



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

U.E.M.S.

UEMS Specialist Section of Infectious Diseases

Minutes from the fourth annual meeting of the U.E.M.S. Section for Infectious Diseases, September 2, 2000 at the Hotel Walzer, Budapest, Hungary

Members present: Tatjana Jeren, Croatia, Finn T. Black, Denmark, Georg Maschmeyer, Germany, Gábor Ternák, Hungary, Mary Horgan, Ireland, Gerard Sheehan, Ireland, Henrique Lecour, Portugal, Franc Strle, Slovenia, Ingrid Nilsson-Ehle, Sweden, Haluk Eraksoy, Turkey, Barbara Bannister, England, Mike McKendrick, England, Haakon Sjørnsen, Norway and Daniel Lew, Switzerland.

Observers: Dirk Vogelaers, Belgium, Christian Perronne, France. Daniel Christman, France, Peter Speelman, the Netherlands, Roger G. Finch and Peter Schoch, the European Society for Infectious Diseases and Clinical Microbiology (ESCMID).

1. The President, Daniel Lew, and our host Dr. Gábor Ternák welcomed everyone to the meeting. The minutes from the third annual meeting in Geneva, September 17, 1999, were approved.
2. The Secretary/Treasurer, Haakon Sjørnsen, informed about the Section's financial status. The balance for the year 1999 was US\$ 4018. Six countries have so far not paid their due for 1999. The balance per September 1 is US\$ 4993. Only six countries have paid their annual due for 2000 so far. Member of countries with outstanding dues for the year 1999 and 2000 were reminded to send their payment to Den norske bank ASA, Torgalmenning 2, N-5020 Bergen, Norway, account No. 5219.05.08420. This is the account opened for the section named U.E.M.S. Infection.
3. The President gave information about the U.E.M.S. compendium of the Medical Specialist year 2000 and the article: The Infectious Diseases Specialist in Europe at the dawn of the 21-Century. The Secretary will send a copy to each member. He also reported from the U.E.M.S. Section and Board on May 13, 2000 in Brussels, which had a central theme of CME.
4. The structure of the European Board of Infectious Diseases (EBID) was then discussed. The members of the Board should be the President, President of the Section and four members. Duration of the post will be three years and the president and members may be reappointed for a further period of office at the request of the Board. A change of more than two members at the time should be avoided. A new President will be appointed twelve months before the change of the

President. Mike McKendrick was elected to go for a new period as President of the Board.

5. Status of the ID in the different countries. The President pointed out that countries where specialties were not officially recognized should be encouraged to work toward official recognition and apply to their national medical association for membership. There was uncertainty about this status in Greece, Iceland and Malta. In the Netherlands the specialty is a subspecialty of internal medicine but in the process of becoming a full specialty. In Spain the specialty is not recognized and it was decided to send an information letter about U.E.M.S. and the training program to the National Medical Association in Spain. The President presented a list of the status of our specialty in the different European countries, and was invited by ESCMID Managing Director Peter Shoch to present the results of this work in the next issue of the ESCMID Journal. The status of pediatric ID was also discussed and the Section concluded that we have no official attitude on the pediatric ID specialty. It is not known whether they will be independent or a part of our specialty. Tropical medicine was discussed and the ID training program contains an offer of the possibility to get training in tropical infectious diseases within the training program. The members were reminded to send their national training program summary to Mike McKendrick.

6. The training program and log book. The President of the Board, Mike McKendrick, gave an introduction. Some specialty Boards have sophisticated systems for defining what is required from CME, others none. Similarly some European societies have sophisticated systems for delivering CME, others not. The European Accreditation Council for CME (EACCME) was established in January 2000 as a body of UEMS who will seek approval for all National Authorities for reciprocity of CME credits. In addition, CPD - Continuous Professional Development - is necessary but is a poorly established system throughout Europe. It will become compulsory before long as well as revalidation. Some countries have more developed systems, e.g. the Netherlands have compulsory revalidation.
There are currently no universal currencies for CME, but the unit of one hour seems logical. Currently there is no cross recognition of CME between the countries. It is still not known whether the different national authorities in Europe will recognize the CME approved by the EACCME. It is also an open question who will take responsibility to deliver CME. Should it be a National Specialist Society, Medical Association, Colleges or others responsible body? Who will pay for CME and revalidation? Ultimately it has to come back to the Government and the patients.

7. The ESCMID representative report was given by the President elected Professor Roger Finch, who discussed the different activities of ESCMID. The Managing Director of ESCMID, Peter Shoch, gave an overview of the areas of CME activity of the Society.
It was proposed that there should be information of a task force established with representatives from UEMS ID Section and ESCMID to discuss the optimum way of delivering and accrediting CME at a European level. Issues to discuss include: Composition of CME committee, election/nomination of its members, definition of educational categories, meetings, CME versus CPE or CPD, evidence based CME, credit systems (registration, credit entry, reporting), finance.
Daniel Lew added that the ID specialty is not alone in having to solve these problems; all the specialties have the same discussion and it is not unreasonable to follow a similar approach of working with the European Society as has been done by other specialties. In several other specialties such as cardiology there is a CME board with representatives of the UEMS specialist section and the European clinical society (such as ESCMID for our specialty).
Dr Finn Black reminded us that we do not have to redefine all the guidelines. We can benefit to what the Americans have done. He also pointed out that there are ID Societies other than ESCMID in Europe, such as the Mediterranean, and since ESCMID is not in a position to provide CME approval of it's own educational activities, there has to be a cooperation in this task with the Section. The European meetings do have to be recognized in each country, and when a meeting is arranged in one country it should be approved by the National Association in that country.
Finn Black and Barbara Banister were proposed and agreed to be representatives for the CME matters in cooperation with ESCMID. ESCMID has accepted to study a financial support for this activity and the Managing Director of ESCMID Peter Shoch will provide information about CME to ESCMID members.

8. Database of European centers. Mike McKendrick gave an overview and led discussion on whether a database of European Training Centers would be valuable. It was recognized that the EBID could not inspect or be responsible for information on a database but might act as a source of information to unite those who wish to offer training and those who wish to take up training opportunities in a different European country. There was a general feeling that it would be useful and Dr McKendrick undertook to circulate by e-mail a draft of the information, which might be requested for the database. So far no centers have been established, and it was believed that there would be a small number of centers in countries with a very broadly used language. At the start it should be sufficient to have one center per country in three of the main languages in Europe like English, French and German though there could be more – this is not intended to be an exclusive process. It was noted that short periods of training in areas where specific infectious diseases are more prevalent like malaria in Italy, Kala-azar in Turkey etc might be of interest as well as longer periods in large units with prominent research programmes. There would probably be manpower and registration processes which could prove difficult for those wishing to practice clinical medicine and the database should identify the address of the relevant authority to provide details on this. No action would occur until positive responses were received to the e-mail.

9. Specialist numbers. Dr McKendrick presented figures of the numbers of specialists and trainees in ID in different countries and a large discrepancy was apparent. Interpretation of the significance of this data may be difficult without means of addressing quality standards and clinical outcomes in different countries – these may be necessary to substantiate the effectiveness of the ID physician on the clinical management of patients. Research in this area, for example in meningitis, malaria is needed to underpin the argument for increased numbers of ID physicians.

10. Other business: Ingrid Nilsson-Ehle, Sweden, and Mary Horgan, Ireland was elected as new members of the EBID from the year 2001.

11. For the next annual meeting of the Section there was an open invitation from Sergio Pauluzzi to hold our next annual meeting in September 2001 in Italy.

Bergen and Geneva, October 21, 2000

Haakon Sjursen, Secretary

Daniel Lew, President

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