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Minutes of the Tertiary Care Working Group

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1. Introduction

Max Zach (MZ) outlined the growth of the Tertiary Care Working Group from its state in 1994 to the fact that in 1999 CESP and UEMS have recognised seven paediatric subspecialties. These are:

- Paediatric respiratory medicine
- Paediatric gastroenterology, hepatology and nutrition
- Paediatric endocrinology
- Paediatric nephrology
- Paediatric rheumatology
- Neonatology
- Paediatric allergology

Commenting on the discussion in the previous plenary session of the European Board of Paediatrics MZ emphasised the necessity of having one vote per subsection at European Board sessions.

2. Report of Specialist Subsections

Each subsection gave a short report of their implementation of the training programmes that have been recognised earlier in the year.

Respiratory Medicine

The pulmonologists had set up a training committee chaired by MZ with one representative for each country in Europe. They were at present drafting a list of training centres in each country which they hope to be ready next year.

2. Report of Specialist Subsections (cont.)

Gastroenterology, Hepatology and Nutrition

This group had decided upon a similar structure to the Respiratory Disease group but the committee had not as yet been set up. At the present time the Council of ESPGHAN was still the body responsible for training but it is likely that within the next few months the education and training committee would be in being. Again, the first piece of work will be listing training centres though it is likely that this will be done on a regional basis rather than by a country basis.

The training programme will be published in the society's journal, *the Journal of Paediatric Gastroenterology, Hepatology and Nutrition* as well as its website.

Rheumatology

Again a training committee has been set up which has national representatives but it has been realised that there are many centres that do some work though not sufficient to provide complete training and they are therefore grouping training centres as partial centres to form a complete centre. They are also engaged in discussions with the European Board of Rheumatology as adult rheumatologists require a small amount of paediatric training. The discussion also centres around how adult rheumatologists work with paediatricians and how and whether adult trainees might switch to paediatrics.

Endocrinology

There is an advisory training committee which will regulate accreditation and training centres. This process, however, will be delegated to national bodies and it is envisaged that the advisory training committee will 'rubber stamp' the national bodies. They will also undertake a process of manpower planning and trying to match the production of tertiary practitioners in endocrinology with posts available and the needs of the specialty. Whilst this should probably be done at a national level it is recognised that some countries are without training centres in endocrinology and special consideration has to be given to the relationship of training in one country with overseas trainees in case too many individuals are trained in the specialty for the countries without training centres.

Nephrology

Nephrology had difficulty in defining training centres and there does not appear to be a training committee set up and it was suggested that a modular system of training would be followed.

Neonatology and Allergology have only just been recognised and have not set up training committees but are thought to be planning to use national bodies for the definition of training centres and overseeing training.

2. Report of Specialist Subsections (cont.)

Discussion

A number of points came up during discussion of each of the subsection's reports and these included:

- a) *Criteria of training centres* – MZ reminded delegates that the criteria for training centres were defined in the specialty training programmes. He urged that directors of training centres should be modest in their claims of what the centre can undertake in terms of training as extravagant claims may not be always realised which would lead to disappointment on the part of the trainee and difficulty with national training programmes.
- b) *Trainee requirements* – many delegates emphasised that the trainees also had particular requirements and that they in particular required to keep a log book and to have one supervisor for the whole period of their training. MZ emphasised that the subspecialty societies are agents for the European Board of Paediatrics and that they would be expected to determine how accreditation of training centres was to be carried out but it was suggested that visitation should probably be conducted by national specialty boards. José Ramet (JR) reminded delegates that the Tertiary Care Working Group has the same relationship to CESP as CESP has to UEMS.

Relationship with Adult Colleagues

- c) There was brief discussion of the relationship with adult colleagues and that discussions that the Rheumatology group were having were important and it was hoped that successful outcome of these discussions may enable other groups such as the neurologists to relate to paediatrics rather than to adult colleagues.
- d) *Travelling fellowship* – during the discussion on overseas trainees it was suggested that a list of travelling fellowships that might be available through various bodies and societies should be collated and made available to board members. JR reminded the working group that the EBP were making contacts with the EU regarding funds for training EU wide.

It was also felt that there was a need to discuss further concepts of manpower planning but there were very large problems of implementation of this and that this probably had to be done at a national level.

- e) *Neonatology and Allergology* – it was hoped that at the next meeting in Portugal that these groups would have made progress with implementing their training programmes and that they would be able to present reports regarding this.

3. Application for Subsection Status

1. Haematology/Oncology

Some progress had been made by this group but they had not as yet formulated a complete training programme. The need for a common trunk was recognised and that there should be two modules, one in haematology and one in oncology.

2. Immunology

Immunology is an important subspecialty which may need to be kept separate. However, in most countries it is linked with other subjects usually either infectious disease or haematology and oncology. The working group felt that there was a need to develop linked or complementary programmes in which the immunological component was linked to other subjects. Again, however, a coherent and complete training programme was not available.

4. Intention to Achieve Subsection Status

1. Paediatric Intensive Care

Paediatric Intensive Care had made representation through Intensive Care with UEMS and was setting up a modular training syllabus. The multidisciplinary nature of Paediatric Intensive Care was recognised and the Paediatric Intensive Care group would like to present their training syllabus through paediatrics.

2. Paediatric Infectious Disease

This group had similar problems to Immunology and a training programme had been approved by ESPID but this had not been received by all delegates of the working group and they were urged to read this and for it to be discussed at the next meeting.

Discussion

It was noted that there were two societies, ESID and ESPID, that might represent Immunology and at the tertiary level there may be a need to combine these two society's approach. MZ reminded delegates that there were ways in which specialist groups could move forward.

1. They could apply for complete subsection status in which they would need to conceive their own syllabus, perhaps with some overlap, which would then be presented to the European Board of Paediatrics and CESP who in turn would present this to UEMS.
2. Conceive a complementary training programme or a link training programme in which they subspecialty subject was linked to another subspecialty.

Discussion (cont.)

JR reminded delegates that there were still problems regarding Paediatric Cardiology and Neurology. Paediatric Cardiology had separated from Paediatrics as they would not accept the need for the common trunk. Paediatric Neurology as yet had not unified approach and were trying to seek a common way forward.

5. European Paediatric Academic Meeting

Pieter Sauer (PS) as all delegates know had felt the need and had conceived a multidisciplinary academic meeting to be held in the year 2004 and had circulated the specialist societies regarding their willingness to take part in such a venture. The following societies have agreed to take part:

- Respiratory medicine (ERS)
- Cystic fibrosis
- Haematology
- ESPR
- Psychiatry
- Surgery

It was thought that Nephrology and Infectious Disease probably would. Gastroenterology were committed to taking part in a World Congress of Paediatric Gastroenterology that year and probably would not take part. PS was sufficiently encouraged to say that he would be prepared to organise such a meeting in 2004 in Holland but would be delighted if anybody else offered to organise the meeting.

6. Next Meeting

The Tertiary Care Working Group will meet at the next meeting of European Board of Paediatrics which will take place during the assessed meeting in Evora, Portugal, 25-27 May 2000.