



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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**DOC02/03**

**MINUTES OF THE CESP MEETING  
DECEMBER 1<sup>ST</sup>, 2001  
BRUSSELS, BELGIUM**

Attendance:

<b>Austria</b>	<b>Ronald Kurz</b>	<b>Norway</b>	<b>Marit Hellebostad</b>
<b>Austria</b>	<b>Wilhelm Sedlak</b>	<b>Norway</b>	<b>Tom Stiris</b>
<b>Austria</b>	<b>Max Zach</b>	<b>Portugal</b>	<b>Anselmo Quaresma Costa</b>
<b>Belgium</b>	<b>Samy Cadranel</b>	<b>Portugal</b>	<b>Ricardo Santos Ferreira</b>
<b>Belgium</b>	<b>José Ramet</b>	<b>Spain</b>	<b>Isabel Polanco</b>
<b>Denmark</b>	<b>Arne Host</b>	<b>Sweden</b>	<b>Kjell Tullus</b>
<b>Denmark</b>	<b>Flemming Skovby</b>	<b>Sweden</b>	<b>Jeanette Martinell</b>
<b>Finland</b>	<b>Marti Siimes</b>	<b>Sweden</b>	<b>Staffan Mjones</b>
<b>Finland</b>	<b>Raimo Voutilainen</b>	<b>Switzerland</b>	<b>Hanspeter Gnehm</b>
<b>France</b>	<b>Jean Grunberg</b>	<b>Switzerland</b>	<b>Thomas von Salis</b>
<b>France</b>	<b>Catherine Weil-Olivier</b>	<b>United Kingdom</b>	<b>Peter Hindmarsh</b>
<b>France</b>	<b>Jean-Louis Bernard</b>	<b>United Kingdom</b>	<b>David Hall</b>
<b>France</b>	<b>Gilbert Danjou</b>	<b>United Kingdom</b>	<b>Taunton Southwood</b>
<b>Germany</b>	<b>Peter Hoyer</b>	<b>United Kingdom</b>	<b>James Leonard</b>
<b>Germany</b>	<b>Franz-Josef Breyer</b>		
<b>Greece</b>	<b>Zoe Papadopoulou</b>	<b>Cyprus</b>	<b>Adamos Hadjipanayis</b>
<b>Greece</b>	<b>Andreas Constantopoulos</b>	<b>Czech Republic</b>	<b>Jan Janda</b>
<b>Ireland</b>	<b>Denis Gill</b>	<b>Hungary</b>	<b>Laszlo Marodi</b>
<b>Ireland</b>	<b>Mary King</b>	<b>Israel</b>	<b>David Branski</b>
<b>Italy</b>	<b>Armido Rubino</b>	<b>Latvia</b>	<b>Enoks Bikis</b>
<b>Italy</b>	<b>Stefano del Torso</b>	<b>Slovak Republic</b>	<b>Pavol Simurka</b>
<b>Italy</b>	<b>Vicente Molino</b>		
<b>Luxembourg</b>	<b>Jean-Claude Schaack</b>	<b>Child Psychiatry</b>	<b>Thomas von Salis</b>
<b>Netherlands</b>	<b>Robert A. Holl</b>	<b>Paediatric Surgery</b>	<b>Marc Henri de Laet</b>
<b>Netherlands</b>	<b>Bert Van der Heyden</b>	<b>PWG</b>	<b>Fleur Sprangers</b>
<b>Norway</b>	<b>Eirik Monn</b>	<b>PWG</b>	<b>Eleanor Molloy</b>

1. **Report of the President.**

The President, Robert Holl welcomed all the delegates and observers. He praised the local organization, informed the meeting that this was the last official meeting of Jean Claude Schaack and said we would be spoken to by a representative of the paediatric surgery.
2. **Report of the EBP chairman.**

The Chairman of the EBP, David Hall, thanked Jean Claude Schaack for his efforts over the years. He noted that in the UK there had been a change in the attitude to the structure and assessment of training.
3. **Report of the Secretary General Jose Ramet.**

Jose Ramet apologized for the late change in date of the meeting and requested updated information on the national delegates and other representatives. CESP Executive Committee has met twice in Brussels and he has attended UEMS meetings on our behalf. Jose requested that all CESP subsections submit to him a formal report to be tabled at the UEMS meeting in May. He itemized other involvement in European activities and informed us that he and Robert Holl had attended the International Paediatric Association Meeting in Beijing where they had ongoing discussions with the American Academy of Pediatrics. He welcomed the new representatives which included Mary King from Ireland, Vincente Molino from Italy, Ricardo Pedro Santos Ferreira from Portugal and noted that Peter Sauer and Cornelius de Groot from the Netherlands had retired from the Netherlands delegation. He also welcomed Dr. Eleanor Molloy (Ireland) presenting the PWG. All delegates then introduced themselves.
4. **Approval of the final agenda.**

The agenda was approved.
5. **Approval of CESP minutes in Oslo.**

These were approved with minor alterations to item 10.5 on the agenda. One national delegate asked the secretariat to avoid the use of multiple abbreviations that were not understood by all.
6. **Task Force on Examinations.**

Denis Gill (Ireland) presented the document, which was prepared by Peter Hoyer (Germany) and Eleanor Molloy PWG (Ireland). Denis Gill hoped that the delegates would pay most attention to section 4 of the document which asked for initiatives, included a European component of end of trunk assessment and pilot European examinations in chosen paediatric specialties. The following points were made:

  - Assessment can drive what people learn (D Hall)
  - Training programmes need to be harmonized before examinations evolve (M Zach)
  - US training is harmonized and board examinations are therefore appropriate (F Sprangers)
  - Tertiary specialist examinations should commence as soon as possible (S Cadranel)
  - French authorities do not want supranational examinations (Weil)

- M H De Laet, Paediatric Surgeon from Belgium spoke on the European Paediatric Surgical Examinations. About 1000 paediatric surgeons are recognized in Europe (out of about 5000 people who sought to be recognised). Examinations started in 1999 with about three candidates and by 2001 there were 40 candidates. The exam consists of assessment of logbook, written material and clinical examination, preparation of slide material and discussion of two to four published publications. De Laet said that this was a quality search which nobody to date had failed. It costs about 400 euros. He thinks that the EU will insist on some formal examination or assessment in the future.
- David Hall said that all aspects of the common trunk were not always covered in basic paediatric training, e.g. preventive paediatrics, adolescent paediatrics and breast-feeding.
- David Hall asked if there was any interest in a core text of paediatrics being introduced for European use.
- Cadranel said that ESPGHAN was moving towards examination as people wanted to be recognized as paediatric specialists of European quality.
- Leonard said that paediatric metabolic medicine was determined to set up process of assessment at European level.
- David Hall proposed that specialty groups consider holding examinations/assessments on a European voluntary basis.
  
- After a lengthy discussion it was decided that
  - the existing UK examinations will be evaluated simultaneously in four or five training centres in various countries and that the evaluation of this procedure will be presented and a full report submitted for discussion at CESP level
  - David Hall will evaluate the practicability concerning a European core book on Paediatrics.

## 7. **Task Force on Visitation.**

- This document was prepared and introduced by Catherine Weil (Members: Jorge Saraiva (Portugal), Michael Weindling (UK)). She noted that five countries have visitation programmes – Denmark, Netherlands, Portugal, Switzerland, UK - and other countries are interested and already setting them up. In discussion it emerged that Sweden has visitations since 1995, Netherlands has visitation process, Portugal has been doing it for ten years, Denmark since 1998 and Ireland since 2000. Delegates from various countries described their processes, which in UK and Netherlands are on a five-year cycle.
  
- In discussions it was suggested that national delegates should use the UEMS charter on visitation as a baseline for preparing visitations. It was stated that most countries do not currently want supranational inspection by CESP or other bodies. Bernard said that France has no current system of accreditation of training centres but that visitation was a small part of an appraisal procedure. Costa expressed concern about European visitations superseding national authority. Jose Ramet said that centres seeking European visitation would not request such visitation until they felt they had achieved European

standards and would value such European recognition. Two centres have already sought European visitation.

- In conclusion it was agreed that the Working Group should:
  - continue their work
  - add some new members
  - have a work schedule with deadlines.
  - In discussion it was suggested that where a country had a visitation system, which conforms to UEMS rules, they could get both national and CESP recognition.
  - It was agreed that the initiation of visitation of tertiary training centres for specified programs would, in a first step, be easier to perform. Uniformisation of this procedure for different CESP subsections was felt to be advisable and the tertiary working group will have a preliminary meeting in May 2002 in order to make firm proposals to CESP in terms of standard procedure for organization of a visitation in a tertiary training centre.

8. **Modification of statutes (see addendum).**

The document prepared by Jose Ramet on behalf of the Executive Committee was circulated and discussed. It was proposed there would be an executive of 8 people. There was a long discussion on the allocation of votes to countries, specialties and others. It is clear that the current UEMS rules suggest one vote per national delegation. It was noted that the eight members of the executive might have a tied vote but it was pointed out that in such situations the President usually has the casting vote.

9. **Sub-section applications.**

- Dr. Tullus and Dr. Marodi reported that infectious diseases and immunology had agreed to combine and revise their programmes. This was to be finalized in May but would not be available for the CESP meeting early in May 2002
- Jose Ramet informed that Metabolic Medicine and Paediatric Haematology and Oncology have been recognized as official CESP subsections at UEMS level.

10. **Ethics**

Ronald Kurz informed us that 4 documents are to be completed at the ethics meeting. He will e-mail the text to CESP members for completion in May 2002. He advised the gathering of the EFGCP/CESP meeting in Brussels 24/25<sup>th</sup> January 2002.

11. **Short reports.**

- 11.1 Fleur Sprangers presented a short report of the PWG meeting and tabled a draft proposal for trainee exchange.
- 11.2 ESPR informed us about the creation of the European Society of Neonatology
- 11.3 Adolescent medicine. Jean Claude Schaack informed us that there would be a meeting in July 2002 with training sessions for people interested in adolescent medicine.

- 11.4 Jean Claude Schaack will circulate a white book of Child Accident Prevention early in the year 2002.
  - 11.5 Peter Hoyer informed CESP that there was a new five-year training syllabus in Germany and they were trying to implement the common trunk. Two paediatric specialties namely cardiology and neonatology are recognized but other paediatric specialties are not yet accepted.
  - 11.6 Thomas von Salis from Child Psychiatry informed us that the new section president is Dr. Peter Hill, London.
  - 11.7 Jean Grunberg said that France was turning out 160 paediatricians each year. He raised concerns that the French Government was not supportive of paediatricians. Similar concern was expressed from Germany. They sought a motion in support of French paediatricians.
12. David Branski said that Europaediatrics 2003 will be held in Prague from October 19<sup>th</sup> to 22<sup>nd</sup>. He tabled an informative document, outlined the membership of the executive scientific committee and mentioned the meeting website [www.kenes.com/europaediatrics](http://www.kenes.com/europaediatrics).

Robert Holl said that the 2006 Europaediatrics meeting will be combined with some of the European Tertiary Specialists sections of paediatrics.

13. **Treasurer's Report.**

Ronald Kurz presented this report and itemized countries that had correct contributions for 2001 and previous years. From 2002 there will be one subscription for CESP and EBP. Martti Siimes suggested that the EURO would lead to lower fees and encourage electronic banking. Ronald Kurz who is retiring as Treasurer, was thanked for his efforts.

14. **Any other business.**

- Wilhelm Sedlak asked for any alterations to the vaccine schedule in individual European countries.
- Peter Hoyer drew our attention to ENDIC (European Network of Drug Investigation in Children).
- CESP will establish a Working Group on Paediatric Therapeutics (paediatric pharmacology) during the May meeting

15. The next meeting is in *Netherlands on May 2-5 2002*.

José Ramet MD PhD  
Secretary-general CESP

This report is based on notes taken by Denis Gill.

**Addendum**

**CESP EXECUTIVE COMMITTEE**  
**PROPOSALS FOR MODIFICATION OF STATUTES**  
**OCTOBER 2001**

**1. Relation between CESP and EBP.**

Based on the experience from the last meeting in Oslo, it is felt by the EC members that a clear definition of tasks and duties between CESP and EBP is necessary. EBP has always been and will remain a working group of CESP.

A clear distinction in activities could be defined as follows:

**CESP**

Visitation  
Examination  
CME/CPD  
Finances  
Primary care  
Secondary care  
Tertiary care  
Working group ethics  
Working group vaccination  
Working group adolescent medicine  
Working group accident prevention

**EBP**

CPD during training  
Evaluation of new training programs  
Update of existing training programs  
Update of training program common trunk  
Certification

**2.** A proposal for the change of statutes concerning the **composition of the Executive Committee** of CESP can be summarized as follows:

The Executive Committee CESP is composed of:

- President
- Vice-President
- Secretary-General
- Treasurer
- One representative from the European Board of Paediatrics (chairman)
- One representative from primary, secondary and tertiary care

The new Executive Committee of CESP would thus be composed of 8 persons.

*The argument for the presence of the chairman of the European Board of Paediatrics within the executive committee of CESP is the need for a proper representation of all constituting elements of training (training during the common trunk, training into primary care, training into secondary care, training into tertiary care). All these should be equally represented in the executive committee of CESP. This is the reason for proposing the chairman of the EBP to be member of the executive committee.*

**3.** At the **CESP meeting** following attendees are expected to attend:

- Thirty-four national representatives (two per country)
- Elected president of CESP
- Elected secretary-general of CESP
- Elected treasurer
- Observers from:
  - o Related societies
  - o Delegates from non-member countries
  - o Delegates from not recognized subsections
- Primary care:
  - o One representative (member EC)
- Secondary care:
  - o One representative (member EC)
- Tertiary care:
  - o One representative from each UEMS officially recognized subsection

The chairman of each existing working groups (ethics, vaccination, adolescent medicine and accident prevention) should be a national representative.

**4.** The **past president** of CESP will attend the CESP meetings as observer during a period of one year. If the past president is no more a national delegate, the costs related to travel and registration will be covered by CESP.

**5.** The **EBP** composition will be identical to the above-mentioned CESP structure and representation.

**6.** During all CESP meetings sufficient time will be allocated to topics specifically related to the work of the European Board of Paediatrics.

## **7. Budget**

One treasurer will be in charge of the treasury for CESP and for the European Board of Paediatrics. He will be entitled to produce one document requesting the CESP annual fees and one document for the Board fees. Two requests for the annual fee will be produced for these countries where the contributions are paid by separate organizations (national society, scientific society, paediatric syndicate). The treasurer will be elected at the CESP meeting by the CESP-delegates entitled to vote.

José Ramet MD PhD  
Secretary-General