

# NEWSLETTER

## Winter 2013



**A** short newsletter for you this winter, brief enough to skim through in between rounds of monopoly or the Christmas movie ad. break on Boxing Day. Really this is more of an update of news following the Spring Newsletter and keeping you abreast of BIA representation on various committees and working groups. Please take note of the upcoming council vacancies and have a look at the calendar of infection related meetings and training opportunities in 2014.

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**Interim Honorary  
Secretary ,  
Albert Mifsud**

**I**n June this year, CQC launched a consultation on a 'Proposed model for intelligent monitoring and expert judgement in acute NHS trusts'. Their proposal included E coli and MSSA bacteraemia rates among their performance measures. BIA, together with several other organisations, had argued against this. We are glad that their pub-

lished 'NHS acute hospitals indicators and methodology' do not include these measures. However, both rates of *C. difficile* and MRSA bacteraemia (in both cases, comparative rates against national average, not against set trajectory) continue to be their measures of avoidable infections. Please see: <http://www.cqc.org.uk>

After much discussion, the Training Requirements in Medical Microbiology (Chapter 6) was submitted to UEMS Board in October 2013 and was approved. In my opinion, both the current curricula and the new Infection Training proposals are compliant with this document. Indeed, I am pleased to report that the UK's emphasis on clinical training featured strongly in the development of the EU/EEA-wide training programmes.

Elsewhere in this Newsletter, Thushan updates you on the glacial progress of the new Infection Training programme. Thank you to the numerous trainees and trainers who responded to my invitation for feedback on transitional arrangement requirements. I submitted a summary of all your queries to the RCPATH and through them to JRCPTB (as appropriate). I appreciate that many of you are anxious about the implications of the new system on your own training: I responded as best possible to each of you and, I hope, allayed your fears. However, I am aware that many of you continue to be concerned. At the recent RCPATH College Specialty Training Committee (the new name for the CATT), Alice Wort, the RCPATH trainee representative, expressed these concerns on your behalf, and a set of Q&As is being developed. In the meantime, I am happy to receive any further concerns and will address them as best possible.

Thank you to those who have volunteered to join the joint RCPATH / BIA Consultant Workload

working group in microbiology and virology. Despite this being focussed on the pathology specialities, it is clear that there is rapidly increasing clinical focus of service provision and, in many places, increasing integration and inter-dependency of microbiology, virology and infectious diseases with the establishment of departments of infection. I am delighted that the group includes microbiologists, virologists, a clinical scientist as well as ID/ Microbiology dually-accredited senior and junior colleagues. I will keep you updated. In the meantime, should you receive invitations to respond to a questionnaire on this topic, please don't hit 'delete' or throw it into the round filing cabinet in the corner!

Finally, do not forget to think about standing for election to Council. Please see the yellow box else-



### **Membership Secretary,**

#### **Dr David Partridge**

As part of a general effort to update membership records and canvas opinion about what the BIA can do best for the membership we will soon be sending out a brief but important membership questionnaire – please look out for the email. Meanwhile along with Communications Secretary, Dr Kumara Dharmasena, we are looking to overhaul and update the BIA website imminently.



### **Guidelines**

#### **Secretary,**

#### **Dr Peter Cowling**

The BIA continues to be very active in guideline production (see BIA website for past and present work) and is currently involved in:

- A proposal for creation of an Academy of Infection Societies for Guideline Production
- MRSA Screening Working Party. New guidance, based on the outcome of the ARHAI NOW Study will be available shortly.
- EPIC Guidelines
- Toxigenic Staphylococcal Working Party. A comprehensive, multi-agency guideline which will include a revision of the PVL guidance.
- Bone & Joint Infections Guidance. A joint BIA/ BOA and HIS venture, chaired by Peter Cowling
- The Colindale Committees. Peter Cowling has been appointed Chair of the Steering Committee for the Standardised Microbiology Investigations and has relinquished the Chair of the Bacteriology Committee
- Meningitis guidelines are in revision.

(This is a summary of Dr Cowling's report to Council)

## **BIA Council Elections 2014**

These following posts are up for re-election:

**Honorary Secretary**

**Manpower & Training Secretary**

**Scientific Affairs and Research Secretary**

**Trainee (Meetings) Secretary**

**Trainee (Professional Affairs) Secretary**

**Associate Membership Secretary**

Council has confirmed that they would be happy to consider job share nominations as the shared interim Scientific Secretary post has been very successful. Nomination call in January 2014 and election in February. Please look out for email and watch the [BIA website](#).



**Clinical Services  
Secretary (Microbiology  
& Virology),  
Dr Tony Elston**

There is some concern among clinical services committee (CSC) members as new systems are brought in with insufficient consultation, budget cuts and looming redundancies for a large number of BMS colleagues.

The committee has been tabulating a summary of pathology transformation and its impact on microbiology. Microbiology is the discipline most prone to radical centralisation, with no absolute need for a residual service on site and has therefore borne the brunt of the consolidation agenda.

- Successful Lab mergers follow trust mergers
- Ambitious projects involving three or more trusts

collapse

- IT integration is often the rate limiting step in proposed mergers. Real integration is dependent on IT and transport.

The committee has also drafted a workforce document, which essentially describes the numbers required for the provision of services. It covers

- the number of specialists per inpatient bed of 500 / population of 50,000,
- work time per 500 specimens
- infection control work per 500 beds
- antibiotic stewardship per IP bed or GP practices
- undergraduate teaching and research time.
- Recommending a minimum of 3 specialists per unit

Additional services like OPAT or specialist clinics would be considered additional to the above.

(This is a summary of Dr Elston's report to council)



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
SECTION SPÉCIALISÉE DE MALADIES INFECTIEUSES  
EUROPEAN UNION OF MEDICAL SPECIALISTS  
SECTION OF INFECTIOUS DISEASES



For the past five decades the European Union of Medical Specialists/Union Européenne des Médecins Spécialistes, (UEMS), has developed into the most comprehensive and representative European Medical Organisation (EMO).

The UEMS Section & Board of Infectious Diseases (UEMS-ID) was founded in 1997 (Section) and 1998 (EBID). UEMS-ID has delegates from more than 30 countries. The UEMS-ID mission is to guarantee the highest standards of care in the field of infectious diseases in Europe by ensuring that the specialty of infectious diseases is recognized in all European countries, that the professional training and education in infectious diseases are raised to the highest possible level and that there is free movement of infectious diseases specialist doctors within Europe.

Prof Steve Green has been elected as the BIA representative to the UEMS ID section board and Dr Nick Beeching has relinquished his place as vice chair having been elected as the new Chair of the Board at its meeting in Zagreb on 21 September 2013.

The current work is rewriting the ID curriculum and description of training programmes to fit the current UEMS style using a standard template developed across the EMS for all specialties. The new UK curricula under discussion will be compatible with this outline. Ultimately it is aimed that there will be a common infection exit exam for Europe.

The ID and Medical Microbiology Sections of UEMS are collaborating with the Professional Affairs Committee (PAC) of ESCMID to run a workshop in Ljubljana in 5-6 June 2014 to address training issues for Europe. Details will be on the ESCMID site shortly.

<http://uems-id.eu/>

## BIA Grant Awards in 2013

**Four £5000 pump priming awards** were made from among seven applications. Congratulations to Alex Cochrane, Anne Goodman, Gaiti Islam and Joby Cole.

**Two Travel Grants of up to £750 each** were made from six applications. Congratulations to Felicia Lim and Paul McAdam.

**Two applicants were awarded the £50,000 fellow-**

**ships.** Congratulations to Tomasz Prajsnar and Anna Goodman .

The council is hoping to offer a BIA-MRC Clinical Research Training Fellowship for 2014. Further news will follow on the BIA website.

**The Scientific Affairs & Research Secretary post is currently shared by Dr Martin Llewelyn & Prof Melanie Newport**



### Manpower & Training Secretary,

**Dr Albert Mifsud**

**I**t is proposed to set up a Task and Finish group under the auspices of RCPATH, but formally in partnership with BIA. The group would examine the workload of medically-qualified infection specialists as a whole including microbiology, virology, infectious diseases and infection control.

This proposal is to request approval for a pilot focus group that would address challenges facing the microbiology and virology workforce and to develop workload guidance.

It will consider recent changes to the practice of microbiology, in particular: the increasing clinical focus of the specialty with greater demand for a ward-based clinical consultation service and the increasing complexity of infections; the recognition of the critical importance of anti-microbial stewardship and ongoing focus on healthcare associated infections; the centralisation of laboratories, with consequent changes to long-established working patterns; the mergers of microbiology departments with clinical infectious diseases departments, particularly follow-

ing the anticipated introduction of the new Infection Curriculum in 2015. (This is a summary of Dr Mifsud's report to council)



### Clinical Services

**Secretary (ID),**

**Dr Bridget Atkins**

**I**n 2012 The Federation of Royal Colleges of Physicians performed a census of consultant physicians. There were some key points relating to ID/Tropical medicine: Consultant expansion in 2012 was from 154 to 161 posts in the UK as a whole (37 women). This equates to a 4.5% increase (compared to 3.5% for all specialties). Consultant expansion in 2011 was 3.4% vs. 5.2% for ALL specialties. These numbers are not significantly different. A greater proportion of 36.5% in ID/Tropical medicine are joint NHS/Academic compared with 16.9% for all specialties.

### Complex Bone and Joint Infection Units

A specification for the commissioning of complex bone infection services was adopted by NHS England and came into force as an interim framework in October 2013. (This is a summary of Dr Atkins's report to council)

**World Alliance Against Antibiotic Resistance**

The BIA council have agreed to sign up to and support the PARIS declaration of WAAAR. Please see [www.waaar.org/index](http://www.waaar.org/index) for info.



## Trainees' Pages



### Autumn BIA trainees day, Dr Paul Collini

There are some things you never want to happen. At the autumn BIA trainees day we heard of the chaos that was caused by the UK's first case of CCHF, exquisitely if also uncomfortably described by Dr Alisdair MacConnachie. Then from Dr Adam Fraise a guided tour through the frighteningly prevalent, yet so far clinically silent epidemic of vCJD prion disease. A common theme to these excellent presentations was that to be prepared is the key to preventing and mitigating these illnesses – oh and that there is a vastness of guidelines out there.

Unfortunately there are some things that we didn't want which are happening; we learnt from Dr David Wareham of the proliferation of CROs like KPC, NDM, VIM, OXA, how they make a mockery of standard microbiological susceptibility testing and

### Trainee subscriptions

A proposal has been put forward to cease free trainee membership. Trainees would receive access to the Journal of Infection, just like all other members. Thanks to all those of you who have let us know your opinions about this, which in general were supportive. The BIA Council have agreed to cease free membership for trainees. Membership categories will most likely depend on whether a member opts for electronic or hard copies of the Journal. Trainees should be automatically upgraded

some intriguing promise for synergy using colistin with vancomycin. Luckily Dr Robert Hill was on hand to follow up with some news, though perhaps not as much as we'd all like, on the antibiotic pipeline. Prof Robert Masterton showed us how, with the right 'bundle', VAP can be prevented. We also discovered from Dr Martin Dedicoat how it can all go very wrong, though need not, with MDR-TB.

Finally, there are other things that are going to happen, whether we want them or not. Dr Thushan DeSilva guided us through the evolving changes to infection training in the UK and reassured us how CIT and HIT will, probably, turn out all right in the end. See next page for a recap of Thushan's presentation.

Hartley Taylor organised a very high end venue and Fiona McGill put on a top programme – Thank you. If you want to unpick all these abbreviations the presentations are available for view on the [BIA website](#).

after 4 years to the full membership fee, so those who are still trainees after four years will need to inform the BIA. These details will be discussed at the next council meeting in January. As introducing a membership fee will result in a small change to the Constitution the proposal will need to be put forward at the next AGM in June 2014. This change to membership fee is part of a greater drive to improve equitable collection of membership fees, particularly from non trainees.



### Have you considered being a BIA trainees' representative?

Fiona McGill and Thushan DeSilva will be completing their terms as trainee representatives on the BIA council. This means a call for nominations to replace these posts will soon be made. Being a trainee rep on the BIA council is an invaluable means to get more involved with infection issues in the UK, meet the UK's infection specialities' opinion leaders and set the agenda for the trainees. As a trainee representative you not only sit in on BIA council meetings but join subcommittees and external groups, such as the new CIT curriculum steering group. For the trainees' days you'll find you wield substantial power to attract national speakers on topics you decide and are well supported by Hartley Taylor when it comes to organising the venue, speakers' travel costs and announcements. Please watch the BIA website and look out for the email for details.

## Trainees' Pages



### Trainee (Professional Affairs) Secretary Dr Thushan DeSilva

**T**here has been some progress on training issues since the last newsletter.

The new curriculum was submitted to the GMC in August. The GMC have deferred approval pending queries, which are being addressed in time for resubmission due Feb 2014. It is still on course for August 2015 entry. There are several issues to be clarified of which one key one relates to the deliverability of 6 months ID component in CIT and designing a programme around this.

**New Exams.** The ST4 combined infection training exam has no name yet – hence this clumsy term. Suggestions include ‘Diploma in Infection’. The first diet is planned for March 2016. It is hoped that there will be 2 diets per year. This is a pretty firm commitment and question writing teams and exam committees are being put together and are due to start meeting early in 2014. Meanwhile, the current ID SCE will continue to run to accommodate ‘old’ trainees. It has been suggested this will be for another 3-4 years but no precise commitment has been made on a date of the final date other than “until the last trainee needs it”. Bear in mind how much time and money it costs to set these exams will ultimately influence how long the old one runs and how frequently the new one can be set.

- No trainee should have to take the old ID SCE or FRCPATH part I AND the new exam.
- No trainee should achieve a CCT without passing one of the examinations.
- ID +MM/MV Trainees holding the old PART 1 will be exempt from the new CIT SCE but will be obliged to sit the old SCE before its final diet, even if they are planning to go OOPR/Maternity leave.

It is envisaged that trainees will sit (and pass) the new exam by the end of ST4. Not doing so will not stop progression to HIT, although there is no current deadline set as to when during HIT a trainee has to pass it by. However, those doing FRCPATH part II will need to leave enough time. The microbiology first year assessment (OSPE) will end with introduction of the new exam. FRCPATH part 2 will remain but is likely to change format in the coming years. There is no news to report on the plans for **ePortfolios**.

Separate from, and not to be confused with, the plans for the new CIT curriculum are those for existing trainees to update to the most recent curriculum. In the last newsletter we updated you on the **GMC statement on changing to most recent curriculum (Nov 2012)**. Not much has changed regarding the **transitional arrangements for current trainees**. For medical microbiology/virology the position is as in the spring newsletter. For Infectious Diseases & ID + MM/MV, Dr Alastair Miller has put forward a draft document with the key points as follows;

- If CCT by 31.12.15 then no difficulty. For others, special arrangements will be necessary.
- Entered training in 2014: change to 2015 curriculum and take new exam
- Entered training in 2013: Map competencies to 2015 curriculum and take new exam in ST5.
- Entered training in 2011 and 2012: Attempt SCE in ST5 (Nov 2013/2014). It is to be discussed with GMC if they can exceptionally stay on 2010 curriculum or if competencies should be mapped to 2015 curriculum.
- No trainee should have to take a CESR in lieu of CCT.

Any questions please contact Thushan at [thushandesilva@hotmail.com](mailto:thushandesilva@hotmail.com) or even better get nominated to be a BIA trainees' representative on the council when he and Fiona step down and you can go to the curriculum meetings yourself.



### Clinical Research Training Fellowships



The University of Liverpool and Liverpool School of Tropical Medicine are recruiting for three Wellcome Trust Clinical Research Training Fellowships titled Health Priorities in Resource Limited Settings commencing 1 September 2014. The duration of the clinical training fellowship will be for a maximum of 4 years, with the first year based in Liverpool completing an MRes, and most or all of the remaining 3 years completing a clinical research PhD based overseas in a lower middle income country (L-MIC), addressing a research question of relevance to local health needs.

**Closing date for receipt of applications: Fri, 31 Jan 2014 17:00:00 GMT**

<http://www.liv.ac.uk/working/jobvacancies/currentvacancies/research/r-584933/>

## Events calendar

Dates	Event	Venue	Organising body	Website
<b>January</b>				
20th	Healthcare Infection Society Training Day	Manchester Conference Centre, Manchester	HIS	<a href="mailto:contact.carlene.rowson@sth.nhs.uk">contact.carlene.rowson@sth.nhs.uk</a>
24th	Topics in Infection 2014	Brunei Gallery, SOAS, London	RSTMH in assoc with Public Health England, Barts and London School of Medicine & Dentistry	<a href="http://www.rstmh.org/events/topics-infection-2014">http://www.rstmh.org/events/topics-infection-2014</a>
24th	Anti-infectives Educational Conference	Institute of Physics, 76 Portland Place, London	North Middlesex University Hospital NHS Trust	<a href="http://www.britishtinfection.org/drupal/sites/default/files/files/CONFERENCE%20AGENDA%20FINAL.pdf">http://www.britishtinfection.org/drupal/sites/default/files/files/CONFERENCE%20AGENDA%20FINAL.pdf</a>
31st	7th HIV Dilemmas	Midland Hotel, 16 Peter Street, Manchester	BIA	<a href="http://www.hartleytaylor-registration.co.uk/docs/BIA0flyer.pdf">http://www.hartleytaylor-registration.co.uk/docs/BIA0flyer.pdf</a>
<b>February</b>				
27th - 1st	6th Advances Against Aspergilliosis	Madrid, Spain		<a href="http://advancesagainstaspergilliosis.org/2014/index.htm">http://advancesagainstaspergilliosis.org/2014/index.htm</a>
<b>March</b>				
3rd - 6th	CROI 2014	Boston, USA	The CROI Foundation	<a href="http://www.croi2014.org/">http://www.croi2014.org/</a>
19th - 21st	Tuberculosis Management and Control	Birmingham	Birmingham & Midlands Institute	<a href="http://www.britishtinfection.org/drupal/sites/default/files/files/TB%20Course%20March%202014%20provisional%20programme.pdf">http://www.britishtinfection.org/drupal/sites/default/files/files/TB%20Course%20March%202014%20provisional%20programme.pdf</a>
<b>April</b>				
1st - 4th	Third Joint Conference of BHIVA with BASHH	Arena and Convention Centre Liverpool	BHIVA & BASHH	<a href="http://www.bhiva.org/AnnualConference2014.aspx">http://www.bhiva.org/AnnualConference2014.aspx</a>
3rd	The Science and Behaviour Behind Handwashing - at Home, Work and on the Move	28 Portland Place, London	Royal Society for Public Health	<a href="http://www.rspsh.org.uk/en/courses-conferences-and-events/events/index.cfm/the-science-and-behaviour-behind-hand-washing-at-home-work-and-on-the-move">http://www.rspsh.org.uk/en/courses-conferences-and-events/events/index.cfm/the-science-and-behaviour-behind-hand-washing-at-home-work-and-on-the-move</a>
3rd - 4th	4th Annual Oxford Bone Infection Conference	Examination Schools, 81 High Street, Oxford		<a href="http://www.hartleytaylor-registration.co.uk/docs/OBI0flyer.pdf">http://www.hartleytaylor-registration.co.uk/docs/OBI0flyer.pdf</a>

## Events calendar

Dates	Event	Venue	Organising body	Website
2nd - 5th	16th International Congress on Infectious Diseases	Cape Town, South Africa	International Society for Infectious Diseases	<a href="http://www.isid.org/icid/">http://www.isid.org/icid/</a>
9th -13th	EASL: The International Liver Congress™ 2014	London	EASL, the European Association for the Study of the Liver,	<a href="http://www.ilc-congress.eu/#&amp;panel1-2">http://www.ilc-congress.eu/#&amp;panel1-2</a>
<b>May</b>				
6th -10th	ESPID 2014	Dublin, Ireland	European Society for Paediatric Infectious Diseases	<a href="http://espid.kenes.com/">http://espid.kenes.com/</a>
8th	Imaging in infectious diseases	The IET, Birmingham	Royal College of Radiologists	
10th - 13th	ECCMID 2014	Barcelona, Spain	European Society of Clinical Microbiology and Infectious Diseases	<a href="http://www.eccmid.org/">http://www.eccmid.org/</a>
20th -24th	Introduction to Ultrasound in Low Resource Settings	Liverpool School of Tropical Medicine	Liverpool School of Tropical Medicine	<a href="http://www.lstmliverpool.ac.uk/learning--teaching/short-courses/short-courses/ci03---introduction-to-ultrasound-in-low-resource-settings">http://www.lstmliverpool.ac.uk/learning--teaching/short-courses/short-courses/ci03---introduction-to-ultrasound-in-low-resource-settings</a>
21st - 23rd	Liverpool NeuroID course	Liverpool Medical Institution	University of Liverpool	<a href="http://www.liv.ac.uk/neuroidcourse/">http://www.liv.ac.uk/neuroidcourse/</a>
<b>June</b>				
12th	BIA Trainees Day	Brunei Gallery, SOAS, London	BIA	<a href="http://www.britishtinfection.org/drupal/">http://www.britishtinfection.org/drupal/</a>
13th	BIA Annual Scientific Meeting	Brunei Gallery, SOAS, London	BIA	<a href="http://www.britishtinfection.org/drupal/content/bia-annual-spring-meeting">http://www.britishtinfection.org/drupal/content/bia-annual-spring-meeting</a>
24th -28th	Research Methods in Sexual Health and HIV	Centre for Sexual Health & HIV Research, UCL, London	UCL	<a href="http://www.ucl.ac.uk/lph/courses">http://www.ucl.ac.uk/lph/courses</a>