



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

The UEMS Section of Neurosurgery

**UEMS MEETING
BRUSSELS 1ST JULY 2006**

MINUTES

1. WELCOME

HJR welcomed members of the section, in particular:

- Professor Maillet, General Secretary of the UEMS
- Dr Juris Jansons, new delegate Latvia, replacing Prof. Valdis Keris
- Prof. O. Flodmark, Chairman European Board of Neuroradiology and representing Prof Lasjaunias
- Mr Kemeny, President of the European Association of Radiosurgery
- Professor Mooij, new delegate Netherlands
- Professor Emery, invited by Dr Matgé and possibly to be the new delegate France
- Dr. Jungmann, Vice President UEMS Section of Neurology

Apologies were received from Professors Benes, Radek and Constantini

2. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting in Luxembourg February 2006, were approved with no amendments

3.a. REPORT OF PRESIDENT SECTION OF NEUROSURGERY UEMS

HJR reported the following:

- At a meeting of all the UEMS section presidents in Brussels in May, the Presidents of the Neurology, Surgery and Neurosurgery sections agreed to regularise relations between them. To that end agendas and minutes of the Sections' meetings will be exchanged and each will have a standing invitation to the others' meetings, hence the presence of Professor Jungmann. This development is aimed at increasing knowledge of connected specialties' activities at UEMS level and to change the silo-type operating methods currently in place.

- Professor V. Keris/Latvia has resigned from the UEMS. HJR thanked him for all his contribution.
- The Section's position paper on the Working Time Directive (EWTD) has been sent to the Management Committee of the UEMS and the Federation of Surgical Specialties of UEMS
Positive response and support was received from other surgical Sections of the UEMS. The position paper was sent to members of the "Committee for Employment and Social Affairs".
- In light of problems experienced by some colleagues when trying to open the electronic logbook, it has been rewritten in a different version and is now being tested. It will be ready by the end of the year and will be available from the EANS website.

3.b. REPORT OF TREASURER SECTION OF NEUROSURGERY UEMS

JvL reported the following:

- Delegates had agreed that members should pay €200 per annum. Letters to this effect had been sent out to the organisations in January and a reminder in May. To date 16 countries had paid but some of these needed to be reminded that all bank charges had to be at their expense. **It was agreed that** the delegates of non-paying members should request payment of their organisations and that reminders would be sent out in September. It was also agreed that JvL should be notified of changes of treasurers by the delegates. It was agreed that after a 2-year period of grace, non-payers would be able to send delegates to the Section meetings but would lose voting rights until settlement of the account. This should be a matter of last resort.
- A sub account of the UEMS had now been opened
- It has been established that the UEMS comprises 27 full members, 5 associate members and 1 observer. Lithuania is not a member at the moment; Azerbaijan, Bulgaria, Cyprus, Malta and Iceland do not have representatives in the Section; Luxembourg's neurosurgeons are members of other national societies.
- JvL concluded that expenses to date amounted to €1039 leaving a balance of €2324.

HJR thanked JvL for this work and **it was agreed that** the current level of €200 per member per annum was sufficient at the moment.

4. REPORT OF CHAIRMAN OF JRAAC

TT reported that:

- The Committee had last met in Luxembourg in February 2006
- No new units had been accredited since the last meeting, however a site visit had been made to the University Department of Neurosurgery in Istanbul and accreditation would be discussed at the next meeting of the Committee.
- Membership of the Committee was discussed in light of the retirement of Professors Gjerris, Brock and Lobo Antunes. In addition Mr Steers and Professor Zerah would also come to the end of their tenure in the next 18 months. **It was agreed that** Professors Unlu from Turkey and Cesarini from Sweden would be UEMS delegates to JRAAC. Professor Emery could also be a delegate but subject

to becoming the French Society's delegate to the UEMS. Professor Emery will deal with this. **It was also agreed** that the EANS would submit nominees to JRAAC and that where possible these would be from units which had been through the accreditation process.

5. REPORT OF PRESIDENT OF EANS

KWL reported the following:

- The next training course will be in Bratislava under the auspices of Professor Steno
- The Research course in Thessaloniki under the auspices of Professor Selviaridis had been very successful and the next course will be in Cambridge in September
- The next Winter Meeting will be in Antalya in February 2007 where the topic will be Restorative and Functional Neurosurgery. The next UEMS meeting will take place during that time
- At a meeting in Luxembourg in February this year, the members of the EANS (Societies and Individual Members) had voted for Professor Johannes Schramm as President Elect of the EANS and for Professor Vladimir Benes as Chairman Elect of the Training Committee

6. EUROPEAN WORKING TIME DIRECTIVE: REPORT AND FURTHER MEASURES

HJR reported on two meetings which took place in Brussels in May this year: a) the meeting of the European Federation of Surgical Specialties (membership of the federation has been declined by the Anaesthetists). In all 9 surgical specialties were represented at the meeting, and b) the meeting of the Sections with the Management Council of the UEMS. .

- It is unclear as to the primary purpose of the Management Council. In principle it should act in the interests of the UEMS specialties (Sections), However it appears that the Management Council consists of delegates from the member countries who do not necessarily have a mandate from the specialties and who therefore do not represent their interests at Management Council level. **It was agreed that** there appeared to be a degree of democratic deficit and that these questions would be further explored
- 8 of the 9 surgical specialties have accepted the EWTD of 48 hours with an additional 12 education hours. The remaining specialty (O&G) prefers just the 48 hours but has agreed to support the other specialties
- The Management Council voiced concerns that the Position Paper from the Neurosurgical Section had been circulated to Members of the European Parliament (MEPs)
- It appears that some form of agreement has been entered between the Management Council and MEPs on the EWTD and this seemingly without consultation or information of the Sections. However the Council has agreed not to enter into any further agreements until a new questionnaire had been circulated and results analysed. **It was agreed that** HJR would send out these new questionnaires to the delegates of the Section, and they should be returned to him
- HJR informed the meeting that actions on the EWTD were being taken nationally such as the English College contacting Tony Blair setting out the issues on the matter

- The next meeting with the Federation and the Management Board will be in May 2007 on the subject of a European Examination, validation of site visits and the risks of legal liabilities carried by these. **It was agreed that** Professors Cesarini, Trojanowski and Cunha e Sa should attend.

Professor Maillet thanked the Section for its support and made the following comments:

- Great importance is attached to running an examination at European level as a pathway to standardisation of training. National concerns are acknowledged and currently uptake of a European Examination is on a voluntary basis such as in Switzerland (Part I of the EANS examination) and in Belgium and Austria where a European qualification is accepted on the same footing as the national examination. **It was agreed that** the criteria for candidature to a Part II-type examination should be tightened and that harmonisation of nomenclature should be considered relating “qualifications” to “subspecialties” etc.
- The Management Council of the UEMS comprises representatives of national medical bodies and does not represent the specialties. The constitutional purpose of the UEMS is to defend the interests of the specialties. **It was agreed that** it was important therefore that these specialties should be either represented on, or linked into the Management Council but that this would increase considerably the workload of UEMS personnel. **It was suggested that** meeting dates should be set so that Section meetings could receive the papers of a future Management Council meeting in order to discuss them and feedback to the Management Council in good time
- On the subject of the EWTD: no contract had been signed between the UEMS and MEPs; in 2005 a proposal on EWTD was accepted by a majority of 3:4 following due process including documents being sent to the Sections within the prescribed time frame. BM informed the meeting that the aim of the European Commission is to harmonise legislation using Directives relating to training, qualifications and working time applicable to all industries. Therefore the Medical sector had little alternative but to agree with the majority of sectors in accepting the 48 hours
- It appears that other specialties in medicine are also unhappy with this number of hours (General Medicine for instance) however the proposal of 48 hours + 12 is also problematic due to the implication that the additional hours should be unpaid. A better solution would be increasing the hours to 60 and all remunerated. It is likely that after the new round of questionnaire, a new position paper will be published. BM pointed out that as the Directive was now in place there is sufficient time for a considered response from the UEMS. He also confirmed that the Directive applies to each and every employer separately

HJR concluded the following:

- The choices on EWTD are: Opt out,, the danger being that this may end up not including time set aside for training; 48 hours + 12 but call the additional hours “training” rather than “education” in order to ensure remuneration for the full 60 hours
- The responses from MEPs to the Section’s position paper showed that many had not considered patient safety when looking at the EWTD. Nor had they considered the impoverishment of training and the reduction of clinical research. The MEPs’ discussion has been postponed from June until the Autumn and it is therefore imperative that the UEMS’ questionnaire results should feed into this discussion

7. COMPETENCY BASED ASSESSMENT OF OPERATIVE FIGURES

KWL presented the paper. The purpose of the paper is to produce neurosurgeons able to perform basic neurosurgery at level C. BM reminded the meeting that the list was to strive to raise standards and not to be pragmatic. The meeting agreed that whether the list was enforceable by a trainee or not, was a matter for each programme director. The meeting considered each of the entries:

- **It was agreed to have the following corrections on the competency tables:**
 - Meningioma subdivided into vault - c, parasagittal - B and complex basal – C
 - 'Cerebellar hemisphere' added
 - Trigeminal injection techniques moved to B
 - Implantation of ports/pumps moved to C
 - Transphenoidal approached added and marked as B
 - Paediatric shunts and paediatric injuries all moved to C
 - Paediatric supra 'and/or infratentorial tumours' moved to B
 - The section on procedures that trainees have to assist has been taken out
 - The competency levels A, B, C have been changed to 1, 2, 3
 - The definition of 1 has been changed
 - Merged assisted list with main table

The list was approved with the above amendments

8. COMPETENCY BASED TRAINING: FORMATION OF TASK FORCE

It was agreed that this discussion should be postponed until the next Section meeting. The UK and Netherlands were asked to prepare short presentations on the subject for that meeting. It was noted that this topic was also in the programme of the next EANS Winter Meeting.

9. SUBSPECIALISATION: WORKING GROUP, GENERAL DISCUSSION

MCeS presented the following to the meeting:

- Response to the questionnaire had been low
- Neurosurgeons are finding it increasingly difficult to deal with the ever growing body of knowledge in the field. The question is whether the UEMS Section shall go on and identify the objectives for departmental or individual training in subspecialty areas?
- MCeS presented the advantages and disadvantages of subspecialisation as well as a discussion on legal implications, post residency definitions, fragmentation of the field of general neurosurgery and the difficulties of management in neurosurgical units in the face of this. It was noted that in Germany a curriculum vitae for pain and oncology care was now required and that in Belgium a recent law restricts the use of the specialty 'oncology' to full time medical oncologists, which raises concern in other specialties dealing with oncological patients that their (financial) possibilities will be restricted (eg no reimbursement of new medications unless prescribed by medical oncologists)."

- **It was agreed that** in order to continue this work the working group should co-operate with the task force on training in order to ensure that stated training requirements are enhanced and that subspecialty training must be additional competence training and not provide replacement of basic neurosurgical training requirements. Additional competence training in a systematic manner will improve healthcare.

Discussion:

- Discussion included the definition of such additional training: added competence, modules for additional training, etc. It was finally agreed that “particular competency” training should be gained via “fellowships” in centres of excellence and training in alternative methods within a subspecialty area should also be acquired in order for neurosurgeons to be able to provide the full gamut of services applying to the particular disease/disorder
- **It was agreed that** the term “particular competency” should be used instead of “subspecialty”
- Particular competence training could be carried out in centres of excellence requiring both individual and departmental particular competence (eg multi-disciplinary teams ensuring the presence of neurosurgeons as part of those teams) and defined by the number of procedures carried out annually. The working group was asked to present an example of a particular competence training at the next meeting for further discussion.

10. MANPOWER PLANNING: RESULTS OF INQUIRY

TAH informed the meeting that results were still coming in, that questions were loosely formulated and that definitions could vary. Therefore these results so far could only be used as preliminary findings. He presented the following:

- Delegates were thanked as 20 out of 27 countries had so far responded
- The distribution of trainees varied widely between countries. However it appears that 200-250 trainees are coming out annually across Europe compared to 50-100 retirements annually. There appears therefore to be an overproduction of neurosurgeons
- Further analysis of the data is now required, particularly when all countries have delivered their data.
- Particular thanks was extended to Ilona Anders
- The updated paper will be emailed to delegates
- **It was agreed that** management of the data and handling of the results was a matter for future discussion and that any data had to be sent to the societies for explicit verification prior to any publication. Professor Jungmann informed the meeting that a similar exercise had been undertaken by the Neurologists’ Section and that this had provided useful leverage at national level.
- **It was agreed that** textual amendments should be sent to TAH within 14 days of the meeting

11. CME: REPORT OF PERMANENT WORKING GROUP

HJR presented a report in the absence of Professor Constantini:

- The Committee was now joint between the EANS and UEMS, and the necessary forms for applications have been developed.
- The process – applications are made to the UEMS electronically. These are forwarded to the Chairman of the Committee who then informs the UEMS as to the Committee's decision.

Chairman: S. Constantini; members: J. v.Loon, M. Bodosi

12. NEUROINTERVENTION: REPORT OF THE TASK FORCE

Professor Richling reported that a draft document reflecting the opinions of both specialties as to training requirements has been produced. This was sent out to all delegates to discuss it with their national bodies.

Prof. Flodmark (representing P. Lasjaunias) reported that:

- The EBNR has accepted this draft with one notable change of wording which now opens the training programme to neurologists with the same training requirements. This has been done as the EBNR and the ESNR foresee that there will be a need for training of neurologists in the field at some future point due to changing demographics across Europe and the increased incidence of stroke. It was noted that this has not yet been discussed with the Neurological specialists but that as a matter of principle other specialties could not be barred from training in the field, and that it was better to have basic principles in place for newcomers to adhere to
- **It was agreed that** the new draft would be circulated and that comments should be received within the next 4 weeks of the meeting. An **assumption of agreement** to the new draft would be made where no specific response was received
- **It was agreed that** publication of the paper would be jointly in Acta Neurochirurgica and in Interventional Radiology. Editors are to be informed of this

13. RADIOSURGERY: PRESENTATION OF A REQUEST

Mr Kemeny presented the following:

- Radiosurgery has become separated from neurosurgery and therefore the influence of neurosurgery is diminishing. In light of this practitioners of radiosurgery are looking for ways to redress the balance and have suggested that general neurosurgical training should include a period of 6 months in radiosurgery. Special competency training in certain fields such as vascular and skull base should also include a certain time of training in radiosurgery
- **It was agreed that** a working group similar to that set up looking at neuroradiology should be set up and should comprise 2 members from neurosurgery, 2 from radio-oncology and 2 from radiology. This group would enjoy the support of the UEMS (Mr. Maillet).
- Chairman: A. Kemeny, candidates as participants: M. Söderman/Karolinska for radiology; N. Plumon, radiology; Wowra, Munich, for neurosurgery; Brigitte Boenert, Netherlands, for neurooncology; Cunha è Sa

14. ANY OTHER BUSINESS

- Professor Dolenc noted a meeting on skull base 10th – 13th September 2007 looking at the progress made in, and the future of the field
- The date of the next meeting will be Saturday 24th February 2007 in Antalya, Turkey

LIST OF ATTENDEES

Austria	Manfred Muehlbauer
Austria	Bernd Richling
Belgium	Johan van Loon (JvL)
Croatia	Josip Paladino
Estonia	Toomas Asser
Germany	Hans-Juergen Reulen (HJR)
Germany	Martin Bettag
Greece	Panagiotis Selviaridis
Hungary	Mihaly Bodosi
Italy	Massimo Collice
Latvia	Juris Jansons
Luxembourg	Guy Matge
Netherlands	Jan Jakob Mooij
Norway	Knut Wester
Poland	Tomasz Trojanowski (TT)
Portugal	Manuel Cunha e Sa (MCeS)
Romania	Irina OGREZEANU
Slovakia	Juraj Steno
Slovenia	Vinko Dolenc
Spain	Olga Mateo
Sweden	Lars Wallstedt
Switzerland	Hans Landolt
Turkey	Agahan Unlu
UEMS	Bernard Maillet (BM)
UK	Ken Lindsay (KWL)
UK	James Palmer
ESPN	Rab Hide (TAH)
	Stephanie Garfield-Birkbeck

GUESTS

UEMS Neurology Section
European Board of Neuro-Radiology
European Gamma Knife Society
Invited by Guy Matgé
EANS Examination Committee

Jungmann (Germany)
Olof Flodmark (Sweden)
Andras Kemeny (UK)
Evelyne Emery (France)
Kristina Cesarini (Sweden)