



The European Union of Medical Specialists  
L'Union Européenne des Médecins Spécialistes

# The Newsletter of European Medical Specialists

## Outcomes of the UEMS Council Meeting Budapest, 3-4.11.2006

### Special report on Working Time

p.2&3

On 7<sup>th</sup> November, the Council of the EU convened in Brussels to examine a compromise proposal put forward by the Finnish Presidency. After lengthy discussions, no agreement could be found on the main stumbling point, i.e. the opt-out.

On the week before, at its meeting in Budapest, the Council of UEMS discussed this issue and its potential consequences on the quality of specialist training.

*On 3<sup>rd</sup> and 4<sup>th</sup> November last, the Board and Council of UEMS convened in Budapest. This Meeting was the occasion to discuss major items of interest to the medical profession and currently at stake on the European agenda.*

The issues dealt with at the UEMS Council notably included:

#### **- The EU Consultation on Health Services**

One of the main issues addressed in Budapest was the European Commission's consultation on patient mobility and health services. In order to foster the debate among the delegates present at the meeting, the Executive of UEMS took the initiative to reshuffle the usual schedule and set up a new type of forums of open and free discussions (Discussion Groups). The item chosen to inaugurate this innovation was the European Commission's consultation on patient mobility and the cross-border provision of health services. Reports on these informal discussions were given at the beginning of the plenary meeting.



The items raised were taken as a basis to a draft response which was circulated for consultation within the UEMS constituency.

#### **- The Quality Agenda:**

##### **The end of the Trilogy**

The Council of UEMS adopted with a large majority "The Budapest Declaration on Ensuring the Quality of Medical Care", which was drafted by the Working Group on CME-CPD, chaired by Dr. Edwin Borman (Vice-President).

This document sets out the policy of UEMS with regard to quality control and medical regulation, the latter being defined as "the means by which the safety and quality of care provided for patients by doctors is ensured" and which guarantees that "practitioners, who are entrusted with a duty of

care by society – and, in the case of doctors, by individual patients – fulfil that trust".

The UEMS considers regulation to be an essential component of an agenda focused on high standards of medical practice. Its policy papers that address the other parts of that agenda are:

- "The Basel Declaration" (2001) – that deals with continuing professional development as a form of quality improvement; and
- "The Declaration on Promoting Good Medical Care" (2004) – on quality assurance.

On the basis of common principles identified, the paper provides recommendations which will contribute to the development of fair and better medical regulation throughout Europe.

**Continued on page 4**

## EU Directive on Working Time remains in the deadlock...

*On 7<sup>th</sup> November last, the Finnish Presidency of the EU convened an extraordinary Meeting of EU Council on Employment and Social Affairs in order to find a compromise in the issue of Working Time. This dossier is still currently pending EU Council agreement on major items – the main stumbling point remaining the use of the opt-out – further to the European Parliament's report adopted in May 2005. A few days before, the Council of UEMS, at its meeting in Budapest discussed the issue and its possible consequences on the quality of training.*

*See also  
UEMS News 2006 / 09.*

Despite what was seen as a balanced compromise solution to the stalemate from the Finnish Presidency, the EU Council once again failed to find common grounds. A blocking minority of five countries – France, Spain, Italy, Greece and Cyprus – scuppered the plans over their insistence on setting a 10-year timeframe for the scrapping of the opt-out from the 48-hour working week.



The Finnish proposal included the following items:

- The limited opt-out possibility up to 60 hours
- Inactive part of on-call time included
- The length of reference periods limited up to 3 months when opt-out is used
- Member States and Commission to report to Council about the use of opt-out
- Committee to be created to follow the use of opt-out

The provisions to restrict the use of the opt-out and introduce a review clause to examine the future of the opt-out, seemed insufficient to convince the opposing countries. At the end of the meeting, Tarja Filatov, Finnish Minister for labour, and Vladimír Špidla, EU Commissioner for Employment and Social Affairs, regretted that what appeared to be a real chance for a solution was rejected.

Commissioner Špidla pointed out that, because of this failure, many of the countries opposed to the opt-out would ironically find themselves forced to use it in order to comply with recent rulings of the European Court of Justice on on-call time. For recall, the ECJ ruled that time spent on-call by doctors, pharmacists and other workers had to count towards the 48-hour week – leaving 23 member states in breach of EU rules. These countries will

**We were quite close to striking a deal, but not sufficiently close**

**Tarja Filatov**

**“ Finnish Minister for Employment**

now need to opt-out from EU law in order to preserve the functioning of their health systems. The future of working time rules remains unclear as Germany, which takes over the Presidency of the EU in January, made clear it will not focus on the dossier. All options will be explored by the Commission services, including the possibility to withdraw the proposal.

**Continued on page 3**



## ...while the UEMS discusses the quality of Specialist Training

**Continued from page 2**

A few days before the meeting of EU Ministers, the Council of UEMS, at its meeting in Budapest thoroughly discussed the potential problems arising from a strict implementation of the provisions of the Directive. For recall, the UEMS Council had mandated an ad hoc working group to conduct a questionnaire on the European Working Time Directive and its possible consequences on time devoted to patient care and specialist training.

In Budapest, the Executive of the UEMS presented the results of this survey (See Table), conducted among European specialists, as well as a state of the art on the legal process (See also above).

On this basis, a proposal for a resolution was put forward by the Executive of UEMS with an aim to lobby the Member States before the Meeting of EU Council on 7<sup>th</sup> November. After intense discussions, the Members present preferred sticking to the UEMS position adopted in March 2005 (UEMS 2005/15). It was also felt that further endeavours were needed in order to have a clearer picture of the situation in the

### RESULTS OF THE UEMS QUESTIONNAIRE ON THE IMPACT OF EWTD ON SPECIALIST TRAINING

**75 contributions to the questionnaire were received** (53 from Sections & Boards and 22 from National Associations)

**Specialists reported on the following problems:**

Feeling there is a problem	70:30%
Main problem: lack of time to teach trainees	83%
Equal division bw. Length of training and patient care	
Too much emphasis on care	67%
48% Too few trainees vs. 12% Too many	
48+12 option	
55% Desirable vs. 37% Non-Desirable	
47% Realistic vs. 44% Non-Realistic	

**Doctors in training perceived the following problems:**

Main problem: lack of time devoted to training	71%
Experience in Clinical Care	48:49%
Lack in learning technical skills	36:53%
Too much emphasis on care vs. training	64%
Concerns about independent practice	55:41%
48+12 option	
41% Desirable vs. 37% Non-Desirable	
36% Realistic vs. 41% Non-Realistic	
Acceptability to Trainees	39:43%
Surgical Trainees	44:21%

**On a personal basis, people interrogated said:**

Teaching responsibilities	87%
Great variation in working and training time bw. Country and specialty	
Adequate time devoted to patient care	63:35%
Inadequate time devoted to training	53:39%
Evidence on problems	52:39%
Based on formal evidence	11%
Other evidence available	15:67%



different EU countries. During the course of the discussion, concerns were notably expressed with regard to the quality of training with a 48-hour weekly working time. These fears were more particularly prevalent among the surgical specialties. The work carried out by the UEMS Executive on this particular issue was

greatly acknowledged by the audience. It was agreed that the Executive would carry on its analysis to find appropriate solutions and report back to the UEMS constituency after some stage. The Executive of the UEMS would like to thank all the contributors to the Questionnaire as well as all the national

delegations present in Budapest and representatives of the three Sections' Groupings for their constructive input to this lively debate. The Executive will of course keep you informed of any further development regarding this issue.



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### **Continued from page 1**

The UEMS invites all who have an interest in the safety and quality of medical care to support these recommendations.

#### **- Postgraduate Training**

The UEMS Council unanimously adopted a "Policy Statement on Specialist Postgraduate Medical Training Assessments", drafted by the working group on postgraduate training (PGT) under the chairmanship of Dr. Zlatko Fras (*President*).

This paper sets out the policy of UEMS on assessment during specialist PGT. This notion is defined as "the component of the evaluation of specialist PGT required to improve trainee learning / training,

in order to award specialist certification and to assure the quality of training".

This policy aims to provide a framework of high quality PGT in Europe and provides guidelines that can be adopted for use in specialist PGT systems in all European countries. It is intended to review the various recommended types of assessments which can be used during the course of specialist PGT. Special emphasis is given to designing a comprehensive assessment plan for each individual trainee, where an appropriate balance between formative, in-training assessments and final summative assessments must be assured while the assessment methods used be both valid and reliable. Assessment should be an on-going process throughout medical training.

One of the core messages of this document is that attention should be placed on the different methods of in-training assessment of knowledge and skills.

#### **- European issues**

Plenty of time was dedicated to the consultation on **Health Services** and the **Directive on Working Time** (See above and article on pages 2&3). It was also reported on the UEMS activities in the

field of **eHealth**: involvement in the eHealth Stakeholders Group and participation to the "World of Health IT" Conference held in Geneva (See *UEMS News 2006/08*).

#### **- The Medical Act**

The European Definition of the Medical Act was amended further to proposals from the FNOMCeO (Italy) and the Section of Physical and Rehabilitative Medicine (See *UEMS 2005/14/amend1*).

#### **- Sections & Boards and Multidisciplinary Joint Committees**

A **MJC on Human Genetics** was set up. This body will involve the Sections of Cardiology, Gynaecology & Obstetrics and Paediatrics.

#### **- Guidelines-**

##### **International-Network**

Further progress was achieved in this field thanks to the Section of Internal Medicine which will contribute as a pilot to these activities.

A Working Group on the **Quality of Patient Care** was set up in order to support the UEMS collaboration with GIN and help in the production of European Guidelines.

#### **- Membership**

The **Israeli Medical Association** and **Georgian Association of Medical Societies** were unanimously accepted as Associate Members to the UEMS.

A new Working Group that will look into the **Structure of the UEMS** was also mandated to examine the issue of representation and voting rights within the UEMS Council.

#### **- The EACCME**

Dr. Bernard Maillet (*Secretary-General*) reported on recent progress and improvements with regard to the EACCME: the project to launch a web-based application system; accreditation of long-distance learning materials; and new mutual agreements.

#### **- The UEMS Mid-Term Strategy**

This draft document was presented for the first time to the Members of Council by Dr. Zlatko Fras. It aims to give the UEMS a leading role in key areas, while at the same time proposing a strategic plan for 2010 to further increase the UEMS position in Europe.

*These issues will be comprehensively covered in the Report on the Board and Council Meetings (UEMS 2006/17). The outcomes of the Meeting can also be found on the UEMS website: [www.uems.net](http://www.uems.net).*

**If you have any views with regard to the issues covered in this Newsletter, do not hesitate to contact the Secretariat of UEMS.**