

I UEMS charter on training of medical specialists in the EU – the new neurosurgical training charter

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In the Directive 93/16 EEC of 5.04.1993, the European Commission laid down the general guidelines for the training of medical specialists in the member states of the EU, EFTA and associated member states. On the European level, the UEMS (European Union of Medical Specialists) is responsible for harmonisation and improvement of the quality of medical specialist practice in the EU. Its statutory purpose is the formulation of a common policy in the field of training.

In 1995 the “Charter on Training of Medical Specialists in the European Community” was published, outlining the general requirements and guidelines of postgraduate training as well as the special requirements for the various medical specialities including neurosurgery (www.uems.be → Training/Formation). Responsible national organisations have strongly been recommended to implement these requirements and guidelines in their national training programmes.

On request of the UEMS, a novellation was formulated in 2002–2004 for all medical specialities

which is now available also for the field of neurosurgery. It describes more precisely than so far the structures of neurosurgical training including the external audits required now. The present version at the time of publication of this book has not definitely been ratified yet so that minor alterations are still possible. Also, the operative figures required at the end of training have not yet been finalised. Therefore the chapter does not contain the appendix 1+2, mentioned on page 11/12. However, we thought it necessary to include the new *Neurosurgical Training Charter* since it will be the working basis for the JRAAC and above all for the national societies and national authorities.

This document will be the professional position paper needed by the European Commission when further EU directives in the field of medical specialist practice are being contemplated.

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Charter on training of medical specialists in the EU – Requirements for the speciality of neurosurgery (as of February 28th, 2004). (UEMS Specialist Section of Neurosurgery)

Foreword

This document sets out standards and guidelines for neurosurgical residency training and for approval of training programmes in the countries of the EU/EFTA and associated member states. It is recognised that there are a number of structural and operational differences in the health care systems, appointment procedures and training systems in these different countries. This document provides the basis for the development of a harmonised, comprehensive, structured and balanced training programme in Neurosurgery.

The future of European neurosurgery will depend on the quality of training offered to our trainees. Apprentice style training, which has been at the heart of traditional training, is increasingly being threatened by regulation and legislation. Hours of work for both trainers and trainees is coming under increasing pressure from many competing demands, many of which further fragment the training opportunities available.

It is recognized that in future there may be a need to prolong the training time in clinical neurosurgery from 4 to 5 years.

Goal of training programme

The primary goal of a training programme is to provide the trainee with a broad knowledge base, the necessary operative and procedural skills and experience as well as professional judgement for independent neurosurgical practice; a further goal is to teach him/her self-criticism, critical assessment of his/her results, the ability to self-directed learning which will eventually lead to continued growth, expert practice and professionalism.

Definition of speciality

Neurosurgery is a discipline that provides the diagnosis, the operative, and non-operative management (i.e. prevention, diagnosis, evaluation, treatment, intensive care, and rehabilitation) of patients with pathological processes that affect the central, peripheral (and autonomic) nervous system, including their supporting structures and vascular supply as well as the operative and non-operative management of pain. This encompasses the modern treatment of disorders of the brain, meninges, skull and their blood supply including the extracranial carotid and vertebral arteries; disorders of the pituitary gland, disorders of the cranial, spinal nerves, peripheral nerves and disorders of the autonomic nervous system, disorders of the spinal cord, meninges and spine including those which may require treatment by spinal fusion or instrumentation.

Article 1: General rules on monitoring and accreditation

1.1 Manpower planning

Manpower planning should be developed, based on the demands and provision of safe neurosurgical care across the countries of the EU and associated member states. Planners will have to take into consideration demographic changes in any given population such as its growth and ageing, changing treatment modalities and actual workload, the possible effects of legislation on working hours and, in some centers, the involvement in education of medical professionals. Whilst many countries intend to increase the number of