MINUTES OF THE SPECIALTY SECTION UEMS IN NEPHROLOGY MEETING

Hotel Grande Esplanade, Berlin

Saturday 7th June 2003

1. Present

Professor R Krediet - The Netherlands President of Speciality Section in Nephrology, UEMS
Theophanis Apostolou - Greece UEMS, National President
Ali Basci - Turkey ERA Council
Jorge Cannata - Spain ERA Council (Secretary/Treasurer)
Rosanna Cappo - Italy ERA Council
Tilman Drüeke - France ERA Council
Jürgen Floege - Germany ERA Council
Gérard London - France ERA Council
Brian Junor - United Kingdom UEMS (Secretary)
Brian Keogh - Ireland UEMS
Francesco Locatelli - Italy ERA Council (President), National President
K Leunissen - The Netherlands President of Dutch Federation of Nephrology
Françoise Mignon - France National President
Polenakovic Momir - Macedonia National President
Judit Nagy - Hungary ERA Council, National President (past)
Klaus Olgaard - Denmark ERA Council
Luis Piera - Spain ERA Council
Boleslaw Rutkowski - Poland National President
Heikki Saha - Finland UEMS
Kamil Serdengecti - Turkey National President
Viera Spustova - Slovakia National President
Paul Stroumza - France UEMS
Raymond Vanholder - Belgium ERA Council
Carmine Zoccali - Italy ERA Council

2. Apologies

Dr Per-Ola Attman - Sweden
Jose Barbas - Portugal
Uldis Cernevskis - Latvia
Angel I M de Francisco - Spain
3. **Minutes of Speciality Section Meeting on 21st October 2002 in Brussels**

These were accepted as an accurate record of the meeting.

4. **Matters arising**

   a) **PWG Representative** - Despite communication with PWG, a Junior Doctor representative has not been allocated to the Specialty Section in Nephrology.

   b) **EACCME** - the system of receiving UEMS credits for CME/CPD appeared to be functioning satisfactorily. Arrangements were in place for electronic recording at the World Congress in Nephrology. The UEMS credits were to be recognised by the American Medical Association.

   c) **Proposed EC Directive** - The proposed European Commission Directive, which would only retain in the Sectoral Directive in Specialties, which are recognised in all current members of the European Union Specialties, including Nephrology would move to a general directive but this has not yet been passed by the European Parliament. The feeling was that with the extension of the European Union in 2004 that it was unlikely this Directive would progress further. If introduced it would mean each country in the European Union having to examine the specialty training of Nephrologists who wished to move to it from another EC country rather than have mutual recognition of training as at present. Introduction of this directive would have an adverse effect on the freedom of movement of Specialists in Nephrology in the European Union.

5. **Report of Meeting of UEMS Management Council and the Presidents and Secretaries in Specialty Sections - May 2003**

Professor Krediet attended this meeting on behalf of the Specialty Section. He reviewed the discussion that had taken place at this meeting regarding the proposed European Directive as above. There has also been considerable discussion about the draft paper on Quality Assurance in Clinical Practice, which Dr Edwin Borman had circulated to all members. It was thought that this was a
very reasonable document discussing the audit cycle and the role of external audit including peer review. It was thought that this would improve the quality of clinical practice by identifying the elements of best practice in units and also identifying the problems and the way to improve quality in other units. The feeling was that the profession should organise this approach from within rather than have a compulsory system imposed upon them from outside.

6. Proposal for European Board of Nephrology

Professor Krediet reviewed the situation regarding Training in Nephrology in Europe. He emphasised that at present there remained large differences in the format of Training in Nephrology and that the implementation of a common European training programme could only be done on a voluntary basis. He indicated that there were a number of interested parties in Nephrology training in most countries in Europe. Each national government was clearly involved as was usually the National Professional Society. Although in some countries the National Society of Nephrology was involved in training, in others it was a purely professional society with no role in training. In addition the National Societies in Nephrology had a variable role in CME. The national governments in EU countries were represented in the Advisory Committee on Higher Medical Training but there had been moves in the European Commission to try to abolish this committee. The National Professional Societies (e.g. British Medical Association) were represented in the UEMS but because of the method of selection of representatives to the Specialty Section in Nephrology it was conceivable that National Societies of Nephrology were not represented. In addition the ERA/EDTA, which clearly had a major interest in the training of Nephrologists, did not have a voice at the European Commission, or in the UEMS.

Professor Krediet gave a short history of the UEMS and its Specialty Section in Nephrology and indicated the publication on the programme for Harmonisation of Training in Europe (NDT 1096 11:16574660) and on Continuing Medical Education for Nephrologists in Europe (NDT 1999 14:20992100).

The paper on Harmonisation of Training recommended a six year programme with the initial 2 years of a common trunk training in Internal Medicine followed by at least 3 years in Nephrology with 2 in accredited centres with the 4th year being in Nephrology a related discipline or in research. A recommendation was made that trainees should keep a logbook and that there should be an interview at the completion of the trainee period. The Specialty Section had felt that site visits to ensure the quality of training programmes were more acceptable than trying to create a common exit examination. One site visit had been carried out by Professor Krediet in association with a routine training programme visit in London.

The recommendations for CME had common features with programmes in the United States and the United Kingdom with category one credits being external
CME and category two internal CME. One credit was obtained for one hour of CME and the requirements suggested was of 250 credits in a five year period with at least half being category one (external) credits. The recommendation was that the system should be monitored by the appropriate national accreditation system.

Professor Krediet outlined proposals for a European Board of Nephrology. The members should both consist of one member of the UEMS section for each country, the National President or Deputy of each national society in Nephrology and five members of the ERA Council being the President, Secretary/Treasurer, the Chairman of ERA, the CME Committee and two members appointed by ERA who might not necessarily be members of the Council.

He then discussed the possible financing of the work of such a section. The UEMS Specialty Section had essentially no resources but there were possibilities of obtaining finance through the National Professional Organisations, the National Nephrologist Societies, ERA/EDTA, or industry.

The following discussion included comments about the potential size of a Board, which, with the enlargement of the European Union, amount to around 60 persons. Although there were 15 EU countries at present there are 18 who have full membership of the UEMS and with the addition of another 10 countries in 2004 this could make 56 members of the board before counting the ERA/EDTA representatives. In addition there is a possibility of non-EU countries sending observers to the Board. Professor Krediet considered that the Board would probably only meet on an annual basis at the time of the ERA/EDTA Congress and that working committees would carry out the main functions.

Discussion also took place on the organisation of site visits to training centres for countries where site visits already took place. It is unlikely that this would cause a major problem, as only one further member of the inspection team would be required. It would be different for countries where no national inspection currently takes place. It was felt that the status of accreditation as a European training centre would be important but Professor Drüeke suggested that the logistics of visiting possibly 160 centres in Europe would be very difficult.

Professor Locatelli then gave a presentation on the views of the ERA/EDTA. He felt that it was paramount to start this type of programme but there would be a number of different problems. The size of the board would be difficult, but he felt that an executive group should be nominated. He discussed the role of ERA/EDTA in these activities and thought that there would be a particular role for ERA/EDTA in terms of approval of CME. He felt that the ERA/EDTA could contribute to the advance of the process but felt that it very important to involve the National Societies of Nephrology. He questioned the appropriate level of accreditation and whether this should be a basic level of quality or aim
for a more advanced level. He also felt the ERA/EDTA along with the Board should be involved in training courses in Nephrology as well as CME.

Dr Coppo, the current Chairman of the ERA/EDTA Committee on CME, thought that it was important to form a European Board of Nephrology and noted the interest of the United States Medical Association in the UEMS credits with mutual recognition for the next 4 years.

Professor Brian Keogh reviewed the role of the UEMS in training as a previous President of the National Society of Nephrology in Ireland. He thought that it was essential that there was a Board of Nephrology and thought it was important to pick a model flexible to suit individual countries whilst conforming with EC regulations. There were clearly currently different circumstances in the EU countries in terms of the accreditation of training and in Ireland the National Society have an important part in the training programme with an appointed National Training Director. Site visits to training centres had taken place in Ireland with Nephrology being represented as part of a hospital inspectorate that involved many specialties at one time. It would be possible but slightly more difficult for an observer from another EU country to attend such a visit. Professor Keogh said that the thought that it was critical that the visiting programme was properly funded.

Professor Olgaard from Denmark said that a system of site visits in a relatively small country like Denmark had failed to work satisfactorily and felt that it was impossible to avoid an examination in Nephrology which he suggested could be a multiple choice examination the day before ERA/EDTA Congress. Various responses were made to this suggestion but Professor Krediet thought that it would be best to leave such a discussion on the values of an examination versus site visits to the Board once established. He questioned the value of exit examinations at least with the present EC Directive, as there has to be currently mutual recognition of Specialists within the European Union. Dr Briggs felt that there was likely to be at least 25 separate opinions on the relative value of exams versus site visits and thought that the organisation of examinations would be an enormous task. Site visits had worked well in the United Kingdom.

Professor Cannata suggested that a pro-forma could be sent to training centres with details of requirements and that a visit should only take place if there was doubt about the centres ability to train. The problems of language to make sure that visitors were fluent in the language of the country visited was raised by Professor Drüeke who felt that there would be much more of a problem with Southern compared to Northern Europe. It was felt by Professor Zoccali that training courses for assessors for the board would be necessary and that any National Society involved should be asked to produce a manual of training. Professor Olgaard felt that as English was the language used in medical literature that there would be a possibility an examination in English even in
distant parts of Europe. It was agreed that the programme for harmonisation contained in Europe paper in NDT in 1996 remained extremely good and should be the basis of the initial work of the Board.

Professor Krediet summarised the discussion by saying that he felt that the majority present were in favour the formation of a European Board of Nephrology, which would probably have sub-committees for harmonisation training, continuing medical education and quality assessment. He proposed that Dr Junor revised the draft statutes according to the UEMS format and that he should then send them to all members for comments and to the UEMS for approval. He suggested then that a meeting to establish the Board should be held on the day of the opening ceremony of the ERA/EDTA Congress in Lisbon. Dr Junor will circulate the minutes of the meeting to all present and to the members of the UEMS Specialty Section and the Presidents of the National Societies who had been unable to attend asking for comments and support.

7. **Treasurers Report**

Dr Strouzma indicated that there had been no change in the financial situation in terms either of income or expenditure since the previous meeting.

8. **Professor Krediet handed over the Presidency of the Specialty Section in Nephrology to Professor Brian Keogh who thanked Professor Krediet for all his hard work in reaching this stage of establishment of a European Board of Nephrology.**

9. **Date and venue of next meeting**

The next meeting of the Specialty Section will be held on Friday 23rd January 2004 in Brussels at 2.00pm with the venue likely to be the Maison des Associations Internationales, rue Washington 40, 1050 Brussels. It is planned to hold the inaugural meeting of the Board of Nephrology in the early afternoon of the opening day of the ERA/EDTA Congress in Lisbon.