Specialty Committee Meeting  
Saturday, 10 January 2015  
15:00–19:00  
EAACI Headquarters, Zurich, Switzerland

Participants:
Jacques Gayraud, France  CEFCAP Secretary  
Todor Popov, Bulgaria  CEFCAP President  
Pascal Demoly, France  EAACI VP Education & Specialty  
Enrico Heffler, Italy  EAACI Asthma section representative  
Cemal Cingi, Turkey  EAACI ENT section representative  
Jan Guthermuth, Belgium  EAACI Immunology section representative  
Jan de Monchy, The Netherlands  Chair UEMS Allergology section & board  
Roy Gerth Van Wijk, The Netherlands  UEMS Allergology section & board treasurer  
Paul van Durme, Belgium  UEMS Allergology section & board treasurer  
Viviane Knerr  EAACI Education, Specialty and Science Manager

Apologies:  
Luis Taborda-Barata, Portugal  CEFCAP vice president  
Alexandra Santos, United Kingdom  Chair EAACI JMA Working Group  
José Lopez dos Santos, Portugal  EAACI Pediatric section representative  
Stephan Weidinger, Germany  EAACI Dermatology section representative

Minutes

1) Welcome  
JdeM welcomes the participants to the first meeting of the new group. He mentioned that he has taken over the chair position of this committee until its next meeting in June. A new Chair and secretary will then have to be decided upon. The Committee chair will be an adjunct member of the EAACI Executive Committee. Each participant briefly introduced himself.

2) Purpose of the meeting: PD

PD summarized the need for a Specialty Committee which involves all present parties:  
The profile of Allergy within Europe is lower than that of other diseases and the patient care is heterogeneous across Europe.  
EAACI also aims at growing its membership, not primarily for financial reasons but rather for the engagement of its members in an active society and the impact within the EU.

First work has been done already on projects such as the European Professional Card, a EAACI-UEMS proposal to the EU public consultation, which included a call for real free movement of allergists across Europe, proposals high quality initial training across Europe and engagement of the community through a structured CME-CPD programme.

The problem of free movement is the fact that national authorities have to include each specialty individually in the annex 5. If Allergology is not included there, work in a country is not permitted despite other applicable directives. Lobbying at the national level is needed and it will be a task of the Specialty Committee to provide the societies with required information and arguments.
The development of a proposal of ICD-11 codes has been submitted recently to WHO according to their timelines. This will help with the coding of allergic diseases in daily practice (see ICD-11 index attached) and in return make the specialty more visible.

It was felt that a list of issues and a clear comparison between the current state of things in different countries needs to be created.

4) **Introduction of organisations relevant for Allergology**

**Introduction of UEMS (JdeM)**
The European Union of Medical Specialists is a non-governmental organisation representing 34 national associations of medical specialists in the European Union and in associated countries. Various bodies and structures of 50 medical disciplines have given UEMS the mandate to represent it on the European level. UEMS’ core activities are ae harmonisation, EU affairs and accreditations.

There was agreement that UEMS has become a very strong partner to the specialty with a strong voice in the EU which is reflected in the fact that the Commission presented its draft directive for free movement of Allergologists first to UEMS for consultation. However, UEMS has no formal position of influencing the Commission’s decisions.

There will also be a change in personnel within the Allergology Section and Board in summer.

**Introduction of CEFCAP (JGayraud)**
Founded in 1990 as a non profit organization addressing mainly private practitioners, hence Allergologists working outside an academic setting. It aims to improve the quality of diagnosis and treatment of allergic patients during their stay in different European countries, improve quality of workshops for CPD, exchange programmes, etc.

CEFCAP has been officially dissolved now. J Gayraud suggested discussions about integrating former CEFCAP members automatically within a virtual group within the EAACI membership.

Other relevant stakeholders that could be involved in the work of the Committee:
- National Societies
- Patient Organisation representative

5) **Overview of the specialty in Europe (JGayraud)**

Charter for medical specialist training (E.U.), Chapter VI defines the requirements for the AIC specialty. It was last amended in 2003 by UEMS All. S&B.

Training takes 5 years minimum, split into 2 years of general training and 3 years of specialisation (24-30 months in AIC training accredited centres, 3 months in an Immunology-oriented lab, 3 months in Dermatology, Pulmonology and/or ENT).

The UEMS Allergology & Clinical Immunology Core Curriculum specifies in detail the theoretical & practical skills to be taught and available at the end of the training.

The Logbook helps define and prove the level of the trainee. JG suggested that this could be introduced as a tool for the Fellowships.

The Blueprint by UEMS and EAACI give the arguments to justify a full specialty of Allergology all over Europe.
Specialty in Europe
Full specialty in 14 countries
Subspecialty in 6 countries
No specialty in 5 countries (Denmark, Slovenia, Austria, Belgium, Ireland)

The committee compared European countries with regard to
- the number of years for training in Allergology
- hours spent on All. at university pre-graduate level (Recent data from 7 countries ranges from 0-30 hours)
- the number of training centres
- the number of trainees/year
- countries where Paediatric Allergology is a specialty or sub-specialty
- complementary All. training for GPs and other specialists or allied health professionals
- diseases covered by the specialty
- prices of therapy and availability of therapy.
  - It was noted that surprisingly, in many European countries, doctors of other specialties can also prescribe our therapies, although they do not have the same training.
  - Immunotherapy is practiced in all 3 ways, SCIT, SLIT, TAB in all European countries
- CME is mandatory in 14 countries but only beneficial in 9
- Ratio of Allergists/population

The committee agreed that this data is very important and emphasised that it needs constant updating. RgvW commented that it is particularly important to know the issues that arise in different countries. This could be achieved in collaboration with National Societies and be published.

A look outside of Europe shows that also Canada, China and the US have a full Allergology specialty. RgvW is on the board of directors of WAO and suggests that this could help for the exchange of information.

6) Allergology a ‘horizontal’ or ‘vertical’ specialty? Pro’s and con’s (JdM)

Allergology training systems are constructed as vertical (Type A, full specialty) versus horizontal (Type B, sub-specialty) models.

Considering the variety of disease severity, a combination of both models was considered ideal. Severe cases should be able to be seen at a specialised centre by a fully trained Allergologist whereas
lees severe cases should remain with generalists trained in the sub-specialty. The new Committee could favour one model (full specialty) but without neglecting others. This concept would be ideal but difficult to implement in reality for political/financial reasons. In many countries there is a trend to reduce the number of full specialties for cost reasons.

7) **Allergy with or without Clinical Immunology: RGVW**

RGvW is currently in the process of integrating Allergology and Clinical Immunology as a subspecialty of Internal Medicine in the Netherlands. There was a full specialty until 1996, it then became a sub-specialty of Internal Medicine until 2003 and is now a combined training with Clinical Immunology. Since 2008 pediatric Allergology is a subspecialty of Pediatrics.

Allergy and Clinical Immunology - “Two sides of one coin?”
Although this combination may at first be seen as a loss of identity, there are benefits for both sides:
Benefits for Allergology: Input from clinical immunologists with strong basic science and research and experience with biologicals.
Benefit for clinical immunologists: Strong focus on care and clinical science and expertise in hypersensitivity reactions to biologicals.
For both sides this creates an appealing concept for fellows and increases the critical mass.
Potential downsides are the shortened training period of both elements. This needs to be addressed (e.g. PhD training programmes, CME). France has chosen this model too.

8) **Scope of the Specialty committee; All**

JdM: A first step could be getting a full specialty implemented in all European countries but clearly emphasize that all channels to other specialties remain open (horizontal aspect) to provide for other specialists who require training in Allergology.

RGvW: Continuous analysis of the strengths and weaknesses in different countries. This will be a task of the Committee to collect more information.

JGayraud: We need to help the national societies to lobby in their own country by providing strong arguments and comparison with other countries.

TP: It is also important to keep the maintenance of skills in mind, not only a full specialty is needed but also strong training programmes.
JdM: The step of becoming a Specialty is actually an instrument to achieve this.
PD: In addition this committee will also support the way forward, e.g. with e-learning.

9) **Working plan**

- Develop an overview of the situation and issues in Europe
- Get statements (e.g. in the form of Position papers) from different countries to support lobbying.
- A plan for actions and first outcomes should be in place by June, also with the decision about the new lead of the group (we will use email exchanges)
- The question of the integration of CEFCAP members may be presented at the ExCom meeting in June when introducing the committee