

EUROPEAN UNION OF MEDICAL SPECIALISTS, U.E.M.S.

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

UEMS (ENT SECTION) WHAT IT IS, HOW DOES IT FUNCTION, WHAT ARE ITS PLANS FOR THE FUTURE

UEMS - an introduction

Founded in 1958, the UEMS is the oldest European medical specialist organisation. At that time Europe looked quite different from today. The European Community was founded with six member countries, EFTA was another trade association. The Iron Curtain after the Second World War separated Europe into East and West, Germany was divided and the Baltic States were part of the Soviet Union. There were little if any European rules and regulations in the sense in which we know them today. The migration and movements from one country to the other and even the trade were very modest.

Today the European Union has 27 established members and negotiations are being conducted with several applicants including Turkey. Some of the very fundamental principles in the EU are free movement of labour, goods and funds. The free movement includes the patients' right to get treatment across the boarder in EU countries. The Euro has become one of the most important currencies in the world.

How does this affect the training and requirements of medical personnel including medical doctors and specialists in the various specialties? Has this changed the way we practise medicine, the requirements, the regulations, the insurance systems etc. etc.? We think the correct answer to all these questions is yes. On the other hand modern Europe offers possibilities for individuals to choose between different alternatives to an extent which was not previously possible. As a result of this Europe has experienced a strong migration of professionals which is still ongoing.

A short history

On 20 July 1958 – one year after the treaty of Rome was signed – the representatives delegated by the professional organisations of medical specialists from the six member countries of the European Community (Belgium, France, Germany, Italy, Luxembourg, the Netherlands), created one year before, met in Brussels and founded the European Union of Medical Specialists (UEMS). The UEMS soon established contacts with the EEC authorities concerned and defined the basic principles in the field of training of European medical specialists.

The UEMS tackled the problem of quality straight away, trying to obtain from the European Commission and the member states a comparably high level of training for the future medical specialists of the six Common Market countries. This vision of the future resulted in the elaboration of common basic criteria, applicable to all specialists wishing to move from one member country to another. To realise this ambitious objective, the UEMS created from 1962 specialist sections for each of the main disciplines practised in the member States. These groups of experts, composed of representatives of the national associations of the specialty concerned, carried out a considerable amount of work with the idea of coordinating, then harmonising the specialist training and the criteria for the recognition of medical specialists.

The UEMS and its Sections developed their action in constant cooperation with the Standing Committee of European Doctors, created in 1959 and bringing together the whole organised medical profession of the member states. The first European directives concerning doctors, published in 1975, were largely inspired by the proposals and the surveys presented by the UEMS and its Specialists Sections. In the meantime the EEC had been enlarged and the European Union was created. These successive enlargements led to important changes in the different organs of the UEMS, its statutes and the composition of its various specialist sections, the number of which gradually increased to 39.

How does the UEMS work?

The UEMS is a non governmental organisation registered under Belgian law. It has a secretariat in Brussels with a staff of four employees. The UEMS currently represents around 1.4 million specialist doctors in Europe.

The UEMS bodies are:

- The Council, with two representatives for each member country nominated by the National Medical Associations. It meets twice a year.
- The Executive Committee is nominated by the Council and is responsible for the daily management. It consists of the President, Secretary General, Treasurer, Liaison Officer and four Vice-Presidents.
- The Council, Executive Committee and two delegates nominated by each of the 39 specialist sections meet once a year for negotiations.
- The European accreditation council for CME (EACCME) consists of representatives from the executive and the specialist sections. Representatives of the national authorities and the UEMS sections form the Advisory Council, which approves the CME credits for European meetings and educational events.

The UEMS lobbies on the European level by giving its opinions on legislative proposals of the European Commission. It has an active involvement in the Committee work and maintains contacts with members of the European Parliament. The national organisations representing medical specialists in the EU work on the national level through contacts to the national governments, representatives of which form the EU Council. (Fig 1.)

The UEMS and its ENT Section consist of representatives from all EU countries. In the UEMS - ENT Section Norway, Switzerland and Iceland are also members, Turkey has an observer status. Each country has two representatives, elected by the National ENT Specialist Organisation and nominated by the Medical Association, representing both the academia and the professional part of the specialty. The section consisting of the 62 delegates meets once a year for a two-day meeting. The elected board prepares the program according to the decisions made in the previous section meeting, and during the whole year each country contributes to the preparations in order to facilitate effective decision-making at the section's next meeting. Depending on the topic experts are invited to present their views.

The objectives of the UEMS:

- The study and promotion of the highest level of training of the medical specialities, medical practice and health care within the European Union.
- The study and promotion of free movement of specialist doctors within the European Union.
- Harmonisation and improvement of quality of medical specialists training and practice in Europe.

The objectives of the UEMS sections include:

- Harmonisation of the profession at the European level.
- Definition and professional defence of the specialty.
- Development and harmonisation of the training and education at all levels in the specialty.

The UEMS Charters

The statutory purpose of the UEMS is harmonisation and improvement of the quality of medical specialist practice in the European Union. Education is a key element in this field and the UEMS has pursued the formulation of a common policy in the field of training for many years. The Charters of the UEMS represent the consensus reached in the Medical Specialist Association in the member states of the European Union.

The UEMS Charters can be found under <http://www.orluems.com>.

The UEMS Charters

- Training of medical specialist 1993
- Continued medical education (CME) 1994
- Quality assurance in medical specialist practice 1996
- Visitation of training centres 1997
- Criteria for international accreditation of CME 1999
- Continued professional development (CPD, Basel Declaration 2001)
- Promoting good medical care 2004
- Budapest declaration on ensuring the quality of medical care 2006
- Bratislava declaration on eMedicine 2007

Each Charter has been adapted to the Otorhinolaryngology – Head and Neck Surgery Specialty.
(<http://www.orluems.com>.)

- Charter on training of medical specialists in the EU 1995, requirements for the specialty otorhinolaryngology and cervico-facial surgery
- Minimum requirements for the provision of services in otorhinolaryngology/ head and neck surgery in Europe
- Charter of continuing medical education (CME) approved by the UEMS Section of Otorhinolaryngology 2000
- Charter on training of medical specialists in the EU 2001. Requirements for the specialty otorhinolaryngology and cervico-facial surgery amended June 2001
- Quality assurance of clinical practice 2004
- Charter on training of medical specialists in the European Union 2007. Requirements for the specialty of otorhinolaryngology and head and neck surgery
- European Union of Medical Specialists (UEMS) Oto-Rhino-Laryngology – Head and Neck Surgery Training programme 2008

Training in ENT - continuing professional development

The undergraduate education of physicians in most European countries takes five or six years. However, the duration of ENT undergraduate training varies significantly, from being almost none to

up to five to six weeks, varying not only from state to state but in some countries also from training centre to training centre.

Specialist training within ENT – head and neck surgery varies considerably within the European Union, not only in duration but also in both the theoretical and the clinical skills required. Typically the length of the training is five to six years, but in some countries it has been as short as three years. Figure 1 shows information collected from the national representatives in the UEMS ENT Section on the duration of training in the respective countries. UK and Ireland have shortened their official duration of ENT training whereas for example Estonia is making all efforts to increase the education required. Only very few countries within the EU have a national examination at the end of the training as an obligatory requirement for specialisation. So far, there has been no common European assessment of ENT Specialist. (Figure 2)

In twelve European countries continuing medical education (CME) or continuing professional development (CPD) is obligatory and controlled by the official bodies. In 14 member states CME/CPD is recommended for doctors, but on a voluntary basis and as a “moral and ethical obligation for each doctor”. In some of them the employer or insurance system requires and controls the CPD. Mandatory recertification or revalidation has not been considered in the EU.

Do we need harmonisation of training and education in Europe?

How justified is the principle of free movement of labour within the EU despite the fact that it is now a reality? Every specialist physician practising within a specialty recognised by most EU countries automatically has the right of specialist recognition within the other member states. No additional requirements can be requested. Otorhinolaryngology is one of these listed main specialties. Especially since the EU-10 countries joined the EU we have experienced a very significant movement of specialist doctors within the EU. Reasons for this migration become fairly obvious when we consider the differences of manpower and salaries among the European countries. Table 1, which we drew up in the UEMS ENT Section, shows the number of ENT specialist per 100,000 inhabitants in those countries where the information was available. The exact figures may not be reliable, but the orders of magnitude show the difference. Are there epidemiological differences or do numbers of patients suffering with ear, nose, throat & head and neck problems vary so much within the EU as to justify these differences? Or do the ENT specialists in various countries treat patients with different diagnoses and problems? Or do the general practitioners in some countries have a longer and better basic training in ENT so that they are able to examine and treat a larger number of ENT patients adequately? Or is the specialist training so different in the various EU countries that some of these patients are treated by colleagues in other specialities?

There are great differences from country to country in the salaries and possibilities to earn additional income for ENT specialists, not to mention residents. The reported medium gross annual salary for residents varies from approximately 5,000 euros to 63,000 euros within the EU.

Figure 1

Harmonisation of training in ENT within the EU

A log book for specialist training in ENT – Head and Neck Surgery was created as early as 1995. It was revised and accepted in 2006 and has so far been translated into Finnish, German, Italian, Polish, Portuguese, Romanian, Spanish, Swedish and Turkish. It is widely used in many countries from Scandinavia to Southern Europe. Some countries have still continued to use their own logbook, but hopefully the common European logbook will soon become universal, thus harmonising the specialist training in the EU. <http://www.orluems.com/default.asp?ID=4>

Visitation of training centres has long been a tradition in the UK, Ireland and the Netherlands and is now becoming increasingly common in other EU member states. The UEMS-ENT Section arranged a public visitation of the University Department in Barcelona showing in practice to its members how a visitation is performed. This has given a good model to those countries wishing to organise visitations in the future. It is hard to understand the news coming from UK reporting that the well-functioning visitation system is now being reduced!

The European Accreditation Council for CME (EACCME) is “a clearing house” for CME credits with the purpose of facilitating CME for specialists. It is a practical instrument to improve the quality of CME in Europe as it facilitates the transfer of credits obtained by individual specialists in CME activities which meet common quality requirements:

- among European countries
- among different specialties
- in the case of the migration of a specialist within Europe
- between the European and North American credit systems.

Data from the European ENT training centres has been collected including contact information and the special interest of the various departments. It is to be hoped that this information will stimulate residents to visit centres abroad and gain international experience.

All this has been a positive development, but is it enough?

Where do we go from here?

Subspecialist training

Medicine has become more complicated, sophisticated and the requirements of knowledge and skills have increased. Is it still possible for “the general ENT specialist” to adequately perform the necessary procedures to treat complicated problems in otology / neuro-otology, rhinology, laryngology or head and neck surgery? Practice has shown that it is not. Yet we do not have any formal European subspecialist or fellow training. In some countries, for example in Scandinavia, two-year subspecialty training programs have been officially accepted on a national level.

The UEMS-ENT Section has regarded it as its duty to assist in the creation of such programmes in close collaboration with the European subspecialty organisations and the national ENT societies. The first such training programme was accepted by the UEMS ENT Section 2008 in head and neck surgery. A description of the requirements, the syllabus and logbook can be found and downloaded from <http://www.orluems.com/default.asp?ID=4>.

The training program has been ongoing in Finland and five colleagues have now successfully completed the training program including the final examination. The UEMS ENT Section is working on similar subspecialty training programs within other parts of our field and we hope that the national specialist organisations and the European subspecialty organisations will support this process.

During the first European purely educational meeting in ENT-HNS, which is to be held in Mannheim, Germany, a roundtable concerning specialist and subspecialist training in ENT will be arranged. (1st Meeting of the European Academy of ORL-HNS in Collaboration with EUFOS. June 27-30, 2009. Congress Center Rosengarten, Mannheim, Germany. <http://www.eaorl-hns2009.com/>,)

We feel that through subspecialist training we will be able to show our expertise and defend all parts of our specialty against pressures from outside and justify the name Otorhinolaryngology – Head and Neck Surgery.

The European examination in ENT-HNS

For years many specialties have arranged a European examination in their field. The UEMS-ENT Section has decided to follow this development and establish a European examination also in ENT-HNS. This will be described in a separate article in this issue of ENT News.

Conclusions

Our specialty has made good progress on the European level in meeting the objectives described above. We still have a long way to go and a good cooperation between all organisations, national and on the European level, working in the field of ENT-HNS should have as a common goal the promotion of the highest level of training of ENT-HNS, medical practice and health care within the European

Union. We hope that one common European organisation will soon tie together EUFOS, the European Academy of Otorhinolaryngology Head and Neck Surgery and the UEMS ENT Section.

Figure 1

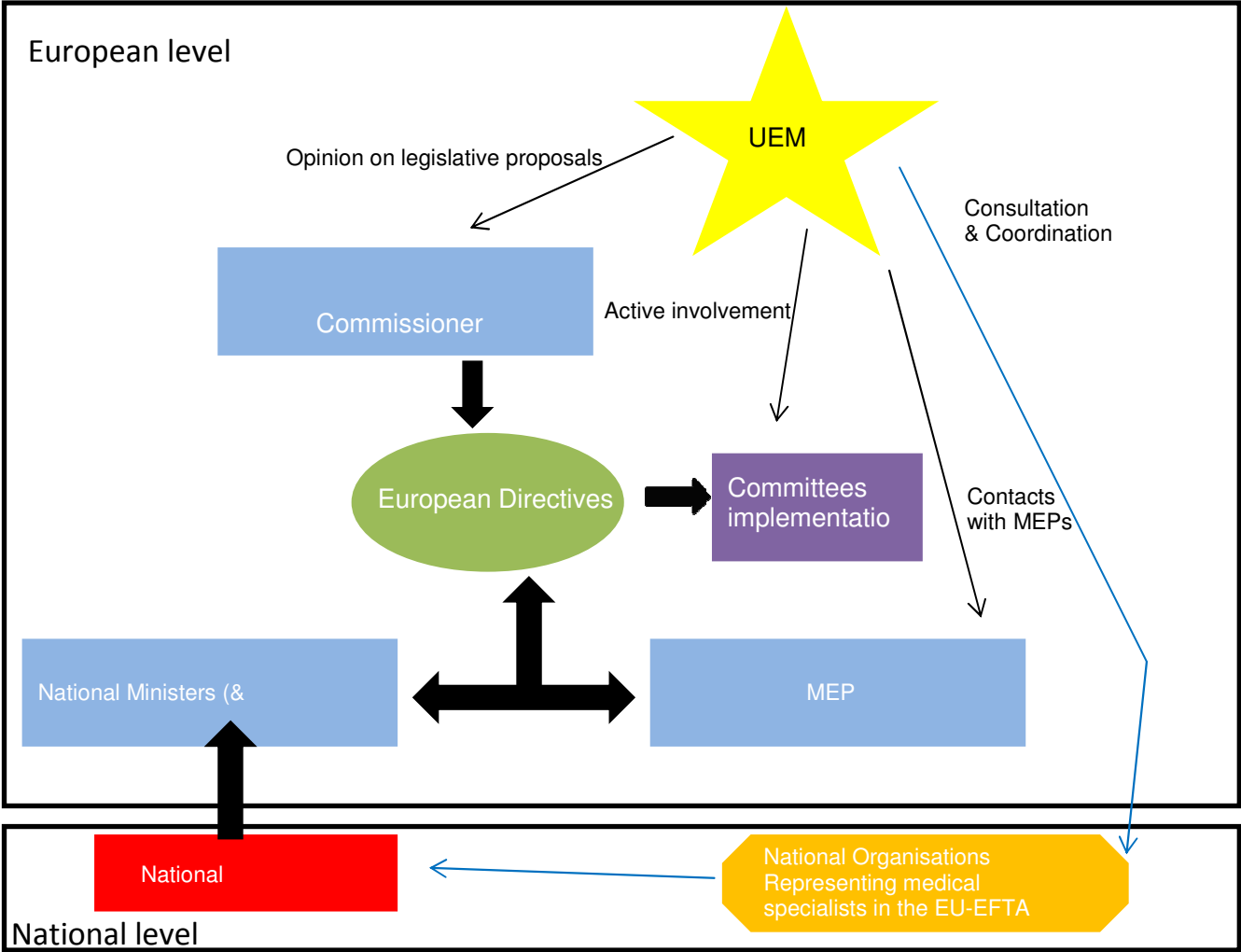


Table 1

**RATIO OF ENT-SPECIALISTS TO POPULATION WITHIN EU-COUNTRIES
– and selected non-EU-countries 2008 –**

EU-15	Inhabitants (Mill.)	ENT-Specialists	ENT/Inhabitants
Austria	8.1	587	1:14.000
Belgium	10.4	560	1:19.000
Denmark	5.4	320	1:17.000
Finland	5.3	314	1:17.000
France	62.0	2600	1:24.000
Germany	82.5	5527	1:15.000
Greece	11.0	1300	1:8.500
Italy	57.6	5009	1:11.000
Ireland	4.0	41	1:98.000
Luxembourg	0.4	28	1:14.000
Netherlands	16.4	421	1:39.000
Portugal	10.4	470	1:22.000
Spain	45.0	2500	1:18.000
Sweden	9.2	572	1:16.000
United Kingdom	60.0	585 +SAS* 261= 846	1:103.000 1:71.000

EU-10			
Cyprus	0.7	52	1:13.000
Czech Republic	10.2	748	1:14.000
Estonia	1.3	96	1:14.000
Hungary	10.0	650	1:15.000
Latvia	2.3	183	1:13.000
Lithuania	3.5	300	1:12.000
Malta	0.4	6	1:67.000
Poland	38.2	1879	1:20.000
Slovakia	5.4	400	1:14.000
Slovenia	2.0	80	1:25.000

New EU-states			
Bulgaria	7.7	535	1:14.000
Romania	21.7	794	1:27.000

EU 25	461.7	25228	1:18.000
EU 15	387.7	20834	1:19.000
EU-10	74.0	4394	1:17.000
New EU-states	29.4	1329	1:22.000
EU 27	491.1	26557	1:18.000

Non-EU-Countries

Croatia	4.4	160	1:28.000
Norway	4.7	472	1:10.000
Russia	150.0	4000	1:38.000
Switzerland	7.2	350	1:21.000
Turkey	70.7	2551	1:28.000
Serbia	8.0	450	1:18.000
Eritrea	4.5	3	1:1.500000

- SAS = Staff Associate Specialists:

