The official national health policy in Denmark is to reduce the number of medical specialities. The National Board of Health has, in the last few years, reduced the numbers of subspecialties. In the two major fields of internal medicine and surgery, the reduction is especially obvious. For the readers’ information, a Danish specialist in surgery has qualifications, which satisfy the requirements of the Articles 30 - 35 of Directive No 93/16/ECC of the Council of the European Economic Community. The strategy of the National Board of Health is, therefore, in some instances, in conflict with some multidisciplinary medical areas such as ‘wound healing and care’.

As described in the survey article on organisation in this issue of the EWMA journal, there is a need to clarify the national structure of the wound management field. This should include a definition and the background of the area, and how to educate the involved staff. Such expert areas are presently being established in Denmark for other multidisciplinary areas such as mammmary and endocrine surgery. Such expert areas have recently been defined in Denmark and are called: “Fagområde”. Instead of authorisation as a subspecialty, these areas are becoming part of the speciality ‘general surgery’. Employment in a speciality department and documentation of different types of surgical skills are demanded. Surgery is also important in the wound management area. In the two major Danish wound healing centres – Copenhagen Wound Healing Center and University Center of Wound Healing (Odense) – all senior doctors have an authorisation in a surgical discipline. A high measure of surgery is performed in both centres. For this reason, the organising group of Danish Wound Healing Society has included the association in the general surgical speciality. In addition, supplementary education of relevant specialties like dermatology and internal medicine (diabetology and immunology) should also be part of the education of wound healing.

During the last decade there has been increased local activity in the wound healing and care fields in Denmark. Multidisciplinary groups have been established and they have had regular meetings and workshops. Nearly every region of Denmark has some sort of ‘wound-healing program’. The Danish Wound Healing Society intends to coordinate these efforts and establish a Danish consensus for diagnostics and treatments of different types of wounds. Simultaneously it is our aim to relate the Danish standards to the international standards and guidelines. We are aware of the work in the sub-committees of EWMA and recognise that the educational- and cost effectiveness panels could be valuable to the Danish organisation. More projects and research are necessary in order to achieve more reliable and evidence-based standards, which could be implemented in clinical practice.

Educational programs for nurses have been established in Denmark, but no official authorisation has yet been obtained. The only course in wound healing for doctors is a voluntary course arranged for surgeons in training. The Danish Wound Healing Society is working towards the establishment of courses in other relevant specialities. In addition, the Danish Orthopaedic Society is considering implementing a course focusing on the diabetic foot.

The Internet is an effective way to distribute new knowledge, to discuss guidelines and debate scientific issues. The Danish Wound Healing Society has its own website (www.dsfs.org) with a summary in English. Part of the website has an established ‘Discussions forum’ where members, as well as non-members, can take part in discussions related to wound care issues. The society has links to nearly all companies in the wound management industry. From www.dsfs.org it is possible to follow links to most company websites and to many international wound healing organisations.