European Journal of Pediatrics
https://doi.org/10.1007/s00431-018-3150-x

EAP STATEMENT

Basic training requirements for health care professionals who care for children

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Received: 30 January 2018 / Revised: 5 April 2018 / Accepted: 8 April 2018
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Abstract
The European Academy of Paediatrics (EAP) is the paediatric section of the European Union of Medical Specialists (UEMS). The UEMS is responsible for the supervision and approval of training programmes in paediatrics and in its subspecialties. This implies also that EAP has the responsibility to address the training of all professionals working with children, to ensure that their paediatric competences and skills are adequate when dealing with children. The EAP has developed syllabi for paediatricians that provide standards of practice, and criteria for the assessment of competencies in trainees and training centres across Europe. The EAP recommends that all health care professionals working with children should have an officially approved training in child health in addition to formal qualifications in their own field. Moreover, the existing paediatric workforce must maintain their knowledge and skills with relevant continuous professional development and medical education in child health.

Conclusion: There is a need to reassess the training of all health care professionals caring for children, ensuring that it supports new models of integrated and multidisciplinary care and focuses on the needs of the child and the family. A standardised, competency-based minimum paediatric training programme/curriculum should be part in the specialty curriculums.

Keywords European Academy of Paediatrics · EAP · Minimal training requirements

Abbreviations

CME	Continuous medical education
CPD	Continuous professional development
EAP	European Academy of Paediatrics
UEMS	European Union of Medical Specialists

Introduction

The European Academy of Paediatrics (EAP) is the paediatric section of the European Union of Medical Specialists (UEMS) [1], and approves the various syllabuses in paediatrics and its

All authors have read and approved the manuscript.

Communicated by Peter de Winter

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Published online: 25 April 2018

subspecialties. This latter role makes it different from many of the 'adult' sections of the UEMS, as it is obliged to work with a wide range of specialist societies within Europe, most of who represent predominately adult practice. Maintaining a child-centred focus to the training, and consistency between different syllabi, is a challenging but critical role. The EAP has developed syllabi that provide clear and consistent standards of practice, and criteria for the assessment of competencies in trainees and training centres across Europe [1].

European children deserve access to the highest possible standards of health care and facilities, both in community-based health care and when specialised care is required [2]. However, there are increasing concerns about the quality of services provided for children and families across Europe by several different caretakers. These concerns are driven in part by the difficulty of training and maintaining a competent workforce. In addition, geographic variations in the standard and content of training (and of assessment) have been identified in several European countries [3]. A competent paediatric workforce (including nurses and other allied health professionals) is essential to improve the quality of care and outcomes for children and families in Europe, and establishment of a clear framework for the training needs of all groups is of pressing importance.

Integration of care

Integrated health care, often referred to as interprofessional health care, is an approach characterised by a high degree of collaboration amongst different health professionals.

Neonates, infants, children and adolescents with acute or chronic medical disorders are usually treated and followed up by many types of health care providers, including physicians (paediatricians, paediatric subspecialists, general practitioners, family physicians, psychiatrists, emergency department physicians, intensive care specialists and anaesthesiologists), other health care professionals (physician assistants, specialised nurse practitioners, children's nurses, psychologists, physiotherapists and other allied health professionals) and other professionals who work at the interface of education, social care and adult services. Integrated care offers patients higher-quality, more efficient care that better meets their needs. Good coordination and continuity of care (especially on transition from child to adult care) based on an integrated and multidisciplinary approach ('continuum of care') are essential to further improve child health care. This extends across the traditional boundaries of primary, secondary and tertiary health care organisations involving health, education, social care and justice systems [4]. A child-friendly health care approach refers to children's rights in the health care system at all levels [5]. Therefore, it is essential that professionals within the paediatric workforce are not only competent but also know how to work together efficiently and effectively in a team to comprehensively meet the range of needs within their patient population, both in the community and the hospital setting.

Compared to adults, children may have different patterns of pathology and coping strategies that may change with age. Drug regimens often vary by age due to pharmacological differences. Informed consent and privacy needs may also differ depending on age. Communication and counselling often require special patience and skill and should be age-appropriate and adapted to the family. In addition, care for children and adolescents is not static but dynamic. Health care needs of children and adolescents in Europe continue to change [6]. Thus, health care professionals should proactively contribute to the further development of child health care systems, both local and global, by participating in multidisciplinary teams to care for children, where professionals act not just within their own expertise, but also in accordance with the roles of other health care providers.

Training

The objective of the EAP is to promote the health of children, both through the organisation of training and through advocacy [1]. Whilst their remit concerns the regulation of medical training, the EAP strongly believes that all health care professionals who work with children should have recognised training in child health care within their formal qualifications in their own field. In addition, the existing paediatric workforce should maintain competence via relevant continuous professional development (CPD) and continuous medical education (CME) in child health care [7]. Otherwise, children will not receive the best possible care at the right time and the right place (i.e. knowledge and understanding of the rights of children to be protected).

Medical workforce and education

Currently, national guidelines for medical training in paediatrics vary considerably across Europe. In December 2014, the UEMS General Assembly approved a syllabus for core paediatric training [8]. This syllabus was developed in order to harmonise basic training in paediatrics, and to provide a platform from which specialty training could subsequently launch. The document recommends a 3-year common trunk training in general paediatrics followed by at least 2 years of higher specialty training. This core training is not sufficient to allow independent paediatric practice, and higher training is needed for all paediatricians, including those working in primary (community) care or in secondary care. However, such training is not currently offered in all European countries

(accepted by 20 of 38 countries, 52.6%) [9, 10], and adequate training in primary care paediatrics is lacking in half of these countries [10].

There are quite a few countries in Europe where 'general practitioners' (GPs) are so-called *gate keepers*—those who look after both adults and children as the first-contact physicians. This model of care is widespread across northern Europe in particular. For general practitioners, the EAP believes that a minimum of 9 to 12 months of paediatric training is required to acquire a basic knowledge of the specific health care problems and needs of paediatric patients. However, trainees in family medicine in Europe receive an average of 4 months of paediatric training, with some European countries having no mandatory paediatric training (17 of 36 countries, 48.0%) [10, 11]. In addition, paediatric training is hospital based whilst future practitioners should be gaining clinical experiences in community-based settings under the supervision of paediatricians. In the UK, where primary care is provided by GPs, children are estimated to make up a quarter of the GP's average workload [12] with consultations for children younger than 4 years of age increasing in both number and duration in recent years [13]. Lately, many European countries have moved from a system of primary care paediatricians to having general practitioners [14], and the subsequent loss of proper paediatric training amongst this group should be properly assessed.

Content of training

Paediatric training (both core and specialised) is an educational process that enables the trainee to acquire theoretical and practical knowledge of diagnostics, treatment, rehabilitation and the prevention of morbidity and disability in neonates, children and adolescents of all age groups from birth to the end of adolescence, up to the age of 18 years [15].

In the approved European core training syllabus [8], skills, knowledge and attitudes need to be acquired in seven key areas of core training (Table 1). Training must take place within a postgraduate training programme accredited by the national training body, and experience is required in both the inpatient and ambulatory settings. Criteria for assessment of training (including assessment of knowledge, competencies, experience and communication) have been set out, as well as the skills required from trainers [8]. This core syllabus will be revised every 5 years. Training syllabi for further specialist training in paediatrics have been developed by sub-specialist societies and approved by the EAP-UEMS.

Table 1 Key areas required within paediatric training

Communication and interpersonal skills
Ethics and professionalism
Patient safety and quality improvement
Paediatric expertise (clinical skills, procedures, investigation, interpretation)
Teamwork and collaborative skills
Leadership, management skills and a commitment to lifelong learning
Health advocacy and global health awareness

Arguably such requirements are self-evident, and indeed the training described here reflects a process already adopted by many countries. However, by generating pan-European guidelines consistency across countries is ensured. In addition, these guidelines can also be of benefit for those European countries where national politics currently hampers the provision of proper training.

There is a need to reassess the training of all health care professionals who care for children to ensure that it supports new models of integrated and multidisciplinary care and focuses on the needs of both the child and the family. Current training standards are based mainly on the duration rather than the content of learning. Standards for competencies of all child health care professionals—particularly but not only those who work in first-contact care—must be defined [6]. The British Royal College of General Practitioners curriculum (which includes a paediatric module with 12 core competencies specifically tailored to paediatric needs) [16] and the EAP core curriculum could serve as examples for different national curricula.

Conclusions and recommendations

In conclusion, the EAP recommends that:

- All professionals who care for children should have appropriate training and supervision by health professionals adequately trained in child health care, such that their key skills and competencies can be demonstrated, standards maintained and performance assured.
- Specifically, general practitioners and family doctors should have mandatory dedicated training in paediatrics, including acute illness management, child protection and long-term conditions, with a preferred minimum duration of 1 year, which should be performed also in community-based offices.
- The training programme should be standardised and accountable according to European and national standards and should include knowledge (relevant to the expected roles in the community or hospital setting), skills (to apply this knowledge in practice) and assessment (to demonstrate competencies).
- Competencies essential for child health care include age-appropriate communication and interpersonal skills, ethics and professionalism, patient safety and quality improvement, teamwork and collaborative skills, and health advocacy. Given the importance of efficient and effective

collaboration within the multidisciplinary team, special attention should be given to training collaborative skills.

- All competencies must be demonstrated by assessments (rather than assumed), maintained and further developed where necessary to ensure the effective transfer of theory into practice, as professional roles evolve and change throughout working lives and according to societal needs.

Investing in children is important to reduce health inequalities and to improve health and well-being at all ages [17]. Uniform standards in the field of paediatric medical education equip health care professionals with the knowledge, skills and attitudes necessary to care for children. A standardised, competency-based core curriculum is an important first step to ensure exceptional training in paediatric care. As the trends of integrative care and task-shifting continue, we should overcome the structural barriers between different child health care professions to work towards a new model of educating health professionals that is needed for sustained improvement in child health care [18]. For example, bringing together general practitioner and paediatric trainees for shared training could improve children's health [19], whilst common curricula for general practitioners and paediatricians may enhance the specialist skills of general practitioners and the generalist skills of paediatricians. The EAP is committed to working with other professional groups, patients and policymakers to explore new training models for health professionals such as interprofessional training for the benefit of Europe's children and families.

Authors' Contributions *Jernej Završnik*: Study conception, design and drafting the article.

Tom Stiris: Reviewed the manuscript and gave important comments.

Lenneke Schrier: Reviewed the manuscript and gave important comments.

Robert Ross Russell: Scrutinised and reviewed the manuscript.

Stefano del Torso: Reviewed the manuscript.

Arunas Valiulis: Reviewed the manuscript.

Jean-Christophe Mercier: Reviewed the manuscript.

Károly Illy: Reviewed the manuscript.

Adamos Hadjipanayis: Commented on the initial draft and contributed to improve the manuscript in terms of content and structure.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Informed consent N/A

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