Three meetings were held in 2003:

Rapallo, Italy – March 28. There were 14 participants from 11 countries. Initial relations were established with new incoming EU countries, Lithuania, Romania and Slovenia. Measures were taken to keep our speciality alive in Sweden (successfully) and Denmark (less successfully). Final corrections and improvements were made on the logbook and core curriculum for our speciality. In respect to the different situations of allergology and clinical immunology in the various European countries, changes to Chapter 6 of specialists training in EU countries were proposed. Collaboration in CME activities with EAACI and CEFCAP was established. Collaboration with a proposed Joint Interdisciplinary Committee on Immunomediately Disease was discussed.

Paris, France – June 7. There were 24 participants from 13 countries. The presentation and publishing of the core curriculum and logbook and the changes to Chapter 6 were accepted. Collaboration with the Joint Committee was approved unanimously. We are now waiting for initiatives of the concerned UEMS Sections: Dermatology, ENT, Pneumology, Pediatrics, Immunology, etc.

Cagliari, Sardinia – November 1. There were 22 participants from 14 countries. We had an intensive discussion about training of medical students, (later general practitioners), and specialists in allergology and clinical immunology. The harmonizing of medical specialities, training programs and free circulation of specialists in Europe was discussed as well as the visitation of training centers,CME and CPD problems.A website was established for better communication:www.aciuems.org.

Respectfully submitted,

Barthold Hornung
Secretary General for the Section
CARDIOLOGY

U.E.M.S Cardiology Section had its Annual meeting in Vienna at the European Congress of Cardiology in September 2003.

The Steering Committee went through the last version of chapter six and at The General Assembly approved this document.

Otherwise the minutes of the meeting is published at our web site. (Uems.net, cardiology section)

During the meeting in Vienna European Society of Cardiology decided to create two subspeciality groups. One Heart Rhythm organisation and one echogroup. Later on an invasive group will probably will be created.

In the Amsterdam meeting in December 2003 (see our website) we discussed our new web-site and the creation of that.

Furthermore we had a long discussion dealing with our accreditation system (EBAC) It is actually now working well and with many applicants.

Our Education system (EBSC) is under restructuring. It is like EBAC a joint venture between UEMS Cardiology Section and European Society of Cardiology where UEMS Cardiology has the chairman. The name of those will be on our website after the Brussels meeting in May.

European Society of Cardiology has made great progress in communication with the EU Commission and The EU ministers dealing with preventive cardiology and registries. (Myocardial infarction, PCI; electrophysiological procedures) We fully support those initiatives.

Most of our activities are now described on our website.

Jan P. Amlie
CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOTHERAPY (CAPP)

Our current preoccupations are training and how to represent our specialty to national authorities in countries where child and adolescent psychiatry is not yet recognised as a separate specialty. The common thread is harmonisation without losing distinctive national characteristics which are sensitive to children in different cultural settings.

We think that we have excellent consensus on what a good training is and this is expressed in our training log book. On the other hand we find general recommendations on CME/CPD more difficult. This is not a problem confined to our section of course and we watch the Management Council’s deliberations on CME with interest.

At present we are working on an explanatory definition of child and adolescent psychiatry which we hope will express both what the ultimate aim of training should be as well as clarifying what we do and should do clinically. Since we are a relatively small medical specialty we find we have a lot of explaining to do. We have important overlaps with Psychiatry and Paediatrics and have had some concern that the overlap with paediatric neurology which is critical in some countries has not been fully recognised.

Although we have tried to interest child and adolescent psychiatrists in the new EU countries we have had little success in some of these. This is not universal - Hungary and Cyprus have been very active. It seems likely that a lack of funding in some newly admitted countries prevents delegates from attending and we are concerned about this.

Professor Peter Hill
President: Child and Adolescent Psychiatry/Psychotherapy
DERMATO-VENEREOLOGY

The Section and Board of Dermatology & Venereology met twice in 2003. The Spring Meeting came to order in Potsdam/Germany from the 11th to the 13th of April. The Spring Meeting was preceded by a half day session attended by delegates from the newly joining member states of the EU on Friday the 11th. Apart of one all countries were represented by one observer. A questionnaire of several pages regarding the Curriculum Teaching Programme (CTP) and a second one about the Continuous Professional Development (CPD) had been sent out in advance, which were discussed in detail during our session in order to form a large encompassing data base. These data were intended for further steps, support and recommendations during the following 12 months and further on in helping to harmonize the CTP and CPD implementation according to the Charters of the UEMS in the new member states.

As a main result it emerged, that venereology is fully acknowledged in addition to general dermatology in all other candidate states but one. The same holds for the representation of allergology, dermatosurgery and dermpathology in the CTP except in three out of the ten candidate states. Some major differences surfaced however, regarding the structure of training for example a common trunk or the financial support for the inpatient structures as well as the establishing of private practising in the outpatient situation in the different health systems.

An additional business meeting of the logbook – subcommittee took place on the same Friday. On the basis of logbooks already established in some of the member states, the development of the dermatological part followed by the venereological one is progressing well.

The Section Meeting dealt mainly with CTP and CPD, in particular with the issue of questionnaires and the establishing of full data base for Dermato-Venereology in Europe. The secretary of the Section Allergology & Clinical Immunology Dr. Hornung was invited as guest. He presented data of a questionnaire conducted by his section regarding the current situation of allergology in Europe.

Finally, the delegates read a first draft in preparation of the new statutes of the section to be continued at the autumn meeting.

On Sunday, April 13th 2003, a meeting of representatives of different sections took place, which had been invited by an initiative of the Section of Dermatology & Venereology in order to form a Multidisciplinary Joint Committee on Immune Mediated Disease. The idea was discussed by representatives from different sections dealing with allergology and clinical immunology in their daily clinical practice during the Brussels presidents and gensecretaries meeting in May 2002. In Potsdam representatives from the sections and disciplines of dermatology, rheumatology, otorhinolaryngology,
pediatric pneumology and allergology and clinical immunology were present. Support was announced also by the Section of Pneumology, that could not send a representative. It was main result of the meeting to establish such a Joint Committee and to further strengthen the development of a superspecialisation in allergology and clinical immunology in those medical disciplines mentioned above in addition to the already established ones. Other disciplines such as gastroenterology and experimental immunology as well as immunohematology should be considered for invitation in future meetings. The minutes of this first meeting were sent to the President and the Secretary General of the UEMS for the information.

The autumn meeting of the Section DermVen was held at the occasion of the annual meeting of the European Academy of Dermatology and Venerology in Barcelona on the 18th of October 2003. The second reading of the new statutes of the section was a main item on the agenda as well as the further reading of the data base of the already above mentioned questionnaires. Furthermore it was agreed to function in part as a clearing house for the development of guidelines developed in different members states which will be discussed in detail and harmonized in the annual meetings of the European Dermatology Forum.

The president of the section took part in addition at the Meeting of the EACCME in December in Brussels and as committee member at the 1st Certifying Examination in Dermatopathology (Diploma in Dermatopathology) under the supervision of the International Committee of Dermatopathology in Frankfurt/Germany, in which fourteen candidates from dermpathology and pathology passed successfully the examen during a full day meeting. Finally the president of the section was invited at the annual meeting of the European Dermatology Forum to report on the situation and activities of the section and of the UEMS. The Section of DermVen is continuously represented with an observer status at the Board of Directors of the European Academy of Dermatology and Venereology.

The next meeting of the section will take place on the 5th of June in Brussels.

Prof. Harald Gollnick
President of Section Dermatology and Venereology
Magdeburg/Germany
GASTROENTEROLOGY

The UEMS Section of Gastroenterology has focused on three subjects:

The enlargement of the EU and the impact on the work of the Section. We try to get an overview of training in the new member countries, and consider to offer site visits. We will have to consider the need for a transition period, before they might be up to the standards, described by the Section in our "Blue Book" and in Chapter 6 of the Charter of Medical Training.

We have discussed the evolution in the work force. The European Working Hour Directive reduces the number of ours on job, which will have an impact on training. In the Scandinavian countries, especially in Denmark, the working hours have been less the 40 hours per week for some years, with tremendous negative impact on training. An increasing number of trainees are women, some of them, together we the younger generation of male trainees, focus more on family values than the older generation. We had arranged a workshop on this topic at the United European Gastroenterology Week, with many questions and few answers.

Lack of impact is still a matter of concern for the Section.

We would like to shared our speculations with representatives from the other sections.

On behalf of the Gastroenterology Section

Niels Thorsgaard
Secretary
GERIATRIC MEDICINE

Since January 2003 we have had two Section Meetings, May 17th 2003 in Helsinki and September 20th 2003 in Prague.

Main topics in Helsinki:
- Actual changes in the relationship between Geriatric Medicine, General Internal Medicine and General Medicine (GP) throughout Europe
- Decision against implementation of an European Exam in Geriatric Medicine at this moment
- Decision to install a separate website of the SGM UEMS www.uemsgeriatricmedicine.org

Main topics in Prague:
- Last comments on quality standard papers for postgraduate medical training in Geriatric Medicine and for a system of visits of Geriatric Hospitals and discussion of a paper concerning implementation of Geriatric Medicine in a curriculum for pregraduate medical training.
- Data of pregraduate and postgraduate training in Geriatric medicine throughout Europe and the placement of Geriatric Medicine in the individual national system of specialities.
- Lack and overproduction of doctors in individual countries and its consequences in nearby future in relation to specialised care of the Elderly.
- Discussion of and agreement on Quality Assurance of Clinical Practice, Draft 6
- CME

Main topics in between the meetings:
- Correspondence to new member countries
- Support of national organisations /governments in questions of Geriatric Medicine

Future meetings in planning:

May 29th 2004 in Yuste, Spain
September 18th 2004 in Bratislava, Slovakia

Major topics in May 2004 will be
- CME and the relationship between General Medicine (GP) and Geriatric Medicine.
- Participation of the new EU members and of countries not contributing to UEMS

Dr. Dieter Lüttje
INTERNAL MEDICINE

The annual meeting of the Section Internal Medicine took place on 23-24 May 2003 in Copenhagen and several members met again during the EFIM (European Federation of Internal Medicine) Congress in Berlin in September.

The main discussion points were:
- the heterogeneity of Internal Medicine in Europe,
- the relationship with medical subspecialities and particularly the question of vascular medicine / angiology. The section Internal Medicine supports the creation of an associated section of vascular medicine / angiology within the general frame of Internal Medicine.
- the relationship with general medicine / family medicine, which already is a specialty in several Northern Countries. Internal Medicine is clearly a different specialty and requires different training. General Medicine includes basic knowledge in Pediatrics, Gynecology, Otorhinolaryngology, Psychiatry, while Internal requires deeper knowledge of diagnostic and therapeutic procedures. It has however been difficult to come to a consensus, some considering the practice Internal Medicine as exclusively hospital based, while other not.

The risk of disappearance of “General Internal Medicine”, as already decided in Denmark, is a major concern for many members of the section.

The second volume of the European Manual of Internal Medicine has been published at the beginning of 2004. The book is now complete and it represents the compendium for the common trunk of medical specialties. The changes for the second edition are in discussion as well as a future distribution of the manual on the web.

The European Board of Internal Medicine (EFIM) equally, composed by UEMS and EFIM members has also met several times. Contacts have been taken with the American Board of Internal Medicine, the Royal College of Physicians of London and a meeting with members of the Turkish Board of Internal Medicine took place during the Berlin EFIM Congress, in order to prepare the first EBIM examination in respect with the UEMS recommendations. Two other groups of the board are working on the training program in Internal Medicine after the common trunk and the accreditation of training centers, and on the content of CME/CPD.

The next meeting of the section will take place in Antalya in September 2004.

Pr Jean-Frederic BLICKLE
President of the section Internal Medicine
MEDICAL BIOPATHOLOGY (Board)

During the past year the Section has met on two occasions and the Board has also met on two occasions. There have been two meetings of a small working party of the Board which provides topics for discussion at the Board meeting.

The main function of the Board has been the development of the Fellowship of the European Board of Medical Biopathology. This is a recognition of quality of specialists in Medical Biopathology who have obtained their national qualifications and national registration. They also need to have shown that they have participated in continuing medical education for a period of 3 years post registration as specialists. The purpose of the Fellowship is to provide a European recognition of a specialist training. Another benefit is the aligning of the various subspecialties within Medical Biopathology at European level. There are considerable differences in the way Medical Biopathology subspecialties are practiced in different countries for example many countries have polyvalent specialists who practice in all areas of Medical Biopathology while other countries have only specialists who practice in a single area for example Microbiology, Biochemistry etc. If medical biopathologists are to move throughout the various countries of the EU there will need to be a broadly similar curriculum training program and specialist recognition in the various countries.

Other topics which the section and the Board have discussed over the past year include: Long Distance Learning, Symptoms of Laboratory Accreditation particularly at a European level and recognition of Continuing of Professional Development (CPD).

The Medical Biopathology section is split into five commissions:
- Haematology
- Microbiology
- Biochemistry
- Immunology
- The Polyvalent Medical Biopathology discipline

Each country can nominate representatives to each of the commissions and to the section itself and the meetings are usually well attended with representatives from almost all countries. Because of the commissions the attendance can be up to 30-40 people or more ensuring a lively discussion and debate.

From Dr. Michael Madden
President of UEMS Section of Medical Biopathology
MULTIDISCIPLINARY JOINT COMMITTEE FOR INTENSIVE CARE MEDICINE (MJCICM)

In 2003 the MJCICM met twice. The first meeting was held on May 9, 2003 in Brussels. The second meeting was held on October 6, 2003 during the 16th Annual Congress of the ESICM in Amsterdam.

During the meeting in May the former MJCICM president Professor Simon de Lange resigned. All members thanked him for the excellent work he did for the committee. Professor Hugo Van Aken was elected as new president. During the meeting in October Professor Julian Bion was elected as new honorary secretary.

The following topics were discussed during the meetings:

**Influence of Spanish and Swiss ICU specialty regulations**

Influence of Spanish and Swiss ICU specialty regulations was discussed during the meetings. In Spain Intensive Care is an own discipline, but also anaesthetists can work in Intensive Care Medicine. The difference is that intensivists have a 5 year training period whereas for anaesthetists it is a 4 year period including intensive care medicine. This is certainly a major problem. The quality can obviously not be the same. Intensive care as a primary specialty is "closed", i.e. one has to go through the full track of training. In Switzerland, Intensive Care Medicine is a primary specialty with a 6-year training curriculum. Of the 6 years, at least 4 years must be from the same specialty area (e.g. internal medicine and medical intensive care, surgery or anaesthesiology and surgical intensive care; interdisciplinary intensive care can be counted as either medical or surgical intensive care training). These 4 years include 2 years general training and two years specialty-specific training. The specialty-specific training can start only after at least 2 years of general training. The training programme is open to other specialties as well (in contrast to Spain), so that part of the training for the primary specialty (e.g. anaesthesiology, internal medicine, cardiology, surgery etc.) can be counted for intensive care medicine as well. In practice, the minimum duration of training for those with another primary specialty is 7 years, and includes a minimum of two years intensive care medicine. The Swiss system may sound complex, but it provides the maximum flexibility and access, and still guarantees a comprehensive and broad curriculum.

**ICU Examination**

The ICU examination is already organised by the ESICM. It is endorsed by the MJCICM as official examination of this committee.

EDIC is an examination run by ESICM. It consists of two parts - a written exam and an oral/clinical exam. The exam has been significantly improved including assessment of discrimination and validity for questions. The numbers taking the exam continue to
increase. This year more than 120 candidates will take the exam. Several countries, including Switzerland, Scandinavia, Belgium and the Netherlands either use the exam as a compulsory part of the national training assessment, or plan to do so. For instance the exam will be used in Switzerland in 2004, for the first time out with the annual congress of ESICM. The aim is to develop the clinical/oral exam as a joint exam with national societies.

**Hospital Visiting Programme**

The MJCICM aims at further developing the hospital visiting programme that has already been implemented.

The next UEMS MJCICM meeting will take place during the ESICM Congress in October.

Prof. Dr. H. Van Aken
NEPHROLOGY

The main item of the work of the Section in 2003/2004 has been in relation to the formation of a European Board of Nephrology. A preliminary meeting was held of the Section along with the Presidents of the National Societies of Nephrology in Europe and the Council of the European Renal Association in Berlin in June 2003.

Draft statutes were agreed and were subsequently approved by UEMS. The Board will consist of one representative from the Specialty Section of each country in UEMS, the President or nominated representative of the National Society of Nephrology from each country in UEMS and five members of the Council of the European Renal Association. In addition there will be a representative from the PWG. Observers from non UEMS countries in Europe will be permitted. Initial plans are to have at least two sub-committees related to Training in Nephrology in Europe and to Continuing Professional Development.

A further meeting to establish the European Board of Nephrology will be held in Lisbon at the Annual Congress of the European Renal Association on May 15th 2004.

Brian J R Junor
Secretary Specialty Section in Nephrology
NEUROLOGY

The section/board of neurology met twice during the past year. The first meeting was in Helsinki on 30th August 2003 during the EFNS congress and the second was in Athens on 7th February 2004 and combined with a joint presentation to the Hellenic Neurological Society.

At the Helsinki meeting Dr. R Galvin and Dr. F Jungmann were elected president and vice-president respectively for the next two years. Prof. W. Grisold and Dr. A Bisdorff agreed to continue as secretary and treasurer. Dr. Lopes Lima retired as president and the board expressed fulsome gratitude for his long and tireless service as an officer of the group.

Ongoing Activity

EDUCATIONAL STANDARDS

a) Chapter 6 has been revised and is on the UEMS website
b) The Core Curriculum for neurological training (Celso Pontes) has come back from the education committee of the EFNS and is now with the board for final revision. This is not proving an easy task and some members feel that it is still unsatisfactory in its present form.

c) Assessment of Neurologists in training is being studied by questionnaire by Dr. Wiles (UK) and the data will be presented to the board at the next meeting in Paris in September.

d) Exchange of Trainees (Federico/Galvin). The OFTEN database has been in place for some years but it is proving difficult to get this program off the ground. The database is being updated and it is hoped to pilot a small number of exchanges between Cork, Siena, Porto and possibly Ljubljana.

CME/CPD

There has been much discussion on this matter and it is felt that the board should adopt a more active position going beyond the point of just accrediting meetings. To this end, Drs. Vodusek, Bisdorff and Grisold are going to redraft J Lopes Limas earlier paper on the topic and include new developments.

Role of the EBN/New Developments.

Dr. Bisdorff spoke strongly on this matter and felt that the board was tending to stagnate and in need of revitalisation. He recommended new initiatives specific to neurology including neuropalliation, legal issues, ethical issues in dementia, brain death and epilepsy and driving. A small group (Federico, Messis, Monteiro, Soukop and Tans) was
constituted to study the topics of epilepsy and driving and brain death. Prof. Grisold and his associate Dr. Lahrmann are working on a draft paper on neuropalliation.

**Joint meeting with the Hellenic Neurological Society.**

A very successful meeting was held with the Greek Neurologists the evening before the Athens EBN meeting. Papers were presented on pregraduate education (Lopes Lima), postgraduate education (Grisold), CME (Vodusek) and the OFTEN exchange program (Galvin). The presentations are being drafted into a paper entitled "One Europe/One Neurologist. We are considering holding further meetings of this type.

**EBN Website.**

Dr. Galvin reported on the boards website (uems.org/neuro) which is being further developed in 2004.

**Finances.**

The board's finances are in a very healthy state under the careful management of Dr. Bisdorff. There are, however, significant unpaid subscriptions and we will endeavour to collect these. It was decided not to collect any fees from the new EU countries in 2004 and commence on a reduced sliding scale thereafter.

**Next Meetings.**

Will be held in Paris (4th September) during the EFNS congress and in Cork in spring 2005.

Signed: Roderick Galvin. President.
NUCLEAR MEDICINE

New president of the UEMS Section of nuclear medicine and European board of nuclear medicine (UEMS/EBNM) - Prof. Dr. Angelika Bischof Delaloye - was elected last year during the annual national delegates meeting, held again before the European Association of Nuclear Medicine (EANM) Congress in August in Amsterdam. Other members of the Board remain the same.

In 2003, information regarding UEMS/EBNM became available on web of the EANM as a separate part of the home page (www.eanm.org).

Revisions of the statutes were finalized and the changes approved by the national delegates and are published on web. The structure of the UEMS Section of nuclear medicine and the EBNM is simplified and the bodies are merged.

Furthermore, all accreditation processes are now under the responsibility of the UEMS/EBNM: accreditation of nuclear medicine departments, accreditation of nuclear medicine training centres as well as the fellowship examination. Accreditation of international CME was already going through UEMS/EBNM, but goes at the moment (temporarily) through national medical authorities again.

Syllabus update was published in the European Journal of Nuclear Medicine 2003; 30:BP 1-BP2. The fellowship exams were held during the annual EANM congress 2003 and the names of all fellows will be published on web. Relevant data and application forms for fellowship examinations are available on web (www.eanm.org) as well.

Accreditation of nuclear medicine departments is now well established in nuclear medicine community and names of all 21 accredited departments are available on web. The interest for accreditation is growing and the material with instructions for interested departments is in development.

A questionnaire for accreditation of nuclear medicine training centres was developed and the first 47 training centres were accredited last year, their names are listed in the minutes of the last year delegates’ meeting on web. Questionnaire was updated and is available on line on web as well.

Delegates’ assembly will be held during the annual Congress of European Association of Nuclear Medicine, September 5th, 2004 in Helsinki.

President Dr. Angelika Bischof Delaloye
Secretary Dr. Metka Milcinski

Lausanne, Ljubljana, April 30th, 2004
OCCUPATIONAL MEDICINE

Meetings
The section has met on two occasions and meetings are well attended, with good representation of members and also observers from accession countries.

Activities
- Following a European stakeholders conference in Barcelona, a report has been produced on the Future of Occupational Medicine in Europe, together with a Vision statement.
- A survey has been undertaken by section members on the routes and standards of specialisation in Occupational Medicine in Europe and this has been accepted for publication in an academic journal. This has informed the section on the current differences and similarities in specialist training in Europe, and will inform the future work of the section.
- Another survey of the practice of health surveillance for occupational ill health has also been undertaken, and will be reported on the section website.
- Several members of the section have been active in developing a proposal for a Cochrane Collaboration in Occupational Health and once established, it will be serviced by a centre based in Finland and part funded by the Netherlands. This will be an important activity for developing the evidence base for the practice of occupational medicine worldwide.

Future Plans
It is planned to
- Put the Vision and Report documents on the UEMS website
- Use these to inform and consult national societies and academic organisations and asking for feedback to inform the future priorities.
- Undertake a feasibility study of a German physician based audit instrument to explore its possible application to the wider European Occupational medical community.
- Undertake a survey of assessment methodologies used to determine specialist status in each European country and establish what scope there might be for some harmonisation of these assessment instruments.

Dr Ewan B Macdonald,  
President of Section

Dr Reinhard Jager,  
Secretary of Section
La Section d'Ophtalmologie UEMS s'est réunie en Assemblée Plénière le 14 juin 2003 à Dublin (Irlande), tandis que son Bureau se réunissait à Bruxelles les 22 mars et 13 décembre 2003. En outre, des membres du Bureau de la Section d'ophtalmologie ont participé à diverses réunions, dont notamment : (1) une réunion informelle avec les représentants de l'optométrie européenne le 13 juin 2003 à Dublin ; (2) la réunion des Présidents et des Secrétaires des Sections et des Boards le 10 mai 2003 à Bruxelles ; (3) une réunion avec le Docteur Maillet, Secrétaire Général de l'UEMS, le 13 décembre 2003 à Bruxelles.

Les matières traitées en 2003 par la Section d’Ophtalmologie concernent notamment :

1. Projet de nouvelle Directive Médecins 2001/19/CE.
   Suite à la préparation d'une nouvelle Directive Médecins par l'UE, une lettre rédigée au sein du Bureau de la Section d’Ophtalmologie avait été adressée aux membres du Parlement Européen. De nombreux autres groupes ont réagi de la même manière avec comme conséquence qu'il a été décidé au Parlement Européen de réécrire la Directive.

2. Elargissement de l'UE.
   Dans le cadre de l’élargissement de l’Union Européenne (UE), une dizaine de pays sont candidats à l’adhésion (Chypre, Estonie, Hongrie, Lettonie, Lithuanie, Malte, Pologne, Slovaquie, Slovénie et République Tchèque) et seront dès le 1er mai 2004 membres de l'UEMS. Des élections démocratiques devront désigner les délégués de ces pays sous l’égide de l’UEMS et dès que les délégués à la Section d’Ophtalmologie auront été élus, ils seront invités à Bruxelles par le Bureau de la Section d’Ophtalmologie de l’UEMS afin d’être mis au courant de ce qui est attendu d’eux et de ce qu’ils peuvent attendre de la Section.

   Par ailleurs, une étude de la situation ophtalmologique dans les dix nouveaux pays membres a montré que la durée de la formation en ophtalmologie est de 4 à 5 ans dans la plupart de ces pays sauf dans les trois pays baltes où elle n’est que de trois ans. Rappelons que la durée minima de formation en ophtalmologie requise par l’UEMS est de quatre ans. Enfin la densité en médecins-ophtalmologistes dans les 10 nouveaux pays membres est approximativement dans la moyenne de ce qui s'observe dans les 15 pays actuels de l'UE.

3. L’optométrie en Europe.
   Afin de rechercher des points de convergence avec les dirigeants de l’optométrie européenne, une quatrième réunion informelle a réuni ceux-ci et des représentants de notre Bureau à Dublin le 13 juin 2003. Cette réunion a porté sur divers points et notamment :
L’utilisation de médicaments à visée thérapeutique et diagnostique. La position de l’UEMS est que la prescription de médicaments à visée thérapeutique est un acte médical, alors que l’usage de médicaments à visée diagnostique par les optométristes doit se faire sous le contrôle d’un ophtalmologiste. Les représentants des optométristes européens veulent avoir le droit d’utiliser les collyres diagnostiques dans leur pratique commerciale. À ce propos, il est intéressant de signaler qu’en Irlande, pays où les optométristes sont nombreux, le Ministre de la Santé vient de mettre fin à l’autorisation pour les optométristes d’utiliser des collyres dans un but diagnostique.

L’étendue légale du champ de compétence des optométristes. Les délégues de la Section d’Ophtalmologie de l’UEMS ont insisté sur le fait que la limite de compétence des optométristes est l’Acte Médical. Tout dépassement est inacceptable selon la motion de l’UEMS, dont un exemplaire a été remis aux optométristes européens.

Une nouvelle réunion avec les optométriste européens est programmée pour le printemps prochain.

En Espagne, un projet de loi entend donner aux diplomés en « Optique et Optométrie » compétence pour les techniques de rééducation visuelle ainsi que pour la prévention et l’hygiène visuelle sans le contrôle d’un médecin-ophtalmologiste. Des informations juridiques ont été fournies par la Section d’Ophtalmologie à la Société Espagnole d’Ophtalmologie pour les aider dans leur combat contre ce projet de loi.

En Italie, un conflit s’est récemment développé entre les ophtalmologistes et les optométristes à propos de la prescriptions des lentilles de contact.

En France, le SNOF (Syndicat National des Ophtalmologistes de France) a publié tout récemment un communiqué de presse, où il précise la position des ophtalmologistes à propos du champ d’activité des opticiens/optométristes.

4. Site Internet.

Un site Internet a été créé par la Section d’Ophtalmologie UEMS. En voici les coordonnées : www.uems-ophtalmologie.org

De même, l’UEMS a ouvert un nouveau site Internet : www.uems.net

Jean-Paul DERNOUCHAMPS
Secrétaire Général de la Section d’Ophtalmologie UEMS
In recent years the ORL Section and Board have been active and productive with two meetings a year, one planning meeting generally held in May and an annual Board and Section meeting usually held in October. In 2000 the meeting was held in Umea, Sweden. It was devoted to producing a final format of a specialty specific document on continuing medical education (CME). In 2001 we met in Turku, Finland. We discussed financial requirements and political responsibilities of the ORL Section. We updated Chapter VI on training of medical specialists in ORL and evaluated information and communication mechanisms for training posts in European ORL Departments. Finally, we extended CME into continuous professional development (CPD).

In 2002 the Section met in Barcelona, Spain, when the subject was departmental inspections/visitation. A mock visitation exercise was carried out of the University Department of ORL in Barcelona. Experienced visitors from the United Kingdom Specialist Advisory Committee in Otolaryngology conducted the visitation in the presence of a delegate from all E.U. countries. The Section then formulated a specialty-specific ORL visitation charter.

In 2003 we met in Thessaloniki, Greece, and prepared a document on the minimum requirements for ORL practice for both in and out patient ORL Departments. This will provide the basis for training and non-training departments to maintain standards in the delivery of ORL care to E.U. citizens.

A Richard Maw, M.S., F.R.C.S.
Secretary General, Section and Board of Otolaryngology
Minutes of the CESP/EBP Meeting, Brussels, 6 December 2003

1. **Report of the Secretary General, Jose Ramet**

Jose Ramet stated that CESP is a heterogeneous group with many aspects of paediatrics represented and this, he felt, is as one of its greatest strengths. He stated that the executive committee representation of both primary, secondary, tertiary paediatrics has been a positive development over the past 12 months. He has also noted that there have been two executive committee meetings and he attended a meeting also regarding research and medicines for children. There have been throughout the year several official contacts with UEMS, with IPA and the European Commission. He went on to highlight issues in relation to the meeting with the Presidents of National societies, which occurred on the 5th December.

2. **Meeting with National Societies**

Jose Ramet gave a brief slide summary of his presentation to the presidents of the National societies. He highlighted the UEMS structure. Within CESP are three groups, primary, secondary and tertiary paediatrics and many recognised sub sections. He stressed the importance that individual delegates who represent national societies must report back to the national society as it was his view that many presidents were not totally informed of CESP activities. He highlighted the training syllabus for core or common trunk training which lasts three years and which is followed by specialised training in primary, secondary or tertiary paediatrics. Jose Ramet highlighted the importance of an expanding Europe and issues that will arise with this expansion including the rules and laws if they are applied across Europe and from a CESP perspective the visitation of training centres. He noted the current composition of CESP which includes national delegates, observers, affiliated societies (including PWG, APEE, ESPR, etc.) and related societies of paediatric surgery, child psychiatry and cardiology. CESP is a truly international organisation that is represented at the IPA and has close relationships with the American Academy of Pediatrics in relation to the distribution of the PREP programme. It also co-organises Europaediatrics 2006 and it is the vision of CESP to evolve into a European Academy of Paediatrics.

The name "European Academy of Paediatrics" will be registered.

He noted that CESP is being increasingly solicited and this is an objective sign of good health of the organisation.

In the discussion that followed Zoe Papadopoulou commented that 25 countries were represented at the national society meeting on the 5th December and it was very apparent that many Presidents did not know of the work of CESP. There was a very vibrant question and answer session and the Presidents of national societies asked for a short document to highlight the working documents of CESP. She suggested that there should be yearly newsletters to national Presidents to highlight CESP’s achievements in the previous 12 months.
The Presidents also requested guidelines for the number of paediatricians required per childhood population and the presidents of national societies were very excited about the prospect of a European Academy of Paediatrics. She wondered whether CESP might adopt a greater role in terms of paediatric research in Europe and Jose Ramet will present a written summary (slide presentation) of the meeting with the presidents of national societies in due course.

3. Medicine For Children

Dr. Brasseur of the paediatric expert group of the European medicines evaluation agency EMEA was introduced by the President Zoe Papadopoulou. EMEA has a scientific committee and Dr. Brasseur is the chairperson of that group. The paediatric expert group includes toxicologists, pharmacologists, clinical practitioners and a chairperson’s secretary. The work of the paediatric expert group over the past few years included a number of surveys; a) the importation and exportation of drugs, b) existing paediatric medicines, c) paediatric labelling, d) availability within the European union for the top five of twenty medicines prepared extratemporaneously for children. The priorities of the paediatric expert group currently include drug treatment for HIV, treatment of GI disorders. Others currently under evaluation include the management of pain and cardiology drugs. Some of the roles of the paediatric expert group are to clearly outline to the pharmaceutical industry that children are different in relation to the maturity of their immune system, renal function, liver immaturity and pharmacokinetics. They are currently in the process of developing guidelines for the treatment of migraine, asthma and rhinitis in children. The EU regulation guidelines for new drugs and new formulations and doses proposed for the EU market require a paediatric development plan. The current structure is that a special committee will look critically at the paediatric development plan and the emblem, a blue star with a P will indicate that the drug is suitable for use in children. The European medicine evaluation agency (EMEA) website will publish the inventory of all paediatric studies including negative ones.

In the following discussion, Max Zach, suggested that the EMEA may wish to use the expertise of the tertiary care group of CESP for advice and suggestions. Dr. Brasseur welcomed this suggestion. Catherine Weil Olivier said that the vaccination group would also be available for advice if required. There were valuable contributions and suggestions from many delegates. Alan Craft felt that CESP needs to think about the research capacity and the training of paediatric pharmacologists.

Presentation by Francis Crawley, secretary general and ethics officer for the European forum for good clinical practice, EFGCP. In his introductory remarks, Francis Crawley suggested that he had been an observer on the ethics group of CESP for the past three years. The principal aim of the EFGCP is to develop clinical research in Europe and he noted that 72% of medicines prescribed for children have never been tested in children and 90% of medicines used in intensive care have never been tested in children, so therefore, he felt that research on and for children is required. He highlighted the declaration of Helsinki, which was originally published in 1964 but recently amended in 2000. The quote from the Helsinki declaration is apt in that ‘a paediatrician should act as a protector and advocate of the rights and needs of children’.
The interests and needs of the child should prevail over all other interests including children in general. He said that we should ensure that all new medicines prior to marketing are tested in children and medicines already on the market need to be tested in children (if used in children). These aspirations have not been met due to difficulties in performing research in children. There is some reluctance on behalf of the European parliament to pass such legislation. We felt that an ethical framework for the development of paediatric medicines is perhaps more important than a legal one. He noted that CESP provides a structure to discuss and reflect on ethics in paediatrics care but CESP cannot do it alone. Jose Ramet opened the discussion regarding the above presentations. H. Halila president of the UEMS stated that paediatric drugs are currently on the agenda for forthcoming meeting of the EU health ministers. He noted also that James Appleyard (who is a paediatrician) is the President of the World Medical Organisation.

4. Incorporation of 10 new countries

The UEMS viewpoint was presented by the president of UEMS H. Halila. Of the 10 incoming countries, 8 are current members of the UEMS. The membership fee could be prohibitive and a sliding scale may be set up for new incoming countries to minimise the financial burden. He noted that new countries have been involved in meetings and working groups for some time and they should not be considered as a single group as they are in varying stages of development. The Polish delegate, Dr. Sluzewski, highlighted issues in relation to the free movement of labour throughout the EU and the requirement for extra training throughout this transitional period. The receiving country has the right to decide as to whether a doctor on the specialist register of another EU country is able to practice in the receiving country.

5. Pilot examination in Paediatrics

Pat Hamilton presented details in relation to the feasibility of organising a European multiple choice exams simultaneously in EU countries. Positive attributes of this would be that it would give feedback to the trainers and trainees and the institution as to the quality of training. It would require a national co-ordinator in each country. She highlighted the results of the survey of 205 participants. The mean length of training had been three years and the survey carried across a number of European countries. The highest marks obtained were in respiratory paediatrics and the lowest in the basic sciences. In general participants felt that the instructions were clear and that it was enough time to complete the exam. The next steps might include the introduction of some grey cases/data interpretation or some clinical photographs and the obvious consideration of translating the exam into various languages. There was a very prolonged discussion in relation to certification with contributions from many delegates and overall a very positive impression of this pilot study.

José Ramet
Secretary-general CESP

Zoe Papadopoulou-Couloumbis
President CESP
PAEDIATRIC SURGERY

Specialty recognition
Norwegian delegates informed the Section about rumours about a change of attitude in their Country towards the specialty in Paediatric Surgery -to be cancelled as an independent specialty and to be again split amongst General Surgery-. The Section issued an official document stating that, if these rumours were grounded, they would actually be quite contradictory to the global trend so far, and this quite unexpected situation would definitely make it more difficult to fulfil the task of harmonizing the speciality of Paediatric Surgery throughout Europe. Eventually, thanks also to this stance, the project was withdrawn.

Site visits
Thirteen European Training Centres in Paediatric Surgery have been visited, one of them in 2003 (CHU Mère-Enfant, Nantes), and again this year Certificates have been awarded in a formal ceremony during the European Congress of Paediatric Surgery held in Tours the 22nd of May 2003. Visits planned for next year are in Rotterdam, and further requests for a visit have been received from Vienna, Uppsala, Istanbul: before appointing a visiting team it has been decided to compare the relevant data pertaining to the applicant Centers with the recommendations under preparation by the Committee on Site visits, dealing with the minimal prerequisites to be met before asking for a visit. To foster the Site Visit initiative it has also been decided to request every Delegate to act in this direction within every National Association.

European Examination
Annual European Examination was held in Paris, hosted by the Hopital Robert Debré, 21-22 November 2003. Ten successful candidates become Fellows of the European Board of Paediatric Surgery (FEBPS), entering the European Register of Paediatric Surgeons. From 2005 examinations will be split in two parts, the first with MCQ during EUPSA Congress; the second part - to be reserved only to candidates successful in the first part - at European level, with the actual format (spot, clinical and vivas). Such an arrangement could involve ideally some 50 candidates per year.

CME
The problem of European accreditation of individuals has not yet been settled; a possible solution could be to assess only the Fellows of the EBPS, in order also to keep the European Register updated. A system exclusively based on the Internet is under study.
MJC in Paediatric Urology
Sections' representatives to the Multidisciplinary Joint Committee in Paediatric Urology worked also in 2003 to the preparation of Guidelines for training in Paediatric Urology and Site Visits of centres of Paediatric Urology, always with the goal to raise the quality of training in Paediatric Urology and not to prepare a new specialty.

UEMS / EUPSA relationship
In 2003 the European Union of Pediatric Surgical Association, a private-status federation of scientific societies, changed its status into a formal International Society with personal membership, a step suggested by changes in political situation with almost all European Countries entering the EU. UEMS Section and Board has wide although “informal” representation into the structures of the new European Association, thus assuring a close cooperation between the two bodies.

The Secretary / Treasurer
Prof. Gian Battista Parigi, M.D., F.E.B.P.S.
The annual meeting was held in Vienna in September 2003 before the European Respiratory Congress. Fifteen members and 3 observers from the European Respiratory Society (ERS) attended.

Our section is concerned that the new European Board for Accreditation in Pneumology (EBAP) has not received many requests for CME accreditation from the providers of international respiratory meetings. We also noted that the relationship between EACCME and the accreditation boards is not well-defined, nor is it clear how EBAP is going to be funded and organised in the future. The new EBAP president who is also the secretary of the Section and Board is collaborating with other accreditation boards to help to clarify the relationship with EACCME. A position paper is being prepared and a meeting with EACCME will be suggested for later this year.

The chair of the ERS School made a presentation of the school’s activities to the annual meeting of the Section and Board. He stressed the willingness on the part of the ERS to involve the UEMS in the school’s educational activities and we plan to develop this opportunity further during the present year.

Previously our section carried out a survey of training centres in Europe. We have now begun to update this survey by preparing a questionnaire on training requirements and facilities which we will send to our representative members from all European countries. We plan to publish the findings widely in the European respiratory community as a precursor to a more formalised peer review, possibly including a hospital visiting programme.

CF Donner, President of Section and Board,
RD Stevenson, Secretary of Section and Board

10th May 04
PSYCHIATRY

During 2003 there were 18 full members which were either the EU or EFTA member states comprising Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and UK. In addition, there were 12 associate members, ie EU candidate states comprising Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia and Turkey. There are also 6 observers, ie Croatia, EFPT, WHO, WPA, AEP and PWG. The Israel Psychiatric Association is being invited to join as an observer state. The Section and Board of Psychiatry hold their meetings in Spring and Autumn. The 2003 meetings were held in Limassol, Cyprus and Berlin, Germany.

The work of the Section and Board

The Section and Board of Psychiatry do most of their work through working groups which report to the plenary meeting. During 2003, all the reports issued by the Section and Board to date were reviewed with the view to deciding on further action and to establishing future priorities.

CME Task Force and collaboration with other organisations

A CME Task Force, consisting of UEMS, AEP, WHO and WPA representation, was set up in 2001 with the main objective to develop guidelines on how CME should be developed at a European level. Prof Gómez-Beneyto represents the UEMS Section and Board of Psychiatry on this Task Force. Information collected on how CME is organised in each of the European countries has shown great variations.

Some members of the Task Force have advocated the setting up a European body for CME accreditation, but there was no consensus on this matter. There is also division on such subjects as: prospective versus retrospective CME; collecting credits for attendance versus a more proactive peer regulated approach, and finally CME for multidisciplinary teams.

CME is largely influenced by the interest of the pharmaceutical industry and other organisations keen to make profit from charging for CME accreditation. Therefore, the Task Force should perhaps, concentrate on the principles of good CME practice. The CME Task Force should not try to compete with the EACCME and should be supported and influenced by the Section’s principles.
Section and Board Website

A website (http://www.uemspsychiatry.org/) has been set up, partly on the recommendation of the Management Council, because of an extremely heavy workload of the staff updating the main UEMS site causing severe delays in publishing reports and other information submitted by Sections and Boards. Our website has two parts: Section and Board, each including a sub-page for reports and for the officers. There are also four sub-pages that include: annual reports; membership; meetings and links to national associations.

Work in progress during 2003

The following work is currently in progress:

- Profile of a Psychiatrist
- Review of Chapter 6 of the Charter of Training
- European survey of specialist training in psychiatry—draft questionnaire
- Exchange visits to training schemes in the Netherlands and the UK
- Implementation strategy for approval of national training schemes
- Recruitment and Retention
- Undergraduate Teaching
- Continuing Medical Education
- Psychotherapy
- Mental Health Services Profile

Report from Trainees

A main theme has been the exchange of trainees between different European countries. The EFPT has been involved in creating the World Association of Young Psychiatrists and Trainees (WAYPT) and the setting up of the Association of New European Psychiatrists (ANEP), for newly qualified specialists.

Section and Board enlargement, terms of office and officers’ elections

In the light of the imminent enlargement of the European Union and the expected rise in delegate numbers in the Section and Board, the Section and Board Presidents would thus no longer act as Vice-Presidents to each other and the number of Vice-Presidents has been increased to four, two for the Section and two for the Board. Henceforth, only the offices of Secretary and Treasurer will be shared by Section and Board.

Unfortunately, due to an oversight, and ambiguity about when the Section and Board were officially established, the term of office for the current Section President had
lapsed. Furthermore all the officers of the Section were now up for election. Although, according to the Rules of Procedures, the President could only be re-elected after the interval of four years, however, so as to establish staggering of terms between the President and the Secretary (as stipulated in the Rules of Procedures), approval was obtained from the Management Council and from the delegates to extend the current President’s term of office by a further two years. All the other officers of the Section, i.e. two Vice-Presidents, Secretary and Treasurer were to be elected during the Berlin Autumn meeting.

**French concerns**

The French position is that harmonisation in Europe has been achieved and the UEMS should now concentrate on establishing its position as a consultative body either to the Council of Europe or to the European Parliament. This would give the UEMS a more direct influence to promote the case for mental health in Europe. However, if the Section and Board intended to become political, delegates would either have to consult with their national associations for approval of this significant change and the Section and Board would need to obtain the approval of the Management Council. Furthermore, the understanding of the Section and Board is that UEMS does not regard harmonisation as completed, especially in the light of the European Union expansion.

The Section and Board has also been accused by the French and Belgian delegations of undemocratic practices, because voting had rarely been used. The Section and Board consider it conducive to harmonisation that decisions are reached by consensus. The French delegation was also critical that the terms of office as defined in the UEMS Rules of Procedure (ROP) were not being adhered to. There also emerged the issue of translating documents, since the French delegation was required to pay 10% more for translations which were not taking place.

Dissatisfaction has been further exacerbated by recent subscription increases which did not seem to be justifiable to the French delegation. However, the increase in subscription was approved by democratic vote.

A determined effort has been made, where possible, to understand and address the French concerns. A staggered time frame has been identified to bring terms of office within the ROP with least disruption. A working group on private psychiatry has been established. Payment of outstanding dues has also been staggered. The Section and Board now await France’s response.
RHEUMATOLOGY

Mission
The aim of the UEMS Section of Rheumatology / European Board of Rheumatology is to maintain the highest level of care with the best outcome for those with musculoskeletal conditions through establishing and maintaining high professional standards amongst rheumatologists in Europe.

Objectives
- To improve the awareness of UEMS / EBR and its activities amongst rheumatologists and their national societies, national organizations responsible for training and CME and the European Commission; to improve its organization; communication and influence.
- To raise standards of specialist training by
  - establishing standards of training centres
  - ensuring these standards are met by training centres by processes of accreditation, documentation and visitation
  - ensuring that trainees have a comprehensive training according to UEMS / EBR and national standards and that there is evidence of the satisfactory completion of this with the acquisition of appropriate competencies through log books, appraisal and possibly by examination
  - enabling training in different centers within Europe
- To maintain standards of clinical care by recommendations for requirements for CME
- To ensure provision of appropriate and high quality educational activity; setting and monitoring standards for courses, meetings and other educational activities.
- To promote the development of the specialty of rheumatology

Executive Group
President  Prof Anthony D Woolf
Past–President Prof Basil Thouas
Secretary   Dr Klaus Bandilla
Treasurer   Dr Stefaan Poriau

Membership
For each European Union or associated country, a representative of the relevant professional organisation and of the academic organisation.
President of EULAR
Chair of EULAR Education and Training Standing Committee

Working Groups
The UEMS Section of Rheumatology / European Board of Rheumatology fulfills its objectives through the activities of Working Groups.
- Accreditation Group (Co-ordinator Klaus Bandilla)
  - Ensuring high standards of the practice and teaching of rheumatology and of research by systems of accreditation against agreed standards
• Training Standards Group (Co-ordinator Hans Bijlsma)
  o Ensuring high standards for specialist training
• CME Group (Co-ordinator Tony Woolf)
  o Ensuring high standards of clinical rheumatology in practice through establishing and maintaining standards for CME specific to rheumatology
• Rheumatology in Practice Group (Co-ordinator Patrick Sichere)
  o Ensure the highest standards of rheumatological practice

Activities
The UEMS Section of Rheumatology / European Board of Rheumatology has developed:
• Recommendations for training centres, trainers and trainees.
• A specialist training curriculum and log book.
• Charter on CME in Rheumatology
• Core curriculum for CME / CPD
• Standards for quality assurance of CME activities

A database has been developed of specialist training centres throughout Europe.

The UEMS Section of Rheumatology / European Board of Rheumatology are developing:
• A European Exchange Training Programme.
• Methods to assess rheumatologists such as examination and visitation are being undertaken.

Surveys are undertaken to monitor
• Manpower
• Patterns of clinical practice
• Continuing medical education

The UEMS Section of Rheumatology / European Board of Rheumatology has worked with the Bone and Joint Decade Education Task Force to develop core recommendations for an undergraduate musculoskeletal conditions that is applicable globally, published May 2004, Annals of Rheumatic Diseases.

Current Priorities
The current priorities are
• the promotion of the speciality through a statement about what is rheumatology and what is a rheumatologist for both the public and also other medical professionals.
• developing recommendations for appraisal of rheumatologists in view of the current trends across Europe for CPD and revalidation.

Further information is available through the UEMS link on the EULAR website

Prof Anthony D Woolf
President
SURGERY (Section)

During the year 2003, the Section of Surgery, held the two regular meetings successfully, in May the 9th (at Leuven) and October the 4th (in Athens). All national delegates were present, apart from very few justified absentees.

In the Athens meeting, 4th of October 2003, the first issue was to honour late Professor Jens Witte, (deceased President of the Section) followed by the discussion to consider the appointment of Officers of the Section. The decision was taken as to have the president to be appointed in September 2004 meeting. Meantime the Secretary and the Treasurer would alternate taking the Chair at any meeting.

Discussion - Reports of Divisions and Working Groups:
The division of Breast Surgery, is in the process of preparing Statutes and Chapter 6 and organizing syllabus as to be voted as Division. Other divisions -Endocrine Surgery, General Surgery, Thoracic Surgery, Coloproctology -have done so. HPB Surgery is organized, nominating delegates and meeting of their division, soon. The Coloproctology, decided on EBSQ and identification of training units. New President and Secretary were appointed and also the publication of their Journal announced. The statutes of General Surgery were presented and are on discussion.

Education:
The Common Trunk was an important issue under discussion and it will be considered by each one of the Divisions concerned. This will be discussed in the coming meeting. The education of the Division of Hand Surgery was agreed to involve the Sections of Surgery, Orthopaedic and Trauma Surgery, Plastic and Paediatric Surgery. This Multidisciplinary Joint Committee for Hand Surgery was started last year. The implementation of Chapter 6 agreed to be necessary for every Division and be updated.

Examinations:
The examinations of divisions (EBSQ), were reported going on well, also those of Endocrine Surgery, and Surgical Oncology. Surgical Oncology had already their EBSQ examinations and granted eligibility. Future examinations will be held under UEMS - EBS. The EBSQ Gen.Surgery examinations, are held once a year. The division of General Surgery, will have its Officers elected at the Spring meeting in May 2004.

Federation of Surgery:
The general impression is that the assembly, look forwards to create Federation of Surgery, by linking the various Sections (issue under discussion).
Finances:
Finances were of main concern at the last meeting both for EBSQ fees and Sections. It was decided that the Treasurer should prepare the amount to be paid by each country, in the form of "invoice" and send them to the appropriate countries.

Next meetings: Spring - May the 14th 2004, in Leuven. Autumn - September the 25th in Warsaw, Poland.

D.G. Panoussopoulos MD, PhD, FACS
Secretary
The Section of Surgery and European Board of Surgery have had a busy year but it has been dominated by the tragic loss of the President of the Section, Professor Jens Witte. His successor will be discussed in the meeting of the Section in May 2004 and certainly in position by the autumn meeting.

During the last year the most significant new development has been the recommended creation of the European Board of Thoracic Surgery as a combined venture with the newly created Section of Cardiothoracic Surgery and the Section of Surgery. This is because thoracic surgeons train in one or other of these disciplines and it is a great advance for Sections to be linked in this way in the interests of a particular subject.

The Section of Surgery has a number of Divisions and 6 of these already have their own full European Board. These specialist Boards are extremely successful and began in as follows: In 1996 Vascular, in 1998 Coloproctology, in 2000 Trauma and General Surgery, 2001 Surgical Oncology, 2002 Endocrine Surgery. It should be noted that General Surgery is a specialist Board alongside the other specialties. The European Board is moving towards the concept of being a large and loose envelope for emerging specialties. Vascular Surgery has already commenced discussions seeking to become a separate Section but Vascular Surgery has indicated that even with specialist Section status the European Board of Vascular Surgery would remain linked alongside other specialist Boards and they are in favour of developing a loose network. These matters need careful discussion. The Management Council is always aware that large lobbying groups are more effective than tiny splinter groups.

R M Greenhalgh
President, European Board of Surgery
1. **During the last six months (since the Dublin Meeting in September 2003), the European Division and Board of Vascular Surgery have been involved in the following activities:**

2. **Opposition to Doctors’ Directive (COM) 2003 119**
   Following the strong stand by The Division and Board led by the President of the Division Fabrizio Benedetti-Valentini, and with the full backing of the Board President John Wolfe, Vice President Klaus Balzer, the Executive and all the Members to the proposed Directive, an amendment in favour of Vascular Surgery was presented to the European Parliament in July 2003. The result was successful and at the last meeting of the Committee on Legal Affairs and Internal Market the amendment was accepted in principle. There will be a further session of the European Parliament later this year for the final decision.

3. **Organization of Vascular Centres:** the working group formed in July 2003 is operating under the President of the Division and the Secretary of the Division and Board as ex-officio, 2 members of Council, ESVS Secretary, IUA Representative and a Radiology representative. The group is currently collecting data for guidelines on composition, organization, and function of multidisciplinary centres for vascular care and clinical research. Recent developments will be discussed today at the UEMS Meeting.

4. **Territorial Expansion and Implementation of Vascular Events:** the Chairman, José Fernandes e Fernandes and other Board Members are investigating the status of Vascular Surgery across Europe, particularly in the new member countries. The purpose of this Committee is twofold: a) to harmonize the Specialty across Europe by developing a uniform system of training and services and b) to enhance and accelerate harmonization across the European Continent through the inclusion of new countries on the Division and Board of Vascular Surgery.

5. **EuReg Vasc Registry:** the Chairman, Jes Sandermann has since the September meeting accumulated more data for EuReg-Vasc and he will update the UEMS Division and Board of Vascular Surgery during the meeting today. New countries are applying for registration, such as Slovenia who expressed interest earlier this year. The latest data will be available on the website of the Division and Board of Vascular Surgery in mid-April.

6. **The 8th Annual EBSQ-VASC Assessments at the Royal College of Surgeons, Dublin, on 3 September 2003.**
   Out of fourteen candidates who sat the Part 2 *viva voce* assessments twelve passed (86% success/14% failure rate) and were awarded the EBSQ-VASC Diploma. The Executive Board has been working on changes for the 2004 examinations to make the
examination more accessible to candidates and more viable as an examination. The Technical Skills exercise will now be an integral part of the examination.

7. The European Board Assessments have received considerable publicity since the last event: The EBSQ-VASC Chairman David Bergqvist and Members of the Board wrote a paper on the **Developing European Board Examination**, which was recently published the Eur J Vasc Endovasc Surg 2004 April.

8. The Secretary Christos Liapis and Members of the Board wrote a Letter to the Editor regarding **The Impact of Training in unselected patients on mortality and morbidity in carotid endarterectomy**. Eur J Vasc Endovasc Surg 2004 March

Furthermore, the **Technical Skills exercise** was depicted by the Board President John Wolfe and Members of the Board in an award winning paper in Dublin, on the validity of a pilot assessment in technical skill. The abstract was also accepted for presentation at the VSSGBI 38th Annual Meeting, Glasgow, November 2003 and also at the Meeting of the Society for Academic and Research Surgery, Belfast, January 2004.

9. **Logbook**: the logbook is now an integral part of the Examination and can be easily adapted for changing needs. The Chairman Domenico Palombo (It) and Members of the Board wrote a paper on **The value of a logbook for young vascular surgeons in training: the UEMS experience. In print March 2004 in International Angiology**.

10. **EVCME (European Vascular CME)**: the year 2003 closed with the accreditation of 15 meetings, and in the last 6-month period since September 2003 the EVCME Committee has received 9 requests for accreditation of meetings in Italy, France, Greece, the Netherlands and Switzerland. The Chairman Hajo van Bockel and Members of the Board wrote a paper on **Guidelines for CME activities Accredited by the EBVS. Accepted for publication by the EJVES as a leading article (in print March 2004)**.

11. **Projects of the Division and Board of Vascular Surgery**: these continue to develop in the form of publications such as the Book on Vascular Surgery in Europe, the European Manual of Vascular Surgery, the UEMS Compendium Supplement - and other areas such as a study with Newcastle University, UK on the inclusion of more women in Vascular Surgery, and the September 2004 Symposium of the Division and Board of Vascular Surgery in Innsbruck.

Respectfully yours
Christos D Liapis MD, FACS, FRCS
Secretary/Treasurer
UEMS Division and Board of Vascular Surgery