

**UEMS SECTION OF NEUROSURGERY
MINUTES OF MEETING 2ND MARCH 2008
TRONDHEIM, NORWAY**

Attending:

Austria	B Richling
Belgium	J Van Loon J Verlooy
Croatia	J Paladino
Estonia	T Asser
Finland	J Koivukangas
France	E Emery P Lasjaunias (EBNR)
Germany	HJ Reulen JC Tonn
Greece	P Selviaridis
Israel	Z Feldman
Italy	M Collice
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 K Cesarini
UK	J Palmer TAH Hide (ESPNS) A Kemeny
EANS	J Schramm (President) S Constantini (Secretary) K Lindsay (Past President)
ESSFN	G Broggi Y Lazorthes
UEMS (Section of Neurology)	W Grisold

Apologies

Austria	M Muehlbauer
Croatia	L Negovetic P Miklic
Czech Rep	V Benes P Suchomel
Denmark	M Juhler J Brennum
France	M Zerah R Robert
Germany	M Bettag
Greece	K Kouzelis
Hungary	L Bognar
Italy	R Delfini
Latvia	J Jansons
Norway	K Wester
Romania	I Poata
Slovenia	V Dolenc
Spain	O Mateo-Sierra
Switzerland	H Landolt O Hausmann
Turkey	A Unlu

1 **President's Welcome**

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

Staal	Sweden
Koivukangas	Finland
Feldman	Israel (the first official Israeli delegate to the Section)

2 **Previous Minutes**

The minutes of the previous meeting (Brussels, 30th June 2007) were approved unanimously

3 **President's Report**

- The European Training Charter has been published in Acta (Acta Neurochir 149:843-855, 2007) – a copy is available from Zeiss as booklet.
- The Electronic Log Book is now available on-line. It can be downloaded from the EANS website free of charge, and a translated version in any European language is available for a fee of 500-600 Euros. HJR thanked Prof Tonn and his colleagues in Munich for their work on this topic.
- Additional Competence Training: New agreements had been reached in respect of Intensive Care and a solution agreed with UEMS Secretary General Bernard Maillet. In future, ACT in ICM would be accessible to all specialities concerned. The paper was to be discussed at the UEMS meeting in Brussels on April 17th and 18th.
- There had been progress with regard to the European Working Time Directive, in that agreement had been reached in Germany to use the “opt out” rule with a maximum between 56 and 66 hours. Each hospital must send its application to the relevant Laender, and separate opt-outs must be agreed for each resident – it was not possible to make an “umbrella” arrangement. Residents could withdraw their consent to the “opt out” without prior confirmation within six months of the initial agreement.
- It was decided that Hans Asmus from Germany would act as the UEMS Section representative on the new multidisciplinary board in hand surgery in the absence of alternative candidates.
- The UEMS was to celebrate its 50th birthday in Brussels from April 17th – 19th 2008 – all were welcome to attend.
- The next UEMS Section meeting would be in Brussels on June 28th. The meeting would start at 8.15am and would be followed by JRAAC. As always, there would be an optional dinner in the evening where all delegates can participate.

4 Treasurer's Report – Johan van Loon

A copy of the report of the Treasurer is attached to these minutes. Key points included:

- It any country failed to pay its subscription fee for three consecutive years, it would be excluded from membership of the Section.
- Half of the EACCME fees received (1000 Euros) were to be transferred to the EANS.
- Details of all changes of Treasurer of national societies should be sent to Johan van Loon and/or Ilona Anders.
- Although part of the SBNS, Ireland was entitled to send its own delegate to the UEMS Section. However no Irish delegate had attended in recent years. KWL agreed to contact the Irish neurosurgeons to make them aware of this.
- Denmark must decide whether or not to be represented at the UEMS meeting in Brussels in April.

5 Report on the Joint Residency Advisory and Accreditation Committee (Tomasz Trojanowski)

- Two new sites had been approved – Zagreb (Croatia) and Bucharest (Romania). Bucharest achieved conditional approval, subject to certain changes relating to the Romanian national regulations. JRAAC had exerted a positive influence in facilitating these changes.
- Two new applications had been received, from St Gallen in Switzerland (approved) and from Istanbul (incomplete).
- During TT's chairmanship, 30 departments had been accredited (including six in France which were accredited as a group). The demands on committee members had been considerable, and the next stage must be the introduction and approval of national accreditation of training systems. In order to achieve this, a package was being written and sent to national societies.
- The next official task delegated to the UEMS by the European Parliament was that of quality assessment and of the recognition of the validity of national systems. The UEMS had developed central guidelines, which are being followed by JRAAC.
- TT thanked all committee members for their efforts during his presidency.
- Ken Lindsay had been elected as the next chairman of JRAAC.

6 EANS Report – J. Schramm

JS detailed the new officers of the EANS:

President	Johannes Schramm
Secretary	Shlomi Constantini
Treasurer	Nejat Akalan
Chair of the Training Committee	Vladimir Benes

Vice Presidents

G Broggi, JJ Mooij, D Mendelow, J Regis, J Steno

- The EANS Congress in Glasgow 2007 had been extremely successful and had also generated significant financial profits.
- It had been agreed that henceforth, the EANS Winter Meeting would be renamed the Annual Meeting, and separated from the February Training Course, thus giving greater flexibility in terms of Meeting's timing.
- The next EANS Annual Meeting would take place in Marseille, France in spring 2009 and will be hosted by Jean Regis; while the next EANS Training Course will be in Antwerp in September 2008 and will be hosted by Jan Verlooy.

7 Subspecialisation and Additional Competence Training

Neuro-oncology - Manuel Cunha e Sa

- MCEs presented the latest draft of the Neuro-oncology guidelines.
- There was considerable discussion as to definition of Neurosurgical Oncology. It was in the end agreed to use the following wording: *“Neoplastic diseases of the nervous systems and the coverings”*
- The requirements of individual qualification/certification were also discussed. It was agreed that the number of cases required for qualification would be determined both by institution and per capita. KWL's suggestion of building upon the competency tables was accepted by the meeting.
- The wording under point 7 of the draft document was also discussed. It was agreed that the words *“indication”* and *“participation”* should be included: eg *“Knowledge and experience in the indication of and participation in radiotherapy treatment protocols”*
- It was agreed that MCEs would provide an amended manuscript by the end of April, within which timescale delegates would also give suggestions as to numbers.
- W Grisold, President of the UEMS Section of Neurology proposed the creation of an interdisciplinary board of neuro-oncology. Whilst welcoming a collaborative approach, MCEs suggested that the Neurosurgical Section must agree its own organisation prior to, or at the very least alongside, any such joint approach.

Application on behalf of Functional and Stereotactic – Y Lazorthes

- YL advised that the ESSFN had been founded 30 years ago and held meetings every two years, with hands-on courses in between. In recent years, there had been increasing interest in the subspecialty and the Society's objective in making this application was to harmonise and improve the quality of training throughout the EU.

- The ESSFN's application to develop a Training Charter in Movement Disorders surgery was agreed in principle by the delegates. MCEs suggested that this should perhaps be done via the EANS. There was some discussion as to the definition of functional surgery, one possibility being "*any type of surgery that attempts to influence the function of the brain.*"
- It was agreed that YL would develop a second draft of the Training Charter, which would
 - provide a precise definition of Functional and Stereotactic Neurosurgery
 - define the tools that a surgeon might need to perform certain procedures or to develop in future
- This second draft should be circulated prior to the next UEMS Section meeting, for further discussion there.

Radiosurgery – A Kemeny

- It was agreed that AK would circulate the draft report.

8 Manpower Planning – TAH Hide

- TH thanked all delegates for their responses to the committee. No figures had been provided by Italy to date. Massimo Collice advised that he hoped that these would be available shortly and it was agreed that the Italian figures would be incorporated in the report providing they were received within a fortnight of the meeting.
- The rationale behind the exercise had been the fact that professional freedom of movement within the EU, previously merely an aspiration, was increasingly becoming a reality. As a result, no individual country was therefore able to control its own workforce planning on an independent basis.
- The report had produced information rather than solutions and its key purpose was to generate interest in the issue.
- The meeting gave unanimous approval to the proposal that TH and HR be authorised to make changes in the syntax and structure of the document without subsequent reference to the members of the Section. Once these changes had been made, the document was to be published in Acta.

9 Training Assessment Form – H Reulen

This document was now at third draft stage, and incorporated the opinions of a large number of trainees who had commented on earlier versions. A copy of the document would be circulated by HR and delegates were invited to respond, although this issue was not time critical.

10 Joint Examination Committee – K Cesarini

- KC delivered her report.
- The provision of feedback to training directors was discussed. KC felt that JRAAC was better placed to deliver such feedback than basing this on the results of the written exam, which was theoretical.
- It was agreed that KC would send examination statistics to Vladimir Benes, chair of the Training Committee,
- KC was keen to encourage greater representation from the various national societies on the Examination Committee. It was agreed that Section delegates should put forward one name per country to help with the examinations.
- HR advised that he, JS, TT and Shlomi Constantini had been working to develop draft Terms of Working Practices for the Examination Committee. This draft would be sent out shortly and HR urged all members of the Section to read it carefully in preparation for a decision on this document, which must be made at the next UEMS Section Meeting.
- HR stressed the importance of having robust examination structures in place in order to avoid the imposition of an assessment system by the UEMS centrally.
- The UEMS is to provide a competency assessment for the European examination; James Palmer suggested that national examination assessment standards be considered and adapted to produce a series of standards for such a competency assessment.

11 Continuing Medical Education – Johan van Loon

- JvL provided delegates with a short explanation of the parallel structure by which events obtain CME accreditation. The UEMS accredits European and international meetings while national medical societies accredit national meetings. This separation was agreed by national societies. UEMS CME points will therefore be accepted by national authorities. He explained that he had, in October, taken over the chairmanship of the joint UEMS/EANS CME Committee from Shlomi Constantini. The aim of the committee was threefold:
 - to harmonise the accreditation process of meetings in Europe
 - to enable participants of European and international meetings to obtain CME accreditation on a national level more easily
 - to validate a meeting programme, and thereby to increase participation.
- Unfortunately, however, there had been only five applications so far. JvL advised delegates that it was now possible to apply for accreditation on-line using the new UEMS website. Six CME points are available for each day of scientific activity.
- The possibility of retrospective applications was raised. JvL stated that he believed that this should be possible, but that he would confirm this in due course.

12 Endovascular Neurointervention – B Richling

- BR explained his objective of making Endovascular Neurointervention into a specific additional competence.
- The training guidelines had been published in Acta in May last year. One key project was underway:
 - (1) A rotational course, during which fellows were to be rotated between existing endovascular centres. Unfortunately, differences between European countries meant that such rotations were often impossible, for example in the UK. It had therefore been decided to create a diploma.

HR closed the meeting by thanking all delegates and apologising for the heavy workload.

Next meeting confirmed for 8.15am on 28th June 2008, Brussels.