMS CEO.

6. UEMS Sections & Boards.

6.1. *Activities of the UEMS Sections and Boards.*

At the April meeting of the Council in Brussels:

- The proposal of the Section of Paediatric Surgery for endorsement of the "Syllabus for Paediatric Surgery" was withdrew for clarification of some details.
- The Training Programme in Clinical Genetics was adopted.
- The European Curriculum in Emergency Medicine was adopted.
- The proposal to create a division of Interventional Radiology in the Section of Radiology was approved.
- The proposal to set up a Division of Surgical Head and Neck/Oral Oncology was rejected.

At the October meeting of the Council in Istanbul :

- The Syllabus of Paediatric Surgery was adopted.
- The Policy Statement on Emergency Medicine was adopted.

6.2. *European Examinations – Glasgow Declaration.*

In February 2007 a number of Sections which are organizing European Examinations met in Glasgow in order to harmonize their views and procedures. The delegates present in Glasgow proposed a document that is now called the “Glasgow Declaration”. The Group met since twice in 2007, three times in 2008 as well as two times in 2009. Nowadays 28 Sections, MJC’s or Divisions are represented and participating actively in this initiative.

The Glasgow Declaration was also discussed at previous Meetings of the Sections as well as at the Council meetings.

The issue of Assessment, in Post Graduate Training is considered as important for the UEMS and the creation of the European Council for Accreditation of Medical Specialist Qualification (ECAMSQ) was proposed at the Council meeting in April and approved at the Council Meeting in Istanbul in October 2009. This will be a kind Advisory Council for European Specialist Training Assessment. The first steps of the working of this new body of the UEMS have been set, but a lot of work remains to be expected for the future.

Preliminary discussions were also started by the Secretary-General with the American Board of Medical Specialties in order to share experiences and look for a possible future collaboration similar to the one the UEMS and the AMA developed in the mutual recognition of credits for CME-CPD. It seems that our US Colleagues are very much intrigued and interested in the way we will solve the problem of harmonizing the different Board Examinations as they have also 24 different Boards working more or less differently.

6.3. *Alliance for MRI.*

The Directive 2004/40/EC on physical agents (electromagnetic field) entered into force in April 2008 and was intended to protect workers from potential adverse effects of electromagnetic fields. However it will have dramatic consequences for clinical magnetic resonance imaging (MRI) as it will make the practice of MRI scans nearly impossible.

Together with the European Association for Radiology, the UEMS Section of Radiology started lobbying in order to review this Directive and make it more realistic and applicable.

The UEMS actively participated in this lobbying activity. The Secretary-General attended the Workshops organized at the European Parliament, together with Prof. Peter Pattynama (President of the Section of Radiology), in order to support the initiatives of the UEMS Section of Radiology jointly with the European Society for Radiology and Patient Organizations.

The result of this campaign was very fruitful as the implementation of the Directive has been suspended for a 4 year - period.

Recently we also promoted a campaign to support the amendment of the Directive issues by the Alliance for MRI.

7. Executive.

The Enlarged Executive met in January February, April, June, September, October and November 2009.

Issues discussed notably included the future of the UEMS, its structure and organisation in the framework of the Strategy Document, the continuing improvements to the EACCME, as well as the first steps to implement the ECAMSQ.

The improvement of relations with our S&B continued to be considered a priority by the Executive in 2007, 2008 and 2009. The presence of the Executive in S&B meetings is highly appreciated by the Sections which uniformly wish to participate in the ins and outs of the UEMS. It was also an occasion to increasingly involve S&B in EACCME and now also in ECAMSQ.

The newly elected Executive met for the first time in Brussels on January 10th 2009 to set up the format for the next term of three years.

Obviously, with the development of the new structure of the UEMS, first the new organization of the Council meetings but also the set up and working of the ECAMSQ, an excellent collaboration of the different members of the Executive and their active participation in the activities is of utmost importance and recently this has been strongly strengthened.

8. EACCME.

On January 15th 2008, the web-based application form started to be operational and from April 1st it became the only way to apply for European Accreditation. Some problems arose which were very professionally and efficiently dealt with by the Office as well as by our Provider but unfortunately, not in a way that was satisfactory for the UEMS Executive and it was decided in November to look for a new Provider for the EACCME webbased application system. We were very fortunate to find a solution and from February 1st 2010 the new provider could take over and processed the applications smoothly and efficiently.

The Task Force on CME, chaired by Dr. Edwin Borman met many times in 2009 and discussed some important issues that were implemented in the system.

New guidelines are discussed to be introduced in the EACCME process such as for instance on “Commercial Support” and on “Conflict of Interest”.

One of the major decisions taken by the task force was the proposal to start the accreditation of e-learning programs from April 8th 2009 onwards. As this is a new process in the EACCME procedure, there are still some small issues to finetune and this will be the duty of the Task Force to look for and finalize the procedure completely.

The number of applications for e-learning materials is increasing steadily and the quality remains very good.

It was decided by the introduction of the e-learning materials in the UEMS-EACCME procedure, that the criteria for evaluating the quality of the activity will be revised and improved. In the future, those criteria will also be “retrofitted” to the live events in order to guarantee that the process of the accreditation of International activities for CME-CPD in Europe by the UEMS-EACCME are of the highest possible standards of quality.

Unfortunately, due to the poor quality of the provider of the UEMS-EACCME website during the years 2008 and 2009, and despite the efforts of the UEMS Staff, it is very difficult to have a clear overview on the number of applications and the specialties

involved or the countries where they took place. The good news is that the new provider is solving these problems and we will be able in the future to give detailed data on these issues.

9. UEMS website.

In line with the new EACCME web-based system and through the same provider, the UEMS website will be freshened up and renewed with some additional improvements. Documents will be downloaded more easily, and the pages devoted to the UEMS Sections and Boards will be more developed.

The first objective was to have a working web-based application program for the EACCME and now we are able concentrate on the main part of the UEMS website and this is expected to be installed in the first semester of 2010.

The UEMS Sections and Boards will be offered also some space on the UEMS Website.

10. Newsletter.

The Newsletters remain a very useful and important tool for the distribution of information and propagation of the UEMS image and are actively requested by DG's, MEP's as well as by their staff.

As this newsletter provides various and broad information on EU news but above all on the UEMS and its activities, all recipients are asked to distribute it as widely as possible. From different sources, it appeared that this initiative has been greatly appreciated both inside and outside our organisation. For recall, this newsletter is open to any input of common interest or remarks from the UEMS member associations and the S&B.

Unfortunately, the number of the NewsLetters has been reduced due to the heavy workload as the Administrative Staff of the UEMS is limited and their workload is steadily increasing. Some solutions have been materialized and will become effective in the near future.

One of those solutions was to have stagiaires helping both the Secretariat and the CEO in their duties.

This will increase the number of NewsLetters and also improve considerably the contacts with our UEMS Sections and Boards in keeping for instance track of their Membership and Executives.

Another solution is to extend the Staff of the UEMS Office with an additional Assistant as the tasks of the UEMS Central Office will increase, especially with the development of the activities concerning the ECAMSQ.

11. Future perspectives.

I have learned, from my presence at a great number of meetings of the UEMS Sections and Boards and by answering numerous invitations of National Medical Associations to attend their assemblies, how vital it is for the UEMS to maintain a very close personal link between the UEMS management and the rank and file of the profession.

As the UEMS is going to be involved very strongly in the Alliance for the EMO's and we are looking to build a kind of "Domus Medica", the principle was taken to look for new Premises and to buy a house in Brussels.

Since I wear simultaneously the "hat" of both the Secretary-General of the UEMS and that of the Treasurer of the GBS-VBS I would like to recall the excellent collaboration for half a century, between the Belgian Professional Organisation GBS-VBS and the UEMS and this even if not everybody seems to be happy with this close cooperation.

Evidently, looking into the past is important in order to realize what has been done and learn from these experiences, but it is even more important, to look into the future and learn how we can make things even better.

Implementation of the Strategy, as it was proposed by our President should be our main goal for the future. This very ambitious plan will require a maximum of energy and effort.

We have to remember what Thomas Fuller, MD in 1732, said “He that would have the fruit must climb the tree !”

Dr. Bernard Maillet
Secretary-General