

**Minutes from the 18th Annual Meeting of the UEMS Section for Infectious Diseases,
21 September 2013, Zagreb, Croatia.**

Present.

Stephen T. Green	UK
Nick Beeching (NB)	UK
José Boaventura	Portugal
Adriana Vince (AV)	Croatia
Davorika Dušek (DD)	Croatia, TAE representative
Ljiljana Betica Radić	Croatia
Thomas Benfield	Denmark
Finn Trunk Black (FTB)	Denmark
Juha Suhonen	Finland
Jean-Paul Stahl	France
Andrew Ullmann	Germany
Nikolaos Sipsas	Greece
Zsófia Müller	Hungary
Mario Mondelli (MM)	Italy
Nicola Petrosillo	Italy
Håkon Sjursen (HS)	Norway
Bente Magny Bergersen	Norway
Truls Leegard (TL)	Norway, Med. Microbiol. Section Representative
Andrzej Horban	Poland
Franc Strle	Slovenia
Mario Poljak	Slovenia, ESCMID Representative
Karin Lindahl	Sweden
Ingrid Nilsson-Ehle (INE)	Sweden
Haluk Eraksoy	Turkey

Welcome, Apologies and Approval of Minutes and Agenda.

President Mario Mondelli (MM) and our host Adriana Vince (AV) welcomed everyone to the meeting. 23 delegates representing 14 countries, attended the meeting, as well as ESCMID and clinical microbiology representatives.

Apologies were received from Winfried Kern, Tonio Piscopo and Christian van Delden. The minutes of the last meeting in Freiburg, Germany were approved. The agenda for the current meeting was also approved.

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

MM informed the meeting that four positions will become vacant by the end of this year: President of the Section, President of the Board, Vice-President of the Board and Secretary/Treasurer and invited candidates to put themselves forward for election. He then proceeded to report on the highlights of the General UEMS meeting held in Brussels, April 19-20, 2013.

The meeting focused on: i) the relationship between UEMS and the specialty sections, ii) sections' functions and objectives, iii) relationship between sections and external structures of the UEMS, and iv) financial matters.

The Secretary General reiterated that UEMS is a single legal entity represented by the President and the Secretary General. All other structures (including Sections) are internal structures (e.g. the Council, the Board, the Executives, Divisions, Working Committees, etc.). The legal and fiscal responsibilities are regulated by Belgian law and UEMS has

recently acquired the VAT status. It is the objective of UEMS to harmonize professional organization, to keep relationship with parties external to UEMS, including scientific societies. Sections depend on central UEMS for all financial aspects including fiscal obligations but governance is delegated to the Sections themselves according to a non-interventional policy unless requested. During the Council meeting UEMS specialist Sections raised a number of problems including rules of the election of the Bureau, the role of grouping and cooperation with parties external to UEMS. Sections also lamented lack of adequate representation of national medical association and scientific societies.

EACCME matters. A new system has been implemented and a recent meeting of reviewers was held in Brussels on 6th July, 2013. A full account of the meeting is given below by INE e FTB.

CESMA matters. A portfolio for in and of training assessment is being developed for several specialties. Infectious Diseases should start working on an advanced draft version of the European exam and NB has provided an account of the current status of development. CESMA suggested that there should be a benchmark for the development against European standard, which should also define eligibility for the European examination. This should be voluntary, professionally objective and should be continuously reassessed by external reviewers. The examination should be as lean and cost neutral as possible, detail-specific and robust. It was also recommended that there should be no pass/fail result but instead recommendations for area of improvement and it was suggested that reassessment should take place every three years. With respect to content and structure of training CESMA was focused predominantly on exit examination and not on intraining assessment. In any case it was agreed that documentation of training should consist on knowledge-based assessment, professionalism and directly observed procedures. Multiple choice questions were regarded as the best method for knowledge-based assessment, while the benchmark of e-portfolio for assessment of competencies was considered Sheffield University. The new version of chapter 6 should provide general guidelines for specialty training. The EU directive 2005/36 recommends evaluation of the training site, the trainer, the trainee and appropriate duration of training.

Sections' functioning and objectives. There was then an extensive explanatory session on the function of the specialist Sections, divisions, multidisciplinary joint committees, European board and thematic federation, for which we refer to article VI of the UEMS Rules of Procedures. Beside the R.o.P. it is the duty of each Section to prepare the document "training requirements for the speciality of "...using template UEMS 2012/29 that should be revised periodically, at least once every five years (formerly chapter 6). Sections can also draft recommendations, propose specialty-related policies to the UEMS Council, adopt statement, guidelines and policy document which must be endorsed by the UEMS Council prior to full adoption and dissemination as official UEMS documents. It was also recommended that Section should develop web presence and upload any Section's document endorsed by the UEMS Council. All sections websites should be linked to the UEMS portal.

In order to achieve the objectives stated above Sections can create Boards, Working Groups and Divisions. These are regarded as internal structures within the Sections which in term is an internal structure of UEMS.

Role of Groupings. The UEMS Council Executive strongly encourages regular contacts, co-operation and sharing of information and documents between Sections in order to foster collaboration. There were questions proposed to Groupings, specifically whether

gathering of Sections into three groups is appropriate to ensure smooth co-operation between different Sections. Secondly what role can Groupings play in sharing activities between UEMS Sections and scientific societies. Furtherly, Groupings were felt to be important in order for UEMS recommendations on Post-graduate training be implemented at national level. With respect to Group 1 it was felt that there should be more co-operation with scientific societies towards the development of CV, exam...A coordinating role was also envisaged for intraining assessment and the development of a log book. Both experiences should be shared within similar specialties to harmonize Post-graduate specialty training within EU. Discussion in Group 1 was focused on the relationship between scientific societies and sections, the former being economically stronger, in order to avoid competition. It is clear that Sections activities should be oriented towards professional aspects whereas scientific societies should be responsible for scientific aspects. Co-operation could take place when preparing, for instance, clinical practice guidelines. Group 2 and Group 3 were judged to be too heterogeneous, so much that training was felt to be supervised by Sections only. Discussions emphasized the need for groupings since diversities were thought to enrich Groups such as Group 3. Activities should include topic related discussion supported by ad hoc committees. Some felt that grouping could be more homogeneous if scope oriented.

Relationship between third parties and UEMS. This is regulated again by article VI of the UEMS Rules of Procedures. External parties should be considered separate legal entities co-operating with UEMS sections which should entertain a transparent financial management and make proper use of UEMS name and logo.

European Boards. European Boards (EB) are created by each Sections according to article VI.8 R.o.P. and are fully responsible for the quality of specialty training. Article X (statutes) regulates all matters pertaining to EB. They are expected to interact with CESMA and are also responsible of preparing the new version of chapter 6. EB composition is again regulated by article X (statutes).

Financial matters. UEMS has undergone transition from a small to a large non-profit organization under Belgian law becoming registered as VAT tax payer. The Sections' Executives and in particular, the Treasurer have the duty to ensure that the Sections receive adequate funding to achieve its objectives and that Sections financial operations are carried out properly in agreement with legal requirements and regularly reported with the UEMS Office. An internal memorandum on the financial, accounting and reporting guidelines relating to the UEMS Sections was released in July 2013 which defined UEMS a large AISBL (Association Internationale Sans But Lucratif) and must therefore keep accounts like a Belgian commercial company with balance sheets, income statement and notes. Sections can benefit from autonomy with regard to their financial management but are not separate legal entities. Sections are also entitled to raise funds through subscription fees under the responsibility of the Treasurer who will draw up an annual balance sheet which must be sent to the Secretary General together with supporting accounting documents and provide a provisional budget for the following year. Approval by the Secretary General and the Treasurer of the UEMS for a given year should be sought by 31st March of the following year. All invoices, proof of payments, tickets relating to all expenses incurred by the Sections should be submitted to the UEMS Secretariat on a monthly basis. Revenues of each Sections result from the following: i) subscription fees to be paid by the organization delegating specialists to the Sections; ii) income from EACCME evaluation; iii) income from European examination (if any); iv) any other income aimed at supporting the Sections activities. UEMS allocates a bank account to the

Sections concerned which is considered a third party towards the UEMS under Belgian law, being legal entities that do not seek profit under their respective governing laws. Under Belgian law, payments in cash by third parties to a AISBL, such as UEMS by foreign non profit organizations must be interpreted as contributions in kind for free (*apport à titre gratuit*). Sections were urged to receive payments with “neutrality” so that wire transfer should not contain any reference to membership or invoice. “Donations” could be a title of the transfer. Also, Sections should not formally proceed with a call for payment of the subscription fees prior thereto. VAT is not due under Belgian law on contributions such as *apport à titre gratuit*.

Sections are not entitled to open a bank account on behalf of the UEMS which is a prerogative of the President and Secretary General. Therefore, UEMS Sections bank accounts are designated “UEMS account managed by UEMS (name of the Section)”. Each account must be held in Belgium and opened by UEMS Executives. The President and Secretary Treasurer of each Sections are empowered to ensure the daily management of the account of the concerned Sections (“signatories”). Unless in case of reasonable evidence of fraud or neglect, UEMS Executives shall not intervene in the daily running of the accounts of the Sections. Management of the account is operated electronically by the signatories. In case of overdrawing and in case funds are urgently needed for the Sections functioning UEMS Executives will provide financial support with plans on how the short fall will be covered.

Sections were required to report to Jean-Baptiste Rouffet on the Sections activities and the quality of relationship with homologous specialists society.

MM told the meeting that the Section must move on and work on developing the infectious diseases CV and examinations and stimulated the ad hoc working committee to meet and proceed. Relationship with CESMA should be improved to achieve this goal and harmonize the work with other specialty sections. EBID should prepare the new version of chapter 6 as soon as possible.

UEMS meeting, Paris October 2013.

Haakon Sjursen was delegated to represent the Section to the meeting.

Members/observers status/development (AV).

AV updated the list of the new countries’ representatives in the Section as follows: Steve Green replacing Mike McKendrick for UK, Christian van Delden replacing Reiner Weber for Switzerland and Bente Magny Bergersen being welcomed as a second delegate from Norway as well as Nicola Petrosillo from Italy. Juha Suhonnen is a new representative from Finland, replacing Timo Hautala. AV pointed out that there were no candidates from Czech republic nor Slovakia, although several attempts to contact their national societies have been made.

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

A usual round-the-table discussion was held on the topic.

- Portugal. Two new divisions were created. No new subspecialties but competence in travel medicine was implemented. There has been a 20% increase in the number of specialists. Harmonization with European WT. Portuguese medical association is against European Specialist Certification.

- France. It is now mandatory to have a specialist in ID and TM in each hospital. Full specialty recognized on its own for 5 years. Professional development: evaluation of learning, no CME.
- Turkey. No significant changes from last year. Fix specialist numbers. There is a plan to reduce the number of specialists. Increase in numbers of GPs.
- Slovenia. Reduction in the number of trainees.
- Norway. Government controls numbers and quality of specialists. Yearly report from training centres compulsory which is evaluated by an ad hoc commission. CME not adopted yet.
- Finland. ID is a full specialty. 2-3 yrs after internal medicine. Medical microbiology is a separate specialty. Examination mandatory.
- UK. Continuous growth on specialists. Major reforms are taking place. All trainees should have common training in CM and ID (with general internal medicine). Travel medicine is a general practice. UK government would not invest money or support on European examination. DTM&H not formally recognized. Faculty of travel medicine includes nurses.
- Croatia. Pediatric ID is now recognized as an individual specialty. Master plan of hospital with department of ID disappearing in small hospital. CV harmonized with new chapter 6.
- Greece. There are three distinct specialties: adult ID, pediatric ID and CM. There are 15 trainees in each 2 yr programme who are not paid. There is a considerable drop in applications and in quality of applicants. There is an oral exam but no interim assessment. EU cv in ID will be implemented in the future. Government would welcome European accreditation. ID specialists are requested in each hospital to implement antibiotic stewardship and infection control.
- Italy. Only country in which higher medical training is controlled by ministry of education. Number of specialists not surveyed. Reduction of 10% of all posts of higher medical training from 5,000 to 4,500. There is a plan for a further dramatic reduction to a global number of 2,300 trainees nationally, which will reduce the number of ID trainees per year to about 25 from the current number of 52. Next year a national admission exam will be implemented so that only the best will have the opportunity to choose the training site. Major cuts to the NHS are foreseen.
- Sweden. 200 specialists in the country. Only in training test has been implemented, no final examination. There is no CME system.
- Hungary. 400 specialists are registered. But only about 100 practicing.
- Germany. ID is still a subspecialty now probably upgraded to be added to internal medicine similarly to cardiology and gastroenterology. There is a plan to upgrade it to a 2 yr cv. Infection control specialists are actively required. 2 yr diploma on infection control is run by microbiologists who want to find a niche in the system as a subspecialty. There is a plan to change cv for all specialties
- Denmark. Supervision by other specialists on call. No final examination. 8 trainees per year.
- Poland. No change

Report from working committee for ID core curriculum/exit exam (NB).

The joint UEMS-ID/ESCMID of working committee was established in 2010 as initiative of the Section enchaired by the current EBID President Nick Beeching. Functions of the Committee were to address issues such as expanding curriculum, developing European examination and a log book/portfolio. A draft was circulate among Sections members and

discussed in 2012. A number of issues were raised as reported in 2012 minutes and further discussed this year. NB told the meeting that improvement in the functioning of CESMA will provide some guidelines on the preparation of the document. However, CESMA meetings now put emphasis on exit examination and related platforms but were by and large unable to address training quality and workplace based assessment. The current curriculum for European training (chapter 6) is available from the UEMS-ID website. It allows for flexibility in interpretation according to the needs of each country. Areas of most inter-country variation are the amounts of training in internal medicine, clinical microbiology, tropical/travel/migrant medicine. The core curriculum does not include a framework for competence assessment. The current general indications of the UEMS training program in infectious diseases include: i) a broad knowledge of community acquired, hospital and imported infections; ii) in-depth knowledge in highly specialized areas; iii) areas of overlap between training in infectious diseases and clinical microbiology. However, this remains a separate specialty for European definition and in the vast majority of European countries, only a handful of which allow combinations (e.g. Turkey, UK). The new proposed curriculum of generic competences in infectious diseases includes more levels of definitions of what training is required in each main objective domain, defining for each item the expected knowledge, skills/competences and professional behavior. It does not yet specify the levels of competence to be achieved at different stages of training and suggests possible methods of assessment of each item (workplace based assessment and examination). All these points were presented and discussed by the audience.

A new expanded curriculum with suitable assessment for competences was presented in September 2011 based on UK model. The general layout of the assessment methodology were novel to most countries and feedback was obtained from members of the trainee association of ESCMID (TAE). A e-log book/portfolio was presented. This is not yet adopted across Europe, while UK and Italy have already implemented one. After circulation within ID Sections members for final comments and detailed consultations within the working committees and TAE, it was planned to produce a final draft by the end of the year to be inserted into the new chapter 6.

Assessment of training was felt to be based essentially on competence and supported by log books of attendance and cases, workplace based assessment, multisource feedback, supervisors report and highly specialized diplomas (e.g. DTM&H, etc.). Questions were addressed on when assessment and examinations should take place (during or at the end of the training period) and the components of the examination (short vs. long cases, lab work, viva, mcq, assays and short notes). Harmonization of the log book/portfolio was seen as a potential problem, e.g. simple log book of activity vs. detailed log book containing all assessment matched to curriculum objectives.

Potential issues related to the specialist examination were also focused on the real necessity of heading one and what format and language should be used. Issues were raised as to whether it should be voluntary or compulsory. There were concerns about country specific diseases. In addition cost was regarded as a potential important issue but overall there was general enthusiasm for progressing to further develop the exam for European use. Finally ownership should be defined.

Feedback from TAE was excellent, in that the pilot online quiz released in October 2012 for one month was very well received following announcement on ESCMID Facebook and Twitter accounts. There 392 participants entering the quiz and 242 of them from 36 different countries answered the ten pilot questions included for feedback (56% ID and 44% CM trainees). The survey was favourably accepted with some trainees interested in sitting definitive examination despite cost while others preferred informal quiz as part of their training.

Following this outcome it was proposed to establish one day training workshop and ESCMID umbrella next year and matter will be further discussed in June 2014 in Liubljana. Additional issues included “training trainers” and inspection of training programs at the national or European levels. To this end, revalidation of specialists is a major issue not already present in the USA and now be introduced in the UK for all levels of doctors and nurses.

TAE report (DD).

The Trainees Association of ESCMID (TAE) has developed close links with UEMS and has 2 observers on both the ID and MM sections. As a result of this work the ID TAE representatives are working with UEMS members to develop a European curriculum and exam in ID. Collaboration with UEMS on improving quality of CM/ID training is only one of TAE many objectives. Other objectives are increasing scientific and medical contribution of young CM/ID doctors, improving collaboration of CM and ID trainees across Europe and formation of national societies.

TAE has two main educational activities: Trainees Day during ECCMID and online quiz. The last Trainees Day at ECCMID in Berlin was successful with more than 150 participants and positive feedback from trainees. At the next ECCMID in Barcelona TAE will be organizing 3 educational workshops /scientific symposia in collaboration with ESCMID Study groups and Parity Commission.

TAE online quiz is in line with the aims of the both the ID and the CM sections of UEMS who are working towards a European exam. TAE pilot quiz was conducted in October of 2012 with a total of 392 participants from 36 different countries who took part in the quiz (242 participants completed all 10 questions) (see above). A broader online quiz with 20 practical questions is currently underway. TAE proposes that such quizzes become an enduring CME-accredited activity offered by ESCMID. TAE is also planning to conduct a survey among CM/ID trainees about their satisfaction with current training programme.

TAE has established collaboration with ESCMID Parity Commission (PC) and will be participating in PC future projects such as Mentorship programme and postgraduate educational courses. Another important objective is to further strengthen collaboration with ESCMID study groups.

During the next ECCMID in Barcelona four TAE Awards for Training Achievements will be given to outstanding CM/ID trainees.

Report from EBID (HS).

Haakon Sjurson reported on the developments on the document called Training Requirements for the Specialty of Infectious Diseases, which now officially stands for the former Chapter 6 (*Europe Standards of postgraduate Medical Specialist Training*). The former Chapter 6 has been initially reorganized into this new document for specialty of infectious diseases consisting of 3 basic chapters: I. Training requirements for trainees II. Training requirements for trainers and III. Training requirements for training institutions. It was agreed to continuously update the new document by EBID members.

Report from EBAID (INE FTB).

Starting Jan 1, 2013, new criteria were implemented for applications for European CME credits for live educational events. Among these are assessments of educational needs and of outcomes expected, conflict of interests declarations for organizing committees and speakers and other faculty and a declaration of how these conflicts have been resolved,

information on financing and relationships to the pharmaceutical industry, system for evaluation of events by attendees which must be sent to EACCME after the event.

EBAID has, from September 2012 up to the present date evaluated 39 live events. This number is lower than during the past couple of years, which may be a consequence of the new stricter criteria applied. No application was denied accreditation, one is still under review.

We also received 3 applications for e-learning events and all of these were disapproved by EBAID.

FTB and INE attended the advisory council meeting on CME in Brussels in November 2012 and FTB attended a reviewers' meeting in July 2013.

Cooperation with Section of Medical Microbiology (TL).

The new liaison officer Truls Leegaard was welcomed to the meeting. A report of the recent activities from the section of medical microbiology was presented. Firstly, the great variety in medical microbiology in Europe was presented. This means that in different countries in Europe microbiology is practiced very differently, from being very laboratory centred to almost a clinical speciality. Secondly, the recently accepted revised training guidelines (formerly called the Chapter 6 requirements). In short, medical microbiologists must be physicians and the training lasts for a minimum of five years, of which four years should be in the laboratory and one year must be clinical training. The following clinical disciplines will be accepted: Intensive care, Emergency, Oncohematology, Infectious diseases and Paediatrics.

Financial report/annual fees (donations) (AV).

AV reported that the sum of 16.000,00 € was transferred to UEMS ID subaccount which has been created at the BNP Paribas bank in Brussels by UEMS headquarters in Brussels according to the new propositions of UEMS central. The current balance of the UEMS ID section (as of 31.8.2013) was 32.775,75 €. An overview of incoming and outgoing payments was shown and approved by delegates. The payment has been made from UEMS/EACCME for the EBAID live events evaluations in 2011 and 2012 in the total amount of 19.400,00 €. The rest of the incoming payments consisted from the annual fee payments from national associations. The new UEMS propositions for bank transfers were explained in details. The current situation of membership payments was presented.

Report on new website (AJU).

The website is fully updated and functional, Andrew Ullman presented the details, and everybody agreed that substantial improvement has been made.

Forthcoming elections (AV).

Mario Mondelli is continuing his second term as a President of the section. Haakon Sjursen is completing his second term as the president of EBID in 2013, based on the suggestion of the Executive board Nick Beeching was anonymously elected for the position of the next EBID president. Mario Mondelli has thanked Haakon for his important and extensive work in developing the Chapter 6 over the years. The suggestions for the new EBID vice-president should be sent electronically to the Nominating committee, and the elections should take place at the next meeting. Adriana Vince explained that due to her current work as a head of the hospital in Zagreb, she is not able to fulfill the work of the

secretary/treasurer. The nominations for the position of the secretary are welcomed for the next meeting, until then section suggested that she should use administrative secretary on regular terms.

Wrap-up, date and venue on next annual meeting. Wrap-up and Venue of Next Annual Meeting (MM).

Andrzej Horban kindly offered to host the next Annual Meeting in Warsaw on 20th September 2014 . At 5:30 pm on Saturday 21st September the meeting was closed. Mario Mondelli thanked the participants for coming and Adriana Vince for the exquisite hospitality and the excellent organization of the meeting.