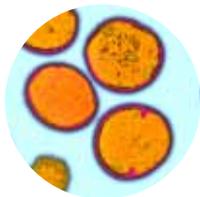


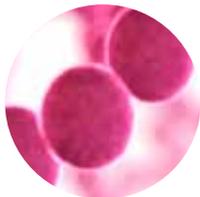


Annual Report 2009 -2010



**BIA**  
British Infection Association

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**A forward looking plan**

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### **Abbreviations used throughout this review**

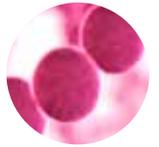
AMM	Association of Medical Microbiologists
ASM	American Society for Microbiology
BASHH	British Association for Sexual Health & HIV
BHIVA	British HIV Association
BIA	British Infection Association
BIS	British Infection Society
BSAC	British Society for Antimicrobial Chemotherapy
CCT	Certificate of Completion of Training
DH	Department of Health
FIS	Federation of Infection Societies
HIS	Hospital Infection Society
HPA	Health Protection Agency
IDSA	Infectious Diseases Society of America
IPS	Infection Prevention Society
MRC	Medical Research Council
NICE	National Institute for Clinical Excellence
PMETB	Postgraduate Medical Training Board
RCPPath	Royal College of Pathologists
RCP	Royal College of Physicians
SGM	Society for General Microbiology

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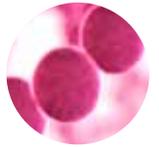
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# A Forward Looking Plan

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## A review of the year 2009 - 2010

### Introduction by the President

*Dr Jane Stockley*



It has been an exciting first year for the British Infection Association; a new name, a new logo, and a great deal of activity. This review will highlight some of the work undertaken this year, and also look forward into the coming months and years. We hope to develop a rolling strategic programme that will consolidate current activity and facilitate future developments, collaborating with other infection societies and external agencies, and responding to changes within our working lives, whether they be politically, professionally or microbiologically driven.

The merger of the British Infection Society and Association of Medical Microbiologists offers a great opportunity for infection specialists to demonstrate how much can be achieved through collaborative working and using complementary skills and knowledge to provide optimal management of patients with infection, effective infection prevention and control, and public health strategies. Through supporting research and education we hope to improve knowledge of infection amongst doctors and scientists in training, and also the evidence base for guidelines and future scientific and technological developments.

I am most grateful to all my Council colleagues, and other BIA members who have shown so much enthusiasm and worked so hard to make this first year a success. We have continued legacy work from both parent organisations, and embarked on many new initiatives. BIA representatives are now embedded within key working groups at the Royal Colleges of Physicians and Pathologists, and with many external agencies (see Appendix B, page 20 -21 for a full list of representatives on external bodies and working parties); and opportunities are created for the wider membership of the Association to contribute to and influence the development of national policy, whether in clinical and laboratory practice, education and training, or scientific research.

I hope you find this review and proposals for the future informative and interesting. It is important that all members feel engaged with the organisation, and feel able to offer suggestions for action and future developments. Contact names are given throughout this document – please get in touch if you would like to get involved in any way



**British Infection Association Council  
Elected November 2009**

President	Dr Jane Stockley
Vice President	Dr Peter Moss
Hon Secretary	Dr Beryl Oppenheim
Hon Treasurer	Prof Alistair Leanord
Manpower & Training Secretary	Dr Albert Mifsud
Scientific & Research Secretary	Prof Dietrich Mack
Guidelines Secretary	Dr Peter Cowling
Meetings Secretary	Prof Steve Green
Membership Secretary	Dr David Jenkins
Clinical Services Secretaries	Dr Andrew Swann (Microbiology & Virology) Dr Matthias Schmid (Infectious Diseases)
Communications Secretary	Dr Kumara Dharmasena
Trainee representatives	Dr Susan Larkin (Meetings) Dr Susie Alleyne (Professional Affairs) Dr David Partridge (Communications) – co-opted Sept 2010

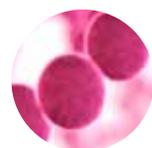
In addition to the elected members above, the following also regularly attend Council meetings (4 held in 2010):

Editor, Journal of Infection	Prof Rob Read
BIA Newsletter Editor	Dr Jenny Child

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# Strategy

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## British Infection Association Strategy 2010-2013

### Overall Aim

To work to ensure optimal delivery of healthcare to patients diagnosed with infection through:

- Representing the views of infection specialists, and providing expert opinion on infection-related matters, to external agencies, patients and the wider public
- Setting & reviewing standards in infection practice, including the development of guidelines
- Supporting infection specialists within their daily work, through facilitating communication and providing useful resources
- Education and training
- Infection-related research
- Collaboration with other infection-related specialist groups

These areas will be explored further within the following pages, under the broad headings of

Membership and Communications

Standard setting and Guideline development - Enhancing Clinical Practice

Clinical Services

Education and Meetings

Manpower, Training & Trainee Affairs

Science & Research

Collaboration with other societies & other external relationships

Governance

The Journal of Infection



# Membership & Communications

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Aim: To encourage all infection specialists to become members of the Association, and to ensure that membership delivers appropriate benefits, support and opportunities. To ensure that optimal communications are developed within and beyond the organisation.



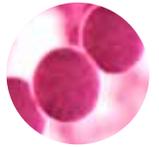
Progress to date:

- A new name and logo
- Merging of old AMM and BIS membership databases
- Establishment of a new email discussion forum
- Developing a new website, [www.britishinfection.org](http://www.britishinfection.org)
- Developing a strategy to manage requests for consultations and responses to external enquiries
- Publication of 3 newsletters, and bimonthly President's updates
- Approval of terms of reference for Clinical Services Committee (Microbiology & Virology), to ensure appropriate regional and specialty representation
- Establishment of a trainees' committee with broad representation across the infection specialties
- 2010 subscription fees maintained at same rate as old BIS fees (£60), with concept of differential subscription packages from 2011, giving the option of electronic journal access rather than hard copy. Trainees continue to enjoy free BIA membership, with an option to purchase hard copy of the Journal of Infection at a nominal rate
- Establishment of a BIA advisory committee for Clinical Excellence awards

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# Membership & Communications

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Our new name, the British Infection Association, embraces both parent organisations and emphasises the holistic nature and collaborative spirit of infection specialists working together across different professional groups. By linking the new name with our old identities throughout the year, we have facilitated continuity of legacy projects and clarified our position with fellow infection societies and external agencies. Our new logo has been designed by Ben Beaumont, who graduated from Central St Martin's College of Art and Design in London with a first class Honours degree In Graphic Design. The design was the preferred option amongst a set of excellent proposals, and we hope it will soon become widely recognised amongst the infection community and beyond.

Our website continues to evolve to reflect our activities, and to provide an informative resource for members; and the trainees area is currently being developed with links to internet based training resources, with a discussion forum under consideration.

Further planned work in this area includes

- Establishing a register of interests of members, and engagement with those who may be prepared to offer expert opinion in specific areas
- Promoting membership to all relevant individuals, including trainees
- Identifying an appropriate Associate Member (non-medical) to sit on Council
- Ensuring that specific issues relating to colleagues working in all devolved administrations (Wales, Scotland, Ireland as well as England) are included within societal business
- Support for colleagues working abroad

Council would very much like to hear from members who might be interested in associate membership, or leading on issues relating to workers abroad.



# Standard Setting & Guideline Development - Enhancing Clinical Practice



Aim: To support infection practitioners through the development of appropriate guidelines and relevant standards of practice.



Progress to date

- Establishment of a Guidelines Committee (see Appendix A)
- Norovirus Working Party set up, with representation from BIA, HPA, IPS, HIS and NHS Confederation, along with DH observers from England, Scotland and Northern Ireland
- A Lyme borreliosis position paper has been produced, with full involvement of BIA members
- Collaboration with the HPA Primary Care Unit in the production of guidelines for the investigation and management of infection in Primary Care
- An editorial to coincide with European Antibiotic Awareness Day 2010 published in the November issue of the Journal of Infection
- Responses to national consultations, including those produced by NICE, the HPA and the DH.

BIA is taking a key role within the Norovirus Working Party, the aim being to produce guidelines to support clinicians working across the whole healthcare economy in managing and controlling norovirus infection. The report will give guidance on optimal diagnostic support, general patient care and specific infection control measures, taking into account the development of new PCR technology and the pressures on current healthcare delivery systems.

The Lyme borreliosis position paper will be published in the Journal of Infection and will provide a valuable resource for primary and secondary care clinicians, and public alike. The aim is to ensure evidence based high quality clinical practice in regard to patients with, and those concerned about, Lyme infection.

Further planned work in this area includes

- Continuing legacy work of BIS Clinical Guidelines Group in developing orthopaedic infection guidance
- Collaborating with the Clinical Mycology Network on guidance regarding 'Candida Syndrome'
- Collaborating with fellow infection societies, Royal Colleges and external agencies in the development of relevant guidelines, and standard setting
- Ensuring that consultations, and BIA responses to such papers, are made available to the membership
- Ensuring that relevant guidelines and standards are made easily accessible, and promoted amongst the BIA membership

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# Clinical Services

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Aim: To support infection specialists in their daily work, addressing issues of current concern and importance in the delivery of clinical microbiology, infectious diseases and other infection-related clinical specialties, public health and infection control.

Progress to date:

- Continuing the legacy work of the AMM Clinical Services Committee, re-defining terms of reference and roles and responsibilities of committee members (See Appendix A for current membership list)
- Responding to key consultation documents, including definition sets for specialist infectious disease services, and government white papers (eg Liberating the NHS: Transparency in Outcomes)
- Writing to key individuals regarding matters of concern, including implementation of Carter Report, reconfiguration of pathology services, and commissioning of specialist infectious disease services
- Publishing position statements in newsletter and website – eg the transfer of patients colonised with meticillin-resistant *Staph aureus* (MRSA), and Lyme borreliosis (under preparation)
- Contributing to debate and organisational responses at College sub-specialty meetings
- Reviewing AMM work undertaken under the 'Blue Skies Agenda' to develop the concept of a service specification for infection services

This area is recognised as being of major importance to the Membership, and Council acknowledges the need to consult widely on many issues. The Microbiology and Virology Clinical Service Committee facilitates a two-way information channel between Council and the wider membership of microbiologists, and a similar facility for Infectious Disease physicians is under consideration. Views as to how this may best work would be welcomed.

Council leads are Andrew Swann (Microbiology & Virology) and Matthias Schmid (Infectious Diseases).

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## Education & Meetings

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Aim: To develop the educational and scientific meeting agendas to enhance the education and continuing professional development of Members, other health professionals and the public with responsibility or interest in the management of infection

Progress to date:

- Successful Annual Scientific meeting held in London, May 2010
- Successful trainees scientific meetings held in May and September 2010
- Collaboration with BSAC and HIS in delivery of a series of workshops and educational activities
- Full scientific programme and related activities organised for FIS 2010 in Edinburgh, where BIA is host society

The Trainees' meetings in May and September on the topics 'Pyrexia of Unknown Origin' and 'Water and Disaster' were well attended and highly successful. The September meeting also raised funds for the 'WaterAid' charity, and it is envisaged that other relevant charities will be supported by future meetings. The BIA is indebted to those consultants and others who have given time to speak at trainees' and other meetings, and who work so hard to organise and ensure the success of educational events.

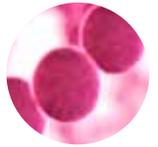
Further planned work in this area includes:

- Due consideration given to the specialty examination schedule when arranging educational meetings, to ensure optimal timing for trainees
- Support for relevant independently developed internet-based training resources for trainees
- Development of BIA website to provide an educational resource for all members, and specific area for doctors and scientists in training

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# Manpower, Training & Trainee Affairs

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Aim: To support trainees in infection specialities and provide ongoing support to members in substantive posts.

This work includes:

- anticipating the need for consultants and specialists in the infection specialities, and estimating any gap between this need and the number of anticipated new CCT holders
- providing authoritative advice to the Federation of Royal Colleges of Physicians of the United Kingdom and to the Royal College of Pathologists
- Supporting trainees through involvement in the development of training curricula, and the delivery of specialist examinations
- Encouraging trainees to be fully involved in the organisation, supporting a proactive trainee sub- committee, educational initiatives and research (see also Education & Meetings, Science & Research)

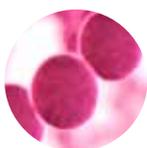
Progress to date:

- Establishment of BIA Manpower & Training sub-committee (see Appendix A)
- Establishment of an active Trainees' Committee with broad geographical representation across infection-related specialities (see Appendix A)
- Established BIA representation on all relevant College training and curriculum development committees (see Appendix B)
- Established BIA representation on College manpower committees
- Response to Lord Patel's consultation document on the regulation of medical training and specialty recruitment
- Convening of a BIA Working group to specifically examine and respond to proposed educational curricula and training requirements of trainees in infection
- Ongoing input into the Specialist Certificate Examination in Infectious Diseases (see below)
- Reviewing work done under the 'Blue Skies Agenda' to develop the concept of a service specification for infection services

The BIA recognises the critical importance of establishing an effective and appropriate training curriculum for trainees in infection. Key to determining training requirements is the understanding of what might be required of infection specialists of the future. Reviewing service specifications for infection prevention, diagnosis and management provides a framework to determine the skills and experience required of infection specialists, and the diagnostic services they need to use and strategically direct.



## Manpower, Training & Trainee Affairs *continued...*



Further planned work in this area includes

- Ensuring membership consultation, and active involvement in the development of infection-related educational curricula, both undergraduate and postgraduate, by attending relevant College committees and actively contributing to consultations
- Contributing to consultations from regulatory bodies (eg GMC) over issues such as medical training, recruitment and revalidation
- Continuing to contribute to and influence consultations related to delivery of infection-related diagnostic and clinical services, including infection control and public health. This includes consultations over reconfiguration and commissioning of pathology services, and specialist infectious disease services.
- Publishing and otherwise making available society responses to consultations



### **Speciality Certificate Examination in Infectious Disease**

**Nick Beeching**

**Academic Lead and Chair, Examination Board**

**Oct 2010**

As part of their review of postgraduate training curricula in 2006, PMETB required the introduction of a knowledge based examination as part of the assessment of trainees nearing certification as a specialist (CCT) in medical specialities. Joint ventures were developed between specialist societies who provide the clinical expertise and the MRCP (UK) office of the Federation of Royal Colleges of Physicians, who provide the educationalist and administrative expertise. Three groups of clinical experts are required – the Question Writing Group (self explanatory), the Examination Board that has general oversight and meets once a year for 2 days to select and review questions for the next examination, and a separate Standard Setting Group that meets for 2 days to define the pass mark expected in that exam and to review the questions again to ensure that content is appropriate and up to date. It is anticipated that the pass rate for trainees in UK training programmes should be around 90%.

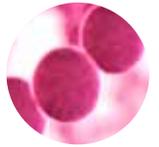
Questions are all in “Best of Five” format, mainly interpreting clinical or diagnostic scenarios, some with clinical photos or imaging. The examination consists of two “papers” of 100 questions each, taken in selected computer test centres in the UK and overseas. The proportion of questions in each subject area is chosen to correspond to the curriculum published by the RCP Specialist Advisory Committee (SAC) as far as possible. The first examination in Infectious Diseases (also taken by trainees doing Tropical Medicine with Infectious Diseases etc) was set in 2009 and was taken by a small number of overseas trainees, none of whom passed. This year the 2010 exam was taken by 17 UK-based trainees, of whom 16 were successful (94%), and 6 overseas-based trainees (pass rate 50%).

The examination is maturing and most specialties have had similar experiences and pass rates. Trainees are understandably displeased with the need to do yet another exam, which places a particular burden on those doing joint training who also have to contend with the FRCPATH examination, and with the high exam costs incurred by getting examiners together for the above lengthy processes. It should be noted that some specialist societies have entered into cost-sharing agreements with the Federation (although this does not reduce exam fees for their candidates) but the BIA – (formerly BIS) – does not contribute in this way, apart from providing (free) expertise. All are conscious of the need to reduce costs. Almost 40 infection consultants have now been involved with this process over the past 4 years, and I would like to thank them for their time and commitment to making this exam as fair and appropriately oriented as possible. I would particularly like to thank Ann Chapman (Hon Secretary, Examination Board) for her tireless efforts in helping the whole process run smoothly and Richard Bellamy whose expertise in question writing has also been invaluable. Ray Fox has kindly overseen the Standard Setting Group, bringing to it his years of experience with the MRCP examinations.

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# Science & Research

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Aim: To continue to support infection-related research and educational projects that are of professional and public benefit

Progress to date:

- Working to establish a BIA Scientific & Research sub-committee with a strong strategic agenda for both infectious disease and microbiology
- Awards given to best presentations (Basic Science, Clinical and Applied Science, and Clinical Lessons) at trainees' scientific meetings
- Continuing AMM and BIS legacy of J.D. Williams and Barnett Christie lectureships at FIS 2010
- Monies safeguarded to award two small research grants valued at £5000 each, and four travel grants, from 2010
- First Joint MRC/BIA Research Fellowship advertised
- Subscription fees determined to ensure that the Association is financially able to continue to offer agreed number of grants and awards
- Collaboration with BSAC and HIS as regards promotion of opportunities for research and travel grants

The BIA is keen to build on the excellent track record of the British Infection Society in supporting research activity of all members, and in particular amongst trainees. The Barnett Christie lectureship given at FIS is a highly regarded award, and this year attracted four highly deserving applications. The Joint RCP/RCPATH Research & Scientific Committee has been disbanded, but the BIA remains committed to scientific and clinical research and intends to develop a strong research agenda, and facilitate collaborative research initiatives amongst members, and with external agencies.

Further planned work in this area includes:

- keeping funds available for grants under regular review
- promotion of available support to all relevant individuals
- aiming to publish grant allocations, and feedback from relevant research projects so that Membership can see how funds are used
- exploring the potential for collaborative research initiatives with fellow infection-related societies, in particular BSAC and the Society for General Microbiology (SGM)
- participating in a RCPATH working group to look at introducing molecular technology into routine bacterial services



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## Collaboration with other societies and other external relationships

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Aim: To ensure that the Association identifies and engages with all relevant organisations, including the Royal Colleges, other infection-related professional societies, healthcare agencies and the public

Progress to date:

- Ensured BIA representation on all relevant College committees and other external infection related committees and working groups (see Appendix B for further details)
- The BIA is a key contributor to the recently convened multi-professional Norovirus Working Party
- Highly successful meeting between Chair of HIS, and Presidents of BIA and BSAC in June 2010 to discuss collaborative strategy
- Registered as a key stakeholder with NICE as regards infection related guidance
- Maintained key relationships fostered by parent organisations with external bodies such as the DH and HPA, including links with European and American infection societies
- BIA collaborating with BSAC and IDSA to promote pharmaceutical research and development of novel antibiotics
- BIA presence at Royal College of Physicians Open Day in September, attended by over 750 members of the public. Opportunity taken to promote antibiotic awareness and principles of infection control
- Support for European Antibiotic Awareness Day, 18 November through an awareness raising editorial in Journal of Infection

The ongoing collaboration of infection societies is important to raise the profile of infection specialists, to achieve greater influence in healthcare policy setting, and to provide a unified voice to the public and external agencies.

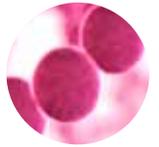
Further work in this area includes:

- Continuing to develop close working relationships with HIS, BSAC, BHIVA etc, collaborating where appropriate on standard setting, guideline development etc
- Arranging a meeting at FIS 2010 for participating infection society officers to explore further wider collaboration
- Developing a strategy for dealing with media and other external enquiries. This will include identifying members who may be willing to speak on behalf of the Association on specific issues, or areas of expertise
- Exploring the possibility of developing a website section for the public, offering fact sheets on infection topics

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# Governance

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Aim: To ensure the integrity of BIA as a charity is protected through continued scrutiny and the development of a published strategy which explains how the Association is governed and managed, to the satisfaction of its Membership, Charity Commission and any other interested parties.

Proposed action:

- To ensure Memorandum of Understanding and Articles of Association for the association are regularly reviewed by Council
- To make available and publish copies of the annual report, audited accounts, and records of meetings
- To review, and further develop the role of Council members
- To promote opportunities for Council office, sub-committees and other association activities to the Membership
- To establish mechanisms for ensuring continuity on Council and association sub-committees

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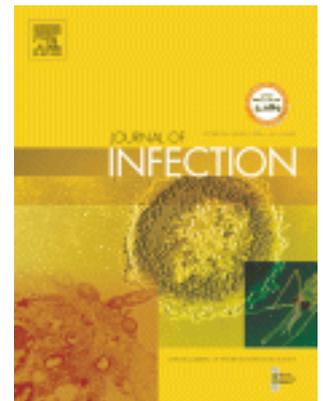
# The Journal of Infection

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The Journal of Infection is the scientific publication of the British Infection Association. It has been existence for 31 years, as journal of the BIS and before that, its predecessor organisation, the British Society for the Study of Infection. The current editor, Robert Read, together with a new team of Associate Editors, took over the running of the Journal in 2006 with the stated ambition to increase the scientific impact of the journal. This strategy was followed because the organisation needs a healthy and respected Journal capable of attracting the best international work; and this can only occur if bibliometrics such as the Impact Factor are internationally competitive. This is gradually being achieved and the Impact Factor has almost doubled since 2005 to its current level of 3.1. This increase was accomplished by increasing the rejection rate (currently running at approximately 85%, though this high level is partly explained by the high level of case report submissions). Over this period the rate of submission of original work has increased from 700 to almost 1200 manuscripts per year, and submissions are inter-continental.

The editorial team is particularly pleased with the rise in Impact Factor because this has occurred despite the fact that the overwhelming majority of articles published are original scientific articles. There is little reliance on literature reviews which tend to inflate the Impact Factor as they attract high levels of citations (compare Lancet Infectious Diseases which has an Impact Factor of 15!). Furthermore the improvement has been sustained despite the fact that the journal still publishes case reports (approximately 1 per month) which tend to attract fewer citations but are popular with our readership and provide a publication opportunity for trainees.



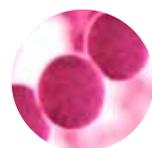
The Editorial includes Peter Moss (Case Reports), David Lalloo, Keith Neal, Tom Harrison, Goura Kudesia and Adam Finn. We have a North America editor, Robert Atmar, who also has a team of associate editors. Looking forward, we will strive to increase even further our scientific impact. This is a British Journal and it is noticeable that the minority of high quality scientific work we publish comes from the UK. Inevitably the best UK work tends to be sent for publication in journals with the highest impact factor - either the general journals (eg New England Journal of Medicine, Lancet etc) or the IDSA and ASM journals (eg Journal of Clinical Microbiology or Clinical Infectious Diseases). For the editorial team the best outcome of our strategy will be if the best UK authors start to submit their work to the Journal, rather than elsewhere. If you are thinking of submitting your work, please bear us in mind!

**Robert Read**  
**Editor, Journal of Infection**

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# How to contact us

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## Postal Address

British Infection Association  
Hartley Taylor Ltd  
Henderson House  
New Road  
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Bucks  
HP27 0JN

## Telephone

In the first instance please contact Anne Taylor on 07578 599902  
Head office can be contacted on 01844 275650

## Fax

01844 274407

## Email

secreatariat@britishinfection.org

## Council members contact details:

President, Dr Jane Stockley, [president@britishinfection.org](mailto:president@britishinfection.org)

Vice President, Dr Peter Moss, [vicepresident@britishinfection.org](mailto:vicepresident@britishinfection.org)

Honorary Secretary, Dr Beryl Oppenheim, [secretary@britishinfection.org](mailto:secretary@britishinfection.org)

Honorary Treasurer, Professor Alistair Leanord, [treasurer@britishinfection.org](mailto:treasurer@britishinfection.org)

Meetings Secretary, Professor Steve Green, [meetings@britishinfection.org](mailto:meetings@britishinfection.org)

Membership Secretary, Dr David Jenkins, [membership@britishinfection.org](mailto:membership@britishinfection.org)

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Trainee (Professional Affairs) Secretary, Dr Susie Alleyne, [traineeprofaffairs@britishinfection.org](mailto:traineeprofaffairs@britishinfection.org)

Trainee (Communications) Secretary, Dr David Partridge, [trainee@britishinfection.org](mailto:trainee@britishinfection.org)

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# Appendix A

## British Infection Association Sub-Committees

### Clinical Services Committee (Microbiology & Virology)

Andrew Swann (Chair)    Leicester  
 Tony Elston (Secretary)    Colchester

### CSC Regional group

	Current member	
North West	Hari Panigrahi	(Manchester)
Northern	Glenda Horne	(Gateshead)
Yorkshire	Philip Marsh	(Bradford)
Trent	Fiona Donald	(Nottingham)
West Midlands	Claire Constantine	(Worcester)
Oxford	Kathryn Cann	(Stoke Mandeville)
Wessex	Ann Pallett	(Southampton)
S Thames E	Mark Zuckerman	(Kings)
S Thames W	Jenny Child	(Chichester)
N Thames W & E	Bharat Patel	(North Middlesex)
East Anglia	Nick Brown	(Cambridge)
South West	Richard Cunningham	(Plymouth)
N Ireland	Paul Rooney	(Belfast)
Ireland	Breida Boyle	(St James)
E Scotland	Michael Lockhart	(Tayside)
W Scotland	No Group	
Wales	Neil Carbarns	(Abergavenny)

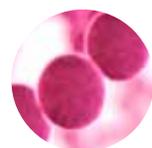
Prevention of Infection representative    Louise Teare  
 Health Protection Agency representative    Barry Cookson  
 Clinical Virology Network representative    Pamela Molyneaux

### Clinical Guidelines Committee

Meera Chand	London
Peter Cowling (Chair)	Scunthorpe
Tony Elston	Colchester
Steve Green	Sheffield
David Jenkins	Leicester
Rojeka Lazarus	Oxford
Frances Sanderson	London
Matthias Schmid	Newcastle
Andrew Swann	Leicester
Andrew Ustianowski	Manchester

### Manpower and Training Committee

Celia Aitken	Glasgow
Susie Alleyne	Leicester
Nick Beeching	Liverpool
Barbara Isalska	Manchester
Susan Larkin	Birmingham
Albert Mifsud (Chair)	Whipps Cross
Matthias Schmid	Newcastle



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### Scientific and Research Committee

David Dockrell	Sheffield
Jon Friedland	London
Steve Green	Sheffield
Dietrich Mack (Chair)	Swansea
Melanie Newport	Brighton
Shiranee Sriskandan	London

### Trainees' Committee

Susie Alleyne (Council)	Leicester
Meera Chand	London
Rishi Dhillon	London
Christopher Duncan	Oxford
Theo Goularis	Cambridge
Clare Hamson	Newcastle
Abid Hussain	Leicester
Susan Larkin (Council)	Birmingham
Rajeka Lazarus	Oxford
Sarah Logan	London
Damian Mawer	Leeds
Fiona McGill	Leeds
David Partridge (Council)	Sheffield
Jog Simantini	Exeter
Nim Wickramasinghe	Coventry

### Specialist Certificate Examination in Infectious Disease (jointly with MRCP(UK) Office, Federation of Royal Colleges of Physicians)

Nick Beeching	Academic lead and Chair, Examination Board
Ann Chapman	Secretary, Examination Board
Ray Fox	Chair, Standard Setting Group

### BIA/MRC Clinical Training Fellowship committee

Jon Friedland	London
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### BIA Advisory Committee for Clinical Excellence Awards

Nick Beeching (Chair)	Liverpool
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## Appendix B

# BIA representation on external committees



**Academy of Royal Colleges Infection Training Working Party**  
Albert Mifsud



**Alliance of Societies in Pathology & Laboratory Medicine**  
Peter Cowling

**British Thoracic Society Joint Tuberculosis Committee**  
Martin Wiselska

**Coalition of UK Medical Specialty Societies**  
Peter Moss

**DH Advisory Group on Hepatitis**  
Peter Moss

**DH Review Group on Tuberculosis**  
**All Party Parliamentary Group on Global Tuberculosis**  
**UK TB Advisory Group**  
Jon Friedland

**ESCMID Council**  
Rob Read

**ESCMID Trainees Association**  
Kate Adams

**European Health Care Associated Infection Network**  
Barry Cookson

**European Union of Medical Specialists**  
Steve Barrett (for Medical Microbiology)  
Nick Beeching (for Infectious Diseases)

**Federation of European Microbiological Societies**  
Roland Koerner

**HPA Invasive Group A streptococcal National Guidelines Group**  
Marina Morgan

**HPA Primary Care Group**  
Richard Cunningham

**HPA Standard Methods Working Group**  
Shabnam Iyer

**Joint Committee on Infection and Tropical Medicine (RCP & RCPATH)**  
Matthias Schmid, Albert Mifsud & Susie Alleyne



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**National External Quality Assurance Advisory Panel (Microbiology)**

Tony Elston



**National Laboratory Medicine Catalogue Stakeholder Meeting**

Andrew Swann



**National MDR-TB advisory group**

Graham Cooke

**Pandemic Influenza Clinical Advisory Group**

Rob Read

**Research Excellence Framework**

Jon Friedland

**RCPATH College Advisory Training Team (CATT)**

Albert Mifsud

**RCPATH Manpower Committee**

Albert Mifsud

**RCPATH Specialist Advisory Committee (Microbiology)**

Jane Stockley

**RCPATH Workforce Advisory Group (Microbiology)**

Steve Barrett

**RCP Medical Workforce Unit**

Matthias Schmid & Albert Mifsud

**RCP Specialist Advisory Committee – Infectious Disease & Tropical Medicine**

Steve Green, David Partridge and Susie Alleyne

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## Meet some of the team

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Sorry we are not all present, however you might find it helpful to put some faces to some names ....



**Dr Peter Moss**  
Vice President



**Dr Beryl Oppenheim**  
Hon Secretary



**Professor Alistair Leanord**  
Hon Treasurer



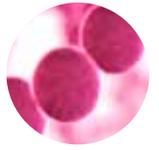
**Professor Steve Green**  
Meetings Secretary



**Dr Andrew Swann**  
Clinical Service Secretary



**Dr Peter Cowling**  
Guidelines Secretary



**Dr David Jenkins**  
Membership Secretary



**Dr Albert Mifsud**  
Manpower & Training Secretary



**Dr Kumara Dharmasena**  
Communications Secretary



**Professor Dietrich Mack**  
Scientific & Research Secretary



**Dr David Partridge**  
Trainee Representative



# Thank You & Acknowledgements

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I would like to extend heartfelt thanks to all those BIA members who contribute to the work and success of the association; it will only continue to flourish through the commitment of the Membership, and if we achieve success in what we strive to do. A rough headcount of the above members and Council comes to well over 60, and that does not include the many others who contribute to consultations, the email discussion forum, journal work and educational activities.



Thanks also to Anne and Julie at Hartley Taylor for all their hard work on the administration side of the Association, obtaining sponsorship for scientific meetings, and many other unseen activities. Also to Tracey Guise from BSAC, who has helped greatly in the production of this report, and facilitated collaboration between BIA, BSAC and HIS.

**Jane Stockley**  
**BIA President**



