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 MEETING
MAY 2002
NOORDWIJKERHOUT, THE NETHERLANDS

Attendance:

Austria	**Ronald Kurz**
Austria	**Wilhelm Sedlak**
Belgium	**Paul Casaer**
Belgium	**José Ramet**
Denmark	**Olle Andersen**
Finland	**Marti Siimes**
Finland	**Raimo Voutilainen**
France	**Jean Grunberg**
France	**Catherine Weil-Olivier**
France	**Jean-Louis Bernard**
Germany	**Peter Hoyer**
Germany	**Franz-Josef Breyer**
Greece	**Zoe Papadopoulou**
Ireland	**Denis Gill**
Ireland	**Mary King**
Ireland	**Alf Nicholson**
Italy	**Stefano del Torso**
Luxembourg	**Armand Biver**
Netherlands	**Robert A. Holl**
Netherlands	**Bert Van der Heyden**
Netherlands	**Cees de Groot**
Norway	**Eirik Monn**
Norway	**Marit Hellebostad**
Norway	**Tom Stiris**
Portugal	**Anselmo Quaresma Costa**
Portugal	**Jose Lopes dos Santos**
Spain	**Carlos Rodrigo**
Sweden	**Lars Palm**
Sweden	**Jeanette Martinell**
Sweden	**Staffan Mjones**
Switzerland	**Hanspeter Gnehm**
Switzerland	**Anne Karin Eigenmann**
United Kingdom	**Peter Hindmarsh**
United Kingdom	**David Hall**
United Kingdom	**James Leonard**
United Kingdom	**Peter Milla**
United Kingdom	**Andrew Cant**
United Kingdom	**Mike Stevens**
United Kingdom	**Jill Mann**
United Kingdom	**Brian Neville**
Cyprus	**Adamos Hadjipanayis**
Croatia	**Ian Malcic**
Estonia	**Mari Laan**
Hungary	**Laszlo Marodi**
Israel	**David Branski**
Latvia	**Enoks Bikis**
Poland	**Ryszard Korczowski**
Slovenia	**Ivan Vidmar**
Slovenia	**David Neubauer**
APEE	**Claude Billaud**
APEE	**Jean Louis Bernard**
Child Psychiatry	**Peter Hill**
PWG	**Fleur Sprangers**
PWG	**Eleanor Molloy**
SEPA	**Milena La Giudice**

1. The provisional agenda was approved.

2. The President Robert Holl welcomed delegates and noted minor corrections in the minutes of the December 2001 meeting.

3. President's Report.

Robert Holl reported that things are moving but still too slowly. He noted that visitation was difficult and expensive but hoped there would be pilot visits based on the UEMS model. He complemented the important work of the Ethics Group led by Ronal Kurz. He noted a renewed relationship with European Safety Alliance explored by Jean Claude Schaack. Robert Holl has been very pleased to act as President of CESP but noted that CESP needs more financial support and an even better visibility.

4. Report of Secretary General.

Jose Ramet presented his activities as Secretary-General during the last six months.

- Represented CESP and made the opening speech at an important meeting in Brussels 2002 regarding the future of research in children. Ronal Kurz, Pieter Sauer and Denis Gill were involved and a full report will be delivered later.
- Represented CESP at the RCPCH in London.
- Participated to discussions regarding collaboration between AAP and CESP.
- Contributed to the developments regarding Europaediatrics 2003 and 2006, which will be reported later.
- Jose Ramet attended several UEMS management and sections meetings.
- He negotiated collaboration with the European Child Safety Alliance and European Consumer Safety Association.

5. Working groups

5.1 Primary Care

Wilhelm Sedlak attended meetings in Germany and Italy. He thinks we need to improve the training programmes for GP's in primary care. The primary care group recommends that all children should have a trained paediatrician as primary care provider to at least age 6 years and possibly to 18 years. He said that all paediatric trainees should have exposure to primary office care paediatrics, in accredited groups. He noted the differences in practice between France, Portugal, Netherlands and other countries. He also felt that the primary and secondary care group should work more closely together.

5.2 Secondary care

Catherine Weil said that 8 countries participated in the discussion. The group has two main wishes - a) to redefine the identity of the hospital based general paediatricians and b) to maintain interfaces with primary and tertiary groups. She said that it would be very useful to have a European Society of hospital-based paediatricians but there was no one driving this idea at present. She noted problems in the emergency care of children.

David Hall stressed that what children need in terms of services is more important than the needs of doctors. All involved stressed the need to better organise doctors in secondary care.

5.3 Tertiary Care

Peter Milla said that 10 programmes now have UEMS recognition as sub-sections. Tertiary care group looks forward to the recognition of neurology and infectious diseases and immunodeficiency. Haematology/oncology and metabolic diseases were approved in Basel in 2001. James Leonard said that tertiary care groups have the ability to harmonize standards and provide leadership.

6 Ethics

Ronald Kurz presented a list of members and said that he was sorry to lose the involvement of Peter Sauer. He tabled a list of publications and sought approval for three manuscripts in final draft. He informed CESP of the EFGCP Annual Conference in Brussels attended by 150 people including members of European Commission, EMEA, CPMP, plus delegates of FDA and WHO. Ronald Kurz gave as invited guest a lecture at this conference; the outcome of the Brussels conference was that the European Commission appreciates the need for better medicines for children, incentives for research, and the need to establish expert groups in EMEA and to establish a European network of paediatric investigators. James Leonard support Ronald Kurz but said that we should have concern at the excessive cost of some Orphan Drugs. Ronald Kurz asked that Denis Gill be allowed to succeed him but no decision was reached on this.

7 CME

Alf Nicholson reported that 21 delegates attended the meeting. They plan to use the terms CME – CPD interchangeably. He presented a model of CME activities plus an advanced model work portfolio and professional development plan. At this point CME is mandatory and not voluntary. Alf Nicholson drew delegates' attention to Tim Chambers document on the interface between the commercial sponsorship and paediatricians. A new task force on CME is to be chaired by Robert Holl plus 6 members. Alf Nicholson is returning as CME chairman.

8 Immunization

Wilhelm Sedlak sought new-interested members for the group. He reported on a meeting on meningococcal disease and Catherine Weil presented updated European information. The meningococcal C programme in the UK has been successful. Catherine Weil in response to questions noted that the national authorities have priority in making vaccine recommendations. Alf Nicholson asked for dissemination of vaccine uptake figures in Europe.

9 Accident Prevention.

As Jean Claude Schaack is no longer CESP delegate, Jose Ramet indicated that this group needs a new leadership. Useful contacts have been made with the European Child Safety Alliance and European Consumer Safety Association. Alf Nicholson is to take up chairmanship of the group with the collaboration of Staffan Mjones.

10 Adolescent Medicine.

No new activities.

11 Working Group Medicines for Children.

Jose Ramet proposed that such a group be established at the December 2002 meeting with links to ENDIC and EMEA. David Holl suggested that some CESP funds should be made available to support this important work. Peter Hill said that the Child and Adolescent Psychiatric Group would be happy to collaborate and Andrew Cant spoke of the difficulty in obtaining funds for European Collaborative Trials.

12 AAP and Pedialink.

Jill Chandler representing AAP presented pedialink and the *PREP Self-Assessment* on line which can be accessed at www.pedlalink.org . CESP is in negotiation with pharmaceutical companies to sponsor a pilot programme in two or three UEMS states. Following steps were anticipated:

- An invitation to participate in a pilot project of the online subscription package could be sent by CESP to all national paediatric societies.
- Each society that wishes to participate in the pilot would need to subsidize it either in whole or in part with or without outside financial support.
- CESP will need to identify at least 2000 participants for the pilot to proceed.
- The AAP must net the entire $150 per participant fee, and CESP will add any other administrative fees.
- If the pilot moves forward, AAP would work with CESP to: establish clear ground rules and parameters for the project, i.e. a pilot duration of 2 or 3 years; agree upon how to evaluate the utility and effectiveness of using AAP products across the European Union; discuss the feasibility of adding CESP developed courses in the EMB, as well as the addition of a CESP member/advisor to the Pedialink Editorial Board.

The delegates also discussed a draft of future models of CPD for paediatricians in Europe, which was adapted from the Basel Declaration. The Executive will have additional discussions with the AAP in order to evaluate the feasibility of the proposed project.

13 Alteration in Statutes.

Jose Ramet presented a package of changes (see addendum) including broadening of the Executive to official representatives of primary, secondary and tertiary care, voting rights and the activities of EBP and CESP. Several delegates felt that visitation/examination should be the responsibility of EBP and not CESP.

Franz Breyer and other national delegates said we couldn't change voting procedures unless we conform to UEMS rules.

The package of proposals was accepted in principle; final vote expected in December.

14 Representation of Primary, Secondary and Tertiary Care Groups on the Executive.

- Primary Care - Stefano del Torso
- Secondary Care - Catherine Weil
- Tertiary Care - Max Zach

David Hall remains Chairman EBP until end 2002.

15 Visitation.

Peter Milla spoke on discussion paper. Visitation will follow unit structures and might be of value to small countries. He itemised four steps

- to identify centres
- to provide basic information
- to visit by committee of 3 people
- to report on recommendations

He said at all costs we must avoid double visitation.

16 Sub-section Paediatric Neurology

Paul Caesar said that paediatric neurology wished to join the large CESP family of paediatrics. He tabled an extensive training document and said that paediatric neurology would required 5½ years training including 6 months in adult neurology. There followed a lively debate on the aspiration to have two years of common trunk training and 6 months in adult neurology. Several delegates objected to adult training being mandatory and others voiced concerns at lack of confirmation to common trunk of 3 years.
David Hall said that paediatric neurology is a paediatric subject and that things were in transition. He said we should be prepared to compromise and accept competence in adult neurology and noted that people trained in adult neurology could not call themselves paediatricians. Robert Holl hoped that paediatric neurology would be accepted today. David Hall said that minor modifications to the documents would be needed.

17 CESP Newsletter.

Jose Ramet said that this would be twice yearly in the future and asked for inclusions.

18 PREP Programme.

Jose Ramet spoke to administrative and financial issues. He said that most users were in Belgium, Germany, Austria, Switzerland and Netherlands with a slow steady increase in enrolment.

19 Europaediatrics 2006.

A representative of Kenes International said that three cities – Barcelona, Amsterdam and Vienna were on the short list but that the executive would favour Barcelona. It is expected that Europaediatrics 2006 will combine with several specialty sections.
David Branski spoke on Europaediatrics in October 2003 in Prague.

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20.1 PWG: new representative at CESP
20.2 IPA: Meeting in Mexico Cancun 2004
20.3 UNEPSA: no new developments
20.4 APEE: Next meeting in Estonia about nutrition.
20.5 SEPA: Congress is being held in 2002 in Brussels with sessions on education and ethics.
20.6 UEMS: previously reported

21 Treasurer's Report.

Marti Siimes said that this year we had 10,000 € in excess of our expenses. The major contributors to the improved finances were the **PREP** programme 4000 € approx., Oslo meeting 7000 € approx. and sponsor 4500 €. Ronald Kurz proposed acceptance of financial report and said that accounts were in order. From now on CESP and EBP accounts will be one. He proposed 2000 € be used for CME training in 2002/2003 and requested electronic money transfer.

22 Presidential election.

Zoe Papadopoulous was elected to presidency by acclamation. Voting for vice-president was delayed to December 2002. There was a debate regarding the candidature of Sverre Lie from Oslo to become vice-president; some delegates expressed concerns about a newcomer taking on this role so rapidly. Staffan Mjones, Stefano del Torso and Wilhelm Sedlak proposed Peter Hoyer for Vice-President.

23 Future CESP Meetings.

23.1 Brussels: December 6-7 2002
23.2 Rhodes: May 1-4 2003
23.3 Stockholm 2004

24 Any other business.

24.1 Wilhelm Sedlak expressed concerns regarding rules and procedures of CESP and requested circulation of statutes.
24.2 Alf Nicholson has agreed to take over the Accident Group.
24.3 Staffan Mjones suggested we look at the problems concerning refugee children.

José Ramet MD PhD
Secretary-general CESP

Zoe Papadopoulou-Couloumbis
President CESP

This report is based on notes taken by Denis Gill.

Addendum:

- **Slides presented by Jose Ramet: proposal modification of statutes**
- **Report primary care group**
- **Report tertiary care group**

MINUTES OF THE EUROPEAN BOARD OF PAEDIATRICS MEETING
MAY 2002
NOORDWIJKERHOUT, THE NETHERLANDS

1. **Welcome.**
   The President of CESP Robert Holl welcomed delegates to the EBP meeting, outlined the programme and wished everyone good luck with the meeting.

2. **Final agenda approved.**

3. **The Chairman, David Hall** set the meeting in motion.

4. **EBP issues.**
   - **Paediatric Neurology**.

Paul Caesar, Brian Neville and Lars Palm said that the training programme was approved by the general assembly of the society and that the 13 European countries are members. Brian Neville spoke on the syllabus that would contain at least three years paediatric neurology and 6 months of adult neurology within the programme. Some trainees could come from adult neurology and there was joint ownership of the programme with the adult specialists. Centres can provide some or all of training modules.

There followed a long discussion with the following points:

- Some delegates noted that three years of common trunk was not being adhered to. Peter Hill, President of Child and Adult Adolescent Psychiatry welcomed the syllabus and noted that in some countries the practice of psychiatry is called neuropsychiatry. Peter Hoyer said he would prefer adult training to be optional rather than essential. This was the official German position. Brian Neville said that many Dutch neurologists come from the adult programme but there is no data from other countries. Wilhelm Sedlak (Austria) said that two years of common trunk training was against CESP rules. Peter Milla (UK) spoke on the need to harmonize training in Europe and was in favour of an optional period of adult neurology. Hanspeter Gnehm said that Swiss paediatric trainees have one year of adult neurology. Lars Pam (Sweden) spoke of the value of adult neurology training. Ole Andersen (Denmark) said that it would be a setback if adults could learn paediatrics in one year.

- Jose Ramet said that paediatric neurology should be with paediatrics. Peter Hoyer said that training positions would not be available in Germany for adult neurology. David Hall welcomed paediatric neurology in principle but said that details would need to be worked out and noted the German difficulties that adult neurologist could not be called a paediatrician after just one years paediatric training. He suggested that competence in adult neurology rather than a specified time period might be a compromise.

ACTION.
Further discussion with Germany/Austria
Review programme
Consider time periods
Resubmit in Brussels

- **Paediatric Immunology/Immunodeficiency.**

Andrew Cant (UK) spoke to this subject. Infectious disease training is flexible and includes six months optional adult training, plus immunology and immunodeficiency training. ESPID has taken the lead. Catherine Weil (France) agreed that immunology was essential for infectious diseases but noted problems finding suitable immunology training posts. Robert Holl told of the history of discussions with the three European societies.

- **CESP sub-sections.**

Jose Ramet noted that each subsection must submit annual report of activities for CESP and UEMS. The reports of those sections, which did so, were tabled. Jill Mann (UK) gave a short report on training, visitation and assessment on the haematology-oncology section.

- **Certification.**

David Hall spoke of shared syllabus, similar training, visitations and assessments. Examinations are not likely to be compulsory but might help set standards and test the common trunk. Fleur Spranger said the PWG is against examinations in principle. Zoe Papadopoulou said that Greek residents were enthusiastic and supported pilot examinations in English. Wilhelm Sedlak said that examinations must be in the national language and that dermatology has translation arrangements. Peter Hoyer said that the Dublin discussion group came out against examination and also said that the German free enterprise system militates against full implementation of common trunk. He felt that Europe was not ready for common trunk examination and that it was better to harmonise training in the first instance

ACTION:
Alan Craft (UK) is to do a trial run of the UK MRCPCH examination in Finland, Sweden, Belgium, Netherlands, Hungary and Greece.

- **Study guide**

  David Hall spoke to a proposed study guide being prepared by the RCPCH. Alan Craft is the project director; Malcolm Levene the editor in chief and he said they were willing to cooperate with CESP if there were collaborators. This is estimated to cost around 100,000 € and discussions are ongoing with a publishing house. It was agreed that the study guide would not be a CESP project but individual countries were free of cooperate should they wish. David Hall invited Bert van der Heyden to join the project and said that information could be sent to national delegates.

5. Reports from national delegates.

5.1 Dr. Sedlak gave a short report on events in Austria.

5.2 Fleur Spranger, PWG said that this would be her last meeting, the new delegate being a Swiss paediatric trainee.

5.3 Catherine Weil (France) asked that visitation process be further discussed.

5.4 Alf Nicholson (Ireland) said that his country would like to join the Blackwell Project.

6. Any other business.

Jose Ramet put up a proposed separation of CESP and European Board activities. Jill Mann (UK) wondered why visitation and examination were CESP and not board activities. James Leonard, Fleur Spranger, Wilhelm Sedlak all felt that visitation and examinations were issues for the EBP.

ACTION

David Hall said that the Executive would look at the issue again.

José Ramet MD PhD
Secretary-general CESP

Zoe Papadopoulou-Couloumbis
President CESP

David Hall
Chairman EBP

This report is based on notes taken by Denis Gill.

Addendum:

- **Slides presented by Jose Ramet: proposal modification of statutes**
- **Report primary care group**
- **Report tertiary care group**

PROPOSALS FOR MODIFICATION OF STATUTES

Relation between CESP and EBP

- Based on the experience from the last meeting, it is felt by the 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

The Executive Committee CESP

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

CESP	EBP
Visitation	CPD during training
Examination	Evaluation of new programs
CME/CPD	Update of existing training programs
Finances	Update of program common trunk
Primary care	Certification
Secondary care	
Tertiary care	
Working group ethics	
Working group vaccination	
Working group adolescent medicine	
Working group accident prevention	

CESP meeting

-Thirty-four national representatives (two per country)
-Elected president of CESP
-Elected secretary-general of CESP
-Elected treasurer
-Observers from:
- oRelated societies
- oDelegates from non-member countries
- oDelegates from not recognized subsections

-Primary care:One representative (member EC)
-Secondary care:One representative (member EC)
-Tertiary care: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

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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 /registration will be covered by the treasurer of CESP

Budget

One treasurer will be in charge of the treasury for CESP and the EBP.
He/she 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

EBP

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

During all CESP meetings sufficient time will be allocated to topics specifically related to the work of the EBP

PEDIATRIC PRIMARY CARE EDUCATION
By Stefano del Torso and Wilhelm Sedlak
Primary Care Workgroup

In Europe there are very different primary health care services for children and adolescents: in the majority of the European countries primary care for children and adolescents is provided by paediatricians in competitions with general practitioners, with or without a specific training.
In many countries the reduction of the fertility rate has increased the competition between paediatricians and general practitioners on the smaller number of children, although the efficacy of paediatric care is demonstrated by an important decrease of infant mortality rate seen in those countries where primary care is provided by paediatricians (Katz et al, Pediatrics 2002).
In the near future it is foreseen a shortage of paediatricians in some countries: it is likely that primary and secondary care could be the responsibility of the same paediatrician inside the hospital and in ambulatory setting in the community.
Changes will be necessary in many health systems to enhance the optimal utilization of paediatricians by the population to continue to pursue health promotion initiatives in addition to optimal care of acute and chronic diseases.
The EBP Primary Care workgroup recommends that all children and adolescents should have a primary care provider who is fully trained as a paediatrician, who has undergone a specific training in primary care paediatrics, according to the indications of the EBP and of the national education curriculum in paediatrics.
If possible children and adolescents should have a trained paediatric primary care provider at least to the age of 6 years but possibly to the age of 18 years.
In countries where the child and the adolescent does not have a paediatrician as a primary care provider, the EBP recommends that all physicians taking care of children should undergo extensive training in primary care paediatrics under the responsibility of the national paediatric society.
All trainees in Paediatrics should have experience of office primary care paediatrics combined and integrated with secondary care paediatrics, whatever their future intentions are whatever their future intentions are.
Out of hospital based experience should be performed preferably in accredited group practices with an up to date organization and equipment, in collaboration also with nurses, who have undergone extensive training in primary care paediatrics and under the supervision of physicians, who have been certified as trainers in primary care and/or paediatric primary care.

General Considerations
A primary care paediatrician is a paediatrician who offers curative and preventive services for acute and chronic problems in out patient or ambulatory settings like public health clinics, health centres and solo or group private practices.
Also in the USA as in Europe the majority of paediatricians care for children and address child health issues in the context of the community outside the hospital: recent changes in US national training requirements have encouraged a shift to more ambulatory and out of hospital based experiences (DeWitt, AAP Committee for Pediatric Education).
The Paediatric Education program in some European countries is 3 to 5 years long without a distinction between a common trunk and a specialized path as suggested by the UE and already implemented in other countries.
The EBP strongly recommends that the common trunk or the general paediatric training should at least follow the guidelines of the CESP Common trunk Syllabus.

PROPOSAL
Considering the differences in paediatric health care services and education programs the EBP Primary Care workgroup recommends the following approaches.
1.General paediatric training should include experiences in a setting structured and designed to emulate the practice of primary care paediatrics to educate residents as advocates for health of children within the community out of the hospital. This experience should be combined and integrated with in-hospital secondary and tertiary care
The following topics must be addressed:
Acute Care of common diseases, Preventive care, Nutrition, Immunization, Emergency Paediatrics, Accident Prevention, Social problems, Developmental problems, Psychiatry and psychological problems, Continuity of Care of chronic conditions, Environmental issues, Communication skills, Health Economics, Multicultural aspects of health care, Medico legal and legislative aspects, Epidemiology, Evidence Based Medicine, Communication techniques, Quality Management, Team working and Auditing

2. In the countries where an additional specific training in Paediatric Primary and Secondary Care has been activated according to the UE guidelines, trainees should have more prolonged experience in the above listed topics and in addition focus on:
Adolescent care, Primary and Secondary care interactions, Sports Medicine, Organization and ergonomics of office activity, Office administration, Personnel management, Office laboratory, Organization of research in office settings, Teaching in office settings using adult pedagogy Techniques, Electronic Medical Records and Office Information Technology, Diagnostic procedures, Physiotherapy, Counselling.

These goals can be achieved utilizing settings based out of the hospital such as Primary Care Paediatricians offices, Community Health organization, Schools and day care settings, Public health Clinics programming either block rotations (2 - 6 months) or longitudinal experiences (half day per week for 2 -3 years).
For some aspects such as diagnostic procedures and adult pedagogy, training should be performed in subspecialty outpatient training centres.

EXAMPLES

The Italian Model for Paediatric Education

3 years common trunk + 2 years specialized pathway

Common Trunk (3 years):

IN Hospital Experience
-12 months in hospital depts. (150 acute general paediatric cases)
-20 months in hospital depts. (200 cases in at least 6 of the following: Allergology, Pneumology, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Nephrology, Neurology, Rheumatology)
-4 months in Neonatology and neonatal Intensive Care (at least 50 cases)

Ambulatory and OUT of Hospital experience
-Emergency Room or Out Patient Clinic (500 visits, 12 hours rotations, 5/6 times a month for 3 years)
-Primary Care paediatrics (150 visits in NHS Primary Care Paediatricians offices, 1/3 dedicated to preventive care, at least 40 half day hours rotation per week in the 2nd or 3rd year)
-In Hospital Ambulatory / Out patient clinic (500 visits, 1/2 day rotation/week in the 2nd and 3rd year).
Mandatory: Adolescent, Allergology, Pneumology, Cardiology, Endocrinology, Gastroenterology, Neurology and ENT
Voluntary: Dermatology, Infectious Diseases, Nephrology, Rheumatology, Genetics, Orthopaedics, Paediatric Surgery, Neuropsychiatry, and Ophthalmology

Specialized pathway. Primary Care 2 years

-12 months in hospital departments (supervising responsibility)
Subspecialty out patient clinic (300 visits in half day rotation for 12 months)
Emergency Room or general paediatric Outpatient Clinic (500 visits, 12 hours rotations for 5/6 times a month for 2 years)
-6 months Primary Care Paediatrics (500 visits in NHS primary Care Paediatricians offices, 1/3 dedicated to preventive care, 2 months rotations in 3 different offices, possibly group practices)
-6 months Public Health Clinics (Neuropsychiatry, Rehabilitation, Family Care, Social services, Drug Addiction) with continuous care of at least 4 families at social risk in 2 years

Specialized pathway. Secondary Care 2 years

-12 months in hospital departments (supervising responsibility)
Subspecialty out patient clinic (300 visits in half day rotation for 12 months)
Emergency Room or general paediatric Outpatient Clinic (500 visits, 12 hours rotations for 5/6 times a month for 2 years)
-12 months Neonatology and Neonatal Intensive Care (150 healthy neonates and 150 pathological neonates, at least 1/3 of these in neonatal Intensive care)

Specialized pathway. Tertiary Care 2 years

The Austrian Model for Paediatric Education

The Austrian Specialist in childhood and adolescent medicine takes care of children from infancy to young adulthood till the age of 18 years. The title of " Specialist for childhood and adolescent medicine " exists since 1994 by law. They take care of children and adolescents either in general practice or in the hospitals.
The Training program takes at least 6 years:

1) 4 years general main training program like the common trunk-training program of the CESP Syllabus
2) 18 months for compulsory secondary training program:
   2 mo ENT, 2 mo dermatology, 3 mo surgery, 3 mo gyn/obstetr,
   3 mo orthopaedic, 5 mo internal med.
2) 6 months voluntary training program in ambulances, outpatient clinics, tertiary-care or research or in an authorized office of a general paediatrician.

After the 6 years of training there will be an obligatory examination (100 - 150 MCQs in Paediatrics and probably an oral case test)

Tertiary Care Working Group
Minutes of Meeting

Attendance: Ole Anderson (infectious Diseases), David Branski (Israel), Paul Casaer (Neurology), Dennis Gill (Nephrology), Peter Hindmarsh (Endocrinology), Peter Hoyer (Germany), James Leonard (Metabolic Medicine), Jose Lopes des Santos (Allergology), Jillian Mann (Haematology & Oncology), Peter Milla (Gastroenterology), José Ramet (CESP), Michael Stevens (Haematology & Oncology), Fleur Sprangers (PWG)

Apologies: M Zach, T Southwood (Rheumatology), S Cadranel (Gastroenterology)

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1. Agenda:
   i. Matters arising from Brussels meeting December 2001
   ii. Paediatric neurology
   iii. Infectious disease and immunodeficiency
   iv. Visitation project
   v. Any other business

2. Dennis Gill reminded us about the report on the task force for examinations which was presented at the meeting in Brussels. At a tertiary care level several subspecialties were moving towards some form of assessment. Consideration will need to be given in the future to methods of assessment.

3. Paediatric Neurology
   A training programme presented by Paul Casaer and Brian Neville was put forward for discussion at the EBP.

4. Infectious Disease and Immunodeficiency
   This topic could not be discussed, as Xanthou and Marodi were not available. José Ramet, however, had a discussion with them and Andy Cant. It would seem that there is agreement about the needs of this programme. Andy Cant is formulating a framework, which will result in a tracking programme for infectious disease and immunodeficiency.

5. Visitation
   A discussion paper prepared by Max Zach and Peter Milla was discussed. A number of important points came out of the discussion:

   - Visitation is concerned with the ability to provide adequate training in a specialist subject and has a role in the maintenance of standards of specialist practice. The visitation process results in accreditation of training centres to carry out training in that subject.

   - In those subsections that have set up education and training committees, have approved training programmes and have identified training centres throughout Europe, a structure or platform for conducting visitation exists.

   - The structure of visitation should follow the general UEMS model as used by anaesthetics and urology for a number of years.

   - Visitation could be helpful to both large and small countries. It would be particularly welcomed where countries were trying to introduce subspecialties, such as Germany and small countries were there might be insufficient subspecialists to carry out national accreditation visits.

- In conducting visits, four steps were identified:

    i. Identification of centre to be visited
    ii. Provision of basic information prior to visit
    iii. The visit
    iv. Report and recommendation of visiting committee

- Two models for visitation were considered:

    i. Through a national body. Where there is already in existence a well-validated system of visitation and accreditation then 'European accreditation' could occur without visitation of individual centres.
    ii. Where there is not in existence such a system, particularly in smaller countries with few subspecialists, individual units might wish that an individual visit for European accreditation is carried out.

- The European societies related to each subsection could be mandated as agents of EBP and CESP.

The working group agreed that a paper describing a system for visitation should be drawn up for presentation to CESP and hopefully adoption in December.

6. Any Other Business
   José Ramet reminded the group that we should propose a representative of the Tertiary Care Working Group to the Executive Committee of CESP. The group unanimously proposed the current chairman, Max Zach.