Conflicts of Interest

• Nil commercial

• Previous Chair, UK Specialist Certificate Examination UK 2007-2014

• Infectious Disease Lead, Combined Infection Certificate Examination, UK 2014-
Domus Medica Europaea

Welcome to the Domus Medica Europaea! Need meeting rooms and office space in the heart of Europe? Contact Brussels Office!
Welcome to the UEMS Section Infectious Diseases

On behalf of the UEMS Section & Board for Infectious Diseases (UEMS-ID), I am pleased to welcome you on our web site which should offer you relevant information on many aspects of ID professional affairs in Europe. I hope that you will find this information useful. Please do not hesitate to let us know if you have any questions or suggestions for improvements of our web site or our activities in general.

Prof. Jean-Paul Stahl
Chairperson of the UEMS-ID

www.uems-id.eu

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UEMS ID

Section of Infectious Diseases
• Chair/President Jean-Paul Stahl France
• Secretary Davorka Dušek Croatia

Board (EBID)
• Chair EBID Nick Beeching UK
• Deputy Nicola Petrosillo Italy
• Member Håkon Sjursen Norway

Assessment for CME/CPD (EBAID)
• Chair Andrew Ullman Germany
European Training Charter for Medical Specialists, UEMS 2008

EUROPEAN BOARD OF INFECTIOUS DISEASES

Chapter 6, CHARTER on TRAINING of MEDICAL SPECIALISTS in the EU

1. INTRODUCTION

1.1. MONITORING AUTHORITY

The European Board of Infectious Diseases (EBID) is composed of representatives of the European Union of Medical Specialities (UEMS) Specialist Section of Infectious Diseases. The EBID was instituted by the UEMS Specialist Section of Infectious Diseases in London on 11 September 1998. At national level the training in infectious diseases is regulated by National Authorities which set standards in accordance with national rules and European Union/European Free Trade Association (EU/EFTA) legislation as well as in accordance with the recommendation of the UEMS/European Board of Infectious Diseases.
“Chapter 6”
Training Requirements for the Specialty of Infectious diseases

• Sets out training framework
• Introduction
• Core expectations of:
  – trainee
  – trainers
  – Programmes
• **Indicative** length of training 6 years (2 trunk GIM + 4)
European Training Requirements
New version of Chapter 6

Training Requirements for the Specialty of ...

European Standards of Postgraduate Medical Specialist Training
(old chapter 6)

Preamble
UEMS ETR Submission Procedure

The ETR submitted by the UEMS Sections & Boards for adoption by UEMS Council should follow the “template structure for European Training Requirements” (document UEMS 2012/29).

Timeframe for submission:

- First draft of the document shall be received at UEMS office no later than 2 months before the Council meeting. The UEMS body proposing the ETRs before submission shall take care of consultation with relevant Scientific Society(ies).
Generic Changes for ETR

- Much more detailed review of current and past European training in ID
- Much more detail on content and preferred delivery of curriculum
- More detail on training the trainers and assessors
- Requires wide consultation with UEMS Sections, National and European Specialist Societies and National Medical bodies
- For submission to UEMS in time for final approval at winter (Oct) Council meeting
Training Requirements 1

• Training Requirements
• **Competences**
• Appendix with detailed list
  – Knowledge
  – Skills
  – Professional Behaviour
  – Assessment methods
  – Definition of levels of competence
Training Requirements 2

• Organisation of training
• Duration
• Structure, log book
• Curriculum
• Assessment
Trainers /Programmes

• Training requirements for trainers
• Core competences
• Quality management

• Training Centres/Accreditation
• Size
• Number of trainers
• Facilities
• Quality management & Inspection
Curriculum

• Previously agreed general outline of curriculum and subdivisions 2012/3
• Very patchy on infection control and antimicrobial stewardship
• Recent discussion on harmonisation of this section with Truls Leegard (MM)
• Improved definitions from 2014 UK curricula, also for vaccines, antibiotic use and imported and migrant medicine
Objective 1: To obtain clinical competence at a specialist (consultant) level in the assessment, investigation, diagnosis and management of infection

1.1 History taking
1.2 Clinical Examination
1.3 Investigations and Specific Skills
1.5 Interaction with other Healthcare Teams
1.6 Management of Longer Term Conditions
1.7 Patient Safety
1.8 Communication
1.9 Teaching and Training
1.10 Personal Behaviour
1.11 Management and Healthcare Structure
Objective 3: To obtain competence at consultant level in the management of the HIV infected patient and infections in the non – HIV immunocompromised patient

### 3.1 Infection in the immunocompromised patient

<table>
<thead>
<tr>
<th>Ability to recognise infection in the immunocompromised patient</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>Has a knowledge of the pathophysiology and clinical features of infection in the immunocompromised host</td>
<td>SCE, mini – CEX, CbD</td>
</tr>
<tr>
<td>Able to understand the relevance of specific aspects of the history and specific physical signs (and their absence)</td>
<td>SCE, mini – CEX, CbD</td>
</tr>
<tr>
<td>Able to understand the utility and limitations of laboratory investigations in immunocompromised patients</td>
<td>SCE, mini – CEX, CbD</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td></td>
</tr>
<tr>
<td>Able to interpret test results and explain their relevance to patients</td>
<td>mini – CEX, PS</td>
</tr>
<tr>
<td><strong>Behaviours</strong></td>
<td></td>
</tr>
<tr>
<td>Able to consider interaction of psychological and social well being on physical symptoms</td>
<td>mini – CEX, CbD, PS</td>
</tr>
<tr>
<td>Able to demonstrate empathy and appreciate patients anxieties</td>
<td>mini – CEX, MSF, CbD, PS</td>
</tr>
<tr>
<td>Has an awareness of patient’s rights and responsibilities</td>
<td>mini – CEX, CbD</td>
</tr>
</tbody>
</table>
3.6 Multi-Disciplinary Team Working in the Management of Patients Requiring Palliative and Terminal Care

| Ability to work and liaise with a multi-disciplinary team in the management of patients requiring palliative and terminal care |
|---|---|
| **Knowledge** | **Assessment Methods** |
| Understands the spectrum of professional and complementary therapies available e.g. palliative medicine, nutritional support, pain relief and psychology | CbD |
| **Skills** | |
| Demonstrates discernment in balancing a scientific and a caring approach to the problem and able to judge when active treatment should stop | MSF, CbD |
| Able to work within a multi-disciplinary team | MSF |
| Able to give patients effective pain relief and psychological support | MSF, CbD, mini - CEX |
| **Behaviours** | |
| Demonstrates a commitment to continuity of care through physical illness to death | MSF, CbD, mini - CEX |
Further objectives

- **Objective 2:** To obtain competence at consultant level in the management of Community Acquired Infections (CAI)
- **Objective 3:** To obtain competence at consultant level in the management of the HIV infected patient and infections in the non–HIV immunocompromised patient
- **Objective 4:** To acquire the skills necessary at consultant level to recognise, manage and control health care acquired infection (HCAI), including intensive care (ICU) related infections
- **Objective 5:** To achieve competence at consultant level in the diagnosis, investigation and management of imported infection and the provision of pre–travel health advice
Objective 5: To achieve competence at consultant level in the diagnosis, investigation and management of imported infection and the provision of pre-travel health advice

5.1 Imported Infections
5.2 Health Advice for Travellers
5.3 Infection Related Problems of Immigrants
5.4 Tropical Medicine*

*This is an optional extra and not part of the core curriculum
Objective 6: To obtain an understanding of the role of the Clinical Microbiologist and the importance of Microbiological techniques in Infectious Diseases and to understand the process and constraints around the Microbiological report

Objective 7: To become competent in all aspects of the management of antibiotic use

Objective 8: To obtain an understanding of research and audit methodology and the practical implementation of research and audit projects

For all points in objective 6 where Clinical Microbiology or Microbiological is stated this includes allied disciplines (Clinical Mycology, Parasitology, Virology)
Training data

• Not yet collected yet this year
• Need to liaise with ESCMID TAE process
• Future data collation needs to be standardised and done jointly with ESCMID
Taking this forward

• Further editing to remove redundancy within document
• Harmonise headings with curriculum document
• Submit for wider review in Section and by TAE and ESCMID Training/PAC
• Initial review by UEMS
• Widespread consultation Europe
• Finalise
• Submit Aug 2016 for UEMS Council Oct 2016
European Specialist Examination
CESMA

Council for European Specialist Medical Assessment
The Council for European Specialists Medical Assessment

The CESMA is an advisory body of the UEMS created in 2007 with an aim to provide recommendation and advice on the organisation of European examinations for medical specialists at the European level.

It was called in the beginning the "Glasgow group" referring to the first meeting held in Glasgow. It was then decided to adopt the name CESME (Council of European Specialist Medical Examinations). This name was finally changed to CESMA (Council of European Specialist Medical Assessment).

Its main role is to:

- To promote harmonisation of European Board assessments
- To provide guidelines to the Boards on the conduct of assessments
- To encourage take up of Board assessments as a quality mark
- To offer an alternative to National assessments, where appropriate

The CESMA adopted in Glasgow a declaration setting the basic rules governing European Examinations. The "Glasgow Declaration" was signed by the following UEMS Specialist Sections: Neurosurgery; Nuclear Medicine; Orthopaedics and Traumatology; Paediatric Surgery; Pathology; Plastic, Reconstructive and Aesthetic Surgery; Pneumology; Urology and Vascular Surgery.

In 1984 the first European Diploma Examination was established. This was the EDA European Diploma of Anaesthesiology. Today 29 disciplines have European Examinations.
CESMA current thoughts - exams

• Meetings
  – Brussels 13 Dec 2014
  – Lisbon 22-23 May 2015
  – Brussels 4-5 Dec 2015
  – Bucharest 6-7 May 2016

• Approx 30 sections (of nearly 60) have an exam
• Some are THE European exam, some are optional, some a mixture
• Must be mapped to contents of curriculum
• Within context of whole training programme including work place based assessments (WBA), regular reports and reviews of logbooks etc
CESMA exams

• Some sections make large mounts of money from exam (we would not)

• Most hold them in parallel with large European Scientific meeting without paying examiners for their time

• Better established exams have 2 stages:
  – MCQ for knowledge base
  – Clinical case “vivas” or OSCE stations to evaluate clinical reasoning/skills
CESMA examinations

- Different electronic platforms exist to support the whole exam process
- Becoming more sophisticated
- Most are held in English only
- But "vivas" may be held in limited choice of languages with arrangements to have suitable examiner pairs for each candidate
- ESCMID view has been to promote different languages as a principle of parity
CESMA quality initiatives

• Standards published for:

  – Terms of reference of CESMA (new status of CESMA as a Thematic Federation)
  – UEMS-CESMA Guide to successfully writing MCQs
  – UEMS-CESMA guideline for organisation of European postgraduate medical assessments
  – UEMS-CESMA guideline for examiner selection for European postgraduate medical assessments
  – “Appraisal” and accreditation of examinations (5 done)
Areas to test

• Knowledge: MCQ; essays etc; workplace based

• Skills: Workplace based; viva; OSCE

• Professional Behaviour:
  Workplace based; multisource feedback; trainer reports
Key components

- Question writing groups and editing
- Mapping to curriculum blueprint and secure storage of questions
- Question selection
- Review of exam and standard setting
- Conduct of exam
- Review of results and adjustment for poor questions etc
- Release of results
- Feedback to centres/trainers (for large exams)
- Appeals processes
Overall Plan

• Start process of writing and setting MCQ exam
  – Initially introduce as pilot
  – Then as optional
  – Then consider statutory nature

• Once pilot/optional exam accepted, consider introduction of viva/OSCE based Part 2 exam

• Promote better national training standards and appropriate local WBAs and reviews
ID & MM Sections

Knowledge Based Examination

• ID Section has agreed to adopt UK style best of 5 MCQ question format for a knowledge based exam
• MM Section will also do this but might also use multiple matching questions
• Joint approach to MCQ writing would be efficient
Timescale 1

• Joint ID/MM bid to ESCMID to fund training workshop for question writers following ECCMID
• Advertise for question writers through ESCMID
• If 200 examiners provide 5 questions each, could have > 500 usable questions (out of 1000) in joint bank after the session
Timescale 2

• Arrange question writing training sessions with ECCMID 2017 (& 2018)
• Obtain and screen further questions from first wave of question writers (virtual working)
• Establish ID exam board to select and set exam and set standards
• Finalise logistics
• Introduce exam mid-late 2018 or pre ECCMID 2019
Questions for panel

• Thank you