

# **EUMASS - UEMASS**



# **THE**

# **PRESIDENT'S**

# **REPORT**

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## **INTRODUCTION**

The Council has incorporated into the revised statutes a requirement on the President to produce an annual report. Although these statutes do not come into operation until the end of the Gent conference, it seems fitting that I should end my term as President by presenting the first of these reports. I am sure that they will rapidly develop a pattern but in preparing this first report I did wonder whether it should look back one year or twenty-eight years, that being the length of time this association has been in existence. However, other than setting out the aims of our association which have remained essentially unchanged since its conception, the report focuses very much on the present and the future, as it is the ability of the association to change and to deliver results in relation to present issues that matters.

## **THE AIMS**

The aims of EUMASS-UEMASS are set out in the statutes. Anyone comparing the old and new statutes will see that the essential aims of the association remain unchanged.

They are:

1. to ensure that private and social insurance physicians practising in European countries are represented at an international level.

We are an association for insurance physicians working to increase communication between individual doctors, employing organisations, research groups and so on, to strengthen links throughout Europe, and to provide a forum for meetings and an exchange of views.

2. to organise an international congress every two years in one of the member countries, for social insurance physicians and those with interests in insurance medicine.

Increasingly this will need the sponsorship and support of organisations able to provide the initial backing to set up a congress (though the London Congress was financed through the registration fees and the Gent Congress too, has covered its costs), and to make it possible for insurance physicians from all member countries to attend.

3. to promote high standards in assurance medicine in member countries both in disability assessment and in healthcare cost control.

We hope to set up a database of information through organising our own working groups, supporting other studies into medical and social problems, disability and relevant areas of public health, and through liaison between our national groups or organisations.

4. to defend the ethical standards and the professionalism of social insurance physicians.

## **ACHIEVEMENTS**

Apart from the delivery of a successful Congress [I refer here to the twelfth (London) Congress in 1998] our achievements have largely been to put in place the framework required for a wider European network and a useful database.

### 1. The Congress

The twelfth (London) Congress in June 1998 marked the twenty-fifth anniversary of the founding convention in Munich in 1973. It was an official event in the UK celebrations to mark the UK presidency of the European Union. It took place at the Lensbury Club, Teddington with the gala dinner in the grounds of Hampton Court Palace. It was successful and well received. Over 150 delegates attended, the number being limited by the size of the conference location. All Council members reported that feedback had been positive. The President received compliments, in particular, on the academic standard of the event, on its location and its conviviality.

Some delegates felt that the time available for each session was too short. It was a very packed program but the Congress was condensed into two rather than three days to keep it affordable to delegates. Changes in the exchange rate between when the location was chosen and when the event was held made London an expensive choice.

Some doctors felt that the profile of healthcare topics was not high enough and were disappointed that some healthcare workshops had only had French and Belgian doctors. This was due to the fact that healthcare matters are only relevant to the work of social insurance doctors in France and Belgium. Delegates had been given the option of which workshop to attend. There had been no language restriction. Each workshop had professional French/English facilitators or interpreters present at it. However, the lack of doctors from other countries had detracted from the international nature of the Congress in these workshops.

These points were taken into consideration in the planning of the 13<sup>th</sup> (Gent) Congress.

I regret that the report of the proceedings was not published in full, due to unforeseen circumstances, although a short report on Chronic Fatigue Syndrome was published in both English and French. Other material has been collated and I hope that it will be available through the website soon.

### 2. Enlargement

The original member countries were those of the original European Economic Community namely Belgium, the Netherlands, France, Germany, Luxembourg and Italy. Since 1992, however, there has been a steady enlargement of our association, first with the UK, Norway, Sweden and Ireland, and, since the London Congress in 1998, representatives from the Czech Republic and Hungary. In February this year Finnish Social Insurance Physicians became members, through the Finnish National Association of Insurance Medicine which will be

sending representatives to the Council meetings from now on. EUMASS sets no limit to the number of European countries that may be represented on the Council provided that any organisation applying for membership meets the necessary requirements and agrees to abide by the statutes. This was not an easy decision to take. There were concerns that the nature of the association might be undermined by too great expansion and that it might become too unwieldy. However, we have addressed these concerns in Council and we feel confident that expansion, properly managed, will enhance the effectiveness of the association.

### 3. The Statutes

The statutes were drawn up in 1972, and were appropriate for the association in its early years in the professional and cultural setting in which it existed. However, the EEC developed into the European Union, the whole face of Europe changed, social insurance medicine changed in member countries and it became essential to revise the statutes, many of whose articles had become obsolete. The Council has worked steadily over the past two years to revise the statutes through consensus and unanimity and, to its great credit, achieved the objective by the target date so that the statutes could be formally presented to the Gent Congress.

The basic aims of the association remain unchanged. However, we now have statutes that govern the role of the President, the structure of the Council, and the acceptance of new professional groups and organisations. We have revised the rules about representation, produced a protocol about applying for membership and drawn up voting procedures. The statutes have been produced in English and French and are available on the website. By statute, the Council will now review them every 4 years.

### 4. The Website

The website was launched in February 2000. It can be accessed as eumass.com or uemass.com. The website is intended to be of value to individual physicians, to research groups and to organisations providing medical services in relation to disability assessment and healthcare cost control. It should provide information and contacts. It was launched just prior to the Gent Congress so that delegates could discuss its potential and influence its design.

## **WEAKNESSES**

Despite the achievements of the association the Council remains aware of fundamental weaknesses which are being addressed but which remain unresolved at the time of this report. I group these weaknesses under three inter-linking headings of recognition, structure and support.

### Recognition

EUMASS has little recognition for what it has achieved for member organisations. Representatives come together for the Council meetings but then, naturally, disperse to their own groups or organisations to carry forward the work. EUMASS's contribution, therefore, often goes unacknowledged. All social insurance physicians within the groups and organisations represented on the Council are members of the association. Increasing

awareness of EUMASS will help to increase participation. Increasing participation will help to increase the effectiveness of the association. Enlargement of the association and the introduction of the website are both steps that can help to improve recognition of EUMASS and the work that it carries out.

### Structure

The structure of the EUMASS network is very variable from one country to another. In some support is very strong whereas in others it is uncertain, making it hard for them to meet the demands for information for working groups or other research when requests for information are sent out. We need all groups and organisations represented on the Council to have confidence in each other's commitment to promoting medical standards and encouraging dialogue.

Healthcare cost control remains an integral part of the work of social insurance physicians in some countries. At present EUMASS is committed to helping these groups to obtain information from other member countries, but the Council does need to consider whether wants to encourage participation from organisations outside social insurance in order to establish a proper network or whether this will simply make the organisation too unwieldy. At the moment we have a situation where each Council member does the best he or she can in a sporadic way, but that is hardly the attitude of an association that wishes to pride itself on standards.

### Support

#### A. Administrative

EUMASS-UEMASS has no administrative facilities of its own and no administrative staff. Members of Council have to make their own arrangements, which usually involves a substantial amount of their own time. It would be a great benefit if EUMASS-UEMASS could employ an administrator to whom the production, translation and distribution of documents could be assigned.

#### B. Financial

EUMASS-UEMASS has no income of any kind. Financial responsibility for a congress rests with the national organisation that is running it. This means that every two years one or other Council member is in the uncomfortable position of making financial commitment with nothing more than the expectation that there will be adequate delegates to the congress to make the venture financially self supporting. This has led to some Council members finding themselves financially liable to large sums of money. Fortunately no financial disasters have yet occurred but it does not encourage members to undertake the planning and running of a congress.

Also, there is now the running of a website to consider. The potential of this website is enormous compared to the very small sums that are required to run it. But this potential will be wasted unless a secure financial arrangement can be made for its development. The Council is aware that it needs proper financial planning rather than the haphazard arrangement that currently exists. Various avenues for obtaining financial support exist, and the next President's report will, hopefully, provide the Council's solution.

## **STRENGTHS**

Despite the weaknesses that have been listed, EUMASS-UEMASS has continued to show strength and resilience over the past two years. This reflects the enthusiasm and commitment shown by all members of the Council to confront issues, to make changes and to keep the association up to date and effective. We are developing strong foundations historically and geographically. We now have 28 years of continuous activity behind us and we embrace 14 European countries. We have a full programme of work for the next two years leading to the Oslo Congress and we have other countries waiting to join us. We have a network of communication unparalleled in social insurance medicine. We provide a service that has potential for individual doctors, researchers and national organisations. I think it is a measure of the cohesion of the Council that we have worked out voting procedures but have never yet had to use them as each of our key decisions has been obtained through discussion and consensus. The Council members bring talent and commitment, at a senior level, to the running of EUMASS-UEMASS. The association deserves the confidence of its stakeholders.

## **CONCLUSION**

The Executive Board now changes. Doctor Michel Coulon, who has been Secretary-General for the past eight years is retiring from this post, and from the Council, at the end of the Gent Congress. He has played a key role in the activities of the Council. At meetings he has frequently interpreted discussions in at least four languages. As an individual and as Secrétaire-Général we will miss his presence and wish him well in his retirement. His place is being taken by Dr Freddy Falez. The Vice President will now be Dr Herman Anker who has already set in motion the plans for the 14<sup>th</sup> Congress, to be held at the Sonia Maria Conference Centre in Oslo, Norway, 13 – 15 June 2002.

The current Vice President, Professor Peter Donceel, has been chosen as President, and I am sure that under his guidance the association will continue to flourish and increase in influence. He has my very best wishes as he takes on what I have found to be a demanding but highly rewarding role.