



### **3st GENERAL ASSEMBLY, 19th March 1995, Noordwijkerhout**

Present:

K Welzl-Müller (VR) Austria T Kapteyn (NVR) Netherlands  
K Daemer (NVR) Belgium E Laukli (VR) Norway  
P Govaerts (VR) Belgium A Pruszewicz (NVR) Poland  
J Prihodova (VR) Czech Republic (SPC) W Sulkowski (VR) Poland  
J Syka (NVR) Czech Republic O Dias (VR) Portugal  
A Parving (VR) Denmark G Tavartkiladze (VR) Russia  
H Kristensen (NVR) Denmark A Pascu (VR) Romania  
G Jenson (NVR) Denmark T Spillman (VR) Switzerland  
M Sorri (VR) Finland D Marincic (NVR) Switzerland  
R Dauman (VR) France S Arlinger (VR) Sweden  
G Gavalas (VR) Greece M Cardenas (VR) Spain  
J Kiessling (NVR) Germany J Hazell (VR) UK  
G Tietze (NVR) Germany M Lutman (NVR) United Kingdom  
T Lenarz (VR) Germany V Cleaver (NVR) United Kingdom  
M Bergman (VR) Israel  
L Tell (NVR) Israel  
A Joseph (NVR) Israel  
T Hertzand (NVR) Israel  
T Pitt (NVR) Ireland  
J Verschuure (VR) Netherlands

Apologies for absence:

J Pytel Hungary  
E Sindrason Iceland  
E Crafoord Sweden  
I Uloziene Lithuania  
G Grisanti Italy

1. Meeting Opened

The meeting was opened with a welcome to delegates from Stig Arlinger.

2. Apologies received.

3. Report from Chairman (Arlinger)

There was a short report on Council activities since the last General Assembly at Halifax in July 1994. The main areas of work involved data gathering, and analysis of the three working groups and the setting up of a European School of Audiology under the TEMPUS programme.

#### 4. Report from Hon. Secretary (Hazell):

Hazell reported that there was still a deficit in running the secretariat, even though only basic expenses were being charged. However the financial position had improved following the contributions from 12 countries. Voting members were urged to ask their National Societies to support the expenses of the secretariat, or where this was not possible to look for alternative sponsorship. A statement of income and expenditure is appended to these minutes. Invoices for the year 1995/96 were distributed to members of the assembly.

#### 5. Report from conference organisers:

##### 5.1

Prihodova gave a short presentation showing us pictures of Prague and two alternative venues for the conference (the Palace of Culture, in combination with expensive downtown hotels) or the Pyramida Hotel a rather less expensive venue used for trades union congresses, where the conference can take place and the participants can be lodged. Discussion followed about the appropriateness of each venue. Concerns were voiced that the Pyramida might not be big enough (Dauman), if there were many local residents (Dauman). If there were adequate facilities for the exhibition (Parving), and that the second half of June was preferred (Pruszewicz). Prihodova asked what happens if there were too many local attendees and it was suggested that a quota system might be imposed. A vote was taken, 19 in favour of the Pyramida and none in favour of the Palace of Culture. The dates were decided as June 15th - 19th 1997. Prihodova said it would not be clear yet who was to be President of the meeting, but this depends on the Council of ENT, but we will know in April. It was decided that the Council of EFAS will formulate guidelines with respect to future conferences, and these would help the local organising committee in Prague.

##### 5.2 Fourth ECA (1999)

Proposal for the Fourth European Conference in 1999 had been received from Govaerts and Sorri.

5.2.1 Govaerts said Belgium will soon have a National Society, and already was practising multi-disciplinary audiology. The society would like to hold the conference at the University of Antwerp where a congress hall could hold 600 people. He showed some attractive slides of Antwerp to illustrate the venue.

5.2.2 Sorri presented Oulu 600 Km from Helsinki and 200 km from the Arctic circle as a venue for 1999. He indicated the accessibility by flights from Helsinki and the presence of conference halls which would hold 700 and 250 together with other smaller rooms. An alternative venue was the University main campus. He suggested a winter date when we could enjoy snow, and continuous darkness, or a summer date which he indicated would be easier to organise. The Finnish audiological society which is 12 years old would support the conference. It has 400 members. Questions about prices (Pitt) revealed that it would be expensive to get there, but the overall cost might be similar to other conferences as the local facilities were relatively inexpensive.

5.2.3 A secret ballot was organised and the results were Finland 14 votes, Belgium 6 votes. The dates will be around the 16th June 1999.

#### 6. EFAS TEMPUS PROJECT (Arlinger - Sweden and Prihodova - Czech Republic)

Arlinger explained the mechanism behind the application to the TEMPUS programme to set up a European School of Audiology. Five separate projects had been applied for by the following eligible countries Czech Republic (Prihodova), Hungary (Pytel), Poland (Sulkowski), Romania (Pascu), Slovak Republic (Profant). There would be 7 partners providing the training, and students would travel to each centre for a week on each of 7 months. The partners are Denmark (Parving) Finland (Jauhianen), France (Dauman), Germany (Laszig), Netherlands (Zanten, Verschuure),

Sweden (Arlinger), and United Kingdom (Hazell). The first stage to begin in November/December 1995 involves candidates (who will be selected on their aptitude and command of English), attending the travelling course and then returning in stage II the following year to teach audiology assistants from their own country the knowledge they have learned. The second stage will be undertaken in the local language. Stage I will provide training material for stage II. The applications for the TEMPUS programme are now with the central office in Turino where the primary selection takes place. The secondary selection depends on the local TEMPUS office in each country. Selection has to be successful in both the central office and the local office for the award to be made. Anything between zero (unlikely), and 5 (equally unlikely) awards will be made. It should be possible to run the course if only one eligible country is successful, but 2 or 3 successes would be optimal. We will not know until September 1995 what the funding level will be, and the partners providing training will have to start organising their courses in advance of this knowledge.

Prihodova (Czech Republic) said that one problem with the project was that in Prague the applicant was a post graduate school of medicine belonging to the Health Authorities, and not part of the University. Although they had received money from another TEMPUS programme this might cause difficulties with this application.

## 7. Election of Officers and Nominations Committee

Members of the Nominations Committee:

Bergman Israel

Welzl-Müller Austria

Pascu Romania

Bergman reported that as the Nominations Committee had only been established in Hannover, it had not had the opportunity to make new appointments. The bylaws made in Hannover were very specific, particularly article 5 and 10. At the present moment there was the possibility of voting for a Vice Chairman, and Member at Large, but he proposed that the present incumbents should stay in their positions until the assembly meeting in 1997. This would allow the Nominations Committee to accept nominations from members of the General Assembly who could in turn apply for guidance from their National Societies. A suggestions list was circulated by Welzl-Müller (Austria) with a request for it be returned within the next 6 months. Suggestions could be received up to three months before the 1997 assembly. This proposal was accepted by the assembly.

Discussion followed in which Pruszewicz (Poland) said that continuity was important when you start a new society or federation. National Societies would want to have a view (Lutman). The nominations committee should work out a practical check-list. The present nominations committee was asked to continue in post (Parving proposed, Cardenas seconded).

## 8. Report from Wissenraet (Verschuure):

Reanalysis of data from the working groups was only briefly mentioned, as the full presentation was scheduled for the conference plenary session on the following day. In general Southern European countries had very limited training in audiology. Support was mostly provided by untrained nurses (except in Israel). Western Europe had a more technical approach where the audiologist has a technical background and more formal training. Problem with the data involved the lack of an inventory of training, and the confusion of terminology. Nevertheless, Wissenraet were pleased with the data collection which shows that at least we are able to collect it, and we can work closely together

The following points from the data were presented:

There were difficulties in comparing data because the names given to personnel differ considerably. Based on information on training and responsibility (audiometry, rehabilitation) terminology was used that may differ from the terminology used in another country (e.g. Audiometrician and audiology assistant). The analysis was based on assumptions with regard to the personnel.

Services were available in all countries, but it seemed that quality can differ considerably. A general picture seems to emerge. We describe the differences with regard to the training of audiologists, but the structure is strongly linked to ideas about what 'audiology' means.

1. In southern Europe audiology is considered part of Otolaryngology; audiologists do not exist. For the most part there are no formal training programmes or supporting personnel, apart from those who do not receive formal training. Our colleagues from these countries have been largely self educated because of their personal interest. The quality of the services can be poor (e.g. screening by tuning fork only).

2. In northern Europe audiologists are medical people often with extensive but informal training in Audiology. A close link between ENT and Audiology is stressed but Audiology is seen as a somewhat separate entity. Also support personnel have extensive in service training but limited formal training.

3. In western Europe audiologists are often trained after an M.Sc. or Ph.D in science. Audiology is seen as a multidisciplinary activity with a strong connection with technology. The training of support personnel seems to be more formalized than in northern Europe. The models 2 and 3 can be seen as two variations of a similar theme.

4. Audiology is seen as an independent science that should be trained at University level. This model applies to Israel and resembles the American model.

The survey showed that we need much more detailed information on the contents of the formal or in-service training programmes of audiologists, audiology assistants, audiometricians and technicians. A working group should look into the training programmes and preferably set standards. An unanswered question is whether EFAS should be involved in certification after the inventory takes place.

The work of speech and language therapists seems to be rather clear, their training programme less so. Again this should be looked into.

There are great differences between the training programmes of ENT doctors with regard to audiology. The programmes should be analyzed and certification should be considered. Do we play a role in this?

These questions are to be raised in the Round Table (plenary session at the main conference) and should be discussed further.

Discussion followed. The first requirement was for information to be accurate and that the

National Society must be consulted (Lutman). Data interpretation had been very complicated, (Verschuure) and the main problem seems to have been created by interpretation. Opinions were expressed by certification (Cardenas), the fact that people come from many different backgrounds and that the final outcome depends on the academic training. We should not focus on mistakes in data at this moment (Parving), the achievement is that as a result of the report an application has been made to the TEMPUS programme. Lenarz said this was the first time such a survey had been made, and the next step was to look in more detail at its contents. A Proposal was made to disband

the three working groups which was unanimously accepted with a vote of thanks to the membership involved.

## 9. Discussion Items

### 9.1 Corporate Membership (Hazell)

Request have been made by commercial companies to become involved in EFAS. The concept of Corporate membership was generally not liked but the term "Corporate Sponsor" was suggested by Parving but not liked (Kapteyn), they could be involved in the sponsoring of conferences, or projects (Cardenas). It was generally agreed that our freedom could become compromised, but we should not make a decision about this at present (Arlinger ). Commercial sponsors should not be given the membership list (Lutman).

### 9.2 Proposal for interregional discussion on standards for audiology (Bergman).

Verschuure's presentation concluded from the analyses of the surveys conducted among EFAS member, that training programmes seem to be necessary to establish international standards for audiology personnel. He also stated the need for description of required vocational education and training and for standards of work and working conditions. It is proposed that while EFAS' immediate focus must be on the European region, it should not evolve its standards in isolation from other regions of the world. Specifically, therefore it is proposed that a separate committee be formed in parallel with the Bureau proposed in Dr Verschuure's presentation, to explore the possibility of even wider geographical agreement on the basic services of audiology and standards for service personnel. Other regional groups to be contracted could include the ASEAN Society of Audiology, the Pan-American Society of Audiology and the American Academy of Audiology.

Bergman said that EFAS was moving much faster than other organisations, eg ISA (although changes were occurring here too), and that Hearing International was concerned more with ear disease in children. We might well have ideas information and contacts which would benefit other multi-national societies with similar interests. Verschuure said it was quite right that ISA had not done much yet, but that there was a reorganisation committee that wants ISA to play a more active part. A push from EFAS would be welcome. Hazell proposed that Bergman should start such a committee.

### 9.3 Infant Screening Issues

On the initiative of G.Salomon it was suggested that there might be a consensus opinion on infant screening. This was partly due to the reaction of the National Institute of Health (Washington) against AOE's (Parving). However, it was premature to make a comment due to the lack of evidence of the cost effectiveness of universal screening and the fact that we don't know what emissions actually are (Attias). It was agreed that we should be involved in a consensus meeting when the time is right.

## 10. Any Other Business:

The high cost of conferences was discouraging young people from attending (Lenarz). It was pointed out that we should try to raise bursaries for young people and ECEC countries (Hazell). Lutman asked about the financial position of this conference, and received a reply from de Laat (Netherlands) who thought he would break-even

Date of next meeting: Saturday 15th June 1996

Venue: International Congress in Audiology, Bari, Italy

MINUTES OF MEETING WITH PARTICIPANTS OF TEMPUS PROGRAMME  
NOORDWIJKERHOUT 22nd MARCH 1995

Present:

J Syka Czech Republic A Pascu Romania  
J Prihodova Czech Republic T Vatovec Slovenia  
A Parving Denmark S Arlinger Sweden (Chairman)  
J Karikoski Finland J Hazell United Kingdom  
R Dauman France P Chalmers United Kingdom  
G Katona Hungary  
J Verschuure Netherlands  
B Van Zanten Netherlands  
A Pruszewicz Poland  
W Sulkowski Poland  
M Sliwinska-Kowalska Poland

The following points were raised.

- We will not know until September 1995 how many of the 5 projects will be approved
- It is important to keep in touch with the National TEMPUS offices in each country. Results depend on both Turino and local TEMPUS office. It would be useful to know how the Turino office is progressing so efforts can be made at a local level (Pruszewicz). Its not only healthcare that counts, there are economic spin offs too.
- There is a need to lobby local offices both by professionals, and possibly also patient organisation (Prihodova)
- Help could be received from EFAS itself by giving arguments (Dauman), and papers could be used from the conference but personal presentation is best (Verschuure). The media could be involved and contact the Minister of Health. The press statement drafted at this conference can be used in this way.
- Verschuure said that the TEMPUS programme had quite a lot of money. Romania had received 20 billion Ecus last year. We will soon be able to apply for money under the da Vinci programme
- Selection criteria discussed for the participants in stage I. They should have a professional background and different professions should be represented. A geographical spread was an advantage, although generally it was felt that age was less important than teaching experience.

The following subjects were discussed with respect to the teaching partners.

- One week at each place
- Materials sent out before beginning of each week
- Defined textbook
- Provide teaching material for stage II
- Assessment at the end of each week (written assessment through the post after the end of the course a possibility)
- Students to assess each course week
- Guidelines for partners to be produced
- No sub-division into professional backgrounds

THIRD GENERAL ASSEMBLY MEETING IN NOORDWIJKERHOUT  
Thursday 23rd March 1995 @ 8.30am

Present:

K Welzl-Müller (VR) Austria T Kapteyn (NVR) Netherlands  
K Daemer (NVR) Belgium E Laukli (VR) Norway  
P Govaerts (VR) Belgium A Pruszewicz (NVR) Poland  
J Prihodova (VR) Czech Republic W Sulkowski (VR) Poland  
J Syka (NVR) Czech Republic O Dias (VR) Portugal  
A Parving (VR) Denmark G Tavartkiladze (VR) Russia  
H Kristensen (NVR) Denmark A Pascu (VR) Romania  
G Jenson (NVR) Denmark T Spillman (VR) Switzerland  
M Sorri (VR) Finland D Marincic (NVR) Switzerland  
R Dauman (VR) France (Vice Chairman) S Arlinger (VR) Sweden (Chairman)  
G Gavalas (VR) Greece M Cardenas (VR) Spain  
J Kiessling (NVR) Germany J Hazell (VR) UK(Hon.Secretary)  
G Tietze (NVR) Germany M Lutman (NVR) United Kingdom  
T Lenarz (VR) Germany V Cleaver (NVR) United Kingdom  
M Bergman (VR) Israel  
L Tell (NVR) Israel  
A Joseph (NVR) Israel  
T Hertzand (NVR) Israel  
T Pitt (NVR) Ireland  
H Verschuure (VR) Netherlands (Member @ Large)

Apologies for absence:

J Pytel Hungary  
E Sindrason Iceland  
E Crafoord Sweden  
I Uloziene Lithuania  
G Grisanti Italy

The meeting began by Arlinger outlining the new working groups which had been proposed in a meeting of Council on Tuesday 21st March. The purpose of the first two working groups was to identify the training currently available for the different professional groups.

Working group 1

To examine the training of medically qualified audiologists

R Dauman (France) Convenor  
T Lenarz (Germany)  
A Pascu (Romania)  
P Govaerts (Belgium)

Later, Lionel Collet (France) and Marti Sorri (Finland) were added as members of Working group 1 in order to better cover the various parts of Europe.

Working group 2

The training of non-medically qualified audiologists:

J Verschuure (The Netherlands) Convenor  
J Kießling (Germany)  
E Laukli (Norway)  
R Cardenas ( Spain)

The questions to be asked, (only with respect to audiology):

1. ? Formal courses

- entrance requirements
- duration and timing of courses
- who teaches, and what qualifications
- diplomas etc awarded, certification
- curriculum

2. ? Traineeship

- goals
- formal assessment

3. ? In service training

- informal
- formal (post grad meetings etc)

4. On-going accreditation/credit systems/licensing

Working Group 3

To investigate other international, pan-European and national organisations, with similar or overlapping interest to EFAS.

Bergman (Israel) Convenor  
Dias (Portugal)  
Pruszewicz (Poland)  
Chalmers (UK)

Questions to be asked:

- 1) Have they collected any data on audiology?
- 2) Have they prepared any minimal standards of training/practice?
- 3) Are they willing to cooperate with us?

A discussion followed about possible topic for the conference in Prague.

Were we asking fundamental questions, or trying to cover the whole of audiology? (Lutman).

Were we focusing on research, or was it educational. It was important for Council to write to the guidelines for future meetings and to include what our purpose was in these conferences (Bergman). Some common patterns were emerging (Arlinger) and the same format was suggested as for the First and Second European Conferences. It was agreed that it would be a bad idea to reserve different days of the conference for different professional groups as this would inhibit mixing. Kapteyn reminded us that it was what Eastern Europe wanted, rather than what we wanted and the



list of suggestions was to help the organising committee so that they could know about audiology and what it encompasses. Professional problems were just beginning to emerge in Eastern Europe (Pruszwicz), and needed to be discussed. Educational seminars for audiologists were recommended (Gavalas) to increase their knowledge. Lutman underlined the importance of instructional sessions and Cleaver suggested that they might be an alternative to free papers on one or more days. Syka suggested more posters to help Eastern European participants who might have problems with the English language. There followed a lively debate about the sponsors, (commercials). Some, (eg Lutman) thought they were cheap commercials which were best left out. The organisers of the conference stress that this was only way in which they could persuade sponsors to contribute meaningfully to the conference. Most people found them inoffensive, and felt it was possible to walk out if they were truly dreadful.

A final list of possible topics from which a selection could be made was presented at the plenary session in the closing part of the conference and is attached (appendix 1).