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Geriatric Medicine Section of U.E.M.S.

10.00 am – 3.30 pm Saturday 28th September 2002
Held at the University Hospital, Coimbra, Portugal

Participants: Dr Tischa J.M. van der Cammen, the Netherlands, Professor Antonio Capurso, Italy, Dr. Thomas Früwal, Austria, Dr Ian Hastie, United Kingdom, Dr Neil Horwitz, Denmark, Dr John Lavan, Ireland, Dr Jorgen Linde, Denmark, Dr Juan Macías-Nuñez, Spain, Dr Åke Rundgren, Sweden, Prof. Helena Saldanha, Portugal, Dr Görel Wachtmeister, Sweden, Prof. Stefan Krajcik, Slovakia, Prof. Olav Sletvold, Norway, Dr Sergio Arino-Blasco, Spain, Dr Manuel Verissimo, Portugal, Dr Thomas Früwal was attending in place of Professor Bohmer.

Apologies: Dr S. Björnsson, Iceland, Dr Leo Boelaarts, the Netherlands, Prof. Baeyens, Belgium, Dr Laszlo Ivan, Slovakia, Dr Pálmi V. Jónsson, Iceland, Dr Appo Lehtonen, Finland, Dr Dieter Lüttje, Germany, Professor Desmond O'Neill, Ireland, Germany, Dr Jaroslav Přehnal, Czech Republic, Dr Pierre Schwed, Switzerland, Professor Gaston Verdonk, Belgium, Professor Eva Topinková, Czech Republic, Dr Hans Werner, Germany,

Minutes of the last meeting

The minutes of the meeting of the 4th May were accepted as correct and duly signed. Dr. Manuel Verissimo from Portugal was introduced and Prof. Krajcik, Prof. Sletvold, and Dr. Früwal were welcomed to their first meeting.

98/04/06 Training in Geriatric Medicine in the European Union

No new translations have been received. The Spanish version was in the process of being compiled and a Portuguese version is expected in the future. Following a long discussion updated information was requested to be sent to the Secretary by each member. The information required is as follows:

1. Number of trainees in the country.
2. Number of specialists in the country.
3. What training is available both at undergraduate and postgraduate level
4. What is the standing of Geriatric Medicine in individual countries
5. How many departments of academic geriatric medicine are there

Action:

All members to forward information to the Secretary

On request 15 copies of the brochure had been sent to Gunnar Akner, President of the Swedish Society for Geriatric Medicine and Gerontology.

99/05/04 Geriatric Medicine in the European Union

Following assessor's comments this has been resubmitted for publication.

01/14 Minimum standards in developing countries

No reply has presently been received from the World Health Organization

01/15 Geriatric Medicine in the Middle East

Due to the political uncertainties and lack of funding no progress has been made.

01/03 Sections' Website

This is progressing although some problems have had to be overcome by Dr Rundgren but it is hoped that the website will be on line by the new year. If any member has suggestions regarding its content then these should be sent to Dr Rundgren.

Action:

All members

01/04 Accreditation of training programmes

The document has been accepted by Switzerland, Slovakia, Ireland, Czech Republic, United Kingdom, Italy and by verbal communication by Denmark and Sweden.

Several minor changes were suggested regarding the document and these will be actioned and the document sent out to all members. Professor Duursma has volunteered to publish the document in the style of previous publications. The document will be sent to Professor Duursma for publication in the middle of December unless members let the Secretary know of any objections by the 10th of December.

98/04/10 Manual of internal medicine

A revised edition is being planned with amalgamation of parts 1 and 2. The Section has been asked to update the chapter on the care of older people. The present chapter will be sent to all members for comments, to be returned to the Secretary by the 1st January 2003. Professor Duursma has kindly agreed to collate and edit the new chapter as he was involved with the original publication.

01/18 Guidelines for education of medical students

None of the subgroup of Professor Topinková, Dr Smith, Dr Arino-Blasco (the last two have now retired from the committee) were present and the latest draft has not yet been received. The President undertook to contact Dr Smith for an update. A paper produced by Dr Juan Macías-Nuñez on the state of undergraduate teaching in Spain was circulated and discussed.

There was unanimous agreement that age differences should be incorporated into all undergraduate teaching and medical text books.

02/09 Membership of the Section

With the retirement of Professor Duursma (the Netherlands) and Dr Smith (UK) the President has had notification that their replacements will be Dr Leo Boelaarts and Dr Ronnie Barber. It is hoped that they will be present at our next meeting.

We still do not have a junior doctor representative from the PWG. As there is a new president at the PWG the Secretary is asked to contact her to see if they will nominate a member for the Section. If this is not successful then we will continue to invite a junior doctor from the country in which subsequent meetings are held.

As Associate Members join the Section it was agreed that it would be useful if they would give a 5-10 minute presentation on the state of geriatric medicine in their country. Professor Krajcik agreed to give a presentation at our next meeting on the state of geriatric medicine in Slovakia.

02/10 Regional ministerial conference on ageing in Berlin

A paper had been drawn up by Professor O'Neill on behalf of the European Union Geriatric Medical Society and of the Geriatric Medicine Section of the UEMS for presentation to the regional ministerial conference. The four main recommendations were:

1. The EU should recognise that the care and welfare of older Europeans will be best advanced by ensuring that geriatric medicine is promoted as an important component of integrated health and social care for older people.
2. Each general hospital in the EU should encompass a department of geriatric medicine with an adequate compliment of appropriately trained geriatricians and support staff.
3. Each medical school in Europe should have an academic department of geriatric medicine to provide leadership in undergraduate and postgraduate training and research.
4. Training in geriatric medicine should be a compulsory part of the undergraduate curriculum for medical students as well as for the vast majority of medical specialties in primary and secondary care who come into contact with older people in their everyday practice.

02/11 Treasurer's report

The Treasurer, Dr Rundgren, gave an update of those countries that have paid their annual subscriptions up to and including 2002. For the year 2002 only Austria, Germany, Iceland, Italy, Spain, Sweden and the Netherlands had paid. Delegates from other countries were asked to organise payment from their society. At present there are 3427 Euros in the account but this does not include printing costs for the training document nor costs for the website. Once these have been paid for the account will be reduced to less than a third of its present value.

02/12 Recognition of professional qualifications

The proposal for a directive on the recognition of professional qualifications that incorporates the seven existing sectoral directives and the general system into one directive was discussed. A paper produced in response to the proposal by the

CTME, UEMS, UEMO, PWG, FEMS, AEMH, CIO, EMSA and WMA, opposing the change, was accepted. One of the most significant changes is that automatic recognition of a specialty's training will now only apply to the 17 specialties common to all member states, this does not include geriatric medicine. All the other specialties, including geriatric medicine which are common to two or more member states but not all, will be moved out of the sectoral system into the general system. The sectoral system means that qualifications in a specialty are recognised automatically in all of the member states. The general system covers all groups of professions, not just medicine. If a specialist in a specialty covered by the general system goes to another country then their qualifications are not automatically recognised and they either have to opt for an aptitude test or a period of adaptation, which is usually up to a maximum of 6 months.

There was unanimous agreement that the changes were opposed and that all medical specialties should come under the sectoral system as at present.

02/13 UEMS compendium

The President had been notified by Paul Brooks, editor, that a third edition was about to be produced. As the likely thrust of the new compendium would be CME/CPDDr Tischa J.M. van der Cammen agreed to write an article for the new compendium as she is the member of the Section with responsibilities for CME.

Future meetings

Saturday May 17th 2003 in Helsinki

Saturday 20th September 2003 in Prague

Spring 2004 in Salamanca

Autumn 2004 in Bratislava

The meeting ended with thanks going to Professor Saldanha and her team for their organisation and hospitality.