Infection Control Education Required for Rhode Island Physicians

The state of Rhode Island recently set a requirement for continuing medical education in infection control for all licensed physicians. The new regulation was promulgated on October 2, 1992. A memo dated February 1, 1993, was sent to all physicians in the state informing them of the new requirement. Rhode Island physicians are required to obtain 60 hours of Category I credit every three years. For relicensure in 1995, physicians also must have obtained at least 2 hours of credit between 1992 and 1994, related to current information on “universal precautions, infection control, modes of transmission, OSHA, and other regulatory requirements.”

It is anticipated that the Department of Health, medical societies, and Brown Medical School, among others, will develop programs for educating physicians on infection control.

New York recently established requirements for continuing medical education in infection control for physicians as well. The editors are unaware of such requirements in any other state. We would like to hear from SHEA members in states that have such requirements.

Rhode Island and New York may be the leaders in what could become a national trend. We believe that the Society for Hospital Epidemiology of America would be an excellent source for consultation and expert advice for any state that is either considering or planning to institute such a requirement for its physicians.

Position Paper on Clostridium difficile

SHEA is developing a Position Paper on Clostridium difficile disease. The chair of the group is Dale N. Gerding. Members include Maury Mulligan, Lance Peterson, Stuart Johnson, and Joseph Silva, Jr. The goal of the group is to review the literature and formulate a consensus regarding key issues including diagnosis, epidemiology, control measures, and treatment. Each member has been given a writing assignment for a section of the paper that is to be completed by the time of the Annual Meeting.

The group will discuss the sections at the Annual Meeting, return them for revision in May, and have a revised version ready in June for outside review and comment. Following review, the expectation is that the paper will be submitted to the SHEA Board in late summer for approval and if approved, submitted to Infection Control and Hospital Epidemiology for publication.

There are several aspects of C difficile disease that are not well understood. The consensus writers will try to delineate what is unknown as well as what is known in the areas of diagnosis, epidemiology, control, and treatment. The document should be a concise summary of the current status while also pointing the way toward future data needs and gaps in our understanding. Members who have suggestions or recommendations to the group or would like to be reviewers, should contact any of the members. Dr. Gerding’s address is Medical Service (ill), Lakeside VAMC, Chicago, IL. 60611, phone (312) 943-6600, ext. 214.