

**TOWARD RECOGNITION OF
CLINICAL MICROBIOLOGY AND
INFECTIOLOGY IN BELGIUM ?
SBIMC-BVIKM**

**Recognition of clinical
microbiology and infectiology : the
view of the professional societies**

**Dr. M. MOENS
Secretary-general VBS-GBS
Vice-president BVAS-ABSyM**

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RECOGNITION OF CLINICAL MICROBIOLOGY AND INFECTIOLOGY : THE VIEW OF THE PROFESSIONAL SOCIETIES

1. INTRODUCTION

2. THE AUTHORITIES

3. REACTIONS FROM POLITICIANS

4. REACTIONS FROM THE PROFESSIONAL GROUPS

1. Ambulatory practice

2. Hospital practice

3. Laboratory practice and the medical
microbiologist

5. CONCLUSION

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Actual list of the 30 special professional titles reserved for the holders of a legal certificate of medical doctor or of the academic degree of physician :
(Royal decree of 25th November 1991; article 1; last modification 27th November 2002)

- General practitioner;
- Medical specialist in anaesthesiology-reanimation;
- Medical specialist in clinical biology;
- Medical specialist in cardiology;
- Medical specialist in surgery;
- Medical specialist in neurosurgery;
- Medical specialist in plastic, reconstructive and aesthetic surgery;
- Medical specialist in dermato-venereology;
- Medical specialist in gastro-enterology;
- Medical specialist in forensic medicine;
- Medical specialist in gynaecology-obstetrics;
- Medical specialist in internal medicine;
- Medical specialist in neurology;
- Medical specialist in psychiatry;
- Medical specialist in neuropsychiatry;
- Medical specialist in ophthalmology;
- Medical specialist in orthopaedic surgery;
- Medical specialist in otorhinolaryngology;
- Medical specialist in paediatrics;
- Medical specialist in physiotherapy and revalidation;
- Medical specialist in pneumology;
- Medical specialist in roentgen diagnostics;
- Medical specialist in radiotherapy-oncology;
- Medical specialist in rheumatology;
- Medical specialist in stomatology;
- Medical specialist in urology;
- Medical specialist in pathological anatomy;
- Medical specialist in nuclear medicine;
- Medical specialist in industrial medicine;
- Medical specialist in management of health data;

Source : <http://www.health.fgov.be/AGP-Lex>

Table 1

Actual list of the 16 special professional titles reserved for the holders of a legal certificate of medical doctor or of the academic degree of physician who own already one of the special professional titles mentioned under article 1. According to the basic title, the titles can be completed with one of the following :
(Royal decree of 25th November 1991; article 2; last modification 27th November 2002)

- and in nuclear in vitro medicine;
- and in functional and professional revalidation of handicapped persons;
- and in geriatrics;
- and in mouth-, jaw- and facial surgery;
- and in intensive care;
- and in urgency medicine;
- and in paediatric neurology;
- and in nephrology;
- and in endocrino-diabetology;
- and in oncology;
- and in medical oncology;
- and in neonatology;
- and in management of health data;
- more particular in adult psychiatry;
- more particular in child and youth psychiatry;
- and in clinical haematology

Of the 15 present member states, number of member states recognizing :

Infectious Diseases (Infectiology)	7
Medical Biopathology Polyvalent practice	6
Medical Biopathology Monovalent practice Chemical biopathology	10
Medical Biopathology Monovalent practice Haematological biopathology	12
Medical Biopathology Monovalent practice Immunological biopathology	7
Medical Biopathology Monovalent practice Microbiological biopathology	12*

Source : UEMS 08.03.2004

Table 3

* Not recognized in Belgium, Luxemburg and Portugal.

Some of the initiatives taken by the Belgian Authorities in the context of infectiology and the use of antibiotics (1)

- Committees for hospital hygiene (R.D. 07.11.1988)
- Belgian Antibiotic Policy Coordination Committee (BAPCOC) (R.D. 26.04.1999)
- Creation of commissions involved in the policy of antibiotherapy in 36 hospitals (R.D. 25.04.2002)
- Inside the Institute for Sickness and Invalidity Insurance (ISII – RIZIV – INAMI) the
 - Accreditation Steering Committee
 - National Council for Quality Promotion

are studying the follow-up of antibiotic use, with the help of

- local groups for quality evaluation
- quality platform

Some of the initiatives taken by the Belgian Authorities in the context of infectiology and the use of antibiotics

(2)

- Scientific Institute of Public Health Louis Pasteur is involved in surveillance studies
- The ISII commission for reimbursement of medicines decides about indications for reimbursement of antibiotics
- Belgian Center for Pharmacotherapeutic Information publishes
 - Folia Pharmacotherapeutica
 - Annotated repertory of medicines (yearly)
- CEBAM : Belgian branche of Cochrane collaboration
- Centre for Expertise

Some of the initiatives taken by the
Belgian Authorities in the context of
infectiology and the use of antibiotics
(3)

Too much initiatives ?

Too little results ?

Will the creation of a title for
infectiologists and medical
microbiologists change things for the
better ?

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REACTIONS FROM POLITICIANS

(1)

The CD&V opposition party entered on 20 February 2004 a proposition of resolution to counteract hospital infections because of

- the considerable medical and financial impact
- the appearance of resistant germs in homes of rest and care
- the positive result of recent campaigns heightening the awareness
- the sensitization to prescribe and use less antibiotics
- a directed way in dealing with target groups
- the prospect to realise economies

REACTIONS FROM POLITICIANS

(2)

CD&V opposition wants to make the Chamber ask the Government to

- have the problem of hospital infection examined on scientific basis
- organize more campaigns to heighten the awareness
- prepare educational folders
- promote the use of therapeutic guidelines and of the guide for antibiotics
- provide financial and administrative support for efficient use of antibiotics in hospitals
- *recognize urgently the professional title of medical microbiologist and infectiologist*
- provide for an expert in antibiotics in every hospital and home of rest and care and create a platform for hospital hygiene

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4.1. Ambulatory practice (1)

Polemic in « Tijdschrift voor geneeskunde » *

« Rational use of antibiotics ?? »

Prof. Dr. A. ECTORS

Opposite reactions from BAPCOC and G.P.'s

Medical microbiologists + infectiologists

against

the rest of the medical profession ?

* Tijdschrift voor geneeskunde, 59, nr. 23, 2003 and 60, nr. 4, 2004

4.1. Ambulatory practice (2)

- 90% of antibiotics in human medicine in Belgium is prescribed in ambulatory medicine, mostly by general practitioners
- Creating 2 new professional titles will not change the
 - mentality of the population
 - prescription habits of G.P.'s
- Physicians have to be actively involved in the draw up of recommendations and in the follow-up
- The perception of the expert work by infectiologists and medical microbiologists by the majority of physicians is
 - too theoretical
 - too patronizing
 - linked with sanctions

4.1. Ambulatory practice (2)

Creation of professional titles will not change the bad habits.

Italy has recognized – amongs lots of other medical titles – infectiologists and medical microbiologists

but

ranks quite higher in DID in the ambulatory sector (27) than Belgium without these medical titles (24,4) *

* BAPCOC Policy plan 2003-2008, June 2003, figure 6, page 12.

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4.2. Hospital practice (1)

Article 77 § 6 of the Royal Decree of 25.04.2002 created the antibiotic therapy policy making groups (ATBG) for

- clinical biologists with a special competence in clinical microbiology
- internists and paediatricians with a special competence in infectious pathology
- hospital pharmacists

Other specialists (e.g. surgeons, urgentists, intensive care specialists ...) are excluded.

Actually daughter specialisms of internal medicine are allowed to follow the training (e.g. pneumologists) under the unofficial condition (quotation) « that these persons have to adapt later on their RIZIV-INAMI-number to 580 (internal medicine) if they want to become a delegate in antibiotic policy. From administrative viewpoint, there are no problems ».

4.2. Hospital practice (2)

In spite of criticism ATBG project has been prolonged for a year.

Evaluation of this project is needed before considering to create new professional titles.

Is there any relation between the existance of professional titels and the problems of hospital infections in the E.U. ?

4.2. Hospital practice (3)

Do Belgium, Luxemburg and Portugal (without medical microbiologists) much worse than the average member of the European Union ?

e.g. Despite the presence of infectiologists and medical microbiologists Great Britain had in the period 1999-2001 46,1 % MRSA. Belgium had 23 % *.

Unfortunately, the Belgian percentages are also progressing.

* BAPCOC policy plan 2003-2008, June 2003, pag. 10-11

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4.3. Laboratory practice and the medical microbiologist (1)

In 1958 VBS-GBS was member co-founder of UEMS.

The Belgian Professional Organization of Medical Biopathology has been very active in the Biopathology section of UEMS.

Belgium always advocated and still advocates the polyvalent practice of medical biopathology, while other UEMS members prefer monospecialized commissions within the medical biopathology : clinical

- immunology
- chemistry
- haematology
- microbiology

4.3. Laboratory practice and the medical microbiologist (2)

Infectious Diseases (Infectiology)	7
Medical Biopathology Polyvalent practice : Belgium	6
Medical Biopathology Monovalent practice Chemical biopathology	10
Medical Biopathology Monovalent practice Haematological biopathology	12
Medical Biopathology Monovalent practice Immunological biopathology	7
Medical Biopathology Monovalent practice Microbiological biopathology	12

Source : UEMS 08.03.2004

Table 4

4.3. Laboratory practice and the medical microbiologist (3)

Why polyvalency ?

- relatively small size of Belgian hospitals and laboratories
- impossibility to offer super-specialists in each of the subdisciplines in every laboratory
- financial reasons
- overlap within subdisciplines (e.g. molecular biology)
- « holistic » laboratory medicine (e.g. microbiology and haemato-oncology)

4.3. Laboratory practice and the medical microbiologist (4)

Microbiological laboratories in hospitals need an analytical and a policy component :

Analytical

- bacteriology
- mycology
- parasitology
- virology
- infectious serology
- molecular biology
- (the preceding applied for) tropical illness

Policy :

- management and financing
- informatics
- hospital hygiene
- epidemiology

Inter laboratory collaboration is essential

4.3. Laboratory practice and the medical microbiologist (5)

Although the lack of the official medical microbiologists' title, the medical education of the Belgian clinical biologists allows this training.

Education for clinical biologist = 5 years

- 2 years basic education e.g.
 - 6 months haematology
 - 6 months clinical chemistry
 - 12 months microbiology
- 3 years higher education : microbiology

4.3. Laboratory practice and the medical microbiologist (6)

The final UEMS terms imposed by the medical microbiology commission of the medical biopathology section can be reached in Belgium also.

Belgian clinical biologists with 4 years microbiological education can perform the eight main tasks described for the Dutch medical microbiologists *

* J.E. DEGENER. De opleiding voor het specialisme medische microbiologie. Nederlands Tijdschrift voor Medische Microbiologie, elfde jaargang, augustus 2003, nummer 3.

4.3. Laboratory practice and the medical microbiologist (7)

The Dutch 8 main tasks of medical microbiologists :

- 1) Provide advice as a physician with regard to the diagnosis, the treatment and the prevention of infectious illnesses;
- 2) In a scientific justified way organize and execute of laboratory diagnostics within the proper work area;
- 3) As head of the laboratory give direction to that laboratory as well professional as in accordance with policy;
- 4) Determine and maintain the policy related to hospital hygiene and prevention of infection;

4.3. Laboratory practice and the medical microbiologist (8)

- 5) Determine and maintain the policy towards an adequate and responsible use of antibiotics and on the prevention of nosocomial infections;
- 6) Participate in surveillance programmes and collaboration with regional and/or national authorities in the matter of infectious illnesses and provide the laboratory support which it requires;
- 7) Provide training and information towards physicians (-microbiologists) in training, laboratory technicians, general practitioners, hygienists, specialists in social medicine and other professional practitioners who are involved in the treatment and/or prevention of infectious diseases;
- 8) Perform scientific research within the professional area.

4.3. Laboratory practice and the medical microbiologist (9)

Belgian « clinical biologists » with a 4 year training in microbiology, but without a « microbiologist » title are willingly accepted in the Netherlands as medical microbiologists.

As in Great Britain*, Belgian medical microbiologists take part of ward visits.

Telephonic advice to hospital staff and ward visits are considered as « core activity » of the medical microbiologists.

P.S. The medical brain drain to the Netherlands (and France) is not limited to medical microbiologists but concerns also G.P.'s, paediatricians, psychiatrists, anaesthesiologists, ...

* T. Riordan et. Al. How do microbiology consultants undertake their job ? A survey of consultant time and tasks in South West England. J.Clin. Path. 2002; 55 : 735-740.

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5. CONCLUSIONS (1)

According to the Belgian professional societies, there is **NO NEED** in Belgium of an official title of medical microbiologist and/or infectiologist.

- in ambulatory practice expert recommendations are needed although in continuous consult with local physicians.

5. CONCLUSIONS (2)

- In hospital practice, medical microbiologists must provide adequate results without delay and preferentially via an electronic medical file.
- The medical microbiologist provides telephonic and/or written advice to hospital staff and – in special services or when facing special problems – joins the ward visits.

5. CONCLUSIONS (3)

- in hospital practice the recognition of the title of infectiologist will give rise to more problems than solutions.
- notoriety does not need a ministerial decree
- collaboration and collegiality can not be imposed by royal nor ministerial decree.
- financial regulations among clinicians and infectiologists must be elaborated in mutual consideration, with the input of the concerned disciplines, the medical council and the chief physician.

5. CONCLUSIONS (4)

As for the use of antibiotics
we can ask:

« What is wrong with the old one? »*

* BAPCOC policy plan 2003-2008, june 2003, page 23