

CESP MEETING 2005

Primary / Secondary Care Meeting

23 delegates from 18 countries (No delegates from UK, Netherland, Norway, Finland, Greece, Denmark, Poland)

Meeting was chaired by Stefano del Torso and Armand Biver who welcomed all delegates and, in particular, new delegates to the meeting and asked all delegates to introduce themselves.

1) Paediatric syllabus for general practitioners

This was introduced by Alf Nicholson who felt that all medical professionals dealing with children should have appropriate training of at least six months in paediatrics. He felt that the role of CESP should be to ensure that adequate training standards are met by all those professionals who deal with children. The details of the curriculum were highlighted in terms of its broad aims, its vision and hearing testing, child health surveillance, liaison with child psychiatry, common acute problems in children, ambulatory paediatrics, health promotion and journal reading. This did generate considerable discussion. Catherine Weil Olivier suggested that the documents should be fully referenced and a symptom-based approach in terms of the acute conditions were suggested by Elke Jaeger who also felt that six months training would just enable the trainee to have experience in acute paediatrics. Stefano Del Torso felt that the topic list could be extended and might include sports medicine and that this document might also contribute to CME amongst general practitioners. He urged the setting up of a working group and Barbara Goeggel and Armand Biver agreed to participate in this working group.

2) European Child Health Record

Armand Biver gave an update in relation to the parent health record and cited the UK experience whereby the health promotion aspects are contained in a booklet titled 'Birth to Five' and that there are plans to move forward to an e document containing essential health information and vaccination details on the child. An Australian booklet from New South Wales is set out in 21 languages and thus the language issue should not be a problem in considering an EU parent held record. Armand Biver felt that we should move to an electronic model with an ability to communicate from office or hospital to general practitioner.

In discussion, Wilhelm Sedlak introduced an Austrian health booklet specifically designed for adolescents. Elke Jaeger stated that incentives may be required for poor families to keep the booklet up to date. Barbara Goeggel felt that we should separate health promotion from child

health information as in the UK model. Stefano del Torso thanked Armand Biver for his excellent work and felt that his review of current parent held records throughout Europe should be published and he urged the setting up of a working group.

3 . European Society of Ambulatory Paediatrics (ESAP)

Vincente Molina presented on behalf of ESAP and he stated that the next congress will take place in Barcelona in 2005 . There will be 14 invited speakers and the topics of asthma , eczema and genetics for the primary care paediatrician will be the focus of the conference. The quality indicators project will be very expensive to run and will require commercial sponsorship

4. Primary care in Slovakia

Training in Slovakia currently takes 5 years in total or 3 years if pursuing a career in primary care paediatrics . The ration of primary care (ambulatory) to hospital-based (secondary and tertiary) paediatricians in Slovakia is 3:1 . Adolescent health is a recognised sub-speciality of paediatrics in Slovakia

5. Term of office for primary care representative on executive committee:

Stefano del Torso stated that he will be stepping down in December 2005 and that a new primary care representative will be elected by the group . He felt it should be a 3 year term of office which would be renewable on one occasion. This was agreed by those present.

6. AOB

Reflecting local child health indicators , Ivan Vidmar , stated that 80% of Slovenian children are looked after by paediatricians. Perinatal mortality rates are very low as are rates of preterm deliveries. Vaccine uptake is over 95% . Injuries still constitute a very significant problem.