

**festive academic session
to mark the
50th anniversary of EUMASS**



EUMASS

European Union of Medicine
in Assurance and Social Security

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UEMASS

Union Européenne de Médecine
d'Assurance et de Sécurité Sociale

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WORD OF THE PRESIDENT

In 2022, EUMASS, the European Union of Medical Insurance and Social Security, celebrates the 50^e anniversary of its foundation.

What is EUMASS?

In Europe, about 500 million people are covered by social insurance schemes for health care, disability or incapacity that are financed or agreed by society as collective social security. Decisions on entitlement to social benefits are usually based on medical assessments which, in turn, must be based on scientific knowledge, insurance medicine expertise and an inclusive society where social security and social protection enable every citizen to take part in social life in its various forms, to be an actor in his or her own personal development, and to participate in that of his or her relatives and society as a whole, irrespective of any limitations in all areas of private, public or professional life ⁱ.

EUMASS is therefore a European federation of national associations or organisations of doctors involved in insurance and social security medicine in their country. It aims to provide a platform for the exchange of experience and knowledge in the field of insurance medicine, mainly in the field of public social security.

To this end, representatives of the member associations meet three times a year for scientific seminars or working groups on topics such as ethics in insurance medicine, evaluation methods and standards, multidisciplinary, scientific literature and research, etc. These meetings have led to the drafting of :

- Rules of conduct for insurance doctors ⁱⁱ,
- A selection of ICF criteria adapted to insurance medicine (EUMASS ICF Core Set),

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- A dictionary establishing the correspondence of the main terms used in insurance and social security medicine in the different European languages, (Babylon Project ^{iv})

EUMASS is collaborating with the U.S. National Health Institute in the validation of a disability assessment instrument, the Functional Ability Battery (FAB). In addition, EUMASS cooperates with the Insurance Medicine Branch of the Cochrane Institute.ⁱ

EUMASS also participates in the work of the Standing Committee of European Doctors (CPME)ⁱⁱ which represents all doctors in the European Union and actively cooperates in the work of the Cochrane Insurance Medicine (CIM)ⁱⁱⁱ, the insurance medicine arm of the Cochrane Institute which promotes evidence-based medicine. EUMASS is called upon as an expert by the Structural Reform Support Service (SRSS) of the European Commission.

Most importantly, it organises a scientific congress every two years in one of the Member States^{iv}. The next congress will be held in 2023 in the European Parliament in Strasbourg. To ensure that these congresses are of high quality, EUMASS has a dynamic Scientific Committee^v (SciCo), chaired by Dr Corina Oancea MD PhD, which includes experts and academics from all over Europe. All congresses are accredited by the EACCME (European Accreditation Council for Continuous Medical Education)

Its mission

La Mission que la médecine d'assurance se donne et que l'UEMASS fait sienne, est de garantir un accès équitable et justifié aux prestations de la sécurité et de la protection sociales qui visent à restaurer

la santé, à assurer la (ré-) intégration sociale et professionnelle aux citoyens quelles que soient leur nationalité, langue, couleur de peau, âge, sexe, origine sociale ou orientation culturelle, philosophique, religieuse, sexuelle ou politique. et, le cas échéant, à ouvrir le droit à des compensations (matériellement et financièrement) pour les déficiences, les limitations d'activité et les restrictions de performance et de participation rencontrées .

The mission of insurance medicine, which EUMASS has adopted, is to guarantee fair and justified access to social security and social protection benefits aimed at restoring health, ensuring social and professional (re)integration of citizens regardless of their nationality, language, skin colour, age, sex, social origin or cultural, philosophical, religious, sexual or political orientation. and, where appropriate, to provide the right to compensation (material and financial) for impairments, activity limitations and restrictions on performance and participation .

In its new statutes, EUMASS commits to :

- Uphold ethical standards and professional conduct in relation to any outside influence in decision making or reporting and the refusal of any assignment with a potential conflict of interest, as set out in the Code of Conduct;
- To promote the highest level of medical training and practice and an excellent knowledge of health and health care systems for social security doctors in the Member States. This includes specific training which is maintained by a continuous training obligation. It is based on a scientific and clinical approach as well as on the experience gained;
- To support and develop all activities related to insurance and social security medicine and to provide members with information on all relevant issues concerning the development of good clinical practice and research in insurance medicine;
- To ensure representation at international level and to be aware of and react to relevant items on the European agenda and to strive for the recognition of insurance medicine as a medical specialisation.

Its history

EUMASS was founded in Leuven, Belgium in 1972 by the associations of Belgium, France, Germany, Italy, Luxembourg and the Netherlands. These founding countries were joined over the years by Austria, Bosnia, Croatia, Czech Republic, Estonia, Finland, Greece, Iceland, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Sweden, Switzerland and the United Kingdom in alphabetical order.

After fifty years of existence as a de facto association, EUMASS opted in 2021 for the legal status of a non-profit organisation under Belgian law and to establish its headquarters in Brussels, where the European Commission is based.

Evolution of social security and the role of the insurance and social security doctor

In its fifty-year history, social security has been in constant evolution. This evolution has also influenced the medical activity in social security.

Mainly Bismarckian from the outset, and therefore of an insurance and solidarity-based nature, access to the social protection offered was open through professional activity, the insurance financed by social contributions, and the system managed jointly by workers and employers. At that time, the doctor had to check whether the insured person had lost enough capacity to be entitled to disability benefits.

It has taken on a more universal character by opening up to social assistance according to the approach advocated by Lord William Beveridge after the Second World War. It is up to the doctor to control access to health care for all and to assess situations of disability

More recently, at the end of the 20th century, the proposals of Lord Anthony Giddens, who advocates the idea of a way to modernise the post-World War II welfare state, have gained ground throughout Europe and beyond. This school of thought advocated the concept of an 'active welfare state'. The aim was to establish a new balance between so-called passive policies of compensation and withdrawal from the labour market and activation policies based in particular on training and aimed at encouraging people to be active so as to prevent social protection from becoming an employment trap. For the doctor, it is now a question of assessing the remaining capacities to be mobilised in order to envisage reintegration into the labour market. This new approach to reintegration has revealed the need for collaboration with other disciplines. A multidisciplinary approach has been developed. Doctors, nurses, physiotherapists and occupational therapists, psychologists, other paramedics and social workers are increasingly working with the beneficiary on his or her socio-professional reintegration.

Indeed, at the dawn of the 21st century, a widespread emancipation movement has emerged which, in the social security system, seeks to give the citizen the first place in the care of health and work. This is also reflected in the demands for participation in the debate from patients' associations and other citizens' movements. Doctors, accustomed to a one-on-one discussion, have had to adapt to these new expectations by working in a more collegial and transparent way.

The recent Covid-19 pandemic has also had important implications for social security. New ways of working have generated new pathologies and required a new approach to assessment. In particular, the emergence of new communication technologies has changed the way consultation is conducted.

Finally, the increase in the number of people unable to work and the exponential evolution of medical techniques and treatments, combined with a growing shortage of medical staff, has stimulated the development of computer systems based on algorithms and artificial intelligence. This development presents social security medicine with new challenges to ensure a human-friendly approach and transparent decisions.

The growing shortage and ageing of insurance and social security doctors will also need to be addressed if these new challenges are to be met with confidence. Better knowledge and recognition by society of their essential role in social protection systems is essential to ensure that all citizens have access to fair, independent and personalised assessments and decisions.

Conclusion

To conclude this historical evolution, it should be noted that although in the past the insurance and social security doctor was an informed observer and expert assessor of medical facts, he remained, or even had to remain, outside the therapeutic relationship. Today it is increasingly clear that his action, particularly but not only in the policy of social reintegration, influences the therapeutic pathway of the socially insured. The overall health of the population can no longer be conceived without taking into account the place of work and social integration in the well-being and dignity of the human being. If the insistence on the assessment of remaining capacities in the context of reintegration was already a major paradigm shift, the fact that social security medicine has been given a place in the therapeutic process is a Copernican revolution for social security medicine and for the medical world in general, the importance and urgency of which has not yet been gauged but which it is not possible to develop here. This is sufficient proof that EUMASS has more than ever a place and a role to play, both in terms of renewed collaboration with the medical world as a whole and above all in terms of serving a society that is ever more open, equitable, fulfilled and concerned about the well-being of its population.

ⁱ National College of Social Insurance Medicine in matters of incapacity for work, Belgium

ⁱⁱ <https://www.eumass.eu/en/guidelines-of-conduct-for-insurance-physicians-3/>

ⁱⁱⁱ <https://www.icf-research-branch.org/icf-core-sets-projects2/130-icf-core-set-manual-for-clinical-practice>

^{iv} <http://www.eumass.eu/wp-content/uploads/2022/06/EUMASS-The-Babylon-List-of-Terms-for-Insurance-Medicine-Master-ver-2.2.xlsx>

^v <https://www.eumass.eu/wp-content/uploads/2018/03/Leighton-Porcino.pdf>

^{vi} <https://www.cpme.eu/>

^{vii} <https://insuremed.cochrane.org/>; Cochrane Insurance Medicine (CIM)/Cochrane Médecine d'AssuranceCochrane Insurance Medicine (CIM).

^{viii} Brussels 1974, Amsterdam 1978, Aachen 1980, Bruges 1983, Strasbourg 1985, The Hague 1988, 1990 Bremen, Tournai 1992, Paris 1994, Veldhoven 1996, Londres en 1998, Gand en 2000, Oslo en 2002, Lille en 004, Dublin en 2003, Prague en 2008, Berlin en 2010, Padoue en 2012, Stockholm en 2014, Ljubljana en 2016, Maastricht en 2018, Bâle en 2020 reporté en 2021, Strasbourg en 2023.

^{ix} <https://eumass.eu/en/scientific-committee/>

^x <https://www.uems.eu/areas-of-expertise/cme-cpd/eaccme>

^{xi} ICF: International Classification of Functioning, Disability and Health

^{xii} A. Giddens, The third way. The renewal of social democracy, Cambridge Polity Press, 1998.

^{xiii} P. Feltesse, Etat social actif et contexte socio-économique. Quelles

visées économiques et sociales ? Econosphères, 2011 (<http://www.econospheres.be/Etat-social-actif-et-contexte>)

^{xiv} F. Vandenbroucke, Op zoek naar een redelijke utopie. De actieve welvaartsstaat in perspectief, Leuven-Appeldoorn, Garant, 2000

Council HELSINKI 2017





Scientific Committee of EUMASS

As the chair of the Scientific committee is my honor and privilege to congratulate each actual and former member of this EUMASS body for the hard work and dedication over time.

There are many people who have contributed substantially to the development of teaching and research in insurance medicine, since formally establishment of the Scientific committee in 2010 for the congress in Berlin. I would mention only few of them: Prof. Freddy Falez from Belgium, Dr. Soren Brage from Norway, Dr. Wout de Boer from the Netherlands or Prof. Kristina Alexanderson from Sweden.

For me since I joined it in 2014 as a member and from 2016 as a chair, EUMASS Scientific committee has represented a huge opportunity to develop myself both professionally and personally by collaborating with remarkable international professionals and actively getting involved in rising the competence and image of the community of social insurance physicians at European level.

Celebrating 50th anniversary is an important achievement reflecting continuity in spreading and sharing of scientific knowledge and experiences in the field of Insurance Medicine between different organizations across Europe.

We are looking forward to many years of success for EUMASS. En tant que présidente du comité scientifique, j'ai l'honneur et le privilège de féliciter chaque membre actuel et ancien de cet organe de l'EUMASS pour son travail acharné et son dévouement au fil du temps.

Dr Corina Oancea MD PhD



The creation of the Scientific Committee (SciCo)

Dr. Hans-Werner

The member associations of EUMASS have very different missions in their home countries, they have very different scientific positions and political affiliations. Therefore, no two EUMASS members are directly comparable. Cooperation is therefore very interesting, but also not easy because of the different starting points. The different approaches to the common field of work were reflected at previous EUMASS congresses by country-specific contributions on related topics. The choice lay with the inviting EUMASS member and was only briefly discussed in the Council. This became increasingly difficult as the number of EUMASS members grew.

These problems accumulated during the preparation of the 2010 congress in Berlin (topic: individualised prevention and epidemiology - modern medicine). Here, two major German professional societies (the German Society for Social Medicine and Prevention, DGSMP and the German Society for Epidemiology, DGEpi) were co-organisers alongside the Professional Association of Social Security Doctors (BSD) as the German EUMASS member. The national societies in turn are deeply subdivided, their members include chairs and other societies. Ultimately, due to the large number of participants, only a limited linkage of the content of the more than 800 contributions could be established. Nevertheless, the congress was a success, also economically, with more than 1300 participants (including over 300 EUMASS participants from abroad) as well as EUMASS contributions from Portugal for the first time and guests from Russia .

In order to achieve better interaction with the national professional society at future congresses, the Scientific Committee (SciCo) of EUMASS was founded in Berlin at the suggestion of the then EUMASS President Prof. Søren Brage. Its task was to prepare the content of the EUMASS part of the planned joint congresses in close coordination with the national organising committee and the Council. Through the continuous work of the SciCo, the technical congress preparation is simplified and the content can react more flexibly to current health policy events.

Members of the SciCo are the last and future congress organisers as well as social physicians with expertise proposed by the SciCo and confirmed by election in the Council. The Council can also appoint members from outside on the proposal of the SciCo. For example, there were many years of fruitful collaboration with Prof. Kristina Alexanderson.

For participation in the SciCo, the country of origin is of secondary importance. The members and the chairperson are elected every 2 years (after the end of the congress). The first chairmanship was held by Dr. Jorma Järvisalo.

After the founding of SciCo, intensive activities quickly developed and a close exchange between the SciCo members was established. The working meetings usually take place the day before the Council meeting, first separately and then with the Executive Board and the local organising committee. Additional meetings are held in person if urgent and (since 2019) also by video.

EUMASS: memory of the past

I. The authors.

We have been asked to write a short memoir about our activity within UEMASS. Before submitting to this exercise, allow us to briefly present our curriculum as insurance doctors and members of the UEMASS committee.

Dr Martine Gouello started her career as a French social security doctor in 1980. After working as a medical officer and then as a medical officer in charge of the department, she was appointed in 2002 as Head of European Affairs at the National Health Insurance Fund until her retirement in 2015. In this capacity, she monitored the issues dealt with at the European Union level which had a direct impact on the health system, health insurance and, above all, on European citizens.

From 1996 to 2017, she was the secretariat and then the President of the French Union of Insurance and Social Security. She participated in her first UEMASS congress in Bremen in 1990. From then on, she was a member of the Board and participated in all the congresses from 1990 to 2017 inclusive. She organised the Paris Congress in 1994 and the Lille-Tournai Congress in 2004, and became President of UEMASS from 2004 to 2006.

Professor Freddy Falez started his career as a Belgian social security doctor in 1983. He attended his first UEMASS congress in Bruges in 1983. From that moment on, he was present as a participant and later as an organiser at all the congresses organised by UEMASS from 1983 to 2018 inclusive.

Professionally, in addition to his duties as a medical officer and then as deputy medical director of his professional organisation, he followed the training in insurance medicine at the Université Libre de Bruxelles where he became a lecturer. In 2006, he obtained his title of Philosophical Doctor and became the head of training in insurance medicine at the ULB, where he was appointed University Professor and where he will teach until 2020.

From 1993 to 2015, he was President of the Association Scientifique de Médecine d'Assurance (ASMA), which brings together the French-speaking Belgian social security medical advisers. He became a member of the UEMASS Council in 1990 and remained so until 2015. He will be its president from 2008 to 2010. He was also a member of the Scientific Council from its creation until 2015.



2. Alumni Memories

Martine

To talk about the period before 1990, I refer to a "testamentary" letter from Dr Claude Persigan (1917-2012), French founder of UEMASS. For him, it was the war years that played a decisive role in creating Europe and avoiding new wars between European nations. He took up his pilgrim's staff and went to visit Dr Kohlhausen in Hanover, then Dr Roger Renard and Dr Lebeer in Belgium, and continued his journey in the Netherlands, Luxembourg and Italy. About ten colleagues made up the first UEMASS office.

F.Falez

In its early days, UEMASS aimed to bring together insurance and social security doctors from the countries of the then European Community, namely (in alphabetical order)

- Germany
- Belgium
- France
- Italy
- Luxembourg
- The Netherlands

For reasons unknown to me, Luxembourg and Italy soon defected.

The founding congress took place in **Brussels in 1974**. However, meetings to create the association had taken place beforehand.

The following congresses were held in **Paris in 1976, Amsterdam in 1978 and Aachen in 1980**. This led to the organisation of bi-annual congresses, which were held in the various member countries on a rotating basis.

However, the Bruges congress took place three years after the Aachen congress. This was the first congress I attended. I had taken office a few weeks earlier, so I felt a bit like a stranger there. I don't remember anything else.

In **1985**, the UEMASS organised the congress in **Strasbourg** (where we would meet again 38 years later). At that time, the congresses took place over one and a half days, from Friday morning to Saturday midday. I remember the sometimes tedious presentations on procedures and methods of controlling incapacity for work or on health care.

The setting was quite symbolic as the congress was held in the European Parliament. But in Strasbourg, there were two sumptuous events:

- A magnificent organ and trumpet concert in the beautiful cathedral, followed by a walk on the waters of the Ill
- A sumptuous gala dinner where I discovered for the first time the richness of the conviviality between colleagues from different



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The congress in **Den Haag in 1988** did not bring me anything new.

Our German friends had financial difficulties in organising the next congress, so it was postponed to 1990. It was held in Bremen. It was there that our colleagues from what was still East Germany sent us a delegate in the person of Hans Werner Pfeiffer. Hans Werner later became one of the most active members of the UEMASS CouncilLe congrès de **Den**

Martine

1990, Bremen, my first congress. It was a great discovery that allowed me to meet and exchange with consulting practitioners from many countries, opening up an unsuspected world to me.

From then on, with Dr Christine Beurton and Dr Jean Bénier, we went early one Saturday morning each quarter to meet the Belgian representatives: Dr Michel Coulon and Dr Freddy Falez as well as the German and Dutch representatives. These meetings took place in a room on a motorway service area near Brussels! What an adventure!

Freddy

In **1992**, the honour fell to the French-speaking Belgian Scientific Association of Insurance Medicine to organise the 9th congress. I was entrusted with the direction and the congress took place in my good city of **Tournai** during the only three good days of the season and during the Tournai flower show which takes place every ten years.

The organisation of the congress was turbulent: our German colleagues had just seen their missions transformed and oriented exclusively towards health care. In a hurry, the theme of the congress was changed to introduce this new subject.

As a souvenir of the Strasbourg congress, on the first evening the participants were welcomed by a concert in Tournai Cathedral (famous for its five bell towers) entitled "Sounds and silences for a cathedral". It was structured as a silent walk through the building, interrupted by music, from chapel to chapel. I remember the emotion felt by a Parisian colleague when, in the finale, the organist began the heroic piece by César Franck.

The Tournai congress was distinguished by a change in the structural organisation. In order to increase the exchange between the participants, thematic workshops were set up for the first time, and the plenary sessions were reduced in size.

Finally, for the first time, an English delegate accepted our invitation. Paul Stidolph was to leave his mark on the development of UEMASS and was responsible for its enlargement.

The **1994** congress in **Paris** almost didn't take place because our French friends had financial problems.

Martine,

Our German colleagues used to participate in a large number of congresses, but in 1994, a restructuring of their control medicine changed their tasks. They could no longer participate in the congresses, which led to a drop in the number of participants and therefore in the financing of the congress.

However, we were able to maintain a quality congress but we could not organise a lavish social programme. This was a constant concern for us as organisers, as we were responsible on our own dime. Fortunately, a last-minute sponsor saved us from 'bankruptcy'.

This unfortunate financial experience contributed to a reflection within UEMASS on the need to "protect" congress organisers.

Freddy

The 1996 congress in **Veldhoven** did not bring any changes.

Martine

This very interesting congress brought me, personally, a change because I took over from Dr Christine Beurton who ceased her functions within UFMASS and UEMASS.

Freddy

Paul Stidolph overcame all the difficulties in organising the London Congress in 1998 with extraordinary energy and persistence. Furthermore, he managed to extend the participation in the congress to 10 countries. This was the beginning of the expansion of UEMASS.

Martine

Paul, in preparation for his congress, arranged for us to take a private tour of the Tower of London at night. That evening, a storm, thunder, lightning, the rattling of the keeper's keys, and lanterns took us back to medieval times.

It was an impressive and unreal evening worthy of a blockbuster film.

The London Congress gala evening was also memorable as we travelled down the Thames to Hampton Court where we were received.

Freddy

Our German colleagues, who had experienced great financial problems during the Bremen congress, gave up organising a congress in **2000**, so it was again Belgium that took charge of it through the Dutch-speaking association "Wetenschappelijke Vereniging voor Verzekering Geneeskunde"; it was organised in **Ghent** under the leadership of Prof. Peter Donceel. Peter had become a key player in UEMASS with his radiant personality and.

Martine

When I call up my memories, work spontaneously comes to mind. My interventions in plenary sessions, in workshops as a speaker or translator during congresses, but also the memory of the inter-congress working groups that we created from 1999 onwards. They brought together Belgian, German and Dutch colleagues in Paris to prepare presentations on



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Indeed, the enlargement of the UEMASS was made to include countries whose medical advisers deal primarily with incapacity and disability. At the congresses, we managed to maintain the health care interventions in order to continue to attract European medical officers who dealt with these subjects.

Similarly, the maintenance of the French language was essential, and all countries helped us by providing translation in plenary sessions.

There was also the creation of other intercongress working groups: ICF, the taxonomy group.

In Ghent, in addition to the (many) working memories, I remember visiting the canals and their estaminets after the gala dinner, and discovering the Advocaat... I was able to appreciate the good humour and dynamism of our Belgian friends, as well as their solidarity, because, despite a short night, they responded to my intervention in the plenary assembly early on Saturday morning!

Freddy

In 2002, it was Norway's turn to mobilise for UEMASS. Herman Hanker, Soren Brage and the Norwegian colleagues gave us a remarkably well organised congress in the heights of **Oslo**. I was struck by the discipline that was kindly imposed on us: the bell rang at the beginning of each session and everyone took their seats with pleasure.

It was in Oslo that ICF was first discussed at one of our congresses.

I still remember the midnight sun and the breath-taking view of the fjords where sailing races were taking place.

Martine

It was at this congress that Finnish, Icelandic, Slovakian and Slovenian colleagues participated and joined us. The participation of Sweden, a neighbouring country, was also very welcome.

Unfortunately, a few months later, Herman Anker, who was the future President of UEMASS, left us, leaving us orphans. We had so much appreciated his courtesy, his diplomacy and above all his friendship.

Freddy

It was becoming more and more difficult to find volunteers to organise a congress: the number of participating countries was constantly increasing and the financial risks were becoming more and more severe. In 2004, it was a great first: the French Union of Insurance Medicine and Social Security chaired by Martine Gouello and the French-speaking Belgian Association Scientifique de Médecine d'Assurance chaired by Freddy Falez joined forces to organise the Lille-Tournai congress, because of the proximity of the two cities.

More than 250 participants from 18 countries met there.

It was at this congress that free scientific communications were organised for the first time. The book of abstracts available on the UEMASS website contains 180 pages of contributions: what a success for a first. It is worth noting the large number of papers dedicated to the ICF

A concert by a Franco-Belgian saxophone quartet on the first evening symbolised Franco-Belgian friendship, while an unforgettable gala dinner took place in Tournai. The orchestra was so lively that at times all the guests were on the dance floor.

Martine

The organisation of this congress required a lot of work because we had not hired an agency. We had to do everything ourselves, but Christian Puppincq's contacts at the University of Lille and Freddy Falez in Tournai made it easier. André Ingenbeek and Marc Duvoux, treasurers, fulfilled their mission with seriousness but also good humour. As for Maurice Topcha, he confirmed his title of official photographer of the UEMASS congresses and Georges Borges da Silva as scientific expert.

Having become President of UEMASS at the end of this congress, and considering that it is important to occupy positions in all associations and bodies in which it represents medical experts in medico-social law, I have not ceased to make our association known to the European institutions.

One example is ESIP (European Social Protection Platform), for which I was vice-president from 2006 to 2015.

I also contacted and advocated for the participation of UEMASS in the Standing Committee of European Doctors (CPME). This participation became effective in, to the benefit of both associations with a better knowledge of the missions and work of the medical officers and the defence of their interests. There is strength in unity.

In addition, in order to keep the medical officers informed of the main topics dealt with by the European institutions, for several years I have distributed to the members of UEMASS, a quarterly journal: "Infomail of Europe".



Freddy

Clement Leech was to inherit the organisation of the **Dublin** Congress in **2006**. The organisation was now up and running and the free papers were increasingly popular.

Martine

The gala dinner was sumptuous, taking place in a mythical hall and in the gold; as at all congresses, the participants were beautiful, in gala dress to respect tradition, but in a festive atmosphere that quickly facilitated the disappearance of borders...

Freddy

In **2008**, our Czech friends offered us hospitality in the beautiful city of **Prague**.

Martine

We had the opportunity to discover this magnificent city on two occasions to prepare the congress, and we were able to appreciate its beauty and the musical atmosphere that reigns there. Lijliana Bojicova gave us and her Czech colleagues a warm welcome.



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Freddy

Hans Werner Pfeifer wanted to invite us to the beautiful city of Berlin in 2010. To do so, he used new resources by co-organising two congresses in the same space; the UEMASS congress and a German medical congress.

Martine

Hans Werner had invited the Director General of Germany's largest health insurance company to speak at the plenary session of the Dublin congress. She discovered UEMASS and was very impressed by the welcome she received, the content of the congress and the many participants. This will undoubtedly be a great help for the Berlin congress.

Freddy

Then came (finally) the turn of Italy in 2012 under the charming leadership of Christina Dal Pozzo. We met in the premises of the oldest medical faculty in Italy. I must say it gave me a thrill to be there in this historic auditorium in the beautiful city of Padua. The list of abstracts on the UEMASS website shows the positive evolution of this mode of communication.



Martine

Italy had participated in the creation of UEMASS but for many years was no longer present. But by the 2000s, Christina had joined us, organising several councils in Italy, in Padua and Naples. The beauty of these cities, the architecture, the history, the gastronomy made us dream of an Italian congress. We were dazzled during this one.

Freddy

A tragedy struck us in 2013. During the preparation of the Stockholm congress, we lost one of our most prominent scientific referents as well as a particularly charming colleague. In the prime of life, struck by an inexorable illness, after fighting it for a year, Peter Donceell passed away on 20 October 2013, aged 54. In addition to his children, he also left us orphans.

The Stockholm Congress in 2014 and Gert Lindenger paid tribute to Peter by dedicating a paper in his name.

The book of abstracts this time has 307 pages, 75% more than in Lille in 2004.

And what about the gala dinner in the Nobel Prize room!



Freddy

2016: the last congress in which I participated. I remember the seriousness of our Slovenian colleagues, but also the stress they were under during the preparation of the congress. I said 2016 goodbye to the board after 25 years of presence and participation, after having participated in the preparation of two congresses that changed the organisation of these meetings. My greatest pride is to have contributed to the introduction of free communications which allow our young researchers to confront their results and to meet regularly.

The congress was a great success



Martine :

The **Ljubljana** congress was my last congress and I ceased to participate in the UEMASS board from 2017 without, however, like Freddy, having said goodbye...

Appointed Honorary President of UFMASS from that date, this title particularly touched me even if it is not a sign of rejuvenation.

Freddy

Maastricht 2018. I was for the first time since 1990, a congressman among all the others... I went back in the ranks.

Freddy

2021 **Basel**, the missed date for my 19th congress. My twentieth is therefore postponed until after Strasbourg.

Martine

Congresses are an opportunity to exchange on our practices, to enrich the knowledge of our health and social insurance systems and then to improve them for the benefit of European citizens.



Main studio in Steinhausen, Zug

«BACKSTAGE» EUMASS 2021

Andreas Klipstein «Mr. EUMASS 21»

Rare snack break for Carla Roos, LoC office

Stephan Knüsli, Medworld Boss «Mr. 24/7»

Broadcasting crew

Having a drink with folks on the WONDER Platform



The 50th Anniversary of EUMASS

For me, a page is being turned but the book is not closed. UEMASS represents a part of my life, 25 years of it, with wonderful colleagues who are friends to me even if we are geographically distant. I feel part of this big European family and I hope I have contributed to social Europe.

My wish is to continue to be able to attend the UEMASS congresses every two years to appreciate its.

Long live UEMASS! Long live social Europe!

May it help to keep peace in our continent.

"We will only have the choice in which we will be drawn and those for which we will have known how to want and accomplish".

Jean Monnet.

Freddy

I would like to conclude by wishing UEMASS well: I have had an intense professional experience; **I have met wonderful colleagues who have the desire to do well and to bring to our discipline what it still lacks quite cruelly: scientific foundations.**

I tried to contribute with my modest means. I have taken great pleasure in it. As long as life permits, I will come every two years to monitor the progress of our heirs.

Good luck,

MEMBERS

Austria	= Dachverband der Sozialversicherungsträger (National Association of Social Insurance Institutions)
Belgium	= Association scientifique de Médecine d'Assurance - ASMA asbl (Scientific Association of insurance medicine) = Wetenschappelijke Vereniging voor Verzekeringsgeneeskunde - WVV vzw (Flemish scientific association for insurance medicine)
Czech Republic	= česká správa sociálního zabezpečení - ČSSZ (Czech Social Security Administration - CSSA) = Ministerstvo práce a sociálních věcí - MPSV (Ministry of Labour and Social Affairs of the Czech Republic - MoLSA)
Estonia	= Eesti Töötukassa (Estonian Unemployment Insurance Fund)
Finland	= Suomen Vakuutuslääkärien Yhdistys ry (Finnish Association of Insurance Medicine)
France	= Union française de médecine d'assurance et de sécurité sociales - UFMAS (French Union of Insurance Medicine and Social Security)
Germany	= Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V. - MDS (Medical Service of the National Association of Health Insurance Funds)
Greece	= Ελληνική Ιατρική Εταιρεία Αναπηρίας, Κοινωνικής Ασφάλισης και Πρόνοιας - ELIEAKAP (Hellenic Medical Association of Disability, Social Security and Welfare)
Iceland	= Vocational Rehabilitation Fund - VIRK
Italy	= Instituto Nazionale Previdenza Sociale - INPS (National Social Security Institute)
Norway	= Norsk trygdemedisinsk forening - NTMF (The Norwegian Medical Association for Social Insurance Medicine)
Poland	= ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH - ZUS (Social Insurance Institution)
Portugal	= Portuguese association of medicine in social security and assurance
Romania	= Societatea Romana de Expertiza Medicala si Reabilitare a Capacitatii de Munca - SREMRCM (Romanian Society of Medical Assessment and Work Capacity Rehabilitation)
Serbia	= Republički fond za penzijsko i invalidsko osiguranje - PIO (Republic Fund for Pension and Disability Insurance)
Slovakia	= Socialna Poistovna (Social insurance agency)
Slovenia	= Zavod za pokojninsko in invalidsko zavarovanje Slovenije - ZPIZ (Pension and Disability Insurance Institute of Slovenia) = Zavod za zdravstveno zavarovanje Slovenije - ZZZS (The Health Insurance Institute of Slovenia)
Sweden	= Sveriges Lakarforbund - LFFM (Swedish Physicians Association for Insurance Medicine)
Switzerland	= Swiss Insurance Medicine - Médecine d'assurance suisse - SIM
The Netherlands	= Nederlandse Vereniging voor Verzekeringsgeneeskunde - NVVG (Dutch Association of Insurance Medicine) = Nederlandse Vereniging van Geneeskundig Adviseurs in particuliere Verzekeringzaken - GAV (Netherlands Association of Medical Advisors in Private Insurance Medicine)
United Kingdom	= Department for Work and Pensions- DWP

LIST OF THE EUMASS CONGRESSES



EXECUTIVE BOARD

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(ASMA, Belgium)

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SECRETARIAT



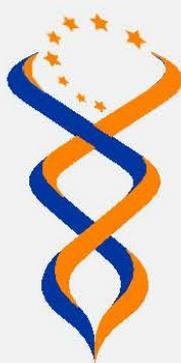
Oriana Bertucci
secretariateumass@gmail.com

THE OLD AND THE NEW



Our old logo showed Princess Europa sitting on Zeus who, according to legend, disguised himself as a white bull, and persuaded Europa to sit on him before taking her to the land named after her, Europe. In her hand she holds the wand of Apollo, which could heal all wounds. According to legend Apollo gave the wand to Hermes (Mercury for the Romans) who tested it by thrusting it between two fighting snakes that immediately wrapped themselves round it in perfect friendship and stayed there. This became the ancient symbol of medicine. The logo is in blue and gold, the colours of the European Union.

However, this interpretation is no longer immediately accessible to a wide audience, and the image could be misunderstood in the current social context. The General Assembly therefore decided to update its logo on the occasion of the 50th anniversary.



While taking up the colours of the old logo, the new one retains the idea of the medical caduceus and the snakes that wrap themselves in perfect friendship around the crown of stars symbolising for all the European Union and the (social) protection that it provides to all its citizens. One can also see a strand of DNA, marking the scientific side of UEMASS. All in all, a beautiful symbol rising towards a bright future.

Guidelines of Conduct for Insurance Physicians

The national code of medical ethics governs the work of every physician. Due to the particular content, scope, and setting of insurance medicine, supplementary guidelines of conduct are needed. Each insurance physician is expected to comply with these guidelines.

1. Respect the rights of the claimant and other parties involved, and treat these individuals empathetically with dignity and respect.
2. Have a thorough understanding of the various statutes and laws that form the basis for insurance and health related benefits.
3. Clarify the intention of actions and requests, eg. medical statements.
4. Thoroughly familiarise yourself with the health condition of the claimant based on all the information provided, this includes if applicable careful consultation/examination of the claimant, and consideration of the claimant's self-report.
5. Weigh objectively and independently all available information against the criteria defined in the insurance laws and regulations.
6. If meeting the claimant
 - a) introduce yourself to the claimant as the examining/assessing physician;
 - b) inform the claimant about the procedure of the insurance medical assessment and the role of a possible accompanying person, in understandable language
 - c) inform the claimant that no treating physician-patient relationship will be established;
 - d) the examination should be relevant and proportional to the request
 - e) provide adequate privacy regarding all aspects for the claimant
 - f) close the examination by telling the claimant that the examination is over and ask if there is further information the claimant would like to add.
7. Draw conclusions of high professional standards that are based on documented facts and sound medical knowledge, and for which the independent medical evaluator has adequate qualifications and resources to address. Provide medical justification to the conclusion. Refrain from the statement if the medical documentation is insufficient for drawing conclusions.
8. Be prepared to address a possible conflict in a professional and constructive manner.
9. Do not allow your judgment to be influenced by personal profit or unfair discrimination and never accept a fee for services which are dependent upon writing a report favourable to any party.
10. Should decline to provide the required consultation when there is a possibility of disqualification due to the relation to the claimant or the caretaking physician, as potential conflict of interest.
11. Maintain confidentiality consistent with the code of medical ethics and applicable regulations.



EUMASS

working group on

ICF

Søren Brage

In the 1990's, the World Health Organization revised extensively the old classification of disabilities and functions. In EUMASS we followed this work closely; when medical doctors assess the need for disability benefits, they need to know and understand the functional abilities of individuals and the functional demands at workplaces. The new International Classification of Functioning – the ICF - was the result of this revision, and it was endorsed by the WHO Assembly and published in 2001. ICF gave us physicians in social security a greatly improved classification tool for our work. It was universal and emphasized that dysfunction not only has a personal cause. It is also influenced by the environment and society. This was a necessary modernization.

Many EUMASS members found ICF promising and wished to use it in their daily work. Thus, the EUMASS council decided to establish a working group on ICF in June 2004 at the Congress in Lille/Tournai. The size of the group expanded quickly over the next months.

The working group members discussed various ways to support the use of ICF. Early attempts to use it in assessment procedures indicated that the classification was too comprehensive and too complex.

Furthermore, some categories and items in the ICF were not relevant to assessments in social security. A simpler and more down-to-earth version was necessary. In some medical specialties, notably in rehabilitation, core sets had been developed. Such core sets contain only those ICF categories and terms that are deemed mandatory to classify a person's abilities (and disabilities) by the medical expertise in the relevant field. Core sets are by no means instruments on their own, but they can be used as a basis to develop instruments, such as questionnaires, scales, and interview protocols.

Hence, the EUMASS Council decided at the council meeting in Leuven in February 2005 to develop a core set for disability assessments. The work started right away. In a first step, national groups met to come up with suggestions for ICF categories to include in the core set. These were sent to the working group, who in February 2006 organized a Leuven meeting to decide on the core set. Well over twenty members from 13 different countries participated. This was regarded as more than enough. At the end, after one very long and stimulating day and some finalizing e-mail correspondence, the core set was ready. It included twenty ICF categories that were seen as necessary for

disability assessments in European social security. Five of these categories were taken from body functions and 15 from activities and participation. No category from environmental factors was included.

This project is one of the largest to be undertaken in EUMASS. In the planning period, the working group was in close contact with the ICF Research Branch, Munich who had published several core sets on various medical conditions.

From the very start of the project, we had as the first goal to publish the EUMASS core set internationally. *Disability and Rehabilitation* is a renowned scientific journal. It was interested in our article and published it in 2008. We also had an important second goal which was strongly emphasized by the French members of the group. The core set had to be validated. Did the core set really capture the most important functional aspects in disability assessments in social security?

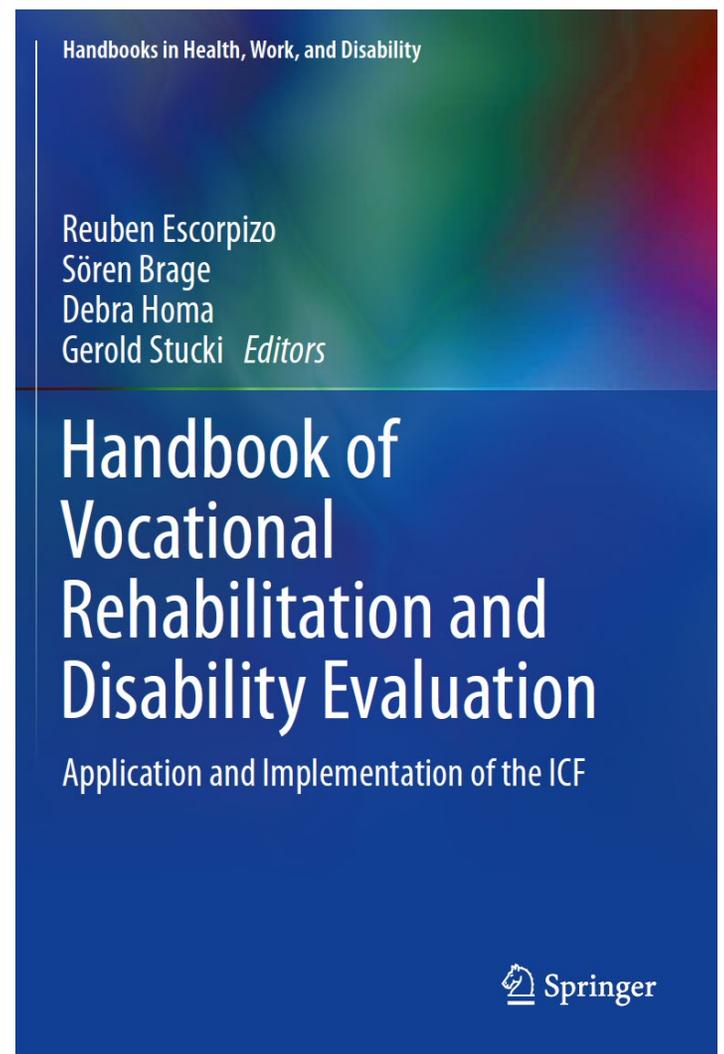
So, in a second phase we carried out a validation study in six countries where over 50 medical examiners participated, and where 500 claimants for disability benefits were included. We analyzed the results and found the core set to be valid, but that there could have been a stronger emphasis on the aspects of mental functioning. This study was also published in *Disability and Rehabilitation* (in 2011).

The EUMASS Core Set has gradually attracted more attention. Countries like Sweden, Estonia and Iceland have used it to develop assessment procedures and protocols in their social security agencies. In other countries, like the Netherlands and France, the core set is offered as a support to the assessing physicians.

The ICF working group also contributed significantly to a textbook on the use of ICF in rehabilitation and in social security (*Handbook of Vocational Rehabilitation and Disability Evaluation*, Springer Verlag N.Y., 2015). In the work with the EUMASS Core Set we have pursued a rigorously scientific approach, in addition to having it published openly and for free use by any person or institution. In the last years, the working group has tried to find out to what extent the core set is used at present, and this

work is ongoing. There has also been considerable interest in revising the core set itself. Partly because of the deficits we already saw from the beginning. But maybe even more because of the rapidly changing societies, labour markets, and social security agencies in Europe. The core set was developed more than 15 years ago, and it might have become less relevant over time.

We have been quite satisfied with our work on the EUMASS Core Set. But however successful it has been, the mere spread of the ICF thinking has maybe been even more important. Here, the members of the ICF Working Group and the EUMASS council members have done a tremendous effort in repeatedly proposing and trying to apply the use of the ICF and the ICF model in their national settings. A more functional approach in disability assessment is now standard in many European countries. A strictly biomedical assessment is becoming less prevalent. We feel that the EUMASS has contributed considerably to this necessary change.



The Babylon project

Dr. Gert Lindenger (SE)



Each country in Europe has its own unique system for the assessment of claimants for social security, disability and other insurance benefits. This variability can make it difficult to understand the systems that other countries use and thus hinder research and study, particularly when comparing the different systems. When benchmarking across countries, misunderstandings may occur due to the fact that when a person wants to express something they will try to find the appropriate English technical term from the reference point of their country's system. But the receiver of the information from another country may interpret the term from their understanding of their own country's system. Therefore, technical terms used in this specialist area of medicine would benefit from an English written definition, to avoid such misunderstandings as far as possible.

The project, called the 'Babylon Project' which was devised and undertaken by EUMASS/UEMASS.

The Council of May 2010 Prešov, Slovakia endorsed the start of a new working group on nomenclature, the Babylon Group. The working group consisted of Christina Dal Pozzo, Peter Donceel, Gert Lindenger, Hans-Werner Pfeifer, Ioana Soare, and was completed by someone from the former Taxonomy group and an English native speaker.

It was only in 2016 that Dr. Nerys Williams (UK) and Dr. Gert Lindenger (SE) wrote a paper on the Babylon project. The current Working Group relies primarily on Dr Gert Lindenger

Following languages are already available to compare on the eumass website <https://www.eumass.eu/babylon-project>

- TERM English
- Croatian translation
- Czech translation
- Dutch translation - Belgium
- Dutch translation - The Netherlands
- French translation - Belgium
- French translation - France
- German translation
- Norwegian translation
- Slovenian translation
- Swedish translation

The Babylon project

	A	B	C	D
10	Czech translation		Czech translation	
11	Croatian translation		Croatian translation	
12				
13	TERM English	DEFINITION English	Swedish translation	Swedish comments
14	Appraisal / appraiser		utvärdering / värdering	
15	activity limitation	the way in which a person is restricted in their ability to perform certain tasks	aktivitetsnedsättning	
16	argumentative assessment (from the claimant)	argumentative: using or characterized by systematic reasoning assessment: the action of assessing someone or something (from the claimant: from the person making a claim)	bedömning	
17	assessor	a person who makes evaluations or estimates	bedömningsläkare	
18	Benefit	a payment made by the state or an insurance scheme to someone	förmån	

The Babylon project has been a prerequisite to facilitate a better benchmarking process of international European experiences in the field of insurance medicine. It is consistent with EUMASS goals, ensuring and safeguarding the best possible scientific standard. The EUMASS exchange of experiences and scientific knowledge is mainly done through arranging an international congress of insurance medicine every other year and in doing so parallel presentations based on submitted well-formulated abstracts are vital. For this purpose, the Babylon project has been of essential practical benefit. However, Babylon cannot stay a static list of defined and translated terms since reality constantly evolves. Which is why the Babylon list needs to be constantly updated in the future as well. Furthermore, it is the project's ambition to expand and include more languages and thus improve the understanding of this key specialty across Europe.

more detail were published in TBV jaargang 26, nr.7, september 2018

WD-FAB : LA BATTERIE D'ÉVALUATION FONCTIONNELLE DE L'INCAPACITÉ AU TRAVAIL



Une évaluation complète et efficace des limitations d'activité liées au travail est impérative pour les programmes gouvernementaux d'invalidité et les cliniciens travaillant avec des patients souffrant de limitations professionnelles.

Le développement et la validation initiale d'un nouvel instrument : la batterie d'évaluation fonctionnelle de l'incapacité au travail (WD-FAB) a été présenté à l'UEMASS d'abord au congrès de Ljubljana en 2016 par Leighton Chan,

du NIH, USA. Puis en 2017 lors d'une réunion scientifique de l'UEMASS à Hasselt par Soren Brage (Norvège) et Saskia Decuman (NIDHI Belgique), suivi d'une mise à jour en 2018 au congrès de Maastricht par Leighton Chan et Julia Porcino (NIH, USA).

Lors des différentes réunions du " Conseil " et du groupe de travail WD-FAB, la poursuite des tests dans les différents pays des membres a été discutée, notamment en Suède, Allemagne, Norvège, Belgique, République tchèque.

Le WD-FAB est un outil qui a été développé aux États-Unis grâce à une collaboration entre l'administration de la sécurité sociale américaine, l'Institut national de la santé et l'Université de Boston. Le WD-FAB est une évaluation auto-rapportée de la capacité fonctionnelle liée au travail. L'outil est basé sur une batterie de plus de 350 questions réparties sur huit échelles de fonction physique et de santé mentale, qui sont appliquées à l'aide d'un test adaptatif par ordinateur (Items Response Theory). Cela permet une évaluation facile, efficace et comparable du fonctionnement qui peut être liée aux composantes d'activité de la Classification internationale du fonctionnement, du handicap et de la santé (CIF) de l'Organisation mondiale de la santé.

Le développement, l'adaptation et la traduction en normes européennes sont soutenus par la Commission européenne, l'unité SRRS et la Direction générale de l'appui aux réformes structurelles (DG REFORM). Plusieurs membres de l'UEMASS tels que l'Allemagne, les Pays-Bas, la Suède, le Royaume-Uni et la Belgique sont impliqués dans ce processus.

À titre d'exemple, voici comment fonctionne le processus de traduction et de validation en Belgique sous la direction de l'Institut national d'assurance maladie-invalidité Département des prestations d'invalidité - Recherche, développement et qualité

La Belgique a connu une augmentation considérable du nombre de personnes en incapacité de travail au cours de la dernière décennie. Compte tenu de cette tendance, le développement d'initiatives de réintégration, y compris des outils d'évaluation, est une priorité politique élevée en Belgique. Sur la base des contributions de l'UEMASS, et avec le soutien de la Commission européenne (DG Appui aux réformes structurelles), l'INAMI a décidé en 2018 d'étudier la batterie d'évaluation fonctionnelle de l'incapacité de travail (WD-FAB).

La traduction de tous les items de la banque d'items WD-FAB (batterie de questions) de sa langue d'origine (anglais américain) vers les deux langues cibles (néerlandais/flamand belge et français) a été réalisée. Un cadre rigoureux a été appliqué afin de maintenir l'équivalence de sens et de mesure et de garantir que le questionnaire soit facile à comprendre et à utiliser. La validation (par des experts et la population cible) et le calibrage de l'outil sont en cours.

En fin de compte, nous espérons pouvoir offrir le WD-FAB comme outil complémentaire à l'examen clinique, effectué par un médecin-conseil (MD), qui facilitera la décision concernant la capacité fonctionnelle du demandeur.

EUMASS IN NORWAY

Norway has hosted two major events since it entered the EUMASS: The Oslo Congress in 2002, and the council meeting in Trondheim in 2022.

The Oslo congress

Since 1952, Norwegian social insurance physicians have been members of the Association of Social Security Medicine (a section of the Norwegian Medical Association). After a modest start, our association expanded strongly in the 1990's, due to an increased emphasis on social security medicine. New members brought novel ideas of activity and projects into the association. The decade was turbulent and innovative with academic connections and a stronger scientific approach to the field.

In this setting, we were privileged to arrange the EUMASS Congress in June 2002. This was our 50th anniversary – a landmark for us. In valuable

cooperation with the University of Oslo, the Ministry of Social Affairs, the Medical Association and a private insurance company we organized the congress at Soria Moria. This is a beautiful conference center on the high woody hills with a magnificent view over Oslo. The number of participants was high, and the congress was a success. The academic program was mixed as usual, including hospital financing and quality assessment, rehabilitation issues, use of international classifications of functioning, and epidemiological and educational issues. The presenting colleagues in plenary or parallel sessions were much appreciated.





The social program held the same high standard. The Congress banquet on Friday evening included a memorable singing performance by Belgian colleagues. And the dancing afterwards was highly active thanks to a live jazz orchestra. By the way, the EUMASS banquets usually have excellent settings for dancing, and many representatives make use of them. There must be some unique but under-studied relationship between social security medicine and dancing. In other associations dancing seems to be viewed as a dismal occupation- but in EUMASS it is not. Let us hope that this tradition revives after the pandemi

The congress was sternly and politely governed by the chair of our association - Dr. Herman Anker. He was elected President of EUMASS at the end of the congress, but his early death sadly stopped him from taking on this task.

Trondheim 2022 - First physical meeting since Covid-19

Trondheim, the Viking capital of Norway, would be the arena for the second EUMASS event held in Norway, and the first physical meeting for EUMASS since the Covid-19 restrictions was lifted. 20 years had passed since the EUMASS Congress in 2002. The Council meetings took place at campus Øya, where the Norwegian

University of Science and Technology (NTNU), and St. Olav's Hospital is located.

The social program held the same high standard. The Congress banquet on Friday evening included a memorable singing performance by Belgian colleagues. And the dancing afterwards was highly active thanks to a live jazz orchestra. By the way, the EUMASS banquets usually have excellent settings for dancing, and many representatives make use of them. There must be some unique but under-studied relationship between social security medicine and dancing. In other associations dancing seems to be viewed as a dismal occupation- but in EUMASS it is not. Let us hope that this tradition revives after the pandemi

The Scientific meeting was organized by the Norwegian EUMASS representative Karen Walseth Hara together with the Faculty of Medicine and Health Sciences NTNU, the Norwegian Directorate of Labour and Welfare and the Norwegian Medical Association. It took place in the student training facility of NTNU which was developed for interactive group discussions. Several prominent researchers, physicians, and advisors within the field of labor and welfare in Norway held presentations. The presentations gave an overview of the labor and welfare situation in Norway. The meeting was opened with a talk about social insurance medicine and the challenge of bringing together research, teaching, and the field of practice

The 2021 paper Strategy for the field of work and health by the Norwegian Labour and Welfare Administration (NAV) was presented, as well as the strategic collaborative agreement between the NAV, the Norwegian University of Science and Technology (NTNU) and the Central Norway Regional Health Authority (HMN). This collaboration is divided into four program areas: Work and health, Digitalization, Welfare technology and Organization and learning. Associate Professor (NTNU) Babak Farschchian, Program leader for Digitalization, held a presentation about digitalization and its impact on sustainability, and the challenges of digitalization.

Karen Walseth Hara, as Associate Professor (NTNU) and Program leader for Work and health, presented the teaching program for social security medicine for medical students and new national guidelines for this.

Ulf Andersen, the Director of the Department of Statistics (NAV) gave a tour of the Norwegian welfare and benefits system on sickness and health. One of the interesting topics in the presentation was the paradox of Norway having one of the most comprehensive welfare systems in the world, while at the same time having the highest sick-leave and the highest cost associated with sick-leave across the whole OECD in 2013.

Stian Kersenboom Johnsen, Senior Advisor (NAV), Franz Hintringer (UNN), and Nils Fleten (UiT) presented The Norwegian Health in Work Program from background to implementation and operation in northern Norway and ending with an evaluation of the program.

Marit Hermansen, Chief Medical Advisor (NAV) held the last presentation for the day on the social insurance system in Norway – and the role of physicians. The presentation

gave an overview of how the social insurance system in Norway is organized, its

impact, the laws and regulations, and the different roles within the system, with a special focus on the role of the medical advisors in NAV.

On Saturday we finished our meetings and returned home very satisfied with new knowledge and extensive collaboration with European colleagues.

The Norwegian Association of Social Security Medicine has been a member of EUMASS for thirty years. The membership has given us many opportunities to present our national and local applications of social security medicine – both in best practice and research – to an international audience. But, even more, it has given us the chance to learn from and discuss with other researchers and practitioners all over Europe. The differences in practice are clear, but the similarities across borders are much more evident.



Le 50^e Anniversaire de l'EUMASS

LIES VAN MEERBEEK

THE secretary of EUMASS until 2021

She arrived at UEMASS with Prof. Peter Donceel and brought an administrative structure to EUMASS. She was the proverbial spider in the EUMASS web: she scheduled and organised meetings, developed the website, collected membership fees and kept her eyes and ears open to what was happening in EUMASS. You could always turn to Lies. Preferably in the background, Lies was always there to help and organise. For her, EUMASS was more than just volunteering. EUMASS was a family that was close to her heart and for which she always had time.

Even after the death of her boss and friend, Professor Peter Donceel, which affected her deeply, she continued to work for UEMASS, but after her retirement, the distance to the daily work of insurance medicine gradually became too great. The Covid-19 pandemic made the work at UEMASS even more difficult. In addition, other things, such as a number of grandchildren and her husband Wim, also require her attention.

But Lies remains a busy, socially committed bee. She has found a new love, building a sustainable society through local initiatives.

We wish her well and will continue to miss her.

Many thanks!



Peter Donceel

16 October 1959 - † 20 October 2013

Peter Donceel was the professor of insurance medicine at the KU Leuven (Belgium) and the one who put insurance medicine in Flanders (Belgium) on the map. He gave insurance medicine new dimensions, both academically and on a European level.

In his position as professor, he immediately became the pivot of interuniversity training in insurance medicine and medical expertise. Together with his colleagues from the University of Ghent and the University of Antwerp, he reformed the programme into a fully-fledged master's degree that was in line with scientific evolution and daily practice. He made the insurance medicine speciality visible through the special professional title.

In addition, he remained active in the field of health insurance, including as chairman of the High Commission of the Medical Council for Disability. Peter earned his spurs in research on 'return to work'. His doctoral dissertation, on which he obtained his doctorate in 1999, dealt with "The contribution of insurance medicine to professional reintegration after surgical treatment of the lumbar vertebral column". By choosing this topic, he expressed his personal conviction that people should not be excluded because of illness, disability or whatever, but on the contrary should be supported in their efforts to maintain a full social and professional position.

Peter Donceel soon gained international recognition for his research. He made numerous contacts with foreign researchers and policy makers, which resulted in a whole series of initiatives. He was a member of the Council and successively secretary general, president and treasurer of the European Union of Medicine in Assurance and Social Security (EUMASS - UEMASS). Also in these functions he inspired and supported many representatives in their efforts to develop insurance medicine in their countries and was the major force in the further development of EUMASS as we know it today.

Peter was a kind and generous man. He avoided pointless conflicts or saw to it that they were resolved, but his search for consensus did not mean that he gave in on matters that, according to his insights and convictions, were essential. It is this combination of mildness and perseverance that made him a unique personality.

As a lasting tribute to Prof. Peter Donceel, the Scientific Association for Insurance Medicine vzw established a prize that aims to promote and support scientific research in insurance medicine in Flanders.

For its part, EUMASS decided to choose a 'Peter Donceel lecture' at each EUMASS congress that best defends its spirit of scientific research in a European dimension.



A big cake of Good Practices!

**Minister
Frank
Vandenbroucke**

First of all, I would like to wish EUMASS a very happy birthday. 50 years is an anniversary with a golden lining, and the association can be rightly proud of that. Unfortunately, I cannot sound live with you on this joyous occasion, but I am glad that technology makes it possible for me to make a modest contribution to your birthday celebration anyway.

I am kicking in an open door when I say that we are experiencing very difficult times. The health crisis that coloured the beginning of my ministerial tenure has seamlessly transitioned into a war crisis that is partly at the root of energy and other economic challenges. The importance of a well-developed and agile social security system has perhaps never been more important. Because no matter how you spin it, crises like these make the group of vulnerable citizens grow. The discussion is now no longer about how to strengthen purchasing power, it is about how to prevent poverty. The pressure on people is becoming great, and we will see that translated into the increase in the number of people with health problems, certainly mental but also physical. And I am going to add one more negative element to my perhaps dark introduction. Because yes, social insurance medicine is also in a crisis situation. I see, of course, especially what has been happening in Belgium for a number of years, but I cannot rid myself of the impression that this is also a problem in the rest of Europe; there is a shortage of insurance doctors. In all areas of social security. I am not going to analyse the causes here. But I do want to briefly outline to you how we in Belgium are looking at the future and, above all, what measures we will take.

... A big cake of Good Practices!

An ever smaller group of doctors has to do an ever more complex job for an ever larger group of people. So these are at least three areas in need of new policy. We are actually going to do that in Belgium in various ways. Without commenting on priorities or whether or not one or the other is more important, in the short and long term we will focus in Belgium on, among other things, the prevention of work-related health problems and stimulating quick Back to Work processes to reduce doctors' caseloads.

But we will also focus on the faster and better involvement of other relevant disciplines such as occupational therapists, psychologists and nurses. Multidisciplinarity is also making its appearance in social insurance medicine. And for me, that involves both doctors and non-physicians. Moreover, we initiate projects and platforms that make it easier for doctors to communicate with each other, share expertise and work together. In this way, we avoid duplicate examinations because information does not flow through, but we also provide additional expertise in dealing with a number of more complex problems. The Belgian TRIO platform, the Back to Work sheets for GPs developed by a working group within the National Board of Social Insurance Medicine and pilot projects for partnerships between GPs and first-line psychologists, for instance, fit in perfectly. But also, for example, a project on the Functional Capacity Analysis for persons with mental health problems and other actions gathered in a federal policy and action plan on mental well-being at work.

And finally, we are exploring how to improve and promote the status of doctors working in the field of social insurance medicine so that young doctors also choose these disciplines. And to be clear, I am not just talking about the financial, but also about training, recognition and opportunities to work together. This is not an easy exercise, especially in a complex field of all kinds of different forms of work and, on top of that, the numerus fixus for doctors. We rely on specialised scientific advice there to put us on the right track.

So yes, we face challenges, but a much louder one: "Yes, we also want to and are going to do something effectively". Gathering good practice is a mission for EUMASS. I would therefore like to call on you, on the occasion of your 50th anniversary, to treat me and my staff to a big cake of Good Practices that we can incorporate into our policies. Thank you in advance!

Minister Frank Vandenbroucke

Deputy Prime Minister and Minister of Social Affairs and Public Health Belgium

<https://vandenbroucke.belgium.be/en>

EUMASS: a sure fact in Dutch insurance medicine



As one of the original 6 Member States of the European Economic Community, the Netherlands was involved in the establishment of EUMASS in 1972 and the Dutch Association for Insurance Medicine (NVVG) has been a member since.

One of the main goals of EUMASS is to organise a European congress every other year. Over the years EUMASS congresses have taken place in various locations in the Netherlands (Amsterdam, The Hague, Veldhoven and more recently Maastricht) and in other European countries.

Gradually, the congresses have gained more substance, partly due to the introduction after the 2010 Berlin Congress of a Scientific Committee that reviews submissions of abstracts for presentations, workshops and posters. At the congresses, which cover a wide range of insurance medicine topics, the aim is to bridge the gap between science and practice. This is also the aim of the Dutch Knowledge Centre for Insurance Medicine (KCVG), which wants to promote the quality of insurance medicine and the academisation of the field through scientific research.

In the Netherlands, insurance medicine training also explicitly includes science, and this not only involves keeping up to date with current knowledge and applying guidelines, but also learning to ask 'good questions', questioning each other and giving feedback, doing research, writing and presenting a good text and developing a relevant network.

EUMASS offers opportunities for this at a European level. During congresses, internationally renowned speakers discuss various aspects of insurance medicine in a broad sense and a platform is provided to present one's own research, exchange views on scientific topics with (inter)national colleagues, learn about new developments and exchange practical experiences. In addition to the generally varied and interesting congress programme, the social programme around the congresses also offers excellent opportunities to exchange experiences in a pleasant atmosphere and develop and maintain a network.

After all, it appears time and again that, although legislation and regulations and hence social security in Europe differ from country to country, we as insurance physicians face the same insurance medical challenges and can learn from each other and from (inter)national studies and practices.

The EUMASS congresses thus offer the opportunity to put Dutch insurance medicine research in the international spotlight on the one hand, and on the other to become acquainted with foreign projects. It is a good and pleasant way to exchange knowledge and experiences in our field and to look across borders.

We are therefore already looking forward to the next EUMASS congress, which will be held in Strasbourg in 2023.

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facing the same problems and looking for their own solutions. Gradually, the focus shifted from health care assessment and control to disability and incapacity for work, although some of the themes seemed timeless.

W.V.V. has always been convinced of international scientific cooperation and has found like-minded partners in UEMASS. Together with Professor Peter Donceel, the recognition of insurance medicine was also put on the agenda of UEMASS in order to increase the visibility of insurance medicine.

In addition to the first congress in Brussels, the WVV has organised three other congresses: in 1983 in Bruges on absenteeism, in 2000 in Ghent where we developed parallel sessions and in 2018 in Maastricht with our Dutch co-organisers NVVG and GAV.

Organising the UEMASS congresses has always been a major effort for the WVV, but these increasingly professional and grandiose congresses have strengthened the functioning of our own association and allowed us to involve all our members in international scientific developments.

If you come away from a congress with one good idea, then the congress was a success. This has always been the case for EUMASS congresses. Often these ideas were further developed at the scientific council meetings. We learned about ICF and integrated it into different areas of Belgian compulsory health insurance, we started to translate and test the American WD-FAB tool, we observed how our French colleagues organised practice visits,

In addition to these scientific aspects, team building and inter-professional contacts proved to be important for the Flemish and Belgian medical officers. And often these social moments remain in our memories for a long time. From our Belgian singers Ben and Jacques at the gala dinner in Oslo, to the columns in the auditorium of Ghent University covered with ham as part of an art project.

Not to mention that EUMASS has become a group of friends that we can rely on.

We wish EUMASS another 50 young years to become THE European reference in insurance medicine!

Six years have passed today since the beginning of the work capacity reform in Estonia. On July 1, 2016, the Estonian Unemployment Insurance Fund (Eesti Töötukassa) started a new way of assessing work capacity. The motive behind the work capacity reform was to increase the employment opportunities of people with long-term illness and disabilities and to support daily coping. The principles of assessment of working capacity and payment of financial support changed, the Estonian Unemployment Insurance Fund began to advise people with reduced working capacity in their search for work and to offer them the necessary services to find and keep a job. During the initiation of the idea of work ability reform, 2012-2013, the Estonian Society of Occupational Health and Safety prepared the methodology for assessing working capacity on the order of the Ministry of Social Affairs.

In the development of the work capacity assessment methodology, it was based on the fact that the methodology would be in line with the work capacity assessment principles of other European countries and the recommendations of authoritative institutions, especially the recommendations of the European Union for Medicine in Assurance and Social Security (EUMASS). During the development of the methodology, the principles and assessment instruments of working ability in the Netherlands, Great Britain, Iceland, Australia, Finland and Sweden were analyzed. The developers of the methodology consulted with several EUMASS specialists.

In Estonia, the work ability of a person is assessed in seven areas of physical and mental abilities on the basis of key actions in the area, which were determined on the basis of an aggregate of subdivisions in the field of acting and participation prepared by the EUMASS, which in its turn is based on the International Classification of Functioning, Disability and Health (ICF). In accordance with the recommendations provided by the EUMASS, 18 key actions have been developed covering 27 categories, which is used in the course of assessment of work ability.

The labor capacity reform in Estonia, as a very big change, was born and has progressed through the cooperation of many people and organizations. **Eesti Töötukassa would like to thank all partners and colleagues from the EUMASS, who advised us in preparing the work capacity assessment methodology and find practical solutions during the reform of work ability.** Since Eesti Töötukassa is a member of the EUMASS, our close cooperation has continued even after the reform - experiences and proposals have been listened to at annual meetings. We are looking forward to our future cooperation.

With acknowledgments,

Moonika Viigimäe MD, PhD

Medical Expert of Department of Work Ability Assessment and Support Measures
Estonian Unemployment Insurance Fund

UFMASS Why is UEMASS important?



In our daily work, our first level of recourse in case of difficulties is the colleague in the neighbouring office. The second level is our institution and the regulations. The third level is made up of databases, which in our profession are not so numerous, such as Cochrane, and UEMASS.

Indeed, UEMASS makes it possible to answer the question: "How do others do it?" in the face of a given situation, at the international level. This research is being carried out along two lines: artificial intelligence, of which the WD-FAB is an attractive example, and the importation into insurance medicine of innovations introduced into the health care system: the case manager, nurses, psychologists, medical assistants, etc.

The limitation of these improvements is that insurance medicine is not considered a medical specialty in most countries, which seriously hampers the recruitment of medical officers. UEMASS could play the role of a lobby, in a positive sense, to influence this at European level. This could be a stated objective for the coming years.

François LATIL, UFMASS, France

My best souvenir,

In Provence, where I was born, the sauna is not yet very popular, so during my first experience at the Stockholm congress, I felt uncomfortable. I realized that some of my fellows in steam had drunk a little bit, and became looking like lobsters. So I wondered if the process was really safe. I asked then: "Do you mind if I open the window?" Everybody laughed and I was reassured considering that their brain was tempered enough to appropriately react to a good sense question.

My worst souvenir

I accepted to help to be the chairman of a keynote speaker in a field that I didn't really mastered. The speaker was supposed to speak at least 30 minutes, but finished the speech in 20 minutes only. The question basket from the audience was empty. So I had to hold the line from my own prepared questions. But I realized that I could be running low on ammunition. Happily the cavalry came with the next chairman.

François Latil, UFMASS, France



ČESKÁ SPRÁVA
SOCIÁLNÍHO ZABEZPEČENÍ

Ljiljana Bojičova, MD, PhD



Liljana Bojičova, MD, PhD – has been the most distinctive personality of the medical assessment service in the Czech Republic in last 25 years and is well known even abroad.

It was just Bojičova, MD who headed up the integrated Medical Assessment Service (MAS) as part of the newly created Czech Social Security Administration in 1993. She meaningfully participated in the introduction of united methodology of appraising state of health and work ability, regular education of assessment doctors, and organizational management of the MAS as well.

She substantially participated in the change of the approach to the appraisal of state of health and work ability from 1996 when the general assessment criteria were introduced in cooperation with professional medical associations. In the Czech Republic, taking into

consideration progress in medical science, these principles are still a basis of assessing work ability with emphasis on functional disorder and not on diagnosis.

As a Director and Head Director of the MAS of the Czech Social Security Administration, Dr. Bojičova was successful in pushing through systematic procedures for the MAS. She propagated the principles of assessment medicine in healthcare, lectured and educated doctors across specialities. She asserted the high requests for education of assessment doctors, improvement of the position of assessment medicine and for the change in its perception by the professional and general public. Dr. Bojičova also published her work and was awarded Jan Evangelista Purkyně Honorary Medal for her long-year work in the development of assessment medicine which granted by the Czech Medical Association in 2007.

Dr. Bojičova was well aware of the need of mutual cooperation and continual development, search for new possibilities and inspiration even abroad. She successfully joined international cooperation with other specialists and professional companies, including EUMASS. The current membership of the CSSA would not exist without Dr. Bojičova's enthusiasm. In 2000, she participated in the EUMASS Congress in Gent, Belgium and in 2001, she contributed to the CSSA proper membership of this organization. While she was working in the CSSA, the meetings of the EUMASS Council were organized twice in Prague; in June 2008, she was instrumental in the organization of the 17th EUMASS International Congress in Prague hosted by the CSSA with the patronage of the Czech top politicians. The main topic of the congress was "Chronic Illnesses and Their



ASMA WISHES UEMASS AN EXCELLENT JUBILEE

The Association Scientifique de Médecine d'Assurance (ASMA) is the scientific association of physicians concerned with social insurance medicine in French-speaking Belgium.

It mainly includes doctors working in the field of health care and work incapacity insurance, i.e. medical advisors of social health insurance funds (mutuelles) and medical inspectors of the National Institute for Health and Disability Insurance (NIDHI). Doctors from the Occupational Diseases Fund, others concerned with accidents at work or doctors from private insurance companies, as well as doctors from the Federal Public Health Service.

Every year, ASMA organises training sessions in conjunction with the French-speaking universities of Belgium (UCLouvain, ULBrussels, ULiège). For years, the ASMA has supported the qualification of its member doctors, including university training, and has defended the recognition by the Ministry of Public Health of its doctors as specialists in "insurance medicine and medial expertise". This was achieved in 2007.

The ASMA wishes UEMASS an excellent Jubilee and looks forward to its continued dynamism for the next 50 years. It is all the more pleased to do so because ASMA was founded at the same time as UEMASS. Our predecessors were convinced that insurance medicine deserved better recognition and a more scientific rather than empirical approach. They did so by organising the Tournai Congress in 1992 and the Lille Congress in 2004 with our French colleagues. Today, and for the future, this conviction remains valid, which is why the ASMA is committed to investing in the UEMASS, especially by co-organising the next congress in Strasbourg in 2023.

Long live UEMASS

EUMASS

XVIth Congress, Dublin, Ireland
8th to 10th June 2006



The Psychosocial Aspects of Disability and Healthcare

2nd Announcement

EUMASS Congress 2014 Stockholm

Scientific Knowledge and Good Practice in Insurance Medicine and Social Security

New insights in insurance medicine and social security

XVIIth EUMASS Congress 2008

European Union of Medicine in Assurance and Social Security



Chronic diseases – their impact on healthcare and social
security, including economical aspects



PROGRAMME

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June 5 - 7, 2008

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Registration has been opened to the 20th
Stockholm, 11-13 September 2014.
Register

EUMASS -UEMASS
European Union of Medicine in Assurance and Social Security
Union Européenne de Médecine d'Assurance et de Sécurité Sociale



The Proceedings of the 13th International
EUMASS-UEMASS Congress, Gent

Actes du 13^e Congrès International
UEMASS-EUMASS, Gand

Verslagboek van het 13^{de} Internationale
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