

ESR Brainstorming Meeting

with National and Subspecialties & Allied Sciences Societies

Friday, June 29, 2012; 09:00 – 13:00

Hotel Des Indes, The Hague/NL

<i>PRESENT</i>			
ESR President		G.P. Krestin	
ESR 1st Vice-President		G. Frija	
ESR 2nd Vice-President		L. Bonomo	
ESR Past President		A. Palkó	
ESR Executive Council		J.I. Bilbao	
ESR Executive Council / ESCR		V. Sinitsyn	
ESR Executive Council		B. Hamm	
ESR Executive Council		N. Gourtsoyiannis	
ESR Executive Council / ESGAR		L. Martí-Bonmatí	
ESR Executive Council		B. Ertl-Wagner	
ESR Executive Council		Y. Menu	
ESR Executive Council		L. Donoso	
ESR Executive Council		J.A. Reekers	
ESR Executive Council		L.E. Derchi	
<i>National & Subspecialties and Allied Sciences Societies representatives</i>			
CIRSE	A. Belli	Georgia	G. Tsivtsivadze
EUSOBI	M. Wallis	Greece	K. Stringaris
ESHNR	J. Castelijns	Ireland	B. Kelly
ESPR	R.J. Nievalstein	Israel	J. Sosna
ESUR	G. Heinz Peer	Italy	R. Grassi
ESER	U. Linsenmaier	Latvia	K. Kupcs
ESMOFIR	N. Grenier	The Netherlands	R. Beets-Tan
ESMRMB	O. Speck	Portugal	P. Cordeiro
Austria	D. Tscholakoff	Russia	A. Zubarev
Belgium	R. Hermans	Serbia	M. Lučić
Bulgaria	V. Hadjidekov	Spain	C. Ayuso
Denmark	E.M. Pedersen	Sweden	P. Leander
Estonia	R. Raudsepp	Switzerland	C. Becker
Finland	R.B. Sequeiros	Turkey	M. Ertürk
France	L. Verzaux	United Kingdom	J. Barret
<i>Invited Speakers</i>			
EBR	É. Breatnach	Dutch Society of Radiology	J. Van Schaik

<i>ESR Office</i>	
P. Baierl	B. Ohr
M. Hierath	J. Reiter
J. Knež (minutes)	M. Szucsich
S. Muzik	

<i>APPOLOGISED</i>			
ESR Executive Council / Croatia	B. Brkljačić	Hungary	A. Doros
ESR Executive Council / ESNR	P.M. Parizel	Iceland	M. Garðarsdóttir

ESSR	K. Verstraete	Lithuania	J. Dementaviciene
ESTI	M. Remy-Jardin	Luxembourg	R. Demuth
ESOI	A. Graser	Malta	S. Zrinzo
Belarus	A. Poloiko	Norway	G. Hagen
Bosnia & Herzegovina	Z. Merhemić	Poland	M. Sasiadek
Czech Republic	M. Mechl	Slovakia	J. Bilický
Germany	M. Forsting	Slovenia	D. Kuhelj

<i>NOT PRESENT</i>			
Albania	A. Gjokutaj	Montenegro	D. Nenezić
Cyprus	C. Tziakouri Shiakalli	Romania	G. Iana
Republic of Macedonia	J. Cabukovska Radulovska	Ukraine	V. Medvedev

AGENDA:

09:00-09:15 Welcome and Activity Report (G.P. Krestin, ESR President)

09:15-09:30 International Day of Radiology (L.E. Derchi, Communication and External Affairs Committee Chairperson)

09:30-10:30 **Topic 1:** ESR strategy towards Nuclear Medicine

Introduction: J. van Schaik (Chair of the "Concilium Radiologicum" of the Dutch Society of Radiology)

Moderation: Y. Menu, L. Donoso

11:00-12:00 **Topic 2:** Subspecialty interest, subspecialisation and fellowships in radiology

Introduction: B. Ertl-Wagner (Education Committee Chairperson): Definition of terms

N. Grenier (on behalf of J.-P. Pruvo, SFR): Relationship between organ-oriented subspecialties and oncologic and emergency imaging in France

Moderation: J.A. Reekers, J.I. Bilbao

12:00-13:00 **Topic 3:** EDiR and CME accreditation: Future strategies

Introduction: A. Palkó (ESR Past President)

Moderation: É. Breatnach, L. Martí-Bonmatí

WELCOME AND ACTIVITY REPORT (G.P. Krestin, ESR President)

G.P. Krestin welcomed the ESR Institutional Members to the first Brainstorming meeting. The ESR would like to strengthen the dialogue with the leadership of Institutional Members as it is very important that they participate in ESR's strategies and activities. G.P. Krestin gave a short presentation on the activities since the ECR 2012: New Committees and Subcommittees have been installed, their members appointed and terms of reference developed. G.P. Krestin explained that the ESR Leadership Institute has been set up as an informal body of ESR members who are interested in getting actively involved in ESR activities. He mentioned the ESR membership (57,067 members) and welcomed the new Subspecialty and Allied Sciences Societies (ESER, ESOT, ESMOFIR, and ESMRMB), and the new Institutional Member Society, Israel. Other topics briefly presented were EU Affairs, EIBIR, Communications and Media, ESR Social Media, the European Diploma in Radiology (EDiR), as well as ECR 2013 and 2014. Ongoing issues are for example, the collaboration with UEMS, ESTRO, EANM, the update of the European Training Charter and the planning of GSRQS on quality and safety together with ACR in Washington.

ESR to strengthen the dialogue with the Institutional Members

INTERNATIONAL DAY OF RADIOLOGY (L.E. Derchi, Communication and External Affairs Committee Chairperson)

L.E. Derchi presented the International Day of Radiology (IDoR) which will take place on November 8 with oncologic imaging as the main topic. The mission of the IDoR is to build greater awareness of the value that radiology research, diagnosis and treatment contribute to safe patient care, and to build understanding of the vital role radiologists perform in the healthcare continuum. Many international and European organisations support the IDoR. The concept of the IDoR, evolving around the number five, is based on the first ever x-ray image which shows a hand. The ESR will provide a basic package to all participating societies, which should distribute it to the local media and can translate the PR material into their language.

ESR to provide basic IDoR package to all participating societies

TOPIC 1: ESR STRATEGY TOWARDS NUCLEAR MEDICINE

Introduction: J. van Schaik (Chair of the "Concilium Radiologicum" of the Dutch Society of Radiology)

J. van Schaik presented the future of residency training in radiology and nuclear medicine in the Netherlands. The general aim has been to unify radiology and nuclear medicine in one specialty. In 2010 there was a major curriculum reform of all medical societies in the Netherlands which implemented a change to the common trunk and subspecialty training within residency. The new nuclear medicine residency requirement was to have a year of radiology training after the third year, which was approved by the Dutch Accreditation Council on Graduate Medical Education, whereas the radiological society was not consulted throughout the process and clearly disagreed. Therefore, the Dutch Accreditation Council wanted the Boards of both societies to develop a programme for one-year radiology training within NM residency and to develop a vision on long term collaboration between radiology and nuclear medicine. The conclusion was to have one imaging specialist for each organ system with knowledge of all contributing imaging modalities. The duration of training should be five years as there is a huge overlap in expertise between radiologists and NM physicians. A new residency programme structure was proposed with a common trunk of two years and three years of NM differentiation with 50% dedicated to NM and 50% to general radiology, while the radiology differentiation path would follow the 3 + 2 model. The new name of the merged specialty must be clear to the medical community and general public; therefore, the best option would be Radiology. The radiological society has no major objections, whereas the NM society leads considerable discussions. One-year radiology training for NM residents would have to start in the near future in order to avoid major problems for them.

The discussion with the National and Subspecialty and Allied Sciences Societies was mainly about the length of the common trunk of residency when joining the two specialties. In Germany, for example, the duration of the combined training would last for

six or seven years and not five years. Sweden agrees with the Dutch proposal as they do not have separate NM departments. It was mainly agreed not to make too much compromise on the radiology training programme, but to find a solution to include NM, which would also be in the radiologists' interest. There was consensus that 5 years of radiology training are necessary. For NM after the 3 years of radiology common trunk three years of NM could follow. L. Donoso spoke of three driving forces: interest in NM among young radiologist, the interest of both the ESR and the EANM and the interest from authorities to merge the two systems. The latter is a political driver in many countries which the ESR can influence. G. Frija underlined the importance of setting up a global plan. Once there is one specialty, one single congress and one journal will be needed. NM could therefore be attracted to the ECR together with the relevant industry exhibitors. It was agreed that the ultimate goal is to have one specialty in the next 10-15 years. The ESR will communicate this in its meeting with the EANM on July 4.

Goal: merge radiology and NM; NM training to follow the 5 yrs radiology training

ESR to meet with EANM on July 4 ✓

TOPIC 2: SUBSPECIALTY INTEREST, SUBSPECIALISATION AND FELLOWSHIPS IN RADIOLOGY

Introduction 1: B. Ertl-Wagner (Education Committee Chairperson): Definition of terms

B.Ertl-Wagner explained the different terms used in this context. A precise and generally understood terminology for the various training periods would be necessary. The revised European Training Charter for Clinical Radiology continues to outline a five-year (three + two) training period. The first three years are basic training and the last two years are subspecialty interest training, which can also be general radiology. Only after the five-year radiology training, there is the possibility of subspecialty training or fellowship as called in the USA. A survey among the National Societies is currently being prepared to gain more insight into the different training concepts across Europe. The possibility could be considered for very good candidates to perform the first year of subspecialisation during the subspecialty interest training (last two years of the five year training). The additional years of subspecialisation after the 5 year curriculum are usually not state-financed.

Introduction 2: N. Grenier: Relationship between organ- oriented subspecialties and oncologic and emergency imaging in France

On behalf of J.P. Pruvo, secretary general of the Société Française de Radiologie (SFR), N. Grenier presented the relationship between organ-oriented subspecialties and oncologic and emergency imaging in France. The organ-oriented subspecialties, founded independently by the SFR, have various tasks, such as interacting with other societies or organizing workshops. There are no disease oriented subspecialty societies. Working groups are founded and created by the SFR according to needs and regulations, such as for management, radiological report, or teleradiology. Additionally, Federations have been created for cross-subspecialty topics like the cancer imaging federation for recommending promotions for the national cancer plan or the emergency imaging federation for providing guidelines in emergency radiology at a national level. The advantages of the federations are that there is radiological input in national projects and that they do not overlap with the subspecialty societies, whereas the disadvantages are the poor interaction with the subspecialties.

J.A. Reekers presented the results of a small survey which the ESR had conducted among the Subspecialties and Allied Sciences Societies. It revealed some concern related to the foundation of new societies with overlapping fields of competence and ESR's support of non-organ based or modality based societies. The subspecialty training (fellowship) after board certification is supported by most of the subspecialty societies, except CIRSE. Most subspecialties have no curriculum for the subspecialty training (fellowship), whereas the majority is working on them; therefore, the ESR should provide a structure. Regarding the subspecialty diplomas, it was stated that the endorsement criteria have to be discussed with the subspecialty societies, and that the role of the subspecialty societies within the ESR remains unclear.

ESR to provide structure for the subspecialty training curriculum for the Subspecialties

Subspecialty diploma endorsement criteria to be discussed with the subspecialty societies

The discussion was mainly about reaching an agreement on a precise terminology for the three training periods and the duration of training regarding the common trunk and subspecialisation. There was consensus that five years of training are absolutely mandatory to become a radiologist and that subspecialty training or fellowship has to go beyond the five years training. In the context of the 5-year training the term 'radiology' instead of 'general radiology' should be used. The common 3-year trunk should be competence based, and the two years could be filled in flexibly. Some stated that the common trunk of three + two leads to confusion, whilst others were of the opinion that the three + two structure is the best solution as special interest can be already started in the fourth or fifth year. A. Belli (CIRSE) was of the opinion that two years of subspecialisation were needed, which should come after three years of general radiology. She was not against a sixth year, but said that this is not always funded, such as e.g. in the UK. Only one year out of five is not enough to subspecialise, but adding two years of subspecialisation to the five years would discourage trainees from subspecialisation, among other things because of lack of funding. The majority of the attendees favoured a 5 + x structure (5 years radiology training plus an undefined duration of subspecialty training).

Duration of training to be defined e.g. as 5 + x years

TOPIC 3: EDIR AND CME ACCREDITATION: FUTURE STRATEGIES

Introduction: A. Palkó (ESR Past President)

A. Palkó briefly presented the European Board of Radiology (EBR) which was established by the ESR in Barcelona at the end of 2011. The EBR is responsible for activities that should not be performed by the ESR anymore, such as certification, training accreditation and CME accreditation, and to organise the European Diploma in Radiology (EDiR) examination. Four examinations took place so far. The first oral exam in a local language was held at the SERAM congress 2012 in Granada. Poland is analyzing the possibility to accept the EDiR as an equivalent of their national board certification. Aims for the future are, among others, the provision of preparatory courses by the ESR, separation of (online) written from the oral exam, and legal acceptance in more countries. With regard to the accreditation of CME (Continuing Medical Education), most countries have mandatory credit-based CME systems. The UEMS/EACCME accreditation is not satisfactory for several countries. The EBR's CME accreditation would liaise with existing accrediting bodies. Further, the EBR is planning to develop accreditation of national training programmes and subspecialty diploma programmes.

ESR to provide preparation support for EDiR in the future

To separate written from oral exam

The EBR CME accreditation to liaise with existing accrediting bodies

As a result of the discussion, it was agreed that cooperation and input from National Societies is of fundamental importance for the success of the EDiR. The societies were encouraged to provide facilities for online exams and road shows. Turkey is interested in organising a road show. National acceptance of EDiR following Poland's example might be interesting especially for smaller countries or those who do not have a board exam. It was mentioned that this might be problematic as other specialties do not have any board exams. For Germany, this would be a great solution as there are differences between the various federal states. Overall, rather few of the attendees considered a European board exam in 5-10 years likely. With regard to the CME accreditation, many countries, such as Ireland, Serbia, UK or Italy do not accept UEMS accreditation and therefore, a solution is needed. Most of the attendees saw a role for training accreditation in their country.

Societies to provide facilities for the online exam and to develop road shows

Date of next meeting:

The next brainstorming meeting will take place on June 21, 2013. In addition, the society representatives will meet during the ESR Annual Leadership Meeting in Amsterdam on December 7, 2012.

Next Brainstorming mtg to take place on June 21, 2013

ALM- December 7, 2012 in Amsterdam

+++