



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

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REPORTS UEMS SPECIALIST SECTIONS AND EUROPEAN BOARDS

Meeting 10 May 2003 – Brussels

ANAESTHESIOLOGY, REANIMATION AND INTENSIVE CARE

- Visitation programme.
 - The Department of Anaesthesiology of the Bergmansheil University Hospital Bochum, Germany, and the Department of Anaesthesiology of the University Medical Centre Utrecht, The Netherlands, were visited for accreditation purposes.
- Standing Committee on CME/CPD
 - The section is working out CME requirements based on the Basel declaration A draft paper is being prepared for discussion and decision making in 2003.
- Standing Committee on Education and Training
 - Preliminary results were resented of an enquiry on education and training in 15 European countries; next is an enquiry into the paediatric anaesthesia practice
- Standing Committee on manpower
 - The importance of setting up an appropriate questionnaire on anaesthetic work force
- Working party on Emergency medicine
 - This group is evaluating the contribution of Anaesthesiology to the development of emergency medicine in various European countries
- Working party on Fellowship European Board of Anaesthesiology
 - A number of aspects of the fellowship are a matter of debate. These are: eligibility criteria, basis of certification, membership versus fellowship, goal of the fellowship
- Working party on Pain
 - A final document on training guidelines for Pain in the curriculum and for the post-specialist training has been prepared and will be sent to EJA
- Working party on Post Anaesthesia Care Unit
 - A document on the PACU is under development.
- Working party on Sedation for non-anaesthesiologists
 - The final document is ready for publication in the EJA
- Multidisciplinary Joint Committee on Intensive Care Medicine
 - This committee visited a hospital in Genk, Belgium and plans to visit more departments. The cooperation between the various European bodies on this subject is satisfactory

Hans Knappe, Honorary Secretary

CARDIOLOGY

Since May 2002 we have had two Steering Committee Meetings. One during the ESC congress in Cardiology in Berlin and one meeting during the Italian Congress of Cardiology 18th of december 2002.

During the ESC meeting we had a General Assembly where elections took place. Professor Jan P. Amlie was elected as the new President of the Section and Professor Heikki Huikkuri as the new Secretary. H.R. Michels was elected as the new Vice President. The new Treasurer is Professor O. M. Hess.

The most important issue 2003 will be the recognition of cardiology as an own speciality within EU by the European Parliament. Now cardiology is an own speciality within Germany, confirmed by a letter from M. Gottwik by 6/12 2002.

Chapter Six has been rewritten by EBSC and accepted by the Seering Cmmittee of UEMS Cardiology Section in Rome 18th of December 2002. It is now also accepted by the Steering Committe of the European Society of Cardiology

It has been sent to the different National Boards this spring.

Continuing Professional Development CPD has been discussed extensively. Cardiology is a part of medicine where good or bad treatment has overwhelming importance for the outcome of the patients. Clear guidelines have been developed, technical skills on a high level is of paramount importance. It is therefore necessary to have a system for subspeciality training within cardiology. This is under developement within electrophysiology, imaging techniques and invasive cardiology.

In addition to that we have continuously training. A CME system has been build up with an accreditation office (EACCME) together with ESC. From the beginning a surplus of this system was suggested to give some income to the UEMS Cardiology Section (Professor G. Breithardt) This has not been pformed yet.

A Socioeconomic Task Force has been discussed and Pierre Block is the leader of this task force.

Jan P. Amlie

President UEMS Cardiology Section

CHILD / ADOLESCENT PSYCHIATRY / PSYCHOTHERAPY

We continue to have well-attended meetings, most recently in Bilbao. These meetings usually contain a component of continuing medical education.

We have also sent regular delegates to the Section/Board meetings of Paediatricians and Psychiatrists and we are grateful to these Sections for welcoming us.

Perhaps the most important achievement in the last year or so has been the publication of our training logbook which has been very well received. Although several members of the Board made important contributions, we are particularly grateful to Professor Ari Rothenberger, Chairman of the Board, who steered the final drafts through to a polished final publication.

Our main task is to help national organisations achieve recognition of child and adolescent psychiatry by their Government departments of health. Nearly all countries in Europe do recognise that psychiatry applied to the young is different from psychiatry applied to adults but this is not yet universal. Events in the UK in particular have emphasised that children's medicine is not something that can necessarily be safely carried out by practitioners used to adult patients.

One of the difficulties we have is recognition, particularly by health insurance companies, that child and adolescent mental health can be promoted by several disciplines, not all medical, yet psychiatrists have unique responsibilities and skills that are not shared by non-medical specialists. Within medicine this is understood and the relative contributions of paediatrics and adult general psychiatry can easily be recognised. Yet psychology and non-medical psychotherapy occasionally are wrongly seen as equivalent to psychiatry and in some countries this is leading to a distortion of funding because they are usually cheaper. We are currently preparing a document which we hope will explain why some children with mental health needs will need specifically a psychiatrist and to point out that some evidence-based interventions in children's mental health can only be carried out by trained child and adolescent psychiatrists. Unfortunately it is often the case that children are seen as too small and too young to have mental illnesses and we are concerned about quality control of assessment and intervention in this area.

Professor Peter Hill
President
March 2003

DERMATO-VENERELOGY

MINUTES PRAGUE OCTOBER 5TH 2002 (6 pages).

Text approved at the Section/Board meeting in Potsdam on April 12TH 2003

SECTION AND BOARD MEETING

1. OPENING AND APOLOGIES.

Present: W. Aberer, J. Snauwaert, F. K. Jacobsen, T. Rantanen, C. Blanchet-Bardon, G. Reuter, H. Gollnick, M. Hornstein, N. Stavrianias, J. Hunyadi, J. H. Olafsson, C. Buckley, D. Freedman, B. Giannotti, H. J. Hulsebosch, W. Faber, J. R. Bjerke, A. Azenha, J. L. Diaz-Perez, M. Lecha, I. M. Bergbrant, D. Barlow, J. P. Gabbud, L. R. Brathen, L. Scerri. R. Anadolu, M.A. Gurer, J. Hercogova, J. Housset, G. Stingl, J. Rees.

Apologies: , J. Lipozencic, M. Lomuto, , A. Oikarinen, A. Strand, I. Dffiny, M. Jung, H. J. Rauch, A. Oikarinen, M. Lomuto, A. Finlay.

The president H. Hulsebosch is welcoming Prof. Jonathan Rees, president of the ESDR as observer of this organization on our board. J. Rees is replacing G. Zambruno as observer of the ESDR. Many thanks to G. Zambruno who attended all our past board meetings.

2. PRESIDENTIAL REPORT. See addendum 1

3. SECRETARIAL REPORT.

Minutes of the Florence meeting: Some corrections are mentioned about point 14B: in Belgium, the log book is in use since 20 years but it has been recently adapted and the new version's approval is in process. In The Netherlands there is no log book. After these corrections the minutes are approved by all delegates.

4. TREASURER REPORT

Interim financial statement 1. 1. 2002 – 30. 9. 2002 has been provided by our treasurer T. Rantanen.

Delegates are requested to send to the treasurer:

- Money transfer identification for expenses claiming. (Ask your bank for BIC or SWIFT code and IBAN: International Bank Account Number)
- Address and e-mail of the national societies treasurers for invoice payment.

The treasurer wants to close the Section account at the ABN-AMRO bank and open an account in Finland. For this he needs a written authorization of the Section.

For the national bodies who would not have paid their fees no vote or no allowance for expenses should be applied. This has to be discussed with the new rules of procedures.

5. DERMATOPATHOLOGY

H. Gollnick and H. Hulsebosch met Prof Ruitter general secretary of the UEMS section of pathology on September 25th 2002 in Nijmegen. The intention was to renew the contacts between the two sections as has already been started on a personal and informal level in december 2001 in Amsterdam. Both parties agreed to work out a plan for further harmonising dermatopathology in Europe. It is still the aim of the UEMS dermatology section to reach the goal of having the right to process, read and sign dermatohisological slides. For this purpose a two years additional full time training in either a dermatopathology or pathology institution is necessary, followed by an examination of a joint commission. The pathologists will meet at the European Academy of Pathology on

the 1st week of October in Amsterdam (with presidential election), after this meeting a telephone conference is planed between the two presidents (pathologists and dermatologists) with the aim to organize a second meeting.

The Board approves a stepwise policy for negotiations with the pathologist's Section. Prof. R. Anadolu and Dr. C. Blanchet-Bardon will join the subcommittee for dermatopathology.

6. ALLERGOLOGY AND IMMUN MEDIATED DISEASES.

Report from W. Aberer: Several countries have no allergology as monospecialists. The UEMS has a section for allergology and clinical immunology. So any country is concerned because allergologists may move from one country to the other.

The section of allergology does not want to negotiate with other sections.

The Board opinion is that allergology is a multi- organ specific speciality which concerns several disciplines, these disciplines should be approached to form a joint committee. H. Gollnick will contact other disciplines to form the joint committee and inform the UEMS in Brussels. After this has been done allergologists must go on negotiation. This procedure has been aproved by all the delegates of the board.

W. Aberer questionnaire on allergology will be resend to all delegates. Dead line for answer is November 1st 2002 .

7. QUESTIONNAIRE'S NEW VERSION.

The questionnaire should be updated year by year with two main topics: curriculum and CPD. The question about teaching in private practice needs a definition on private practice. Three subdivision should appear on the questionnaire: University hospital, other hospital and private practice. Dead line for new questionnaire is November 30th 2002.

8. GUIDE LINES

No more information at this time.

D. Barlow: guide lines for venereology are available and published in the Intrnational Journal of STD & AIDS: Volume 12, Supplement 3, October 2001. These guidelines are approved by the European Branch of the International Union Against Sexually Transmitted Infections and the European Office of the Worle Health Organization.

There exists also a german speaking committee for guide lines.

9. LOG BOOK

The sub committee has met on october the5th under leading of A.Azenha, however, A. Finlay had to cancel his participation in Prague at the last minute. The group is asked to work on the log book and to present at the spring meeting a more basic draft in the sense of a framework, where the national delegates can further work on, and include special needs on the national level.

10. QUALITY ASSURANCE (W. FABER'S QUESTIONNAIRE)

W. Faber get 12 responses. He exposed the results. There are many descrepancies regarding the different countries. Some questions have to be explicitied like self development.

The questionnaire will be resend with dead line on December 15th 2002.

11. UEMS MEETING BRUSSELS (May 11th 2002)

H. Hulsebosch gives a report. The complete text of the minutes of the UEMS Specialists Section and European Boards with the UEMS Executive Committee, Brussels May 11th 2002, can be found on the UEMS website, document D 0230. Also other information H. Hulsebosch mentioned about meetings of the UEMS Executive Committee can be found on the website. The next meeting is scheduled in Brussels on May 5th 2003. H. Hulsebosch and G. Reuter will attend.

12. MATTER ARISING

Draft for new Statutes and ROP provided by T. Rantanen. Comments to be send for December 1st 2002. D. Barlow's questionnaire: To be updated. If no response what is on at this time will be registered.

13. ANY OTHER BUISNESS

None

14. NEXT MEETING

Potsdam April 11-13th 2003 at the " Schlosshotel Cecilien-Hof"

15. CLOSURE:

H. Hulsebosch gives the presidency to H. Gollnick. H. Gollnick thanks H. Hulsebosch for all the nice job he did as president and for his great diplomatic capacity. The board thanks our past president for his work, kindness and all the time he devoted to the Section and Board by a long ovation and in the name of all the delegates M. Hornstein gave a gift as a witness of gratitude from the Board.

END OF THE MEETING AT 19H30

Georges Reuter
Secretary of the Section and Board.

ADDENDUM 1

PRESIDENTIAL REPORT

Addendum to point 2 of the Minutes of the Prague meeting: Presidential Report

PRESIDENTIAL REPORT

Autumn Meeting UEMS Section and European Board of Dermatology and Venereology
Prague, 5 October 2002

Dear Colleagues,

A report about what happened since our last Spring Meeting, that was held in the beautiful city of Florence in a great setting, five and a half months ago.

On May 11, Prof. Harald Gollnick and I attended the meeting of the UEMS board with the presidents and secretaries of the UEMS Sections in Brussels. A report will be given with point 11 of today's agenda.

During that UEMS meeting we came on speaking terms with the secretary-general of the UEMS Section of Allergy and Clinical Immunology, Dr.Barthold Hornung from Germany. We shall report about this meeting with point 6 of the agenda.

And one and a half week ago Harald Gollnick and I visited the secretary-general of the UEMS Section of Pathology, Prof.Dirk Ruitter, in Nijmegen in the Netherlands. About this visit will be reported with point 5 of the agenda.

I have sent you two letters in the period that lies behind us.

The first one was dated 5 August. Besides the reminder of this Autumn Meeting, especially for those we were not present in Florence, the main topic of this letter was the announcement of the 'Proposal for a Directive of the European Parliament and of the Council on the Recognition of Professional Qualifications, COM (2002) 119, 7 final, 7 March 2002 DG Internal Market'. It is a very important topic. I wrote that you would receive the concerning documents from our secretary-general, so that you could take note of the contents before this meeting, but I think that something went wrong. My proposal is to deal with this Proposal for a new Directive on the Recognition of Professional Qualifications with point 11 of the agenda that is dealing with the UEMS.

In the same presidential letter I took the freedom to come back to teledermatology. This because I received some additional information from Prof.Andrew Finlay, that to me were another proof that this topic is important. In the minutes of the Florence meeting is written: this point (teledermatology) should no more appear on the agenda until new data are available (approved by vote). It is up to you to decide if the added documents are the new data mentioned and if teledermatology should be put on the agenda again of a future meeting, yes or no. In addition to this : that teledermatology is really on the map of dermato-venereology can be concluded also from the fact that during this Prague Meeting as well as during the World Congress in Paris last July there were sessions on teledermatology.

Finally there was the announcement of the UEMS Symposium of last Thursday, I hope you thought it interesting.

With my second letter, dated 20 September, I sent you the new version of the questionnaire about the contents of training in the European countries. It was not possible to sent it earlier, but I think that in a way it is good, because now there is an opportunity to give it a second look and to introduce further improvements if necessary. So that with the end-product we collect all the data we are interested in. The questionnaire is point 7 on the agenda.

During the World Congress on Dermatology in Paris, the first week of July, Georges Reuter, Harald Gollnick and I had a meeting (Tapio Rantanen did not attend the World Congress). We talked about the agenda of this Autumn Meeting and about some other topics for Section/Board. One of those was if would be a good idea to have a half day meeting with the representatives of the associated countries preceding the Spring Meeting, to learn more about their special situations and about how they can make the most of their presence in the UEMS Section and European Board.

To finish with, recently we received a short questionnaire from Prof.Gruwez, president of the UEMS Working Group on Postgraduate Training. The questions concern the international visitation.

The questions were:

1. Is your Section and/or Board running a programme on international visitation of training centres (of 'excellence') in your specialty ?
2. Does your Section and or Board intend to proceed with such visitations in the nearby future ?

3. In this case, do you think that an adaptation of the Charter on Visitation could be useful for your specialty (as has been done by the Multidisciplinary Joint Committee of Intensive Care Medicine) ? (apparently he did not know about our adaptation, HJH)
4. Are Board examinations or evaluations organised in your specialty ?
5. Are you of the opinion that a standardized pattern for such examinations, proposed by the Working Group of Postgraduate Training, would be useful ?

I suggested Dr.Reuter to answer no, no, no, no, yes. I hope you agree.

I presume that international visitation and the European Board examination at times will appear on our agenda in the future.

Thank you for your attention,
Hendrik J.Hulsebosch

GERIATRICS

Since May 2002 we have had two Section Meetings, May 4th in Vienna and September 22nd in Coimbra.

Main topics in Vienna:

02/08 Election of officers of the Section: The following members were elected as officers as from the end of the meeting in May 2002. President: Dr Ian R Hastie (UK), Secretary: Dr Dieter Lüttje (Germany), Treasurer: Dr Åke Rundgren (Sweden). Professor Duursma is retiring as President and also as a member from the Netherlands, was thanked for all his hard work and guidance since the inception of the UEMS.

02/06 Reports from Ireland and Slovakia on Geriatric Medicine in their countries were noted

01/18 Guidelines for education of medical students were prepared and will be completed in September

01/18 Guidelines for education of medical students

The sub group of Dr Smith, Professor Topinková, and Dr Arino Blasco were thanked for producing the document on guidelines for education of medical students. Some changes were suggested at the meeting but members were asked to send comments on the tabled document to either the Secretary or Roger Smith by the end of May. A second draft would then be circulated before the next meeting.

01/04 Accreditation of Training Programme – the visit

CME, extensive discussion

01/14 Minimum Standards in Developing Countries

99/05/04 Geriatric Medicine in the European Union, publication

98/04/10 Manual of internal medicine This has now been published and the first volume contains the chapter on Geriatric Medicine.

Main topics in Coimbra:

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

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

01/03 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.

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.

01/18 Guidelines for education of medical students

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.

Future meetings in planning

Saturday May 17th 2003 in Helsinki
Saturday 20th September 2003 in Prague
Spring 2004 in Salamanca
Autumn 2004 in Bratislava

Major topics in May 2003 will be CME, guidelines as standard throughout Europe and UEMS response to the proposal on the recognition of professional organisations.

Dr. Dieter Lüttje

GYNAECOLOGY-OBSTETRICS

1. EBCOG Elections

In November 2002, EBCOG held elections for the posts of President, Treasurer, Vice-President and Executive member. Professor André Van Assche was elected President, Professor William Dunlop was re-elected as Treasurer of EBCOG and the Section of O & G, Dr.Rolf Kirschner was elected as Vice-President and Professor George Creatsas was elected as an Executive member. Professor Juriy Wladimiroff was elected as Acting Secretary-General of EBCOG and the Section, replacing Professor Van Assche in this post. An election for the post of Secretary-General will be held in June 2003. On behalf of EBCOG, Professor Van Assche paid tribute to the outgoing President, Professor Wolfgang Künzel, and the outgoing Executive member, Professor Ian Milsom and thanked them for all their tremendous efforts for EBCOG.

2. EBCOG Finances

As at the 14th October 2002, the balance of the EBCOG account stood at 207072.59 Euro with more income anticipated. The budget is on target in relation to the projections that the Treasurer presented in Prague in 2002. Most expenditure had been less than expected and that EBCOG is on target to stay within its budget.

However, whilst the account is relatively healthy, it has not increased significantly since the end of the last accounting year and that one of the biggest issues that EBCOG is currently considering in terms of finance is that of income generation. One of the ways which EBCOG is now using to reduce meeting costs as far as possible is regular telephone conferences between the Officers prior to Executive and Council meetings.

3. EBCOG Strategy

EBCOG produces an annual Strategy Paper which outlines not only past activities but future targets and allows EBCOG to measure and evaluate its progress in meeting its targets and objectives. This has become an increasingly important tool and specific meetings on Strategy are planned at regular intervals. National delegates are also being asked to assess how much of the Strategy Paper has been implemented at national level, and this will allow EBCOG to assess the full impact of its strategies at both national and European level.

4. Relations with the Section

Relations between EBCOG and the Section continue to be excellent. The President of the Section is always invited to participate in EBCOG Executive and Council meetings and EBCOG and the Section share the same Treasurer and Secretary-General. In 2002 EBCOG and the Section agreed that all of EBCOG's Council meetings would become joint Board and Section meetings, with Section items specifically included in each EBCOG Agenda.

At the meeting in November 2002 in Brussels, the President of the Section asked each member present to introduce themselves and to state whether they represented the scientific or professional society and it was agreed that this process should be repeated at all future meetings.

The President of the Section is continuing in his efforts to develop a coherent view of the situation of professionals at national level and the information collated to date has been published in the European Journal.

5. Relations with UEMS

The UEMS Management Council now included a total of 6 representatives of the Sections and as Secretary-general, Professor Van Assche represented Obstetrics and Gynaecology within this Council.

The Liaison Officer of UEMS, Dr .Len Harvey, also attended the EBCOG Council Meeting in November 2002 to report on UEMS' activities and to give EBCOG an outline of the problems inherent in the proposed Doctors' Directive. Dr.Harvey assisted EBCOG in producing a letter about this Directive that EBCOG and Section members could use to lobby their national and European Parliamentarians on this matter.

4. Relations with other Societies

EBCOG has agreed to develop close links with other Societies, both in Europe and beyond and to build on links that have already been established. In 2001, Professor Ahmed, from the Pan Arabian Society of O & G and Professor Ramos Cordero of the Federation of Latin American Societies of O & G (FLASOG) both attended the EBCOG Council meeting in Malmö. In May 2002, Professor Hammond of ACOG attended the EBCOG Council meeting that took place in Prague. EBCOG agreed to strengthen these links and also to develop links with other organisations in Europe, particularly in the accession countries. The Vice-president therefore now has the brief for International Relations and will help EBCOG widen and deepen its network of international collaboration.

EBCOG has also been contacted by the International Federation of Cervical Pathology and Colposcopy and the European Society of Gynaecological Endoscopy, both of which wish to collaborate with EBCOG and the participation of such societies in the European Congress of O & G will be one way of helping to consolidate these links.

5. Relations between EBCOG and National Societies

EBCOG and its National Society members continue to work closely together. Attendance of national delegates at EBCOG and Section Council meetings is always high, with most of EBCOG's 28 member countries being represented. Many national societies publish information on EBCOG's activities in their national Journals and EBCOG and the national delegates are currently looking at a number of other proposals to further formalise and develop these close links.

6. Relations with FIGO

EBCOG has proposed that it be the representative of all European Gynaecologists within FIGO and is currently in discussion with FIGO about this proposal.

7. Congress in Chile

A representative of EBCOG has been asked to participate in the Congress in Chile 2003, which will be the first time that a European Board will have been represented in this way.

8. Relations with the Subspecialties

EBCOG has a close relationship with the subspecialties of Materno-Foetal Medicine (EAPM), Reproductive Medicine (ESHRE) and Gynaecological Oncology (ESGO).

At EBCOG's Council meeting in Prague in 2002, Council also voted to accept Uro-Gynaecology as a fourth subspecialty under the umbrella of UEMS and now the European Uro-Gynaecological Association (EUGA) is the fourth subspecialist pillar in O & G within EBCOG. Together EUGA and EBCOG are working to produce a training programme and Log Book for Uro-Gynaecology as the other subspecialties and EBCOG have done previously.

Representatives of all of these four subspecialties attend EBCOG Executive and Council meetings and are members of the European Congress Management Committee and Scientific Committee. All of the subspecialties participate fully in the European Congress of O & G and run sessions during the Congresses.

Together, EBCOG and the subspecialties have produced a definition of a subspecialty, which states that a subspecialty is:

- A specific area requiring expertise, practice and knowledge beyond that managed by a general Obstetrician/Gynaecologist.
- An area in which a multidisciplinary team is involved and not limited to the expertise of a single person and/or a technology. The subspecialist gynaecologist should be qualified to lead the team.
- A subspecialty requires specific personnel (spending the majority of the time in this practice), equipment and technology.
- A Subspecialty has a specific and well-established training curriculum, Log Book, accredited centres.
- A subspecialty is characterised by specific International Journals, International Societies and relevant scientific developments in the field.

EBCOG and the subspecialties are now working on a formal definition of a subspecialist centre, both in terms of health care and training and the subspecialist societies are also planning the introduction of visiting subspecialist centres in order to identify and recognise centres of excellence.

9. Standing Committee on Training and Assessment

This Standing Committee produced a Post Graduate Training Programme and Log Book for O & G and worked with the subspecialties to produce Subspecialist training Programmes and Log Books. In addition, this Standing Committee has been responsible for co-ordinating the production of a number of Training Volumes which have been written by experts in the field and are being published by Elsevier Science at 60 Euro per copy.

Volumes have been published on:

- Invasive Carcinoma of the Cervix;
- Viral Infection in Pregnancy;
- Breech Delivery;
- Ovulation Induction.

The next volumes about to be published are:

- Endometrial Cancer;
- Paediatric and Adolescent Gynaecology;
- Diabetes and Pregnancy.

The Volumes in preparation are:

- Ultrasound and Obstetrics and Gynaecology
- Contraception and Family Planning
- Stress Incontinence
- Hypertension in Pregnancy
- Ovarian Tubal Cancer

This Standing Committee is now preparing a document on 'The Role of Tutors in Training'.

10. EBCOG and the European Network of Trainees in O & G (ENTOG)

EBCOG and ENTOG continue to work closely together. The President of ENTOG is always invited to participate in the EBCOG Executive and Council meetings. There is also close collaboration with regard to the ENTOG Trainees' Exchange, which normally takes place at the same time as the European Congress. The President of ENTOG and the Congress President work closely together on this matter.

11. Standing Committee on Hospital Recognition (SCHR)

Hospital Visiting and Recognition is one of EBCOG's most important activities and the intention is that when countries have introduced their own national visiting systems, EBCOG will undertake a consultancy and advisory role when requested to do so. From June to November 2002, visits took place to Brno, Prague, Turin, Sienna and Cologne and, to date, seven more visits are planned for 2003. The Chair of the SCHR was invited by the Secretary-General of the French College to explain the visiting system in November 2002. Visiting has been stimulated in a number of countries following EBCOG visits.

12. Amalgamation with EAGO

The Council of EBCOG and the General Assembly of EAGO both voted separately to proceed with the proposed amalgamation of the two bodies. In Prague in May 2002, the Presidents of both organisations signed a Declaration of Amalgamation, and full amalgamation will occur at the European Congress of O & G which will be held in Athens in 2004.

The new body will be called EBCOG and the membership will comprise representatives of national societies and also individual Fellows. Members of EAGO who have paid their full subscription to EAGO for 2002 will be eligible to become Fellows of EBCOG as will trainees who have trained in an EBCOG accredited hospital.

13. European Congress of Obstetrics and Gynaecology

The European Congress of O & G will now take place every two years with the next Congress being held in Athens on 12th – 15th May 2004. EBCOG has now taken full control of the European Congress via its Scientific Committee and Congress Management Committee and preparations for Athens are well underway, with the First Announcement being published at the end of January 2003.

The 2004 Congress will cover a range of topics including current issues relating to science and practice in O & G, such as hormone replacement therapy, contraception, operative gynaecology, and medical and technical aspects within O & G. The sub-specialities of Materno-Foetal Medicine, Gynaecological Oncology, Reproductive Medicine and Urogynaecology are very important partners, and they will be presenting their important achievements and developments in their fields - including molecular biology and genetics - at the 2004 European Congress. The central, educational, role of EBCOG will be promoted by expert-led courses in areas of interest for trainees.

14. EBCOG & Section Ethical Task Force

EBCOG and the Section are in the process of developing an Ethical Task Force together with the subspecialties. EBCOG has already begun to address some of the contentious issues in the field and has prepared a position paper on the use of Stem Cells and Cord Blood which has been agreed by all of EBCOG's national societies.

15. EBCOG and Leonardo da Vinci

EBCOG is submitting an application to the European Commission for project funding under the EU Leonardo da Vinci Programme. The distance learning project will involve a number of partners and will focus on foetal surveillance including intra-partum monitoring and ultrasound.

16. Protocol on the Recognition of European Training Centres

EBCOG has produced a protocol which relates to specific training centres using specific methods, such as:

- Endoscopy training centres
- Colposcopy training centres

- Training centres for other specialist methodologies

This protocol was developed in response to requests for accreditation by some such centres. EBCOG will charge a flat fee of Euro 500 for visiting and accreditation.

17. EBCOG Home Page

The EBCOG home page continues to act as a tool for information and resources, and contains copies of all agreed minutes, training programmes, log books and the strategy document. The web site also contains information about the European Congress and generates many enquiries about EBCOG and its activities. UEMS is in the process of designing a new web site which will be based on the EBCOG web site.

INFECTIOUS DISEASES

During 2002, two Section meetings have been held, one in Milan in April (in connection with the European Congress of Microbiology and Infectious Diseases) and one in Izmir in September. The European Board of Infectious Diseases (EBID) also held meetings in connection with these two section meetings.

The following issues have been discussed during these meetings and worked on between meetings:

The Charter for Specialist Training in Infectious Diseases has been up-dated with special emphasis on training in management of HIV/AIDS. A log book for trainees has also been established.

Members of the Section were invited to Turkey to discuss the European perspective regarding specialist training in Infectious Diseases, and to some extent, in Clinical Microbiology. This was done in connection with a meeting held by the Turkish Society to discuss and work through a new system for specialist training in Turkey.

Accreditation system for CME/CPD. In collaboration with ESCMID (European Society for Microbiology and Infectious Diseases) a program for evaluation of contents of CME activities has been developed. The Section formed EBAID (European Board for Accreditation in Infectious Diseases) consisting of representatives from the Section, EBID and ESCMID which was instrumental in developing the program. During the spring 2003 two educational events (one European congress and one international workshop) were evaluated by EBAID and recommendations for European accreditation was made to EACCME.

The Section has been making contacts with Infectious Disease Societies in countries which are not represented with delegates to the Section. As a result, observers will be welcomed at the next annual meeting from Finland, Austria, Iceland and the Czech Republic. Observer status will be maintained until such time as the National Medical Associations have officially appointed delegates to the UEMS.

EBID has circulated and compiled a questionnaire regarding quality assurance of specialist training in member countries. A visitation of training centers system has been discussed within both the Section and EBID and it was decided not to actively pursue setting up such a system at a European level at the present time.

The Section is working on setting up its own web site.

Ingrid Nilsson-Ehle
President
UEMS Section for Infectious Diseases

MULTIDISCIPLINARY JOINT COMMITTEE OF INTENSIVE CARE MEDICINE (MJCICM)

The UEMS – MJCICM held two meetings in 2002.

The first in Brussels on May 10th and second in Barcelona, Spain, on September 28th. The first hospital IC unit visited in Munster, Germany, was granted a certificate of approval; a second hospital in Genk, Belgium, was visited on April 3rd and has also been approved.

An article was published: Intensive Care Medicine in Europe-- the structure, organisation and training guidelines of the UEMS- MJCICM.

Committee Meetings

At the meetings the following matters were handled:

Hospital Visitation Programme

This programme and questionnaire was approved by the Secretary General Dr. Leibbrandt. The committee considered that the questionnaires could be improved in the light of experience gained during recent hospital visitations. The programme and amended questionnaires will duly be placed on the web site.

The purpose of Accreditation Visits was reviewed and the following points were made:

- to use Accreditation Visits to study the actual educational structures at national level
- to promote contact with national authorities responsible for professional training and educational structures in the European member states.
- to create an inventory of national educational regulations.

The committee advised that the present Accreditation Visit pilot programme should be limited to approximately five ICU's (which should have already received their own national approval). The ICU's should be, if possible, in different European States in order to obtain a wider experience in preparing for a proposed European Educational Inventory.

European Educational Inventory

A research project was proposed to collect information about the present situation and structure of professional education and training in ICM in the European states. Such a project would give important information which would be necessary for further activities of the MJCICM for the harmonisation process of ICM training and practise in Europe. The activity could be carried out for the MJCICM by the European Society of ICM; who are represented in our Standing Advisory Committee.

The President has written to the Secretary General in order to ask for a statement of support (mandate) for such a project. The matter will be discussed at Executive Committee level.

Examination Policy

The Committee has endorsed the ESICM IC examination process and is considering the feasibility of a joint ESICM/MJCICM examination.

Spanish and Swiss IC Training Programme

Discussions are being held with authorities in these two countries. The MJCICM is trying to find a compromise solution with them in the ICM European harmonisation process.

Publication

European Society of Intensive Care Medicine statement: Intensive Care Medicine in Europe – structure, organisation and training guideline of the MJCICM-UEMS

- authors:

Simon de Lange - President MJCICM

Hugo van Aken - Hon. Secretary

Hilmar Buchardi - Delegate of the ESICM to the Standing Advisory Board

Intensive Care Medicine (2002) 28 : 1505 – 1511

Advertising

Although information about IC Accreditation Visits is circulated in various newsletters, we would also like to bring this visiting programme to the attention of the UEMS Sections involved in ICM.

Requests for visits can be addressed to the Honorary Secretary.

Prof. dr. Simon de Lange MJCICM Founder President (completes term of office May 2003)

MEDICAL BIOPATHOLOGY

The DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the recognition of professional qualifications

Some of the medical specialities organised within the Section and Board of Medical Biopathology, in particular Chemical Biopathology and Polyvalent Biopathology are under increasing pressure from non-medical professionals who are interested in taking over duties that historically and according to national laws have been performed by specialist physicians.

In the direct and frank dialog that the U.E.M.S. Section of Medical Biopathology has with EC4 (European Communities Confederation of Clinical Chemistry, <http://www.uni-oldenburg.de/ec4/>) a paneuropean organisation of our well respected natural scientists in the clinical laboratories, we have been able to agree on many proposals for collaborative projects. However, the natural scientists have unfortunately not been willing to agree on the important principle that the responsibility for making medical diagnoses and prescribing treatment rests with physicians in general and with specialist physicians in particular.

It is particularly important that Directive COM(2002)119 both its general principles, wording and appendices maintain the special rights and responsibilities of physicians to make diagnoses and prescribe treatment.

The Section and Board of Medical Biopathology hereby urges the U.E.M.S. Central Office and other Boards and Sections of the U.E.M.S. to join hands with the Board and Section of Medical Biopathology to ensure that the rights and responsibilities of specialist physicians are respected.

The Board and Section of Medical Biopathology has drafted the letter below to be sent to the European Parliament and the Central office of the U.E.M.S. after a final agreement on the wording.

*To
The President of the European Parliament
The U.E.M.S. Central Office
The Nominating and the Regulatory Bodies in each member state of the EU*

Ad. COM(2002)119 final 2002/0061 (COD) Proposal for a DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the recognition of professional qualifications

Dear Sirs!

Modern medicine both in hospitals and the community is dependent on Laboratory Medicine for diagnosis and treatment

The Clinical Laboratory requires the services of a team of professionals with a wide variety of skills to function optimally. Individuals with information technology skills, Scientists from a wide range of backgrounds and Medical Doctors with training in the various disciplines of Medical Biopathology are required. Medical Biopathology includes the specialities of Clinical Chemistry, Microbiology, Haematology, Immunology and Doctors with training in all of the above (the Polyvalent Speciality).

Co-operation of the various professional groups within the laboratory is of profound importance to ensure the patient gets the best service. This co-operation requires that all the professional groups

working in the laboratory acknowledge the important role of each group. The U.E.M.S. section of Medical Biopathology states that the role of Medical Doctors trained in the Medical Biopathology specialities provides a unique role in the laboratory that cannot be undertaken by non medical trained professionals. This special role in the laboratory is of major benefit to the patient and provides a unique service to the clinical specialists involved in their care.

For the U.E.M.S. Section of Medical Biopathology

Elvar Theodorsson

Progress in the work of the Board and Section of Medical Biopathology

During 2001 the Board of U.E.M.S. Medical Biopathology finalised the document “Fellowship of the European Board of Medical Biopathology” including the curricula of four individual specialities within Medical Biopathology (available at http://nc.ibk.liu.se/uems_board). During 2002 the Immunology Commission within the Section of Medical Biopathology made a final draft for a curriculum, which is now out for final discussions (<http://nc.ibk.liu.se/uems/Immunology/curr902.htm>).

The Section and Board of Medical Biopathology have signed an agreement with the Portuguese Medical Order that all signed photocopies of documents relating to applications for the Fellowship of the European Board of Medical Biopathology are filed in the vaults of the Ordem dos Médicos in Lissabon. Before filing the documents they are scanned and converted into an electronic format (Acrobat/PDF) and transferred to the FTP- server of the Board and Section of Medical Biopathology located in Linköping, Sweden. These electronic copies of the documents are password- protected and made available to all the members of the European Board and to the professionals around our continent engaged in judging the merits of the applicants applying for Fellowship of the European Board of Medical Biopathology. Standard operating procedures (SOP) have been established for all involved in the process of appointing the Fellowship. Applications for the fellowship are welcomed since the 15th of May 2002.

The homepages of the Board and Section and of Medical Biopathology are located at <http://nc.ibk.liu.se/uems>

The many years spent on discussing, writing and agreeing on the curricula have had the positive effect that the national curricula, length of training and other requirement for training in Medical Biopathology are rapidly converging on the European Continent.

The main goals of the U.E.M.S. Section and Board of Medical Biopathology have for the last three years been:

1. To harmonize the curricula and training in Medical Biopathology and its sub-specialities in the member countries
2. To make the procedures for appointing Fellows of the European Board of Medical Biopathology work thoroughly, smoothly, efficiently and at a minimal cost for the applicants.
3. To further increase the full active participation of all countries on the European Continent in the work of the Section of Medical Biopathology.
4. Facilitate a fruitful collaboration between Medical Biopathologists and other professionals in Medical Laboratories.
5. To stimulate different centres of learning to make available courses useful in the specialist training to become Medical Biopathologists and to make these courses known to the trainees.
6. To stimulate different centres of learning to make available courses, meetings and conferences in programs of Continued Medical Development.

We have succeeded in fulfilling goals 1, 2 and 3 but only partially fulfilling goal 4. Goals 5 and 6 are not yet fulfilled.

Participation in the work of the Board and Section of Medical Biopathology

We are very glad to experience that the number of persons and countries actively engaged in the work of the Board and Section of Medical Biopathology is increasing.

Professor Elvar Theodorsson, President of the U.E.M.S. Section of Medical Biopathology

NEPHROLOGY

The Section has held preliminary meetings with representatives of the European Renal Association / European Dialysis and Transplant Association regarding the formation of a European Board of Nephrology as the Section felt it would be unable to achieve its aims in relation to harmonisation of training in Nephrology in Europe without the co-operation of both the European Association and the Presidents of the National Associations of Nephrology. Draft Statutes for such a Board have been formulated and a meeting will take place in Berlin on the 7th June 2003 between the members of the Specialty Section in Nephrology, the Council of the European Renal Association and the Presidents of the National Societies of Nephrology in Europe to discuss the formation of a European Board of Nephrology and its composition and aims.

The proposed Board would review the training in Nephrology in Europe in line with the recommendations of the UEMS and would also be involved with the approval of courses and meetings in Nephrology in Europe for Continuing Medical Education purposes.

Brian Junor
Secretary Specialty Section in Nephrology

NEUROLOGY

The UEMS section and board of neurology under its president Pr Dr Lopes Lima (P), vice president Pr Dr Galvin (Ireland), treasurer Dr Bisdorff (Lux) and secretary Pr Grisold (A), had three meetings between March 2002 and 2003. All meetings were held in Vienna (March and October 2002, and spring 2003).

The current tasks of the section/board are:

- (a) Modification of the **Educational Standards in (UEMS) Chapter 6**. The document will be updated and placed on the UEMS S/N - EBN Web site.
- (b) **Core Curriculum** (Celso Pontes)
The core curriculum was discussed at all meetings. It was decided to finalize this important paper until the end of August/beginning of September (at the EFNS Congress in Helsinki – August 30 – September 02, 2003) for publication.
- (c) Exchange of Trainees in neurology
This programme was developed jointly with the EFNS. A publication of this project called “OFTEN” was published in the European Journal of Neurology, vol9, 4: 349-352. Also, an update of the list of centers participating will be added on the UEMS and EFNS web.
- (d) Manpower of neurologists/ and delivery of care
Dr. Jungmann presented his paper on the number of neurologists needed in European countries and a detailed discussion followed. The numbers vary but are probably optimal between 1 per 20-40,000 of population.

The second paper on pattern of delivery of care, public –vs- private practice, was also discussed and further research is needed, due to the differences of European medical systems.

- e) **European Qualification (Murphy, Grosshans)**

Dr. Lopes-Lima gave background to visitation and earlier work with Dr. Hubbe. Ray Murphy discussed the Irish visitation programme. Visitation is 5 yearly unless the centre gets a ‘yellow card’ and is required to have earlier visits to correct deficiencies. The details will be provided in electronic form and we will be available on the web. A comprehensive programme would be expensive and require funding.

- f) **European Summer School (Yebenes, Federico)**

A European Summer school could be held once a year.
Proposal: EFNS task force. EFNS organiser; fund raising

Dr Jungmann thinks that money from the EU could be available for such activities. In return, Federico thinks there is money for that, NEUROSCIENCE program

Action:

- | |
|---|
| 1) Yebenes, Federico will consider to establish a Mediterranean summer school |
| 2) Dr Kalvach (EFNS) should be invited to the next UEMS meeting in Helsinki to report on the EFNS Academy and consider collaboration. |

g) Pediatric Neurology (Neville)

The pediatric neurology program developed by the CESP (UEMS pediatric section) was finally endorsed. Access is possible both for neurologists and pediatricians.

The training program, was again discussed and details were explained by Prof Neville.

Pediatrics	Neurology
1 GP	AN
2 GP	AN
3 GP /PN	GP
4 PN	PN
5 PN	PN
6 PN	PN
6 ½ AN	
GP general pediatrics PN pediatric neurology AN adult neurology	

The future liaison member for pediatric neurology will be: R Galvin.

h) Standards of Care (Murphy)

This was discussed by Dr. Murphy. We need benchmarks for Standards of Care in Europe and also ensure they are politically acceptable in Brussels. Much has already been done by EFNS reports in terms of guidance for Health Professionals.

i) Ethical Issues (Messis)

Dr. Messis' pages will be placed on the EBN Website.

j) Website /UEMS(Galvin)

This is now active. The address is: <http://www.uems.org/neuro/>

k) Teaching Courses –UEMS/EFNS

The history of the development can be seen from previous protocols. Also the idea to create "fellowship" awards is discussed. The proposal to organize these courses together with the EFNS was not further considered by the EFNS, who decided to establish an "Academy for Neurologists" instead.

In the discussion it was pointed out that a) the young trainees are unable to attend the big congresses, and special meetings are needed to cut costs, 2) there is a reluctance for younger people for titles, and they consider the title of "fellowship" unnecessary.

Yebeles suggests that winter and summer schools should be installed. For instance a European Sommer school could be held once a year. A project will be elaborated.

l) Treasurer's Report (Bisdorff)

A new International Bank Account Number (IBAN) was introduced from September, 2002 onwards. IBAN LU36 0019 0038 6715 7000. The accounts were presented and were in a healthy state with a current balance of €9527.

m) Spanish Neurology Plan (de Yebenes)

This large 200 page report was discussed and we will try to create a link from the EBN website to this document on the Spanish Society Site. The document was developed by 10 sub committees, mostly Neurologists, but with some administrative and lay input. The estimated numbers of Neurologists were based on consultation times of 45 minutes new patients and 20 minutes follow up. The required numbers were 2.2/100,000 (office practice), 3.7/100,000 (inpatient care) and 5.7/100,000 (if also emergency work).

Dr. Murphy felt this document should be viewed in the context of 'Standards of Care' document. There was also discussion concerning other documents relating to patients Bill of Rights, notably from the Netherlands and France. It was advised that each member should review this topic and we will try to find common ground.

n) Next meetings

The next meeting will be in Helsinki at the 2003 congress of the EFNS (August 30 – September 02 – exact date TBA).

NUCLEAR MEDICINE

In 2002, the Annual national delegates meeting was held as every year during the European Association of Nuclear Medicine Annual Congress, in Vienna, on August 31st.

Following issues were discussed:

Continuous Medical Education: Education Committee organized CME during the Society of Nuclear Medicine Congress and during the EANM annual congress. Organizers of CME activities are no longer accrediting the events.

Syllabus update was presented, discussed and confirmed on the members' assembly and was already published in the European Journal of Nuclear Medicine 2003; 30:BP 1-BP2.

Fellowship examination: The exams were held during the EANM annual congress 2002. This year seven candidates passed the exam. The names of the fellows will be put on web. Relevant data and application forms are available on web (www.eanm.org/).

Accreditation of CME: UEMS Section of nuclear medicine and EBNM developed the criteria and application procedure for credit points. Documents for Accreditation of CME were finalized and will be available on web (www.eanm.org/). First CME activities were evaluated and credit points suggested to the EACCME.

Accreditation of nuclear medicine departments: Continuing activities of accreditation task group resulted in 7 new accredited departments in various European countries. The diplomas were given during the annual congress. New CD with instructions for interested departments is in development.

Accreditation of nuclear medicine training centres: slow progress is noted. A questionnaire will be distributed to speed up the process.

Revisions of statutes: changes in statutes are proposed to clarify and simplify the structure of UEMS Section of nuclear medicine and the EBNM. They will be mailed to the national delegates and presented during this year National delegates meeting in Amsterdam.

Web page: UEMS Section of Nuclear Medicine/EBNM will have separate substructure on the EANM (European Association of Nuclear Medicine, www.eanm.org page).

Executive Committee of the UEMS/ Section of Nuclear Medicine (NM) and of the European Board of Nuclear Medicine (EBNM) met in March in Vienna. Proposed revisions of statutes and documents for Accreditation of CME were finalized and will be mailed to the delegates, together with announcement of president's position vacancy.

Delegates' assembly will be held during the Annual Congress of European Association of Nuclear Medicine, Augustth2003 in Amsterdam.

President Dr. Alberto Cuocolo
Secretary Dr. Metka Milčinski

Ljubljana, April 22nd, 2003

OCCUPATIONAL MEDICINE

Report of the Section of Occupational Medicine
Dr Ewan Macdonald, President
Dr Jager Reinhard, Secretary

The Section of Occupational Medicine has had two meetings in the last year, in Barcelona in September 2002 and in Copenhagen in April 2003. Attendance at meetings has grown with increasing representation from accession countries. The section liases closely with the European Association of Schools of Occupational Medicine and the societies of occupational medicine in each country.

A European workshop on the future of occupational medicine in Europe was organised by the Section and attended by 54 leading occupational physicians from 22 countries. The workshop discussed the results of a Delphi survey undertaken by the section to determine the needs and aspirations of European occupational medical organisations. This workshop was successful in engaging the section with a wider constituency. As a result of the workshop action plans are being prepared to further the influence of the section with European institutions and to produce a publication. Across Europe there is considerable inequity of access for workers to competent occupational medical specialist advice and this ranges in Europe from between 20% to 100%. Improving access and consistency of provision of services across Europe is one of the objectives of this section. Harmonisation of training has continued to progress, with increasing consistency across Europe of the year specialist training programme, and similar improvements with respect to the contents of training.

The section functions as the Board, and maintains close liaisons through its membership with specialist training organising bodies in each country.

Dr Ewan B Macdonald
May 2003

OPHTALMOLOGIE

Président: Dr Diederick JANSONIUS
Secrétaire-Général: Dr Jean-Paul DERNOUCHAMPS

La Section d'Ophtalmologie UEMS s'est réunie en Assemblée Plénière le 15 juin 2002 à Helsinki (Finlande), tandis que son Bureau se réunissait à Bruxelles les 10 mars et 10 novembre 2002. 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 19 avril 2002 à Londres ; (2) la réunion des Présidents et des Secrétaires des Sections et des Boards le 11 mai 2002 à Bruxelles ; (3) une réunion des Présidents et des Secrétaires de la Section d'Ophtalmologie et du Board d'Ophtalmologie le 7 décembre 2002 à Bruxelles.

Les matières traitées en 2002 par la Section d'Ophtalmologie concernent notamment :

1. Constitution d'un nouveau Bureau.

Lors de l'Assemblée Plénière de Helsinki en juin 2002, un nouveau Bureau a été constitué de la manière suivante :

- Président Diederick JANSONIUS (Pays-Bas)
- Vice-Présidents Michèle BEACONSFIELD (Royaume Uni)
Eduard CABERNARD (Suisse)
Alfredo DOMINGUEZ (Espagne)
Jean-Luc SEEGMULLER (France)
- Secrétaire Général Jean-Paul DERNOUCHAMPS (Belgique)
- Secrétaire Général adjoint John NOLAN (Irlande)
- Trésorier Hannele NYKÄNEN (Finlande)

2. L'optométrie en Europe.

Afin de rechercher des points de convergence avec les dirigeants de l'optométrie européenne, une nouvelle réunion informelle a réuni ceux-ci et des représentants de notre Bureau à Londres le 19 avril 2002. Cette réunion a porté sur divers points :

- Remarques à propos de l'ECOO Blue Book visant entre autres à remplacer la phrase «*en cas d'une anomalie quelconque, le patient sera adressé à un médecin généraliste*» par la phrase «*en cas d'une anomalie quelconque, le patient sera adressé à un médecin ophtalmologiste*». Il faut rappeler que l'ECOO (European Council of Optometric and Optics) Blue Book est un document de référence pour les optométristes européens.
- A propos de l'Education Continue, les optométristes européens confirment qu'il s'agit bien d'une obligation pour les optométristes et que tout entrera en fonction dans les deux ans.
- A propos du «Continuing Professional Development», les optométristes n'ont pas de projet qui pourrait être comparé aux projet de la BMA (British Medical Association) ou de l'UEMS.
- En ce qui concerne la Responsabilité Professionnelle, les optométristes n'ont pas d'idée précise à propos des différentes législations dans l'Union Européenne. Une nouvelle réunion est programmée pour le printemps prochain.

3. 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 a été adressée aux membres du Parlement Européen. En voici le contenu qui résume assez bien nos désaccords :

**To Members of the European Parliament
on the Committee on the Environment,
Public Health and Consumer Policy**

Dear Sir/Madam

Re: European Parliament and Council proposal of a new Directive relating to recognition of professional qualifications, COM (2002) 119 final, 7 March 2002, DG Internal Market
The Section of Ophthalmology of the UEMS, which represents European ophthalmologists from all their professional national bodies, is extremely concerned that the introduction of the above new proposal, to replace the present Directive 'Medecins' 93/16/CEE and its amendments, would have serious consequences for public health. Our specialised Section wishes to inform you of its misgivings in the fervent hope that you will be able to voice these.

The new proposal will remove the minimum standards of professional qualification which are currently required in 35 medical and surgical specialties, as it is planned that these be reclassified from the 'sectorial' system into the so-called 'general' system. The present automatic mutual recognition of professional diplomas, based on internationally agreed criteria for each discipline, will no longer hold; it will be up to each State to set up the necessary mechanism to assess each case individually. This will inevitably lead to divergence of methods of evaluation. In turn, this will result in even greater disparity in standards of quality which will considerably slow down the free movement of doctors within EU member states.

As you know, **Article 49 of the Treaty of the EU** guarantees this free provision of services. However, services of a medical nature, where a patient's well being is paramount, must be the subject of a full and thorough assessment of possible clinical risks. The present system, as defined by Article 17 of the Directive 93/16/EC guarantees effective control over services of a medical nature. The provider of these services has the same rights in the host member state and is therefore subject to the same professional regulations as his colleagues from that state. Presently, the provider is obliged to register in some way in the host member state: **this allows the host state not only to be informed but also to supervise the professional standard of those who come to practice within its jurisdiction**

The present system (which was welcomed and approved by the medical profession) provides the necessary framework for robust and reliable supervision of clinical activities that have a direct impact on public health, without hampering the free provision of these services. We feel very strongly that this system should be maintained rather than replaced by a diluted and therefore inevitably mediocre version that will only lead to a lowering of standards.

Ophthalmology will not be affected by the new proposal, as it will maintain its place in the 'sectorial' system, as will 16 other specialties that are mutually recognised by member states. However, Diabetology and Neurology will be affected by these proposals. These are two of the many specialties with which ophthalmology has daily links, with the common aim of preserving sight and preventing blindness.

The value of good vision, imperative to all our daily lives, whether we are working or at leisure, is not always subject to the protection which its vulnerability and importance

*deserves. Certain Member States tolerate, with few or no controls, the provision by non-medical professionals or those with little training, of ophthalmic services which (a) are of questionable quality and (b) may not have been subject to medical validation. The present system gives each member state, on the basis of nationally required professional recognition and qualifications, the right to refuse permission to practice to those professions it does not recognise nationally. On the other hand, Article 5 of the new proposal would remove this right, thereby preventing an individual state from protecting the safety of its public health. **This gives rise to the contradictory and nonsensical proposition that a foreign EU national could practice a 'profession' in an EU State that the nationals of that State would not be entitled to practice.***

Our Section feels very strongly you should be aware of the inherent dangers to public health this new proposal represents and we are at your disposal to discuss the matter further.

In the fervent hope that our misgivings will be taken seriously we remain

Yours sincerely

4. Elargissement de l'UE.

Dans le cadre de l'élargissement de l'Union Européenne, plusieurs Pays candidats à l'adhésion (Croatie, Hongrie, Pologne, Slovénie et Turquie) ont été invités à envoyer à notre Assemblée Plénière de Helsinki des délégués, qui y ont présenté la situation de l'ophtalmologie dans leur Pays. De ces présentations, il ressort que la durée de formation des ophtalmologistes y est de 4 à 5 ans, soit dans les normes requises dans l'UE. Par ailleurs, la démographie des ophtalmologistes est dans la moyenne de celle observée dans l'UE.

5. Site Internet.

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

PAEDIATRICS

PAEDIATRIC ALLERGOLOGY

REPORT ON ACTIVITIES IN THE YEAR 2002

As mentioned in the 2001 report, at the annual meeting in Berlin The Section of Paediatrics of the European Academy of Allergology and Clinical Immunology (SP-EAACI) set up an Education and Training Committee – Pediatric Allergology (ETC-PA). At that meeting the priorities of ETC-PA were discussed, and it was decided to include representatives from both EU member states and non EU member states in ETC-PA.

In connection with the annual meeting of the Section on Pediatric – EAACI in Padova, Italy a workshop on Education and Training in Pediatric Allergology was held on February 10th, 2002. Thirteen participants representing eleven European countries attended that meeting where the current situation of Paediatric Allergology in the European countries was reported by the national delegates and discussed. This discussion continued later on June 2nd 2002 at a Meeting held during the EAACI Congress in Naples.

The priorities of the ETC-PA are:

- a well functioning ETC-PA with representatives from all European countries.
- implementation of the Training Syllabus in Pediatric Allergology including recognition of training centres.
- visitation of training centres/certification.
- evaluation/assessment of trainees.
- supervision and monitoring of training standards and needs.
- appropriate CME.
- cooperation with EBP (European Board of Pediatrics) and NB (National Bodies).

The national representatives have been asked to seek endorsement from their National Pediatric Societies that they are recognized as the national delegates in our ETC-PA. By help from the national delegates/representatives a list of Training Centres in Pediatric Allergology meeting the demands described in the Training Syllabus in Pediatric Allergology is now being elaborated. It is our hope that this list will be completed briefly. In the near future it may be appropriate to form sub-groups within ETC-PA to address some of the priorities.

Some doctors are presenting their curricula in order to be recognized as European Paediatric Allergists. It is required, however, that CESP and the Board of Paediatrics define the rules for the European accreditation of individual Paediatric Subspecialists. It is also important that a Chart on Visitation of training centers/Certification is also approved by CESP and the Board of Paediatrics, so that the subsection on Paediatric Allergology tries to implement a tertiary care center visitation program

The Training Syllabus on Paediatric Allergology has been updated and will be published briefly in the Journal "Paediatric Allergology and Immunology".

José Manuel Lopes dos Santos, Liaison officer CESP –Paediatric Allergology

PAEDIATRIC ENDOCRINOLOGY

REPORT ON ACTIVITIES IN THE YEAR 2002

This year saw a number of developments in the educational provision and services in Endocrinology provided by the European Society for Paediatric Endocrinology (ESPE) on behalf of the European Board of Paediatrics (EBP). The Society continues with its annual meetings and this year's was in Madrid. A number of

themes were considered from the basic sciences such as the role of homeobox genes in endocrine development and from the clinical standpoint a symposium was held on the management of patients with congenital adrenal hyperplasia. The Society continued its successful trainee programme at its Summer and Winter Educational schools.

The Society has created a core-working group to address the development of educational training within the European Union. This working group has had 3 meetings in Brussels and the minutes of these meetings are attached to this report. The working group has made considerable progress in the commencement of the process for accreditation of training centres and has already recognised 3 sites in the Netherlands, one for the whole of Finland and one for the whole of Belgium as creditable training centres for Paediatric Endocrinology. The formula used for assessment is that advanced by the UEMS and this system has worked well. We had originally trialed this in visitations in the UK and the final document for assessment is essentially a conglomeration of the UEMS document and recommendations along with the practical implementations gained from experience in the United Kingdom.

The challenge now is to roll out this programme to the remainder of the European Union member states and to put in place the assessment of trainees who wish to be specialist Endocrinologists in the European Union. We have consulted widely on this and taken expert opinions from educationalists in the United Kingdom and the Netherlands and a sub group of the working group is working at devising an assessment programme.

March 2003

Dr Peter Hindmarsh
Reader in Paediatric Endocrinology CESP

PAEDIATRIC HAEMATOLOGY AND ONCOLOGY

REPORT ON ACTIVITIES IN THE YEAR 2002

SIOP Europe and ESPHI set up their joint Education and Training Committee in May 2000 with the remit to prepare a Training Programme for consideration by the European Board of Paediatrics (EBP) in December 2000, and then to undertake work to facilitate its implementation. The Committee included members from eight European countries. Information on existing training programmes and comments on a draft European programme prepared by the Committee were sought from all the EC and EEA countries and Switzerland. The resulting revised draft received general support from all the paediatric haematology and oncology societies from these countries (or individual centres if there is no national society), and from the Boards of SIOPE and ESPHI, although it was noted that implementation might present some difficulties, and the programme would be subject to changes with time and experience. The programme was approved by the EBP in December 2000, by CESP in May 2001 and by the European Union of Medical Specialties (UEMS) in October 2001. Consequently, Paediatric Haematology and Oncology is now recognised in Europe as a subspecialty of Paediatrics.

The next phase of work undertaken by the Committee has been to draw the Programme to the attention of the Societies of Paediatrics and of Paediatric Haematology and Oncology in each country, and to identify the centres in each able to provide training in the specialty. Letters were sent to the Presidents of the Societies of Paediatrics in each country on March 19, 2000 and October 14, 2002 and to the national Societies of Paediatric Haematology and Oncology on November 1, 2002. These asked for comments on the programme and on its implementation and for a list of centres which provide training. So far replies have been received only from Denmark, Eire, Germany, Greece, Spain and the United Kingdom.

These are summarised in Appendices I and II.

The European Training Programme was also advertised by publication in full in the SIOP newsletter and on SIOP's website. Every member of ESPHI was sent a copy and a summary will appear shortly in Medical and Pediatric Oncology. Both the European Journal of Pediatrics and the European Journal of Cancer agreed to publicise the programme in their Announcements/News sections.

Following the guidelines offered in UEMS's Charter on the Visitation of Training Centres, 1997, the Education and Training Committee has drawn up a checklist for centres to use when applying for a visit for European Accreditation to provide training in Paediatric Haematology and Oncology. This document is attached and CESP is asked to approve it at its meeting during May 1-4, 2003. Another document to be used by the Accreditation team at a visit and for the Report of the visit is also attached for CESP's approval.

To date no pilot European visits have been undertaken, but there are plans for two or three members of the Education and Training Committee to attend visits in the UK during 2003, as observers.

The Education and Training Committee has been trying to identify courses suitable for trainees, particularly to cover Module 1 of the Programme, the Scientific Basis of Paediatric Haematology and Oncology. Following discussions between representatives of SIOPE and ESPHI and the European Haematology Association, it has been agreed that a European course for 60-80 participants will be held in Italy in October 2003 by the EHA, with support from SIOPE and ESPHI. This course will cover some of Module 1 and if successful will cover the remaining haematology topics during the next two courses in

2004 and 2005. Discussions are in progress with members of the European School of Oncology to see whether similar courses to cover the oncology topics in Module 1 could be provided.

Also, SIOPE has agreed to publicise on its website national courses and meetings which officers of the national Paediatric Haematology and Oncology Associations in Europe consider to be suitable for trainees.

Future work for the Education and Training Committee will include considering how the progress of trainees undertaking the European Training programme will be monitored and assessed.

Professor Jillian R Mann
Chairman of the Education & Training Committee
of SIOPE Europe and ESPHI

PAEDIATRIC RESPIRATORY MEDICINE

REPORT ON ACTIVITIES IN THE YEAR 2002

After the Committee on Paediatric Respiratory Training in Europe (chaired by the subsection representative = liaison officer to the Paediatric Assembly of the European Respiratory Society) had finished its work on compiling a European list of Paediatric Respiratory training centres, and after having obtained the endorsement of the various national Paediatric societies for publication of this list, the subsection concentrated its efforts in the first half of the year on publishing the training syllabus and this list of training centres. To this end, the undersigned liaison officer had several discussions with various officials of the European Respiratory Society.

As the result of these negotiations, the syllabus was accepted for publication in the European Respiratory Journal; this publication appeared in print in the December 2002 issue (Eur Respir J 2002; 20: 1587-1593). In addition, the syllabus and the complete European training centre list were positioned on the web-site of the society and are accessible via: www.ersnet.org (proceed to Paediatric Assembly). This web-publication of the training centre list allows for continuous updating; anybody requesting a change or amendment must go through the liaison officer. In addition, both pieces, syllabus and training centre list, are intended to appear as a special publication of the European School of Respiratory Medicine which is currently in press.

Having thus accomplished the publication of the work of the preceding years, the subsection proceeded into discussing a concept of European training centre visitations. This topic was raised at the Long Range Planning Committee meeting of the ERS Paediatric Assembly in the course of the 2002 ERS congress in Stockholm. Various strategies were discussed but it was decided that a definitive concept for such a visitation program should not be elaborated by one CESP subsection alone, but should rather be planned in a cooperation of all tertiary care specialities in CESP. In compliance with this concept, the liaison officer of this subsection contributed to the discussions on the tertiary care centre visitation program at the December meeting of the European Board of Paediatrics. Once CESP has developed guidelines for such a visitation program, the ERS Paediatric Assembly will strive to translate these guidelines into a running visitation program for Paediatric Respiratory training centres in Europe.

March 2003

Prof. Dr. M. Zach
Liaison Officer to ERS Paediatric Assembly

PAEDIATRIC SURGERY

◆ Site visits

Nine European Training Centres in Paediatric Surgery have already been visited before 2001, and the relevant Certificate has been awarded in a formal ceremony during the European Congress of Paediatric Surgery.

Since then four more Centres (Berlin, Amsterdam, Hungary consortium, Nantes) have been visited. As before, Certification will be officially awarded during the opening ceremony of the next European Congress to be held in Tours the 22nd of May 2003.

Problems experienced in approving some Centres raised the discussion about the opportunity to introduce a "staged" system of approbation, to be adopted with Centres not fully complying with the Board requisites but on the other hand not deserving a complete rejection. This option was eventually ruled out because unpractical.

It was suggested to have Board Certificates approved and signed by the National Authority responsible for the UEMS: such a suggestion will be put forward to the UEMS Headquarters for an opinion.

◆ European Examination

In the last session of examinations held in Amsterdam 4 out of 4 applicants were approved. Two observers from SAC - UK attended the examination. Next examination will be held in Paris, hosted by the Hopital Robert Debré, 21-22 November 2003.

In order to increase the number of examinees, it was proposed to split the Examination in two parts: the first one to be organised and held at a national level, possibly during a National Congress, with some 100 MCQ; 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; the increased costs could be afforded through the sponsorship of pharmacological industry or similar. These changes have yet to be discussed in the General Council; if approved, to be ideally introduced in 2004 Examination.

◆ CME

The international European Society of Paediatric Urology Course held in Bologna (Italy) in November 2002 has been accredited through the CME Committee.

The problem of European accreditation of individuals was discussed; the huge secretarial activity involved in such a program, although to be dealt with almost exclusively by e-mail, could need to charge a fee (€ 10 ?) for paediatric surgeons asking to have their CME credits recorded in the European Register by 2005 (after the first 5 years from introduction of CME).

◆ New entries in the European Union

Ten new countries will enter EU the 1st may 2004 (Malta, Cyprus, *Latvia, Estonia, Lithuania, Poland, Slovenia, Hungary, Czech republic, Slovakia*). In *italic* countries that already are associated members to the UEMS - Section Paediatric Surgery. The Executive invited Countries not yet Associated Members to join as observers the next General Council.

◆ MJC in Paediatric Urology

Multidisciplinary Joint Committee in Paediatric Urology is working at the preparation of Guidelines for training in Paediatric Urology and Site Visits of centres of Paediatric Urology. It has been emphasised again that goal of the MJC is to raise the quality of training in Paediatric Urology and not to prepare a new specialty.

◆ **UEMS / EUPSA relationship**

The President of the European Union of Pediatric Surgical Association, a private-status federation of scientific societies, forwarded an innovative project for the EUPSA to be ideally transformed from an Association of Societies to a formal International Society with personal membership. This step was suggested by changes in political situation with almost all European Countries entering the EU. Section and Board Executives welcomed the proposal; the issue of having or not a formal UEMS representation in the bodies of the future EUPSA was let down. The Executive decided to go on with informal relationship and to check in the future, step by step, how to deal with the new Society.

◆ **CESP relationship**

A fruitful relationship with the CESP is going on, with a delegate attending CESP general meetings and liaising with the Section. Relevant CESP documents are regularly circulated and discussed among the Executives and National Delegates.

The Secretary / Treasurer

Prof. Gian Battista Parigi, M.D., F.E.B.P.S.

PATHOLOGY

1. Website

The website of the Section of Pathology now contains the list of members, the agenda of future meetings, the minutes of previous meetings and special documents such as questionnaires.

2. Harmonization of Pathology training

In order to review the current situation on pathology training in Europe and to harmonise manpower planning of pathologists a survey among 18 European countries was held by the UEMS Section of Pathology/European Board of Pathology. It reveals a considerable shortage of both staff pathologists and residents in several of the responding countries. Demographic data indicate a high rate of staff pathologists exceeding 55 years of age, and a notable percentage of part-time staff pathologists and residents. Although the training capacity in some countries recently has been increased the situation for the immediate future of pathology is worrisome, because the workload of pathology practice and the competition to attract pathology residents are still growing. Because of the consequences for collaborating medical specialities and their patients the UEMS Section of Pathology/European Board of Pathology urges strong qualitative and quantitative investments to promote the image of pathology and its training requirements.

A paper on this subject was submitted for publication.

3. Subspecialisation

The Section of Pathology has agreed on the following points of view:

- Subspecialisation should not have a formal (legal) recognition as a (sub-)specialty, but an informal recognition such as a diploma.
- A certified department of Pathology should provide the foundation for various subspecialities and have the diagnostic responsibility.

4. Examinations

An examination took place during the meeting of the International Academy of Pathology, October, Amsterdam.

5. Cytopathology

A letter was sent to the delegates of various countries in order to reconfirm that Cytopathology and Clinical Cytology are an integral part of Pathology.

Prof.dr. D. Ruiter, secretary

Prof.dr. J. Prat, chairman

VASCULAR SURGERY

Secretary's Report covering activities of the Division and Board of Vascular Surgery over the last six months (since the council meeting of 25 September 2002 – April 2003).

1. Independent Website of the Division and Board of Vascular Surgery under the Secretary, Christos Liapis (Gr):
September 2002 saw the creation and establishment of an independent website (www.uems-vasc.org) covering past and present significant activities, future events and downloads. The "Downloads" provide immediate access for application forms concerning examinations, requests for CME accreditation and submission of registry data. The website is updated regularly and is under constant development. A further initiative of this development is to establish links with all the vascular societies and other related sites across Europe, and beyond.
2. Reg Vasc Registry under Chairman Jes Sandermann (Dmk): **collecting data for the registry requires constant endeavours and updating. Thanks to the continuous efforts of Jes Sandermann, the data forms (for both National and Centre registration statistics) can be downloaded from the website of the Division and Board of Vascular Surgery. Statistics of previous results can also be viewed on the website. *This has resulted in a request by a centre of Endovascular Training to be included in the registry, paving the way for a new category of listings.***
3. Relations with UEMS Associated Countries under Fabrizio Benedetti-Valentini (It), **President** of the Division. **In September 2002 during the council meeting, the Czech Republic was welcomed as an associate member country on the Division and Board of Vascular Surgery. More countries are expected to apply, as a result of the recent entry of 10 new EU member countries and territorial expansion is becoming a major activity for the Executive Committee of the Division and Board of Vascular Surgery.**
4. Relations with other Specialties and UEMS
Changes in specialty requirements and the provision of health care resulted in a general consensus at the September 2002 meeting, for cooperation between Vascular Surgery and Angiology within the UEMS. An invitation was forwarded by the President of the Division, Fabrizio Benedetti-Valentini to Peter Gloviczki, President of the IUA (International Union of Angiology) proposing representation on the Division and Board
The relationship was established by consensus, at the April council meeting of the Division and Board of Vascular Surgery. It was decided to focus on the IUA on the grounds that it enjoys a strong membership, has an elected board and is highly representative of its profession on a global basis. Collaboration between the two sectors will be on the basis of CME.
5. Development of the EVCME (European Vascular CME) Committee, under the new Chairman Hajo van Bockel (NL): **In September 2002 J Hajo van Bockel took over from John Wolfe, who asked to step down since his election as President of the Board. The committee continues to receive requests for accreditation of meetings throughout Europe and 14 congresses received accreditation in 2002. In the last 6 months, the Committee has approved a further 7 meetings and 1 is in process (total of 8). Quality assessment of meetings is a major consideration with the Committee, and another issue under deliberation is where to draw the line concerning industry sponsorship.**
6. The 7th Annual EBSQ-VASC Assessments under Chairman David Berqvist (Swe): **the 2002 assessments took place immediately prior to the ESVS annual conference, on 25 September. This year there was a strong Swiss participation (4) followed by Italian (3) and Greek (3). Out of 24 initial candidates, the Assessment Committee accepted 22 for the viva voce Part 2 examination, and 17 out of 22 passed (77% success/30% failure rate). Well before the examination, both assessors and candidates received a *Declaration of Principles* for a clear understanding of the requirements. An innovation was the creation of a CDROM of the case illustrations to improve the picture quality on diagnosis. The Division and Board is planning to take this electronic development further for September 2003 producing a non-paper type of examination. Another development in 2002 was the *Technical Skills Exercise***

as a pilot project conducted with volunteers. The outcome did not affect the results of the candidate's Part 2 examinations, this being was a pilot study. The results of the exercise will be published and it was decided at the recent Executive meeting that the exercise would be a full-scale one this time, in Dublin, again on a pilot basis.

7. Logbook under Chairman Domenico Palombo (It). Since September 2002 the logbook has become an integral part of the application for admittance to the EBSQ-VASC examination and can be downloaded from the independent website of the Division and Board. The layout of the logbook is such that it enables better scrutiny and verification of indicator procedures. The advantage of this electronic format is that it can be adjusted according to changing needs and could prove useful for the implementation of new procedures in the examination, such as Endovascular.
8. Symposium: *Vascular Training and the Impact of the European Directive '48-hour week'* Thursday 26 September at the Lufti Kirdar International Convention and Exhibition Centre, Istanbul. The symposium theme was introduced by John Wolfe (UK) and chaired by Fabrizio Benedetti- Valentini (It), Klaus Balzer (Ger), and Christos Liapis (Gr), with the kind participation of the following speakers: Henrik Sillesen (Denmark), Miltos Lazarides (Greece), Johan van Bockel (Netherlands), Mark Jackson (Australia) and Corrado Cirielli, EAVST (Italy). The aim of the symposium was to uncover the problems of applying the 48-hour week (Directive 2000/34/EC) in the various countries and the impact of this law on vascular surgery training. The information gleaned will assist in planning a framework on which to apply the law whilst providing optimum training and care services.
9. Symposium (continued) Speakers

Both the Assessments and the Symposium received particularly good press coverage in the following: a) the November issue of Vascular News, b) in the German-Swiss-Austrian Vascular Surgical Journal (*Gefässchirurgie*) containing an article expressing the opinion that the EBSQ-VASC can be considered a professional examination well above the German examination for vascular specialists.

February 2003

10. Establishment of the Executive Committee of the Division and Board of Vascular Surgery: the first meeting of the Executive Committee was kindly hosted by John Wolfe, President of the Board in London on 8 February 2003. The meeting covered important areas pertaining to the *Division* of Vascular Surgery, the *Board* of Vascular Surgery, the *EVCME* Committee and the *Examination* Committee. The meeting proved to be productive in preparing for the April 2003 council meeting and set a precedent for further Executive Committee gatherings, which will enhance performance of tasks and undertakings of both the Division and Board.

Yours respectfully

Christos D Liapis, MD FACS FRCS
Secretary General
UEMS Division and Board of Vascular Surgery