



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

20, Av. de la Couronne
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UEMS Council And Sections & Boards Meetings

Brussels 20 - 21 April 2012

Preamble

The UEMS Council meets together with the Sections and/or Boards of each of the recognized specialties twice a year, once in April, so far, always in Brussels and at another variable location in Europe in September/October.

The new UEMS Executive with a mandate for the next 4 years is composed by:

President	Professor Romuald Krajewski (Poland, Neurosurgeon)
Secretary General	Dr. Edwin Borman (United Kingdom, Anaesthesiologist)
Treasurer	Dr. Giorgio Berchicci (Italy, Oro-Maxillo-Facial Surgeon)
Liaison Officer	Professor Zlatko Fras (Slovenia, Cardiologist)



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In addition to these members, there are four Vice-Presidents and one Honorary President that together with the Executive members make up the, so called, "Enlarged Executive".

The Vice-Presidents are:

Vice-President	Dr. Hans Helmqvist (Sweden, Anaesthesiologist)
Vice-President	Dr. Salvatore Ramuscello (Italy, General Surgeon)
Vice-President	Professor Jan Skha (Czech Republic, Endocrinology)
Vice-President	Dr. Hans-Peter Ulrich (Germany, Oro-Maxillo-Facial Surgeon)
Honorary President	Mr. Len Harvey (United Kingdom, retired Gynaecologist)

The UEMS employs, for the day-to-day running of the business, five (5) people, as follows:

Mr Frédéric Destrebecq	Acting CEO, European Affairs, Lobbying
Mme Benedict Reychler	Managing Director, Finances
Mme Nathalie Paulus	EACCME Coordinator
Mme Patricia Demeulemeester	EACCME
Mr Jean Baptiste Rouffet	Sections and Boards, ECAMSQ

The UEMS offices are located at the following address:

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BELGIUM

The following contacts are available and, nowadays, well operational:

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All this information can be easily found at the website of the UEMS with the following address - www.uems.net



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The Secretary General during his presentation for reporting activities let us know several very important ideas to be used during our activities. They describe well some points to be delivered to all those who do not know, as yet, what the importance and reach of the UEMS are at the moment. In addition it is clear that its place as the largest European Medical Organisation (EMO) plays an extremely important role in society and must be emphasized whenever possible and needed.

For easiness and recognition of the original author I quote:

“The UEMS is the largest European Medical Organisation (EMO), with membership comprised of 35 National Medical Associations (NMAs), 39 Specialist Sections and/or Boards, approximately 1000 medical specialists involved in its activities, and an annual income budget of 1,3 million EUROS.

Key activities of the UEMS include:

- ✓ *Political lobbying (Commission, Parliament, support of NMAs);*
- ✓ *Standard setting for training and practice in individual medical specialties;*
- ✓ *The accreditation of CME/CPD.*

The UEMS is at an important stage of its development, as it makes the transition from a medium-sized to a large organization, as is reflected in its functions, its finances, its premises (EUROPA DOMUS), and its structure.

As is to be expected for a large membership organization, challenges occur that reflect the diversity of members involved in the UEMS and the range of partners with which the UEMS interacts. To date the UEMS has proven resilient in its handling of these issues, employing, by preference, a consensus-seeking approach.

*A common question asked by colleagues of representatives who attend UEMS meetings is **‘So, what do you do at these European meetings?’** When answering, it is worth noting that the **“added value”** of the UEMS includes:*

- *greater strength through mutual cooperation;*
- *a unified voice in the international representation of medical specialists;*
- *international excellence in key areas of relevance to the medical profession;*
- *effective interaction and support between NMAs and the UEMS, and between individual specialties and the UEMS;*
- *addressing interdisciplinary issues in emerging areas of specialist medical practice;*
- *Setting the basis for the robust accreditation of the educational meetings attended by our colleagues;*



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- *the development of new, harmonized models for the training of the next generation of medical specialists, and of high standards of clinical practice, hence improved care for patients throughout Europe.”*

20th April 2012

In comparison with last year in April 2011, also in Brussels, the first day changed its format and provided at the start of the day a newly thought PLENARY MEETING of the UEMS SPECIALIST SECTIONS and EUROPEAN BOARDS to announce the rest of the day. The plan included the usual three Group discussion meetings:

- Group I – Medicine and related specialties;
- Group II – Surgery and related specialties;
- Group III – Complementary diagnostic and therapeutic specialties, as well as other not specifically included in the other two groups.

A set of pre-organized questions for discussion was distributed to obtain the “feelings” and, possibly, consensus. The subjects were:

A - UEMS accounts managed by sections

1. How many accounts will each section need? *My Answer – so far, one, but may be two, current and deposit accounts*
2. What are the sources of revenue for Sections (categories)? *My Answer – EANM, membership fees, Accreditation (including CME directly from UEMS central), Fellowship examination*
3. Which entities pay section membership fees? *My Answer –National NM Colleges and Associations. But I would like to introduce Fellowship fee(???)!!)*
4. Are there accounts located outside Brussels that had been opened on behalf of the UEMS? *My Answer – up to now our account has been in Vienna, Austria and we want to continue as such for what is possible due to our close collaboration and relationship with EANM – account is managed by vereint Ltd.*
5. Whom would you like to designate as manager of your account? *My Answer – we’ll get back to the UEMS office to announce that our account for CME will be managed*



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by Henrik Silber and will discuss the future procedures for interaction between accounts in BRUSSELS AND Vienna.

B - Chapter 6

1. Should Chapter 6 template be updated/changed? *My Answer – it can be.*
2. Should there be a specified interval for Chapter 6 update? *My Answer – flexible, but the general impression was 5 to 6 years*
3. How should Chapter 6 relate to Curriculum and Syllabus? *My Answer – should include both. General answer should be shorter.*
4. Should Chapter 6 be created in areas that are not recognized as European specialty? *My Answer – may be*
5. How should consultation process for endorsement of Chapter 6 be organized? *My Answer – before endorsement it should have been accepted by all the National Delegates of the Section and European Board, and then it should also be (with a limited timetable) made available to other Sections and Boards.*

C - New Multidisciplinary Joint Committees

1. In which areas new UEMS sections (and specialties listed in Directive are needed)? *My Answer – no specific opinion*
2. Should MJC be considered an initial step towards creation of UEMS Section? *My Answer – sometimes could be useful, but they should remain as a reminder of the interplay of multiple specialties with common interests to enforce “multidisciplinary” practice*
3. How to assure “interdisciplinary” character of MJC? *My Answer – maintaining independence of specialties involved and assure more than two, at least three specialties on each MJC*
4. How should consultation process for creation of a new MJC be organized? *My Answer – no specific opinion*
5. Are changes of UEMS Statutes and Rules of Procedure necessary for MJC functioning? *My Answer – NO!*



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This was followed by another PLENARY MEETING of the UEMS SPECIALIST SECTIONS and EUROPEAN BOARDS where the rapporteurs presented the combined view from each group for further discussion of the responses. A written report was requested to be ready within one week of the end of the meeting (as soon as I receive the written report I'll copy it to all).

After Lunch there were several WORKING groups meeting working simultaneously. I decided to attend the Postgraduate Training where discussions were lively and stressed the need for changes in Chapter 6, harmonization of Curricula and Syllabus, as well as examinations. There was also some discussion regarding the need for training elsewhere (even different country) in order to accomplish full and adequate preparation. Interdisciplinary collaboration was always stressed as an important issue, spite the difficulties and adverse reactions/effects (several and variable from specialty to specialty and from country to country).

The BOARD MEETING was restricted to the Heads of Delegations of UEMS Full Members only and therefore I decided to join one of the MJC meetings – the Medical Oncology one. Being there (**apparently nobody knew of our existence (??!!!) but Radiology was represented**) made us part of it and therefore we will be receiving information on its future objectives/aims to solve the ongoing problem – **ONCOLOGY is not a specialty but an “exercise” of multiple specialties interests**. Further information on this will be forwarded to you as soon as I receive it.

21st April 2012

This second day, as usual, was devoted to the UEMS COUNCIL Meeting. Here only the National Delegates of full membership countries have the right to vote, whilst all the Sections and/or European Boards attending members can only discuss, comment, question, and/or make remarks.



Associate Members and Observers are allowed to participate. Other participants were from the European Junior Doctors (EJD) Permanent Working Group and AEMH, CEOM, CPME, EANA, EMSA, FEMS and UEMO. Each of them was requested to deliver a short report of activities. All this will be in the minutes that I will forward to all of you, as soon as I have them.

The initial agenda was changed according to the difficulties related to time keeping, as well as the flights timetable.

The most important points directly related to us UEMS S&EB of NM were:

- a) Accounts – we need to discuss how we are going to relate to the UEMS central – so far, there has to be an account for the CME activities; our account system in Vienna does not need to be scrapped – we will need to submit reports, as well as audit reports (I think this is easy!);
- b) Definition of training Curriculum is a COMPETENCE of the UEMS and its SCTIONS and nobody else;
- c) Chapter 6 of the CHARTER on TRAINING of MEDICAL SPECIALISTS in the EUROPEAN COMMUNITY for Nuclear Medicine was ADOPTED with a large majority of **21 votes in favor**, no votes against and 2 abstentions. Similar work for Chapter 6 was adopted for Anaesthesiology, Neurology and Dermatology & Venereology. After long discussion and several small but key changes in its writing the Chapter 6 in Angiology was also adopted as a Division of the Section of Internal Medicine;
- d) Examinations – the Glasgow Declaration oblige us to accept extra-EU candidates. We must work towards a unified way of having an harmonized examination – at my request it appears that it is well taken the idea of having a single EU exam at the end of the training (equal to all, translated to every language, or in the main languages f the EU, such us English, French, German, Spanish, Portuguese, Italian, etc.) – this is apparently already done by the Anaesthesiologists.



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- e) MJC – at my request there were two points taken to further development (not part of the minutes) – MJC in Radiation or Environmental issues and MJC on Multimodality imaging (???) – I'll get in touch with the President of the Section of Radiology, Dr. Remy DEMUTH (Luxembourg)
- f) Regarding the EJD (European Junior Doctors) Permanent Working Group, I managed to get from the Secretary General the following information: they are allowed to attend our meeting, but they have to finance themselves. They are highly committed to participate and collaborate actively. They should be seen as part of our Section and European Board. I will make sure that they are kept well informed of our activities.
- g) OLIMPE (Online Improvement of Medical Performance in Europe) project – related to c) above – I requested the Liaison Officer (Professor Zlatko Fras) to accept our intention to be part of it. Anaesthesiology, Radiology and other two Sections are already taking part and I think we need to get “inside the boat” as quick as possible.

As a sideline, I'd like to inform you that the President of the Section of Cardiology (Professor Dr. Reinhard Griebenow) distributed pamphlets about the newly created European Cardiology Section Foundation (www.e-cs-f.org) in order to solve several financial and other matter related issues for the Section of Cardiology.

Messages to take home

Chapter 6 of the CHARTER on TRAINING of MEDICAL SPECIALISTS in the EUROPEAN COMMUNITY for Nuclear Medicine was ADOPTED with a large majority of **21 votes in favor**, no votes against and 2 abstentions.

Since we had no advice on the contrary, we should accept the set-up of a Nuclear Medicine account under the UEMS, at least for the recovery of the CME/CPD due moneys that will be deposited in Brussels. Related to this, we need to inform officially the UEMS Offices that Henrik Silber is our working Account Manager for the ongoing mandate. It is also important to establish good communication with the UEMS Offices in order to find out



if there is any other item that needs to be part of the account. They accept discussion bilateral procedures to be organized, as long as, there is auditing of the accounts and adequate explanations. We also need to tell the UEMS Offices whether we wish to have a single “current account” or to add a “deposit account” for the Section and European Board of Nuclear Medicine.

It is imperative to accept in our meetings a representative of the EJD-PWG. We do not need to finance them. They are to find their finances to attend meetings, but we need to consider them as attendees and participants of the UEMS/EBNM. It is paramount to decide how their participation is going to work out. They are very willing to be active and proactive, and we need to help them. This will be a security measure for the future of Nuclear Medicine, as well as, its independence and strong player in Clinical Practice, if you want, we can say, a strong player in “**patient management and care**” through the *interdisciplinary model of best performance towards “state-of-the-art best practice”*.

Finally, I would like to say that we need to have ideas and some discussion on the changes to make in our organization with the Section and European Board of Nuclear Medicine.

Please make sure that we keep the timetable we set-up at our meeting in Vienna last February 2012.

In short:

1. Change slightly the functions and objectives of the S&E Com, possibly, to aggregate continuous medical education and professional development or not;
2. Set-up a single accreditation com for Clinical Practice NM departments, Training departments and Clinical Audit or not;
3. Create a Honors FEBNM, work towards the Fellowship examination at the end of the Training, harmonized throughout Europe – exams in several places (Countries) with translation and with the same components, as well as similar assessments – is



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it also worth to ask for a small fee (5 EUROS per year) from all Fellows including the Honors? This idea is going through other Specialties – Anaesthesiology, as an example (please remember the OLIMPE project;

4. Although it is O.K. for a single person to accumulate the Treasury and the Secretary, if you agree, I'd like to change into one Treasure (one person) and one secretary (one person);
5. Any other ideas.

I expect your responses by mid-May. I think we need to send to all Delegates by the latest on Mid-August our proposals for changes to the statutes to be voted at our meeting in Mila in October.

Durval C. Costa
MD, MSc, PhD, FRCR
President of the UEMS/S&EB of NM

23rd April 2012