

Minutes from the 16th annual meeting of the UEMS Section for Infectious Diseases, 9-10 September 2011, Athens, Greece.

Present:

Mario Mondelli (MM)

Kate Adams (KA)

Sead Ahmetagić

Amir Hadžić

Nick Beeching (NB)

Ljiljana Betica Radić

Jose Boaventura

Jørgen Brorson Prag

George Daikos

Haluk Eraksoy

Bruno Hoen

Bernard Maillet

Zsofia Mueller

Mike McKendrick

Ingrid Nilsson-Ehle (INE)

Håkon Sjursen (HS)

Jean-Paul Stahl

Finn Trunk Black (FTB)

Andrew Ullmann

Adriana Vince (AV)

Welcome, apologies and approval of minutes and agenda.

President Mario Mondelli (MM) and our host George Daikos (GD) welcomed everyone to the meeting. 20 delegates representing 15 countries, including the UEMS Secretary General, attended the meeting.

Apologies were received from Evelina Tacconelli, Dan Duiculescu, Thomas Benfield, and Jesus Rodriguez Bano. The minutes of the last meeting in Liverpool, UK, were approved. The agenda for the current meeting was also approved.

Report from the UEMS Secretary General Dr Bernard Maillet and Report of the ID Section's President Prof Mario Mondelli (including Q&A).

Dr Bernard Maillet, UEMS Secretary General, accepted the President's invitation to attend the ID Section's meeting to present UEMS new developments. His presentation provided a broad view of the current UEMS initiatives and efforts to harmonise higher medical training in Europe and covered virtually all items listed in the agenda together with the traditional President's report. UEMS remains a lobbying and advisory group to the European Commission, which remains the only body with legislative power in Europe. Bernard Maillet indicated that there is now more contact with the European structures with regular meetings taking place. The meeting in Prague held in October 2010 heralded the first edition of the new structure of the Council meeting, now held twice per year. Length of all elected mandates: 4 years renewable once. Organization is based on the creation of Standing Committees and Working Groups on various issues of UEMS interest. During the Prague meeting there were also discussions on EACCME matters and issues on sections and boards. MM felt that grouping was obsolete and too heterogeneous, encompassing too many diverse specialties. Group 1 meeting was a series of "around-the-table" short presentations on the activities of the sections, which was not informative and repetitive. The report continued illustrating the structural organisation of UEMS and its relationship with the sections and boards, which did not change significantly over the past few years.

At the next UEMS Council meeting to be held in Naples in October a Discussion Forum on the Revision of the Directive on Professional Qualifications will take place (Expected 2012) Moreover, the following will be discussed or action required : i) Progress on CME-CPD – Task Force ; ii) EU Affairs including a) Qualification Directive, b) European Working Time Directive, c) EU Workforce for Health, d) Specialist Issues, e) Endorsement by the UEMS Council of the Training Programs in Anesthesiology, Neuroradiology, Oral and Maxillofacial Surgery and Medical Microbiology, and, most importantly, f) Elections of a New UEMS Executive.

Specific issues related to ID Section. UEMS advised that it would be appropriate for the name Infectious Diseases to be used for speciality rather than Communicable Diseases, which is in current legislation. Moreover, specific recommendations were made to harmonize training all over Europe, to update of the content and length of training and introduction of "Particular Qualification (e.g. Tropical Medicine).

Domus Medica. The UEMS has purchased a 5-storey house in central Brussels within the European Office sector. This is apparently the first dedicated building with a focus on medicine and it is anticipated it will enhance the impact UEMS and other associated organisations will have on European structures (The house has office space and meeting rooms and it is planned to incorporate other

medical groups within the same house). UEMS has a 'vision' for a variety of others to use the space including such bodies as the UK Royal Colleges and BMA or large and wealthy UEMS sections if they felt it would be valuable to have a more active presence in Brussels.

Finance. The improved financial situation of UEMS has made it move to a higher level of a 'not for profit' organisation and current discussions with legal advisors are underway as to whether UEMS can continue to avoid payment of VAT. UEMS now requires all sections to have their bank accounts in Brussels as UEMS sub-accounts for transparency and consistency. Moreover, there was assurance that they would not be subject to any taxation or VAT and that finances would only be visible to UEMS but could only be accessed by the treasurer of the specific section.

EACCME. This is the main source of income for UEMS, adding up to about €1 million in last year. The income from accreditation of a meeting is divided - one-third to UEMS, one-third to the section and one-third to 'National Authority'. Webbased application form can be filled at www.eaccme.eu. International agreement for cross recognition of CME has been extended to USA and Canada and many other European countries (a current and forthcoming list of which is appended to the minutes), as well as Japan, Australasia, South Africa, South America, Middle East (Dubai). Accreditation within the Section is undertaken by EBAID, which has been asked to approve 53 meetings in the last year and one e-learning activity. This was declined for one meeting and was uncertain in a second, which appeared to be heavily pharmaceutically sponsored. It was therefore given approval on the basis that an EBAID delegate should be able to attend. The delegate reported back that the meeting was heavily pharma focused and should not have been accredited.

There was concern about lack of information on the feedback from approved meetings – this apparently comes to EACCME – assurance from Dr Maillet that this was being addressed. There was also concern that with e-learning the second assessor is not known and there is no transparency and opportunity for discussion (EACCME ask for one assessor from the Section and one from the National Authority (not clear how this is determined). Dr Maillet indicated that this is being addressed by EACCME. There is a requirement that e-learning responses should be given within 8 weeks.

Harmonisation of specialist training in Europe: the role of ECAMSQ. EU professional qualifications directive was adopted in October 2005 and implemented in 2007. Specialist titles are recognised across EU and are planned to be revised in 2012 (Consultation of professional organizations for that purpose; UEMS to take part and suggest actions to Commission). Harmonisation will require a clear definition of specialties throughout Europe, similar working programmes and logbook, and decent working conditions and income for all EU member states. In order to apply these common objectives a European Council for Accreditation of Medical Specialist Qualifications (ECAMSQ) was launched in 2009 with the aim of supervising the quality of specialist medical care in Europe.

ECAMSQ will therefore be responsible of developing harmonised curricula for each specialty, insure that all medical specialists have the same core competencies in their specialty across Europe and insure that all member states adopt the curricula and translate them into their national systems. Competences should be assessed considering knowledge, skills and professionalism as suggested by ECAMSQ.

Joint Subcommittee UEMS (ID) and ESCMID. This committee was created by MM in 2010 in Liverpool and established as initiative of Section during ECCMID in May 2011. UEMS ID is chairing with a majority of members

· Membership includes:

- o Nick Beeching (UK), Chair, UEMS ID & Professional Affairs Officer, ESCMID
- o Andrzej Horban (Poland), Councillor-at-Large, UEMS ID
- o Håkon Sjursen (Norway), President EBID
- o Kate Adams (UK), President, Trainee Association of ESCMID (TAE)
- o Evelina Tacconelli (Italy) Professional Affairs Officer, ESCMID
- o Murat Akova (Turkey) Education Officer, ESCMID

The committee will address issues related to European Examination, expanded curriculum, log book etc. A draft is planned to be circulated among section's members and final document submitted to UEMS by 2012.

Nick Beeching and Kate Adams presented a draft version of the Examination and *en-route* assessments along the lines of the existing UK Curriculum in ID. Assessment methodologies were novel to most countries. There was extensive discussion, which can be summarised below.

- o there was general enthusiasm for moving towards an examination (assessment)
- o Discussion took place following a demonstration of examples of exam questions.
- o Limitations of the assessment were discussed – knowledge and interpretation, but could not test full clinical skills or attitude/behaviour.
- o Concern was expressed about an assessment which was only in English – could it be translated into other languages? – The conclusion was that probably it would not be appropriate at this point in time.
- o There was concern about country specific diseases and answers to questions, which relate to UK guidelines and may be different in other European countries. It was felt that if the UK SCE was to become a European assessment it would require a multi 'European committee' to work with existing structures to insure they were appropriate. It may also be appropriate to include some questions, which relate to diseases in other parts of Europe.
- o From a technical point of view it was felt the European examination could be undertaken at any recognised internet centre.
- o Cost was regarded as an important issue – up to €1,000 for a candidate is very expensive. Nick Beeching reported that there was now an IDSA

examination, which is about €300 but is in a different format from the SCE – 2-3 paragraphs of detailed text often with a picture followed by questions.

- o There was general enthusiasm for progressing to further develop the SCE for European use. Note - results of the SCE to date are >90% pass in the UK trainees, about 50% pass of overseas (usually non-European) trainees.

- o E-log book. There was great interest in the electronic log book which is not yet adopted across Europe. UK and some training centres in Italy have already implemented it.

Members/observers status/developments (AV). Szofia Mueller is a new delegate from Hungary, Jean Paul Stahl is replacing Daniel Christmann as a second delegate from France, and Sead Ahmetagic is new delegate from Bosnia and Herzegovina. UEMS central is currently updating the database of Section's delegates for each member country. Each country should have two delegates appointed by National Professional organizations. Delegates were asked to update the current delegates status for their countries.

Reports from members - country specific recent developments and plans and update of database on curriculum and training (ALL).

- Italy - There has been a major reduction in training centres due to the impact of the economic situation.
 - Croatia - Three centres, 10 new trainees per year. Waiting Ministry of Health acceptance of updated curriculum, which would be similar to the UEMS chapter 6.
 - Denmark – no change
 - Sweden – no change
 - Portugal – there has been a merging of the societies of clinical microbiology and Infectious Diseases. (as in UK) 120 specialists – 12 Infectious Diseases centres (centre = one ward with a minimum of 3 specialists). There may be a reduction due to the economic crisis.
 - Germany – varies in different parts of the country but currently Infectious Diseases requires only one year training which could include 6 months in a laboratory. The Infectious Diseases Society are pushing hard for a minimum of 2 years, but this has not been agreed for Infectious Diseases training. There is a petition to get Infectious Diseases recognised as a sub-speciality of general internal medicine, comparable with gastroenterology and cardiology. Current ID specialist numbers 5.5 per million.
 - Hungary – only one new specialist in Infectious Diseases in the last year. Previously 6 per year. There used to be 400 ID physicians, now only 200.
 - Greece – still no salary for trainees. Exit exams established which combines MCQ and oral.
 - Bosnia Herzegovina – observing, still have adult and paediatric ID combined. Accreditation is done by the government.

Report from EBAID (IN-E). - EBAID has evaluated 53 live events for European credits. Of these, 52 were approved.

One e-learning application has been evaluated and was approved.

Finn Black attended and monitored one event for which we first rejected the application, but after a long letter from the provider approved. Doing the monitoring, it was apparent to Finn that the event should have been rejected due to strong influence on programme and speakers from the sponsoring pharmaceutical company and heavy bias. This evaluation has been sent to EACCME.

- The EACCME electronic evaluation system works better since the new site is operative. However, there is still room for improvements.

- EBAID wants to have access to the qualitative assessments which are reported from the provider back to EACCME after each live event. This is a point that we wish to be included in the electronic system.

- Finn Black will continue as coordinator for EBAID for another year. Ingrid Nilsson-Ehle continues as chairperson, Thomas Benfield continues as member at large. Nick Beeching resigns from EBAID. EBAID needs two new members.

Financial Matters (AV).

AV reported that the current balance (as of 31.8.2011) was 23.450,87 €. An overview of incoming and outgoing payments was shown and approved by delegates. The sum of 6500 € was transferred from UEMS/EACCME for the EBAID live events evaluations in 2010, and the rest of the income existed from the annual fee payments from national associations. The current situation of membership payments was represented. It was again agreed that the section should support members from countries with limited resources to attend the meetings.

Report from the Section of Medical Microbiology Liason Officer (Joergen Prag). There is now a fully established Section for Medical Microbiology. They have planned a similar joint committee with UEMS/ESCMID to develop clinical microbiology training programme and examination. Medical microbiology liaison officer and the ID liaison officer (AV) will become observers at the other disciplines section meetings.

Results of the questionnaire to delegates (AV).

As agreed at meeting in Liverpool Mike Mckendrick has structured a small questionnaire for the members in order to ensure that the annual section meeting achieved the maximum relevance and value for colleagues from different European countries. Seven delegates (Austria, Croatia, Denmark, Germany, Latvia, Spain, Switzerland) have answered the questionnaire; to the most of the delegates the venue of the meeting was not of particular importance as long as it could be easily reached via plane and the topics were relevant: Most of the delegates explained the absence from meetings by lack of time and overlapping of different professional duties. Some of the members felt that the topics discussed should be of more relevance to national health authorities. Upon

presenting the questionnaires the delegates at the meeting agreed that UEMS ID should move more efficiently towards European curriculum and assesment.

Elections (AV). Nick Beeching has ended his term as EBAID member at large. He has been unanimously elected to be EBID vice chairman. George Daikos and Haluk Eraksoy have been elected as new EBAID members. Adriana Vince will continue as a secretary for another 4 years.

Website. Andrew Ullmann presented the current view of the website. The list of delegates has been updated There was a general agreement that further improvements and updates should be made.

Next meeting. It was agreed to have a one-day Section meeting on a Saturday (arrive on Friday, leave on Sunday), preceded by the Executive Meeting. The next date is set for Saturday 15th September 2012 in Germany, although the venue has not been decided yet (Berlin?).

At 12 noon on Saturday 10th September the meeting was closed. Mario Mondelli thanked the participants for coming and George Daikos for the kind hospitality and the excellent organization of the meeting.

Mario Mondelli

Ingrid Nilsson-Ehle

Adriana Vince

Haakon Sjursen