

## Draft Minutes from the tertiary care group May 29<sup>th</sup> 2015, Bratislava

Attendees: Rob Ross Russell (Chair), Ana Neves (Allergology), Artur Mazur, Carsten Lincke (neonatology), Jean Christophe Mercier (Emergency Medicine), Jose lopes dos Santos (Allergology), Kaja Julge (Allergology), Lukasz Dembinski (Gastroenterology), Max Zach (Respiratory), Peter Hoyer (Nephrology), Sigita Burokiene (General Paediatrics), Tom Stiris (Neonatology).

### Agenda

1. **Apologies** from Morten Breindahl, Vassili Valaya and Nico Hartwig were received.
2. **Minutes** from the December meeting were agreed.
3. **Matters arising.** The adaptations to the Chapter 6 (required by UEMS) were discussed. The revised version is available on the EAP website
4. **Assessment of Core Training.** There was discussion about the assessment of core training, as a prelude to the EBP and Common Trunk session to be held in the afternoon. The tertiary group agreed to take forward to that meeting several suggestions:
  - a. National training authorities (NTAs) would be the final arbiters of whether a trainee has reached an appropriate level to complete core training.
  - b. The EAP should make clear recommendations about how training should be assessed.
  - c. The principles of assessment should include workplace based assessments, portfolio evidence of experience and a knowledge based exam
  - d. That we would recommend that all trainees should be independently evaluated at least once during the course of their core training
  - e. That if such processes are agreed at General Assembly, then national delegates should commit their professional body to supporting that decision

It was further agreed that we should look to adapt current knowledge based exams to create a European model that would be available alongside national examinations that are already in place, and be available for paediatric trainees across Europe. The successful completion of such an examination would form part of a potential Diploma in Paediatrics that would reflect successful completion of Core training.

5. **Subspecialties in paediatrics.** The current list of subspecialties was discussed. It was agreed that we should recommend to the General Assembly that cardiology and paediatric intensive care should be invited to send liaison officers to the EAP meetings. The possibility of including Community Paediatrics was discussed and will be referred back for discussion with primary care. Other specialties (including dermatology and surgical specialties) were left for discussion at another time.
6. **Template for syllabi.** Two templates had been circulated but only to specialty representatives and not to national delegates. It was agreed to send round the two templates to all EAP members, so that there was sufficient time for them to see the templates ahead of December. We would also ask those specialties who were updating their syllabi to try and use the templates. A decision on the final form would be made in December.

There was also discussion about the need for the UEMS to only acknowledge paediatric syllabi submitted through the EAP rather than sent in directly. Jean-Christophe will take this up with UEMS as well as clarifying that our policy of requiring syllabus renewal every 5 years was acceptable. Nephrology, ID, neonatology, rheumatology and respiratory syllabi are all in need of updating.
7. **Accreditation of training centres.** We discussed the broad principles set out in UEMS documentation concerning the accreditation of training centres. These include:
  - a. Activity (volume and content)
  - b. Staffing (both at trainee and at senior level)
  - c. Facilities available
  - d. Educational support (library etc)
  - e. Research activity (grants and publications)
  - f. Training courses

It was agreed that the EAP could not be responsible for accreditation of units, which would remain the role of specialist societies in conjunction with NTAs. However the EAP should set out the principles of such assessment (as above). Dr Lopes dos Santos reflected on the successful collaboration between some countries and the EAP in accrediting Allergology units, using principles developed by Dr Zach, and will forward documentation for further discussion in December. It was agreed that the EAP should facilitate discussion between units and the appropriate society or NTA and that they should maintain a register of accredited units, whether nationally approved or assessed by the relevant European Society.
8. **Review of metabolic medicine syllabus.** The syllabus had been circulated but a number of those present had not been able to review it. As the Metabolic Medicine representative was also not present, and as a principle for future submissions, it was agreed

that it should be formally ratified at the December meeting. Nevertheless those that had reviewed the document had no issue with the specialist content, but Dr Ross Russell would write to the group to suggest that there should be more narrative about the specialty and the principles of Core Training included within the syllabus.

**9. Relationship between EAP/EBP/Specialist Societies.** Tom Stiris supported the need for there to be greater visibility of the European Board of Paediatrics, and that members should be co-opted on to this group, including the chair of the primary, secondary and tertiary groups. The issue of voting rights was discussed but not resolved. It was also agreed that a plan to invite the paediatric leads for all the subspecialty groups to the winter meeting was a good idea and was supported.

**10. Joint accreditation.** The specific issue of joint accreditation was discussed partially in the context of paediatric intensive care, who submitted an independent bid to UEMS for training recognition. It was agreed that it was of paramount importance that such a bid was resisted. The majority opinion was that we should start with the assumption that PICU physicians would undertake core paediatric training (as has been agreed for all other of our specialty groups) although we may need to make (some!) concessions.

**11. Any other business.** There was none

**Tasks agreed:**

- We will put forward the views of the group about assessment of core training to the Common Trunk meeting
- We will recommend to General Assembly that cardiology and PICU should be added to our list of subspecialties.
- That RRR will write to all specialty representatives (copying in all national delegates) listing those syllabi in need of renewal, and asking that the proposed templates be evaluated in that process (RRR)
- That a final template will be brought to the winter meeting for ratification by the General Assembly (RRR)
- We will create a guide to training centre assessment setting out the principles of such assessment and defining the role that we believe the EAP should take. That paper will be presented at the winter meeting for ratification. (RRR and JLS)
- That the role of the EBP and membership of that group should be clarified (TS)