

## Minutes from the 12<sup>th</sup> annual meeting of the UEMS, Section for Infectious Diseases, September 7-8, 2007, Lund/Sweden & Copenhagen/Denmark

### Present:

Hannes Pichler	<i>Austria</i>
Sajma Dautovic	<i>Bosnia-Herzegovina</i>
Meliha Hadzovic	<i>Bosnia-Herzegovina</i>
Adriana Vince	<i>Croatia</i>
Ljiljana Betica Radic	<i>Croatia</i>
Jiri Benes	<i>Czech Republic</i>
Finn T. Black (FTB)	<i>Denmark</i>
Thomas Benfield	<i>Denmark</i>
Daniel Christmann	<i>France</i>
Christian Perronne	<i>France</i>
Winfried V. Kern (WVK)	<i>Germany</i>
Andrew Ullmann	<i>Germany</i>
George Daikos	<i>Greece</i>
Mario Mondelli	<i>Italy</i>
Haakon Sjørusen (HS)	<i>Norway</i>
Rober Flisiak	<i>Poland</i>
Jose Boaventura	<i>Portugal</i>
Dan Duiculesu	<i>Romania</i>
Franc Strle	<i>Slovenia</i>
Ingrid Nilsson-Ehle (IN)	<i>Sweden</i>
Rainer Weber	<i>Switzerland</i>
Haluk Eraksoy	<i>Turkey</i>
Mike McKendrick (MMcK)	<i>UK</i>
Nick Beeching	<i>UK</i>
Robert Read	<i>Observer, ESCMID</i>
Peter Schoch	<i>Observer, ESCMID</i>

**1. Welcome, apologies and approval of minutes and agenda.** President MMcK, and our hosts IN and Thomas Benfield welcomed everyone to the meeting. Apologies were received from Jesus R. Bano (Spain), Willy Peetermans (Belgium), Colm Bergin (Ireland), Magnus Gottfredsson (Iceland), Terho Heikkinen & Timo Hautala (Finland), Robert Hemmer (Luxembourg), George Petrikkos (Cyprus), Pierre Loulergue (PWG representative). The minutes of the last meeting in Vienna, September 2006, were approved.

As a follow-up to the minutes President MMcK reported briefly on the questionnaire survey on practice guidelines and on the new rules of procedures (statutes & bylaws) stating that (i) the mandates of the Section/Board officers should last for four years and may be renewed twice, (ii) the President and the Secretary should be elected alternately with an interval of two years, (iii) two delegates from each country should be nominated alternately every two years, (iv) full member countries (where the specialty of the Section is officially recognised), subject to payment of the subscription, are enabled to cast a vote, the others and associated member countries can act in an advisory capacity.

The agenda for the current meeting was approved.

**2. President's report: last meeting of Presidents of Section & Boards with Management Council (Brussels, May 2007)**

**General.** MMcK reported that the last meeting was very constructive. There are 40 sections divided into 3 groups, and now, each group has a vote on the council. There are new sections/MJCs (multidisciplinary joint committees) on sports medicine, on genetics and on immune-mediated diseases. Bulgaria and Romania have become full members, Georgia and Israel have become associated members. Contacts are on the way with Macedonia, Serbia and Armenia.

**The *Medical Act*** definition has not yet been adopted.

For the **European Working Time Directive** many issues are not clear and there is very little compliance with it.

There was an agreement in principle that the accreditation of **e-learning activities** should occur in a similar manner to other CPD/CME activities.

UEMS expects that each Section/Board will soon update their **Chapters 6** (on training requirements in each specialty).

**UEMS Strategy (2007-2012)** document. MMcK reported on the contents of this document. There were discussions on “key areas” 3 (CME/CPD coordination) and 5 (research). Paragraph 3.1 was considered very important (“...set clear rules on the independence of the CME/CPD event ...”). The rationale and objectives of key area 5 were difficult to understand, and it was felt important to redirect UEMS to focus on health care rather than on scientific matters.

**European exams / Glasgow declaration.** MMcK reported that there is a slow change of thinking, driven by a number of Sections&Boards which have organized European exams and issued certificates which as before have no legal value but are being considered by some as an asset in a specialist doctor’s CV and portfolio. The Glasgow declaration on “European Board Examinations” was discussed, but the members and delegates present did not see the capacity to organise such activities for the time being. It was felt difficult to develop a European exam as a sort of single knowledge-based exit exam instead of promoting continuous trainee assessments based on competencies and skills.

**Status of Microbiology.** MMcK reported that Microbiology is still included in the Section of Medical Biopathology and that there is some opposition from that side to create an independent specialty section although Medical Microbiology is recognised in many countries as a specialty independent from laboratory medicine.

**MRI alliance:** MMcK briefly reported that the MRI Alliance (initiative of the UEMS Section and European Society of Radiology) asked the European Commission to postpone the deadline for introducing legislation on workers' exposure to electromagnetic fields (EU Directive on physical agents adopted in 2004 and due to enter into force in 2008) since this would limit the use of technologies such as Magnetic Resonance Imaging (MRI) for patients

**50<sup>th</sup> Anniversary of UEMS.** There are plans for a major event in 2008 on this occasion (18 April 2008, Brussels, Belgium, after the annual S&B meeting).

- 3. Membership news.** WVK reported on new members: There are plans for Colm Bergin and Mary Horgan (Ireland) to be replaced by Jack Lambert or Sam McConkey and Paddy Mallon. Terho Heikkinen (Finland) will replace Ville Valtonen. Ljiljana Betica Radic (Croatia) will replace Tatjana Jeren. Andrew Ullmann will be the new second delegate from Germany. Karin Lindahl (Sweden) will replace Gisela Otto.

#### 4. Reports from countries.

- **Austria.** ID has been recognized since 2006; 24 ID physicians now certified
- **France.** Plans to have ID physicians no longer only in hospitals; ID physicians now represented on the national physician council; no. of certified ID specialists ~200
- **Bosnia&Herzegovina.** Very long tradition of having recognized ID specialists (goes back to the former “leprosarium” institutions; there are 3 ID departments and 68 ID specialists in the country
- **Croatia.** No news; system is similar to that in Romania and Slovenia; combined adult and pediatric ID specialists; ~85
- **Czech Republic.** There is increasing pressure towards privatization with some disintegration of internal medicine and much competition between subspecialties
- **Denmark.** Every acute care hospital has to have at least one ID specialist; total no. ~70
- **Germany.** No news; some differences between the “Länder” (federal states); very few full independent ID departments; strong microbiology; ~125 certified ID specialists
- **Greece.** There are now 9 training centers entitled to train 2 fellows, but there are problems with payment of these fellows
- **Italy.** Many problems due to privatization and cutting hospital beds
- **Norway.** No news; ~85 ID specialists
- **Poland.** There are 10 full ID departments (40-90 beds) and ~20 ID wards in regional health centers; ~400 ID specialists; there is a new curriculum (5 yrs) with ~30 trainees per year; some conflict with gastroenterologists regarding treatment of viral hepatitis
- **Portugal.** No news; currently there are 9 training centers; ~120 ID specialists
- **Romania.** No news
- **Slovenia.** No news.
- **Sweden.** ~300 ID positions; 30 ID departments
- **Switzerland.** ~100 ID specialists; increasing privatization with unknown impact for ID
- **Turkey.** No news
- **UK.** Presently, ~100 ID trainees, ~40 for joint training in ID & clinical microbiology

5. **Board (EBID) affairs.** HS reported. The survey on curricula and training has been updated and published on the website. There is still a need for clarification; in particular, the headings are not always understandable, and there should be a reformulation of the necessary postgraduate training periods in the format 2+4, 3+3, 4+2 etc., the first figure denoting basic clinical training or common trunk or specialty training in case ID is a subspecialty, and the second figure denoting strictly ID specialty/suspecialty training. Approximately half of the countries have annual assessments, and a similar number has inspection of training centers – the latter information may be important in view of the discussions about European Board certifications that might be envisaged as a future task of EBID to be done for the training centers rather than for the trainees.

Questions regarding exit examinations (written or not), ID-specific log books and courses need to be added. Upon a brief survey, courses appear to be quite prevalent (not in UK,

Sweden, Portugal, Germany), and here, there might be excellent opportunities for a cooperative UEMS-ID/ESCMID initiative. Therefore a working group was created to explore this issue further and come up with proposals (modular training courses) to be discussed during the next annual meeting (proposed participants: HS, Franc Strle, WVK, Robert Read [ESCMID], Murat Akova [ESCMID])

As was outlined earlier, there is a need to update chapter 6 (training requirements/curriculum); the following items/issues need to be addressed: research activities, not more than 25%, how much “pure” consult work is acceptable (versus fully responsible patient management), “basic microlab” experience should be an integral part, tropical infectious diseases should be a must in the curriculum, management of infections due to SRSV and *Clostridium difficile* need to be addressed.

- 6. Medical Microbiology professional affairs.** There has been no contact with Dr John Degener despite letters of invitation. Obviously, there have been many activities by Dr Degener with the objective to create an independent UEMS section for microbiology within a “federation of specialties of laboratory medicine” (see his article in ESCMID News 02/2007). The ID section welcomes the activities in general. If necessary the current UEMS Section of Medical Biopathology with its Microbiology Commission may take initiatives for better communication and coordination with the ID section.
  
- 7. ESCMID liaison/ESCMID ID professional affairs officer Prof. Robert Read, UK.** Robert Read summarized the recent activities and accomplishments (Summer School, electronic platform, practice guidelines SOP development, guideline development in cooperation with ERS and IDSA). He announced the Professional Affairs Workshop in Rome in December 2008 and invited the UEMS ID Section to cooperate.
  
- 8. Junior Doctor PWG.** Pierre Loulergue sent his comments by e-mail. Importantly, there is no second ID representative since summer 2007, and all members are asked for nominations. Other points, Pierre raised, were (i) helping trainees to be better associated/incorporated into the senior specialty societies, (ii) encouraging ID trainees to practice abroad.
  
- 9. EBAID affairs.** FTB reported that there has been an agreement to split the income 50/50 between EACCME and EBAID (or other sections doing the reviewing), but this needs to be followed up; so far there is still not enough transparency for all sides involved in CME accreditation activities. EBAID will send a letter to EACCME to clarify this issue. The recent income by EBAID to be split between ESCMID (organizational support) and the UEMS ID section was €720.90 (kindly reported by Peter Schoch). It was again emphasized that paragraph 3.1 in the UEMS strategy document is considered very important.
  
- 10. Financial report.** The Secretary/Treasurer WVK summarized the financial situation. He reported that the current balance (as of 01.09.2007) was €+7.936,77. An overview of all incoming and outgoing payments was shown. The financial report had been reviewed and approved by FTB.

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 3 years or more were noted for the following countries: Belgium, Cyprus, Greece, Iceland, Latvia, Luxembourg, Poland. A discussion followed and it was decided that

- new members/associated members would be exempted for 3 years
- personal contacts should be made by the Secretary/Treasurer to ask for the outstanding fees of the other countries; if this will not be successful, these countries may be excluded and dropped from the mailing list

**11. Elections.** The term of the Secretary/Treasurer ends in 2007; Adriana Vince (Croatia) was unanimously elected as the new Secretary/Treasurer to take over from WVK early in 2008. FTB wanted to step down from the chair of EBAID and to stay as support for the new chair for another year. IN was elected as the new EBAID chairperson. MMcK resigned from the position as EBAID member-at-large and was replaced by Nick Beeching.

**12. Website affairs.** No news, but there is a need for some update (to be done by WVK).

**13. Any other business.** None.

**14. Next annual meeting.** After discussion it was decided that the next meetings will be held:

- 2008 in Milano (Italy)
- 2009 in Romania
- 2010 in the UK.

President MMcK thanked all participants for coming and our hosts for their valuable support and superb organization.

Sheffield and Freiburg

02. January 2008