



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN UNION OF MEDICAL SPECIALISTS

**U.E.M.S.**

## **UEMS Specialist Section of Infectious Diseases**

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### **Minutes from the meeting of the U.E.M.S. Section for Infectious Diseases, October 31, 1997 at the Portuguese Medical Association in Porto, Portugal.**

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**Members present:** Bente Klarlund Pedersen and Finn T. Black, Denmark, Tatjana Jeren, Croatia, Frank Strle, Slovenia, Daniel Lew, Switzerland, Haakon Sjursen, Norway, Barbara Bannister, UK (president), Ingrid Nilsson-Ehle, Sweden (secretary/treasurer), Henrique Lecour, Portugal, Haluk Eraksoy, Turkey.

1. The President greeted everyone welcome to the meeting and gave a message from Professor Sergio Pauluzzi from Italy that he had been taken acutely ill and could not attend the meeting. Ireland has announced that they have elected two delegates to the Section, dr Mary Horgan and dr Gerard Sheehan.  
The President also expressed the Section's heartfelt thanks to Prof. Lecour for organizing the meeting in Porto.
2. The minutes from the constituent meeting in Brussels on March 15 were recognized and the secretary had one correction, namely that Croatia unfortunately was not mentioned as associate member of the U.E.M.S. in par. 1. No other corrections were made.
3. The agenda for the meeting was accepted.
4. The secretary presented the financial situation of the Section. Income by 971027 was SEK 8973,50 and expenses by the same date SEK 818 which leaves a balance of SEK 8155,50. The secretary has opened an account in Sparbanken Finn, Lund, Sweden, clearing nr 8359-2, account nr 214.046.904-6 for the Section. Payments of dues can be made directly to this account. It was decided that dues were to be paid by December 31 1997 for this year.
5. The President reported from the U.E.M.S. meeting in Brusse1s on May 24. This was an all day meeting with delegates from each specialty section and from the National Medical Associations. Among issues that were discussed was the fact that training in some specialties in some of the member countries has been very short and may have included periods spent in basic training. For many of these, amendments have now been made.  
The common trunk principle which means that for all specialties there shall be a common, basic training for 2 years was discussed and there was general agreement that the principle of the common trunk shall be implemented for all specialties. For specialties with a general background of internal medicine, the common trunk shall be 2 years training in internal medicine.  
E.U. matters:

One problem that was discussed is that government requirements and regulations in different member countries often differ from what the profession feels is adequate and desirable training of future specialists.

From the view of the European common market there is an ambition to simplify legislation and unify the views on medical subject matters. For example, work is being done on the OTC (over the counter) medications, on a European health card with an ambition to have an electronic record for every individual which raises difficult issues about confidentiality. There is also a debate going on about the payment for non-medical treatments and whether these should be paid for by public health services. Attitudes vary, in some countries non-medical treatments are illegal, in some they are tolerated. The attitude of the EU is that they are considered proper if they have been scientifically validated, otherwise not.

U.E.M.S. matters:

New sections have been created this year within the U.E.M.S. for occupational medicine, public health, geriatrics and infectious diseases. Proposals have been made for hematology, medical microbiology, biological chemistry and these are being studied and considered for new sections. Intensive care has been turned down, the feeling being that this field should remain within the specialty of anesthesiology.

There has been a move to make associations between specialties which are closely related. The day before the general meeting, on the 23rd of May, there was a meeting of specialties with a common trunk in internal medicine. It was decided in this meeting that very short periods of specialist training were not acceptable.

It was pointed out by some members of the Section that the protocol D9745 contained errors with regard to the delegates present at the constituent meeting on March 15, 1997. The meeting gave the secretary the assignment to write to the Secretary General of the U.E.M.S. with a correction of the account in the protocol 09745.

6. The President summarized the comments which she has received from the member countries of the Section regarding the Charter on Visitation of Training Centers, proposed by the Harmonization Committee of the U.E.M.S.:
  - The inspection procedure proposed is acceptable and not very different from what some member countries already do at a national level
  - Three inspectors on the same day may be difficult to accomplish in several countries and since one should come from outside the specialty the inspection will take longer time.Two inspectors are felt to be appropriate.
  - To visit the entire training program in one day may be difficult to accomplish, since often several centers in different geographical areas are involved in one program. This problem may be overcome by visiting different parts of the program at different times.
  - Not all infectious disease training centers have their own hospital beds. Therefore, counting the number of beds as one criterion of the program will give a misleading view of the program. Much of the work is done on a consultation basis and counting the number of consultations or number of patients observed might be a better measure.
  - Confidentiality of individual comments made to the inspectors is naturally important and should be maintained. However, the general mark for the training program at a specific center should be made public in order to give potential trainees and the profession information about the training centers and their quality.The Section feels that the proposed visitation of training centers is an interesting matter. It is important as a means of quality control of training centers. It is also important for the work towards harmonization of training in Europe.
7. The secretary made a summary of the answers given by the different member countries to the questionnaire on the present training programs for the specialty of Infectious Diseases. The compiled questionnaires will be sent out to all members. A long discussion followed after this presentation:
  - The President pointed out that the task for the delegates of the Section is to put down minimum requirements acceptable to all countries. She also pointed out that the concept of the common trunk in internal medicine has been accepted by other specialist monosections.
  - The special problem concerning Infectious Diseases is that in most countries it is a subspecialty under Internal Medicine, while in some countries it is a specialty of its own. Therefore, we have to separate out the training program in Infectious Diseases from the double specialty of Internal Medicine and Infectious diseases. After a long debate, there was consensus that a common trunk

in Internal Medicine shall be part of the training in Infectious Diseases. The exact details of the common trunk will be worked out and will be in accordance with those put down by other specialties related to Internal Medicine. The President and the secretary will communicate, discuss and send out a more detailed proposal to the delegates.

-The Section then moved on to a discussion about the training in the field proper of Infectious Diseases. Here, also, the training programs in the different countries differ, mainly with regard to duration of training and this also needs to be discussed further. However, one proposal is to require 4 years of training, but this too needs to be discussed further, since the content of the training may be different in different countries and content is maybe more important than length of time which is only one way of characterising the training program.

The training program should include training in investigation, diagnosis, treatment and follow-up of

-community acquired infections -

-hospital-acquired infections

-infections in immunocompromised patients

-infections in intensive care, including the sepsis syndrome, SIRS and MODS -imported infections

Further, the program should include training in

-travel medicine

-infection control including hospital hygiene

-training in microbiology

-training in epidemiology and public health optional as well as experience with research which may count towards any of the above-mentioned areas and pediatric infections

The Section will, during the remainder of this year and the coming year work by correspondence with these questions. Each delegate must discuss the principles put forward at this meeting with his/her professional associations at the national level and come back to the Section with comments and opinions. Details of minimum requirements need to be discussed further and agreement must be reached with regard to these requirements. Much of this work can and will be done by correspondence which will go through the President and the secretary of the Section.

8. The majority of the delegates were of the opinion that tropical diseases be regarded as part of Infectious Diseases and remain within this specialty. We see no reason to separate out tropical infections from the specialty.
9. Discussion about the basis for continuing medical education was postponed until the next meeting of the Section. The Section needs to investigate the attitudes and customs of the different countries in ensuring continuing medical education and discuss this topic thoroughly at the next meeting.
10. The date for the next meeting of the Section was set for Friday September 11, 1998. The meeting venue will be London.
11. The President thanked everyone for constructive discussions and declared the meeting closed.

November 24, 1997

Ingrid Nilsson-Ehle  
Secretary/treasurer  
Section for Infectious Diseases of the U.E.M.S

Barbara Bannister  
President

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