

## Minutes from the 11<sup>th</sup> annual meeting of the UEMS, Section for Infectious Diseases, September 8-9, 2006, Vienna, Austria.

### Present:

Hannes Pichler	Austria
Christoph Wenisch	Austria
Enra Lukovac	Observer, Bosnia-Herzegovina
Sajma Krkic-Dautovic	Observer, Bosnia-Herzegovina
Adriana Vince	Croatia
Tatjana Jeren	Croatia
Maria Koliou	Cyprus
Jiri Benes	Czech Republic
Finn T. Black	Denmark
Daniel Christmann	France
Christian Perronne	France
Winfried V. Kern	Germany
Helen Giamarellou	Greece
K Kanellakoulou	Greece
Gábor Ternák	Hungary
Mario Mondelli	Italy
Haakon Sjursen	Norway
Robert Flisiak	Poland
Andrzej Horban	Poland
Jose Boaventura	Portugal
Dan Duiculesu	Romania
Vladimir Rolny	Slovakia
Franc Strle	Slovenia
Ingrid Nilsson-Ehle	Sweden
Rainer Weber	Switzerland
Haluk Eraksoy	Turkey
Mike McKendrick	UK
Nick Beeching	UK
Robert Read	Observer, ESCMID
Peter Schoch	Observer, ESCMID
Pierre Loulergue	Observer, PWG Junior Doctors

- 1. Welcome, apologies and approval of agenda.** President Mike KcKendrick and our hosts Hannes Pichler and Christoph Wenisch welcomed everyone to the meeting. Apologies were received from Thomas Benfield, Andrew Ullmann, Colm Bergin, Ludmilla Viksna, Robert Hemmer, Andy Hoepelmann, Henrique Lecour, Jesus Rodriguez-Bano, and Barbara Bannister. The agenda for the current meeting was approved. The President gave an introduction of UEMS structure in general and the ID section in particular.
- 2. President's report: 2006 meeting in Nice.** The president briefly summarized the discussions at the Nice meeting. He referred to the minutes of the meeting.
- 3. President's Report: 2006 Brussels May meeting of Presidents of Sections and Boards with Management Council.**
  - **EACCME.** This was postponed to be discussed no. 13 of the agenda (see below).
  - **European Working time directive.** In 2009, the working hours allowable will reduce from 56 to 48 hours per week. The surgeons believed this was insufficient to adequately train their trainees without prolonging the period of training. The proposal from surgical

specialties for a working time of 48+12 h per week (12 h for training) was not supported by the Section for ID.

- *European examinations.* As done before, it was again stressed that European examinations were not encouraged since they had no legal value. Rather, the methodology used for the assessment of trainees and frequency of assessment should be audited in the hope that there could be robust systems in place to ensure adequacy and consistency of training across different countries in Europe. There is a document “UEMS Policy Statement on Assessments during Specialist Postgraduate Medical Training” which the Secretary will forward after the meeting to the members for further information.
- *Internal market/patient movement.* There is a new agreement (“Agreement of the European Consensus Conference held in Edinburgh, Scotland, on 13/14 October 2005 on the Exchange of Information on Healthcare Professionals Crossing Borders for Competent Authorities”) relevant to international mobility and migration of health care professionals. The Secretary will forward this document to all members. The document was developed on the basis of some key principles as for example ensuring a high level of quality in healthcare and the security and protection of patients, facilitating professional mobility, avoiding unnecessary bureaucracy. The document defines a so-called „European Certificate of Current Professional Status” that is valid for three months and can be used by physicians for all communications to competent authorities relevant to professional mobility.
- *Medical act definition.* The new definition agreed at the May meeting was agreed at the Section meeting: “*The medical act encompasses all the professional action, e.g. scientific, teaching, training and educational, clinical and medico-technical steps, performed to promote health and functioning, prevent diseases, provide diagnostic or therapeutic and rehabilitative care to patients, individuals, groups or communities and is the responsibility of, and must always be performed by a registered medical doctor/physician or under his or her direct supervision and/or prescription.*”
- *E-health.* This was brought up in Brussels but it turned out that there was no acceptable definition.
- *Clinical guidelines.* The President reported the Brussels discussion about practice guidelines, which are being piloted by GIM and gastroenterology, and asked whether there was interest in the ID section to work in that field. Nobody felt that this would be a priority at the moment.
- *Statutes.* There was a request to draft/update statutes for each Section according to the various documents available.

4. ***Members/observer status/developments.*** There were new contacts to delegates from Macedonia, Bosnia-Herzegovina and Poland, but not from Malta, Bulgaria and Estonia. Dan Duiculesu will again inquire about the status in Moldova. Refreshing contacts with the delegates who were not attending this meeting and with whom there was no contact since some time (e.g. Belgium, Iceland, Finland) were asked to be done by the Secretary. Members/delegates were reminded that there should be two delegates from each country of whom at least one should be able to attend one of the two annual meetings of the Section. Members/delegates were encouraged to nominate a second delegate if not yet done.

5. ***PWG Junior doctor’s introduction.*** Pierre Loulergue from Paris was welcomed to the meeting. In his presentation he explained the PWG structure and the objectives of the junior doctor organization. He noted that besides him, Susana Silva from Lisbon was the delegate to the ID section, and apologized for her absence to attend the meeting. He

pointed out that “enlargement” (more countries) and the “working time directive” have been major items on the agenda of the association. With regard to ID he emphasized that the ID specialist training should be a minimum of three years throughout Europe. The junior doctors wish for organization of European courses to foster harmonization in training and exchange. They also would like to see improved opportunities to have access to Europe-wide employment offers

6. **Report from EBID/training affairs incl. survey.** The President announced that Mary Horgan has resigned as EBID chairperson and thanked her for the input she has done to EBID affairs. He presented the results of the survey on training, training structures and curriculum and asked members to correct information on the grid which could then be put on the website. The grid could be reviewed and updated as appropriate annually and would provide an accurate description of the current ID specialist situation throughout Europe. The aim of putting the information on the Section’s website after approval by delegates for correctness/completeness was accepted.
7. **Report from member countries/developments & plans.** Of note was the report from Austria where the specialty will be officially recognized starting from next year on. The training duration in Austria is very long: six years of full general internal medicine training is required with additional 3 years of ID specialty training. No news were reported from Spain. There were discussions about the increasing role of gastroenterologists in some countries to manage patients with chronic viral hepatitis although this is clearly the domain of ID specialists in other countries. It was felt that the section had little power to alter this development in specific countries, but to refer to the training curriculum where the area is defined as relevant to ID specialist training. From Greece there was a report that ID trainee positions in several hospitals were offered as positions without salary. The President together with the national delegate(s) will draft a letter in which this situation is addressed as not desirable and potentially unfair relative to other established specialties.
8. **Progress report – closer links with UEMS Commission of Microbiology.** Unfortunately, there was no significant progress as intended after the Nice meeting. Peter Schoch from ESCMID who had attended the commission meeting reported that there had been a consensus that closer cooperation opportunities be explored. There was some disappointment on the side of UEMS-ID members about the missing contacts, and it was decided to try to refresh the contact to Dr Degener. It was clear from a brief survey that joint training in ID and medical microbiology had not developed any further in most countries during the last few years though there is an expanding joint training programme in the UK and Turkish training is in ID/microbiology.
9. **Report from ESCMID ID professional affairs officer.** Doctor Read presented the results of a survey conducted by ESCMID executive member Elisabeth Nagy from Hungary with information about the status of ID specialists in Europe. It was clear from the results that the information was incomplete and needed update and comments. Doctor Read also presented ESCMID plans and ideas on doctors exchange programmes & recruitment service. There were some comments about bureaucratic hurdles to exchange between countries doctors with clinical duties and the language problem, but the initiative was welcomed.

**10. Statutes/by-laws.** After the Nice meeting, several comments were received to improve the draft statutes. The new version of the statutes was, paragraph by paragraph, reviewed at the meeting, and modifications approved by all those present were introduced. It was decided to inquire with UEMS about the inclusion of undergraduate training in paragraph 1 with the wish to have it included if acceptable. Otherwise, the new statutes were approved unanimously. They will be circulated after the item undergraduate training in paragraph 1 has been clarified.

**11. Forthcoming elections.** Winfried Kern reported that following the new statutes and with regard to the resignation of Mary Horgan the positions of EBID chairperson, EBID vice-chairperson, EBID member-at-large, and EBAID vice-chairperson would need to be filled. After discussion about volunteers and nominations, the following officers were elected and accepted their appointment:

Haakon Sjursen – EBID Chairperson 2006-2009  
Daniel Christmann – EBID Vice-Chairperson 2006-2009  
Franc Strle – EBID Member-at-large 2006-2009  
Ingrid Nilsson-Ehle – EBAID Vice-Chairperson 2006-2009.

Finn Black would remain EBAID Chairperson until 2007; Mike McKendrick would remain EBAID Member-at-large until 2007. The term of the Secretary/Treasurer ends 2007; the term of the President ends 2008.

Nominations are required next year for: EBAID Chairperson, EBAID Member-at-large and Secretary/Treasurer.

**12. Financial report/annual fees.** The Secretary/Treasurer summarized the financial situation. He reported that the current balance (as of 01.09.2006) was €+6.981,34 after incoming payments (since 02.09.2005) of 4.133,76 € and outgoing payments of 6.368,06 €. An overview of all incoming and outgoing payments was shown. The financial report was sent to Finn T. Black before the meeting. He reported he had checked the accounting and proposed that it was accepted. This was done unanimously. Membership fee payments since 2004 were shown in a table, and it was clear that a few countries were delayed in their annual payments despite having been sent formal invoices. Outstanding fees for >2 years were noted for the following countries: Cyprus, Czech Republic, Luxemburg, Poland. In line with the decision taken during the 2004 annual meeting in Strasbourg and during the 2005 annual meeting in Dubrovnik it was emphasized that all members or associated members should be asked to pay the fee. Countries having not paid the annual fees for more than 2 years despite reminders will be informed that they will lose their status as member or associated member (=voting rights). As planned, a discussion followed about the potential to reduce the annual member fee, and the Secretary/Treasurer presented the discussion summarized in document D.0505 (new repartition key). It was decided not to follow this new key for a variety of reasons, and that the annual fee of the UEMS-ID for member and associated member countries will remain 200 € for the time being.

**13. CME incl. report from EBAID; EBAID finances, report from EBACM, report from the CME workshop in June.** Finn T Black summarized the activities of the past year. There were 8 applications, but EACCME has received some applications relevant to ID expert advice that were not forwarded to EBAID. He reported that there have still been problems

in setting up a quality-based, transparent CME accreditation process. Conflicting views of EBAID and UEMS on the EACCME business have not been settled. At the June meeting of 11 specialties it was discussed how best to proceed further. Peter Schoch reported the concept put forward at the meeting that would include explicit recognition of ESABs in the EACCME process of CME accreditation, among other things. After the ensuing discussion of the pros and cons of the concept it was decided that the ID Section would not sign the EACCME contract as it is. EBAID was not against the principle of EACCME as the contact point for CME meetings nor the proposed financial agreement. The principles which must be met are those which ensure quality of CME and include assurance that

- all ID meetings will be assessed by the specialist board (EBAID)
- that assessment of accreditation should not be altered by EACCME
- that assessment of the number of credits should not be altered by EACCME
- that Pharma sponsored meetings would not be given accreditation unless it was quite clear that it was through a totally unrestricted educational grant.

EBAID will inquire about the other specialties' opinion and further develop an improved concept for discussion with other specialties, stakeholders and eventually with EACCME officers.

Peter Schoch then presented the EBAID accounting and announced that a certain amount could be transferred to the UEMS-ID account. He also reported that EBACM has reviewed only 2 applications during the last year.

**14. Report website affairs.** Haakon Sjursen reported. The website is now well maintained; the address has remained <http://www.uemsinfect.org>. Many documents are available; the members' list needs updating. As before there were discussions on which personal data (phone, e-mail, etc.) should be protected, and all members/observers were asked to individually confirm this in written form. There were many proposals to include various links. But eventually, a decision was taken to presently just include links to EBAID, ESCMID and nominating national associations.

**15. Next annual meetings.** The President summarized the ideas about the coming meetings and their venues. In Dubrovnik, the proposal was made to hold the 2007 annual meeting in Copenhagen/Lund (a dual city/dual country meeting). This was again discussed and eventually accepted as the venue. The date was fixed to be September 7-8, 2007; format as usual. As possible venues for subsequent annual meetings were discussed: Liverpool, UK, and Bucharest, Romania. No final decision was taken. It was not decided whether there would be again a spring meeting at the occasion of ECCMID (2007 in München, Germany) where the Executive Committee, EBID and EBAID will meet. This will be subject to further inquiry and discussion.

**16. Any other business.** No other matters were discussed, and President Mike McKendrick thanked all participants for coming and our hosts for their valuable support and superb organization. The meeting was adjourned at 12:00.

Sheffield and Freiburg  
20. September 2006

Mike McKendrick  
President

Winfried V. Kern  
Secretary/Treasurer