UEMS 2014 / 01

REPORT

OF THE

SECRETARY GENERAL

UEMS COUNCIL MEETING

Meetings to be held at the Maison des Associations Internationales

Rue Washington 40
1050 Brussels (Belgium)

Friday 11th April 2014
Saturday 12th April 2014
EXECUTIVE SUMMARY

The UEMS has experienced remarkable developments since the last meeting of Council, with many notable achievements across the full range of its activities. As will be seen in this report, this increase in productivity has been very evident and has been achieved through the combined efforts of the many – the quoted figure is “around 1000” – representatives and our Brussels Secretariat.

Key highlights include:

- excellent progress with the building works for Domus Medica Europea
  
  see for yourself by visiting our soon-to-be new home at 24 Rue de l’Industrie!
  
  Follow the progress of renovation work on our blog: http://blog.uems.eu/

- very good progress with the “evolutionary revolution” being achieved by the UEMS-EACCME® through the implementation of the new criteria for Live Educational Events

  most Providers have shown themselves able to fulfil these strict requirements for accreditation

  the UEMS-EACCME® conference was a great success, attended by a wide range of stakeholders

- a ground-breaking meeting of Specialist Sections and Boards and the European Scientific Societies characterised by excellent examples of co-operation and shared achievement

- continued excellence in the activities of our more than fifty specialities (S& Bs, MJC s, TFs)

  training requirements; examinations; visitation programmes; lobbying efforts…

- improved quality of delivery in our computing, financial and legal responsibilities

  the UEMS needs to function as the large, not-for-profit organisation that we are

- preparing new developments for the healthy future of our organisation

  improved training of the next generation; assurance of the quality of specialist care…

While I anticipate that 2014 will be even more busy than 2013, our reward is that we all can look forward to the planned opening of Domus Medica Europea later this year.
ISSUES OF MAJOR FINANCIAL IMPORTANCE

Two issues remain the major financial priorities for the UEMS:

1) *Domus Medica Europea*

Building work has proceeded well, and on schedule, following the decision by the Brussels Planning Authorities that it would be permissible to make “internal alterations” to the UEMS premises at 24 Rue de l’Industrie. It is evident, for anyone who has visited the site during these building works that, while the requirements of the Planning Authorities will be adhered to, the only part of the building that will remain untouched is the front façade. Extensive alterations are being made to each of the five floors of the building.

These alterations will result in a thoroughly modernised building with extensive office space and purpose-built meeting and conference facilities. The UEMS already has received many expressions of interest in the space that will be available for rental occupancy, so I encourage colleagues from National Medical Associations and from Speciality organisations to write formally to indicate whether they too would want to be part of the new home for European doctors. You will enjoy excellent facilities in a great location, and add to our rental income!

It is anticipated that the major building works – imagine your house alterations, multiplied many times over! – will have been completed by September 2014. Following this, there will be a second phase of building works and preparation of the interior facilities, with the likely opening date for Domus Medica Europea (DME) being towards the end of this year.

2) *UEMS finances*

Given the major cash expenditure required for the construction and building works on DME, the UEMS has successfully applied for short and medium-term loans that are assured by our existing deposits and our assets. The release of these loans has been strictly in accordance with Belgian law, and the funds have been provided on the basis of the UEMS's status as an “international non-profit organisation (AISBL)”. In accordance with our statutes, a full report will be provided to the UEMS Board.

Also in accordance with this legal status, the UEMS is required to comply with strict financial accounting, with all income and expenditure subject to rigorous internal and external scrutiny. It therefore is important to note that it is essential for all invoices and expense claims to be submitted in a timely manner – no more than one month, please! – so that the UEMS Office can include these in our accountancy returns.

It is important to state again the commitment, given to the Sections and Boards, when opening their accounts within the main UEMS account that these funds will be held protected from all other expenditure by the UEMS. Fifty one of these accounts are now open – thank you!
The UEMS has implemented carefully the requirements of the Belgian VAT authorities, with most elements of the UEMS-EACCME®’s function being subject to this form of taxation, but also, by virtue of the UEMS’s status as a VAT-paying organisation, the potential for the UEMS to reclaim VAT. Given our considerable expenditure on the building works for DME, we should be able to justify significant returns on our expenses.

It is important to emphasise, particularly when the UEMS has embarked on such a large investment for the future, that the organisation has a very strong history of financial control. As a result, subscriptions from National Medical Associations to the UEMS continue to be maintained at very reasonable levels.

**UEMS-EACCME®**

Over the last fifteen months, the UEMS-EACCME® has enhanced its reputation as the leading international, multi-speciality accrediting body for CME/CPD in Europe. The significant development over this period was the implementation, as of January 2013, of the new criteria for the accreditation of Live Educational Events (LEEs). In accordance with the UEMS’s developmental approach to accreditation, this followed extensive consultation on these proposed new criteria and has been subject to continuing review of their introduction.

To review progress, learn from experience and derive points for further development, the UEMS hosted a major international conference in Brussels on 28th February 2014. This event was open to all interested parties – Providers, Funders, Educationalists, Learners, other Accrediting Bodies, and many more – and, while between 180 and 200 people were expected to attend, due to the seating availability of the venue, registrations had to be closed at 300 people! A full report on this very successful conference is being prepared.

There have been significant developments in the regulatory framework for CME/CPD in Europe and, in particular, its funding, with some countries already requiring, by law, the public disclosure of all payments to doctors by funding companies; over the coming years, others will be following. Accordingly, the “evolutionary revolution” embarked upon by the UEMS-EACCME®, of incrementally raising standards, has received much support by the many interested parties involved in CME/CPD.

It is important to note that the fall in the number of applications, expected after the introduction of the new criteria, has started to reverse. The overall fall in applications for the full year of 2013, as compared with those in 2012 – a particularly good year – fell by 30%. This was more marked in the first quarter of 2013 so it is very encouraging to see that applications are returning to near-2012 levels for the first quarter of 2014.
Comparison of applications handled by the UEMS-EACCME® in the first quarter of 2012 to 2014

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted</td>
<td>557</td>
<td>161</td>
<td>493</td>
</tr>
<tr>
<td>Accredited</td>
<td>475</td>
<td>112</td>
<td>89</td>
</tr>
<tr>
<td>Rejected</td>
<td>17</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Suspended</td>
<td>20</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>On-going</td>
<td>45</td>
<td>43</td>
<td>380</td>
</tr>
</tbody>
</table>

Comparison of applications received by the UEMS-EACCME® for the full year of 2012 to 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>New applications</th>
<th>Difference</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1524</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>1740</td>
<td>+ 216</td>
<td>+ 14 %</td>
</tr>
<tr>
<td>2012</td>
<td>1871</td>
<td>+ 131</td>
<td>+ 7.5 %</td>
</tr>
<tr>
<td>2013</td>
<td>1451</td>
<td>- 420</td>
<td>- 22 %</td>
</tr>
</tbody>
</table>

The UEMS is planning further developments in the field of accreditation so, at meetings of the EACCME® Advisory Council, in addition to an ongoing educative review of the implementation of the criteria for accreditation, there has been discussion of new opportunities for accreditation.

In accordance with its increased legal responsibilities, the UEMS is in the process of renewing all its existing agreements, and entering into new ones, with National Accreditation Authorities and with European Speciality Accreditation Boards, with documents that have been prepared following formal advice from our lawyers. This will ensure that the function of the UEMS-EACCME® will be maintained in accordance with necessarily high legal standards.
The UEMS-EACCME® continues to need experienced reviewers, including those who also are willing to receive applications referred for more detailed scrutiny. If you are willing to contribute to this specialist work, please volunteer!

SECTIONS AND BOARDS

The UEMS now has more than 50 Sections and Boards (S&Bs), Multi-disciplinary Joint Committees (MJC)s and Thematic Federations (TFs). This is a considerable achievement, as is the considerable amount of very productive work generated by our many colleagues involved in these areas.

Meeting with European Scientific Societies

Of particular emphasis for the UEMS Executive have been the priorities of encouraging colleagues in S&Bs, MJC{s and TFs to share good practice – hence learn from one another - and to develop good working relationships with partner organisations in these specialities.

With these aims, the UEMS convened a meeting in Brussels, on 1st March 2014, at which more than twenty European Scientific Societies were present, and working with the associated UEMS speciality bodies to develop a very constructive agenda. The UEMS looks forward to continuing good working relationships with all organisations that wish to work with us on behalf of European doctors.

European examinations

CESMA continues to have a major impact on the quality of European postgraduate training examinations. These examinations are held in more than twenty specialities and many have been accepted by national authorities as the applicable examinations for trainees in their countries. CESMA has now established the mechanism for the visitation of these examinations, providing an important mechanism of quality assurance through peer review. These visits will provide feedback to the examination organisers and the speciality as to their strengths, and suggesting areas for potential improvement.

Further work continues to be done by specialities, in accordance with the new template for European training requirements, providing a co-ordinated structure for all specialities, and also ensuring that any examinations are based on appropriate elements of these programmes.

ECAMSO

The UEMS recognises that e-platforms and e-portfolios will be the basis for much of the future development in the area of continuing assuring specialist performance. Considerable progress already has been achieved, building on the initial pilot project that involved Anaesthesiology, Intensive Care and Cardiology.
The UEMS has made an application for EU funding to the ERASMUS+ initiative to support the development of the e-platform, and a draft document on MCQ writing is on the agenda at this Council meeting.

**Liaison and communication**

It is essential for improving communication that the UEMS maintains an up-to-date register of all colleagues involved in our activities. A central database has been developed, but can only be as accurate as the information provided. **Please ensure that your details are correct!**

The UEMS intends to make this list available, so requests that National Medical Associations – that, in accordance with our statutes, are the nominating bodies for all UEMS representatives – check the credentials of the doctors from their country.

Guidance on the – occasional – intricacies of UEMS statutes can be found on the new website in the “Explanatory Note on the functioning of UEMS Sections and Boards”.

**LOBBYING ACTIVITIES**

Given the very active agenda in the period leading to the elections to the European Parliament, the UEMS has been very active in lobbying MEPs, Commission representatives and the Representatives of Member States.

**Professional Qualifications Directive**

The final text was voted on and endorsed by the EU Council on 12th June 2013 and by the European Parliament on 9th October 2013. Work already has begun on the implementation of the revised Directive, as the deadline for this is of January 2015.

The UEMS Executive encourages colleagues to consider carefully the new elements of the Directive, namely the European Professional Card, the new Alert Mechanisms, and the Revisions of the Annexes. The UEMS will continue lobbying in these and other areas, focusing on those elements that can be connected to UEMS activities, such as Common Training Tests and/or Frameworks, as would be applicable in Intensive Care Medicine and in the recognition of European examinations.

**EU Healthcare Workforce**

The UEMS continues to be involved in the “Joint Action” initiative, as an active partner with the CEOM and the “European Observatory on Medical Demography”) for data collection and horizon scanning. The potential for further co-operation, with the OECD, the WHO and Eurostat is being developed. The UEMS aims, through its involvement in this initiative, to influence the European debate on new skills and competences.
Centre Européen de Normalisation (European Committee for Standardisation)

The UEMS continues to make clear its absolute opposition to this initiative and has followed up on its campaign based on an open letter, that was supported by other EMOs and NMAs. It therefore is of great concern to note that some colleagues from other organisations continue to be involved in CEN’s activities.

The UEMS has also used its contacts with relevant stakeholders political decision-makers to emphasise its continuing serious concerns.

Corporate Social Responsibility: Ethics & Transparency:

The UEMS has built on its involvement in this European Commission platform – that drafted the European Code of common values and principles applicable in key areas of industry involvement in CME/CPD, research and development, clinical trails and promotional activities – by linking this to UEMS-EACCME®’s work in ensuring implementation of these principles in the framework of European CME accreditation.

Specific initiatives

The UEMS was involved in the initial E-Health Stakeholders Group. Representatives now are contributing to the continuing work in this group, the “Momentum” initiative and the “Renewing Health” initiative.

SUMMARY

I trust that this report assures you that the UEMS is strong, healthy, productive and effective. This has been achieved by all of our efforts!

Edwin Borman
Secretary General
April 2014
SO, WHAT DOES THE UEMS DO FOR ME?!

The UEMS is the largest European Medical Organisation (EMO), with membership comprised of a Council of 35 National Medical Associations (NMAs), more than 50 specialist Sections and Boards, Multi-disciplinary Joint Committees, Thematic Federations, and around 1000 active representatives.

The UEMS is a large, not-for-profit organisation with an annual income budget of 1.4 million Euros.

While the core active participation is from the EU/EEA/Accession states, the UEMS also has observers from the wider WHO-defined region of Europe.

The UEMS is building a political “home” in Brussels for European doctors: Domus Medica Europea.

Key activities of the UEMS include:

- political lobbying (Commission, Parliament, support of NMAs);
- standard setting for training and practice in individual medical specialities;
- the accreditation of CME/CPD.

The “added value” of the UEMS includes:

- greater strength through mutual co-operation;
- 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 specialities 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;
- the development of new, harmonised 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.