



Minutes of the Tertiary Care Group (TCG),

Thursday, May 19, 2011 (10:30 - 13:00)

Members Present:

1. Branski David (ESPGHAN & EPA)
2. Einberg Ülle (Estonia)
3. Greisen Gorm (Denmark)
4. Guven Ayfer (Turkey)
5. Hamilton Patricia (United Kingdom)
6. Hoyer Peter (Germany)
7. Jääskeläinen Jarmo (Finland)
8. Kovacs Laszlo (Slovakia)
9. Kubatova Gabriela (Czech Republic)
10. Landsmeer-Beker Eleonore (The Netherlands)
11. Lounamaa Raisa (Finland)
12. Lopes dos Santos José Manuel (ESPACI)
13. Mercier Jean-Christophe (France)
14. Neubauer David (Slovenia)
15. Neves Ana (Portugal)
16. Rabe Heike (United Kingdom)
17. Ramet Jose (Belgium)
18. Ross Russell Robert (ERS)
19. Saurenmann Traudel (PReS)
20. Skovby Flemming (Denmark)
21. Stefanidis Constantinos (Greece, Chair)
22. Stiris Tom (Norway)
23. Szabo Laszlo (Hungary)
24. Streckyte Riter (Lithuania)
25. Szczepanski Tomasz (Poland)
26. Zach Max (Austria)

1. Introduction and welcome.

All members were welcomed by the Chair Dr Constantinos Stefanidis. The agenda of the Meeting was presented.

2. Approval of the minutes of the TCG Meeting in Brussels December 11th 2010.

The minutes from the previous Meeting in Brussels December 11th 2010 were discussed and were approved.

3. Report of TCG Chair - Summary of activities since last meeting.

- The Chair summarised the activities from the last meeting which included participation at the EACCME accreditation. There were 52 congresses evaluated since the last meeting. The Chair thanked all those involved in providing the evaluations.
- The questionnaire the data of the TCG project: “National differences of the Paediatric Tertiary Care in Europe” was analysed.
- The Chair reported on the correspondence to support the recognition of the Paediatric Subspecialties in Spain and in Greece.

4. Report of EAP President

Dr Patricia Hamilton, President of EAP, reported about discussions that were held at the EU Committee in Brussels for the upcoming mutual acceptance of professional titles and diplomas within the EU: Potentially there will be changes in the duration of undergraduate training (common trunk), but this has not yet been decided. However, the ministers agreed about that in future the requirement will be a confirmation/testing of competencies instead of training duration or other number based qualification. The EU is very interested to have free exchange of professionals within the EU also for the medical professions, but there were still some issues about how to solve the language problem.

5. Report of European Society of Nephrology on Educational Committee Activities by Prof Ayfer Gür Güven

Prof Ayfer Gür Gürven from the European Society of Nephrology (ESPN) Educational Committee Activities reported about pediatric nephrology training in Europe: ESPN was founded 1967, the European Training Programme was recognized by CESP/EAP 1999, visitation process accepted 2002, but no visitations have taken place so far. Last year (2010) a survey was conducted about the present status of pediatrics nephrology. Questionnaires were distributed to delegates from all 43 European countries. Nephrology is recognized in 16 countries. In some countries there are centers for pediatric nephrology but no specialist titles are issued. There is a wide range in years spent in common trunk pediatrics and for specialist training. The degree of diversity among the EU countries is actually unacceptable in view of the goal of harmonization of medical training across Europe. Certainly harmonization of common trunk pediatric training is most necessary and then also the specialist training. Prof Peter Hoyer and Prof Max Zach pointed out that the current situation is already a big success compared to what there was 1998. Common trunk training can be a full pediatric training in some countries because specialists may need to come back on their general pediatric skills in future jobs depending on the size of the country.

6. Discussion on the data of the TCG project: “National differences of the Paediatric Tertiary Care in Europe”.

11 pediatric subspecialties are currently recognized on EU level. Dr Stefanidis has performed a survey about tertiary care training in all EU and EFTA countries: some subspecialties are only recognized in a few countries, others such as neonatology in nearly all. In many countries subspecialist care for pediatric patients is still provided by adult specialists. The delegates asked Dr Stefanidis to produce a map for each subspecialty of Paediatrics.

7. Challenges for the tertiary care working group for the EBP.

Prof Lopes dos Santos, President of EBP, summarised the Challenges of the tertiary care working group for the EBP:

- a. The training programmes of the paediatric subspecialties should be updated if they are older than 5 years.
- b. The existing visitation programme for training centers need to be revised. Only few subspecialties have a successful visitation programs Pediatric allergology: this year 6 centers in Sweden will be visited. Metabolic medicine Austria 2010 and Switzerland 2011. The problem of the visitation programs is the cost. The costs in Spain for the visitation of 5 Allergology Centers was 10'000 Euros.
- c. A European list of training centers of the paediatric subspecialties should be developed.
- d. Rules for individual recognition of European subspecialists should be developed and diplomas for individuals as a subspecialist in paediatrics should be accredited. Prof Max Zach supported the individual accreditation of specialists.

8. Discussion of proposed Pediatric Emergency Syllabus

Pediatric emergency syllabus was presented by Prof Jean-Christoph Mercier. It was of interest that 85% of children are seen in general emergency centers by physicians without training in paediatrics. Competencies between trained emergency physicians overlap a lot. Age limit for pediatric cases: in most countries 18 years, but differences are huge. The problem of the emergency medicine syllabus is how to name people who have completed some training in pediatric emergency medicine but have a common trunk training in adult medicine. Germans opposed the idea of having a pediatric emergency medicine because they think this is a topic of general paediatrics. The common feeling is that the strong opinions within the TCG basically reflects how the health care system is organized in each country. It was decided that

the discussion on the pediatric emergency medicine syllabus will be continued at the Meeting of December 2011 in Brussels for the final approval, and a vote will be asked by the General Assembly.

9. Discussion on the proposed change of the article 8.2. of the Statutes on the election of the chair of the TCG group.

A weighted vote is proposed, where official delegates from European pediatric subspecialties will have a vote that counts as much as 10% of the individual members participating in the voting. The new voting system will only apply for the next TCG chair election, not the current one. Another discussion arises about the counting system. These changes will be further discussed at the TCG Meeting of December 2011 in Brussels.

10. Election of the new Chair TCG

Prof Jean-Christophe Mercier was elected the new Chair of TCG (22 yes, 2 no, 1 absent). He thanked the audience for the vote.

11. Other business

Neonatology is sponsoring a web based training in neonatology, now 4 modules are running.

12. Closing remarks by the Chair.

Dr Stefanidis thanked the members of TCG for their active support during the past four years that he served as Chair of the Group. Dr Tom Stiris thanked him on behalf of all members of the group.

Next meeting: Brussels (December, 2011).

Minutes were taken by Dr Traudel Saurenmann