

NOTES OF TERTIARY GROUP MEETING
(HELD IN BRUSSELS ON SATURDAY 10 DECEMBER 2005)

Attendees

Carine de Beaufort, Andrew Cant, Paul Casaer, Anselmo Costa, Stenvert Drop, Hanspeter Gnehm, Patricia Hamilton, Birthe Hoegh, Robert Holl, Christer Holmberg, Peter Hoyer, Willem Kamps, Jan Kimpen, László Kovacs, Pekka Lahdenne, José Lopes dos Santos, Neil Marlow, Zsafia Meszner, Peter Milla, Eleanor Molloy, David Neubauer, Lars Palm, José Ramet, Flemming Skovby, Tauny Southwood, Constantinos Stefanidis, Tom Stiris, Vytantas Usonis, Ivan Vidmar, John Walter, Maria Xanthou, Max Zach (**Chair**), Zorica Zivkovic

1) Opening remarks - Max Zach

Max Zach welcomed everyone to the meeting in Brussels.

2) Notes of last meeting

Notes of last meeting were accepted with 2 minor amendments.

3) Max Zach reported from the CESP Executive Committee:-

- International CME via EACCME is being set up which will cover Europe-wide events. When EACCME receive request for recognition of a programme – will pass to CESP President who will pass on to the appropriate subsection representative.
- Website now enhanced. Would like bilateral cross links between subspeciality society and CESP. Requesting delegates to negotiate with their societies.
- Syllabi outdated; request for syllabi to be updated. (Peter Milla suggested deadline of CESP meeting in Cologne for doing this). Max Zach reminded that there must be 3 years of general paediatrics, importance of adolescent care and transition to adult care needs to be stressed.
- Pat Hamilton requested that syllabi become more orientated to competence based (e.g. skilled at resuscitation). Max Zach suggested separating knowledge and skills.
- Issue with paediatric neurology syllabus and relationship with child and adolescent psychiatry as child psychiatrists wished to bypass “common trunk” paediatrics. Discussed with UEMS. Need for basic paediatric training upheld.
- European Academy of Paediatrics

UEMS Management Council is by and large endorsing the concept. Double concept of a EAP with individual membership, together with UEMS section of paediatrics with national and speciality representative. Possibly CESP will be subsumed with the EAP but the EBP (European Board of Paediatrics) will continue as a UEMS section.

Peter Milla highlighted importance for speciality specific pre-visit data forms (so far only for gastroenterology and metabolic) - need to be completed

alongside generic forms to be used by all subspecialities. Suggested we review implementation of process when we meet in Cologne.

4) **Subspeciality Reports**

Gastroenterology (Peter Milla)

Training programme updated to ESPGHAN council in February 2006. Only small number of changes. No requests for visits; doesn't anticipate until problem resolved in Finland and Germany.

Nephrology (Christer Holmberg)

Revising syllabus; questionnaire to centres and ?discussing registration of training centres. Question of funding for visitation, cost of multiple visitation too much. Max Zach responded that groups must be flexible – e.g. no honoraria. Peter Milla responded that national visitation programmes with some independent review could lessen the burden of visitation, however self assessment not enough.

Intensive Care (José Ramet)

Different organisational models in different countries, some children being nursed in adult units, therefore there is a joint committee in UEMS, not a paediatric subsection. Visitation for adult units only at present. Negotiations ongoing to ensure PICU visited by paediatric intensivist.

Metabolic (John Walker)

Syllabus needs updating. Data questionnaire. 3 visits: Heidelberg, Frankfurt-Mainz, Prague. Visits took 2 days. Costs met by centres, not a problem. Max Zach commented that this was very encouraging.

Haematology / Oncology (Willem Kamps)

Syllabus since 2001. Updating visitation will start in 2006 in Spain. Running annual “update” courses. Web based learning.

Neonates (Neil Marlow)

New group within ESPR (European Society of Paediatric Research) with specific remit to look to non research matters.

Syllabus extensively revised as subspecialist experience not available in all centres. New syllabus features competencies to be recorded in log book. Can't accredit until log book ready. Daunting number of centres to visit (viz 60-80 units in the UK). Will accept some national programme. Will offer visitation after self accreditation.

Series of expert teaching courses – intensive 2 day meetings for training. Also trialling internet based programme with 6 modules, followed by 10 trainees across Europe.

Allergology (José Lopes dos Santos)

Education and training committee with representative from each country. Data forms for visitation. Remain very keen to accredit individuals. Process started in Finland – 25. Finnish doctors accredited and issued diplomas. Portugal, Spain, Italy. Stressed temporary accreditation, then want to proceed to centre accredited; stressed. Max Zach commented that defining teachers and centres very closely linked; made plea that criteria should be strict and accreditation not given for “political” reasons. Current criteria were:-

- Paediatrician with allergology certification.
- Paediatrician with professional / scientific / government recognition.
- Paediatrician who has fulfilled syllabus.
- Paediatrician with 2 years training in allergology.
- Paediatrician working in allergology > 5 years; supervised > 2 years in allergology.
- Paediatrician with 10 years scientific work and practice in allergology.

All as judged by jury and constitution of President of European Academy, José Lopes dos Santos and country representative.

Peter Milla commented that transition difficult as trying to achieve aim but accommodate anomalies. Important that all have common trunk paediatric training – José Lopes dos Santos confirmed that all were trained paediatricians. Max Zach stressed the importance of paediatric training and some scientific activity.

Adult allergologists want to treat children. Importance of child’s right to be treated by paediatrician stressed.

Peter Hoyer supported concept; concern in Germany that will be seen as a “club”, therefore importance of CESP giving official recognition and ensuring that visitation done by rules of CESP to counter this.

Peter Milla stressed importance of going through the process for accreditation when meet in Cologne.

Respiratory (Max Zach)

Syllabus needs revising. No requests for visitation. Website link. Max Zach standing down as respiratory representative. Zorica Zivkovic taking over.

Neurology (Paul Casaer / Lars Palm)

New board. Syllabus being implemented in countries in and outwith Europe – as far as Kazakstan. Have not pursued individual accreditation. Have looked at centre accreditation in some countries.

Infectious Diseases (Andrew Cant)

4 requests for visitation; Basel in spring. Travelling fellowships; web based learning case rounds.

Endocrine

Summer and winter training courses. E-learning on website. Recognise national accreditation. Pilot for 6 centres accredited across Europe. Fellow assessment by competence being developed with help of education.

ESPHI (Maria Xanthou)

Collaboration with ESID in immunology modules. Training sessions at Annual Meeting of ESPHI.

Could CESP advertise more about subspeciality work and liaise more with national societies? Max Zach responded that there was an important role for delegates to communicate with national societies.

Vytantas stressed importance of CESP recognition for subspeciality and development of subspeciality training in “new” EU countries.

Rheumatology (Tauny Southwood)

Reviewing the subspeciality across Europe; of 31 countries surveyed (25+6), 22 claim to have 116 paediatric rheumatology centres, with 242 specialists.

There were 11 national recognition for paediatric rheumatology, and 4 training programmes. 1 country had set up visitation.

In the UK 7 visited centres with positive benefits, including obtaining more resources and a new specialist in 1 centre.

The syllabus is being revised and the training committee will finalise this in March 2006. It will be updated including more on “biological” treatments, adolescent medicine, and rehabilitation.

5 more countries wish to “roll out” national visitation.

Max Zach reminded everyone that he had served as Chair on the Tertiary Group for 2 years and that it was to elect tertiary care representative for CESP Executive. Peter Milla suggested that an election should be set up at the meeting in Cologne.

Peter Hamilton asked regarding submission of revised syllabi.

<u>Max Zach</u> asked to submit to:	Peter Milla	Chair EBP
	José Ramet	Secretary General
	Max Zach	Chair of Tertiary Group
	Peter Hoyer	President of CESP.

Highlighted changes for approval at General Assembly.

This report is based on notes taken by Andrew Cant (UK).