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NEUROSURGERY TRAINING

CME for neurosurgeons in the Netherlands: the "quality" conferences

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Abstract In 1993 the Netherlands Society for Neurosurgery started a yearly event, a "Quality Conference", specifically devoted to continuous medical education (CME). These conferences differ from "normal" scientific meetings, in the choice for specific topics, in the preparation with inquiries among all the Dutch neurosurgical centres, and in the way the results of these inquiries are discussed, preceded by lectures concerning the chosen topic by guest faculty and Dutch neurosurgeons. Each year's principal guest delivers the "Beks Lecture", named after the former professor in Neurosurgery in Groningen, Jan Beks. On several occasions, the foreign guests suggested to present this format for a larger neurosurgical forum. Therefore, it was decided to describe the various aspects of this format for CME in the Netherlands in a paper for Acta Neurochirugica. Examples of topics are given, a summary of two recent inquiries are presented and discussed, and the way of organizing such a conference including finance and the obligatory character are described.

Dr. K. W. Albrecht has died.

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Introduction

The Netherlands Society for Neurosurgery (Nederlandse Vereniging van Neurochirurgen, recently renamed into Nederlandse Vereniging voor Neurochirurgie, NVVN) was founded in 1953. As holds true for most medical specialists' societies, the goal and purpose of the society was to establish a platform for exchange between the members, to coordinate representation between the society and the government, and to organize scientific meetings.

These meetings started once a year, but when the society and the number of its members grew, the meetings were held twice a year from the 1970s onwards. During these meetings neurosurgeons, residents and sometimes invited speakers, present results of clinical and basic scientific work done in the different neurosurgical centres.

In 1992 a committee on quality was formed, since it was felt that the existing format of scientific meetings was not enough to advance quality and quality control in the neurosurgical field. Soon after its foundation, the "Committee on Quality" designed a new kind of meeting, devoted to quality aspects of neurosurgical practise in the Netherlands. Since 1993, this so-called Quality Conference, lasting one whole day, has taken place on a yearly basis. The format, content, and some detailed examples might be of interest for the whole neurosurgical community. It establishes, besides many others of course, one way of fulfilling demands for

continuous medical education. The meetings, recognised for accreditation, are well attended and much appreciated by the members. Trainees, in their last year of education, are allowed to attend as well, although the format is shaped for CME for the certified neurosurgeons.

The quality conference format

The concept for this type of conference was based on the idea that state-of-the-art messages (in the form of invited lectures) should be combined with data exchange on what is (was) common practice in the different neurosurgical centres in the Netherlands. The ultimate goal should (or might) be consensus on certain topics, resulting in rules or directives, adding to or improving some of the already existing guidelines.

In order to approach this goal, main topics were chosen from daily neurosurgical activities, in order to involve "all" Dutch neurosurgeons.

Since the NVVN (the Dutch society, see introduction) had just instituted a special yearly lecture on the occasion of the retirement of Prof Dr Jan Beks, named the "Beks lecture", it was thought appropriate to start each conference with this invited lecture. Therefore, since the first "Beks lecture" by Prof Beks himself, each year a well-known speaker (mostly from abroad) is chosen according to the topic of that year's conference.

So, the conference starts with this "Beks lecture".

Next, the conference is continued by a series of lectures, covering all the different aspects of the topic of that year.

The third part of the quality conference has become the interactive part: participants from all Dutch neurosurgical centres (13) are encouraged to bring forward their views and experience in daily practice as far as the topic of that specific year is concerned.. In order to optimise that exchange, it was thought necessary to have realistic data on that common practice, not only opinions of the day! A real scientifically well-designed data collection was considered beyond reach, but the results of a straightforward inquiry, started a few months before the conference, appeared to become a valuable tool, and has become the mainframe for the "afternoon part" of the conference. These inquiries have been developed over the years and consist of questions on numbers (how many aneurysms, metastases, cervical disc herniations etc seen and/or treated) for a certain period of time (e.g. 2006 and 2007 in a prospective way: 3–6 months following the starting date of the inquiry, with enough time interval till the conference); questions on the different treatment modalities applied; questions on personal or institutional views on certain aspects; and, depending on the topic, multiple choice questions regarding a series of cases, given by text and images.

The results are presented and thoroughly discussed. The atmosphere during this part of the meeting is positive and free: only neurosurgeons in the room, resulting in a mixture of scientific and personal views, sometimes very serious, sometimes hilarious!

Organization and finance

Since it was felt by the NVVN that this kind of CME was absolutely necessary for the whole Dutch neurosurgical community, it was agreed that the costs for these conferences were made a part of the membership fee, assuming that each neurosurgeon could take part at least once every 2 years. Sponsorship by companies is also part of the financing for the conference. For many years, the Netherlands Society for Neurosurgery has streamlined sponsorship for all their activities in a fund in which all possible industrial partners donate. The result is a non-direct relation between a specific sponsor and a specific topic. In this way, sponsoring is always multiple and therefore more independent. So this format ensures the lack of direct influence by a company, which makes such sponsoring, at least in the Dutch view, very acceptable, also for CME activities.

In order to combine various activities within the society in an efficient way, the day before the conference is devoted to meetings between the various committees of the NVVN with the Board, and culminates in the general assembly of the society. Drinks, followed by a dinner, help to enliven the contacts between the Dutch neurosurgeons. The venue (conference hotel)is chosen such that there are enough rooms for all to stay overnight, which allows the programme of the Quality Conference to start early next morning.

Comparison with other CME activities

The difference of this format with other CME activities, in the Netherlands, or other European countries, lies in

1. the nation wide, topic related, inquiries on what is really common practise at the moment in our country;
2. the possibility for free discussions, with "doors closed", and the challenge to reach some conclusions on what we might do better from there on, and more uniformly;
3. the comparison of the "Dutch common practise" with the state of the art as presented by the international guest speakers.
4. the obligatory character resulting in almost all neurosurgeons attending at least once in 2 years.

The CME activities by the EANS, significantly grown over the last few years, offer state of the art lectures on various topics in a short time frame. The "reflective"

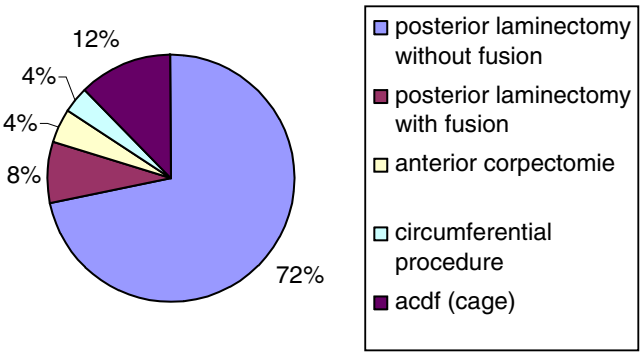

Fig. 1 Cervival spondylotic myelopathy (125)

character, comparing the centre or country wise practise with the presentations, is less obvious in such a format.

The same holds true for the yearly scientific meetings by the different national neurosurgical societies, or by the topic related "sections", national or even European. In France, the SNCLF organizes yearly meetings with topic related "round tables" (Tables rondes). A scientific report is made on one topic by a small group of experts, presented and printed in advance (in the journal "Neurochirurgie"). Many times, such a report is preceded by nation wide inquiries, which resembles in a way our inquiries. The detailed discussions on the individual and centre related activities are less obvious, though, and the conference, like the other meetings mentioned before, has a non-obligatory character. In the UK CME activities exist but not on a nation wide and/or uniform scale as presented for this Dutch format. The same holds true for CME activities in Germany.

Topics and Beks lecture

As stated in the introduction, topics for the conferences were chosen according to the common "daily life" in neurosurgery, so involving as many neurosurgeons as possible. In the Netherlands neurosurgery is concentrated in Centres, 8 University centres, and 5 non-academic centres; there are connections with hospitals "around" the centres for relative simple procedures (herniated discs), for some procedures there is centralization: plexus surgery in only 3 centres, epilepsy in 3, neuromodulation in 5. Nevertheless, also these topics have been scheduled over the years, and after some 10 years earlier topics came back again, a new "cycle" started. The topics and the invited "Master in the field" presenting the Beks lecture are given here in chronological order:

1994 cerebral metastases (Beks)
1995 cervical disc herniation (Weidner)
1996 hydrocephalus (Choux)
1997 spinal metastasis (Crockard)
1998 low back pain and sciatica (Long)
1999 aneurysm surgery (Sengupta)
2000 low grade astrocytoma (Laws)
2001 instrumented lumbar surgery (Schönmayer)
2002 pain and neuromodulation (Polky)
2003 neuronavigation (Bucholz)
2004 subarachnoid hemorrhage (Heros)
2005 metastatic disease (Patchel)
2006 meningeoma (Sindou)
2007 degenerative cervical pathology (Benzel)
2008 intra-operative neuromonitoring (Deletis)

Inquiries

The inquiries concomitant with the topics have been performed in different ways, resulting in a kind of final format over the last few years. The data collected were

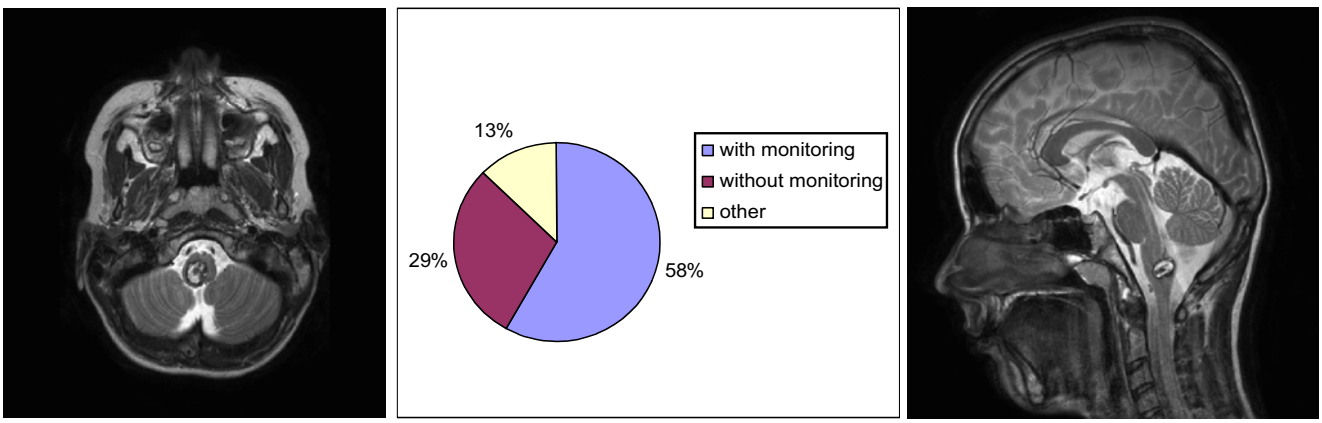

Fig. 2 Intra-operative neuromonitoring

analysed by the same person (KWA succeeded by RWK) and presented and commented in the afternoon sessions. Two examples will be presented:

1. The 2007 topic inquiry consisted of a 6 months prospective data collection and analysis of all cervical procedures performed in relation to degenerative cervical pathology. From each patient treated, a file was composed including patient- and radiological characteristics, choice of treatment, outcome and complications; 371 files were collected, all 13 centres participated. Analysis showed for example that posterior laminectomy (at least two levels) is performed in almost 75% of cases with cervical spondylotic myelopathy in the Netherlands (Fig. 1). Although small differences between the centres do exist, this reflects a different (Dutch) attitude towards cervical spondylotic myelopathy compared to the anterior corpectomy performed in many (German, North American) centres for the same pathology.

After the thorough discussions, it was agreed that in general no new attitude towards this pathology was necessary. A more systematic analysis of existing kyphosis or threat of kyphosis was found necessary, as a aken home message. And a good exchange of expertise took place between the attending neurosurgeons considering the possibilities for instrumentation, for those cases where this was considered necessary. The development of new guidelines was not felt necessary, for the moment.

2. The 2008 inquiry about intra-operative neuromonitoring (IONM) was a mixture of open questions (for example; 'please give your definition of IONM' or 'what are your indications for IONM') and multiple choice followed by 13 case presentations asking the responder if he or she would use IONM in that particular case (Fig. 2). Not every centre in the Netherlands is doing IONM yet.

A discussion, also incorporating the knowledge and data presented by the guest faculty earlier that day, led to the conclusion that the neurosurgical centres had to work harder on the establishing of IONM in their respective centres, especially in those with only limited or no IONM so far. The acknowledgement of IONM as a state of the art adjunct for cerain pathologies was the main result of the conference. Since then, colleagues lacking IONM up to now have started to send patients to centres with IONM, in very good and friendly cooperation.

The Committee of Quality is also involved in the development of *quality assessments* on certain topics. The first four being the treatment of glioma, pituitary tumours, hydrocephalus in children under the age of 2 years and subarachnoid hemorrhage. From 2009 on, evaluation of these quality assessments will be incorporated in the CME Quality Conference program.

Future directions

So far, the format and the content of these meetings has met the expectations set more than 10 years ago. However, new challenges are coming, concerning the landscape of quality: society, government and insurance companies oblige the medical specialties and specialists to provide more and more solid data on "performance". Assessment of performance is difficult and might lead, in the worst scenario, to defensive medical practice. There is a big difference between the view on quality by regulatory authorities and insurance companies on one hand, and the medical professionals on the other. But the professionals themselves should take the responsibility to handle such matters adequately, with assessment of complications by honest registration, and measurement of outcome, using well defined parameters. Benchmarking of outcome is the more difficult when baseline covariates are not fully taken into account, factors mostly overlooked by the other parties. The only way to tackle these questions adequately is to keep the lead in all matters of quality. Conferences like these described here may form a basis for such benchmarking, on quality in general, on treatment paradigms, guidelines, and outcome parameters.That should lead to more transparency and undisputable quality improvement in health care.

Conclusions

What we have reached by the quality conferences described, is hopefully a good start. The next step is undisputedly the production of data on complications, and discussion of these among us professionals in the same safe and unrestricted atmosphere as we have created so far. Building on these experiences, it should be possible to continue with a system, agreed on and adopted by all Dutch neurosurgeons, providing outcome data and parameters: the establishment of a real bench mark in order to improve in an objective manner the quality of neurosurgery.

Acknowledgement One of the original authors, KWA, has been very instrumental over the years for the design and development of the yearly inquiries. To our immense grief he died before we could finish this manuscript. It is with great respect for what he has done for the Dutch society and especially for these quality conferences that we keep his authorship for this report.

Comment

This manuscript describes the initiative of the Dutch Neurosurgical Society to organise a yearly 'quality' conference, on a specific topic in the context of CME and improvement of standards. Evaluation and improvement of our standards of care is key to maintaining and improving a quality of 'the neurosurgical product'. The format chosen combines a general evaluation of current practice with an in-depth discussion of approaches, results and complications in 'closed format' critical interactive sessions. The format chosen has proven highly successful in stimulating an open, free and critical exchange within a friendly atmosphere and can boost a very high level of attendance, the latter not in the least part due to the clever policy of including the participation fee within the membership fee of the society. The initiative presented here has unique aspects and the Dutch Neurosurgical Society is to be congratulated upon this original, stimulating and successful format.

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