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Minutes of the Tertiary Care Working Group

**Hotel da Cuchaxa, Evora Portugal
26 May 2000**

Agenda

- 1. Minutes of the last meeting.**
- 2. Matters arising.**
- 3. Relationship of specialist subsection with CESP.**
- 4. Training syllabus for Paediatric Infectious Disease.**
- 5. Immunology.**
- 6. Other applicants for subsection status.**
- 7. Research activities in training programmes.**
- 8. Combined meeting of specialist paediatric societies.**
- 9. Next meeting.**

1. Minutes of the last meeting.

The minutes of the last meeting were accepted by the group as being a true record of the last meeting.

2. Matters arising.

There were no matters arising from the minutes of the last meeting.

3. Relationship of specialist subsection with CESP.

MZ reminded the working group that the specialist subsections of CESP should have a standard reporting mechanism to CESP. He suggested that there should be a nominated liaison officer for each society whose task was to report the activities of the subsection back to CESP once a year. The annual report to CESP should follow a standardised format consisting of the name of the subsection, name of the parent society, the name of the reporter and a brief report covering one side of A4. The report should reach the secretary of CESP by the end of March so that it could be included in the UEMS Convocation held in May of each year. The report will be published in UEMS Yearbook. MZ also suggested that CESP business should figure in the specialist society's annual general meeting.

4. Training syllabus for Paediatric Infectious Disease.

A draft training syllabus for Paediatric Infectious Disease was presented to the working group. A number of members of the working group had comments to make and suggested that the training syllabus required improvement in terms of the duration of training in obligatory and desirable modules, the time to be spent in each module was somewhat vague and the minimum time required needed to be clearly stated. Some clarification was also required as to which module should be obligatory and which desirable. On the basis that these amendments would be made the syllabus was approved by the board and would be recommended to CESP for subsection status to be granted.

A letter was received from Dr Gerritsen of the Immunodeficiency Group supporting the training syllabus in paediatric infectious disease.

5. Immunology.

MZ summarised the views of the working group on immunology which were that it was a basic knowledge required in most subspecialties especially respiratory disease and gastroenterology. MZ suggested that ultimately there might be add-on training in immunology and other subspecialties and he emphasised the need for a flexible approach to a complex situation.

6. Other applicants for subsection status.

No other subsections had applied for subsection status and there was some discussion regarding metabolic medicine represented by SSIEM; Paediatric Cardiology – which is a recognised UEMS section in its own right; Paediatric Haematology and Oncology and Paediatric Neurology. It was reported that Paediatric Cardiology only included a year of common trunk paediatrics in its training programme and that its UEMS section status was one of historical accident. It was recognised that every effort should be made for Paediatric Cardiology to be brought into paediatrics and that their training in common trunk paediatrics was probably inadequate.

It was noted that Paediatric Haematology and Oncology were trying to write a training syllabus and that some progress had been made regarding this.

Paediatric Neurology remained fragmented and there appeared to be two major factions which it appeared could not agree a common course of action.

There was also some discussion regarding Paediatric Intensive Care. MZ observed that CESP was represented at the joint intensive care section at UEMS but there was a need for Paediatric Intensive Care via ESPIC to be a subsection of CESP.

7. Research activities in training programmes.

Fleur Sprangers presented a paper on the desirability of research being included in subsection training programmes. The working group agreed that research is a very desirable component of a tertiary care training programme if not an essential component. However, it may be difficult to implement because of the variability of individual training units to support and implement research and to fund research. A long discussion ensued about how to implement this and ultimately it was agreed that the basis of scientific method and evidence based paediatrics should be part of the common trunk and those undergoing tertiary specialist training. Arne Host informed the working group that in Denmark progress was being made with the health authorities that funding a period of research was an essential part of training and he was optimistic that they would achieve this. Working group members in other countries felt that they would have great difficulty in achieving this. At the end of the discussion everybody supported Fleur Sprangers' proposition that research should be an integral part of tertiary care training programmes.

8. Combined meeting of specialist paediatric societies.

Pieter Sauer once again discussed his wish to hold a meeting in 2004 for specialist paediatric societies. However, he felt that he was unsure about the commitment of societies to take part but he was still keen to have a meeting. He pointed out that many people are now presenting their working in the US and MZ said that cross-fertilisation between subspecialists would be facilitated by the meeting. SC suggested that a world congress should be organised. MZ suggested to PS that he should continue with the project.

9. Next meeting.

The next meeting of the Tertiary Care Group of the European Board of Paediatrics will take place in Brussels on 16 December 2000.