

**Minutes from the 13<sup>th</sup> annual meeting of the UEMS, Section for Infectious Diseases, August 29-30, 2008, Milano, Italy**

**Present:**

<b>Hannes Pichler</b>	<b>Austria</b>
<b>Sajma Dautovic</b>	<b>Bosnia-Herzegovina</b>
<b>Enra Lukovac</b>	<b>Bosnia-Herzegovina</b>
<b>Adriana Vince(AV)</b>	<b>Croatia</b>
<b>Ljiljana Betica Radic</b>	<b>Croatia</b>
<b>Finn T. Black(FTB)</b>	<b>Denmark</b>
<b>Daniel Christmann</b>	<b>France</b>
<b>Winfried W. Kern (WVK)</b>	<b>Germany</b>
<b>Andrew J. Ullmann</b>	<b>Germany</b>
<b>George L. Daikos</b>	<b>Greece</b>
<b>Mario Mondelli</b>	<b>Italy</b>
<b>Haakon Sjursen</b>	<b>Norway</b>
<b>Andrzej Horban</b>	<b>Poland</b>
<b>Robert Flisiak</b>	<b>Poland</b>
<b>Carlos Araujo</b>	<b>Portugal</b>
<b>Dan Duiculescu</b>	<b>Romania</b>
<b>Jesus Rodriguez-Bano</b>	<b>Spain</b>
<b>Ingrid Nilsson-Ehle(IN)</b>	<b>Sweden</b>
<b>Haluk Eraksoy</b>	<b>Turkey</b>
<b>Mike McKendrick(MMcK)</b>	<b>UK</b>
<b>Nick Beeching</b>	<b>UK</b>
<b>Robert Read</b>	<b>Observer, ESCMID</b>
<b>Peter Schoch</b>	<b>Observer, ESCMID</b>

- 1. Welcome, apologies and approval of minutes and agenda.** President MMcK and our host Mario Mondelli welcomed everyone to the meeting. Apologies were received from Christian Perronne (France), Franc Strle (Slovenia), Reiner Weber (Switzerland), George Petrikos (Cyprus), Willy Petermans (Belgium). Arvydas Ambrozatis (Lithuania) The minutes of the last meeting in Lund/Copenhagen, September 2007. were approved. The agenda for the current meeting was approved.
- 2. President's report**

As a follow-up to the minutes President MMcK reported on a variety of matters

  - EWTD – only 2 of 27 countries achieved compliance thus far – becomes law August 2009 unless further derogation which is possible.
  - UEMS strategy - previous proposed amendments had been sent to UEMS – see feedback from Brussels meeting.,
  - European examinations – slow progress by newly named Council of European Specialist Medical Assessment (CESMA) - see feedback from Brussels meeting
  - status of microbiology – microbiology now adopted as an individual Section within UEMS. President of Microbiology Section is Dr John Degener. Cross representation of senior officer representative from ID and Microbiology as observer at Section meetings would seem a way to progress but agreement that formal discussions should be delayed until the new Section of Microbiology has ‘bedded down’. In terms of liaisons with microbiology all delegates agreed that ID and microbiology were complementary specialties that cannot exist without each other, but most of the delegates expressed their opinion that they would not wish to

progress to joint training. However the situation is different in UK, where there is an overlap in training for infectologists and microbiologists with a very successful liaison and a significant number of trainees being jointly trained.

- Patients crossing borders – report on progress with Portugal agreement. Need for closer and robust links between registering bodies in different countries. UEMS have inputted response to consultation at European Commission. Directive due to be published late in 2008.

### 3. **Report on the last meeting of presidents of Section&Boards with Management Council** (Brussels. May 2008) HS reported.

On 19th April 2008, the Board and Council of UEMS convened in Brussels in the framework of the UEMS 50th Anniversary. The main issues dealt with at the UEMS Council notably included:

#### *UEMS Strategy:*

The Council unanimously adopted the Strategy for its future.

#### *EACCME:*

The Meeting of the UEMS Advisory Council on CME held in November was an opportunity for participants to discuss further issues relating to the EACCME practical process. For this purpose, a Taskforce had been created and reported on the outcome of its first meeting. On the occasion of this meeting as well, the new online application form was presented to the Council.

#### *Specialist issues:*

Medical Microbiology: A new section of microbiology was created.

Intensive Care Medicine: the Road Map on intensive care was endorsed.

Representatives of the MJC were congratulated by Council for their work.

#### *Memorandum between the UEMS & PWG:*

A memorandum was signed between the UEMS and the PWG. This memorandum seals the intense relations between the two organizations and defines the links between UEMS and the PWG.

#### *UEMS 50th Anniversary and future strategy:*

“For the past five decades UEMS has developed into the most comprehensive and representative European Medical Organisation (EMO) of medical specialists. The continuing success of the UEMS is vital for our patients, for our profession and for Europe as a whole. Since its establishment only a year after the Treaty of Rome was signed, the UEMS has emerged as the undisputed leader of the European specialist medical profession. It is now appropriate that the UEMS leadership maps out a strategy for the coming years that reflects its central role in contributing to optimal European healthcare. The operational and development strategy of a large, non-profit organization like the UEMS is an extremely complex challenge. There is a clear need for the activities of the UEMS to be based on a well organised and coherent strategy linked with a transparent implementation/operational policy. During the period 1958-2008 the Mission and Purpose of the UEMS have not substantially changed. UEMS activities to date have largely focused on improving the organization in a more general sense, by finding the best possible ways of addressing the issues related to its mission and generic purpose.

In this Strategy paper the UEMS clearly identifies and highlights its particular areas of knowledge and expertise. During the immediate past, fewer efforts were devoted to improving our facilities, while the strategic plan being suggested for the forthcoming years is built on acquiring the appropriate infrastructure to provide necessary modern technology tools so as to achieve any set objectives. The UEMS Strategic Plan will be the “road map” to realising its new vision. For this Strategy and its associated action plans to be put into

practice, we should recall the quotation: “Teamwork is the fuel that allows ordinary people to attain extraordinary results.”

**4. Membership news.** AV reported on new members. Sam McConkey replaced Colm Bergin, however he could not come to the meeting. Terho Heikkinen replaced Ville Valtonen. Carlos Araujo is the new delegate from Portugal. Contacts have been made with Macedonia (Zvonko Milenković) and Montenegro (Brankica Dupanović), which are interested to join UEMS-ID as ID is recognized as a specialty in their countries for more the 25 years. Some countries still have not appointed a second delegate, so they are urged to do so. Also the problem of poor collaboration with junior doctors delegate was obvious so the countries were asked to nominate junior doctors.

## **5. Reports from countries**

### **UK.**

1. Active discussions about increased joint training between infectious disease and microbiology trainees and possible changes in GUM (venereology) training to harmonize with this, especially in areas of HIV. The possibility of a joint training scheme for all infection trainees for 1-2 years, followed by 2 years of specialisation (as clinician or laboratorian) is being promoted. All trainees would have at least 2 years' training in general medicine (after basic internship) before these 4 years, with MRCP as entry point to higher specialist training (HST)
2. Change in CCT in the UK to include internal medicine up to level 2 competence. Previously trainees were given separate CCTs in internal medicine and in infectious diseases. This applies across all medical specialties.
3. Continued debate about the need for a separate training stream & CCT in tropical medicine & infectious diseases. At present we still have both.
4. Introduction of a Specialty Certificate Examination (previously called Knowledge Based Assessment) to assess clinical knowledge towards the end of Higher Specialist Training. This complements the many workplace-based competency based assessments carried out during HST. It can be taken by people who are not enrolled in UK HST, and a pass will be rewarded with a certificate, but this is NOT the CCT. The exam is just part of the assessment process towards receiving a CCT and is not a full specialist examination like the American Boards. The exam will be set once a year, and the first one is in mid 2009 (NJ Beeching is Academic Lead for this)
5. Start of discussions about making specialist revalidation more meaningful.

### **Spain:**

Infectious Diseases is still not officially recognised as a medical specialty in Spain, although there are Infectious Diseases units or services in almost all tertiary and teaching hospitals, and even in some community hospitals. Almost all medical doctors working in those units are Internal Medicine specialists, who completed their training after the 5 year-training in Internal Medicine, or spending 1-2 years of that training in ID units. The recognition of the specialty is supported by the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC), but we find the opposition of the national Board of Internal Medicine. Recently we hold a meeting with the Ministry of Health, in which we show him the letter from the UMES-ID supporting the formalisation of the specialty in Spain and formally ask once again for the specialty. We are trying to get the support of the Departments of Health from the Spanish Autonomous Communities (some of them have yet guaranteed it). A special issue of the scientific journal *Enfermedades Infecciosas y*

Microbiología Clínica (Enferm Infecc Microbiol Clin) in which we review the situation of the specialty in Spain, the rest of Europe and other areas, and the need to create the specialty in Spain, will soon be published-.

**Sweden:**

Sweden still has 30 departments for infectious diseases, in principle one in each county and regional hospital. We have approximately 300 positions in these departments for ID physicians. The number of trainees in ID is approximately 120. Like some other countries, the number of beds in ID departments have been reduced, but this problem is not unique for ID, it is a general trend across all specialities.

The Swedish National programme for specialist training in ID is currently under revision.

**Croatia:**

National programme for specialist training has been revised and referred to the Ministry of Health according to the UEMS-ID (chapter 6) curriculum. However because of a long tradition, there are two arms of the programme, one with internal medicine common trunk, and second with pediatric common trunk. Both programs will last for 5 years, and trainees will start this programme from 2009.

Croatia has one University Hospital of Inf. Diseases with 230 beds, and 17 smaller ID wards integrated in regional general hospitals. The number of specialists is 134, number of new ID trainees is 5 per year. ID specialists are a very active in CME, different medical courses are taking place every year with main ID topics like viral hepatitis, antimicrobial therapy, influenza, emerging and re-emerging IDs, STDs etc.

No substantial news were reported from other countries.

- 6. Board (EBID) affairs.** HS reported- The UEMS Management Council has requested that an audit should be undertaken of assessment methods used as part of our trainees HS presented the results of the questionnaire on assessment which was sent to the delegates in may 2008. Infectology is recognised s subspecialty of general internal medicine in Austria, Cyprus, France, Germany, Greece and Netherlands. Duration of general internal medicine training is still very different across the countries from 2-5 years. General internal medicine board certification is needed in 50% of countries and duration of higher medical training lasts from 3 to more than 5 years.. Written training programme exists in all countries but Finland. There is an annual assessment of trainees in 50% of countries. Also logbooks already exist in most of the countries. National inspection of training centres exists in Bosnia, Croatia, Denmark, Hungary, Iceland, Lithuania, Netherlands, Norway, Poland, Romania, and Slovakia. Sweden, Switzerland and UK. Most of the curricula include HIV/AIDS, TB, viral hepatitis, immunocompromised host, travel medicine, intensive care medicine, microbiology and infection control issues. There is a diversity regarding epidemiology, bioterrorism and STDs in curricula of different countries. It was agreed that the results of the questionnaire should be available on the web.

Delegates spent time reviewing the updated Chapter 6 (2008), it was generally accepted with minor suggestions that curriculum should also include management of patients with surgical infections and management of infections due to antimicrobial therapy and antimicrobial resistance. It was agreed that correctness of verbs should be checked by native English speaking members

- 7. ESCMID liason/Escmid ID Professional Affairs Officer, Prof. Robert Read, UK.**

Robert Read summarized recent activities; Professional affairs Workshop taking place in October 2008 in Rome - objective is to discuss the status of microbiology and ID across Europe and seek initiatives for improvement. Questionnaires were sent to National societies the data from which should be published in ESCMID news and CMI and be available on the website.

Current cooperative guidelines projects were presented (Surviving sepsis campaign, lower respiratory infections, urinary tract infections, endocarditis). A further ESCMID initiative is to develop a database of collaborative centres initiative as well as ESCMID Observership initiatives. Application for both are present on the website.

**8. Junior Doctor PWG.** Pierre Loulergue excused himself from the meeting, he also did not send any comments by e-mail. It was agreed that junior doctor activities and opinions are very important and delegates should encourage trainees to become representatives for ID through PWG.

**9. EBAID report (Peter Schoch and I. Nilsson-Ehle)**

The report covers the period from September 7, 2007 to August 30, 2008.

EBAID has evaluated 23 applications during this period; 22 were approved for European CME accreditation. All applications were received through EACCME, none through the online EBAID application form on the ESCMID website.

EBAID has not received any reimbursement for these evaluations and will not receive any before an agreement between UEMS-ID Section and EACCME has been signed.

Peter Schoch is resigning his position with ESCMID as of October 31, 2008. ESCMID will, after this date, not be able to provide managerial support to EBAID. The EBAID website and bank account will be closed, and half of the money in the account (total EUR 503.11) will be transferred to UEMS-ID Section.

Ingrid Nilsson-Ehle, chairman of EBAID, has tried in vain to contact the UEMS President and Secretary General in order to prepare a proposal for an agreement between UEMS-ID Section and EACCME regarding the CME evaluations.

It was agreed that the position had now been reached that EBAID could sign an agreement with EACCME. The President of the Section will write a letter to the President of UEMS for this purpose. Ingrid Nilsson-Ehle and Finn Black plan to attend the annual meeting between the UEMS Sections and EACCME in November.

Finn Black agreed to take over the role of coordinator between EACCME and EBAID after October 31, 2008.

Members of EBAID: Chair Ingrid Nilsson-Ehle, vice chair Finn Black, other members Nick Beeching and Robert Read. EBAID is aware that Robert Read is a representative for ESCMID and he will have no influence on evaluations involving ESCMID events.

The Section expressed its warm appreciation of all the work done by Peter Schoch over the years in establishing and managing EBAID affairs and wished Peter all the best in the future.

[Post meeting note – the agreement has now been signed and the money due to EBAID for the accreditation work over the last 12 months has been received from EACCME]

**10. Financial report.** The Secretary/Treasurer AV summarized the financial situation. She reported that the current balance (as of 27.8.2008) was + 9,060.39 Euros. An overview of all incoming and outgoing payments was shown and approved by delegates.

The current situation of Membership payments was presented. It was noted again that some countries like Cyprus, Poland, Luxembourg, Iceland are not paying their fees at all, while other countries are regular in payments ( Germany, Portugal, Romania, Turkey, Switzerland). It was agreed that invoices should be resent for all missing payments. It was discussed whether ID organisation could financially support travel costs for the members from lower-income countries, but there was no final conclusion.

**11. Forthcoming elections.** AV reported on the current status of positions that are subject for election. MMCK ends his 4-years term as a president by the end 2008, but it was agreed that he would continue until next meeting in 2009 when there should be the selection of candidates made by a Nominating committee.

Also the term of EBID chairperson ends in 2009, so there should be new candidates nominated for the next meeting. This will be coordinated prior to the next meeting in September 2009 when MMCK will step down.

**12. Website affairs-** WVK reported and presented some updates on the website.

**13. Any other business.** There was a discussion how can ID organization help to promote the ID specialty in different countries. Dr Jesus Rodriguez Bano welcomed the letter of support from our President to Spanish Medical Association which helped explain the fact that ID is a recognized specialty in most of the European countries. Such letters of support can be written for any country who has a problem with recognition at their request to the President of the Section,.

The issue of inspection of national training centres by UEMS-ID members and issuing a certificate of recognition of quality was discussed, the proposal being that such a process could potentially be conducted by means of a detailed questionnaire and the report could be helpful in promoting and developing individual centres who seek accreditation but have not yet reached the required 'standards'.

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

- 2009 in Romania
- 2010 in UK
- further offers from Greece and Germany

President MMCK thanked all the participants for coming and or host Mario Mondelli for their support and perfect organization.

**Very important post-meeting note:**

The next UEMS-ID meeting will take place in Bucharest, Romania on 18-19<sup>th</sup> September 2009. The details of the venue will be send by our host Dr. Dan Duiculescu.

Mike Mckendrick  
Haakon Sjursen  
Adriana Vince