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Towards Integrated Care in Immune-Mediated Diseases: The Emerging Role of the UEMS MJC on Immune-Mediated Diseases

Authors
Andaç Salman[1], Hrvoje Lalić[2,3,4]
ORCID: Andaç Salman 0000-0002-6407-926X | Hrvoje Lalić 0000-0003-4078-4439
[1]Acibadem University School of Medicine, Department of Dermatology, Istanbul, Turkiye
[2]Department of Physiology, University of Zagreb School of Medicine, Zagreb 10000, Croatia
[3]Laboratory for Cell Biology, Croatian Institute for Brain Research, University of Zagreb School of Medicine, Zagreb 10000, Croatia
[4]Department of Laboratory Immunology, Clinical Department of Laboratory Diagnostics, University Hospital Center Zagreb, Zagreb 10000, Croatia

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Corresponding author: Andaç Salman, UEMS MJC on Immune-Mediated Diseases

Abstract

Immune-mediated diseases affect up to 7% of the population and are characterised by overlapping pathogenic mechanisms that cross traditional specialty boundaries. Their management requires coordinated, multidisciplinary approaches that go beyond conventional organ-based models of care. The UEMS Multidisciplinary Joint Committee (MJC) on Immune-Mediated Diseases provides an organisational framework for sustained collaboration across European medical specialties. Following the election of a new Bureau in January 2026, the Committee has entered a new phase focused on consolidation, visibility, and practical cooperation. This article outlines the rationale for integrated care in immune-mediated diseases, describes the role and structure of the MJC, and proposes strategic priorities including the development of joint educational frameworks, harmonisation of diagnostic approaches, and strengthening of the Committee's multidisciplinary identity within UEMS.

Keywords: immune-mediated diseases; multidisciplinary care; UEMS; integrated care; postgraduate education; European specialist medicine; MJC.

Introduction

Immune-mediated diseases comprise a broad and clinically heterogeneous group of conditions characterised by dysregulated immune responses and inflammation affecting various organs and systems. Collectively, these disorders are estimated to affect up to 7% of the population.[1] Beyond their clinical heterogeneity, they impose a substantial and often underappreciated burden on patients' quality of life. Despite major advances in the understanding of immunopathogenesis and the rapid expansion of targeted therapeutic options over recent decades, definitive curative treatments remain unavailable for most immune-mediated conditions.

A defining feature of these diseases is the presence of overlapping pathogenic mechanisms and shared inflammatory pathways across traditionally distinct specialties. Consequently, multiple immune-mediated diseases may coexist within the same individual, involving different organ systems and further amplifying the burden on patients, their families, and society. This overlap challenges conventional organ-based models of care and highlights the need for closer coordination between specialties.

The Need for Multidisciplinary Care

The benefits of interdisciplinary and multidisciplinary approaches, compared with traditional specialty-based care, are increasingly recognised in the management of immune-mediated diseases. Studies have demonstrated that such models improve clinical outcomes while also positively influencing patient-reported domains, including disease understanding, acceptance, personal empowerment, and overall quality of life.[2] Although multidisciplinary care models may be associated with slightly higher short-term costs, these are often offset by improved disease control, more efficient use of healthcare resources, and better long-term outcomes.[3]

Multidisciplinary teams can reduce fragmented referrals, support more appropriate management of treatment-related adverse effects and enable earlier recognition of additional organ involvement.[4] This is particularly relevant in immune-mediated diseases, where delayed diagnosis or insufficient coordination between specialties may contribute to disease progression and increased morbidity. Overall, multidisciplinary care provides a structured framework for delivering more integrated and patient-centred management.

The Role of the UEMS MJC on Immune-Mediated Diseases

At the European level, the need for stronger coordination across specialties aligns closely with the role of UEMS structures designed to support cooperation beyond the boundaries of individual disciplines. The UEMS Multidisciplinary Joint Committee (MJC) on Immune-Mediated Diseases provides an organisational framework for collaboration in an area that extends across multiple Sections and Boards. Within UEMS, this structure offers a formal basis for sustained multidisciplinary dialogue, exchange of expertise, and the development of joint initiatives in a field that cannot be confined to a single specialty.

Although the MJC on Immune-Mediated Diseases was already in existence, recent organisational changes, including the election of a new Bureau in January 2026, created an opportunity to redefine priorities and strengthen multidisciplinary engagement. This transition has brought renewed momentum to the Committee and opened a new phase focused on consolidation, visibility, and practical cooperation across disciplines.

In practical terms, the MJC provides a dedicated forum through which specialties involved in immune-mediated diseases can address issues of shared professional relevance in a structured manner. These include postgraduate education, common training principles, standards of practice, and areas in which closer coordination across disciplines may be beneficial. The Committee also provides a platform for broadening multidisciplinary representation by engaging relevant Sections and encouraging wider participation in its work.

Importantly, the role of the MJC is not to establish a new specialty, but rather to support a coherent multidisciplinary approach in a field that requires additional competencies, shared educational efforts, and closer professional alignment across Europe. The current phase should therefore be

viewed as an opportunity to strengthen the Committee's identity, clarify its priorities, and establish the basis for sustainable multidisciplinary cooperation within European specialist medicine.

Strategic Priorities and Future Directions

The next phase of work for the UEMS MJC on Immune-Mediated Diseases should focus on a limited number of clear and achievable priorities. One important objective is the development of a coherent framework for educational and professional cooperation across participating specialties. This may include the preparation of joint interdisciplinary training modules, the identification of shared learning objectives, and the development of common competency frameworks covering core immunological principles, multidisciplinary assessment, and integrated management of immune-mediated diseases. Such activities could help ensure that specialists from different disciplines share a common language and a comparable understanding of the mechanisms, diagnostic challenges, and therapeutic principles relevant to these conditions.

Another strategic priority is the harmonisation of diagnostic and clinical approaches across Europe. Important differences continue to exist between countries and institutions regarding access to specialist expertise, laboratory support, and diagnostic pathways. In the short term, the MJC could support the mapping of existing diagnostic pathways, referral structures, and multidisciplinary care models across participating countries and specialties. This would help identify variability, gaps in access to expertise, and examples of effective practice. On this basis, the Committee could later contribute to the development of practical recommendations or minimum standards in selected areas where multidisciplinary coordination provides clear added value.

An additional priority involves strengthening the visibility of immune-mediated diseases both within UEMS and within the wider professional community. This includes developing a clearer communication presence, broadening participation from relevant Sections, and creating a more visible multidisciplinary identity for this field within the UEMS framework. Early activities may therefore focus on stakeholder engagement and representation, including regular communication with participating bodies and the establishment of working groups dedicated to education, clinical harmonisation, and external cooperation.

The long-term value of the MJC will ultimately depend on continuity, realistic planning, and sustained engagement. A stepwise approach may be particularly useful. Initial efforts could focus on mapping activities, stakeholder engagement, and the definition of shared priorities. Subsequent work could then progress towards educational modules, competency frameworks, and practical recommendations. In the longer term, these outputs may contribute to the revision and updating of European Training Requirements and other shared standards. Establishing a multi-year agenda, maintaining regular communication, and progressively expanding participation will be essential for the Committee to develop into a durable and effective platform for multidisciplinary cooperation.

Conclusion

Immune-mediated diseases exemplify the need for closer collaboration across medical specialties, as their management extends beyond the boundaries of individual disciplines. The UEMS Multidisciplinary Joint Committee on Immune-Mediated Diseases represents an appropriate response to this challenge by providing a platform for dialogue, coordination, and shared professional development.

Looking ahead, the success of the MJC will depend on its ability to translate multidisciplinary exchange into practical outcomes, particularly in the areas of education, training, and clinical alignment. By focusing on realistic and achievable priorities while fostering sustained engagement across specialties, the Committee has the potential to strengthen coherence within European specialist medicine and contribute to more integrated and effective patient care.

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