

Minutes assembly Berlin

May 11

Present: 32 delegates, Goksun Ayvaz, Jorg Bojunga, Marek Bolanowski, Teri Brouwer, Marco Chianelli (for Enrico Papini), Claude Colas, Maeve Durkan, Ivete Dzivite, Reinhard Finke, Vaclav Hana, Michel Hochuli, Emmanuele Jannini, Zdravko Kamenov, Jana Kollerova (for Juraj Payer), Inta Leitane, Anton Luger, Mario Mascarenhas, Konstantinos Mavroudis, Saara Metso, Hans Perrild, Patrick Petrossians, Marija Pfeiffer, Catalina Poiana, Richard Quinton, Graham Roberts, Jan Skrha, Miklos Toth, Stylianos Tsagarakis, Jean-Louis Wemeau, Lina Zabuliene, Birute Zilaitiene, Ioana Zosin.

Absent with notice: Endre Nagy, Juraj Payer, Thomas Bednarczuk, Stelia Kadis, Enrico Papini, Nicos Skordis, Josanne Vallo.

- Welcome**, thanks to Reinhard Finke for organizing the meeting. Maeve Durkan (MD) explains about our board and section. There are many boards and sections over all specialities, divided into 3 groups. Group 1 medical specialities is where we are

Our goals are harmonization of training in every country, acceptance of medical doctors in other countries. We have an improved curriculum that can be used as a template, not yet enforceable.

Endocrinology section has an executive committee with MD as president, Teri Brouwer (TB) as secretary, Richard Quinton (RQ) treasurer. Affiliates are added to the excom for substantial contribution in important areas, Graham Roberts (GR) as head of the exam committee, Anton Luger (AL) past president for his expertise, Hans Perrild (HP) for EACMME/CME accrediting events after standards.
- Eligibility as **delegate** for UEMS: members of the board/section have to be appointed by their national specialist societies as member of the assembly and must be endorsed by their national medical society. Term of office varies per country from 3 years to indefinite and funding for attending the assembly is a problem in some countries (Slovenia).

The assembly votes with 1 abstention and all others in favour to recommend to our national societies an appointment time of minimally 4 years, with possibility of reelection, or longer to allow expertise and valuable contribution. This recommendation cannot be enforced.

Introduction of all present follows. Dr Chiavelli, Italy represents Dr. Papini. New delegate from Roumania Catalina Poiana. Jana Kollerova is here only 1 time, represents Juraj Payer. Michel Hochuli from Zurich is the new Swiss delegate. Dr Mavroudis is back as delegate from Greece.
- Collaboration with Board of Endocrine Surgery.** Prof. Oliver Ginn, Chair of European Board of Endocrine surgery, is a surgeon from Berlin, now working in Sweden is welcomed by MD. MD asks Prof Ginn to discuss possible alignment in curricula, their training time and structure, his view of the role of endocrine surgeon and endocrinologist, referral or collaborator? Endocrine surgery is also developing a curriculum and had some problems. Our ETR (European training requirement) for endocrinology was first rejected because it was too short, now it is approved. UEMS wanted harmonisation, and information on annex V and VI, and how to assess training. ETR is living document that can be updated. AL explains the procedure. European Society of Endocrinology (ESE) has made a curriculum/portfolio that represents the content of textbooks. We added duration of training, and training in attitude. Prof. Ginn tells that endocrine surgery already had an examination in 2003, without an ETR. It is an oral examination, preassessment of operating skills is done with a certificate by current trainer and president of national surgical association to confirm number of operations performed. Exam itself is about medical knowledge, scientific knowledge and interpretation

of research. It is a manpower consuming procedure, one day before the meeting of European endocrine surgery. Limited number of candidates, max 24. Failure rate is low, 1-3 candidates. Requirements for being an endocrine surgeon and pass exam: qualification as surgeon, 2 years dedicated endocrine training. In 2006 they added a neck endocrine surgery exam for ENT surgeons, approved by UEMS and American ENT.

Dr Mavroudis (KM) asks what is part of Endocrine surgery. Answer is everything but pituitary surgery. Prof. Ginn feels that the workup before surgery varies in countries between the endocrinologist and the endocrine surgeons.

Their ETR will be formalised next week. Prof Ginn says that their ETR draft can be circulated to endocrinology delegates, and comments can be sent. HP asks how finance is managed for examination. Cost is 1500,- for the candidate which covers 1 night and dinner for examiners. Rooms are provided by the meeting organisation. They make a positive balance.. AL asks about standard setting because it is an oral exam: there is an independent auditor who walks around, checks.

G.Ayvaz (GA) asks if endo surgery is a subdivision of general surgery which is the case, and if there is discussion of acceptance of subspecialists, Prof Ginn says discussion is more whether general surgeons still exist. S. Tsagarakis (ST) asks about the minimum number of operations that are required. These were determined 16 years ago but will be updated and elevated. A survey showed great differences across Europe. Delegates will decide after discussion and national boards will have to certify these numbers. VHana (VH) asks about tutors: they come from local hospitals. Mentorship is important. HP asks about testing of other aspects of being a doctor, Ginn replies they need better definitions for criteria for training centers, has to be in ETR, eg multidisciplinary discussions, complication rates. Patient happiness is difficult to measure. Prof Ginn leaves the meeting.

4. **Minutes Cyprus meeting:** successful meeting. Key points: ETR, which was approved in Brussels, discussion about inclusion of subsection, support for sexual medicine as subsection, now MJC. MD advocated for a guideline on transgender medicine at the clinical society of ESE, Emanuelle Jannini (EJ) is in that group. Close cooperation with CESMA was discussed. First European board exam was discussed, with GR as chair. EACMME. AL was outgoing president. Minutes are approved.
5. **Presidents report :** MD attended various meetings in Brussels, will be reflected in the agenda.
6. **Secretary's report :** problems with the website <http://www.uems-endocrinology.com>, hopefully it will work again shortly, website has information about exam, pictures, EEE reports. TB mentions the new and absent members. Mails with UEMS were sent to get Lina Zabulienė (LZ) and Nikos Skordis (NS) on MJCs. There is a new secretary at UEMS Brussels, Marianne Chagnon, she is the one to go to to get appointed to the board, coordination@uems.eu
7. **Treasurer's report:** We had 276.000, now we have 218.000 euro in balance. Income is for EACCME accreditation, UEMS takes a portion of that. Amounts to 10.000,- /year. National memberships give income of 25000,-. Exam will generate income additionally. UEMS central insists on the exam being cost neutral, old costs are approx 4000,- and 25000,- annually is projected. The enforced loan to UEMS central of 100.000,- was supposed to be returned to us with interest but at the UEMS Treasurers meeting it was said that the money will be returned if needed. AL will check mails regarding the promises about the return of the money.

Expenditures related to exam and CESMA are highlighted.

UEMS central wants an annual management fee from us, the option of a percentage of income, 5-7.5 %, was chosen at the meeting in Brussels. EACMME income is excluded (UEMS central already takes a share).

Section membership fee by National medical associations will be charged by UEMS, AL thinks that is illogical. NMA's have a day at UEMS, contribute to funds. Specialist societies pay contribution, but that is seen as separate income. Meeting costs are no longer covered by sponsoring by farma so 3000,- is needed annually.

The EEE award cannot come from the projected exam income. GA says that if we give EEE grants for 3 persons for 4 years then we will have no more money. We want to give the money to candidates, UEMS does not understand that we do that. EEE awardees were very good, they probably would get the money to cover their costs another way. We could consider it an award of recognition. The name Future European Endocrine Leader (FEEL) award is proposed. MD will discuss this at UEMS central. Other expenses are shown, costs MJC, excom, exam writing meetings, exam board, standard setting. Outstanding fees for countries will be checked by RQ who will confer with delegates about the correct addresses. MD clarifies that we need to make plans for spending money the next years and need a dedicated account for the exam and add upgrade the costs for the exam. AL wants to stress the fact that we do the work and UEMS gets the money, wants to seek support from other sections. Also RQ says his job as treasurer is being made more and more complicated, eg with expenses, takes a lot of bureaucratic effort while he is doing this for free. UEMS offers to help but that will cost money. Patrick Petrossians asks if all sections pay UEMS by income, that is the case. PP asks about UEMS status and our status, we are subdivision of UEMS, under Belgian tax law rules.

We decide to make a plan for spendings for the exam and question writing and discuss it at the excom. Next we vote:

Vote 1: ask UEMS carefully to get the loan back: all in favour except for 1 abstention.

Vote 2: suggestion by RQ that the levy fee should be deducted from the 100000,- as long as it has not been repaid, this to be mentioned in a separate letter to UEMS. All are in favour. The response by UEMS will be circulated among delegates. RQ gets mandate to refuse to pay. The money in our account was given for a special purpose, but UEMS considers the money belonging to the UEMS family says MD. HP says in defence of UEMS that UEMS wants to get rid of farma money and that we want a strong representation of 6000 endocrinologists in Brussels by UEMS.

8. **News from Brussels.** Discussion in Brussels: Reserved funds is allowed, with a clear focus such as exam. Time denominator of 5 years, with projected costs. MD asks assembly to make reserved fund for exam and CESMA, which is agreed. Second fund she proposes is projection for new activities/projects such as MJC's, CESMA, attendance in Brussels. She asks for suggestions from the assembly. Suggestion for projects that would be useful in our own countries can be emailed to her. Elearning is mentioned by PP. MD says that the cost projection is very high for elearning, UEMS and ESE have rejected doing that. Discussion about elearning follows.
9. **Elearning:** our section was very committed to it. MD acknowledges the huge amount of work performed by the group of the 3 Italian colleagues Enrico Papini, Vincenzo Toscano and Marco Capizzi. The costs now only are maintenance 5000,- before that approx. 80,000,- in total was spent. There is still some money in the account. Updating is a problem, costs much work and money. We decided last year to support one more year and to try and get support from ESE or others. Vote was taken at UEMS central: not pursuing elearning platforms because of costs. MD and AL spoke with ESE whose goal is education and asked them to share and

provide contributors and money. ESE thinks it is not cost effective and refused. They also have decided not to make their own platform.

Excom and affiliates think we can not continue. The costs are too high, for renewal and authors. AL says that is a very sophisticated tool, better than most platforms around. The option of charging money for taking a course through the platform is suggested but rejected. Marco Chianelli (MC) agrees with these points. He asks if the elearning platform is supporting a need in Europe? HP replies that there is a need for elearning, conferences will be reduced. He is on EACCME advisory board for elearning, UEMS allows unconditional sponsoring by farma. Diabetes is therefore easy to get funds for, other subjects not. Other platforms are around, also with problems of funding. Use of our platform? AL replies very few, 10 per year. MP asks how much we invested, and who is the owner? Perhaps we can sell it. AL and HP stress that when we started this was a good project to spend money on. Intellectual property rights might prevent us from selling. RQ suggests asking ECAS, presidents of national endocrine societies – that was already done.

MP is on the ESE board of education, they will record all sessions of conferences and teaching sessions. She asks the delegates who does electronical CME and uses points? Very few do. A vote is suggested by MD. Miklos Toth asks to postpone vote because many delegates do not have enough information to decide about the elearning. 21 delegates are for a vote now, 9 abstentions, 1 person is against voting. **The assembly then votes to stop support for the elearning** with 21 votes for stopping, 1 for continuing, 9 abstentions. MD will mail the Italians. AL says that they can come back with comments and suggestions, we keep the door open. **The assembly unanimously votes to thank them.** LZ asks what do we do with the lectures, we will ask the Italians. AL will see if we can sell them, copyright can be issue, needs check. There probably is still an amount of more than 10000,- in the account, if that is correct the assembly votes for asking that back with a majority for and 1 abstention. If we do a restart then it can be discussed again.

8. **ETR** European training requirement in endocrinology. Also encompasses diabetes, metabolism and andrology, is mentioned in the opening statement. The ETR cannot be imposed, so functions as recommendation. Duration is 2 years common trunk internal medicine, 4 yrs endocrinology which can include internal medicine and research., 6 yrs total. Inclusion of research was heavily debated in Brussels, it has a broad definition. We have included training in attitude. In Annex V of UEMS the length of training is listed. Goal is harmonisation across Europe. Helps to set footprint and broad exposure for trainees. Exam will match the curriculum document. Living document to be updated. Delegates are invited to add comments, updates, amendments. Subsections can contribute, a curriculum program in that subsection or MJC can be developed. Up for debate if it is mandatory or optional. Sexual medicine is emerging. Rare undiagnosed diseases, neuroendocrine tumours, eNETS has applied to UEMS, want to collaborate in developing a curriculum. This gives us a chance to actively contribute and participate in subsections and guidelines. Dr Chianelli suggests that we should take a broad view for subsections; endocrine oncology is broader than eNETS, includes hormonal treatment in oncology (mamma, prostate, checkpoint inhibitors; Sexual medicine includes transgender, andrology. Bone diseases, geriatric endocrinology, rare diseases hypophosphatasia. GA: we should take metabolism and gutmicrobiota into endo. ST says to take into account that some subsections will be in MJC's. EJ says that we should be careful about naming and politics; eg endocrine oncology can be claimed by oncology, we should name it onco-endocrinology. EJ says that some parts of subspecialties should be in the general endo training, eg testosterone treatment. MD asks him to define what is

minimum for the endocurriculum and what is for the subsection, in 2 tiers. ST is asked to give comments on onco-endocrinology in these 2 tiers. Zdravko Kamenov (ZK) promotes subsection of andrology, transgender, reproductive endo .

10. **Collaboration with ESE.** National medical societies have to ratify documents by sections on day 2 of the UEMS council meeting. UEMS want to expand and engage with European Specialist societies , they have a larger reach. Relationship with ESE has improved, with our representation at clinical meeting, ECAS, and a slot at the ECE congress. It may have appeared that we were competing. UEMS agenda is harmonization of curriculum, training, exam, accreditation. ESE agenda is promotion of education, platforms, conferences, publications. Is parallel. There is good cooperation over the exam. MD suggests to ask the ESE to co-chair the session at ECE. Reciproking a slot at UEMS assembly for ESE is suggested by her. MP thinks it is a good idea, and to ask the president of ESE or a member of the education committee. Jan Skhra (JS) says that EASD has no discussion about CME, they are more about research. And are active in elearning. Their door is open for collaboration. EASD was contacted when we were writing the curriculum but gave no feedback.
11. **Agenda slot at ECE:** presentation what UEMS role is, what ESE role is. Update on exam by GR, benchmarks. Award winner EEE grant will present (Dr Illie). Tuesday 21st May 11.30-12.30.
12. **EEE grants:** usually 2 large grants, someone within 5 years of completion of endo training Total sum 36.000. Quality of applicants was very high. Last year we could give 3 awards of 18000, 1 was not taken because of illness supervisor. This year 5 good candidates, 1 pediatric endo, but the charter is for adult endo. The jury decided to divide the money over 4 people, 9000,-each. The grant is paid out taxfree tot he candidate in 2 tranches, not monthly because it is not a salary. 50 % of the money is given at day 1 with a certificate by the supervisor that the person has started , 50% after 3 months and a progress report. Duration is flexible, 1-9 months with adaption of the amount to the time.
EEE goal is to support education in different countries. MD suggests to rename it as FEEL, future endocrine leader award. Gives sense of merit, supports UEMS vision. Might make it easier to be able to continue grants. Rolf Gaillards name should be included. MB suggests to add an age limit. MD thinks we do not need a contract. GR suggest to lower the amount, we need contingency funds for the exam. LZ asks if we should not restrict it to 1 award ? MD replies that the candidates are so good that they can get money from other sources, we want to encourage more candidates. **A vote was taken: : change grant title to the FEEL- Rolf Gaillard award: all in favour except 1 abstention. Also voted: amount for 9000,- instead of 18000 allowing discretion. We can reconsider if the applications go down. 5 abstentions, rest in favour.** Finances can lead to reduction, now 4, flexible, communication by mail.
13. **European fellowship. FEBE:** Fellow of the European board of endocrinology. This topic was debated at UEMS Brussels. Criteria are not clear. Some boards have an extensive exam. Some boards give fellowship after exam, others after training in an accredited program. People with large experience/ contribution can get fellowships as well. Group 1 wants to have a: definition of fellowship, role of exam. UEMS wants a role in granting of fellowships. There is a charge for giving out a fellowship. CESMA has to participate in the definition. We have to think what we want. GR says that exam does not assess training or clinical skill or competence, only knowledge on 1 day. We need to be strong on criteria. PP asks what a fellowship is. Meaning is variable but is a signal for excellence, gives cachet. AL and HP do not want to go back tot he huge task of acknowledging training centres. National authorities or scientific societies can do that . For a FEBE finishing endocrinology training is needed, passing the exam is not enough. Who would want a FEBE ? Good value is in the Middle East. Is being

on the specialist register in any country (eg Egypt) enough or do we want it to be a European country? GR says that UEMS has to make one standard for all sections. MD is on task force. UEMS will do the administration. Any comments or opinion can be mailed to TB or MD.

14. **CME/EACCME.** HP was on Advisory board for CME (continuing medical education). Collection of CME points shows that we do CME. EACCME is umbrella for accreditation. Many countries use these points. HP judges elearning. Now per 1 hour, perhaps going down to 20 minutes. EACCME is also valid in USA and Canada. 14 personal competences that you can get CME points for. Verified through shared reflection, based on trust. For instance reading an article then sharing a reflection. At website of EACCME these can be found. HP was at November meeting on CME: tendency to more bureaucratic administration, towards mandatory CPD which UEMS does not support, should not become an onerous administrative procedure. Trend to acknowledge continuous learning, has to be simple. Paper written by Hans on status of CME and training in various countries was sent and is circulated. Shows nuances in Europe. All delegates are asked to check the details. How to publish this? MP asks what is basic and what is common trunk internal medicine. HP has added clarification for some countries. 4 countries have no formal endo specialisation training. MP wants to have a statement that each country in Europe should have a formal specialisation in endo, would help for Slovenia. UEMS wants to have a standardised training program, in future will harmonise requirements, will take time. ETR can help modulate training programs. Differences in accreditation. Document is about current status and showing differences. We have to decide how to publish it.
15. **CESMA.** Is the Council of European Medical Speciality Assessment. Was important for starting the exam. Appraisal of exam and exam procedures. Support is helpful, gives skills set. 2 candidates can attend 2 day meeting on exam questions, our section will fund that. Beforehand candidate has to submit 3 questions. MD is vice chair. We are in a partnership with Royal College of Physicians. UEMS Brussels has mandated that exams with RCP have to be appraised, asked CESMA to write protocols. Question writing group: Question writing groups led by chair and vice chair, chair must be from the board; candidates can come from assembly or from their countries. Will give a greater bank of writers. Delegates can apply, send by mail to TB.
16. **Board exam.** GR is chair of exam group. He tells about the exam. June 2018 was the 1st exam, June 2019 2nd. The group consists of GR, RQ, MD, Darko Kastelan (DK), Josanna Vallo (JV), Vaclav Hana (VH), new are EJ and LZ. Collaboration between board, ESE, ABCD (UK diabetes organisation), RCP UK (or the federation). Gaillard has provided us with adequate financing. Anton, Maeve, Habs, Richard and AJ vd Lely participated. ESE Helen Gregson, Jens Bollerslev. The federation is a difficult collaboration, is provider. Question writers group now 30 people from us also from other organisations, 3 of us are allowed at a meeting. There is also a Standard setting group (RQ). Standardisation is that of entry to consultant grade in Europe. Exam was coming anyway, demand from lower income countries, non European countries. If we had not done it we would have been bypassed even though we are the European competent body. It is a multiple choice exam, English only, single European exam. The federation is used for question banks, organisation, legal issues. We use Pearssons for centres, all over Europe and Turkey. Costs 750,- to take. European exam is the same as the English. Standard setting was same for UK as Europe. UK knows who are candidates in training, that helps to define what level is needed and prevents skewing. UEMS has asked CESMA to look at this. 73 candidates took it, with mean score of 59.9%. 200 questions in exam. In the question bank you need 2000. Pass rate over countries in Europe was shown,

varies. GR feels that the passmark is correct. We broke even in year 1 because of collaboration, organisations unified against the difficulties with the federation. Having the ETR has helped, CESMA also. Negotiations for new contract are coming up. Question about who gets the money: partners split loss and profit. We hope to make profit with more candidates. UEMS will not allow a profit, we have to get the costs back. ZK: what is recommendation for study material, is on website. <https://www.ebeedm.eu/>. With examples of questions, link to ETR. Units can be converted. Candidates do not have to fulfill certain entrance criteria, you don't even have to be a MD. Needs to be defined.

ESE is funding half the fee for the candidates. Will do that as bursary in advance this year. If collaboration goes wrong we need enough question writers in the group and our own question bank, so delegates and specialists from countries are asked to come. We now have a wide European representation. Question writers meetings can be attended. Mail TB if interested.

17. **MJC's multidisciplinary joint committees.** We participate in several and are asked for participation. MJC andrology/SM Emmanuele Jannini and Birute Zilaitiene ; rare diseases Josanna Vassalo, adolescent medicine Lina Zabuliene, genetic disease Nikos Skordis. We want 1 delegate who can commit, with a backup delegate. Board will support 1 meeting. Others like excom members can represent us if needed. Anyone could be backup delegate. We can nominate someone from our national societies, but we can support 1 delegate only.. We were asked for the MJC immune mediated diseases : we have a lot of endocrine autoimmune diseases but we have to prioritize (AL and RQ). TB will ask more information, what is template, plan and then decide/vote. Dr Zosin is interested.

EJannini is president of MJCSM, mainly urologists, we have 2 members. Reproductive medicine is also affiliated. CME accredited examination is being developed with CESMA. There are certified MJCSM training centres, but none are from endocrinology, EJ asks for centres to apply, Bulgaria might. The MJCSM has made a petition on sexual medicine to the European Parliament, to have SM in the medical school curriculum, to define it as a part of medicine, and to get it as part of the curriculum of relevant specialties, with standards of qualification for teachers. He asks for official endorsement by our board, like the other boards in the MJCSM have done. We voted for, with 2 abstentions, rest was for. An official letter of support will be sent.

18 **NASCE** was not discussed

19. **Meeting frequency** : meeting of the assembly twice a year would take too much time and costs. We will try to meet 3 times as excom; to update. March, at ECE, at assembly.

20. **Next meeting in Lisbon May 9th 2020.** There is an ASE meeting May 6th , but May 2 is in holiday. May 16th is the meeting of calcified tissues. April 25 is UEMS council. Next meetings will be 2021 Vilnius and 2022 Budapest. Bulgaria has offered and perhaps Malta or UK

21. The meeting is closed by the president

Actions by delegates:

- if interested in question writing send email to president or secretary
- subsections in ETR: add comments, send to MD or TB. MD asks Emmanuele Jannini to define what is minimum for the endocurriculum and what is for the subsection, in 2 tiers. STsagarakis is asked to give comments on onco-endocrinology in these 2 tiers. Zdravko Kamenov (ZK) promotes subsection of andrology, transgender, reproductive endo .
- check article by Hans for training
- share ETR with national endocrine societies

Actions by chair:

- contact Italians about elearning

Actions by secretary:

- letter of support for the petition by sexual medicine

Actions by treasurer:

- ask back the loan to UEMS