

UEMS Charter on Training of Medical Specialists in the EC

Chapter 6 Requirements for Specialty (to be filled in by the appropriate UEMS Specialist Section)

Requirements made up by the Section of Medical Microbiology

- 6.1. Central Monitoring Authority**
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6.1. Central Monitoring Authority

1.1. The Central Monitoring Authority of the specialty of Medical Microbiology is the UEMS Section of Medical Microbiology which, in consultation with the Professional Affairs Committee of the European Society of Clinical Microbiology and Infectious Diseases, produces guidelines for training in the specialty and produces a training programme blueprint to be filled in with the specific aspects of the training, pertinent to the individual EC member states.

1.2. Training should take place in an institution, in a recognised training centre department, that offers the full spectrum of facilities needed for training accordingly the essential themes in medical microbiology. Parts of the 5 year training programme, no longer than 3 years, may be followed in an affiliated department, which has a formalized liaison with the institution which meets the criteria for the full training programme. The medical specialist, responsible for the training programme, and the trainer representative, should be of sufficient scientific status, preferably at PhD level, and have at least 5 years of practical specialist experience in the field of medical microbiology.

1.3. The training programme should contain sufficient opportunities to check the trainee's proceedings by means of observations during critical practical situations, written proofs of critical assessments by the trainer and examinations of knowledge. The frequency of these tests is laid down in the training programme. Trainers and other staff members involved in the training process should be trained to be able to critically make an assessment of the trainee's knowledge, skills and attitude. All these activities make part of the specialties quality assurance programme.

1.4. The quality of the training institution and possibly affiliated organisations should be audited by an external team of specialists in medical microbiology, delegated by the national medical association or its equal.

1.5. Ideally every EU member state recognizing the specialty should have a professional specialist society of medical microbiology. Man power planning and forthcoming quantitative training facilities are the responsibility of the national medical association on the advice of the medical microbiology specialty group. The specialty of medical microbiology should be represented in the national medical association in each EU country.

6.2 General Aspects of Training

2.1. Procedures for recruiting medical doctors, who have fulfilled the requirements for basic medical training leading to an EC recognized medical diploma, must be transparent.

2.2. The training period for the specialty of medical microbiology is 5 years. The training period may be reduced when there is proof of experience in one or more of the major different themes as stated in the UEMS Section of Medical Microbiology training program (e.g. bacteriology, virology, mycology, parasitology, practical clinical training, and infection control). This experience should imply a period of more than twice the training period needed in the specific theme and the period in practice should not have taken place longer than 5 years before the training is started. The reduction shall not be more than half of the period required for training in the specific theme.

2.3. A revised core training programme and training programme for medical microbiology was published on the internet under auspices of the Medical Microbiology Commission of the UEMS Section of Medical Biopathology in 2007.

After the creation of a separate Section of Medical Microbiology in 2008 it was decided to adopt this version as a basis for the further development and modernisation of specialist training. A prototype log-book is available and it is recommended to use this and adapt it to the local situation and training facilities. The log-book should be an important element in the trainee's portfolio.

2.4. A plan for implementation of a quality programme as mentioned in 1.3 should be in and be subject to auditing procedures.

452. The teacher should work out a training programme for the trainee in accordance with place in every training institute.

2.6. Member countries can decide for a numerus clausus for entry in the specialties training programme in case the outcome of an investigation within the framework of man power planning necessitates this.

2.7. Training periods can be spent in training institutions as defined in 1.2. Training centres are recommended to apply for the status of ESCMID Collaborative Centre, which will enable and promote the exchange of trainees within the European Union and UEMS member countries.

6.3 Requirements for Training Institutions

3.1 Training institutions should be part of /or serving a medical centre, harbouring the main leading clinical specialties such as internal medicine, surgery, paediatrics and gynaecology/obstetrics. In addition, the trainee should gain experience in serving including clinical consulting in the field of clinical microbiology on Intensive Care Units and gain experience in the epidemiology of hospital acquired infections and antibiotic resistance. These main specialties should also be qualified to train specialists in their respective field.

3.2. The size and the diversity of the training institute and its possible affiliated centres should be well defined, as well as the number of admissions, number of bed-days and the

volume of out- and inpatient care of the medical centre to which the training institute is formally connected.

3.3. The training institution and the clinical departments should be subject to auditing procedures according to national requirements for accreditation and certification.

6.4 Requirements for Teachers

4.1. The recognised training leader should have been practising the specialty for at least 5 years after specialist accreditation. The training leader should be supported by a trainer representative and there should be sufficient specialist medical staff to operate the daily department's activities.

4.2 The teacher should work out a training program for the trainee in accordance with the trainee's progress during the training e and the possibilities of the institution, which also complies with national rules and EU directives and considers UEMS/European Board recommendations.

4.3. The ratio between the number of qualified specialists in the teaching staff and the number of trainees should provide a close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training. Therefore this ratio should approximate one trainer to a maximum of 3 trainees.

6.5 Requirements for Trainees

5.1. Experience: To build up his/her experience, the trainee should be involved in the diagnostic and therapeutic consultation of a sufficient number of in-patients, day care patients and out-patients (ambulatory) and perform a sufficient number of practical procedures of sufficient diversity during daily hours as well as during night, weekend and other irregular occasions. The log-book may serve as a guideline to such activities.

5.2. The trainee should have sufficient communication skills with other physicians, healthcare workers and/or with patients and to study international literature.

5.3. The trainee should keep his/her personal portfolio. Including a logbook and personal training scheme or equivalent documents up to date according to national rules and EU Directives as well considering UEMS/ European Board recommendations. The trainee's portfolio should be available for scrutiny by entitled trainers and/or regulatory authorities.

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