UEMS and Infectious Diseases in Europe

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Overview

• UEMS Sections & Boards
• Harmonisation of higher medical training in Europe
  – ECAMSQ, CESMA...
• Infectious Diseases
  – Overview of national systems
  – ID Section
    • Permanent and ad hoc committees
  – UEMS core curriculum in infectious diseases
    • (Chapter 6)
  – Future developments
UEMS Sections and Boards

• Are a fundamental and specific structure
• Are the backbone of the UEMS
• Propose minimal training schemes for specialisation
• Facilitate the harmonisation of training
• About 2000 specialists active in the work in Europe
What Are the Sections and Boards?

• **Sections**
  – Two delegates of the Specialty from each EU member state
  – Mandated by their National Medical Association

• **Boards**
  – Working Group of the Section
  – Delegates from the Section together with representatives of the Scientific Society
Tasks of Sections and Boards

• Determine Core Curriculum for training

• Propose a log-book

• Help in the harmonization of training and qualification

• Help in the harmonization of health care services with visitation
How Is a Specialty Recognised by UEMS?
Requirements to Enjoy Automatic Recognition

• To be recognized in the home country
• The specialty must be recognized in the host country
• The specialty must be listed in the addendum of the Directive 2006/100/EC
• Both countries (host as well as home) must be mentioned in this list
• Alternate solution: individual decision based on portfolio
EU Professional Qualifications Directive

• Adopted October 2005
  – Implemented 2007

• Specialist titles recognized across EU
  – Free moving across EU countries

• To be revised in 2012
  – Consultation of professional organizations for that purpose
  – UEMS to take part and suggest actions to Commission
What Is Needed for a Good (Specialist) Training

Harmonisation

• Clear Definition of Specialties throughout Europe
• Harmonised training program
• Log book
• Decent working conditions for the trainees (income and working times)
How to Assess Medical Specialist Qualifications?

• Develop harmonised curricula in each specialty
• Ensure that all Medical Specialists have the same main core competencies in their specialty across Europe
• Ensure that all member states adopt the curricula and translate them into their national system
How Can We Assess Postgraduate Training

- Examinations
- In-training evaluation
- Site visits
- 360° appraisal
ECAMSQ

European Council for the Accreditation for Medical Specialist Qualifications
ECAMSQ: Objectives (1)

• To address the issue of QUALITY of medical specialist qualifications across Europe.

• To assess and certify medical specialists’ competence on the basis of harmonised European standards developed by UEMS (?).

• Includes specialists in training and in activity.
ECAMSQ: Objectives (2)

• Individual certification of medical specialists’ competences.

• Harmonisation of medical specialists’ qualifications across Europe.

• Harmonisation of existing European assessment of medical specialists’ qualifications.
How to Assess Medical Specialists Qualifications?

- Develop harmonised curricula for each specialty.
- Ensure that all medical specialists have the same core competencies in their specialty across Europe.
- Ensure that all member states adopt the curricula and translate them into their national system.
What Competences to Assess?

• **Knowledge:**
  – Test the knowledge of the trainee mainly through MCQs (multiple choice questions) developed by UEMS members according to the highest standards of medical education.

• **Skills:**
  – Assess the practice of medical specialists focusing on technical and non-technical skills through real life training and assessment

• **Professionalism:**
  – Assess the non-technical attitudes of trainees such as decision making, communication, leadership...
How Competences Should Be Assessed?

• **Knowledge:**
  – MCQs on EACCME-S&B accredited
  – Textbook chapters
  – Guidelines
  – Articles
  – CME products

• **Skills:**
  – e-logbook
  – e-portfolio
  – DOPs

• **Professionalism:**
  – CPD (continuing professional development) activities
  – 360° appraisal
How ECAMSQ Should Work

National Authorities

Knowledge, skills, professionalism assessment

Post-Graduate Training

Licensing as Medical Specialist

European Recognition as Medical Specialist

Assessment

Harmonisation

ECAMSQ

Recognition

Collaboration
Council for European Specialist Assessment (CESMA)

- Initiated by the Section of Pediatric Surgery in February 2007
- Started with 11 involved Sections and now 28 are participating
- Proposed the “Glasgow declaration”
- Delegates from the Sections of UEMS and one delegate from PWG
- Harmonisation of the Assessment process in Europe
European Examinations

• Allergology
• Anaesthesiology
• Cardiology
• Dermatology
• Ear, Nose and Throat
• Hand Surgery
• Internal Medicine
• Neurology
• Neurosurgery
• Nuclear Medicine
• Ophthalmology
• Oral & Maxillofacial Surgery
European Examinations

- Orthopaedics and Traumatology
- Paediatric Surgery
- Pathology
- Pediatric Surgery
- Physical Medicine and Rehabilitation
- Plastic, Reconstructive and Aesthetic Surgery
- Radiology
- Surgery
- Urology
- Vascular Surgery
Current Situation for Infectious Diseases

• Infectious Diseases is mentioned in the Annex to the Directive 2006/100 as Communicable Diseases
• It is recognized as a basic specialty in the 20 Member States
• The minimal length for training mentioned is 4 years
Recognition of ID as Specialty in Europe

• Recognised by national governments as an independent specialty in a some e.g.
  – Italy, Croatia, Slovenia, Greece, Turkey, Switzerland, Hungary, Poland, Portugal, Netherlands, Denmark, Sweden, Norway, UK, Ireland, Iceland, France (2009), Spain (2011)

• Not recognised or recognised as subspecialty in others e.g.
  – Belgium, Austria, Germany (except in 2/15 states), Luxembourg
UEMS Training Acknowledges:

- Training is the responsibility of National authorities
- ‘Numbers of trainees’ is the responsibility of National authorities
- Selection and quality assurance of trainers and training centres is the responsibility of national authorities.
- UEMS provides guidance on duration of training
  - 2 years minimum ‘common trunk’ of general internal medicine
  - 4 years ‘specialty training’
UEMS ID survey 2006/7 (Updated 2011)

[Responses from 27 UEMS members or observers]

• Infectious Diseases
• – Recognised in all countries
  – 21/27 independent speciality
  – 6/27 subspecialty of GIM
• General Internal Medicine as ‘common trunk’
• (guidelines – 2 years)
  – 25/27 include training in GIM prior to ID
  – 14/27 training leads to certification in GIM as well as ID
UEMS ID survey 2006/7 (Updated 2011)
[Responses from 27 UEMS members or observers]

• Duration of speciality training
  – (guidelines state 4 years)

• 24/27 - duration of higher medical training in ID >4 years

• Joint training with microbiology
  – Eg Turkey, UK
Which National Body in European Countries Is Responsible for Training, Monitoring and Quality Assurance?

– Ministry/Board of Health with/without specialist society
– National medical societies with/without involvement of national specialist society
– Royal College of Physicians through Joint Committee for Higher Medical Training (but new government postgraduate training board established 2004 to supervise)
– Universities (Ministry of Education)
  • Eg: Italy
Summary

• Infectious diseases in Europe is thriving with an active and committed membership of UEMS
• Skills of ID Physician are built around the clinical skills of General Physician
  – most ID training in Europe combined with GIM
• National curricula are mainly in accordance with UEMS curriculum
• The tree of infection is growing and providing new challenges for infection doctors
  – Infection specialists: joint training in CM and ID ?
UEMS
Section of Infectious Diseases

• No Section initially as ID not represented as separate discipline in sufficient countries
UEMS – Section of Infectious Diseases

- Established 1997 (within GIM)
- Board established 1998
- ‘Recommended’ training programme agreed 1999
- Log book available 1999
  - e-version available in some countries
- Section website developed 2004
  - http://www.uems-id.org
- Training programme (Chapter 6) reviewed and updated annually at Section meeting
- Recognised in virtually all European countries (Spain recognised in 2011)
- 2008 – completed an audit of structures and assessments used in training
UEMS-ID Country Members
(UEMS status)

• Full Membership:
  – Austria, Belgium, Croatia (ass. member), Cyprus, Czech republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, The Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey (ass.), UK.

• Observership or not known:
  – Albania, Armenia, Andorra, Azerbaijan (ass. member), Belarus, Bosnia-Hercegovina, Bulgaria (member), Estonia (member), Liechtenstein, Macedonia, Malta (member), Moldova, Monaco, Montenegro, Russia, Serbia (ass. member), Ukraine
Assembly of Members

Executive Committee

Permanent Subcommittees

Ad-hoc Committees

EBID

EBID Chairperson (H. Sjursen, N)
EBID Vice-Chairperson
EBID Member-at-large

EBAID

EBAID Chairperson (I. Nielsson-Ehle, S)
EBAID Vice-Chairperson
EBAID Member-at-large

Working Committee on European Curriculum & exit examination (Chairperson N. Beeching, UK)

*: also Liaison Officer with Medical Microbiology
Revision of the Directive on Mutual Recognition of Qualification

Infectious Diseases

• Denomination of the Specialty
  • Drop “Communicable Diseases”

• Harmonisation of training across Europe
  • Develop European exam

• Introduction of “Particular Qualification”?
  • Eg Tropical Diseases
Common Training Curriculum in ID for Europe

- Outline curriculum for European training (Chapter 6) currently available from UEMS-ID website.
- Allows for flexibility in interpretation according to the needs of each country.
- Areas of most inter-country variation are the amounts of internal medicine, clinical microbiology/virology and tropical/travel/immigrant medicine that are included.
- Core curriculum does not include a framework for competency assessment.
UEMS Training Programme in ID
Based on Chapter 6 (http://www.uems-id.org)

• Broad knowledge on community-acquired, hospital, and imported infections.

• In-depth knowledge in highly specialised areas.

• Areas of overlap between training in infectious diseases and microbiology.
UEMS Training Programme in ID: Knowledge (1)

• HIV/AIDS
  – May require rotation to a dedicated unit
• Tuberculosis
• Viral Hepatitis (B & C)
• Intensive care
  – Prevention and treatment of nosocomial infections
• Travel Medicine and Migrant Health
• Immune compromised patients
  – Neutropenic hosts, transplanted, congenital immune deficiencies, diabetic, etc.
UEMS Training Programme in ID: Knowledge (2)

- Medical Microbiology
  - attachment, collaborative research, and/or direct involvement
- Control of Infection
- Epidemiology and Public Health Medicine
  - immunisation and vaccination, investigation and control of notifiable diseases and community outbreaks
- Bioterrorism
  - clinical presentation, early recognition, epidemiology and management and control of infections which could potentially be deliberately released into a community (e.g. smallpox, anthrax, plague, botulism and tularemia)
- Sexually Transmitted Diseases
- Antimicrobial Chemotherapy
  - optimal use of antimicrobial chemotherapy including an understanding of the pharmacokinetics and principles of prevention, mechanisms of resistance and management of antimicrobial resistance
UEMS Training Programme in ID: Knowledge (3)

• Research
  – basic understanding and ability in clinical and/or laboratory research methodology is essential. A period (max 12 mos.) of supervised research or further formal postgraduate training, is encouraged.

• Topical Infectious Diseases
  – A period (max 12 mos.) in a recognised training centre in the tropics.
  – Attendance at a tropical medicine training course at one of the internationally approved centres such as those leading to the Diploma in Tropical Medicine and Hygiene or equivalent.
  – Experience in a parasitological laboratory.
UEMS Training Programme in ID: Skills-I

- Appropriate management of an emergency admission suffering from severe infection.
- Competence in acute assessment of patients suffering from infections and the day-to-day care of patients suffering from severe infections and its sequelae.
- Management of severe infection in an ICU setting.
- Management of patients with imported infections - e.g. malaria.
UEMS Training Programme in ID: Skills-II

- Care of compromised patients - including neutropenic and those with HIV infection/AIDS. It is essential that the trainee must develop the skill to effectively use and monitor combination antiviral regimes.
- Management of nosocomial infections, with knowledge of infection control, and appropriate liaison with laboratory services.
- Practical knowledge of common clinical diagnostic procedures
UEMS Training Programme in ID: Professionalism-I

- Regularly involved in under-graduate and post-graduate teaching.
- Involved in audit and quality control relating to the speciality.
- Conversant with clinical pharmacological aspects of and appropriate use of antimicrobial chemotherapy (where possible with involvement with the Antibiotic Sub-Committee).
UEMS Training Programme in ID: Professionalism-II

- Conversant with aspects of infection control (where possible by being co-opted onto the Infection Control Committee).
- Aware of resource management implications related to practice in the speciality.
- Able to lead a multidisciplinary team in the clinical setting
Joint Subcommittee UEMS (ID) & ESCMID

- Established in 2010 as initiative of ID Section
- UEMS chairing and with a majority of members
- Membership includes:
  - Nick Beeching (UK), Chair
  - Andrzej Horban (Poland)
  - Håkon Sjursen (Norway), President EBID
  - Kate Adams (UK), President, TAE
  - Evelina Tacconelli (Italy) (Professional Affairs Officer, ESCMID)
  - Murat Akova (Turkey), ESCMID Education Officer
- Committee will address issues related to European Examination, expanded curriculum, log book etc.
- Draft planned to be circulated among section’s members and final document submitted to UEMS by 2012
What Has Been Done so Far

• Expanded curriculum
  – *a new expanded* curriculum with suitable assessments for competency was presented based on UK model. This is more advanced than other countries have yet achieved and the assessment methodologies were novel to most countries.

• E-log book
  – There was great interest in the electronic log book
  – Electronic log book not yet adopted across Europe
    • UK, Italy have already implemented it
Potential Issues (1)

– There was general enthusiasm for moving towards an examination (assessment)

– Limitations of the assessment were discussed
  • Eg: knowledge and interpretation, but could not test full clinical skills or attitude/behaviour.

– Concern was expressed about an assessment which was only in English
  • could it be translated into other languages?
  • Conclusion that probably not appropriate at this point in time.
Potential Issues (2)

– Concern about country specific diseases and answers to questions which relate to UK guidelines and may be different in other European countries.

– From a technical point of view it was felt the European examination could be undertaken at any recognised internet centre.

– Cost was regarded as an important issue.

– There was general enthusiasm for progressing to further develop the exam for European use.
Summary: ID Training in Europe

• ID training in Europe varies in the different countries
• Joint training in Medical Microbiology/Infectious Diseases is not applied in the majority of European countries, mostly for historical reasons
• Opportunities for joint training are being explored
• A European curriculum in infectious diseases and exit examination are being prepared by a joint UEMS-ID/ESCMID Working Committee following a specific need identified by UEMS along the lines indicated by ECAMSQ