Meeting of 23th February 2007

Dear Colleagues,

this is a summary of the work of the UEMS Section of Neurosurgery and particularly of the last meeting in Antalya, February 2007 in conjunction with the Winter Meeting of the EANS.

1. **Neurosurgical Training Charter:**
   The new Operative Figures required at the end of training were approved in the summer of 2006 and meanwhile have been published in Acta Neurochirurgica /EANS Affairs. At the meeting in February 2007, the so-called “Competency Tables” were approved. These demonstrate the level of competence a trainee should attain with the various key-procedures. A second edition of the Neurosurgical Training Charter including the Operative Figures and the Competency Tables will be published soon in the Acta Neurochirurgica and printed as a separate booklet. An electronic version can be obtained through Ilona.Anders@med.uni-muenchen.de.

2. **European Working Time Directive:**
   First experiences in departments where the directive has been implemented entirely have shown that trainees on average are present on 3.2 days/week during core working time. The number of operative procedures where trainees can be trained are thus reduced by 25-30%. Due to the reduced presence, trainees can only irregularly attend structured lectures, and departments complain that the available time is completely eaten up by routine work. Therefore, in Germany, all surgical disciplines in concert are organizing a Symposium “Arbeitszeitgesetz und Chirurgische Weiterbildung” in Berlin, May 22nd, where this topic will be discussed with politicians, the tariff partners, and members of the various authorities.

3. **European Board Examination:**
   Presently all trainees attending the European Training Courses participate in the written part of the European Board Examination. An increasing number currently also takes voluntarily part in the second part, the European oral examination.
The Joint Examination Committee now has launched an approach to encourage and help national neurosurgical societies to adapt their exams to the European level or to hold national exams together with European examiners. The latter was recently done with great success. Some national authorities recognize the European written and oral exams as equivalent to their national exam. A position paper describing the various offers and possibilities has just been published in the European Journal of Neurosurgery, 149:440-442 (2007) under EANS-Affairs.

4. **Endovascular Neurosurgery:**
A working group consisting of colleagues from Neuroradiology and Neurosurgery has developed a European training charter for training in endovascular techniques “Standards of training in endovascular neurointerventional therapy”. This document can provide the basis for additional competence training also for neurosurgeons, and therefore represents a milestone in a future team approach. The document will be published in the next issue of the European Journal of Neurosurgery.

5. **European CME-Accreditation:**
The UEMS has made contracts with national medico-political authorities that CME-credits for European and international meetings are provided through UEMS. For national meetings, CME-credits are assigned, as in the past, through the responsible national authority. To apply on the UEMS-level, the procedure is as follows: applications are sent to the UEMS office in Brussels. This can be done electronically (uems@skynet.be). Applications are then reviewed by the Joint CME-Committee (members from EANS and UEMS-section) and the decision on credits is made by this committee. Details for application can be found via the UEMS website [www.uems.net](http://www.uems.net); EACCME.

6. **Subspecialisation:**
Subspecialisation, respectively additional competence training will become an important matter in the near future and in some European countries subspecialisation (following formal training) in areas like neuro-oncology, neurosurgical pain therapy, spine surgery is already in the process of discussion or implementation. Therefore, the UEMS-Section is assessing whether it would be favourable to have common European standards for such additional competence training. More details will be presented in the next Newsletter.

7. **Workforce Planning:**
Based on a questionnaire, data have been received from the majority of European countries and are presently being analyzed for a) number of neurosurgeons per population, number of neurosurgical operations per population, b) peculiarities in care of population, c) growth rate. For the first time a comparison is possible on the European level, and this will certainly initiate discussions. The final results will be published in the European Journal of Neurosurgery/Eans Affairs.

With kind regards,

Hans-J. Reulen, President
on behalf of the Section of Neurosurgery/UEMS