



Minutes

Prof.(adj.) Dr. Dieter Lüttje, Secretary
Geriatric Medicine Section and Board of the UEMS

Tel: +49 5414057200

Fax: +49 5414057299

Email: luettje@klinikum-osnabrueck.de

Geriatric Medicine Section and Board of U.E.M.S.

www.uemsgeriatricmedicine.org

Saturday, May 3rd 2008

09.30 a.m. until. 04.30 p.m.

Radisson SAS Bay Point Resort

St. George's Bay,

St. Julians STJ 3391

MALTA

Participants:

Ian Hastie, U.K., President; Dieter Lüttje, Germany, Secretary; Åke Rundgren, Sweden, Treasurer; Thomas Frühwald, Austria; Jean Pierre Baeyens, Belgium; Jean Petermans, Belgium; Kirsten Damgaard Petersen, Denmark; Cornel Sieber, Germany Gyula Bako, Hungary; Ken Mulpeter, Ireland; Mark Vasallo, Malta; Anthony Fiorini, Malta; Olaf Sletvold, Norway; Stefan Krajcek, Slovakia; Gorel Wachtmeister, Sweden; Leo Boelaarts, The Netherlands; Tischa van der Cammen, The Netherlands; Ron Barber, U.K.; Helgi Kolk, Estonia; Alain Franco, France; Charles Spitori (treasurer of the Geriatric Medicine Society of Malta as guest)

Apologies:

Georg Pinter, Austria; Eva Topinkova, Czech Republic; Niels Horwitz, Denmark; Sirpa Hartikainen, Finland; Seija Ginström, Finland; Demetrios Olkonomidis, Greece; Kimon Volikas, Greece; ; Béla Székács, Hungary; Sigurbjörn Björnsson, Iceland; Palmi V Jonsson, Iceland; Antonio Capurso, Italy; Giulio Masotti, Italy; Thomas Svendsen, Norway; Sergio Arino-Blasco, Spain; M Teixeira Verissimo, Portugal; Gorjao Clara, Portugal; Christophe Büla, Switzerland; Andreas Stuck, Switzerland; Olivier Guerin, PWG; Bernard Maillet, General Secretary UEMS / EACCME

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

The President welcomed everyone, especially Thomas Frühwald as now official delegate from Austria and Charles Spitori as guest from Malta.

He thanked Mark Vasallo and Anthony Fiorini for organising the meeting. They gave some housekeeping remarks.

TOP 3 Minutes of the last meeting

The minutes of the meeting of September 29th and 30th 2007 in Frankfurt were accepted as correct and were duly signed. (enclosed)

TOP 4 Short matters arising from last minutes

1. "Guidelines"

Guidelines concerning Geriatric Medicine throughout Europe shall be collected and put to the website, full text if possible or as link. English version, at least as abstract is necessary.

2. "Who is who in Geriatric Medicine in Europe"

Dieter Lüttje explained the idea to develop an overview about officers and official delegates to the European Geriatric structures as information on the website. Everybody is asked to give data to Ake Rundgren.

3. There was still information lacking from SG UEMS concerning former versions of chapter 6 part Geriatric Medicine. The president then will work on it.

TOP 5 (fixed topic) Board / Section business

1. The **Treasurer's report** was duly accepted. The financial situation of SGM UEMS is sound.
2. The webmaster asked for renewal of some of the country information and additional input to the **website**.
3. **Country membership problems** were mentioned according to former minutes. There have been new contacts to Portugal and Greece. Both had tried to be in Malta but promised to take part in Copenhagen.
4. **Estonia** is still struggling for better acceptance. The SGM UEMS meeting there might give some support.

TOP 6 (fixed topic) UEMS

1. Documents received (www.uems.net)
 - Portugal Agreement
 - UEMS 2008/06
 - UEMS 2007/08
2. UEMS meetings and news (50th anniversary April 2008)
 - UEMS NEWS 2008/01
 - UEMS 2007/03
 - UEMS 2007/04
 - UEMS 2007/05
 - UEMS 2007/06
3. CME/CPD / EACCME
 - UEMS 2007/23
 - UEMS 2008/13
4. Cooperation with MJC and other S&B
 - UEMS 2007/20
5. Cooperation with Executive & General Secretary
 - Report SG 2007
 - Meeting Boards and Council
 - UEMS 2007/22 amend ROP

All papers were mentioned in short. Some aspects in detail:

- **UEMS 2008/06** showed as core tasks of Specialist Sections/Boards

The WG recommends to establish a better structure for the Specialist S/Bs. This should not hinder the sections and boards, but give them a common path, where they can discuss topics of mutual interest at the same or equal level, so that UEMS in Toto is enabled to fulfil one of their mostly stressed aims of harmonization and coordination the medical profession in Europe on a high level.

This core tasks of S/B could be for example:

- _ postgraduate training in the speciality
- _ Chapter 6 in the speciality
- _ CME in the speciality
- _ CPD in the speciality
- _ visitation in the speciality
- _ assessments / examinations in the speciality
- _ quality assurance in the speciality

etc.

Logically there should also be enough time and possibilities for discussion of specific developments of the speciality or concerns of problems in the different national sections.

In order to strengthen the work of the sections and to make it more visible all sections of the UEMS should be obliged to meet a minimum of once a year and are obliged to write a report.

The office in Brussels should support the Specialist S/Bs by doing so. By evaluating the website of the UEMS it should be made possible, that every section could be presented directly on the website of the UEMS or be linked to the UEMS and vice versa, so that it is clear that UEMS and its sections and board “stick together”(corporate identity, corporate design)....

- Concerning the **Portugal agreement** a discussion showed the differences in re – registration, in some countries it is mandatory (for example Norway) or basic for adequate reimbursement (for example Belgium). Many countries still rely (mandatory or optional) on CME credits.
- The new electronic version of EACCME application form was mentioned (**UEMS News 2007/06**). However there are still a number of unsolved problems with the new electronic version. EACCME still seems rather unflexible as system in whole.

TOP 7 European Examination

Thomas Frühwald gave a short introduction in the topic.

The president rose the question of necessity of an examination on national level. The intense discussion showed, that an European examination

- means a lot of work to create the syllabus
- is of little use in those countries, where Geriatric Medicine is well established
- might be favourable to promote and enable migration of doctors with specialisation in Geriatric Medicine
- seems to be very important to support development Geriatric Medicine in those countries still developing Geriatric Medicine or still have no national acceptance as speciality.

The agreement was to go further with the basic planning for an examination and to discuss the topic syllabus in Copenhagen. Examples of syllabi should be sent to Thomas Frühwald as well as curricula etc.

TOP 8 News from EUGMS / EAMA / IAG-ER

SGM UEMS will try to place an “own” symposium at the IAG congress in Paris to present the topics definition and examination.

TOP 9 Definitions Geriatric Medicine, Geriatric Patient

There was an intense and constructive discussion of all participants based on the draft of Ian Hastie. Main aspect was the implementation of some age limit. Most argued in favour of mentioning age as special aspect without stressing age as limit against or in favour of Geriatric Medicine. It was accepted that there would be some overlapping with other specialties like general medicine (GP), internal medicine or neurology. It was stated, that this definition will not define those patients that have to be treated only by Geriatricians but those patients that will potentially profit from (co-)treatment by a Geriatrician. Terefor no symptoms and syndromes are menioned, only fields of activities an risk factors.

There was a discussion about the use of the term “holistic”.

Finally there was complete agreement about the following definition:

Geriatric Medicine (accepted, 03/5/08)

Geriatric Medicine is a specialty of medicine concerned with physical, mental, functional and social conditions occurring in the acute care, chronic disease, rehabilitation, prevention, social and end of life situations in older patients.

This group of patients are considered to have a high degree of frailty and active multiple pathology, requiring a holistic approach. Diseases may present differently in old age, are often very difficult to diagnose, the response to treatment is often delayed and there is frequently a need for social support.

Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy in a multidisciplinary team setting, the main aim of which is to optimise the functional status of the older person and improve the quality of life and autonomy.

Geriatric Medicine is not specifically age defined but will deal with the typical morbidity found in older patients. Most patients will be over 65 years of age but the problems best dealt with by the speciality of Geriatric Medicine become much more common in the 80+ age group.

It is recognised that for historic and structural reasons the organisation of geriatric medicine may vary between European Member Countries.

Everyone was asked to produce translation in the national languages, if possible and necessary in concordance with other countries using the same language.

TOP 10 (fixed topic) Any other business

There were no special remarks.

TOP 11 Update on Geriatric Medicine in Malta

Mark presented and showed the still changing acceptance of Geriatric Medicine in Malta though national acceptance of the specialty exists. The presentation will go to the website.

TOP 12 Training for other specialties dealing with aspects of Geriatric Medicine

Special interest was mentioned for Emergency Medicine, General Medicien (GP) and neurology. The topic was postponed to Copenhagen.

TOP 13 (fixed topic) Consensus Documents

The combined A4 version is added to the minutes. Everyone is asked to have a close look concerning need of revision.

TOP 14 (fixed topic) Future meetings as planned

- September 6th, 2008 in Copenhagen (Kirsten Damgaard)
Just one day, starting 09.00 a.m. to 11.30 a.m. and cont. 1.00 p.m. to 5 p.m.
- Spring (or early autumn meeting) 2009 attached to World Congress in Paris (Alain Franco)
- Autumn (may be as spring meeting) 2009 Estonia (?)

TOP 15 (fixed topic) Final housekeeping remarks

Mark Vasallo and Anthony Fiorini gave last information about the further evening.

TOP 16 (fixed topic) Final remarks by the president

The President thanked Mark Vasallo and Anthony Fiorini for the excellent arrangement of the meeting. He specially thanked Servier and the other sponsors for their friendly support.

The president closed the meeting at 5.00 p.m.

Dieter Lüttje

Secretary GMS UEMS

Accepted: