

CESP Rhodes April 2003 Primary and secondary group common meeting

One member of most European country attended this meeting.
It is the second common meeting.

A major purpose was **to redefine the identity of « General Pediatricians »** (primary or secondary)

Two ideas emerged and concerned :

1- Education (training)

- The classic **mandatory common trunk is still essential**.
- Nevertheless, for future General Pediatricians, the group would like to think about **adding some useful topics** reflecting their specificity such as :
 - Psychiatry, developmental and behavioural neurology
 - Epidemiology
 - Communication skills
 - Adolescence
 - Chronically ill children
 - Child abuse
 - Formation in emergencies
 - Comanagement of care
 -

Or expressing a societal need as **Health promotion / prevention**

To obtain the title of « general Pediatrician », after the common trunk, one should complete the specialized pathway of primary/secondary care for a duration of two years, including several of the topics listed. Interactions between primary and secondary care are a major goal.

- **Training in ambulatory setting** appears interesting but quite difficult to organise. Recent experiences from Germany, Switzerland, Austria show constraints mostly due to financial problems. A way to solve this has been recently (in Germany) to propose either a 6 months stage or 60 hours spent in a private office. In Switzerland, 50-60% of General pediatricians accepted the principle of training trainees. In Italy, pilot experiences in selected Universities have been greatly satisfactory both for the trainees and the trainers.

2- To redefine our profile towards a more « active pediatric attitude »

- Pediatricians could be looked at as a « social force » understanding children . They should consider becoming **supervisors of a network** (to create) including social workers, nurses, psychologists and general practitioners in a region.
- They should play a major role giving **information** to young people and **providing education for their Health**.
- Within this network, **Health promotion / prevention** should also be developed : for exemple, breast feeding, nutrition, promoting healthy attitudes (sport/exercice, use of tobacco, alcohol, sex education/attitude, culture...)

An other major point concerns **the global standards of Health required for children**. Due to the decrease of general Pediatricians through Europe, the differences of access to care in urban regions (pediatricians and/or GP) and rural regions (mostly GP), the facts that GP already see between 30 –90% of children, depending on their age and the country it becomes necessary **to work on a syllabus for GP**. The purpose is **to define the minimum level of adequate education** required to be able to provide efficacious care to children in all the European countries.

CME was not discussed due to a lack of time

Conclusions

CEESP should help

- to promote both General Pediatricians and Health in children through Europe. The proposals are to work on the model of supervision of a primary care network linked to secondary care network
- to work on the added topics to the common trunk giving students their real primary or secondary specificity
- to work on a mandatory syllabus for General Practitioners in order they be certified to take care of children **under the supervision of a General Pediatrician**

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