



Minutes

Prof.(adj.) Dr. Thomas Frühwald ,
on behalf of the Secretary
Geriatric Medicine Section and Board of the UEMS
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Geriatric Medicine Section & Board of U.E.M.S.

Saturday, May 22nd, 2009

09.00 a.m. - 5.00 p.m.

Nordic Hotel Forum

Nordic Hotels OÜ

Viru väljak 3

10111 Tallinn,

Estonia

Participants:

Dieter Lüttje, Germany, Secretary; Åke Rundgren, Sweden, Treasurer; Thomas Frühwald, Austria; Jean Pierre Baeyens, Belgium; Jean Petermans, Belgium; Ellen Holm; Maria Nuntio, Niels Horwitz, Gyula Bakó, Ken Mulpeter, Thomas Svendsen, Stefan Krajcik. Sergio Arino-Blasco, Andreas Stuck, Leo Boelaarts, Ron Barber, Helgi Kolk, Alain Franco

Apologies:

Olivier Guerin, PWG; Bernard Maillet, General Secretary UEMS / EACCME, Ian Hastie, Georg Pinter, Eva Topinkova, Pirkko Jänti, Cornel Sieber, Béla Székács, Sigurbjörn Björnson, Pálmi Jónsson, Mark Vassallo, Anthony Fiorini, Olav Sletvold, Christophe Büla, Tischa van der Cammen,

TOP 1 / 2 Welcome by President and host, housekeeping remarks

As the President had to be apologized for health reasons, the Secretary Dieter Lüttje presided the session, Thomas Frühwald was asked to take the minutes. Dieter Lüttje welcomed everyone. He thanked Görel Wachtmeister (Sweden), Kirsten Damgaard (Denmark) and Antonio Capurso (Italy) who resigned as delegates for their long and active commitment to the work of the Section.

He thanked Helgi Kolk for organising the meeting, she gave some housekeeping remarks.

TOP 3 Minutes of the last meeting

The minutes of the meeting on Sep. 6th 2008 in Copenhagen were accepted as correct and were duly signed. (enclosed)

TOP 4 Short matters arising from last minutes

„Who is who in Geriatric Medicine in Europe“

So far no spontaneous responses, no names of persons who could be considered “key players” in Geriatric Medicine in the individual countries sent to Ake Rundgren. Dieter Lüttje intends to create and mail a questionnaire asking for names of persons considered as such “key players”, f.e. officers of the national societies, chairs of geriatric medicine etc.

TOP 5 (fixed topic) Board / Section business

1. The Treasurer's report by Ake Rundgren was duly accepted. The financial situation of SGM UEMS is sound. An audit of the Section's books still has to be performed, Jean Pierre Bayens and Ronnie Barber were asked to present one at the next meeting.
2. The Section's Website has a renewed layout, there are between 400 and 500 "hits" per month, Ake Rundgren stressed the importance of updating the informations on the website, which means that the delegates should check it regularly and send relevant new informations to Ake Rundgren.
3. News from Member Countries
 - Netherlands: no new developments in the past 6 months, shortage of junior doctors in general, especially in non-academic hospitals
 - Denmark: also shortage of doctors, particularly in geriatric departments, ½ of the training posts in geriatric medicine are not filled. National guidelines in geriatric topics are being prepared
 - Estonia: there are some "ups and downs" in the development of the specialty, specialty recognition of geriatric medicine still has not been obtained. Departments of ortho-geriatrics are being established in university hospitals. A geriatric curriculum on the pre-graduate level still has not been implemented, there has been a counterproductive international audit stating that the curriculum is OK as such...
 - UK: is suffering under the European working time directive... Recruitment to the specialty is satisfactory. A national dementia strategy has been presented, it is given high priority by the government. There has been some turmoil about re-focussing geriatric care in the community. In general the situation is OK for geriatric medicine in the UK.
 - Ireland: geriatric services are quite strong, doing OK in spite of the financial crunch.
 - Switzerland: geriatric medicine is in a favourable condition, the field is developing quite well, there is a shortage of geriatricians. National licensing examinations are going to be held from 2011 on, geriatric medicine is well represented. There is an active discussion process about ethical decision making in situations relevant to geriatric medicine going on.
 - Sweden: not much new... Recruitment to geriatric medicine is difficult as geriatricians themselves are getting older... But generally speaking, there is a positive perspective for geriatric medicine.
 - Germany: there are about 130 geriatric rehabilitation departments and 180 special geriatric departments within internal medicine but the specialty is not as well represented on the university level. The DRG system is established for geriatric acute care and early rehabilitation, it is proposed and being discussed for nursing care. There is a new focus on outpatient geriatric rehabilitation. A rehabilitation effort prior a decision of long term care should become obligatory. Other new foci: identification of geriatric patients in emergency departments, geriatric palliative care. Guidelines on dementia care and on osteoporosis are being developed, ortho-geriatric centres are being certified.
 - Austria: independent departments of geriatric acute care or geriatric units within internal medicine departments are being established according to plans of the federal and regional health care regulating agencies' plans. There are about 40 such structures in the hospitals across Austria with some 2000 beds already in function, plans call for some 1500 more beds in the next few years. A benchmarking system has been developed and is already being implemented

in 19 of the departments/units of geriatric acute care. The ministry of health has created an advisory council on geriatric medicine. The establishment of the sub-specialty of geriatric medicine is being planned by next year – the necessary legal formalities and the curricula are already formulated, the specialties involved will be internal medicine, neurology, psychiatry, physical medicine and rehab., general medicine.

- Hungary: there are about 125 certified geriatricians, their mean age is 55... This illustrates a shortage of geriatricians now and in the years ahead, a consequence and cause of this problem is also the closing of many geriatric hospitals. The 4 medical schools keep their geriatric departments – only these are accredited for training of geriatricians, but medical graduates are not very interested in this field.
- Slovakia: there is a general lack of resources in the health care system, particularly in the geriatric field. There is also a lack of capacity in the long term care. Reimbursement for geriatric care, particularly outpatient care, is too low.
- Finland: geriatric medicine is well represented in primary care, it is less developed in acute care hospitals. Ortho-geriatric care is being established. Academic geriatric medicine and gerontology are well developed, contrary to its transfer into practice.
- France: geriatric medicine is experiencing some ups and downs. There is a very low number of medical students, mostly due to a strict numerus clausus, few of them come to train and practice in geriatric medicine. There are some 2000-3000 geriatricians, either “true” specialists, or “sub-specialists: GP’s with 2 additional years of geriatric training. There is some competition between geriatrics and the other specialties – particularly on the hospital level. The new National Alzheimer Plan is quite strong, geriatricians are involved.
- Belgium: since 2005 Geriatric Medicine is an independent specialty with a 3 year “common trunk” with internal medicine plus 3 years of special training in geriatric medicine. 93% of the hospitals have departments of geriatric medicine with 15% of all the hospital beds. A short, standardized, obligatory screening for geriatric patients is being performed by nurses of the emergency- or admission departments on all patients 75+ admitted to acute hospitals (the 3-item VIP-Test), if positive – they have to be evaluated by a multidisciplinary geriatric team. Patients with dementia, hip fracture and admitted from nursing homes are “automatically” considered geriatric patients. Long term care is “in the hands” of GP’s. All 7 Belgian medical universities have chairs of geriatric medicine.
- Norway: the perspective for geriatric medicine is an optimistic one. The challenge posed by demographics has been recognized by politics. There are still recruitment problems for the specialty, but they are improving. There is increasing interest in ortho-geriatrics. Academic geriatric medicine is also moving ahead. Nursing homes fulfilling certain criteria are accepted as training sites for the specialty.
- Spain: the state of geriatric medicine is quite a healthy one. 24 teaching units are “producing” 50-60 new geriatricians per year but there has been a decrease in applications for geriatric training. In-patient geriatric consultation teams serve as “germinal cells” for the development of acute care units where they don’t exist yet

TOP 6 (fixed topic)

UEMS

1. Documents received (www.uems.net)

No comments

2. CME/CPD / EACCME

The new guidelines have been discussed and accepted. A question arose about the possibility of receiving CME and CPD credits for doing peer reviews. It was proposed to investigate this and to apply for credits for such an activity.

3. Cooperation with MJC (multiple joint committees) and other S&B (sections and boards)

The recently published European Curriculum for Emergency Medicine with the input of geriatric medicine (thanks to Ronnie Barber's efforts) is a good example of such cooperation.

4. Cooperation with Executive & General Secretary

No comments.

5. Green paper: Alain Franco, Stefan Krajcik and Ronnie Barber will prepare a paper addressing the different focus points of the geriatric effort, f.e. palliative care, long term care, etc.

TOP 7 European Examination

Thomas Frühwald will present the updated survey on the status of training in geriatric medicine in Europe in the UEMS-GMS session at the IAGG World Congress in Paris. For the next meeting he will prepare a first draft of a European Syllabus based on the syllabi from 8 European countries collected so far. The working group concerned with this project: Thomas Frühwald, Gulya Bako, Ellen Holm, Alain Franco, Dieter Lüttje, Jean Petermans.

Alain Franco proposes the definition of quality indicators for training in geriatric medicine applicable across Europe and periodic surveys according to these indicators..

TOP 8 News from EUGMS / EAMA / IAG-ER

On July 7th, 2009 the UEMS GMS will have its symposium at the World Congress of the IAGG in Paris – the topic: “Support to develop geriatric medicine in countries without accepted specialty” – Ian Hastie, Dieter Lüttje, Thomas Frühwald and Cornel Sieber will contribute, Helgi Kolk and Alain Franco will chair the session. There will be an ad hoc meeting of UEMS delegates present in Paris on July 6th.

IAGG is considering to hold its World Congress bi-annually, alternating with regional congresses.

EUGMS is active in introducing the issue of medicines for geriatric patients to the EMEA, Jean-Pierre Bayens is the geriatrician at EMEA's board of experts. EUGMS is finishing work on a consensus paper on vaccination in the older persons

TOP 9 Definitions Geriatric Medicine, Geriatric Patient

No additional comments from member countries, in some translations of the definition have been done already. All accepted translations should be sent to Ake Rundgren as webmaster to be put on the website. It would be necessary to get the definition officially adopted also by the other European “players” in geriatric medicine (EUGMS, IAGG-ER, UEMS-GMS, EAMA)

TOP 10 (fixed topic) Any other business

None

TOP 11 Training for other specialties dealing with aspects of Geriatric Medicine

No discussion about this topic as Eva Topinkova is not present

TOP 12 Consensus Documents

Revision: Consensus Document on recognition of training. The combined version will be sent out by Dieter for correction..

TOP 13 (fixed topic) Future meetings as planned

- Autumn meeting: Oct. 17, 2009 in Liège
- Spring 2010: Barcelona, exact date to be fixed (Apr 24th? May 8th?)

TOP 14 (fixed topic) Final housekeeping remarks

Helgi Kolk gave last information's about the evening program.

TOP 15 (fixed topic) Final remarks by the president

Dieter Lüttje thanked Helgi Kolk for the excellent arrangement of the meeting.

Thomas Frühwald

On behalf of Secretary GMS UEMS

Accepted: