UEMS SECTION OF NEUROSURGERY
MINUTES OF MEETING 28th JUNE 2008
BRUSSELS

Attending:

Austria:	M. Mühlbuaer
Belgium	J Van Loon
	J Verlooy
Bulgaria	V. Bussarsky
	M. Marinov
Croatia	J Paladino
Finland	J Koivukangas
France	E Emery
Germany	HJ Reulen
	JC Tonn
Greece	P Selviaridis
Israel	Z Feldman
Italy	D. d'Avella
Lithuania	A Tamasauskas
	A Gvazdaitis
Luxembourg	G Matge
Netherlands	JJ Mooij
Norway	T Muller
Poland	T Trojanowski
Portugal	M Cunha e Sa
Romania	I Ogrezeanu
Slovakia	J Steno
Sweden	N Stahl
UK	J Palmer
	TAH Hide
	A Kemeny
EANS	K Lindsay (Past President)
ESSFN	B. Nuttin
	Y Lazorthes
UEMS (Section of Neurology)	M de Visser

Apologies

Austria	B. Richling
Croatia	L Negovetic
	P Miklic
Czech Rep	V Benes
	P Suchomel
Denmark	M Juhler
	J Brennum
Estonia	T Asser
France	R Robert
Germany	M Bettag
Greece	K Kouzelis
Hungary	L Bognar
Italy	M Collice
Latvia	J Jansons
Norway	K Wester
Romania	I Poeata
Slovenia	V Dolenc
Spain	O Mateo-Sierra
Sweden	C. Cesarini
Switzerland	H Landolt
	O Hausmann
Turkey	A Unlu
EANS	J Schramm
	S Constantini

1 President's Welcome

UEMS Section President Professor Hans Reulen (HJR) welcomed delegates to the meeting, including the following new colleagues:

Marinov	Bulgaria
Bussarsky	Bulgaria
De Visser	UEMS Section of Neurology

2 Previous Minutes

The minutes of the previous meeting (Trondheim, 2nd March 2008) were approved with a single alteration; Bernd Richling asked that Endovascular be designated as a "Particular" competence.

3 President's Report – Hans Juergen Reulen

The report on Manpower Planning had been approved with no amendments and had been sent to Graham Teasdale, the Editor in Chief of Acta, for review. The AANS had expressed great interest in seeing this report, as they had not previously conducted such a review. They were particularly interested in receiving any comments/correspondence relating to Working Hour regulations which might assist them in their attempt to defend a maximum working time of 80 hours per week.

The final copy of the Training Assessment form (this document provides a mechanism for trainees to assess their Training Centres) had been circulated, and as there had been no amendments, it had been sent to Acta for publication. KWL wished to clarify whether and how it was possible to compensate for overtime work; HJR agreed that there was still time to amend the final draft, but that this would have to be done quickly.

HJR reported that the UEMS meeting in Brussels from April 16th – 18th had been very successful. Together with the Sections and Boards a position paper of the UEMS regarding the Working Time Directive was approved. Detailed can be obtained from Ilona Anders. James Palmer reported that the various national Health Ministers who regularly meet with the EC had agreed to overturn the ruling whereby inactive on call time was deemed to be working time.

Concerning the opt-out possibility HJR advised that it was the "Social Partners" (the Unions or negotiating partners of the national medical associations, and the wage payers, ie the hospitals/governments) to agree on any extension of the working time, respectively the reference period (currently six months) with regard to compensation for overtime work.

Whilst the UEMS Council acknowledged that it was in the interest of specialist doctors to have the possibility to work more than an average 48 hours a week, it nevertheless called for the abolition of the individual opt out in respect of doctors in training, because of their perceived vulnerability to coercion. HJR reported that there was nevertheless time for the Sections and Boards to lobby Parliamentarians

before a decision on this issue had to be made in the autumn, and advised that it is important to maintain the opt-out possibility.

With regard to Endovascular Intervention, HJR advised that "Additional" Competence Training could take place only within specialist fields – that is, that neurosurgeons, neurologists and neuroradiologists must all apply separately for additional competence training in.

However if Endovascular Intervention were defined as a "Particular" competence, it would be possible to use a similar approach to that agreed for intensive care medicine, in respect of which it had been agreed that all specialties would have similar access to specific training.

However as this would lead to a reduction of influence and control, it was agreed that Endovascular Intervention should continue to be defined as an "Additional" competence, and that Neurosurgery, Neurology and Radiology would work together on the collection of data for a few years before reconsidering this issue.

HJR advised that he had collated the work on training that had been completed over the past four years, largely by JRAAC, and had made this available on the UEMS website, which should also include a reciprocal link with the EANS website.

4 Secretary's Report – Manuel Cunha e Sa

Whilst MCeS had no specific matters to report, he was joined by the Committee in paying tribute to the excellent work carried out by Professor Reulen in his term as Chair of the UEMS Section of Neurosurgery.

5 Treasurer's Report – Johan van Loon

JvL presented the attached report, which provides comprehensive figures with regard to income and expenses.

TAHH congratulated JvL on his achievement in persuading the various national members to make annual subscription contributions, and thus putting the UEMS Section of Neurosurgery in a financially viable position.

6 JRAAC Report – KW Lindsay

As incoming Chair of JRAAC, KWL thanked outgoing Chair Tomasz Trojanowski for all his past work.

Since the JRAAC meeting in February 2008, Zagreb had been accorded full accreditation and Bucharest provisional accreditation.

The unit in St Galen would be visited within the next two months. Clarification about the application from the unit in Turkey (Goztepe Hospital) was required prior to a visit being arranged; this issue would be discussed at the JRAAC

meeting later in the day, but it was anticipated that the unit would be visited within six months.

HJR advised that he had been approached by the unit in Milan (this was the sole Italian unit to have expressed interest to date). Kassel, in Germany, had also indicated potential interest in applying.

Future plans for JRAAC included simplification of the application process, and also a review of past recommendations to check that units have implemented these changes, particularly where only provisional accreditation had been granted.

KWL was also keen to consider the relative workloads of trainees in the various units inspected.

JRAAC would be encouraging National Societies to take over the accreditation process in future, as the volume of applications became too large for the committee to manage.

It was agreed that, as the Board of the UEMS Section of Neurosurgery, JRAAC had virtually no running costs, and it was confirmed that the Section would continue to provide it with the necessary secretarial and administrative support.

7 Report of the President of the EANS (written report by J Schramm)

There had been few significant developments since the meeting in Norway in February 2008.

A final draft of the Terms of Working Practice for the Joint EANS/UEMS Examination Committee had been prepared for agreement by both parties.

A subcommittee of the PGEC committee had been set up to run the EANS Spine Surgery course, which was to become an annual event.

The next meeting of the Administrative Council of the EANS would take place in early September, during the EANS Training Course in Antwerp.

The 2009 Annual Meeting of the EANS would be a joint meeting with the SFNC, and would take place in Marseille in late March. It was agreed that SH would confirm the precise dates of the meeting – these are now confirmed as 27th – 31s March 2009.

The EANS had recently appointed a Professional Congress organiser, Kenes International, who would be assisting in the organisation of future meetings and congresses, and who had offered a significant guaranteed income to the Association.

8 Subspecialisation

8a Radiosurgery

It was agreed that all pathologies should be specified (see point 2.2). Technologies should not be specified, but instead broadened from Gamma Knife to include all technologies.

With regard to the definition of Radiosurgery (point 2) JJM suggested that the word "surgical" should be removed in relation to radiosurgical procedures (Radiosurgery is a *surgical* procedure …..").

It was agreed that the term "fellows" should be used instead of "trainees" throughout the draft.

There are no specific legal requirements to be a radiosurgeon. The only relevant requirement is that any practitioner who prescribes ionising radiation must be adequately trained. There was some debate as to whether a sentence indicating that all national laws must be fulfilled should be included, and it was agreed that, whilst this was self-evident, a phrase specifying that training must comply with national legal requirements should be inserted. (point 3.3.2)

Whilst the standard eighteen month specialist training period is appropriate for those who have already completed their training, following a request from the British Society it was agreed that a period of one year is sufficient if the subspecialisation training is built into the end of the usual training period, following six months of elective specialist training. It was agreed that it should also be possible to take into account up to three months' training in radiotherapy.

It was agreed that any specific reference to the radiation oncology department should be omitted from the JCT draft.

The inclusion of the following text at the end of this draft, and of all future added competency Training Charters was agreed. This reads:

The Programme Director has to seek approval to determine whether the fellowship programme meets the requirements specified above. The approval is provided by the UEMS Section of Neurosurgery with the intention eventually to delegate this responsibility to national societies. Application forms can be requested from the Secretary of the UEMS Section.

The delegation of responsibility to national societies poses a number of potential problems. HJR suggested that the Section should look "upward" and have all recommendations approved by the UEMS Council.

The question was raised as to whether those who have completed subspecialisation training should receive any specific qualification of certificate. MCeS suggested that nothing more was needed than the right for such fellows to include reference to the training in their CV.

The meeting took a vote on the draft, plus amendments. 20 were in favour and two against, with nine abstaining. The draft was consequently approved, and once complete, will be sent to Acta for publication.

8b Neuro-oncology

The following changes to the draft paper were agreed:

Point 3 to start "Neuro-surgical oncology. Like all other subspecialty areas, is to remain part of the neurosurgical department."

Point 4, para 1, sentence 2 to read "Programmes in Neuro-surgical oncology will mostly concentrate on the treatment of intraaxial tumours in the adult population" (ie "Most", and "supra and infratentorial" removed).

Point 5: 3-6months amended to "up to six months" and the following phrase added at the end "at a centre which fulfils the criteria for neuro-oncology added competency training".

Point 6, para 4: amend to "The fellow must play a key role in the choice and administration of the treatment plan" – amended from "the fellow must be the person responsible for the choice and administration of the treatment plan".

Point 6, para 6: A bullet to be added stating "Knowledge and experience in the interpretation of neuropathological findings including molecular pathology."

"Protocols" to be replaced with "Therapy plans", respectively "Treatment Plans" throughout

Point 6, penultimate para: the word "medical" to be deleted.

Point 6, last para: "It is recommended" to be altered to "It is required".

These changes were all agreed by the meeting, discussion of the paper from point 7 onwards will recommence at the mext UEMS meeting in Marseille, March 2009.

8c Functional and Stereotactic

The preamble of the Training Charter in Movement Disorders Surgery Added Competence was approved by the meeting. The bracketed phrase "such as microvascular decompression" in the last paragraph should be omitted. It was agreed that the full range of techniques could be listed, with the understanding that the fellow would gain competence in some of these specialties.

With regard to the draft Training Charter, it was agreed that the section entitled "General Objectives" should be retitled "Standards for Specific Competence Training".

It was agreed that "Specific Objectives" should be retitled "Individual Requirements". Typing errors in points 6 and 7 to be corrected. Point 12 to read "be able to assess the results critically and to self direct learning (Evidence Based Medicine), and within the boundaries of the surgical indications to have realistic expectations…"

It was agreed that YL should provide an indication of minimum operative requirements for the fellow during the 12 months of added competence training. The intention is that the fellow should complete the procedures for him/herself, rather than simply participating.

It was agreed that the paragraph "Duration of Training" should precede "Specific Objectives" (now entitled "Individual Requirements".

It was agreed that the paragraph "There must be at least 20 patients undergoing deep brain stimulation….." under the section "Institutional Requirements" should be reworded.

The list of procedures in paragraph 4 of the section "Institutional Requirements" requires further discussion. It was agreed that Microvascular Decompression should be moved to the end of this list.

Under point 6 of "Institutional Requirements", the phrase "and or clinical neurophysiology" should be added at the end of the first sentence.

It was agreed that YL should rework the draft for discussion at the next UEMS Section meeting at Marseille in March 2009.

General

JJM commented that none of the three papers defined the assessment of the fellow. HJR advised that the fellow would be assessed by the programme director and the staff.
JJM felt that something more thorough, though not an examination, would be appropriate – perhaps involving interviews and discussion of the fellow's log book. It was agreed that JJM would send his proposals to SH.

9 Joint Examination Committee: HJ Reulen in the absence of K. Cesarini

The draft Terms of Working Practice were approved, with the exception of the fact that "Chairs" of the UEMS and EANS in Section IV (2) should be amended to "Presidents" of the UEMS and EANS. It was agreed that it was for the EANS to determine the most appropriate means of funding the Part I (Written) Examination, including the possibility of requiring candidates who are also participants on the European Training Courses to pay a fee for sitting the examination.

10 Working Time Directive: Implementation of the Opt-Out: JC Tonn

JCT confirmed that this negotiation was between the social partners – namely the Unions and the various German Laender (States) and hospital administrators.

Thus arrangements vary between the different Laender. In Bavaria, where JCT is based, there are two opt out possibilities, allowing maximum working time of 54 hours, or of 66 hours (this latter option is available only to Board certified neurosurgeons, or those working at the same level).

Whilst, within Europe as a whole, opt outs are available at either an individual or a group level, legal reasons mean that in Germany only individuals can opt out.

The system works as follows:

The programme director writes separately to each individual confirming that he/she wishes to opt out of the provisions of the working time directive (it is possible to withdraw the opt out at any time within the subsequent six months).

Arguments to use in negotiating the opt-out include the following:

- Neurosurgery is a highly specialised field which needs individual specialist training. From the patient's perspective, it is vital that treatment is provided by a specifically trained doctor.
- Doctors at different levels of training are not interchangeable.
- Even if the hospital were to make additional positions available, no suitable candidates would be available on the market

All hours are to be paid for, and any hours worked in excess of the agreed limit must be compensated within six months.

Junior doctors between their first and third years of specialist training can work 45 hours per week, plus duty work and additional shifts until 7pm.

Those in years 4 – 6 can do On Call work at night, and work up to 66 hours per week (in fact a total of 72 hours per week is permitted, providing the additional hours are compensated within the agreed time frame).

These arrangements were introduced in Bavaria in October 2007. The six month system of rotation, and usual case loads have been maintained. Doctors' financial compensation is close to its previous level, though there is no paid overtime.

The main drawback to the system is the need for very complex planning arrangements – it is no longer possible simply to swap hours with other doctors. The work plan is handed in to the hospital administrator at the start of each month, and details of the actual hours worked handed in at the end of the month.

TT commented that one of the difficulties faced in Poland was the fact that doctors would sign the opt-out only if their employers were prepared to agree higher hourly compensation rates. Doctors in Poland are setting themselves up as corporate institutions, and signing individual contracts with their employers.

11 CME – Report on Permanent Working Group – J van Loon

There was little to report on this issue since the previous meeting. JvL confirmed that six credits were awarded for a whole day's activity, three for a half day's activity, and that it was also possible to obtain credits for shorter periods of activity.

12 Change of Presidency

The committee paid tribute to the work carried out by HJR during his term as President. HJR then handed over the Presidency of the UEMS Section of Neurosurgery to Professor Tomasz Trojanowski.

TT confirmed that, during his presidency, the objectives of the section would be

- To continue and develop the co-operation with the EANS
- To devolve increasing responsibility to the national societies
- To develop centres of excellence in specialist areas of additional competency.

The next meeting of the Section will be during the joint EANS/SFNC Congress in Marseille between 27th and 31st March 2009 – exact date to be confirmed.