

Minutes from the 17th Annual Meeting of the UEMS Section for Infectious Diseases, 22 September 2012, Freiburg, Germany.

Present.

Mario Mondelli (MM)	Italy
Kate Adams (KA)	TAE representative
Nick Beeching (NB)	United Kingdom
Thomas Benfield	Denmark
Ljiljana Betica Radić	Croatia
Finn Trunk Black (FTB)	Denmark
Jose Boaventura	Portugal
Jørgen Brorson Prag	Medical microbiology section
Davorka Dušek	TAE representative
Haluk Eraksoy	Turkey
Winfried Kern	Germany
Karin Lindahl	Sweden
Ingrid Nilsson-Ehle (INE)	Sweden
Tonio Piscopo	Malta
Nikolaus Sipsas	Greece
Håkon Sjørnsen (HS)	Norway
Krzystof Symon	Poland
Jean-Paul Stahl	France
Andrew Ullmann	Germany
Adriana Vince (AV)	Croatia
Reiner Weber	Switzerland

Welcome, Apologies and Approval of Minutes and Agenda.

President Mario Mondelli (MM) and our host Winfried Kern (WK) welcomed everyone to the meeting. 18 delegates representing 14 countries, attended the meeting, as well as ESCMID, TAE and clinical microbiology representatives. Apologies were received from Simon Florescu (Romania) and Zsafia Muller (Hungary). The minutes of the last meeting in Athens, Greece, were approved. The agenda for the current meeting was also approved.

Report of the ID Section's President (MM with HS).

MM told the meeting that a survey was circulated from the MEDINE2 project in which the UEMS is involved as partner. MEDINE2 is a thematic network in Medical Education in Europe, which is building on the work of the MEDINE Network, 2004-2007. The Network is required because the education and training of medical doctors to a high standard is critical to the physical health, well-being, productivity and social cohesion of European society. Various issues

are being addressed. Despite facilitative legislation, mobility of medical students and practitioners within Europe is limited, despite increasing mobility of citizens. Standards and content of medical education programmes are inconsistent, and the transparency and comparability of qualifications are limited. This adversely affects equity of access to quality health-care. Application of the Bologna principles to medical education is patchy and variable, leading to further divergence of practice. This is why it was felt that there is an urgent need to modernise and harmonise medical education and training across Europe in response to rapidly changing societal needs. This relies on educating learning providers about contemporary developments, and enhanced cooperation between institutions. Medical research is essential for European competitiveness, sustainable economic growth, creativity and innovation, and cooperation between institutions and enterprise/industry. Educational aspects of medical research must be addressed in terms of quality, effectiveness, accessibility, openness and coherence. Advances in ICT have implications for health-care delivery and education/training. The Network is incorporating this and promotes innovative use of ICT

MM informed the assembly on the establishment of a UEMS Task Force on Repartition Key. This is a point in agenda of the forthcoming UEMS meeting in Larnaca. Currently, UEMS contribution key is based on 3 main components: i) GDP per inhabitant; ii) Population; iii) Number of medical specialists in each country. The latter varies significantly and it is not necessarily based upon a given country's population, ranging from 380 (Malta) to 180.300 (Germany), but among large countries the UK has a relatively low number of medical specialists (38.800).

MM also informed the meeting that as a result of the elections held in Naples (October 2011), the new composition of the UEMS Governing Board is as follows: President Dr Romuald Krajewski (Poland); Secretary General Dr Edwin Borman (United Kingdom); Liaison Officer Dr Zlatko Fras (Slovenia); Treasurer Dr Giorgio Berchicci (Italy); Vice-Presidents Dr Hans Hjelmqvist (Sweden), Dr Salvatore Ramuscello (Italy); Dr Jan Skhra (Czech Republic), Dr Hans-Peter Ulrich (Germany).

The general UEMS meeting was held in Brussels, April 20-21, 2012 and another one will be held in the near future in Larnaca, Cyprus. HS attended the Brussels meeting on behalf of the Section and he will attend the next one in Cyprus.

Financial Matters: UEMS Registration to Belgian VAT. MM and HS told the meeting that UEMS will likely be recognized as VAT tax payer in Belgium but exempted from paying VAT on its general activities except all what relates to accreditation. However, tax authorities could decide that VAT applies to accreditation and thus claim 3-7 years of unpaid taxes. Another problem pertained to Sections' and Boards' accounts which were opened on an individual basis and UEMS could not be held responsible for their financial management and the legal responsibility implied. Stricter rules and greater transparency and efficiency were felt to be urgently needed. Past president Zlatko Fras was

proposing the creation of sub-accounts to be managed by the President and the Secretary/Treasurer of the Section, and facilitated by the UEMS Brussels Office. This solution would also enable UEMS to avoid paying VAT for EACCME Reviews should it become applicable to accreditation activities. EACCME activities could potentially be considered as commercial activity and therefore be subject to VAT under Belgian Law. Suggestions to create a separate entity dealing with accreditation were put forward but in the end it was felt that, regarding financial issues, the most logical and legally viable solution would be to create sub-accounts. To this end, contacts were established right after the meeting in Freiburg with Bénédicte Reychler to transfer the money to the UEMS general account in Brussels.

Group 1. HS said that the following matters arose during the UEMS general meeting regarding during discussions within group 1. It was felt that there should be internal representativity of S&B to the Council, as S & B are never involved in the decision-making process which remains solely in the Council's remit. S & B should be represented in UEMS Council because of their significant contribution to the budget through EACCME. Moreover, it was also felt that there was overlap in internal organization. For instance, EACCME taskforce, Working Group on CME and the Advisory Council on CME have very similar, if not identical, missions. Analogous considerations could be drawn for PGT, CESMA, ECAMSQ and the Working Group on PGT.

EACCME Matters. 1780 applications for accreditation of live educational events (LEEs) and 90 for e-learning. It was decided to create a pool of specialist reviewers. New criteria for accreditation of LEEs by EACCME were set up and recommendations were issued aiming at improving the existing evaluation system presented in October-November 2011. The following timescale was decided:

- UEMS-EACCME[®] Taskforce to provide an amended document by the end of July 2012.
- August & September: Internal UEMS-EACCME[®] circulation of the revised policy document.
- 18-19 October 2012 (Larnaca): UEMS Council to consider for potential adoption the revised policy document.
- 1st January 2013: Planned implementation date for the new criteria for the accreditation of LEEs.

In the meantime current rules will be applied (available at www.eaccme.eu)

Revision of Chapter 6. MM and HS told the meeting that the UEMS Working Group on Post Graduate Training decided in the framework of the last Council meeting (Brussels, 20.04.2012) to establish a Taskforce to revise Chapter 6 with the intent to create a new template structure which would become the standard for all Chapter 6. This should not be very detailed but rather present the key

features of specialist training in a given specialty. Indeed, details of training is expected to be given in the European Curriculum. This amendment should be preparatory to the UEMS Charter on Medical Specialist Training and should develop into “Training Requirements for the Specialty of X” in order to set European Standards of Postgraduate Medical Specialist Training in that given Specialty. The directive on the Mutual Recognition of Professional Qualifications (2005/36/EC) is currently being revised and, therefore, updating Chapter 6 was said to be essential in order for the UEMS to provide the European Institutions with accurate and relevant information on Medical Specialists’ Training in Europe. Inclusion of additional training requirements based on competence was also deemed essential. A letter of agreement with the proposal was sent earlier this month to UEMS on behalf of the ID Section. HS presented the new Chapter 6 template which the assembly judged to be rather easily put together using material from the existing version.

Members/Observer Status Development (AV).

AV updated the list of the new countries’ representatives in the Section as follows: Simin Florescu replacing Dan Duiculescu for Romania, Nikolaus Sipsas replacing George Daikos for Greece, and Malta was represented for the first time at UEMS ID section meeting by Tonio Piscopo. MM told the meeting that he had received a letter from the ESCMID President and Professional Affairs Officers in ID and CM requesting information on ID training in Europe with the aim of publishing this update on the ESCMID website and to promote it in the ESCMID newsletter. A round-the-table discussion was solicited by AV but it was clear that a written reply from all countries was needed. NB suggested to use Rob Read’s template survey published in *Lancet Infect Dis* 2011;11:408–415 and the old survey launched by Past president Mike McKendrick. MM and AV took responsibility of preparing a questionnaire and send it over to members. An additional point was raised that countries must be represented by two specialists but unfortunately national societies’ financial constraints and members’ commitments often prevented attendance of both specialist members to the annual Section’s meeting.

Reports from Members - Country Specific Recent Developments and Plans and Update of Database on Curriculum and Training (ALL).

The following new information was retrieved for ID specialist training in European countries during the round-the-table report at the meeting.

Malta. 2 specialists + 2 in training

Sweden. Changed according to the Bologna process. Inspection of training centres being revised.

Croatia. 5 yr training only for adults (new cv). Pediatric ID training expected to become an independent specialty in 2013 (Curriculum submitted).

Germany. No change (subspecialty of GM). Infection control may become a separate subspecialty of IM.

Spain. ID not yet granted status of independent specialty.

Switzerland. No change since 1999.

Greece. 20-30 specialists, vague cv: 3 yrs + 6 months HIV, 6 months research (?). Trainees not paid.

Portugal. 150 ID specialists, 14 ID divisions (1-2 ID specialists, 1-2 nurse, 1 pharmacist, 1 microbiologist. No subspecialist options eg tropical medicine (only 1 hospital for tropical medicine in the country).

Denmark. 8 specialists/yr, ID thriving specialty in the country.

UK. 150-200 specialists, training controlled by government (British Infection Association). Following Bologna process. Still discussing on whether fusing ID with CM. CM have clinical (internal medicine) training. Half of ID trainees do joint training, ¼ CM trainees do joint training. 25 ID specialists are paediatricians.

Poland. Can have either general internal medicine or paediatric training. Cross-specialties: dermatology, venereology, hepatology, etc

Turkey. No change. 1,500 specialists joint training (ID and CM). Medical Microbiology: 500 specialists but just laboratory activity. Paediatric ID subspecialty.

France. ID added as a sub-specialty to general internal medicine (4 yrs GIM + 2 yrs ID).

A questionnaire has been circulated by AV on children ID specialist care and the outcome was that paediatricians are by and large responsible for this across Europe.

Joint UEMS-ID/ESCMID Committee on European ID Curriculum and Examination: Progress Report.

NB/KA. Presented an adapted version of the European curriculum from last year based on the UK version. There was animated discussion on the following:

- European adaptation and huge diversities among countries.
- Ideal vs minimal (essential) requirements (eg lumbar puncture vs pleural drainage or central venous line).

Delegates were asked to respond within 2 weeks with critiques and proposals. NB will then convene the joint UEMS-ID/ESCMID committee to produce: CV and en route evaluation. It was felt that the final examination should be taken in the middle of penultimate year to allow those who fail to be rescued. There was discussion as to whether the examination should be compulsory or optional and

most agreed on the UK-based version provided that it integrated substantial European added questions. There was additional discussion on a joint ownership with ESCMID plus an external provider. Options included: Orzone (UEMS suggested), the Royal College of Physicians (UK, expensive), and Infectious Disease Society of America (cheap but too American-oriented).

Report from EBAID (IN-E, FTB).

EBAID had evaluated 53 applications for live educational events since the last annual meeting of the Section for Infectious Diseases. Two were referred to the Section for Microbiology for evaluation. One was withdrawn by the provider when asked about details for financing. Four were not approved, all due to inappropriate financing or undue influence from industry on the programme. EBAID has not received any applications for evaluation of e-learning events (last year 9). EBAID still has not received any feed-back from EACCME on quality assessments by providers for accredited educational events. A proposal for updated requirements for applications for live events has been put forward and will be decided upon at the UEMS Council meeting in Larnaca in October. Reviews were not paid by UEMS-EACCME, pending fate of sections' subaccounts.

TAE Report (KA).

KA said she will soon stepping down from President of TAE. She thanked all members for making her feel her work valuable. Davorka Dusek TAE ID member from Croatia will be taking over. Davorka was elected to the TAE steering committee in the 2011 elections. The 2012 elections for TAE steering committee members are currently running and she encouraged all trainees to stand in these elections. More information is available in the TAE website. Requirements are to be an ESCMID member and to apply before 28th September. Candidates would also need support from 5 ESCMID members.

TAE is running the Trainees day session at ECCMID 2013 as usual. The German Society for Infectious Diseases as the host society is fruitfully collaborating and plans are well under way. An additional educational activity is also due to run this year and will take the form of an online quiz similar in format to the UK exit exam. 50 referenced questions have been devised by the steering committee. These have been submitted to the ESCMID EC and in due course 10 questions will be picked by the EC and these will then be put on a survey monkey questionnaire which will be sent out to test responses. If responses are sufficient then the full quiz will be launched. Again members present were encouraged to go back and tell their trainees about this quiz.

Financial Matters (AV).

AV reported that the current balance (as of 31.8.2011) was 20.735,69 €. An overview of incoming and outgoing payments was shown and approved by delegates. Most of the incoming payments consisted from the annual fee payments from national associations. There was no payment from UEMS/EACCME for the EBAID live event evaluations in 2011, as the establishment of new UEMS ID bank sub account in Brussels was expected.

It was agreed that the section's funds should be transferred to Brussels once clear instructions and propositions from UEMS central will take place. The current situation of membership payments was represented. Absence of regular payments by some full member countries was pointed out again (Norway, Germany, UK).

Report from the Section of Medical Microbiology Liason Officer (Joergen Prag).

Joergen Prag made a short report on section of Medical microbiology annual meeting that took place in London at the ECCMID. New president is Hilpi Rautelin (Sweden) and the Secretary post was taken over by Kristian Schønning (Denmark). The Working Group (WG) for the revision of the training curriculum for Medical/Clinical microbiology consisting of Truls Leegaard - Chair (Norway), Elisabeth Nagy - ESCMID Professional Affairs Officer PAS Clinical Microbiology (Hungary), Kristian Schønning (Denmark), Annika Osterman (Sweden) and Albert Mifsud (UK) has prepared a proposal of a document "Minimal requirements for specialization in Medical Microbiology in Europe". The WG tried to prepare a flexible document being loyal to current curricula. It was agreed that the WG should adopt the document, continue with the definition of skills and present a supplemented document by the next annual meeting of SMM.

Elections.

AV presented the table with mandates of UEMS ID section officers so far. Mario Mondelli was elected President in September of 2009, so his first term of office ends in September of 2013. Nominations for the President of the section should be submitted by e-mail and elections will take place at the next meeting. Haakon Sjørnsen will complete his second term as EBID president in September of 2014.

Website Affairs.

Andrew Ullmann presented the current view of the website. The website is now fully functional at the address www.uems-id.eu. The list of delegates has been updated, and most of the section's documents can be found on the website. All the members are strongly encouraged to add any document of common interest.

Wrap-up and Venue of Next Annual Meeting.

Offers to host the next Annual Meeting came from Slovenia (Ljubljana) and France (Grenoble or Paris). The date was not fixed yet, except that it will be in September of 2013. At 5:30 pm on Saturday 22nd September the meeting was closed. Mario Mondelli thanked the participants for coming and Winfried Kern for the kind hospitality and the excellent organization of the meeting.

Mario Mondelli Ingrid Nilsson-Ehle Adriana Vince Håkon Sjørnsen

