

Minutes from the 8th annual meeting of the UEMS, Section for Infectious Diseases, September 5-6, 2003, Cork, Ireland.

Present:

Hannes Pichler	Austria
Adriana Vince	Croatia
Finn T. Black	Denmark
Daniel Christmann	France
Christian Perronne	France
Winfried V. Kern	Germany
Gábor Ternák	Hungary
Mar Kristjansson	Iceland
Magnus Gottfrosson	Iceland
Mary Horgan	Ireland
Andy Hoepelman	Netherlands
Haakon Sjursen	Norway
Henrique Lecour	Portugal
Franc Strle	Slovenia
Ingrid Nilsson-Ehle	Sweden
Rainer Weber	Switzerland
Daniel Lew	Switzerland
Haluk Eraksoy	Turkey
Mike McKendrick	UK
Ragnar Norrby	Observer, ESCMID

1. **Welcome.** The President Ingrid Nilsson-Ehle, and our host Mary Horgan welcomed everyone to the meeting in Cork, Ireland.
2. **Approval of minutes.** The minutes from the last meeting in Izmir, September 2002, were approved. The agenda for the current meeting was approved; TOPs 3 and 7 were to be discussed together.
3. **Financial Report + 7. Status of membership; new UEMS member countries.** The new treasurer/secretary Winfried Kern reported that he had taken over the business form Haakon Sjursen and that the money had meantime been transferred to the new account. He reported that the current balance (as of 31.08.2003) was € +9238,32, and that € 300,00 had been kept by Haakon Sjursen for the website business. An overview of membership fee payments since 2000 were shown in a table, and it was clear that several countries were delayed in their annual payments. The treasurer announced that he will soon send formal invoices to the delegates that can be forwarded to the nominating associations of each country.

The status of UEMS-ID membership (delegates/observers) in particular in view of new member states was then discussed. The President informed about recognition of ID specialty in Poland, Estonia, Romania, Iceland, Finland, and Czech Republic. No definite information exists regarding ID recognition in Luxembourg, Malta, Slovakia, Latvia, Lithuania, Azerbaidjan. The membership/delegacy situation for Iceland has been clarified, and the two delegates were attending this meeting. The President established contacts to Poland that will very soon nominate a delegate. The situation of Finland also seems to be clarified; Prof. Valtonen will change his status from observer to become delegate when UEMS will have officially been notified of his nomination.

Contacts also exist with the Czech Republic. With regard to other membership statuses, it was reported that contacts with Spain and Italy were lost. It was decided that the following delegates will try to establish contacts/provide updated information:

- Estonia, Romania, Czech Republic, Azerbaidjan: Ingrid Nilsson-Ehle;
- Luxembourg: Winfried Kern and Daniel Christmann
- Slovakia: Adriana Vince
- Latvia and Lithuania: Franc Strle
- Spain: Henrique Lecour and Winfried Kern
- Italy and Malta: Winfried Kern

There were inconsistencies regarding ID recognition and observer vs delegate (and consequently fee payment) status for Austria, Belgium, and Spain: Austria has no ID recognition (yet), but has officially nominated Hannes Pichler as delegate (and therefore would have to pay the annual fee); also, Belgium has no ID recognition but has paid the fees while Spain (also without ID recognition) has never paid the fees. The situation needs to be clarified. New delegates and observers need to know that official notification of a delegate has to be made to UEMS by the national physician Board/Chamber/Association, not by the ID scientific Society (that, of course, may nominate or make proposals), otherwise no delegate status is granted. In this regard it was also agreed that the ID Section does not expect the payment of any fee from those countries with observer status, but only from countries with full delegate status.

The secretary/treasurer will keep a list of national associations and scientific societies with names of the chairmen so that these officers can be included in the mailing list for the minutes. The President reminded the delegates that in Perugia the decision was made that minutes from each annual meeting should be sent to the national medical associations/physician boards/chambers and ID societies.

The President asked the attending new observers/delegates from Austria and Iceland to briefly summarize the situation in their countries. Hannes Pichler emphasized that he sees problems in ID training in Austria according to the UEMS-ID training charter since many institutions in Austria offer very selected specialized services rather than a broad ID service so that trainees would have to change the training site frequently. Mar Kristjansson and Magnus Gottfreosson from Iceland reported that Iceland has no ID training programme; all fellows are trained abroad (often USA). Currently, seven certified ID specialists are working in clinical medicine.

4. ***Report from UEMS Sections and Boards (S/B) meeting in Brussels, May 2003.*** The President Ingrid Nilsson-Ehle informed about the meeting in May 2003. For representation at Management Council meetings, S/Bs are grouped in to three; ID (together with other S/Bs in that group) is currently represented by Rodney Burnham (Gastroenterology) and Sergio del Giacco (Allergology) (term, two years). One topic was the proposal for a new directive for professional recognition in Europe. Here, UEMS attempts to help transfer professional EU directives concerning the medical profession from the Market Directorate (focus: mobility) to the Directorate for Health and Consumer Protection (focus: quality). It is not certain that the proposal will be taken. UEMS is working on quality aspects; there is a new draft paper on Quality Assurance of clinical practice after former position papers on Quality Improvement (the Basel declaration, document D 0120), and on Quality Control. The President felt

that the discussion about European examinations and diplomas might be important. Some S/Bs do examinations and give certificates, some examine and endorse the certifications from each country without an independent examination. These European certifications have no legal standing; however, it was apparent that many think they are a merit and may be a help to the individual when seeking a position in another European country. According to UEMS statutes, European Boards can issue a certificate of recognition of quality only for *”fully trained specialists being recognized as such by their responsible national organization in the Member State of the EU and having practised in that specialty as a specialist for at least 3 years”*. After heavy discussion on this topic among delegates, it was decided that the UEMS-ID section and European Board presently would not develop such certifications due to too much diversity among training charters and too much workload to establish criteria and guidelines for examination and certification (see also TOP 9.).

The President reported on the slow progress to reconstruct the central UEMS website. There is a clearcut decision on the UEMS side that S/B websites would not be managed by the UEMS umbrella organization and that instead UEMS strongly encourages S/Bs to set up and maintain their own website. This seems to be important since the UEMS-ID S/B sub-website (see <http://www.uems.be/infect.htm>) has not been updated since some time regarding relevant documents, meeting announcements, elected executive officers etc.

EACCME (European Advisory Committee on CME) was another topic discussed at the Brussels meeting. About 200 events were evaluated for CME credits in 2002. Only six countries now have formal agreements between national accreditation authorities and EACCME. There is an agreement with the American Medical Association that accepts EACCME accreditation for European events (and vice versa). It was stressed that the evaluation of events for clinical/scientific content should be done by UEMS S/Bs, not by the scientific societies for obvious reasons (they are providers and should not evaluate their own events nor those of other societies). Fees for EACCME accreditation are charged on a sliding scale depending on the size of the event (from Euro 100 for up to 250 participants to Euro 1000 for over 5000 participants).

- 5. Report on the UEMS-ID website setup progress.** Haakon Sjurson reported that he is in contact with an information technician at his institution who tries to work out what will be the best solution in terms of domain and relationship to the UEMS website at an acceptable cost. The website should primarily include information about officers (name function, address information if agreed upon), delegates, meetings, and important documents (minutes, training charter, logbook, EBAID application form etc.). It was felt it would be too much work to maintain updated addresses of ID training centers; rather there should be links to national training (center) accreditation authorities as well as national ID scientific and professional organizations from where such information could be retrieved by those interested. € 300,00 are currently reserved for payment of the initial work associated with website planning and setup.

6. ***Report on the European Board for Accreditation of CME in the field of Infectious Diseases (EBAID)***. Finn Black, current EBAID chairman, gave a report on the evolving structure and recent activities of this body. So far, two meetings were evaluated for CME by EBAID. Unfortunately, payment for this work has not yet been received. Finn Black reported that Barbara Bannister (UK), Mary Horgan (Ireland), and Mike MacKendrick (UK) together with Peter Schoch (ESCMID) and Ragnar Norrby (ESCMID) are presently on the EBAID Executive. ESCMID provides logistic support through its Managing Office in Basel, Switzerland, with a 50/50 share of the income for ESCMID and EBAID. Problems – apart from money transfer – were that EACCME did not accept EBAID application forms, and that EACCME appears to approve CME only after approval by national CME accreditation authorities although there are no CME accreditation authorities in some countries, and EACCME has made agreements with only six national authorities where they exist so far. A new flowchart of the process indicates that there would be no involvement of EBAID in accreditation of national meetings which counteracts the principle of accreditation by external experts unrelated to providers of the event. The President announced to inquire further these matters and report at a coming meeting. Ragnar Norrby as ESCMID representative indicated that ESCMID will continue to provide logistic support as long as EBAID is the evaluating body. He pointed out that EBAID activities might be critical for European CME accreditation of industry-sponsored events due to their independence.

7. *see 3. above*

8. ***Report on the UEMS-European Board of Infectious Diseases (EBID) meetings in Glasgow, May 2003, and Cork, September 2003***. EBID President Mary Horgan gave report on the Glasgow meeting earlier this year and the meeting held just before the present annual Section meeting. Matters that were discussed were the updated ID training charter, the questionnaire on quality of ID training, a visitation system for ID training centers (see discussion below), joint ID/microbiology training (see discussion below), EBAID/EACCME CME approval system (see report above), a planned UEMS-Manual on CME/CPD. The minutes of the meetings will be circulated among delegates/observers.

9. ***Future activities***.

- *Position Medical/Clinical Microbiology, joint training*: Mike MacKendrick gave a brief report on the position of clinical microbiology in the UK. Due to the lack of trainees in this specialty, one is considering a joint training programme (“infection doctors”) which could be discussed for other countries as a model. The training period is relatively long though, and it was felt that the advantage of such a combined training programme over performing training in both specialties was probably marginal. The question arose whether we should have cross-representation within the S/B Medical Biopathology (corresponding to laboratory medicine including medical microbiology) and S/B Infectious Diseases to discuss training programmes and other things together. Some discussants pointed out that the position of medical microbiology, in fact, was not very strong: few trainees, more and more PhD graduates without medical education, heavy pressure on the side of hospital administrators to combine laboratory services in a single institution,

no proper representation within UEMS (just a sort of subspecialty within Biopathology, a so-called “Microbiology Commission” has been formed within the S/B; see <http://nc.ibk.liu.se/uems>). The situation in Europe is quite heterogenous. Medical microbiology is part of clinical pathology in some countries, and this system seems to work well, whereas in others it is independent and strong or threatened and weak. After a long discussion of this topic it was decided that the UEMS S/B ID would be open for any discussion of this kind but presently will not approach the UEMS S/B Medical Biopathology. The President promised to contact the Microbiology Commission chairman, and the meeting endorsed the idea that the chairman of the Microbiology Commission be invited to attend our S/B meetings. It was felt that, upon request the S/B ID would probably support a separation of Medical Microbiology from the very comprehensive “Medical Biopathology” within the UEMS

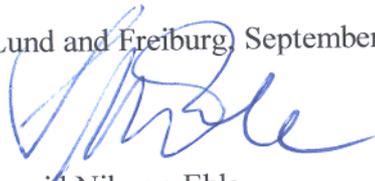
- *examinations, site visiting, etc.:* it was felt premature to start offering Board examinations/certifications (see above); the discussion centered around the problems of examining skills (difficult to assess in a single examination) versus knowledge; by many discussants it was felt prudent to focus on an inventory of present national assessment methodologies and perhaps to enhance assessment methodology in areas where they might be improved (e.g. more/better use of logbooks among other things); logbooks are not used in every ID training programmes; there are new experiments and guidance for continuous skills assessment (e.g. in the UK, details available from Mike MacKendrick); training site visitation also was not considered a priority task of the UEMS-S/B ID at present; the first step again would be collect (already done for a first time by the Board) information on national training center visitation practices and then to update this information and assess the compliance with and potential ID-specific problems of the training center visitation charter.
- *educational events:* running schools (as being done by ESCMID) was not considered a priority of the UEMS S/B ID at present.

10. Any other business. Ragnar Norrby, ESCMID President-Elect and Professional Affairs Officer – Infectious Diseases, reported on the present structure and activities of the ESCMID. He reviewed ESCMID conferences and training courses (educational and post-graduate), ESCMID study group activities, EUCAST (in vitro susceptibility testing guidelines and harmonization) successes and recent liaison of ESCMID with EU research offices (within the 6th EU framework programme). The President thanked Ragnar Norrby for his important presentation on ESCMID at this meeting.

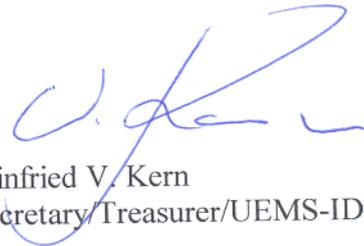
Future meeting. The President asked the attendants for their opinion regarding future meetings related or unrelated to a large European congress such as ECCMID. Most attendants felt that the present rule of having a congress-“independent” annual meeting should be continued. Two sites for future meetings were discussed. A decision was taken to organize the 2004 annual meeting in or near to Strasbourg, France (convenor: Daniel Christmann, date: September 3-4,

2004), and the 2005 annual meeting in Dubrovnik, Croatia (convenor: Adriana Vince and Tatjana Jeren).

Lund and Freiburg, September 20, 2003



Ingrid Nilsson-Ehle
President/UEMS-ID



Winfried V. Kern
Secretary/Treasurer/UEMS-ID