



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

Document :	AEMH 04/046
Title:	UEMS-Liaison Officer's Report
Author :	Dr Ciro Costa
Purpose :	Information
Distribution :	AEMH-Member delegations
Date :	23 April 2004

Report of Meeting UEMS Management Council

Saturday 20 March 2004

Tribute was paid to Dr. Guy Des Marez that was Treasurer of the UEMS from 1973 to 1980 and Secretary-General from 1980 to 1990. The President also remembered Dr. Vilaça, a member of the Portuguese delegation who also died since the last Management Council meeting. The UEMS MC stood for a minute's silence in memory of our late colleagues and also in memory of the victims of the recent terrorist attack in Madrid.

- UK delegation sought clarification of UEMS position on the status of the examinations organised by some UEMS Specialist / Boards. Some Boards favour examinations as part of their assessment of their EU specialist training programmes, whilst others do not, preferring instead to avail of other methods of assessment. It was agreed that UEMS Board examinations have no legal status and conferred no obligation of automatic recognition by any EU Member State. The official UEMS policy is that it grants no official recognition to Board examinations.

- In October '03 Cyprus was accepted as new Associate Member and Israel as an Observer.

- The President presented a short overview on the current position regarding the recognition of professional qualifications.

Whereas the outcome of the deliberations of the EP Committee on Legal Affairs was reassuring from the medical profession's perspective, the opinions of the EU Council of Ministers were still awaited. They will be considering the many EP amendments in the coming months. It remains unclear whether the new directive can be advanced during the current Irish Presidency prior to the admission of the 10 accession countries in May or on the next presidency.

The amendments adopted by the EP give some optimism that all 52 specialties currently listed in the Official Journal will continue to be so recognised.

According to the Statutes of the UEMS, vascular surgery fulfils the criteria for a section. The decision to create a Section of Vascular Surgery will be postponed to the next MC meeting.

- Statutes of the Section of Cardiothoracic surgery and of the Section of Nuclear Medicine were approved by the MC.

- About Creation of a Vascular Surgery section and a Subsection of Paediatric Neurology It was decided to ask the views of related Sections

- The change of name to section of Oro-Maxillo-Facial Surgery and Stomatology was approved.

- The UEMS MC shares the concern of the Section of Pathology on the decreasing number of autopsies being performed and how this affects quality assurance of clinical medicine and medical education.

- The question is raised and concern is expressed on some aspects of Telemedicine. It seems that Teleradiology enables commercial companies to have digitalised photo's reviewed far away from the patient. This is an unwanted development. Outsourcing in medicine is a potential unwanted development.

- Dr. Theuvenet presented an overview of status of the website that is now operational. The UEMS website has been redrafted and the functionality improved. All previous information has been reallocated and redundancies were removed. There is now a search engine and a protected area.

The Sections are being encouraged to develop their own website

- Dr B. Grewin, the newly elected President of the CPME was present in Management Council meeting and presented the following areas of common interest with the UEMS:

- a) The Professional Recognition Directive
- b) European Commission: free movement of Services.
- c) European Working Time Directive:
- d) Patient mobility
- e) Patient safety
- f) Find an agreement with the EFPIA (European Federation of Pharmaceutical Industries and Associations) : set of guidelines of a pharmaceutical code of conduct in Europe

- A new Working Group of CPME has been established to examine what will be the subscriptions for the 10 incoming European full members

- how to deal with policy papers / motions from the other EMO's.

- Reports from the UEMS working groups

Postgraduate Training WG

Revision of Chapter 6 (Charter on Training) has been under discussion for the past two years. The last update was over ten years ago in 1993.

Assessment Methods of PGT: Very different cultures in the UEMS countries. A questionnaire is to be sent to all NMAs seeking information on the different Assessment Methods in use for evaluating their postgraduate trainees. Results will be presented at the Lisbon MC meeting.

CME/CPD WG

This group is now re-named "*Good Clinical Practice*".

The Working Group questioned whether the UEMS, after 2½ years discussion, were now ready to adopt this paper. Some of the key principles are UEMS policy since the **Charter on Quality Assurance** adopted in 1996.

Following a lengthy debate during which several UEMS delegations raised questions and sought clarification, based upon the situation in their own country, the following was agreed:

- a) The Management Council reaffirmed its opinion that the UEMS should adopt a position paper on Quality Assurance and asks the WG to continue its work towards achieving that end – hopefully in Lisbon.
- b) The general opinion was that, due to the different healthcare systems under which medical specialists in Europe work, any UEMS Policy QA paper should not pose a threat to specialists but rather reinforce and support them. The preamble to the paper needs to reflect this reality and appropriate textual assistance will be provided by Germany and Belgium, to reflect their concerns.
- c) The overall impression was that the text as presented was too long. The language used is often alien to the average medical specialists (instead of

- “clinical practice” now used is the “medical care”). This may estrange specialists who have to work with this document.
- d) For whom is the paper being drafted, to whom should it be addressed were other questions raised?
 - e) The text should reflect, in a more prominent manner, the role and responsibility of the medical specialist
 - f) A further draft paper, incorporating the many comments, will shortly be will be circulated to all delegations. Following discussion with their NMAs reactions and comments should be fed back to the WG within 1 month of receipt of the next draft.

Relations with Sections & Boards WG

A concern is that some Section representatives were never officially nominated by the National Medical Organisation in membership of UEMS in their country. The general problem of communication is mentioned again. It is stressed again that communication is a two-way responsibility

Specialist Practice WG - Current Healthcare Systems

Dr. Greff: presents an overview of the work.

To this purpose a study is planned that costs around €400,000. Money that has to be raised first and possibly the European Authorities are interested enough to support the study.

Guidelines International Network (GIN)

Dr Theuvenet reports that after last meeting several talks have been made with a representative of GIN. In order to speed things up a letter was sent GIN and preparations were made for a meeting between the UEMS and GIN.

- The Future of the European Medical Organisations

The BMA drew attention to *“the situation where we have several medical representative organisations in Europe, the main ones being CPME, UEMS, UEMO and PWG. There are any reasons why this is not very effective. First of all, financial reasons since it can be expected that some costs are made by all organisations the same time. United we can perform better. The level of lobbying expertise, once united, we can perform better. Also the European politicians could appreciate one organisation of medical doctors. In a new organisation, the new structure could have branches where all medical parties are represented without losing their identity”*.

But other delegations have different representative structures in their countries that made the model proposed more challenging for them. It would be a great advantage if the medical world could speak with one voice. Duplications in any sense could be avoided. In the discussions that follow several comments are made and importantly that there are advantages but also disadvantages.

The search for a common Domus Medica in Europe could be an option where all participants are together and try to share costs, but maintain independent organisations.

Another problem is how to divide the costs

Sometimes it is good to have two organisations.

There is a fear that the Sections in this situation could consider forming a new “Union of Sections” outside the planned joint organisation.

It was decided to move forward cautiously and continue to communicate on this and start cooperation where possible.

- EACCME is working
- The UEMS Compendium will be made for this year.
- UEMS Treasury- The UEMS try to balance the budget 2003 by not replacing staff and keeping close watch on the expenditures. The feared deficit due to the subscription problems of France was compensated by extra income. Although the UEMS is pleased with the extra income generated by the accreditations in the EACCME, this has for the time being be accepted as a step in between to a more professional organisation of the UEMS. The Board and later the Management Council approved the account 2003.

France has recently paid an initial sum as part-payment for the outstanding 2002 subscription. The subscription dues are now ordonations from each of the Specialist Sections. The danger of establishing an unwanted precedent was mentioned by a number of delegates

- Proposal for a new sharing-out key for 2005

During a 3 years period the dues of new countries are raised with 1/3 to full level. The UEMS proposes to keep the dues for the "old" members as they are now. The extra income may present to the UEMS a possibility to keep the dues as low as possible.

The total number of medical specialists i.e. is sometimes very difficult to have.

The new criteria on which the suggested new key is based on their respective percentages are:

- a) **18%** of the key: to be linked to each country's gross domestic product (to replace the gross national product, which is not available in the ten new accession countries)
- b) **40%** - number of medical specialists
- c) **17%** - number of inhabitants
- d) **2%** - language
- e) **5%** - travelling distance to Brussels
- f) **18%** - voting rights

- The application from Bulgaria for associate membership of UEMS was deferred pending receipt of follow-up information from Bulgaria.
- next meetings: 14-16 October 2004 Management Council, Lisbon, Portugal.

Resumed from the minutes of UEMS Management Council

Coimbra, 21 de Abril de 2004-04-22

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