



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

The UEMS Section of Urology

D 0421

Minutes Board meeting
UEMS Section of Urology / European Board of Urology
Bucharest, 24 April 2004

Place: Crowne Plaza, Bucharest

Date: 24 April 2004

Participants:

Officials and national representatives:

W. Artibani	Italy	President
M. Donovan	Ireland	Secretary
J.M. Nijman	The Netherlands	President-Elect
E. Kiely	Ireland	Secretary-Elect
M. Gunst	Switzerland	Treasurer

National Delegates:

G. Ludvik	Austria
H. Madersbacher	Austria
T. Hanus	Czech Republic
P. Mogensen	Denmark
Z. Tchanturaia	Georgia (replaces Managadze)
P. Tenke	Hungary
I. Buzogany	Hungary (replaces Pajor)
E. Vjaters	Latvia
A. Karulis	Latvia
L. Cutajar	Malta
P. Chlostá	Poland
A. Gomez de Oliveira	Portugal
M. Manu	Romania
I. Sinescu	Romania
D.M. Castro-Diaz	Spain
P. Larsson	Sweden
S. Tellaloglu	Turkey
M. Çek	Turkey
P. Whelan	United Kingdom

Experts:

Th. Becopoulos	Greece	Expert RRC
P. Nunes	Portugal	ESRU (Chairman)
S. Keskin	Turkey	ESRU (Chairman-Elect)

Observers:

Th.M. de Rijke	The Netherlands
W. Gietman	The Netherlands
L. van de Paal	The Netherlands

Apologies for absence:

G. Struhal	Austria
J. Mattelaer	Belgium
H. van Poppel	Belgium
D. Mladenov	Bulgaria
M. Tzvetkov	Bulgaria
D. Derevic	Croatia
S. Fuglsig	Denmark
K. Andreassen	Denmark
L. Kukk	Estonia
M. Ruutu	Finland
G. Bochorishvili	Georgia
K. Schalkhäuser	Germany
G. Moutzouris	Greece
F. Sofras	Greece
G. V. Einarsson	Iceland
E. Montanari	Italy
A. Kohl	Luxembourg
J. Zwartendijk	The Netherlands
S. Haukaas	Norway
A. Antoniewicz	Poland
C. Rabaca	Portugal
L. Valansky	Slovak Republic
N. Vodopija	Slovenia
M. Brehmer	Sweden
I. Eardley	United Kingdom

1. Welcome and apologies for absence

Artibani welcomed those present and thanked the hosts, Sinescu and Manu for the perfect organization of this meeting. The meeting was underrepresented because twelve out of 31 countries were missing for several reasons.

2. Minutes of the Board meeting UEMS Section of Urology / European Board of Urology, Ljubljana, May 17 2003

The minutes are approved.

4. President's report

Prof. Artibani enumerated the goals that he wanted to achieve at the beginning of his presidency. He concluded that most of these goals are not achieved. Most of the energies during this period were focussed on:

- Restructuring the EBU
- Establishing the EBU Management Foundation and the foundation EBU
- Financial survival
- Preserving independency
- Pursuing the collaboration with the EAU

After several contacts with the EAU, the operational alliance was agreed. Artibani handed out the EAU-EBU operational alliance with a description of the actual situation.

Summarizing the agreement:

1. The EBU office has moved from Rotterdam to "The Centre of European Urology" in Arnhem.
2. The legal structure of EBU will remain fully independent.
3. EBU will have independent offices, personnel, budget and database.
4. EU-ACME is established as an independent body.
5. A mutual representation in the EAU and EBU activities and committees is established.

Artibani mentioned that there shouldn't be any confusion about a possible disappearance of the EBU. The EBU is still there and maybe more powerful than before. Unfortunately the Rotterdam personnel was not able to move to Arnhem, which means that the EBU has lost people with great expertise and to whom the EBU is deeply grateful. Artibani also thanked Nijman and De Reijke for their great efforts regarding the movement of the EBU office.

Looking back to the difficult two years of being the President of the EBU, Artibani is confident with the current situation and he is sure that under the guidance of the new President most of the goals of the EBU will be achieved. He also mentioned that the experience of being the President of the EBU was very important to him in a professional and personal point of view. Finally, he thanked Donovan for the good cooperation and opened the discussion on the EAU-EBU alliance.

One of the questions raised was how the alliance will influence the EBU financially. Artibani explained that the funding for EBU activities mainly comes from fees for examination, certification of training centres and the CME programme. If the break-even point is not reached, the gap will be covered by the EAU on condition that the EBU makes a reasonable budget related to all activities. The goal is to be self-funding in the future.

Ludvik mentioned that there is a lot of confusion among the urologic departments in Europe regarding the alliance between EBU and EAU. The following was mentioned in order to solve this problem:

- Write a letter to all departments to explain the new situation and goals;
- Advertise news like this on the EBU page in Urology Today;
- All national delegates should take their responsibility and inform the board members of the national departments on the development of the current situation.

5. Secretary's report

Donovan introduced the new EBU staff and thanked the staff of the Rotterdam office for the good personal and professional relationship and wished them all the success in their future careers. She assumes that a new EBU booklet will be published with all the new addresses and the new offices documented accordingly.

Donovan pointed out that there were numerous requests from different nationalities regarding Document D0411 written by the U.E.M.S. This document basically points out that European Board Examinations in any of the Specialities in Europe, have no legal meaning, nationally or at a European level. They are not part of professional recognition of Specialist doctors and the professional recognition and free-movement of labour is solely governed by the Directors of the European Union. This also means that a Fellow of the EBU does not automatically have the right to practice in all countries within Europe.

Nijman remarked that there are countries, like Poland, in which the EBU examination is part of the official specialist examination. The EBU should write a letter to the UEMS in respond to this document to make them aware of that. He also asked for some more information on this document. Artibani explains that the issue was to join forces in order to increase the volume of the exams within the sections within the UEMS. This can be a new way to join forces in order to achieve legal recognition of the EBU examination.

Whelan thinks that it is important to keep expanding and try to get national recognition for the EBU examination and keep up dialogue with the European Boards.

Donovan mentioned that in quite a number of specialties, there is a tremendous resistance for exit exams. They do except the EBU examination quality assurance, but they don't want it assigned as the only important thing.

6. Treasurer's report

Gunst showed the budget of 2003. According to him, the financial situation of the EBU remains on a low level stable. The balance to be carried forward to 2004 was too optimistic due to the depreciation of the US dollar against the Euro.

Income is based on membership fees and the € 2000 contribution from Novartis Ireland. Expenses include the contribution to the office in Rotterdam/Arnhem (including the budgeted amounts for EMF and QPC that were untouched) and the sponsoring of spring and fall meetings. The amount to be carried forward is € 74.000.

The Treasurer urges the national delegates of Croatia, Estonia, Finland, France, Georgia, Hungry, Ireland, Italy Slovak Republic, Slovenia and United Kingdom to make sure that national membership fees are paid. He also urges the national delegates to approach pharmaceutical firms for sponsoring.

Mogensen audited the closing of accounts and stated that the EBU closing of accounts gives a true and fair view of EBU's financial position on December 31 2003.

The budget for 2004 will be spent to the contribution to the office, spring meeting (€ 8000), fall meeting (€ 8000) and the fourth instalment that couldn't be paid in time because of arrears of annual fees. There will be no support to the Committees. They are all supported by the EMF.

7. Status cooperation EAU

CME/CPD Credit system

Madersbacher referred to the letter that has been sent to all delegates. This letter points out that representatives of the EBU and EAU agreed to set up an update CME and CPD program for all European urologists. So far CME-CPD is not yet mandatory on a European level, but in a recent statement of the UEMS it has been declared that CME will be obligatory for all doctors and medical specialists. EAU and EBU are convinced that it is better to develop a European CME program from

inside the professional organization, rather than to wait until other regulatory bodies develop such programs.

Within this EU-ACME, the EBU as the regulatory body sets the rules; the EAU will automatically register all active members free of charge to participate in this program. Also not EAU-members (registered urologists) can apply for participation.

The credit system is very simple. One hour is one credit with a maximum of 6 credits per day and the proposal to members is to require 150 credits in 5 years. It's expected that national boards will gradually also participate in this program.

Registration of all accredited activities and credit points are fully automated through an EU-ACME-pass. These passes are being developed now.

To find out if there is any possibility of collaboration between CME and national programs, it is very important to know now how the current situation is in all European countries. Therefore, a questionnaire is developed.

From the first results was learned that many countries are interested. Madersbacher asked all delegates to give the EBU the names of the responsible persons within the national societies in order to establish a cooperate programme. He also urges them to complete the questionnaire and send it to Wilma.

Madersbacher hopes that the programme can be sponsored by exclusive sponsorships. Bayer is already addressed and will hopefully sponsor the programme for € 150.000 per year for a period of three years.

EUREP

The Reijke notified that the EBU will organize a written exam at the sixth and last day of the ESU course in Prague. At least 60 participants are needed and the exam will only be in English. Only residents that are in their last year of training and who have send a logbook to the office can apply.

8. Status move EBU Office to Arnhem

Wilma introduced the new staff members and mentioned that they are very enthusiastic and willing to learn but she also requested the delegates to bear in mind that it might take some time before they get to know all the details.

9. The language of EBU Examinations – written part

From the fist of May, ten new countries will join the EU. This change has caused a discussion on languages in examination. The problem is that the translation of the examinations in all different languages will be very expensive, especially for the oral exams.

To solve this problem, Nijman proposed three options regarding this problem.

1. Exams in English only,
2. Exams translated in all different languages,
3. Keep the original exams in 10 different languages and add translation for the countries who decide to make the EBU exam part of the official examination program to become a specialist (Hungary and Poland). The remaining countries need to take care of their own translation because the EBU would charge Western-European fees.

All delegates voted unanimously for option 3.

10. Nomination of new delegates to the UEMS Section of Urology / EBU

The new delegates are: Dr. Derezić from Croatia, Dr. Buzogany from Hungary, Dr. Rabaças from Portugal, Prof. Haukaas from Norway and Prof. Schmid from Switzerland. The new representatives of the ESRU are Dr. Nunes from Portugal and Dr. Keskin from Turkey.

11. Representation in other organisations

EUSP

Madersbacher reported that in the two EUSP meetings in 2003, different applications were approved (12 short term visits, 21 clinical fellowships, 6 scholarships and 3 visiting professors). There is also quite a good budget of € 300.000. He encouraged young urologists to participate in this program as a unique opportunity to go everywhere in Europe and to learn different methods.

The ideal situation for the EUSP would be that residents can only apply for accredited centres. This might become reality now that there is an increasing number of accredited centres.

Joint Committee of Paediatric Urology / UEMS

Nijman informs the delegates that the statutes of the JCPU were discussed during the last EBU meeting and have been approved. The JCPU includes 2 members of EBPS (European Board of Paediatric Surgery), 2 members of EBU (Kiely and Nijman) and 2 members of ESPU (European Society of Paediatric Urology). The JCPU functions like a European Board with an open atmosphere between the different organisations. The committee meets once or twice a year and the costs of these meetings are covered by the ESPU. They set up guidelines and regulations for training programmes and examination in paediatric urology.

The ESPU members would really like to link up with the CME-CPD program. It is decided that 350 members will enrol into the program. They fully recognise that paediatric urology is a recognised sub-specialty of urology and paediatric surgery, which makes them a good example of how different specialties can work together.

12. Status reports

Residency Review Committee

Casto-Diaz notified that at the moment there are 35 certified training centres within Europe. During the last meeting four centres were accredited, one centre was re-certificated, six site-visits have taken place and nine site-visits are pending. All certified centres-to-be were proposed by Castro-Diaz and approved by the delegates.

After visiting some centres in Poland, it was agreed that it is no use to perform a site visit in those countries that already have their own site-visit procedure (e.g. United Kingdom and Poland). When the site-visit procedure is adequate, no site-visit needs to be performed. Although the RRC might decide to perform a site-visit in particular cases.

In the last few meetings there were discussions on sub-specialties. The RRC agreed that today it's almost impossible to cover the subject Urology. The RRC considers to start certifying high quality centres for teaching sub-specialties. The RRC agreed on seven subspecialties: Laparoscopy, Paediatrics, Oncology, Neuro-Urology, Female Urology, Transplantation and Andrology. This plan will proceed in the next future.

Castro-Diaz also mentioned that the application forms will be reviewed and computerized in order to facilitate the centres.

Manpower Committee

Kiely explains that a ratio survey has recently taken place among the member countries. The response to this survey was 50% (16 out of 30 countries). A list of not-responding countries was showed and the national delegates of these countries were friendly requested to encourage the secretaries of the national societies to respond as soon as possible.

A table was showed containing a urologist/population ratio. From this table the following could be learned:

- France has lost 100 urologists compared to the outcome of the survey in 1998.
- The European ratio in 1998 was 1 urologist per 36.654 inhabitants, the current ratio is 1: 43.612. Note that the ratio will probably increase when the countries with the highest ratio's respond to the questionnaire (Germany, Greece and Italy).
- There are ratio problems in Ireland and the United Kingdom although they improved a little.

It should be taken into account that the ratio is dependant on individual factors per country. This means that the EBU can only identify the average in Europe. This data might be helpful for national societies to argue with political leaders on employment and waiting lists.

Accreditation Committee

According to Nijman, the main concern during the last 6 months was that the core activities needed to continue, in spite of the movement of the office from Rotterdam to Arnhem. The accreditation committee succeeded in this and the number of participants for the in-service exam was even higher than last year.

Artibani mentions that it was a proposal in the Board to change name of accreditation committee to new situation EAU-CME.

De Reijke enumerated the examinations to come:

- Oral exam, June 5 in Paris
- Exam during Europe Course
- Written exam, November 27

He requested all delegates to ask for new questions for the exams and to send them to the EBU office.

Quality of Patient Care Committee

This committee was ideated in order to accommodate Philippe Thibault. He declined as a chairman due to a political commitment with the French ministry. The new chairman Carmignani is not present. According to Artibani, this Committee never worked and never started any work. Is it wise to maintain this Committee or should it be aborted. This issue should be discussed under the guidance of the new President.

EBU Liaison Officer

Shalkhauser has sent his apologies and he informed the EBU office that there is no news from the European Community or from Luxembourg.

European Society of Residents in Urology

The new chairman of the ESRU, Pedro Nunes, gave a presentation on his organisation in which 27 countries are represented. The ESRU is represented in the EBU Manpower, Residency Review and Accreditation Committee.

The ESRU has a new Executive Committee with Keskin as Chairman Elect, Nunes as Chairman, Sven Fuglsig as Past Chairman, Michiel Sedelaar as Secretary and Kniestedt as Treasurer.

Nunes also gave an update on the relation between the ESRU and the EAU. The EAU has proposed to the ESRU to become a section of the EAU. The ESRU has requested for further negotiations and is now waiting for a reply of the EAU.

Achievements of the ESRU are: national resident organisations, annual international scientific meeting, Journal of Endourology, data collecting, European resident database, webpage, stimulation of exchange programmes.

Future challenges of the ESRU are to improve the achievements, an article in BJU Update Series, survey among European residents, publication/memorandum, relationship with EAU, and a secure financial stability and independence.

13. Election of EBU Officers

Nijman proposed Whelan as President-Elect and Hanus as Secretary-Elect. Both proposals were accepted. Marcel Gunst will remain the Treasurer of the EBU. Nijman also announced that he will remain Chairman of the Accreditation Committee for only one more year. As he will be President for the next two years, it will be difficult to combine these two functions. He invited the delegates to volunteer for this function. This issue will be on the agenda of the fall meeting.

14. Date and venue of future meetings

It is decided to go back to 2 full meetings per year. The date and venue of the fall meeting 2004 is not confirmed yet. If there are no volunteers, it might be an option to organise it in Arnhem in order to visit the centre of European Urology.

Tallinn proposed to organize the spring meeting 2005. Nijman suggested to get in contact with Tallinn and to decide on a date as soon as possible. Budapest volunteers for the fall meeting 2005 or for the spring meeting if Tallinn declines.

16. Change of Presidency

Artibani thanked all delegates and devolved his Presidency to Nijman. Nijman expressed his gratefulness to Artibani for all his efforts during the years.

Like Artibani he also mentioned that he learned a lot in the last few years. The decision to move was postponed for many years because it was known that if this would happen, a lot of expertise would disappear. Finally he had to fire six committed employees and he had to deal with lawyers in order to provide satisfactory arrangements. The Rotterdam staff is still upset with the EBU for losing a job they liked very much. Unfortunately the move was necessary.

On the other hand Nijman is confident that the three new employees are very positive about the future and he believes that they want to make it work, together with all the support of the EAU office. However, they will need some time to get acquainted with the procedures of the EBU and therefore he asked the delegates to be patient in the next couple of months and to help the new staff if information is needed.

Finally he introduced the new Secretary Kiely, thanked all delegates and closed the meeting.

17. List of action points

Action	Responsible
Write a letter to all national departments to explain the current situation and goals of the EBU.	EBU-office?
Advertise news regarding the EBU on the EBU page in Urology Today.	EBU-office?
Explain the development of the current situation to the boards of the national departments in your role as national delegate	All delegates
Publish a new booklet with all the new addresses and the now offices documented accordingly.	Gietman
Urge national societies to pay the annual fee.	All delegates
Approach pharmaceutical firms for sponsoring.	All delegates
Provide the names of responsible persons in the national societies regarding CME in order to establish a cooperate CME-CPD program.	All delegates
Make sure that CME-CPD questionnaire is filled out by national societies and send it to the EBU office.	All delegates
Review and computerize application forms.	RRC
Encourage the secretaries of national societies to fill out the Manpower questionnaire.	All delegates
Ask national societies for new questions for the exams.	All delegates
Contact Tallinn for the spring meeting 2005.	EBU-office