

NOTES OF TERTIARY GROUP MEETING
(HELD IN LJUBLJANA ON THURSDAY 28 APRIL 2005)

Attendees

Hans-Jacob Bangstad, Andrew Cant, Haluk Cokugras, Anselmo Costa, Fugen Cullu, Patricia Hamilton, Robert Holl, Pekka Lahdenne, José Lopes dos Santos, Dirk Matthys, Zsofia Meszner, Francis Mimouni, David Neubauer, Lars Palm, José Ramet, Traudel Saurenmann, Constantinos Stefanidis, Alfred Tenore, Max Zach (**Chair**)

1) Opening remarks - Max Zach

Max Zach welcomed everyone to the meeting in Ljubljana.

2) Notes of last meeting

Notes from the last meeting held on 11 December 2004 in Brussels were accepted as a true and accurate record.

3) Report from Executive Committee

It was proposed that the Chair of the Tertiary Group should be for 3 years (to be renewed up to once).

4) Visitation programme

Some disappointment was expressed as both the framework and documents were in place; societies were now expected to pick this up and request visitation. So far only a few requests have been received. This was discussed by the Executive Committee. Max Zach suggested possible reasons:-

- i) Some countries (UK, the Netherlands) already have very good visitation programmes and so don't feel that this is needed.
- ii) Small countries are concerned regarding the cost or worried about the process.
- iii) Hospitals have too many visits.

Pat Hamilton reported that UK visitation will diminish as the new training authority in the UK has decreed that there should be fewer visits and is encouraging self assessment using questionnaires.

Max Zach reported on the experience of self assessment in paediatric respiratory medicine in Europe and felt it was very inaccurate.

The purpose of visitation was questioned in the US - clinical or academic training.

Constantinos Stefanidis stated that the final purpose is to bring improvements to training and to ensure the same harmonised standards across Europe to foster the European aim of free movement.

Lars Palm reported on plans to evaluate trainees which were "on hold"; and expressed concern regarding the time needed to visit, especially as there are so few people to

carry out visits. It is proposed to concentrate on national societies and check that national programmes meet the European standard.

José Lopes dos Santos reported that there is national visitation for paediatric neurology in Portugal; and also reported that visitation is very helpful in persuading the national government to recognise subspecialties. In Finland - aiming to accredit individual subspecialists by the National Scientific Society.

Andrew Cant asked if requests should be submitted to José Ramet as Andrew Cant was aware that 2 PID centres had been in touch with José.

José Ramet asked if we need to have European visitation where national training is compatible?

Peter Milla asked if the structure developed by CESP should be used for logistical issues. Peter asked for societies to develop addenda that are subspeciality specific.

Robert Holl suggested that specialist societies are asked by CESP to give a written report on visitation and embark on visitation.

Max Zach said he hoped once the process started, others would follow.

Alfred Tenore suggested “speak softly but yield big stick”. Need some use of sanctions as without these - change will be very difficult. Simple sanctions could include list of evaluated and non-evaluated programmes. Max Zach agreed, but wasn’t sure about what sanctions would be workable. Hans-Jacob Bangstad raised difficulties faced by small countries - too many small centres; if taken forward it may help to persuade countries to reduce centres. José Ramet suggested that “carrots” were better than “sticks”, and suggested the need to think of incentives! Max Zach urged that delegates persuade and convince subspecialist societies.

Francis Mimouni described how 40% of neonatal centres in the US were not accredited and trainees then stopped going there as they couldn’t take board examinations. Max Zach pointed out that this sanction would be against free movement within Europe but having “approved centres” would be helpful “carrot”.

Max Zach reiterated the need to urge societies to get moving. He reminded the group that some syllabuses are quite old and asked subspecialist societies to review and consider if there was a need to re-submit revised syllabuses. He asked the group to email syllabuses to José Ramet to be added to the website.

Visitation programme for immunology modules

José Lopes dos Santos stated that the visitation process should be different for different modules.

Peter Milla suggested looking at the specifics for each module to reveal who needs to be assessed, taking into account local resources.

Max Zach suggested combined visits - viz inspecting respiratory unit – visit by respiratory paediatrician and immunologist (ESID & ESPHI).

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