



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

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UNION EUROPEÉENNE DES MÉDECINS SPÉCIALISTES. SECTION AND BOARD  
OF ANAESTHESIOLOGY, REANIMATION AND INTENSIVE CARE

**Minutes of the meeting held in Glasgow, Scotland, on Saturday May 31, 2003**

**In attendance:**

Austria:	Prof. Werner List Prof. Wilfred Ilias
Belgium:	Dr. R. Heijlen
Croatia:	Primaria Dr. Mara Biondic Stipanic (observer)
Denmark:	Dr. Helle Ørding (Honorary Treasurer)
Finland:	Dr. Olli Meretoja Prof. Seppo Alahuhta
Germany;	Prof. Klaus Fischer
Hungary;	Prof. László Vimpláty (observer)
Ireland	Dr. Séan McDevitt Prof. Anthony Cunningham
Israel:	Dr. Zeev Goldik (observer)
Italy:	Prof. Flavia Petrini
Malta:	Dr. M. Zerafa
Netherlands	Prof. Hans Knape (Honorary Secretary) Prof. Simon de Lange
Norway:	Dr. Jannicke Mellin – Olsen
Poland:	Prof. L. Drobnik (observer) Prof. A. Kubler (observer)
Romania:	Prof. Iurie Acalovschi (observer)
Slovenia:	Prof. Vesna Paver – Erzen (observer)
Sweden:	Prof. L. Wiklund
Switzerland:	Dr. Eric Buchser Prof. Thomas Pasch
United Kingdom:	Dr. Paul Cartwright Dr. Peter Wallace Dr. Peter Simpson (ass. member)

**Apologies were received from:**

Belgium: Prof. Hugo Adriaensen

Germany: Prof. Hugo van Aken  
Hungary: Prof. Maria Janecskó (observer)  
Ireland: Dr. William Blunnie (President)  
Italy: Prof. Epifanio Mondello  
Dr. Raffaella Pagni  
Spain: Prof. Margarita Puig  
Sweden: Prof. Christer Carlsson  
United Kingdom: Prof. Hutton; dr. P. Cartwright was present in his place and  
chaired the CME/CPD subgroup meeting.  
Dr. Simon Minkoff

**Absent:**

Denmark: Dr. Mogens Hüttel (Vice president)  
France: Dr. Marc Dupont  
Prof. Jean Marty  
Greece: Dr. V. Chimonitsky – Kypriou  
Dr. A. Mitsakos  
Luxemburg Dr. Marc Knaff  
Dr. J. Uhrig  
Macedonia: Prof. M. Soljakova (observer)  
Moldavia: Prof. V. Grosu (observer)  
Portugal: Prof. Jorge Tavares  
Russia Dr. H. Damir (observer)  
Slovakia: Dr. J. Firment (observer)  
Spain: Prof. Lopez – Timoneda

**Agenda:**

1. Opening, new members.

The meeting was presided by the Honorary Secretary due to the unexpected absence of both the President and the Vice-president. He heartily welcomed dr. René Heijlen, the new representative from Belgium. Dr. Heijlen is currently the president of the Belgian National Society. He is the successor of dr. Valka Bollansée – Oosterwijk who has represented the Belgian National Society for many years. The Section and Board was unanimously grateful for her contribution to the Section for many years. The chairman later on welcomed professors Drobnik and Kübler from Poland as observers.

2. Agenda Modification

No modifications were suggested.

3. Minutes of the meeting in Copenhagen

- Ad item 5 “Presidents report”. In the paragraph on the representation of the sections in the UEMS Management Council the installation of three groups was announced, a medical, a surgical and a miscellaneous group. During a discussion

on this subject in the Nice meeting the Section and Board of Anaesthesiology voted against participation in the surgical group. One of the arguments was that Anaesthesiology would be represented in the Management Council only once every 12 or 14 years. In the minutes of the Copenhagen meeting it was stated that Anaesthesiology was subdivided in the group "Miscellaneous". This, however, must be corrected. Anaesthesiology is part of the Surgical Group after all, but is entitled to represent the surgical group once every six years for two years.

- Ad item 8c: the sentence " Dr. Meretoya .... Prof. Adriaensen" was not corrected and should be deleted
- Ad Item 10 "Any other business". Dr. Jannicke Mellin mentioned the matter of the EU directory on informed consent in medical research, which inadvertently had been left out of the minutes.

The minutes of the Copenhagen were further maintained and approved.

#### 4. Matters arising

- The president and the secretary visited the annual meeting of the Presidents and Secretaries of the Sections (and Boards) of the UEMS in Brussels on May 10. This was the first meeting after the change in the organisation of the UEMS. It was concluded that significant improvement in the communication between the representatives, who has been chosen as delegates for the Management Council Meetings, and the sections was required. Unfortunately, non of the section members had received any information about the progress in the Management Council meetings. Further elucidation of the organisational structure of the UEMS seemed necessary. Dr Edwin Borman presented a very fine draft paper on *Quality assurance of clinical practice*. It was felt that this paper should be on the agenda of all the sections of the UEMS. An additional comment stressed the need to take the working conditions of the specialists in the various countries into consideration. The paper will be distributed to the members of our Section together with the Glasgow minutes. All members of the Section are invited to send their comments and suggestions on this paper to the Honorary Secretary before august 1 2003. The paper will be finalised and made definitive after this date.
- The chairman mentioned the difficulties he has encountered repeatedly in contracting a meeting room for the Section meetings during the ESA congresses in the last few years, after years of hospitality by the EAA, such as during the Florence meeting. Prof. de Lange mentioned this being an old problem. Our strategy to keep costs low and to cut costs further was the driving force in reducing the number of meetings from three to two each year. Prof. Ilias generously offered a meeting facility during the autumn meeting of the Austrian Anaesthetic Society in Vienna in the fall this year. The representatives welcomed the offer by dr. Pasch, the EAA president-elect, to settle the matter with EFA for the future in the EAA-Executive meeting on Tuesday June 3.

#### 5. New name of this section:

Following the suggestion put forward during the meeting of the Section and Board in Copenhagen a new name of this Section and Board was adopted unanimously:

## Anaesthesiology\* .

**\* The areas of expertise of “Anaesthesiology” are: Anaesthesia, Emergency Medicine, Intensive Care Medicine, Pain Medicine and Reanimation.**

### 6. Presidents report

Due to the absence of the President no announcements or reports were given.

### 7. Inspection protocol of applicant countries and

### 8. Visitation programme

Prof. List mentioned no new applications for accreditation visits. With the extension of the European Union with ten new members in 2004, applications from these countries are encouraged. Prof. Ilias offered to send the addresses of the Medical Councils and/or Anaesthetic Societies to the Honorary Secretary, who will subsequently invite them to join the Section and Board as observers and future representatives. The delay in the participation or application of some of these countries may be related to financial limitations. Four yearly grants of Euro 625 each are available to encourage delegates to visit and participate in the Section and Board meetings. Prof. List promised to send the diploma of re-certification of the Department of Anaesthesiology of the University Medical Centre of Ljubljana as soon as possible.

### 9. Subcommittee meeting reports

#### *A Standing Committee on Continuous Medical Education/continuous professional development*

Prof. Alahuhta presented a draft:

#### CHARTER ON CONTINUING MEDICAL EDUCATION/CONTINUING PROFESSIONAL DEVELOPMENT APPROVED BY THE UEMS SPECIALIST SECTION AND EUROPEAN BOARD OF ANAESTHESIOLOGY\*

The areas of expertise of “Anaesthesiology” are: Anaesthesia, Emergency Medicine, Intensive Care Medicine, Pain Medicine and Reanimation.

which was shortly discussed.

The members of the Standing Committee will communicate with one another by e-mail in the next few months to produce a final document for approval in the autumn meeting.

#### *B Standing Committee on Education and Training*

Prof. Ørding announced a follow-up on the questionnaire and considered making guidelines about professional attitude and general specialist education in Anaesthesiology, because some answers were not immediately comprehensible. In response to dr. Holskis letter about non-anaesthesiologists administering anaesthetic drugs, prof. Ørding announced a questionnaire to elucidate the magnitude of the problem and also to investigate the present status of education in paediatric anaesthesia – both for specialist competence and for post paediatric training for

those who consider paediatric anaesthesia to be their specific expertise. The representatives agreed strongly that post-specialist training guidelines in Paediatric Anaesthesia (or any other field of the speciality) should not result in the development of a subspecialty or exclusivity. Those who successfully have followed such education and training should only be considered as an “anaesthesiologist with a certain special expertise in a field of Anaesthesiology“

#### *C Standing Committee on Manpower*

Due to the absence of both Prof. Adriaensen (chair) and dr. Dupont (vice-chair) unfortunately no further developments could be reported.

#### *D Working party on Emergency Medicine*

Prof. List mentioned that the draft article had been finalised and could be prepared for publication in the EJA.

#### *E Working party on Fellowship European Board of Anaesthesiology*

A paper by dr. Simpson

“FELLOWSHIP OF THE EUROPEAN BOARD OF ANAESTHESIOLOGY. TIME FOR A RETHINK AND TO MOVE AHEAD?”

was extensively discussed following the initial discussions on the subject in Copenhagen. The paper was considered to be a constructive contribution towards a fundamental development with great importance for quality improvement in European Anaesthesiology. A number of statements from the discussion deserve to be mentioned:

- The fellowship is a mark of individual distinction or excellence.
- Some political problems are anticipated, but must be overcome.
- Candidates from countries with a 2 year training scheme are not eligible.
- A separate examination for the fellowship is neither desirable, nor practical.
- The conditions for the fellowship must convene with the Treaty of Rome.
- The fellowship must not be elitist.
- A fellowship does not confer a right to practice in the EU.
- The fellowship may not conflict with national rules.
- The fellowship requires a professional administrative apparatus.
- A fellowship must be an instrument for harmonisation and quality improvement of Anaesthesiology in Europe.
- The status of the fellowship must be accepted by other sections of the UEMS.

Fed by the input of these discussions Dr. Simpson will make a few recommendations for a final document for the working party of the Fellowship European Board of Anaesthesiology.

#### *F Working party on pain*

Prof. Cunningham reported that the documents of this working party had been made final. The documents are now under preparation for publication in the European Journal, the official journal of the Section and Board of Anaesthesiology\*

### *G Working party on Post Anaesthesia Care Unit*

The working party (chaired by Prof. Ilias) is preparing a final draft for publication in the European Journal. The matter of recovery after working hours needs to be more specified and worked out, but this will not change the essentials of the paper.

### 10. Multidisciplinary Joint Committee on Intensive Care Medicine

Prof. De Lange presented a short overview of the history of the Multidisciplinary Joint Commission on Intensive Care Medicine (MJCICM), which he founded in 1999 and presided since then. It was the first multidisciplinary commission in the UEMS and this example has been followed recently with the formal installation of a multidisciplinary commission on hand surgery under the umbrella of the UEMS. UEMS representatives from anaesthesiology, medicine, respiratory medicine, surgery, neurosurgery and representatives from the European Society of Intensive Care Medicine (ESICM) participate in the MJCICM. Some five accreditation visits were undertaken in the last few years. The visitation reports of the ICU departments in Münster (Germany) and Genk (Belgium) were approved. Professor de Lange suggested to take initiatives to achieve a common MJCICM/ESICM intensive care exam. Since Prof. van Aken, who has been secretary of the MJCICM, will be the next MJCICM president, Prof. de Lange suggested to grant the post of Honorary Secretary of the MJCICM to the advisory committee of ESICM representatives. In the following discussion there was some doubt whether in that case the interests of anaesthesiology would be well secured, but this would not be a problem in the opinion of Prof. de Lange.

Prof. de Lange focussed on two countries who could pose a potential problem in the future due to their aberrant vision on Intensive Care Medicine which is essentially different from the multidisciplinary European approach.

Training in Intensive Care Medicine in Switzerland can start after a basic training in the specialities of Anaesthesiology, Medicine or Surgery. IC Medicine is therefore no post-specialist training in the strict sense of the word. However, most Swiss intensivists first finish their specialist training before starting training in Intensive Care Medicine. Intensive Care Medicine in Spain is a distinctive, separate medical specialism. The discussion with Spain is difficult. Much diplomacy and patience will be required to come to an agreement which is acceptable for all parties. The status of Intensive Care Medicine is thought to be a political matter in Spain. The role and input of the Spanish representatives in the UEMS Section and Board of Anaesthesiology\* is therefore of great importance. The Honorary Secretary will contact the president of the Spanish National Anaesthetic Society to seek and offer support.

The chairman thanked Prof. de Lange for his pioneering work for the MJCICM. Although the merits of professor de Lange as member and president of the UEMS Section and Board of Anaesthesiology\* had been memorised in the Graz meeting by dr. Blunnie, it was felt appropriate to honour his achievements in the MJCICM, especially since his attendance in this meeting concluded all his activities for the UEMS Section and Board. The words of the chairman were underlined by a warm applause of the delegates.

11. Any other business/ date and venue of the next meeting

A next meeting is scheduled in the fall of this year. An offer of the Italian National Society to meet in Rome on a Friday afternoon and a Saturday morning is under consideration.

Prof. Hans T. A. Knape,  
Honorary Secretary  
Section and Board of Anaesthesiology\*, UEMS