



Confédération Européenne des Spécialistes en Pédiatrie  
Section Monospécialisée de Pédiatrie de l'U.E.M.S.



Confederation of European Specialists in Paediatrics  
Monospecialist Section of Paediatrics of U.E.M.S

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## **MINUTES OF THE CESP/EBP MEETING BRUSSELS, December 6th 2003**

Austria	Wilhelm Sedlak	Portugal	Anselmo Quaresma Costa
Austria	Max Zach	Portugal	Jose Lopes dos Santos
Belgium	José Ramet	Portugal	Ricardo Ferreira
Belgium	Samy Cadranel	Spain	Isabel Polanco
Belgium	Louis Deflandre	Spain	Vicente Molina
Denmark	Ole Andersen	Sweden	Jeanette Martinell
Denmark	Birhte Hogh	Sweden	Staffan Mjönes
Finland	Pekka Lahdenne	Switzerland	Hans Peter Gnehm
Finland	Jorma Piha	Switzerland	Anne Karin Eigenmann
France	Pascal Amedro	Switzerland	Barbara Goeggel
France	Gilbert Danjou	United Kingdom	Peter Milla
France	Jean Grunberg	United Kingdom	Andrew Cant
France	Catherine Weil-Olivier	United Kingdom	Alan Craft
Germany	Peter Hoyer	United Kingdom	Patricia Hamilton
Germany	Wolfgang Rascher	United Kingdom	Peter Hindmarsh
Greece	Zoe Papadopoulou-Couloubis	United Kingdom	Patricia Woo
Greece	Andreas Constantopoulos		
Greece	Marietta Xanthou	Bulgaria	Ilia Kalev
Italy	Stefano del Torso	Cyprus	Maria Solomou
Italy	Milena Lo Giudice	Cyprus	Adamo Hadjipanayis
Italy	Virgilio Carnielli	Cyprus	Maria Koliou
Italy	Alfred Tenore	Estonia	Mari Laan
Italy	Luigi Tucci	Hungary	Eva Olah
Ireland	Alf Nicholson	Latvia	Enoks Bikis
Luxembourg	Armand Biver	Latvia	Imants Lanka
Netherlands	Robert A. Holl	Slovenia	David Neubauer
Netherlands	Ronald de Groot	Slovenia	Ivan Vidmar
Netherlands	Willem Kamps	Israel	David Branski
Norway	Tom Stiris		
Norway	Marrit Hellebostad		
Norway	Elisabeth Siebke		

## **1. Welcome by the UEMS President, Dr. Halila**

The UEMS President, H. Halila, welcomed all delegates. Dr. Halila has been UEMS President for the past year and he stated that the UEMS represents over 1 million specialists across Europe. The main aim of the UEMS is to harmonise specialist training in Europe. He highlighted the importance of EACCME, which is the clearinghouse for CME activity throughout Europe. The most important item for UEMS currently is the European commission proposal for recognition of medical specialists. The proposal on the table is to reduce sub specialists to 17 in all. EU enlargement is one of the great challenges for UEMS. The UEMS is currently divided into 37 sections and he complimented CESP and EBP as being very active sections of the UEMS. He thanked Zoe Papadopoulou and Jose Ramet for their invitation to the meeting.

## **2. Welcome by the President of CESP, Zoe Papadopoulou**

The President of CESP, Zoe Papadopoulou, welcomed all delegates and observers to the meeting and she asked new delegates of CESP to introduce themselves. She highlighted Armido Rubino's letter of resignation from CESP. She thanked him for his invaluable contribution to CESP. She stated that harmonisation of training remains the main goal of CESP.

## **3. Approval of the Minutes from the CESP EBP meeting in Rhodes**

With some minor alterations, the minutes from the Rhodes meeting were approved. The final agenda for this meeting was approved by all.

## **4. Welcome by the European Board of Paediatrics chairman, Peter Milla**

Peter Milla welcomed all and, in particular, new delegates who bring us a fresh approach to the work that has to be done.

## **5. Report of the Secretary General, Jose Ramet**

Jose Ramet stated that CESP is a heterogeneous group with many aspects of paediatrics represented and this, he felt, is as one of its greatest strengths. He stated that the executive committee representation of both primary, secondary, tertiary paediatrics has been a positive development over the past 12 months. He has also noted that there have been two executive committee meetings and he attended a meeting also regarding research and medicines for children. There have been throughout the year several official contacts with UEMS, with IPA and the European Commission. He went on to highlight issues in relation to the meeting with the Presidents of National societies, which occurred on the 5<sup>th</sup> December.

## **6. Meeting with National Societies**

Jose Ramet gave a brief slide summary of his presentation to the presidents of the National societies. He highlighted the UEMS structure. Within CESP are three groups, primary, secondary and tertiary paediatrics and many recognised sub sections. He stressed the importance that individual delegates who represent national societies must report back to the national society as it was his view that many presidents were not totally informed of CESP activities. He highlighted the training syllabus for core or common trunk training which lasts three years and which is followed by specialised training in primary, secondary or tertiary paediatrics. Jose Ramet highlighted the importance of an expanding Europe and issues that will arise with this expansion including the rules and laws if they are applied across Europe and from a CESP

perspective the visitation of training centres. He noted the current composition of CESP which includes national delegates, observers, affiliated societies (including PWG, APEE, ESPR, etc.) and related societies of paediatric surgery, child psychiatry and cardiology. CESP is a truly international organisation that is represented at the IPA and has close relationships with the American Academy of Pediatrics in relation to the distribution of the PREP programme. It also co-organises Europaediatrics 2006 and it is the vision of CESP to evolve into a European Academy of Paediatrics.

The name " European Academy of Paediatrics" will be registered.

He noted that CESP is being increasingly solicited and this is an objective sign of good health of the organisation.

In the discussion that followed Zoe Papadopoulou commented that 25 countries were represented at the national society meeting on the 5<sup>th</sup> December and it was very apparent that many Presidents did not know of the work of CESP. There was a very vibrant question and answer session and the Presidents of national societies asked for a short document to highlight the working documents of CESP. She suggested that there should be yearly newsletters to national Presidents to highlight CESP's achievements in the previous 12 months.

The Presidents also requested guidelines for the number of paediatricians required per childhood population and the presidents of national societies were very excited about the prospect of a European Academy of Paediatrics. She wondered whether CESP might adopt a greater role in terms of paediatric research in Europe and Jose Ramet will present a written summary (slide presentation) of the meeting with the presidents of national societies in due course.

## **7. Medicine For Children**

Dr. Brasseur of the paediatric expert group of the European medicines evaluation agency EMEA was introduced by the President Zoe Papadopoulou. EMEA has a scientific committee and Dr. Brasseur is the chairperson of that group. The paediatric expert group includes toxicologists, pharmacologists, clinical practitioners and a chairperson's secretary. The work of the paediatric expert group over the past few years included a number of surveys; - a) the importation and exportation of drugs, b) existing paediatric medicines, c) paediatric labelling, d) availability within the European union for the top five of twenty medicines prepared extratemporaneously for children. The priorities of the paediatric expert group currently include drug treatment for HIV, treatment of GI disorders. Others currently under evaluation include the management of pain and cardiology drugs. Some of the roles of the paediatric expert group are to clearly outline to the pharmaceutical industry that children are different in relation to the maturity of their immune system, renal function, liver immaturity and pharmacokinetics. They are currently in the process of developing guidelines for the treatment of migraine, asthma and rhinitis in children. The EU regulation guidelines for new drugs and new formulations and doses proposed for the EU market require a paediatric development plan. The current structure is that a special committee will look critically at the paediatric development plan and the emblem, a blue star with a P will indicate that the drug is suitable for use in children. The European medicine evaluation agency (EMEA) website will publish the inventory of all paediatric studies including negative ones.

In the following discussion, Max Zach, suggested that the EMEA may wish to use the expertise of the tertiary care group of CESP for advice and suggestions. Dr. Brasseur welcomed this suggestion. Catherine Weil Olivier said that the vaccination group would also be available for advice if required. There were valuable contributions and suggestions from many delegates. Alan Craft felt that CESP needs to think about the research capacity and the training of paediatric pharmacologists.

Presentation by Francis Crawley, secretary general and ethics officer for the European forum for good clinical practice, EFGCP. In his introductory remarks, Francis Crawley suggested that he had been an observer on the ethics group of CESP for the past three years. The principal aim of the EFGCP is to develop clinical research in Europe and he noted that 72% of medicines prescribed for children have never been tested in children and 90% of medicines used in intensive care have never been tested in children, so therefore, he felt that research on and for children is required. He highlighted the declaration of Helsinki, which was originally published in 1964 but recently amended in 2000. The quote from the Helsinki declaration is apt in that 'a paediatrician should act as a protector and advocate of the rights and needs of children'.

The interests and needs of the child should prevail over all other interests including children in general. He said that we should ensure that all new medicines prior to marketing are tested in children and medicines already on the market need to be tested in children (if used in children). These aspirations have not been met due to difficulties in performing research in children. There is some reluctance on behalf of the European parliament to pass such legislation. We felt that an ethical framework for the development of paediatric medicines is perhaps more important than a legal one. He noted that CESP provides a structure to discuss and reflect on ethics in paediatrics care but CESP cannot do it alone. Jose Ramet opened the discussion regarding the above presentations. H. Halila president of the UEMS stated that paediatric drugs are currently on the agenda for forthcoming meeting of the EU health ministers. He noted also that James Appleyard (who is a paediatrician) is the President of the World Medical Organisation.

## **8. In corporation of 10 new countries**

The UEMS viewpoint was presented by the president of UEMS H. Halila. Of the 10 incoming countries, 8 are current members of the UEMS. The membership fee could be prohibitive and a sliding scale may be set up for new incoming countries to minimise the financial burden. He noted that new countries have been involved in meetings and working groups for some time and they should not be considered as a single group as they are in varying staging of development. The Polish delegate, Dr. Sluzewski, highlighted issues in relation to the free movement of labour throughout the EU and the requirement for extra training throughout this transitional period. The receiving country has the right to decide as to whether a doctor on the specialist register of another EU country is able to practice in the receiving country.

## **9. Common Trunk Paediatric Book**

Alan Craft highlighted the development of this book which is a multi media exercise with printed materials, CD ROM and web based material. Progress has been slow as a new publisher was required. There has been involvement of continental European editors. Any stage that the European common trunk is equivalent to the U.K. common trunk for paediatric training. The book will be produced by the RCPCH and supported by CESP. It was felt by those present that the syllabus for the common trunk should be available in all countries and translated into their native language.

## **10. Pilot examination in Paediatrics**

Pat Hamilton presented details in relation to the feasibility of organising a European multiple choice exams simultaneously in EU countries. Positive attributes of this would be that it would give feed back to the trainers and trainees and the institution as to the quality of training. It would require a national co-ordinator in each country. She highlighted the results of the survey of 205 participants. The mean length of training had been three years and the survey carried across a number of European countries. The highest marks obtained were in respiratory

paediatrics and the lowest in the basic sciences. In general participants felt that the instructions were clear and that it was enough time to complete the exam. The next steps might include the introduction of some grey cases/data interpretation or some clinical photographs and the obvious consideration of translating the exam into various languages. There was a very prolonged discussion in relation to certification with contributions from many delegates and overall a very positive impression of this pilot study.

### **11. Visitation of tertiary centres**

No report on tertiary visitation because the document is not yet finished (Peter Milla)

### **12. Short report on primary and secondary care**

Stefano del Torso and Catherine Weil present the discussion points on the organisation and the cost of care. A syllabus of health promotion is being drafted. Information on a European booklet on childhood development, aiming for publication in 1 year. Information on general practitioners' training to be ready in 6 months

### **13. Report on tertiary care (Max Zach)**

Some reports were received from the subsections. Most have syllabus and programmes in the process of implementation. Immunology modules to be incorporated in relevant specialities will be formulated by a working group led by Andrew Cant

A wide discussion on the pros and cons of European accreditation of an individual specialist was held. There are currently 2 viewpoints: accreditation of individuals should naturally be part of, or follow centre accreditation. The other view is that this is a risky procedure with many perceived difficulties in practice. Main work of the group currently is centre visitation.

### **14. Vaccine report (Catherine Weil -Olivier)**

Paper for update on the website from new centres and also solicitation for new topics were passed among the CESP members.

A review of the previous meeting will be drafted for the European Journal of Paediatrics

Other projects discussed: (a) links outside CESP, e.g. EMEA, ESPID; (b) possible topics for the next conference: hepatitis A, hepatitis B, Influenza and (c) eventually produce a European pack on the Swiss model (Infovac).

### **15. Accident prevention (Staffan Mjones /Alf Nicholson)**

Published one paper in collaboration with the European Child Safety Alliance

Data on drowning by Nicholson highlighted methodology problems of reporting.

Will incorporate a Swedish expert to the next CESP meeting for further discussions and bringing the profile of the subject forward.

### **16. Ethics (Staffan Mjones)**

The group has published 17 papers in European journals.

Next paper on refugee children is ready and approval sought from CESP for publication: granted unanimously.

Other topics under discussion: vaccine and research in the 3<sup>rd</sup> world; child abuse; impact of molecular genetics

### **17. Europaediatrics 2003 (David Branski)**

Sincere gratitude to all committee members was expressed. 882 participants; 121 oral and 303 posters. >60 countries participated

### **18. Europaediatrics 2006 (Robert Holl)**

Chairperson is Robert Holl. It will be in Barcelona on October 18th-22<sup>nd</sup> and will focus mainly on secondary and tertiary paediatrics. Aims are to provide state of the art lectures mixed with education and science and significant cross-fertilisation of the subspecialities. Relevant societies have been contacted, and so far, ESN, ESPR and ESPNIC will participate and have their annual meetings at the same time. In addition other societies have expressed interest to participate. Will use the same conference organisation as in 2003.

### **19. PWG report (Barbara Goeggel)**

Reported from the PWG meeting in Madrid:

- a. Research training should be a desirable and not obligatory module.
- b. Funding of research should be transparent
- c. Discussed quality assurance paper from UEMS
- d. Survey on maternity leave and postgraduate funding showed some areas of shortfall.

### **20. AAP (Zoe Papadopoulou-Couloumbis)**

CESP and AAP met in September to further establish links and for general discussions. The executive committee will invite a member of AAP next year with an agenda of topics and joint projects.

R. De Groot informed the members that the Netherlands has a good deal with AAP negotiated to implement the PREP for \$150 per person per year. This was well received and the President Zoe Papadopoulou made the point that this deal was much cheaper than the figure quoted for CESP.

### **21. APEE**

No representative was present at the meeting. The executive group will need to meet to discuss its future strategies. Suggestion from R. Holl: education for GPs?

### **22. ESAP**

200 participants at its last congress. Meeting for the first time with the presidents of the primary care associations. Plan to write up the proceedings of the meeting.

A document is drafted on "from ethical principles to ambulatory care" and is available on the Spanish website. Plans are underway for a chart of ambulatory paediatrics in different countries.

**23. IPA**

J. Ramet mentioned the change in the structure of the IPA to be discussed in Mexico in 2004, with elections to be held.

**24. CESP 2004**

Staffan Mjones invited members to Stockholm and provided literature for the venue and a preliminary programme. Dates are May 20<sup>th</sup>-22<sup>nd</sup>

**25. CESP 2005**

Ivan Vidmar will be organiser of the meeting to be held in Ljubljana (Slovenia). Dates are April 28-30

**26. CESP 2006**

Bids for 2006 should be sent to the CESP executive. The President reminded members that the national associations must be supportive.

**27. AOB**

Proposal of a chair of adolescent medicine. Jose Ramet mentioned that this proposal dates from a number of years ago and the executive committee will discuss this and eventually propose to set up a working group.

**José Ramet**  
Secretary-general CESP

**Zoe Papadopoulou-Coulombis**  
President CESP

This report is based on notes taken by Alf Nicholson (1-10) and Patricia Woo (11-27).