



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN UNION OF MEDICAL SPECIALISTS

U.E.M.S.

UEMS Specialist Section of Infectious Diseases

MINUTES - EUROPEAN BOARD FOR INFECTIOUS DISEASES (+comments from the section meeting pertaining to the board activities) - 2 SEPTEMBER 2000

Venue: Hotel Waltzer, Budapest

Apologies for Absence: There were no apologies.

Present: Dr M W McKendrick - President of the Board
Dr D Lew - President of the Section
Dr F Black
Dr H Lecour
Dr H Sjursen

1. Minutes of the last meetings
These were agreed.

2. Matters arising

(a) Training Programme

It was reported that there had been no further comments on the final draft of the Training Programme circulated after the meeting in September 1999 and the Training Programme was sent to UEMS who put it directly on the web page for Infectious Diseases in September 1999. (Dr McKendrick shared with the Section the development of an objective based Training Programme being undertaken in the UK as a means of delivering the Curriculum; it was requested that this might be made available to members; it was noted that it would probably be on the web page of the British Infection Society when it has been adopted.)

(b) Charter for CME

There had been no comments on the Draft Charter which was tabled at the Geneva meeting and this was sent to the UEMS and went on the Infectious Diseases web page in September 1999.

(c) Log Book

The draft Log Book had been revised to ensure the headings reflected the topics in the Curriculum. It was a simple two page document reflecting the level of experience in terms of numbers of patients, number of clinics etc (page 1) and the clinical competence obtained by the trainee in the different areas (page 2). It was recognised that individual countries may develop a more

sophisticated systems but it was agreed that the Log Book should be put on the Infectious Diseases web so it is available for countries developing a formal training structure.

(Note: there was support from the Section meeting and it was agreed to circulate the draft log book dated August 2000 to the Members of the Section for comment prior to putting on the web page at UEMS).

(d) Data Base on European Countries centres offering training to trainees from other European Countries

The principle of establishing a data base available for trainees was supported. The level of usage was not clear and it was felt that it was important that this should not be a data base of all training centres in ID in Europe but rather a data base of those centres who were prepared to offer the time, the effort and the energies to giving 'exceptional' training to someone coming from elsewhere. Information about whether the unit is accredited for training, how long the unit has been accredited for training and whether there is a peer review system of evaluation of training should also be on the database form.

Note: (Discussion at the Section meeting - it may be valuable for specific training experience e.g. for leishmaniasis in Turkey, for HIV in Denmark, Amsterdam etc. for a short period of, say, 4 to six weeks as an observer. Longer periods of training would require clinical content rather than observer status and this would require the trainee to comply with the Rules and Regulations of the Country e.g. probably provisional medical registration and possibly language examinations. Perhaps the source of this information should be on the database?)

The data base should also identify specific useful experience which could be obtained in a centre. It was suggested that the initial data base should be for centres where English, French or German was the major language as it would be unlikely that trainees would be competent to go to a country where, for example, they are required to speak Danish/Swedish as trainees with that ability would probably contract those countries directly.)

3. Discussion with ESCMID
See below under CME.

4. Structure of the Board, Duration of Office and Proposal for the Officers
The paper entitled Structure of the Board dated August 2000 was approved with the amendment that Section 2 should read :

'Duration of posts -

Usually three years. The President and all Members may be re-appointed for a further period of office at the request of the Board and with the agreement of the individual. Appointments to positions on the Board should have the approval of the Section'

5. CME

A brief summary was presented of the CME meeting in Brussels in May 2000, the notes of which have been distributed previously. It was felt that UEMS needed a CME representative and Dr Black kindly agreed to undertake this role. It was felt important that there should be closer links with the European Society but that these should not in any way result in loss of the independent control of the UEMS Board to advise on CME accreditation to the EACCME. Some other European Boards have joined with the European Society in a situation where the CME Committee is chaired by the UEMS representative but the position of Infectious Diseases will need further debate and discussion. The point was made that there are other Societies for Infectious Diseases in Europe besides the ESCMID such as the Mediterranean Society and it would be important that these are not disadvantaged; only a proportion of Infectious Diseases specialists are actually Members of ESCMID.

(Discussion at the Section meeting - after presentation by Professor Finch and Peter Schoch it was agreed that a Task Force should be set up between ESCMID and UEMS to address the issues around CME and how this should be best approved at a European level. It was suggested in discussion that when National Authorities have eventually established a competent and robust system for CME the situation may be reached whereby cross recognition of CME between Member countries could occur without the need for EACCME but this is probably some time away. In the

interim a system will have to be developed to approve meetings attended by doctors from different European countries. It is of note that EACCME has been established since January 2000 but there is no cross recognition with National Authorities as yet -indeed many countries do not yet have National Authorities responsible for CME.)

6. Inspection of the European Centres

It was agreed that this was not a useful activity for Infectious Diseases at present but could be re-visited in the future if appropriate.

7. European Examination of Infectious Diseases

It was agreed that this was not a useful activity for Infectious Diseases at present but could be re-visited in the future if appropriate.

8. Membership of the Board

It was proposed that Dr McKendrick should stay on as President of the Board for the time being. He indicated that he would be prepared to do this. It was agreed that Haakan Sjurson would demit office in November 2000 and Mary Horgan and Ingrid Nelson Ehrle were proposed as new members of the Board.

(At Section meeting Dr Black proposed Dr McKendrick extend his period of office – this was supported by Members of the Section; the proposal for Dr Nelson Ehrle and Dr Horgan to be Members of the Board was approved by the Section).

9. Any Other Business

There was no other business.

10. Date of next meeting

It was felt that a further meeting in the Spring of 2000 would be valuable. This could be the day before the ESCMID in Istanbul - 31 March 2001 but Dr Black would be unable to make this date. An alternative date may be sought.

EBID Sept 2000

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