UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN UNION OF MEDICAL SPECIALISTS

U.E.M.S.

UEMS Specialist Section of Infectious Diseases

Minutes from the second annual meeting of, the U.E.M.S. Section for Infectious Diseases, September 11, 1998 at the Terrace Room, the Museum of London, London, U.K.

Members present: Michael McKendrick and Barbara Bannister, U.K., Tatjana Jeren, Croatia, Haluk Eraksoy, Turkey, Haakon Sjursen, Norway, Daniel Lew, Switzerland, Ingrid Nilsson-Ehle, Sweden, Fredy Suter, Italy, Finn T. Black, Denmark, Ernst R. Weissenbacher, Germany, Henrique Lecour, Portugal. Observers from France: J. Y. Lacut, D. Christmann.

1. Dr Mary Horgan, Ireland, unfortunately could not be present for family reasons. Prof. Sergio Pauluzzi announced by fax during the meeting that he missed his flight from Italy. However, he arrived as the meeting was closed.
2. The President welcomed everyone to the meeting and introduced the observers from France, professors J. Y. Lacut and D. Christmann. A special welcome was also given to Mr. Christopher Lynch, Executive Director, the New England Journal of Medicine who had been invited to observe the minisymposium on continuous medical education (par.6).
3. The minutes from the meeting October 31, 1997 in Porto were approved. Some matters arising from the minutes were discussed:

   3.1 Dr Sjursen, Norway pointed out that some countries require specialisation in internal medicine before specialisation in infectious diseases. In Norway and Denmark 6 years of internal medicine training are required. Because of the very long training that would result with another 4 years of training in infectious diseases it would be desirable in these circumstances that the training in infectious diseases be reduced to 3 years. The possibility exists to count one year of infectious diseases as internal medicine, but still, the training would take in all 9 years if 4 years of infectious diseases are required: In Denmark, such double counting is not allowed. The problem was discussed. There was general agreement, that the U.E.M.S. general rule of the common trunk in internal medicine, with two years of training in internal medicine, should be upheld. There was also agreement that 4 years of training in infectious diseases be upheld. However, there is the possibility to double count one year of training in infectious diseases as one year of internal medicine training. It is recognized that training is expensive. In many countries there is at present a trend towards cutting down the time required for specialist training. Still, the attitude for the Specialist Section for Infectious Diseases must be to uphold the minimum criteria within the U.E.M.S. In France, infectious diseases is a subspecialty open to many other specialties, not only internal medicine. It is also open to biologists; however, not being medical doctors, they are not allowed to treat patients but go into laboratory sciences, such as microbiology. The infectious disease training is 2 years in 4 six-month periods, which include theoretical training, diploma in nosocomial infections and antibiotherapy or tropical diseases. In Germany, the system is similar to that in France. The subspecialty is open to many other specialists, for instance, gynaecologists, pediatricians, hematologists with a special interest in infections. The meeting felt that to be interchangeable in the E.U., the training must include the common trunk of internal medicine, 2 years, and infectious diseases, 4 years. Other

specialists with infectious disease training would have to be discussed within these specialist sections of the U.E.M.S. The meeting also agreed that training in accredited training posts and institutions is required.

3.2 The question raised after the Porto meeting by Sergio Pauluzzi was whether training could be shortened. The answer must be that within the U.E.M.S. framework a shorter training cannot be recognized.

3.3 The question of HIV medicine and tropical diseases: There is a move, from a minority of specialists, to separate out HIV medicine to be a separate specialty. There is also the same question regarding tropical medicine. This was discussed. Finn Black, speaking for all the Scandinavian countries, pointed out that tropical medicine belongs naturally within the specialty of infectious diseases. Regarding HIV, the standpoint is that in no other instance has one disease formed the basis for a whole specialty. Michael McKendrick also supported having tropical diseases within the infectious disease specialty. Henrique Lecour pointed out that Portugal now has incorporated tropical diseases into the infectious disease specialty. The meeting was unanimously of the opinion that tropical diseases should be incorporated into the infectious disease specialty. There remains a question of whether, in any country in the E.U., tropical diseases is still a specialty separate from infectious diseases. It was also unanimously felt that HIV should stay within the specialty.

4. News from U.E.M.S.

4.1 Copy of report from the meeting of the Comité Permanent Board and Subcommittees on April 2-4 1998 has been distributed to all de1egates.

4.2 The President informed the meeting that representation in the Advisory Committee on Medical Training is proposed to be halved. At present every member country has 2 representatives, one from ministries and one from the medical profession. According to the proposal, there will be one representative in the future, alternating every two years with representation from the political (ministry) level and next period from the educational (university) professional level. The proposal is meant to be implemented during 1998. The view of the Specialist Section for Infectious Diseases is that this would be an unfortunate change and the President encourages the National Associations to lobby for continued permanent representation from the medical profession.

4.3 The U.E.M.S. holds its next general meeting for the Specialist Sections and Boards in Brussels on October 24. It is preceded by a Scientific Conference on October 22-23 in celebration of the 40th anniversary of the U.E.M.S. The President of the Section for Infectious Diseases will attend.

4.4 The secretary/treasurer informed the meeting that the financial situation is under control. A few member countries have still not paid their dues for 1997, half have paid the dues for 1998. The total income for 1997/98 is SEK 21487,63, expenses have been SEK 1871 and the balance as of August 26 1998 is SEK 19616,63. It was decided that the annual membership due to the Section remains unchanged at 200 US dollars. The bank account number of the Section is 8359-2 (clearing number) 214.046.904-6 (account number). The bank is Sparbanken Finn, Lund, Sweden. The secretary/treasurer proposed that the Section's fund might be used to pay for expenses connected with representation of the Section at general meetings of the U.E.M.S. and this proposal was approved by the meeting.

5. Minisymposium on Continuing Medical Education. Background material had been distributed to all delegates: "U.E.M.S. Charter on Continuing Medical Education of Medical Specialists in the European Union" and "Continuing Medical Education for the trained physician" (Royal Colleges of Physicians of Edinburgh, Glasgow and London). The minisymposium was supported by the New England Journal of Medicine and Blackwell Scientific Publications.

5.1 The President pointed out the two big problem areas in Continuing Medical Education: assessment of effectiveness is very difficult and a system for creditation must be created.

5.2 Delegates to the meeting presented the CME activities in their countries. Copies of their presentations, if overhead transparencies or short manuscripts were used, are enclosed with these minutes. Short summaries:
U.K., dr McKendrick: Internal (internal seminars, clinical audits, grand rounds, journal clubs etc.) and external CME (courses, symposia, workshops, visits to centers of excellence, organized by Colleges, specialist Societies, national and international organisations, pharmaceutical industry). Balance internal/external CME approximately half of each. Target: 100 hours per year over a five-year period. CME approved by college and specialist societies. Physicians keep individual records of their CME, 5% annually undergo audit. Certificates of completion of CME will be issued every five years. First five-year period not yet completed, no results available on compliance. No system yet developed for those who do not achieve the target CME. Subjects under discussion for the future: move from recording hours to assessment of content with appropriate feedback and advice; retraining of those with inadequate performance in CME. (enclosure)
Germany, dr Weissenbacher: It is agreed that specialists must have CME but there are no forcing circumstances. There are some systems of progressive courses to achieve higher competence. The reward is monetary. (no enclosure).
Norway, dr Sjursen: Norway is in the planning stage with an envisioned system similar to the British one. There is a structure waiting to be implemented and probably will be so two years from now. (no enclosure)
Portugal, dr Lecour: As yet no organized CME. The first steps toward a system have been taken in 1998. The CME in infectious diseases consists of conferences, workshops, symposia and local meetings. Usually organized by the Society of Infectious Diseases, hospital services and pharmaceutical companies. (no enclosure)
Switzerland, dr Lew: Organized CME has started in 1998. The concept is similar to the British one. Each specialist must fulfil 80 hours per year of which 1/3 can be selfstudies of journals etc. At national/international meetings certificates are issued which are submitted by the individual to the local association which controls the number of hours of CME. For Infectious Diseases, there are 2 day courses for pregraduate and postgraduate levels where also specialist may participate, led by the top specialists. Such courses should be attended every 3 years. A further requirement is 8 days per year of national/international meetings. (enclosure).
Italy, dr Pauluzzi, prepared paper presented by dr Suter: No organized program. A national committee will deal with educational planning, accreditation, evaluation of learning. Plans are apparently, to reconfirm the competence of the specialist every 5 years. Agreement exists in the profession that CME is a moral obligation for doctors and must be implemented. Proposals where put forward in 1997 to appoint a national council for CME, to establish minimal standards for CME and accreditation of programs, to define credits, to re-evaluate each doctor every 3-5 years. Italy is waiting for general regulation of CME in the European Union. (enclosure)
Croatia, dr Jeren: Internal CME through professional meeting every week with presentations and case discussions under supervision of senior specialists, ass-professors, professors. External CME through scientific meeting, two each year at Zagreb University Hospital and another hospital with topic themes. There are also organized courses for CME lasting 7 days with lectures and practical work with patients, led by ass. professor or professor, every or every other year. Postgraduate courses are avai1able also for specialists and elective courses. All CME courses must be approved by a special Committee which assigns points to different courses, conferences etc. Credits are given, 120 points per year per specialist are required. If not reached, there is a system of sanctions. (enclosure)
Turkey, dr Eraksoy: CME is not compulsory. Doctors are encouraged to attend meetings, read literature and journals, use computer programs. The Universities organize official CME courses, teaching seminars, rounds and conferences. The Specialty associations organize meetings, conferences, seminars, workshops. The Turkish Medical Association organizes courses as does the Ministry of Health. The TMA also promotes learning for doctors in distant parts of the country, for example by subscriptions to scientific journals. There is, at present, no National Committee for CME but plans are being worked out. There is an Accreditation Committee since 1993, but it is not mandatory to participate. Participation in accredited activities gives credit points which are registered. Doctors pay for receiving such credits and also for the registration which puts the doctor in a better position with regard to positions. The TMA works intensively to legislate CME. (enclosure)
France, dr Lacut: In France, the discussion has main1y been CME for the general practitioners. There is a National Committee for CME since 2 years, but it has not in reality been in effect. Waiting for government to decide rules and solve the financial structure. A working group has been formed within the Infectious Disease Specialty to organize CME. (no enclosure)

Denmark, dr Black: At present, no official CME. For Infectious Disease specialists, there are 1-2 year1y CME meetings. The Danish Medical Association organizes meetings and courses. The pharmaceutical industry finances meetings and doctors attend international meetings. In 1997 hospital owners agreed to set up a fund for development of CME systems. The Specialty Sections apply for money from this fund to work out CME systems. The Infectious Disease Specialty has just started. The goal is that by January 1, 2000, all specialties must have organized CME systems. The systems will, most likely, be very similar to the British and American systems. However, there are no plans to introduce sanctions against those who do not fulfil their CME credit quotas.
Sweden, dr Nilsson-Ehle: In Sweden, the situation is very similar to Norway and Denmark. CME is still not mandatory, the opportunities for the individual to take part in CME are numerous, both internally and external1y, with education offered by employers, medical schools/universities, the National Medical Associations, the Specialist sections, the pharmaceutical industry .The Swedish Medical Association in 1996 adopted a policy program for CME which proposes personal CME accounts for all specialty-certified doctors, tied to individual education and development plans drawn up in agreement between physician and employer. Responsibility for CME needs to be regulated at all levels: state, employer and individual levels. (policy program distributed to participants at the meeting).

Mr Lynch pointed out in the discussion that followed these presentations, that there is a difference between the American system and the existing or proposed European systems: in the U.S., there is a system of recertifaction after examination in many states. Thus, sanctions are taken against those individuals who do not reach their set CME goals and/or do not pass the examinations.

5.3 In the U.E.M.S. Charter on Continuing Medical Education, chapter 6 "European Coordination of Continuing Medical Education" it is stated that a "European Specialist Board be set up in each specialty by the relevant specialist section with the purpose of guaranteeing high standards of care in the specialty concerned by ensuring that both continuing medical education and postgraduate training are raised to an adequate level". The President thus proposed election of a representative of the Section for Infectious Diseases to function as chairman of a European Specialist Board for Infectious Diseases, and this proposal was adopted.

5.4 Dr Michael McKendrick was nominated to this function and was unanimously elected. It was also decided, that dr McKendrick will recruit other Infectious Disease specialists to serve on the Specialist Board. It is, according to the above mentioned Charter, also the responsibility of the Board to ensure that postgraduate, that is, specialist, training be raised to an adequate level. Financing of the activities of the Board will have to come out of the funds of the Section.

6. Other business. -Election of President and Secretary/treasurer. Dr Barbara Bannister declined reelection. Dr Daniel Lew was nominated for new President from March 1999, accepted the nomination and was unanimously elected. Dr Ingrid Nilsson-Ehle accepted reelection for one year, was thus elected and will function as secretary/treasurer until March 2000. -Dr Ernst R. Weissenbacher accepted the suggestion to hold the next annual meeting of the U.E.M.S. Section for Infectious Diseases in Munich, Germany. It was decided to hold this meeting on September 17-18,1999.

7. The President thanked all participants for a constructive meeting and declared the meeting closed.

Lund and London, September 30, 1998

Ingrid Nilsson-Ehle, secretary

Barbara Bannister, President

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