

**Tertiary Care Working Group
of the European Board of Paediatrics
Brussels - December 7th 2002**

Attendees: Chairman: Max Zach, Secretary: Peter Milla.
Robert Holl, Robert De Groot, V. Carnielli, Peter Hindmarsh, Paul Casaer, David Branski, Raimo Voutilainen, T. Southwood, Andrew Cant, Jose Ramet, Brian Neville, Jillian Mann, Isabel Polanco, Jose Lopes Dos Santos, Tom Stiris, Pascal Amedro, Anselmo Quaresma Costa, L. Palm, L. Marodi, Peter Hoyer, Ricardo Pedro Santos Ferreira.

AGENDA

1. Visitation of training centres.
2. Reports of sub sections.

1. **Visitation of training centres**

At the last meeting in The Netherlands we agreed to start a visitation programme in tertiary paediatrics. This programme will be a co-operative programme between CESP and the specialist European societies.

Two models of visitation are possible:

(a) we leave visitation to the specialist societies and mandating the societies to be agents of CESP. However it should be remembered that the societies are not CESP and have their own interests in visitation.

(b) CESP co-ordinates the visitation with the European societies and it is a collaborative venture. In order to keep the visitation process harmonised and standardised across all subsections, this option is to be preferred.

Visitation Task Force

The EBP Visitation Task Force envisage a European programme co-ordinated with national programmes. However the majority of paediatric training programmes in Europe have no system of visitation to training centres. For the European programme the following framework is envisaged. As a minimum the visitation team would consist of four visitors.

1. A CESP representative.
2. A leading international expert from the European society.

- 3&4. Two national representatives one of whom should be the national member of this subsection's committee on training and the second a representative of the national paediatric association.

There was discussion as to whether there should be a fifth member who would be a junior doctor or whether the very necessary junior doctor input could be achieved by interviewing the junior staff during the visitation. This point was left open.

Visitation Process

There would be five steps to visitation

1. A centre applying for a visit would make an application to the central secretariat in Brussels.
2. A date would be fixed.
3. The centre to be visited would provide basic information via a questionnaire 2-4 weeks prior to the visit.
4. The visit would take place over 1 working day and would encompass inspection of the facilities, verification of the basic information. meeting with the training staff of the centre and appropriate administrators. Lastly there would be feedback of the visit to the training staff.
5. A report would be formulated, considered by EBP staff and issued to the training centre.

The outcome of each visit would consist of

1. Issuing of certificate of accreditation.
2. Issuing of advice for further development of the training centre.

Reimbursement for visitation

The cost of visitation are high and a realistic budget for each visit needs to be set. Travel and accommodation costs would need to be met and Max Zach felt that the visitors should be paid an honoraria. The budget for each visit could be in the region of 6,000 Euros. The cost of the visit would need to be paid to CESP who would then reimburse the visitors. The visitation process will require a central secretariat and the whole programme needs to be self financing.

Discussion

There then followed a long discussion regarding the programme Jill Mann and Robert Holl suggested that where there was a national programme which was working that this should be accepted and visitation should be confined to smaller countries who had no visitation programme and who needed to accredit training centres. Taunton Southwood brought up the subject that many sub-specialists subjects are multi disciplinary in nature and this would need to be reflected in the committee of visitors.

Peter Hindmarsh emphasised that the principal of subsidiarity present in the European Union would need to be adhered to and national bodies must bear responsibility for the training centre in their country. Specialist societies could however act as arbiters maintaining the national process. Centres could also apply for European accreditation which would allow them to hold European Fellowships which would enable Fellows from other countries to be trained in that centre or to undertake research in that centre. Brian Neville pointed out that the European syllabus provided the criteria whereby the centre would be assessed by the visiting committee. Jose Lopes Dos Santos said that Portugal had good experience in visitation but costs could be a problem and if all sub specialties requested visitation that this might have a dramatic effect on hospital budgets. Perhaps CESP would be used as an Appeal Court. Other countries such as Germany and Norway need visitation in some sub specialties where no

national programmes existed or where adult specialists provide a service which was inappropriate. Andrew Cant made the observation that change occurs by evolution and the most important step was for the programme to start. Jose Ramet reminded us that the successful anaesthetic programme started by visiting centres where there was no national programme and the programme of visitation then grew. In order to keep costs down Robert Holl felt that the visitation process could be a virtual process with audit a paper exercise and then the use of the nationally selected Visitation Group. He again emphasised that we should not consider national programmes that existed until they are to be replaced by European programmes and the national process replaced by a European process. It seemed clear that an initial questionnaire was required and that this should perhaps be the first step forward. Paul Casaer emphasised that the outcome should consider the positive points of the training centre. Max Zach returned to the point of honoraria being necessary in view of the loss of time from named work and the need to compensate individuals for the loss of family time. Jose Ramet reminded us that the UEMS Group in anaesthetics and neurology were currently not given honoraria. He went on to say that perhaps we should develop a regionalised system in Europe in order to keep down costs.

In summary there is a need for a European visitation process which has a clear protocol. This process will have a need for a central secretariat and would issue a certificate of accreditation. The European process will clearly require development and the next step will be to develop the paperwork required. This needs to be done over the next few months and for it to be in place by the next meeting in Rhodes, 1st-4th May 2003.

2 Reports from Sub Sections

The whole time available to the Tertiary Care Working Group was spent in discussing the visitation process. No time was therefore available to discuss the Sub Section Reports this was deferred to the next meeting in May. The meeting closed at 4pm.

(Circulation)

This reports needs to be circulated to all of the attendees together with those other members of the Tertiary Care Working Group who did not attend the meeting. This can be found in section 4 of the CESP membership list head Paediatrics Sub Specialities. The members who did not attend are:

Dr Mike Stevens

Dr Sammy Cadranel (Gastro-Enterology)

Maria Xanthou (Hemato-Immunology)

James Leonard Metabolic Medicine)

Dr Jochen Ehrich (Nephrology)