

## Report from the tertiary care group, Oslo, May 24 2001

Chairman: Samy Cadranel, notes taken by Peter Hoyer

1. Subsections represented: gastroenterology, nephrology, haematology/oncology, rheumatology, neonatology/ISPR, allergology, infectious diseases, human genetics, PWG. Delegates from following countries were present: Belgium, Israel, Norway, Italy, UK, Denmark, Hungary, Germany, Finland, Portugal, Sweden, Slovenia.
2. The minutes from Brussels were approved.
3. There was a request from representatives of the European Society of Human Genetics that clinical paediatric genetics should become a subsection of CESP. The importance of paediatrics in clinical genetics was underlined. Children should be seen by paediatricians. Currently there is a shortage of geneticists with sufficient experience in clinical paediatrics. The request was principally accepted. Concerns aroused about the fact that, in some countries genetics is a speciality on its own or a part of internal medicine. The work of a syllabus on clinical paediatric genetics is in progress.
4. The request that the care for mentally handicap people should be under the umbrella of CESP was not proceeded because the care for these children is an interdisciplinary task.
5. Paediatric neurology: There was no representative of paediatric neurology present.
6. Metabolic diseases: There was no representative of this group in the tertiary care working group. The syllabus was discussed and the following problems raised:
  1. There is quite a substantial overlap with other disciplines and the proposed metabolic subsection such as neurometabolic diseases in paediatric neurology, with paediatric nephrology and with paediatric hepatology. It should be clear that these groups may also take care for children with metabolic diseases in their subsection.
  2. It appears that a 10 year period of practice in metabolic disorders is too ambitious as a pre requisite for coordinators. Everybody agreed that not the time but competence of the setting of the training centre matters.
  3. To assure training in metabolic disorders in smaller centres or smaller countries, the necessity to build up networks was emphasised.
7. Publication of syllabi in peer reviewed journals: progress was made for respiratory medicine, publication in pulmonology, gastroenterology, publication in JPGN, nephrology, publication in paediatric nephrology, endocrinology, neonatology is in preparation. It was suggested, that all training syllabi should

be published in the European Journal of Paediatrics.

8. Accreditation of training centres, report from subsections: in *paediatric nephrology* a questionnaire was sent out giving interesting data about current training centres and patient load. The use of quartiles is proposed to define minimal requirements for training centres. The purpose of this is to close a gap between numbers given in the training syllabus and the reality. *Paediatric haematology/oncology* in the UK: As a first step a British questionnaire was developed and visitations are started for British centres. *Neonatology*: no progress was made so far. There is a political discussion about small neonatology centres and centres in remote areas, how they can achieve accreditation as a training centre. *Allergology* was not formally checked so far. *Rheumatology*: in the UK two questionnaires were developed, one was sent to the centres and the other to the trainees. It turns out, that training centres tend over-estimates their capacity. In the UK there are more doctors in training than needed as full specialists in paediatric rheumatology.
9. Delegates from Portugal raised the issue of countries with a smaller population. Currently, full training centres tend to be smaller compared to other countries. These full centres could be downgraded if they apply for accreditation by an European standard scale. Additionally, accreditation of too many small centres will harm credibility of full centres.
10. The representatives of the junior doctors underlined that they would like to know positions available for trainees. A network for exchange for trainees on the UEMS web page was proposed.
11. Currently, the feedback from societies representing subsections is not satisfactory. They should report their current situation and progress they make in terms of relevance for CESP. These reports should be published on the UEMS website.