



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

20, Av.de la Couronne
B-1050 BRUSSELS
www.uems.net

tel: +32-2-649.5164
fax: +32-2-640.3730
e-mail: uems@skynet.be

D 0320

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES.
SECTION AND BOARD OF ANAESTHESIOLOGY,
REANIMATION AND INTENSIVE CARE
k2uems.19.doc**

Minutes of the meeting held in Copenhagen, Denmark, on Saturday October 25, 2002

In attendance:

Denmark: Dr. Mogens Huttel (Vice President)
Dr. Helle Ørding (Honorary Treasurer)
Finland: Dr. Olli Meretoja
Prof. Seppo Alahuhta
Hungary: Prof. László Vimpláty
Ireland: Dr. William Blunnie (President)
Dr. Séan McDevitt
Italy: Prof. Flavia Petrini
Netherlands: Prof. Hans Knape (Honorary Secretary)
Norway: Dr. Jannicke Mellin – Olsen
Slovenia: Prof. Vesna Paver – Erzen
Sweden: Prof. Christer Carlsson
United Kingdom: Dr. Paul Cartwright
Dr. Peter Simpson

Apologies were received from:

Austria: Prof. Werner List
Prof. Wilfred Ilias
Belgium: Prof. Hugo Adriaensen
Dr. Valka Bollansée – Oosterwijk
Croatia: Primaria Dr. Mara Biondic Stipanic
Finland: Prof. Seppo Alahuhta
Germany: Prof. Hugo van Aken
Prof. Klaus Fischer
Hungary: Prof. Maria Janecsó
Ireland: Prof. Anthony Cunningham
Italy: Dr. Epifanio Mondello
Israel: Dr. Zeev Goldik
Netherlands: Prof. Simon de Lange
Portugal: Prof. Jorge Tavares
Romania: Prof. Iurie Acalovschi
Slovakia: Dr. J. Firment
Switzerland: Dr. Eric Buchser
Prof. Thomas Pasch

United Kingdom: Prof. Peter Hutton
Dr. Simon Minkoff

Absent:

Greece: Dr. V. Chimonitsky – Kypriou
Dr. A. Mitsakos
France: Dr. Marc Dupont
Prof. Jean Marty
Italy: Dr. Raffaella Pagni
Luxemburg: Dr. Marc Knaff
Dr. J. Uhrig
Macedonia: Prof. Marija Soljakova
Malta: Dr. Mario Zerafa
Moldavia: Prof. Vasile Grosu
Russia; Dr. H. Damir
Spain: Dr. Gomez – Arnau
Dr. Maria Puig
Prof. Lopez Timoneda
Sweden: Prof. Lars Wiklund
United Kingdom: Dr. Peter Wallace

The plenary session was preceded by a superb lunch including delicious see food. The lunch was kindly offered by the Danish Medical Association, the Danish Organisation of Anaesthetists and the Danish Society of Anaesthesiology and was greatly appreciated.

Agenda

Opening.

Dr. Blunnie opened the meeting. He welcomed all attendants and thanked the organisers dr. Ørding and dr. M Huttel for their perfect organisation in such perfect atmosphere. A crystal clock was presented to Dr. Ørding in this weekend when the switch from summer time to wintertime was effectuated.

Agenda modification

The president suggested adding the request for examinations of the president of the Federation of European Societies of Paediatric Anaesthesia on the agenda as item 4A.

Minutes of the meeting in Nice on April 6, 2002

Some misspellings were corrected; the minutes were approved.

Matters arising from the minutes

It was announced during the meeting in Nice that 2500 € would be available annually from the European Academy of Anaesthesiology for support of observers from applicant nations. It was decided that the honorary secretary would approach potential observers of candidate countries by mail, explain how the representatives of EU member states are supported by their Medical Association and/or Anaesthesiology Society in order to allow them to attend the meetings of the board of the section and announce the possibility to be supported by the UEMS/EAA for an amount of € 625 upon application. The Finnish representatives promised to contact the Anaesthesia associations in the Baltic States.

Under point 5, -second dot it was stated that the matter of the name of the section would be addressed in the Copenhagen Meeting. The subject was put forward in Nice during the discussion on the plans of the Management Council of the UEMS to create five working groups and to put our section in the Surgical Group. Various names were mentioned,

mostly based on the traditional names of our speciality in various European states or on the recent increase in the fields of interest of our speciality such as peri-operative medicine, emergency medicine and the like. The board suggested the following (probably surprising!) name for the section:

“Anaesthesiology*”. *: The areas of expertise of “Anaesthesiology” are: Anaesthesia, Emergency Medicine, Intensive Care Medicine, Pain Medicine and Reanimation.

The item of the name of the Section will be put on the agenda for the next meeting in Glasgow for voting, with this name as suggestion of the board.

4A. A letter was received from Dr. Holski, the president of the Federation of European Associations of Paediatric Anaesthesia. He mentioned situations where neonatologists and oncologists would administer fentanyl, pancuronium, ketamine and propofol, also in combinations, for surgical procedures in neonates and infants. Against this background he suggested to establish European exams of Paediatric anaesthesia.

In the discussion, which followed, the representatives of this section felt that installation of exams would not be the way to tackle this problem. There was considerable doubt as to the extent of the problem and dr. Meretoja mentioned that this matter had not been discussed in the FEAPA board. It was decided that the Standing Committee on Education and Training would take the initiative to hold a survey to get an impression on the situation in various European countries and to identify the magnitude of the problem. Moreover the Standing Committee was asked to make concept guidelines for training in Paediatric Anaesthesia both within the curriculum of the speciality and for the post speciality training for anaesthesia in neonates and infants up to 2 years of age. It is intended to decide upon these matters in the upcoming May 2003 meeting in Glasgow. When these data are available, a discussion will follow on the organisation of anaesthesia and surgery in neonates and children up to 2 years of age in terms of the standard issues of safe anaesthetic practice. The idea to invite observers from the FEAPA was unanimously embraced.

5. Presidents report

The president reported on the meeting of the representatives of the UEMS Specialist Sections with the UEMS Management Council in Brussels on May 11 2002. The format of the meeting had changed considerably to allow more discussion on important topics. In contrast to the past, when all sections presented oral reports, written section reports were now provided and marginally discussed.

The subject of the European Board qualification was and important item on the agenda. The following was decided: Concerning European Board qualifications there is no restriction based upon nationality of the applicants. Essentially colleagues from the whole world can be qualified by European Boards just as is the case with the American Boards. However, it should be noted and made clear to applicants for European Board Qualifications that the legal system of exchange of diplomas in the European Union depends on exchange of national qualifications and is restricted to nationals of EU member states and associated countries (Norway, Iceland, Liechtenstein, Switzerland) This exchange is governed by the European Directive 93/16.

There is no legal system of European Board Qualifications in existence. Many UEMS Specialist Sections operate European Boards from which European Board Qualification can be obtained. It must be stressed that these qualifications (Certificate of Fellowship of the European Board of “speciality”) have no legal standing. They are (just as their American counterparts) a mark of excellence, but do not confer the right to practice in the

European Union. Holders of certificates from countries outside the European Union have to apply for a national certificate in the host-country on the basis of their own certificates. European Board Certificates might be helpful in this process, but they have no legal value. National Authorities are free to decide on a case-by-case basis.

The president further commented on the debate on the representation of the sections in the UEMS Management Council. The conclusion of the debate was the following. Six representatives of the sections will be admitted to Management Council meetings as observer on a rotational basis. The arrangement will be valid for a period of two years (4 Management Council meetings) and will be evaluated in 2004, both by the Management Council and by the Sections. It was stressed that appointed delegates should contact the other sections in their group to identify points to be addressed in the Management Council. The proposal was to establish 3 groups of sections with a roughly equal number. The three groups would then appoint 2 delegates each. The original idea to group the specialities in 6 related categories was abandoned and the wish of our section not to be aligned with the surgical specialities was accepted. The groups are the surgical, the medical and the miscellaneous group. Anaesthesiology is part of the miscellaneous group and entitled to present a delegate for the management council meetings once every six years for a period of two years.

In this meeting the matter of the rules pertaining to form a section were discussed; essentially the policy remains unchanged. A further item was the installation of Multidisciplinary Joint Commissions. The idea was warmly embraced by the Management Council with special reference to the success of the Multidisciplinary Joint Commission on Intensive Care Medicine, which was instituted upon the initiative of this section. A third MJC was installed: The existing MJC's on Intensive Care and Paediatric Urology were extended with a MJC on Hand Surgery.

A final important issue was the approval of the directive 2000/34/EC on working hours of doctors in training. The new directive provides a transitional period of 5 years (under circumstances to be lengthened with 2 – 3 years), starting August 1, 2004. In this transitional period the average weekly working hours is limited to 58 in the first three years, to 56 for the following two years and to 52 for any remaining period. After the transitional period the following limits are stipulated: Maximum average weekly working time: 48 hours, including overtime; Minimum rest period per 24 hours: 11 hours; Minimum weekly rest period 24 hours and maximum working hours during the night: 8 hours.

The president mentioned further that the section is entitled to be represented in the European Federation of Anaesthesiology. Prof. van Aken and Prof. Pasch have been asked to represent the Section and bring in the important matters from this Section. The president represents the section in the annual meetings of the editorial board of the European Journal of Anaesthesiology. If he is not able to attend those meetings, he should be represented by one of the other officers of the board.

6. Inspection Protocol of Applicant Countries.

Following a private visit of dr. John Zorab to Malta, one of the countries (Malta and Poland) who have applied for the European Union membership, the matter of a protocol for EU applicant countries for our speciality was discussed extensively. The necessity to make a list of items was recognised. Information should be obtained from the applicant country on matters as the curriculum, duration of training, accreditation structure, manpower, audits in the country, a template of training schedules, assessment, the way training and education is organised, and standards. Other questions are the number of trainees, the number of hospitals, training programs, examinations, registration, funding of training positions, courses etc. Profs. List and dr. Buchser will be asked to make a list of these items based upon the current hospital inspection form. When these data are available for a specific applicant two or more representatives should visit the applicant

country from this section to formulate recommendations before the applicant country enters the EU. The board wants a draft of such a list before February 2003 in order to decide upon it in the Glasgow meeting in May next year.

The president and the honorary secretary will contact both Dr. Zorab and Dr. Zerafa, observer for Malta to clarify the current position of the section.

Visitation Programme

The visitation report of the Department of Anaesthesiology of the University Medical Centre Utrecht, The Netherlands was approved. The report will now be sent to the EBA for subsequent approval. Due to the absence of Prof. List no further details for applications for visitations were available. It was felt that only one visitation would be required for countries, which run internal, national visitation programmes. The Board of the Section advised to thoroughly inspect national training programmes in these cases. Prof. List will be asked to present an update as soon as possible to identify “white spots” on the European map in order to allow an active approach toward these countries.

Subcommittee meeting reports

- A. Standing Committee on Continuous Medical Education/Continuous Professional Development (Prof. Hutton, chair). The president reported to have been in contact with Prof. Hutton, chairman and Prof. Alahuhta, vice chairman. It was clear to all that the CME/CPD policy of the section must be based on the Basel Declaration. Prof. Hutton is currently unable to take a lead in this task force due to his activities as President of the Society of Anaesthetists of Great Britain and Northern Ireland and it was felt to be appropriate if Prof. Alahuhta would take an initiative to prepare a draft paper on standards in CME/CPD, what we consider to be good practice in Anaesthesiology. This draft paper (1 – 2 A4 sheets) should be sent to the Honorary Secretary before March next year.
- B. Standing Committee on Education and training (Dr. Ørding, chair). Dr Ørding reported the preliminary results on education and training. A response of 15 countries was considered to be satisfactory. Further questions will be put into a more extensive enquiry, which will be sent to all representatives as soon as possible. The end point will be a publication in the EJA. An enquiry into the paediatric anaesthesia practice will be added at the background of the discussion on the letter by dr. Holski which was dealt with under a previous agenda item during this meeting
- C. Standing Committee on Work Force (Prof. Adriaensen, chair). Prof. Adriaensen had sent apologies for this meeting but had also reported a response of only three countries on the questionnaire on Work Force in Anaesthesia in Europe. It became clear during the discussion that valid answers would be difficult to obtain for a number of questions of the current questionnaire. A number of representatives criticised the focus on the anaesthesia assistants in the questionnaire and identified a number of questions with questionable relevance. The importance of a questionnaire on anaesthetic work force in the various European countries, however, was strongly underlined. Important new aspects were introduced such as working conditions and working hours and strategies to attract excellent trainees. Dr. Meretoja presented a different approach towards the enquiry and it was agreed that he would contact professor Adriaensen. At the end of the discussion the importance of the questionnaire was once more stressed, in particular with respect to the new EU applicant countries.
- D. Working party on Emergency medicine (chair prof. List) Due to the absence of prof. List no new developments could be reported.

- E. Working party on the Fellowship of the European Board (Prof. Van Aken, chair). Dr. Peter Simpson addressed the board in the absence of Prof. Van Aken. He indicated that a fellowship of the European Board Anaesthesiology should be considered as a mark of excellence, as has been decided during the meeting in Nice. However, it is important to set up eligibility criteria. The UEMS is not the body to organise the exams but certification should be based on qualities we know. The item needs to be moving on, but important questions remain. What are we trying to achieve with the fellowship? Do we want to be inclusive or exclusive? Matters to be addressed are should academic routes attain this title of distinction? What is the training route? What is the examination route for the European Diploma of Anaesthesiology? What is the relation with the national examination routes? A radical solution could be to install a membership and a fellowship. Every member should have the facility to apply for the fellowship after an active period of 10 to 15 years. Since there are a number of open ends, this discussion should continue in the next meeting in Glasgow.
- F. Working party on pain (Prof. Cunningham) Due to the absence of Prof. Cunningham no new developments could be reported.
- G. Working party on PACU (Prof. Ilias) Due to the absence of Prof. Ilias no new developments could be reported
- H. Working part on sedation (Prof. Knape). Since the activities of this working party have been completed the working party was dissolved.

9 Multidisciplinary Joint Committee on Intensive Care Medicine. (Prof. de Lange). Due to the absence of proof de Lange no new developments could be reported.

10 Any other business/ date and venue of the next meeting

The next meeting will be held in Glasgow on Saturday May 31 2003 in conjunction with the ESA meeting

Potential new items for discussion within the Section “Anaesthesiology, Reanimation and Intensive Care”:

- Morbidity and mortality in Anaesthesia
- Consent for Anaesthesia, legal aspects.
- Anaesthesia and palliative care
- Risk management
- Quality standards
- Professional risks

Hans T. A. Knape, Honorary Secretary Section and Board of Anaesthesiology, Reanimation and Intensive Care UEMS