

MINUTES

EANM Delegates' Assembly

Date: Sunday, March 17, 2024

Time: 09:00 – 15:00 CET

Venue: Austria Trend Parkhotel Schönbrunn, 1130 Vienna (AT)

EANM Board: Sona Balogova (SB), Paola A. Erba (PAE), Rudi A. J. O. Dierckx (RD), Valentina Garibotto (VG), Michel Koole (MK), Felix Mottaghy (FM), Alexis Vrachimis (AV)

Observers: Tim van den Wyngaert (TvW), Wim Oyen (WO) from 10:30

EANM Executive Office: Henrik Silber (HS), Silvia Marchetti (SM), Nuria Serra (NS), Launa Schoebinger-Hassve (LSH), Annalee Sekulic (AS), Amelie de Martini (AdM)

EANM National Delegates or Deputies:

Country	Firstname	Lastname	Position
ARMENIA	Vahe	Barsegian	Delegate
AUSTRIA	Micheal	Gabriel	Excused
AZERBAIJAN	Fuad	Novruzov	Excused
BELGIUM	Nadia	Withofs	Delegate
BOSNIA HERZEGOVINA	Amila	Basic	Excused
BULGARIA	Valeria	Hadzhiyska	Delegate
CROATIA	Ana	Baric	Deputy
CYPRUS	Diogenis	Kyprianou	Delegate
CZECH REPUBLIC	Pavel	Koranda	Deputy
DENMARK	Peter	Hovind	Delegate
ESTONIA	Ilona	Muoni	Delegate
FINLAND	Hanna	Mussalo	Excused
FRANCE	Florent	Cachin	Deputy
GEORGIA	Natalia	Shengelia	Delegate
GERMANY	Markus	Luster	Delegate
GREECE	Varvara	Valotassiou	Deputy
HUNGARY	Tamas	Gyorke	Delegate
IRELAND	Ronan	Killeen	Excused
ISRAEL	Zvi	Bar-Sever	Delegate
ITALY	Margarita	Kirienko	Delegate

Country	Firstname	Lastname	Position
LATVIA	Marika	Kalnina	Delegate
LITHUANIA	Severina	Sediene	Excused
LUXEMBOURG	Claudine	Als	Delegate
MALTA	Mark Anthony	Aquilina	Excused
NETHERLANDS	Andor	Glaudemans	Excused
NORTH MACEDONIA	Ana	Ugrinska	Deputy
NORWAY	Tom C. Holm	Adamsen	Delegate
POLAND	Agata	Pietrzak	Deputy
PORTUGAL	Ana Paula	Moreira	Delegate
ROMANIA	Doina	Piciu	Delegate
SERBIA	Jasna	Mihailovic	Excused
SLOVAK REPUBLIC	Lucia	Kaliska	Delegate
SLOVENIA	Ivana	Zagar	Delegate
SPAIN	Maria	J.Garcia-Velloso	Delegate
SWEDEN	Elin	Tradgardh	Delegate
SWITZERLAND	Flavio	Forrer	Delegate
TÜRKYE	Murat Fani	Bozkurt	President
UKRAINE	Yaroslav	Kmetyuk	Delegate
UNITED KINGDOM	Richard	Graham	Delegate

- Welcome by the President and Secretary/Treasurer and setting aim and scope of the meeting (RD, AV)**
RD and AV welcome the participants and open the meeting.
- Approval of the agenda (RD)**
The agenda is approved.
- Approval of the minutes of the last Delegates' Assembly, September 9, 2023 - Vienna (RD)**
Available via [myEANM Area](#) > My Society > EANM Assemblies > Delegates Assembly

The minutes are approved.

4. Round of Introductions (AV)

The participants introduce themselves, their country and position titles. The new Ukrainian National Delegate is warmly welcomed.

5. Outcome of the Board Questionnaire & Interviews (RD, AV)

After a short overview of the findings from the 2022-2023 questionnaire & interviews, RD shows the needs and priorities identified by the National Delegates, focused into four main themes: education, congress, guidelines, and lobbying legislation on the European level.

As a response, the Board and EANM Office worked scrupulously to develop a new structure for the association to embed these priorities. *Please refer to the slides for all details.*

Q&A

C.Als: Within the Board, I see the positions of Secretary and Treasurer were joined. Still logical to have that as one person?

AV: Yes, it is doable: we have external auditors; also, the workload is minimized by the great work done by the EANM Office. If I can do it, everyone can do it.

M.Kirienko: Why does EANM have such a long gap of time until transition to the new structure/units is completed?

AV: The transition period is needed, the Councils must form and develop.

HS: Also, the term of office of the current Board positions for Scientific Events and Education ends by 2025, so it is translated naturally from the Board to a Council position.

VG: This shall ensure continuity, particularly for the 2025-2026 transition year.

C.Als: If people from Board are being translated to council positions, how will communication [and collaboration] from the Board and Councils work?

FM: The main task of IGO [Internal Groups Officer, formally the Committee Coordinator], is to coordinate the internal groups and ensure communication to the Board.

RD: The Scientific Liaison Officer (SLO) also coordinates between external and internal projects focused on scientific themes.

PAE: The Councils are strictly related to the Board, e.g. PRAC is meeting the board very regularly. It is a little more complex than with Committees.

C.Als: please avoid abbreviations.

6. Delegates of the Delegates: presentation of input collected – Part 1 (N. Withofs/Z.Bar Sever/V. Barsegian)

N.Withofs, Z.Bar-Sever and V. Barsegian began the session by thanking those National Delegates who contributed by sharing inputs and suggesting topics of interest.

6.1. M. Kirienko, IT: *Successful initiatives in Nuclear Medicine*

M. Kirienko presents a successful initiative at which a law, approved in 2022, aimed to simplify the administrative procedures attached to the development, prescription, and distribution of radiopharmaceuticals within hospitals. As soon as the decree is released, M. Kirienko is happy to share it further. *Please refer to the slides for all details.*

Q&A

V. Barsegian: What is the prospect of this law?

M.Kirienko: Before June 2025, with a greater hope of passing in the next month considering the support of the current Italian minister of health, a NM colleague.VG: With market authorisation, is there still room for galenic production?

M.Kirienko: Yes, in moments of shortage.

PAE: If commercial product is with market authorisation then you should grant such preferences, irrespective of cost. In Italy, there is a law which allows for the production during periods of shortage.

T. Adamsen: Would this apply to pharmacies or just the production centres?

M.Kirienko: The hospital's pharmacy and not the production sites; only on-site production is accounted.

FM: it would be great to have this as first example, as in Europe it is going the other way: Are there opportunities to have this as role model and present it to some higher authorities? Maybe, it can be made aware of in Brussels? As soon as released in decree, M.Kirienko will share it.

V.Barsegian: What is your opinion about the big-pharma monopole and should we have an agreement of how to deal with this? How to ensure a free space for in-house production and usage?

M.Luster: There is some danger in this discussion. We fought for decades to be attracting industry partners. Now, what really matters is to fight shortages and to make money out of our discipline.

E. Tragardh: Regarding companies, there is important information to share: one of our pharmaceutical companies sued a hospital for having an agreement with another hospital for shortages. Another case of industry impairing research and patient care includes when a company went to court and stopped an academic study. The company's reasoning was because they cannot sell as much when the study is ongoing. The research was actually stopped due to these economic fights.

VG: This is very important information to diffuse.

V.Hadzhyiska: There is a break from Western Europe. Not all the countries function the same. Many countries still produce internally as it is much more affordable. Moreover, in Bulgaria there is no law that prevents in-house production.

V.Barsegian: This is a very emotional topic - money and revenues. Europe is different, not just in political ways, but economic ways. If a producer monopolises the product it is a big issue in smaller countries (smaller NM communities) if they cannot produce in-house. Hope the board can deal with it in a non-dangerous way.

PAE: good discussion for the PRAC (WO joined the meeting later). Soon we will not have a monopolized market; more vendors will come in the arena. Without these big players, the current investment landscape of the next generation reactors will not happen if we only have in-house production. We need to find a balance for the long term perspective.

M.Luster: we have to become very professional to talk with professional companies. If they make drugs available in other countries lower price, as it is possible. For example, look during covid with medication, equipment and vaccines. We should not have companies, dominating the market but we should have discussions on higher levels with them.

V.Barsegian: We then need to have the same power position, or we lose.

P.Koranda: We are not divided up into poor and rich countries, but with various legislation. For example, in-house production is not even mentioned in the Czech legislation.

6.2. Z. Bar-Sever, IL: *Main Challenges and Issues*

Z.Bar Sever wishes to discuss the collaboration and co-reading of hybrid exams with radiologists, e.g.:

- Are there national regulations governing the interpretation of a hybrid study?
- Are there medical-legal issues in Nuclear Medicine (NM)?
- How are we training for residencies in countries?
- Are radiologists taking advantage of hybrid studies, even if not officially trained?
- Distinction between low-dose CT, reimbursement to physicians during single/dual readings, and processes used to diagnose CT.

Q&A

Z.Bar Sever: in Israel NM as a grey zone in hybridity as there is no legislation. Education is 4-5 years of NM training, with a focus in the final years on CT. Per medical-legal issues, if there is a mistake, physicians are

liable. There is a shortage of radiologists and NM; this shortage varies between departments and institutions. There is no special reimbursement and funds are in support directly to the hospital which then distributes the funds per contract.

RD: in the Netherlands where the training programme "Nuclear Radiology" involves 2,5 years of radiology followed by 2,5 years specialization, particularly in oncology and nuclear oncology. The fusion of the training was reflected in almost all academic centers with the merging of radiology and nuclear medicine, also in many general hospitals and the radiologists are now in the lead, and all takes an own dynamic.

D. Piciu: these questions could be disseminated as a survey for the National Delegates. Piciu calls for a simple yes/no survey to be sent to the National Delegates to highlight the grey zone.

EANM Office / AS to provide all National Delegates with questions on Cooperation/Co-Reading with Radiology

M.Luster: concerned about the potential for radiologists to dominate the field, which could detract from its intrinsic value. There was recognition that nuclear medicine is more than just another contrast medium, particularly emphasizing its core business of diagnostics, as exemplified by a success story in Germany involving Novartis. However, there is a noted trend of oncologists driving the field, with most invited participants being oncologists rather than nuclear medicine specialists.

RD: similar shift in the USA towards radiation-oncology taking ownership of RLT.

N.Shengelia: in Georgia we split in nuclear medicine (NM) six years ago and its establishment as a separate discipline at the university level from radiology, necessitating the development of a new syllabus. The curriculum spans four years, beginning with general nuclear medicine in the first year, followed by a focus on oncology in the second year, radiology in the third year, and hybrid imaging in the fourth year. Notably, radiologists are restricted from reporting on PET CT scans. The emerging trend is the emergence of a new generation of fully specialized nuclear medicine specialists who are proficient in PET CT interpretation and therapy, effectively eliminating the need for involvement from radiologists or oncologists in this domain.

F. Forrer: it is crucial for nuclear medicine specialists to assert themselves confidently, articulating their expertise and capabilities. They can demonstrate their extensive experience with hybrid imaging over the past two decades and emphasize its inclusion in established programs and syllabi. Additionally, they can clarify that they are capable of conducting CT scans, particularly when contrast is not required. The discussion also acknowledged the diversity in approaches across institutions, particularly those where radiology and nuclear medicine have merged, highlighting the importance of strong relationships in such scenarios. Moreover, there is a shift towards emphasizing Trusted Practitioner Activities (TPA) over medical specialities, with a focus on the specific therapeutic activities conducted by nuclear medicine specialists.

R. Graham: From the perspective of a radiologist, the UK highlighted the significant reliance on technicians for reporting in nuclear medicine departments, with a ratio of 30-40 physicians to technicians. The training structure involves three years for nuclear medicine physicians and an additional three years for technicians. Despite the heavy workload, mutual understanding of the interdependence between radiology and nuclear medicine. This reliance fosters a collaborative environment where both specialities recognize the value each brings to patient care. Cross-training and competency development are essential strategies to address any existing challenges and ensure efficient functioning across departments.

M.F. Bozkurt: The discussion highlighted the presence of separate departments with independent residency programmes for radiology and nuclear medicine. The celebration of the 15th anniversary of nuclear medicine's acceptance by the Turkish Ministry of Health underscored its recognition as a branch of internal medicine. National bodies govern the practice, with only nuclear medicine specialists permitted to report on low-dose CT scans, while radiologists retain reporting rights for fully diagnostic CT scans. There is a reluctance among radiologists to increase their workload, especially regarding hybrid reports such as PET MRI. Therapy falls under the purview of nuclear medicine, influenced by the evolution of the field in each country, which historically stemmed from endocrinology rather than imaging. In countries like Spain and Turkey, some

nuclear medicine physicians pursued additional training to become radiologists, though radiologists typically show interest only in the PET aspect of nuclear medicine, while radiotherapy specialists are interested in diagnostics. Training in nuclear medicine residences may necessitate additional learning in radiology departments to acquire PET CT reporting skills, though this is not always a priority for nuclear medicine specialists.

M.Kalnina: In contrast to some countries where all radiologists handle nuclear medicine, here, there is a specialisation where radiologists transition into nuclear medicine images. Therapy, however, falls under the domain of radio-oncologists, with a subspecialty in theragnostic focusing on therapy rather than imaging. While radiologists can perform both bone scans and SPECT scans, nuclear medicine specialists typically focus on SPECT. There is a request for collaboration between the two specialties to integrate their expertise effectively. The development of therapy is less advanced in Latvia, distinguishing it as a separate branch within the medical field.

M. J. Garcia-Velloso: In some countries, nuclear medicine is not recognized as a distinct specialty. There is an ongoing discussion, particularly in Spain like the one in Türkiye, about the potential establishment of two separate departments, each with its own leadership. This proposal has been under consideration for months, driven by concerns about the inefficiency of conventional nuclear medicine practices in patient care administration. It is noted that certain countries lack dedicated nuclear medicine specialties altogether.

C. Als: The discussion highlighted the limitations imposed by the policy, allowing only low-dose CT, SPECT, and PET scans, with no other modalities are permitted. Radiologists perceive NM images as of low quality, attributing their workload and resistive stance to this issue. Radiology departments have already lost ultrasound responsibilities to other specialties, leading to increased workload. There is a concern that without vigilance, nuclear medicine specialties could diminish within institutions, especially with potential mergers of department heads or construction of new hospitals under a single leadership to cut costs, where the radiology department might become the nucleus.

L. Kaliska: LK highlighted collaborative reporting practices between nuclear medicine departments and radiologists, facilitated by the absence of specific legislative guidelines. Personnel shortages have prompted specialized training programmes in nuclear medicine to address staffing challenges. While inter-specialty cooperation is encouraged, the discipline's presence in hospitals varies. Reporting practices, including the utilization of low-dose CT scans, differ among centers based on individual preferences and logistical considerations.

7. Policy Regulatory Affairs Committee (PRAC) (W.Oyen) – agenda point was anticipated to accommodate WO's availability

Wim Oyen, chair of the Policy Regulatory Affairs Council, introduces the work being conducted currently in Brussels including addressing the EU agenda proactively. Please refer to the slides for all details.

How PRAC can support national societies? Proposals are shown how PRAC can support national societies in their policy efforts:

- Through the development of a potential Advocacy Toolkit: offering general guidance and examples for engaging with regulatory and policy authorities. This would include insights into the regulatory frameworks governing nuclear medicine in Europe, advocacy tools and case studies highlighting successful advocacy efforts by EANM.
- Through country-specific support: PRAC could support national society discussions on EU policy under the condition that national authorities and regulators are also willing to engage; additional support

could be envisaged through webinars and collaboration with national patient advocacy groups to amplify messaging.

- PRAC is committed to providing support through a cooperative approach, but its involvement must be initiated by the national society. There is no one-size-fits-all approach, advocating for a step-by-step strategy. A blueprint is suggested, starting with a few selected countries. Elements for discussion include accelerating workforce development, potentially through collaboration with organisations like the European Cancer Organisation.

PRAC support to national societies will be dependent on national societies interest, willingness and commitment. Should national societies be interested in such support (i.e., starting with the toolkit), they have to reach out to PRAC.

A recent global issue concerning the IAEA's guidelines for shielding of alphas sparked industry concerns regarding the feasibility of bringing alphas to hospitals within the proposed framework, potentially hindering future prospects for inhouse production. PRAC will follow up with national societies on this point in due time.

Same engagement is expected from the EANM National Societies in the revision of the EU Pharma-Legislation: all are called to advocate with the EU MPEs and national authorities since all amendments suggested by EANM are currently threatened. The proactive involvement of national societies to engage with EU Parliament members shall ensure favourable outcomes and prevent potentially damaging regulations. PRAC will follow up with national societies to share a statement in due time. **In the meantime, all interested EANM National Societies can reach out to PRAC to discuss how to advocate in the revision of the EU Pharma-Legislation.**

Q&A

C.Als: When will we receive the text about alpha shielding to be sent to our authorities?

W.Oyen: The law on pharmaceuticals and shielding all arrives this past week – it is our top priority. In two weeks, we should receive an IEAA draft which has been sent to the technical authorities. Following, we will present an EANM response and text. **AdM to follow-up on alpha shielding with all EANM National Societies.**

M.Luster: the shielding issue will need to go to the Radiation Protection experts because nobody else will understand it, we need to be cautious. About the EMA and radiopharma legislation we need to differentiate the technical from the medical aspects.

W.Oyen: agree about priority for Pharma legislation, but the shielding topic is of major impact on our daily and practical clinical business, if we do not react it will happen automatically and such threads will hamper our specialty.

RD: The good news is that EANM is involved! We would like to become more proactive which is difficult as there are a lot initiatives and stakeholders. We need to invest in more information and collaboration between the National Societies.

W.Oyen: Please contact Amélie de Martini, EUaffairs@eanm.org, or our office (EANM), office@eanm.org, for questions or concerns

8. Short Report by the Board (part 1) – agenda point was anticipated to accommodate FM's availability Internal Groups Officer (IGO) (FM)

The Internal Group Officer (IGO) gave a short review of the new association's structure including the responsible counterpart for approvals for both Committees and Councils and the new role of the IGO as "human resources" responsible; he also updates on the EANM [Guidelines and Publications](#) Council (GPC) and gives a short overview on the EANM publications, [Clinical Decision](#)

[Support](#) (CDS) and [European Nuclear Medicine Guide](#) updates. *Please refer to the slides for all details.*

Q&A

RD: Please explain how volunteers can get involved in the internal groups and activities of the association?

FM: Through Open Calls, launched and advertised by the EANM Office in different channels (EANM Bulletin, Social Media). Also, there is a dedicated section on the EANM website called "[Get Involved!](#)" where a form can be filled with personal data and areas of interests/expertise can be selected.

Z. Bar-Sever: How are National Delegates interacting and incorporated within the new structure?

HS: the example was given today by the presentation of the PRAC, and the one coming later on by the YPC, calling out for your support. The pathways are the same as before but the interaction is content-wise changing, e.g. inviting the Council Chairs to address specific topics and participate to the Delegates' Assemblies as needed.

9. Delegates of the Delegates: presentation of input collected – Part 2 (N. Withofs/Z.Bar Sever/V. Barsegian)

9.1 Any other topic that are not routinely discussed in the National Delegates' Assemblies

P. Hovind, DK: *The lack of qualified personnel in NM*

P.Hovind presents the issues related to staff shortages in nuclear medicine. A pressing concern, with densely populated areas experiencing a lack of qualified personnel despite an abundance of PET/CT scanners. A SWOT analysis reveals threats such as a scarcity of technicians in main cities due to housing affordability issues and higher wages in industrial sectors – as doctors can afford to live in the cities, while technicians are not able to afford living costs. *Please refer to the slides for all details.*

Q&A

P. Koranda: How does reimbursement work for readings?

P.Hovind: This is different between country. Within Denmark, a large sum is granted to each hospital to distribute

MK: Is there a switch to PET?

P.Hovind: There is no increase in staff.

AV: the Danish NM Society's President told me it's easier to change PET-CT than hiring new staff, are salaries so expensive or PET -CT so cheap?

P.Hovind: It is easier to get funding for machinery than for staff.

PAE: very much liked the approach shown for the PET-CT which could be also valid for the cardiac and pure SPECT applications.

10. Future Nuclear Medicine Workforce (T. van den Wyngaert)

T. van den Wyngaert introduces himself as Chair of the newly established EANM Young Professional Council (YPC) and leader of the EANM INSPIRE Project (Initiatives in Nuclear Medicine to Support Professional Interest and Recruitment in Europe). TvdW stresses how crucial data are to identify and understand the needs of young professionals and future workforce. Identifying target audiences and partners will be instrumental in advancing workforce initiatives to build a network of local institutions, community colleges and universities. Contacts: TvdW ypc@eanm.org or the EANM Office via s.marchetti@eanm.org *Please refer to the slides for all details.*

All EANM National Societies to prepare for awareness campaigns and activities, start collecting contacts, and identify partners at local authorities.

Q&A

P. Koranda: How do you define young professionals? By age? By years in work?

TvdW: By age, 38 or 33 years old, still to be decided. The YPC will harmonise this in the future.

C. Als : not completely satisfied with what I heard here. The quality of the new generation of professionals is different. In comparison to my own generation of NM specialists, their role and responsibility was surrounding the precision. For example, the use of shortened and abbreviated words was not acceptable as it made the information inaccessible. What can be done to help young professionals improve?

TvdW: They must be first supported and drawn into Nuclear Medicine as a field.

RD: Many of the young professionals have acquired a various number of digital skills and they are seeking mentoring. With the changing scales and expertise of the fast-moving field of NM, it is critical to find a compromise and integrate between the generations.

D. Piciu: concern that some countries – like Romania – do not have the jobs for the young professionals. With closing departments and institutions, they need a location to send physicians without jobs.

TvdW: This information is crucial since it connects a country specific situation to the general EANM country relations. Connections need to be made to facilitate the information exchange of job vacancies.

M. Luster: Congratulations to the EANM for this initiative. On a national level, ML identified a great desire to cooperate and begin identification earlier, possibly even at the high school. The industry realized the importance of this issue. The DGN is excited to engage with this development.

TvdW: Yes, please reach out.

HS: The industry has an increasing interest. Therefore, we are in early negotiation to raise some fundings from them so we can lay out the two initiatives that Tim is working on.

Z. Bar-Sever: all mentioned prior is important to integrate as many young professional into our NM body. A positive initiative including the apprentice project was initiated years ago for the EANM Pediatrics Committee. Following a call for apprentices, we selected a young professional, who attended our committee meetings and we helped mentor her through her scientific projects. As a result, she then applied and became member of the Committee.

TvdW: This point was well taken. EANM did similar with internship for the Bone & Joint Committee, with positive experience and outcome.

11. Report by the President and Secretary/Treasurer (RD/AV)

RD began his presidential report by discussing the progress of Piloting Groups on various topics such as Theranostics and Optical Imaging, aiming to evaluate their relevance and potential integration within the EANM. The goal is to ensure NM professionals are prepared for increasing and new demands, able to address medication-related challenges and have the ability to research and explore new innovations. *Please refer to the slides for all details.*

Q&A

C.Als: What does the cost in the context of Health Technologies Assessment (HTA) mean?

RD: The cost should be referred to its added value in the value chain. For example, if we do a PET scan of EU the downstream costs saved need to be understood amongst health authorities. As an illustration, a PET Scan of approximately EUR 1500,00 should be weighted against the impact on immune therapy of 10s of thousands of EUR.

12. Report by President Elect (PAE)

PAE highlighted the role of the President-Elect in representing EANM at the EU and other European Union activities, including [EU policy discussions](#) such as Interact 100, ERASMUS, and RLT Academy, as well as participation in roundtable discussions. She reports on [Women's Empowerment](#) and the **Focus Meeting 6** in Malta, January 30 – February 1, 2025, focusing on breast cancer. *Please refer to the slides for all details.*

Q&A

No questions were raised.

13. Report by Secretary/Treasurer (AV)

AV informs on the forthcoming EANM Board Elections for the term 2025-2026 for President Elect, Internal Groups Officer (IGO), and Scientific Liaison Officer (SLO), and 2 EANM Internal Auditors. Also he highlights the upcoming call for nominations for National Delegates and Deputies, Countries L-Z for the term 2025-2028 as well as EANM's active communications via social media platforms, regular newsletters and bulletins. *Please refer to the slides for all details.*

Q&A

No questions were raised.

14. Report by the Scientific Liaison Officer (SLO) (MK)

MK presented and outlined EANM's Policy Priorities, focusing on raising awareness, fostering a supportive regulatory environment, enhancing training and education, facilitating innovation, and ensuring swift responses. The advocacy strategy involves developing EANM's position, engaging with relevant institutions, and networking activities. An overview over EU Tenders and EU Projects as well as EARL-SASAI and [EARL Accreditation Programme](#) is given. *Please refer to the slides for all details.*

MK calls everyone to encourage expert volunteers to get in touch. Contacts: Moritz Zieglmeier, euprojects@eanm.org for EU projects, and Amelie de Martini at euaffairs@eanm.org.

Q&A

C.Als: What does mean that accreditation is sold?

HS: the audits are performed by experts and the reports created to be sold to centers. This saves time for the companies avoiding different audits and provides a good service to the centers in a compact and time-saving way. Details on the [website](#).

P.Koranda: programme on education for specialization with evaluation of hybrid imaging, is there an opportunity to see the drafts?

MK: They are still being revised; as soon as available the EANM Office will communicate it.

PAE: It is beneficial to update the Board on what is going on at a national level e.g. about specific radiopharmaceuticals, particularly during shortages. Please inform us via the EANM Office so that can be taken into consideration.

15. Report by Education Chair (SB)

The Education Chair's report covers several key updates and initiatives within EANM's educational endeavors, including the envisaged EANM Education Council from 2026 (transition year 2025) and the new ESMIT structure focusing on interdisciplinary courses, society relations for training, and accreditation, with potential for self-accreditation. *Please refer to the slides for all details.*

Q&A

L.Kaliska: how to get involved in Radiopharmacy Re-Certification programme?

SB: Modular programme with online content and practical training in a specific center in Europe. The only question is whether this certification is accepted by regulatory bodies in your countries. The information and contacts are on the [website](#)

16. Report by Congress Chair (VG)

VG update reflects positively on the reception of the EANM'23 and gives a promising outlook for the next [EANM'24 congress](#). Also, an update on the planned EANM Scientific Events Council (SEC), from 2026 (transition year 2025) and other innovations are presented, among other the EANM Science Day at the EANM'24 targeting local students not yet in NM training. Further initiative, targeting the NM young professionals is to grant 100 free regs and 3 overnights based on simple online applications with the only

selection criteria being a balanced number in terms of gender and countries. *Please refer to the slides for all details.*

Q&A

No questions were raised.

17. Questions, wrap-up and farewell (RD/AV)

AV and RD thank everybody for their participation and close the Assembly.

SAVE THE DATE – Next EANM Delegates' Assembly

EANM'24 in Hamburg, DE
Saturday, October 19, 2024
14:00-16:00 CEST