



Current State of Pediatrics in the European Union



of Paediatrics
in the
European Union



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European Board of Paediatrics

Current State of Pediatrics in the European Union

Objectives

1) Introduction

- The Caring of Children in Europe

2) Changes brought about by the "Union" of Europe

- Political Perspectives & their consequences

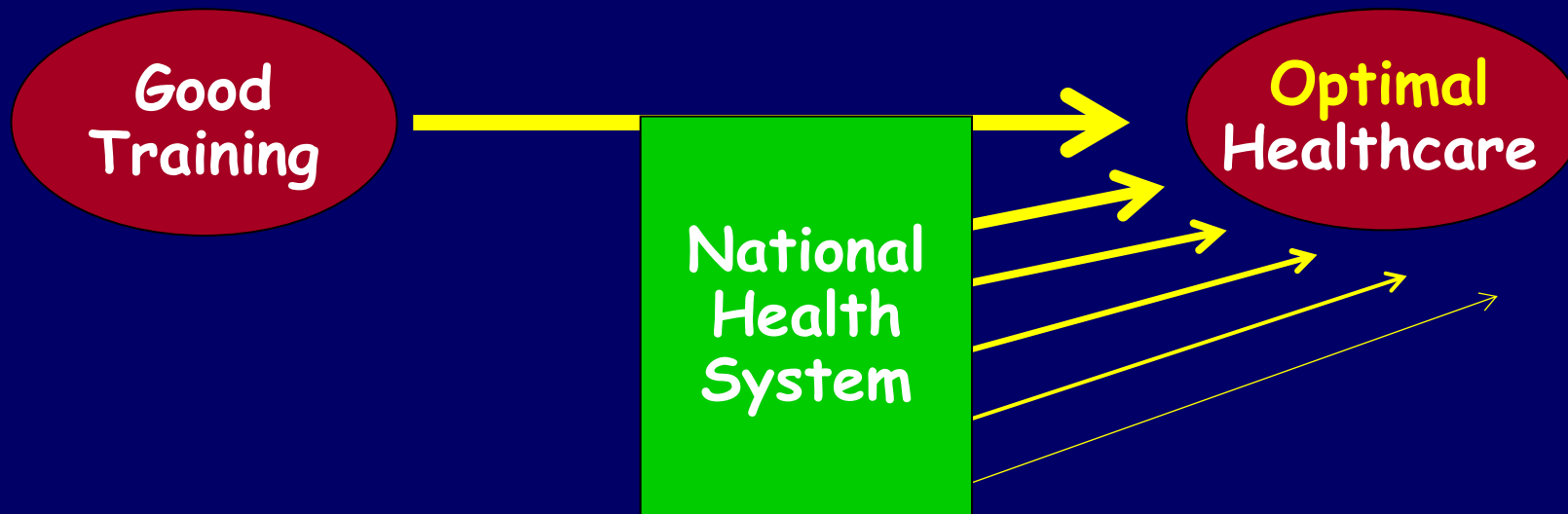
3) The European Academy of Paediatrics and the EBP

- Objectives of the EBP
- Progress of the EBP

4) Conclusions

Training and Quality of Child Health Care

Appropriate
Healthcare delivery for Children
starts at the "Academic" training level



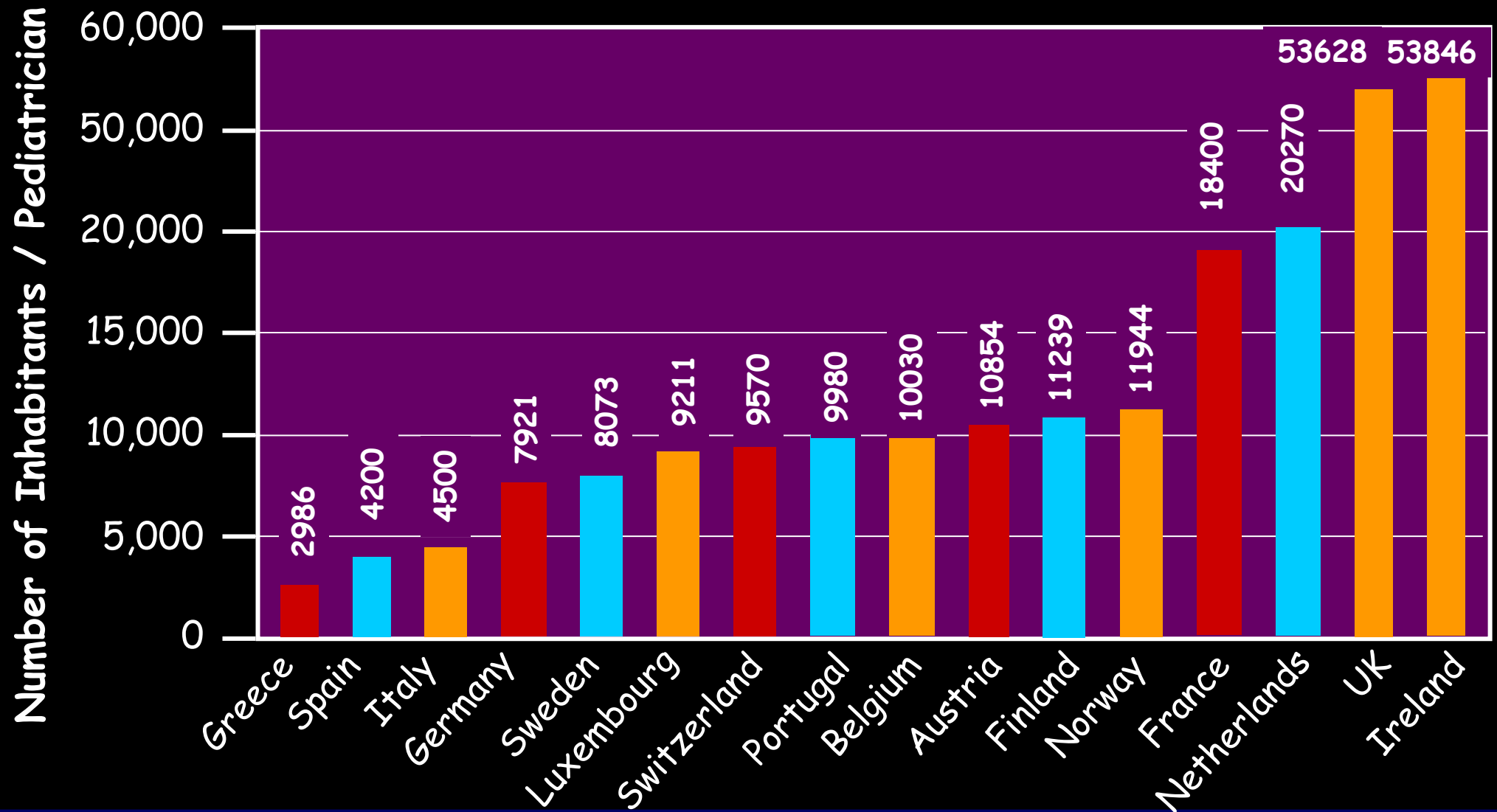
Quality of training is one of the most important factors in
the domain of
Quality of Health Care

The European Situation & Child Health

- 1) In Europe there are ~82,000 paediatricians, 33,000 (40%) of whom are involved in primary care and care for about 91,000,000 children less than 15 years old.

European Models of Child Health Care Services

Number of Inhabitants / Pediatrician

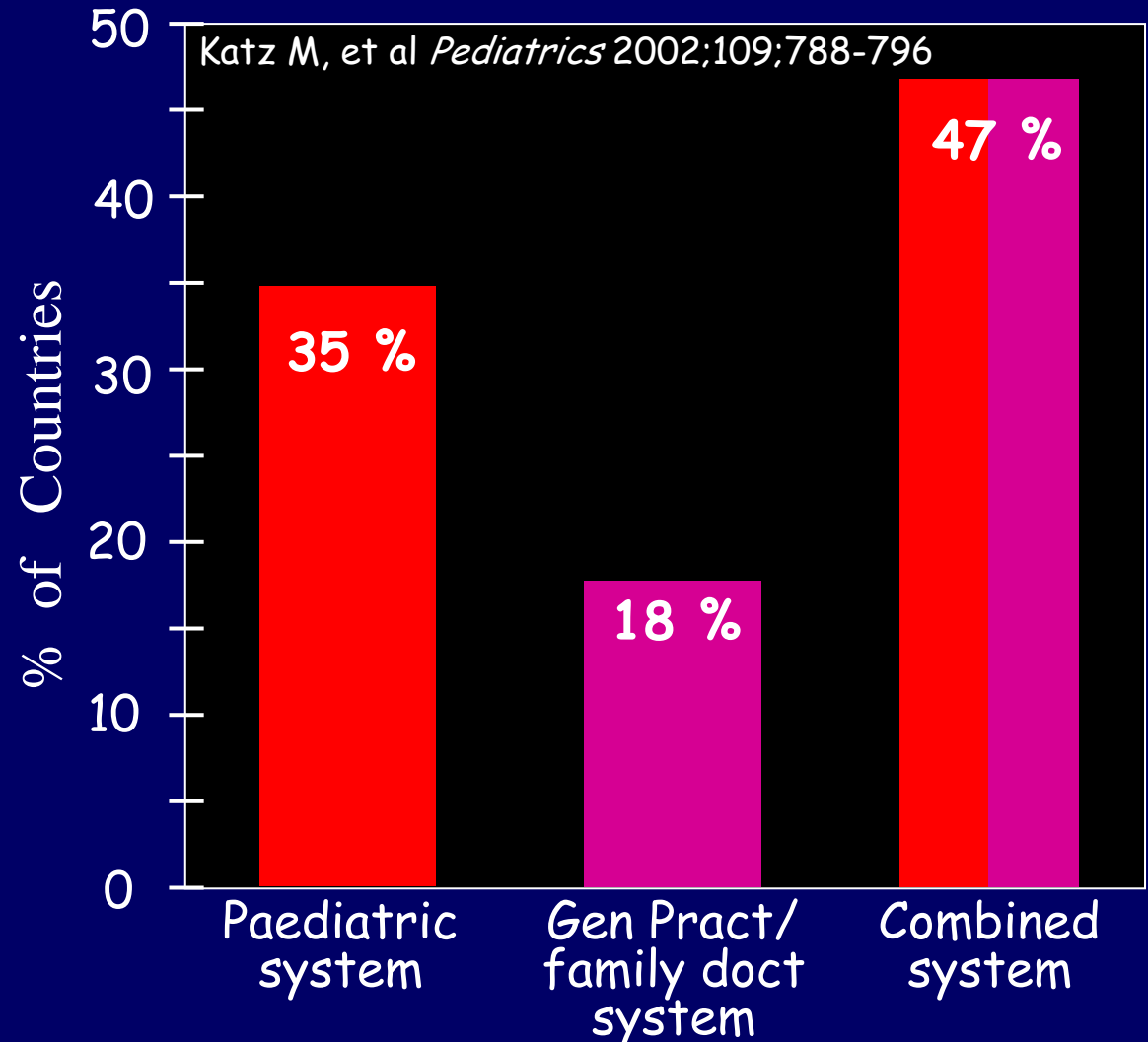


European Models of Child Health Care Services

1) In Europe there are very different primary health care services for children and adolescents

2) 3 different health delivery systems for Primary Paediatric Care are identified for the care of children <15:

- Paediatric system
- GP/family doctor system
- Combined system



European Models of Child Health Care Services

3) The differences in Paediatric Care among European Countries have been explained on the basis of :

- a) Economical
 - b) Socio-political
 - c) Professional power
 - d) Geographical
 - e) Historical
- } issues
- } factors

European Models of Child Health Care Services

- 4) In the majority of the European countries, **primary care for children and adolescents** is provided by **paediatricians** in competition with **general practitioners** (with or without specific paediatric training)
- Reduction of the **fertility rate** has increased the competition between paediatricians and GP's in contending the smaller number of children
- 5) In many European countries the paediatrician is involved mainly in **secondary care** paediatrics.

European Models of Child Health Care Services

The distribution of the 3 systems throughout Europe illustrates the long-standing argument in academic literature as to

WHO is (or will be) the preferred doctor treating children in the community

Paediatrician

General
Practitioner

European Models of Child Health Care Services

Patient's Age and Primary Care Provider

Children
Ages

Italy France Spain Belgium Switzerland Germany Austria Luxembourg Greece Slovenia Hungary Czech Rep Slovakia Latvia Israel Ireland

0-6 yrs

PCP 100%	PCP GP	PCP	PCP GP	PCP	PCP GP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP GP	PCP GP
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- 1) In all countries except **France**, **Belgium**, **Germany**, **Israel** and **Ireland**, patients under 6 yrs of age are cared exclusively by Primary Care Pediatricians (**PCP**)
- 2) In other countries, care is shared with **General Practitioners**
- 3) In some countries (**UK**, **Ireland** & **Northern European Countries**) children are cared only by **GP's** and Health visitors
- 4) In **France**, most children living outside the larger cities are cared by **GP's** and there are on-going changes toward the possible disappearance of the **PCP**

European Models of Child Health Care Services

Patient's Age and Primary Care Provider

Children Ages	Italy	France	Spain	Belgium	Switzerland	Germany	Austria	Luxembourg	Greece	Slovenia	Hungary	Czech Rep	Slovakia	Latvia	Israel	Ireland
0-6 yrs	PCP 100%	PCP GP	PCP	PCP GP	PCP	PCP GP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP GP	PCP GP
7-14yrs	PCP GP	GP	PCP GP	PCP GP	PCP	PCP GP	PCP	PCP	PCP GP	PCP	PCP	PCP	PCP	GP	PCP GP	PCP GP

- 1) Patients aged 7 - 14 years are cared by a PCP only in: Switzerland, Austria, Luxembourg, Greece, Hungary, Czech Republic, and Slovakia

European Models of Child Health Care Services

Patient's Age and Primary Care Provider

Children Ages	Italy	France	Spain	Belgium	Switzerland	Germany	Austria	Luxembourg	Greece	Slovenia	Hungary	Czech Rep	Slovakia	Latvia	Israel	Ireland
0-6 yrs	PCP 100%	PCP GP	PCP	PCP GP	PCP	PCP GP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP	PCP GP	PCP GP
7-14yrs	PCP GP	GP	PCP GP	PCP GP	PCP	PCP GP	PCP	PCP	PCP GP	PCP	PCP	PCP	GP	PCP GP	PCP GP	
15-18yrs	PCP GP	GP	GP	PCP GP	PCP GP	PCP GP	GP	PCP	PCP GP	PCP	PCP GP	PCP	GP	PCP GP	PCP GP	

- 1) Patients aged 15 years and older are cared by a GP in: Spain, Luxemburg, and Latvia
- 2) In Italy, only patients with chronic diseases can be cared by the PCP till the age of 16 - 18 years

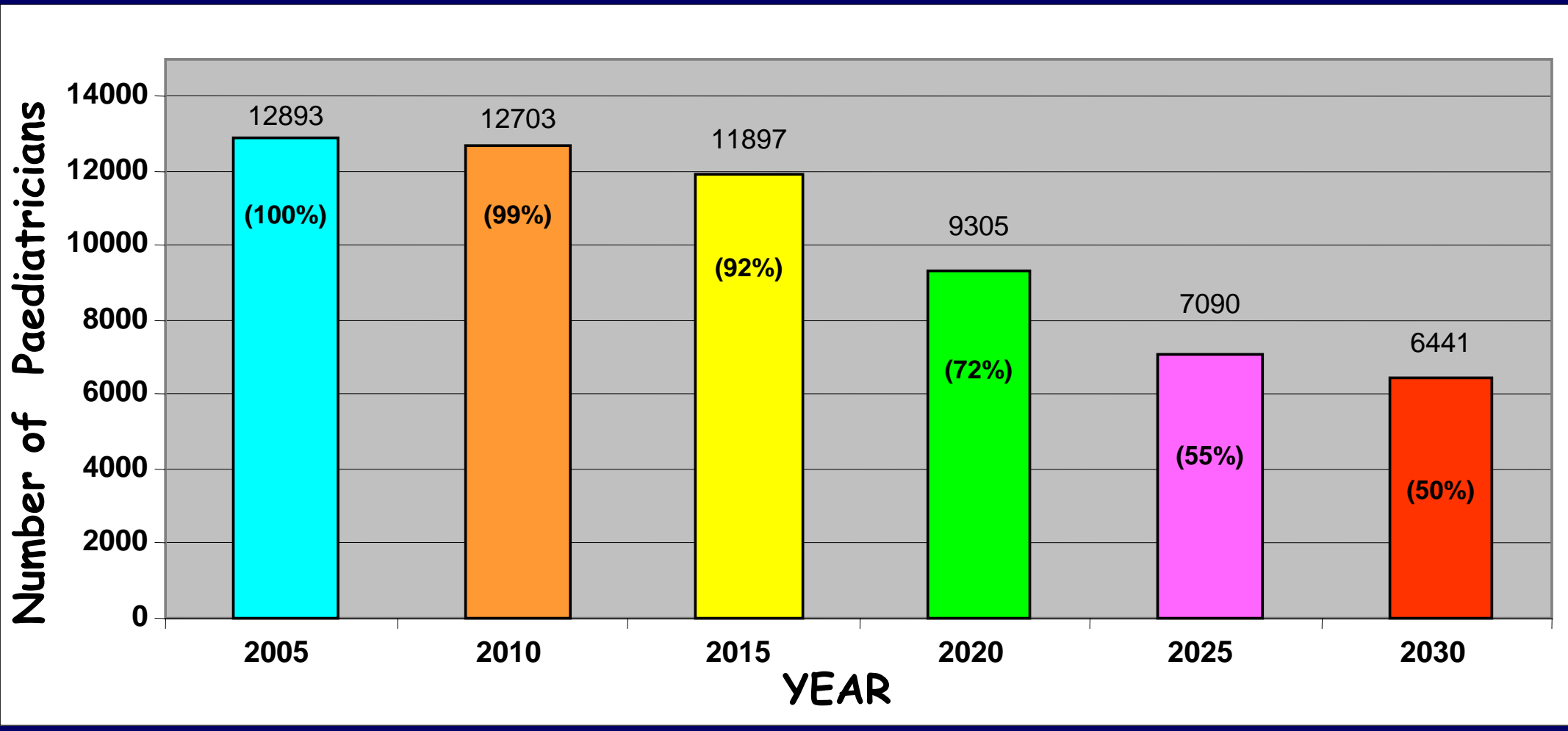
Prospects for the Future of Paediatrics in Europe

Substantial decline in paediatric workforce

- “Exit” not counterbalanced by “Entry”

Prospects for the Future

Paediatric work force in Italy
(number of paediatricians and percent) in the next 25 years



Prospects for the Future of Paediatrics in Europe

Substantial decline in paediatric workforce

- “Exit” not counterbalanced by “Entry”
- “Female” Preponderance

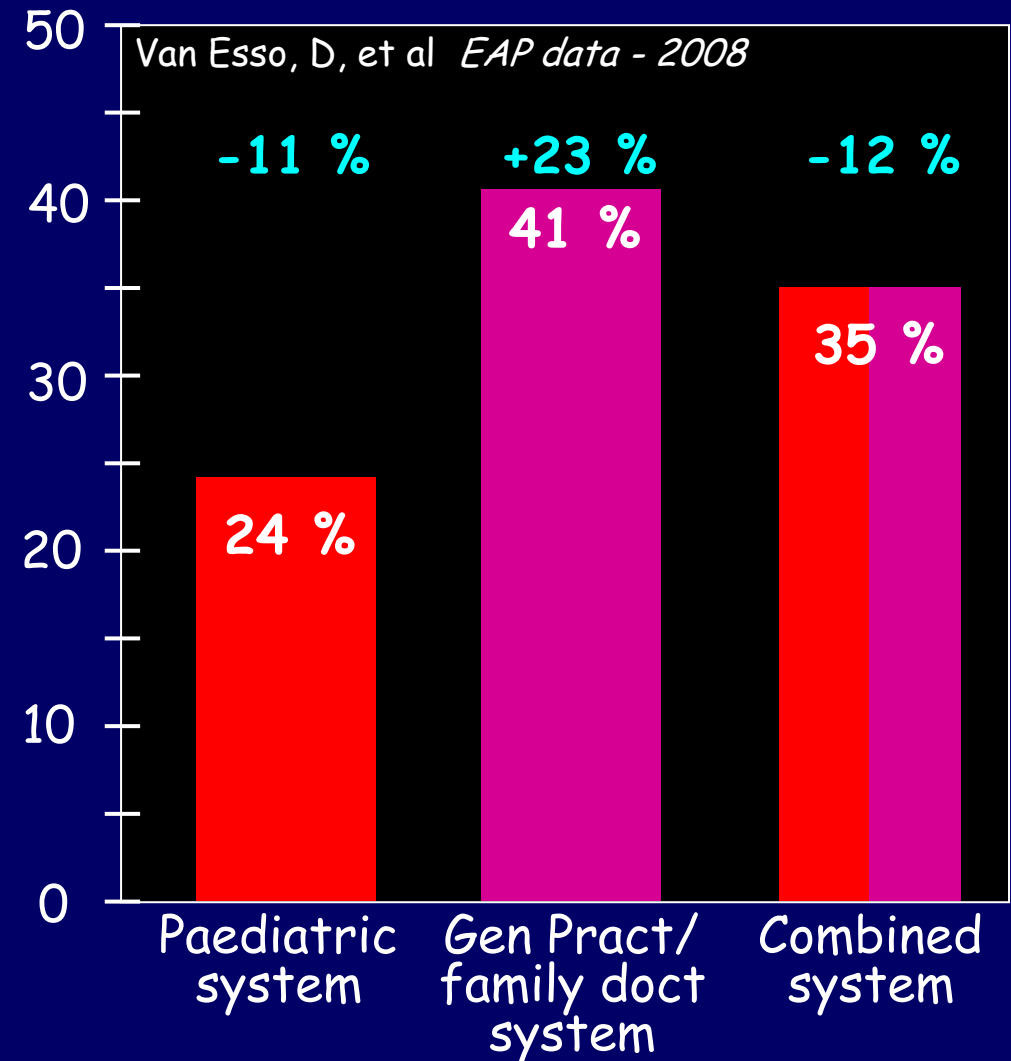
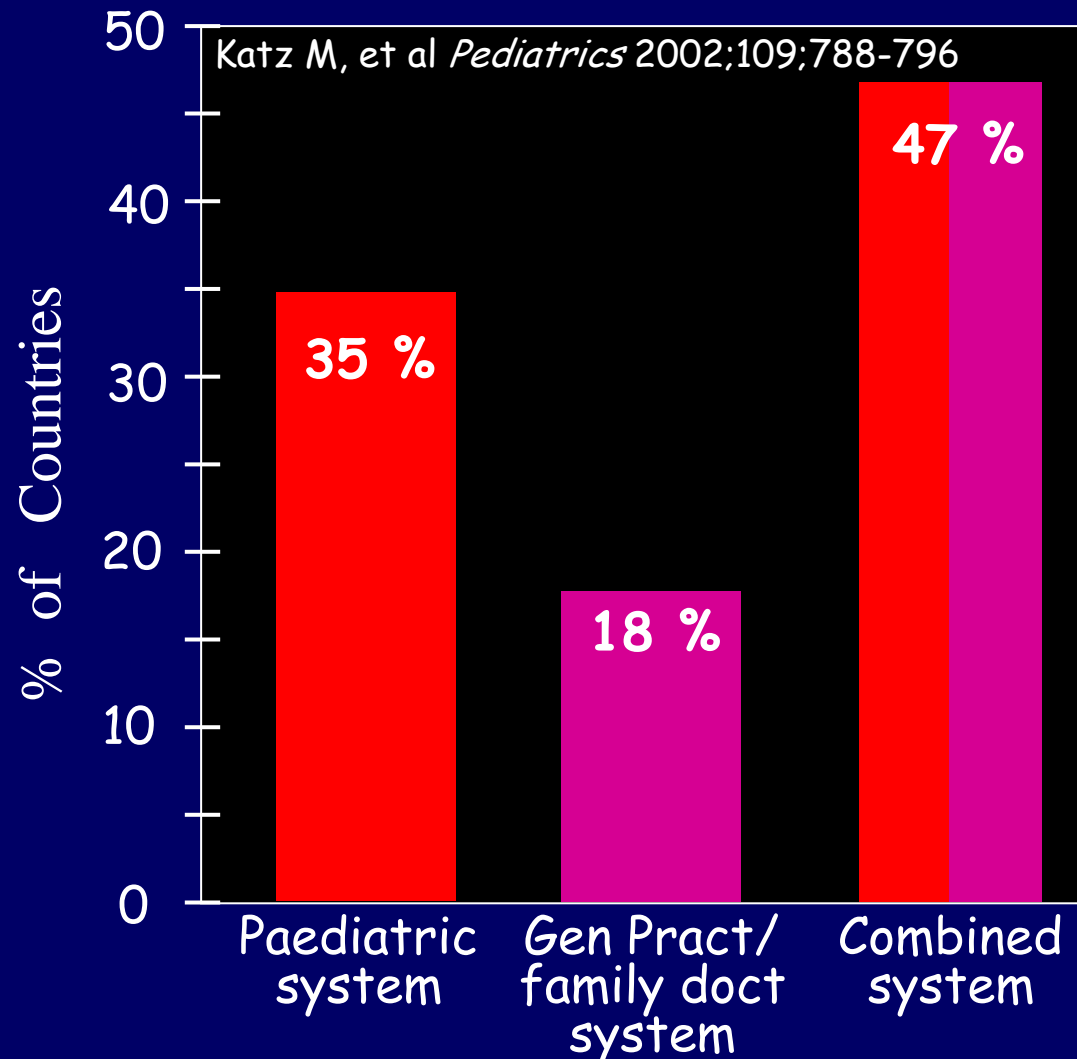
Prospects for the Future of Paediatrics in Europe

Substantial decline in paediatric workforce

- “Exit” not counterbalanced by “Entry”
- “Female” Preponderance
- Changeover to other Health Delivery Systems

Prospects for the Future

Changeover to other Health delivery Systems



European Models of Child Health Care Services

Is

the Paediatrician

disappearing

as a Primary Care Figure

Should

the Paediatrician

disappear

as a Primary Care Figure

children represent our future

How do we protect that "Future"?

We need to guard that future
by appropriately training **doctors**
who will guarantee,
to the best of their capabilities,
"the health and well-being of our children"
(the future citizens of the world)

Those doctors are
Paediatricians

How do we form a Paediatrician ?

We need to form a doctor . . . :

- 1) who will be an **expert** in **understanding** the ways in which illness affects the child and his/her family
- 2) who will have a **particular compassion** and respect for children and their families
- 3) who will show **patience** and **sensitivity** in his/her communication with children and their families
- 4) who will be skilled in the **management of emotionally complex** situations
- 5) who will be **aware of cultural** and **religious beliefs** that parents might hold about the treatment of their children
- 6) Who will **know how to respond legally** and **ethically** in particular situations to support his/her role as an advocate for children

How do we form a Paediatrician ?

A Paediatrician is a
special kind of Doctor

Who needs a
special kind of training

Current State of Pediatrics in the European Union

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Child Health Care and Training

- 1) The formation of the EU had many political and economic consequences:
 - a) disappearing borders
 - b) free traffic between countries
 - c) one currency

Child Health Care and Training

2) Apart from the many **advantages**, . . . there are also many **problems**, such as in the field of medicine.

a) The EU has provided free access for European medical specialists to the European job market via directives:

① 75/362/EEC

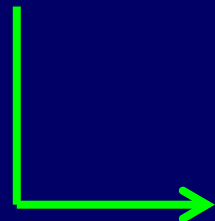
② 2005/36/EC

b) "**automatic**" mutual recognition of diplomas and certificates of qualification in medicine in all member countries:

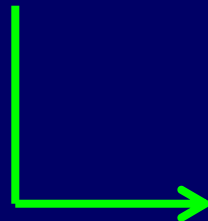
c) EU released these directives on the assumption that the quality of training is comparable throughout Europe

Current State of Pediatrics in the European Union

Pediatric training programs in Europe at this moment are not comparable in **quality** or **content**



European medical "umbrella" Organizations (UEMS)



To work towards standardization of training of European physicians

Paediatric Training and European Directives

Although,

- 1) EU has produced a strong stimulus for
 - a) European harmonization
 - b) Standardization of training
- } in medical specialties

There are also major loopholes

EU principle of "Subsidiarity"

The regulation of:

- 1) training standards
 - 2) assessment
 - 3) qualifications
- } Delegated to National Authorities

No document produced at the European level has effective **legal power**

National authorities may (but do not necessarily have to) comply with recommendations for harmonization and standardization

Paediatric Section of UEMS

The **E**uropean **A**cademy
of **P**aediatrics (**EAP**)
(*Paediatric Section of UEMS*)
represents all paediatricians
in the 27 member countries
of the European Union (**EU**)
(plus **Norway**, **Switzerland**
and **Iceland**)



Harmonization of
Paediatric training
standards



European Board of
Paediatrics



European Board of Paediatrics

It soon became clear

A) Task more extensive than other UEMS Boards

Develop concepts of training in a

1) Common Paediatric trunk

And complement this with training programs for:

- a) Primary Paediatric care**
- b) Secondary Paediatric care**
- a) Tertiary Paediatric care**

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European Board of Paediatrics

What is the Function of the EBP (EAP/EUMS Section of Paediatrics) ?

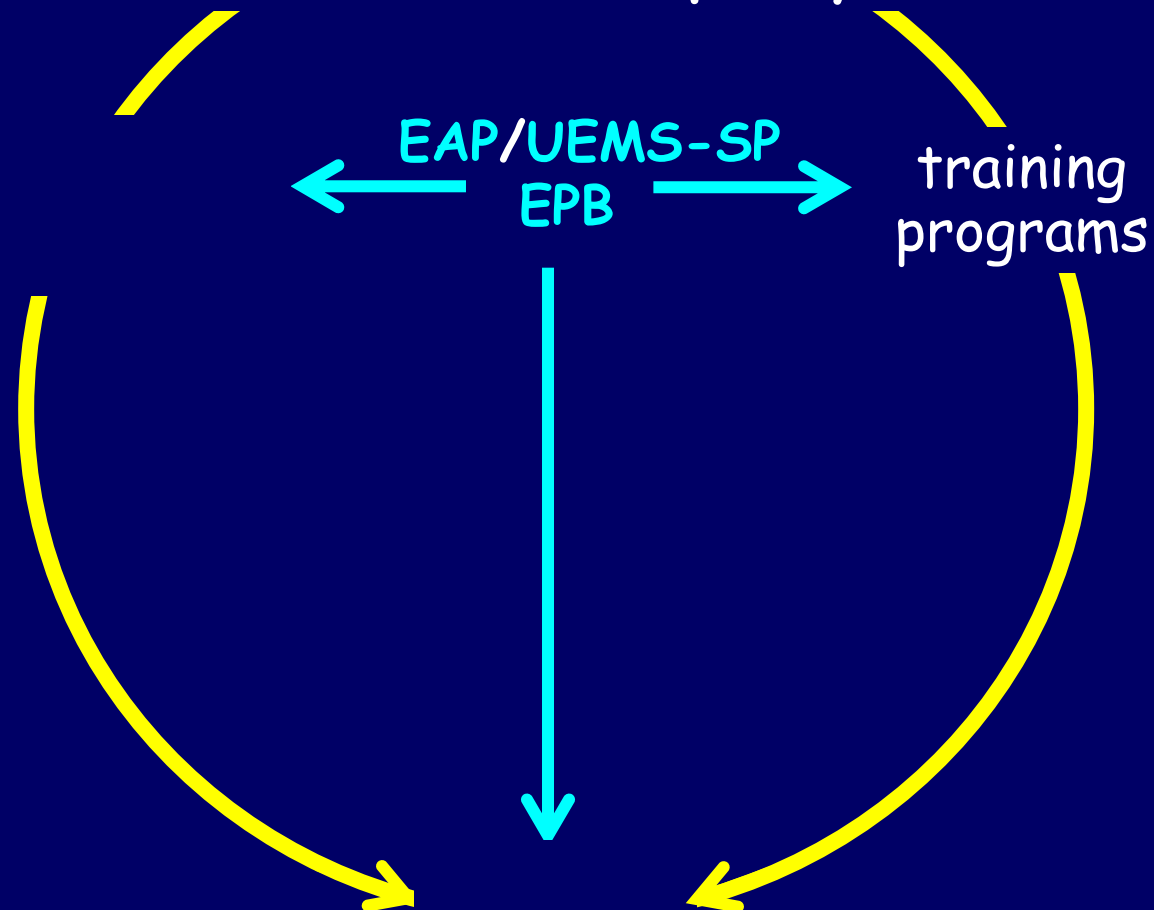
What is it doing to fulfil its goal ?

Objectives of the EBP

- 1 To recommend the standards for specialist training in paediatrics and the maintenance of such standards
- 2 To make proposals for the quality of training and for the syllabus of specialisation in paediatrics
- 3 To recommend "minimal standards" to which the training centres of paediatrics should conform
- 4 To assess the content and quality of training in the countries of the EC and other countries who are full members of UEMS
- 5 To set up a system for recognition of individual quality in paediatrics called "European Board Quality Control".
- 6 To recommend procedures to improve the free movement of paediatricians throughout the EC

European Training in Paediatrics

The primary objective of the **EAP/UEMS** section of Paediatrics, through the **EBP**, is to **harmonize the training programs** in all the member countries and set standards for quality control of :



What is the EBP doing to “Harmonise” Paediatric Training ?

“Training Programs”

- 1 To make proposals for the quality of training and for the syllabus of specialisation in paediatrics
 - 1) Appropriate **competencies**

Syllabus (describes the “content” of the training programme)
 - 2) Appropriate **training programmes**

Curriculum (describes the **structure** of the training program and the ways in which the “**content**” of the training programme is delivered)

The "Structure" of the "Training"

A) Basic Pediatric Training ("Common Trunk"):

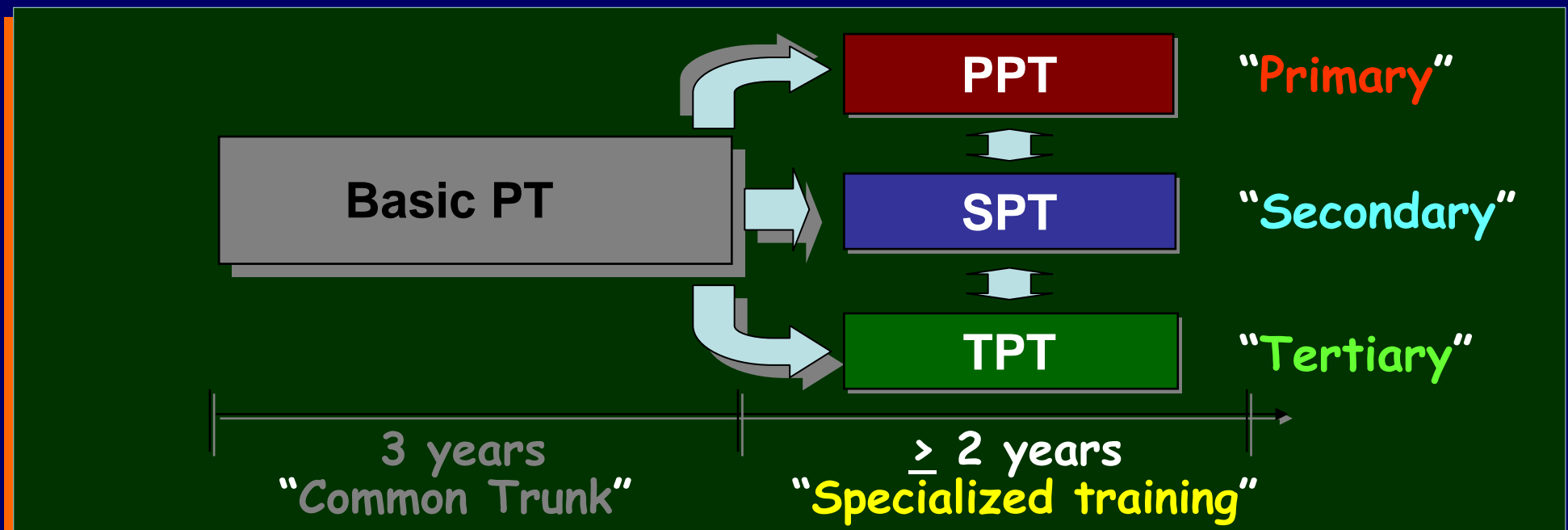
- ① Duration : **3 years**
- ② Provide experience mainly in 1° and 2° care pediatrics in both **outpatient** and in **general hospital care**
- ③ Furnish adequate experience in infectious diseases, emergency medicine, basic neonatology and general out-patient clinical work

Basic PT

3 years
"Common Trunk"

The "Structure" of the "Training"

Most member states of the EU already have accepted and introduced the 5 year EAP training program,



What is the EBP doing to "Harmonise" Paediatric Training ?

"Training Programs"

1 Development of competencies in the form of various syllabi of specialisation in paediatrics"

1998	{	June 10	Paediatric Endocrinology and Diabetes
		June 12	Paediatric Rheumatology
		June 12	Paediatric Gastroenterology & Hepatology
		Sept 1	Basic Paediatrics
		Sept 1	Primary paediatric Care
1999	{	January 1	Paediatric Neonatology
		May 31	Paediatric Secondary Care
		June 1	Paediatric Nephrology
2001	{	January 29	Paediatric Oncology and Haematology
		June 5	Paediatric Metabolic Medicine
2002	{	February 1	Paediatric Neurology
		September 9	Paediatric Infectious Diseases
2003	→	April 1	Paediatric Allergology
2005	→	July 7	Paediatric Respiratory Medicine
2008	→	March 3	Paediatric Immunology

What is the EBP doing to "Harmonise" Paediatric Training ?

MRCPCH MasterCourse

A 2 volume set with:
DVD included
access to Web site

Editor: Malcom Levene

Published by Elsevier

"Paediatrics EuroMasterCourse"

To fill in the knowledge-based requirements of the "Common Trunk" with a European appeal

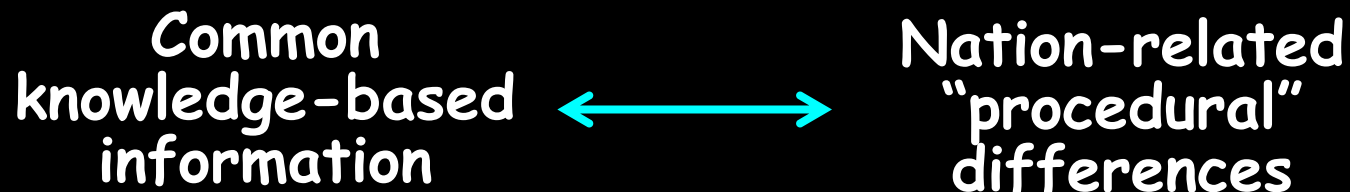
What is the EBP doing to “Harmonise” Paediatric Training ?

“Paediatrics EuroMasterCourse ”

The book will be in English

It will cater to the European Community

Valuable tool, along with the web site, to emphasize existing differences in Europe (i.e. immunization sched, etc)



It should be ready and launched in occasion of the
EAP Congress in Copenhagen 2010

Conclusions: Training

Things to Keep in Mind

- 1 Improving the quality of training through curriculum renewal is a **continuous process**.
- 2 Paediatrics must always be responsive to "**evolving societal needs, practice patterns, and scientific developments**."
- 3 **As circumstances change**, educators must understand the meaning that these changes have for **paediatric practice and education**, and must **renew the educational program** accordingly.

In the old paradigm of Paediatric health care

PAST

- Treated individuals
- Focused on the cure
- Provided episodic care
- Physician lone provider
- Paternalistic approach
- Care provider-centered
- Actions anecdotal

TODAY

- Asked to treat the community
- Preserve health/prevent illness
- Emphasis on continuity of care
- Working in teams
- Partnering with patients
- Patient & family-centered
- Evidence-based

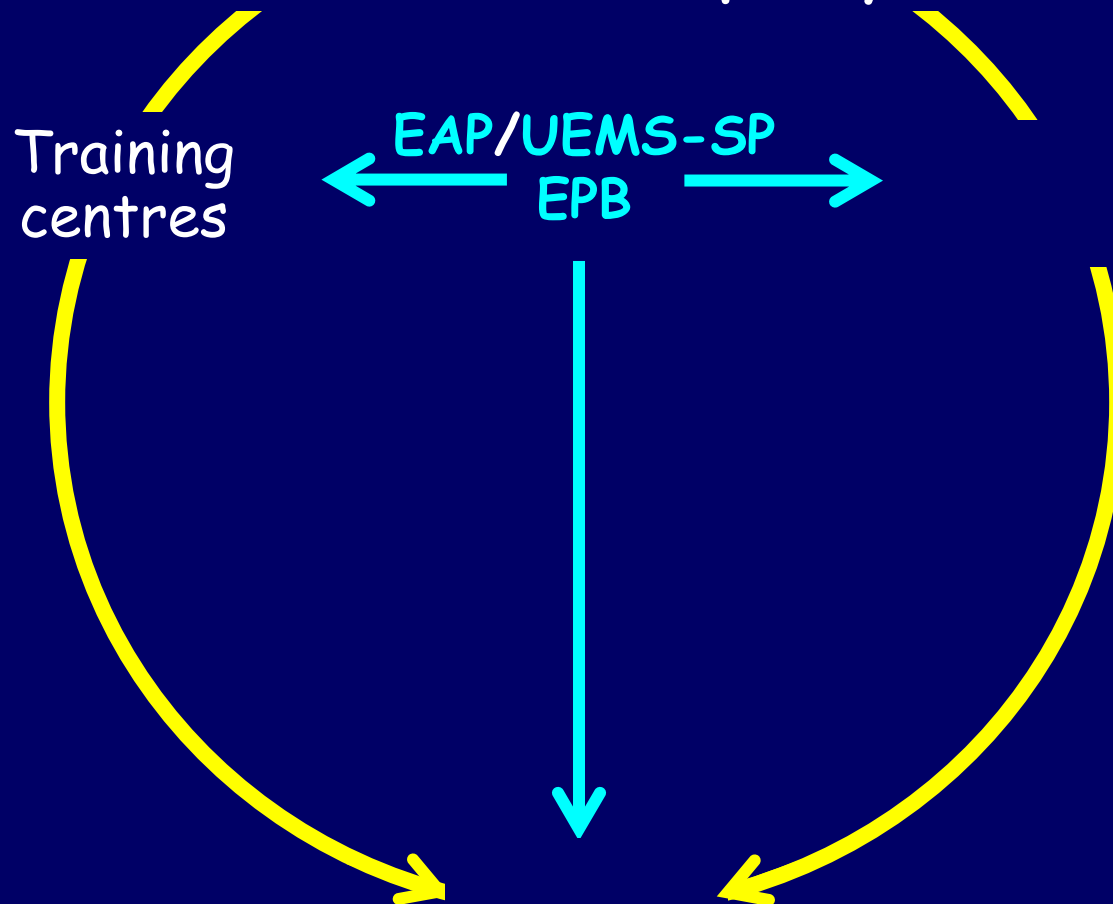
These Changes
in
Health Care

IMPLY

Changes
in
Paediatric Training

European Training in Paediatrics

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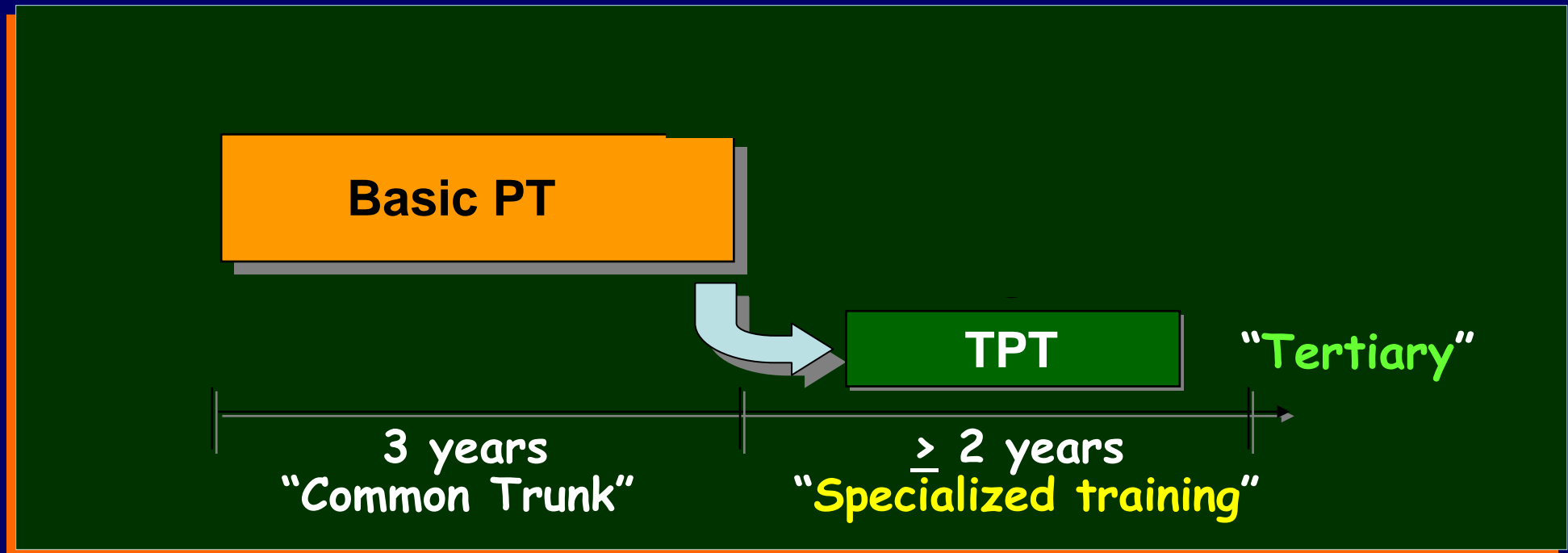
What is the EBP doing to "Harmonise" Paediatric Training ?

"Training Centres"

- 1 To make proposals for the quality of training and for the syllabus of specialisation in paediatrics
- 2 To recommend "minimal standards" to which the training centres of paediatrics should conform

UEMS Charter on Visitation of Training Centres (UEMS 1997)

Visitation of "Training Centres"



Paediatric Allergology Centres

2008	Sept	Hospital Universitario Sant Joan de Deu,	Barcelona
	Sept	Hospital de Sabadell Corporació Parc Tauli,	Sabadell
	Nov	Hospital General Universitario,	Valencia
	Nov	Hospital Universitario La Fé,	Valencia
	Nov	Hospital Infantil Universitario Niño Jesus,	Madrid

Visitation of "Training Centres"

Basic PT

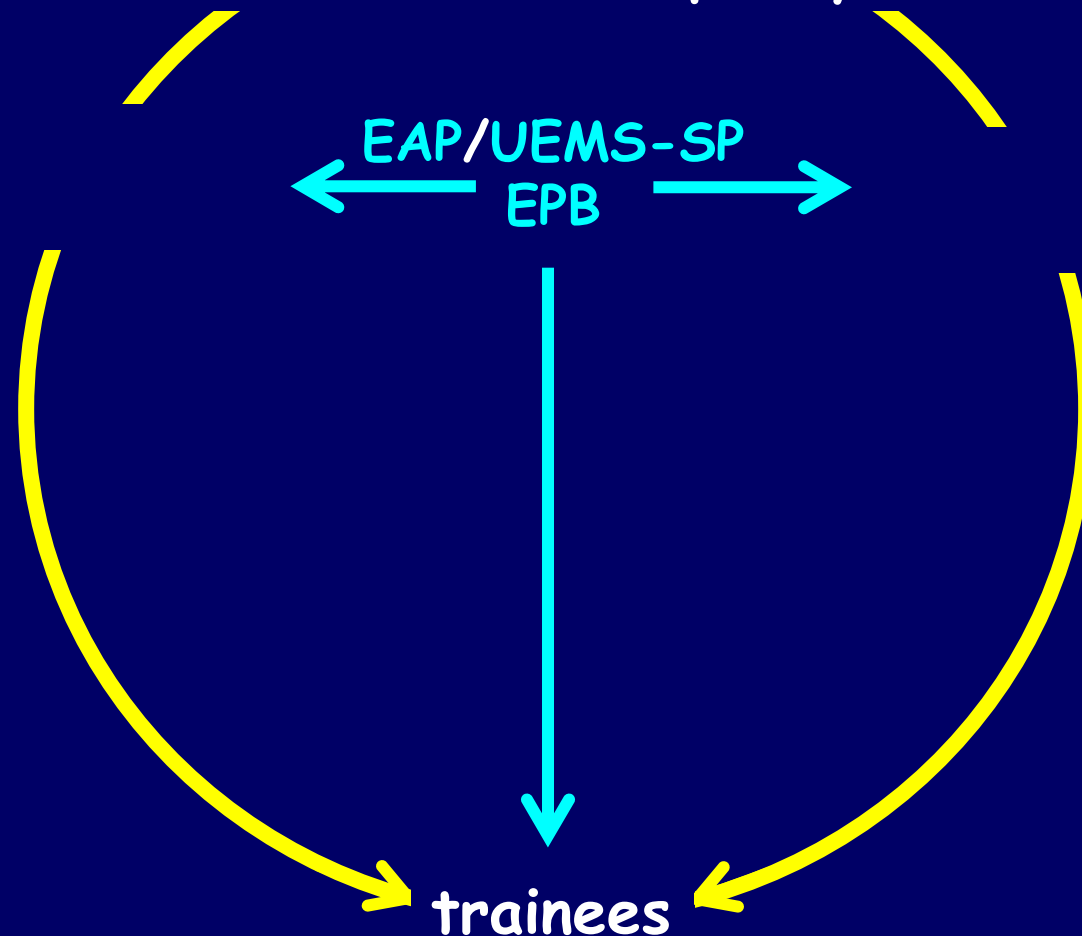
3 years
"Common Trunk"

Accreditation of: Basic Paediatric Training

December - 2009

European Training in Paediatrics

The primary objective of the **EAP/UEMS** section of Paediatrics, through the **EBP**, is to **harmonize the training programs** in all the member countries and set standards for quality control of :



What is the EBP doing to "Harmonise" Paediatric Training ?

"Trainees"

- 1 To make proposals for the **quality of training** and for the **syllabus of specialisation** in paediatrics
- 2 To recommend "**minimal standards**" to which the training centres of paediatrics should conform

UEMS Charter on Visitation of Training Centres (UEMS 1997)

- 3 To **assess** the **content** and **quality of training** in the countries of the EU and other countries who are full members of UEMS

UEMS Policy Statement on Assessment during Specialist Postgraduate Medical Training (UEMS 2006/19)

Things to Keep in Mind

Learning objectives of an educational program
are most valuable when
the **desired outcomes can be measured**.



Assessment

Assessment

Assessment

drives



Learning

What is the EBP doing to "Harmonise" Paediatric Training ?

"Trainees"

CESMA Council for European Specialist Medical Assessment

Current Situation:

(1) 25 European "Summative"	Certifying Examinations:
(a) Surgical Disciplines	16 (Paediatric Surgery)
(b) Medical Disciplines	5
(c) "Support" Disciplines	4
■ Pathology	
■ Intensive Care	
■ Anesthesiology	
■ Nuclear Med	

Council for European Specialist Medical Assessment

Report from the President of UEMS:

(1) UEMS Publication of "Policy Statement on Assessment During Specialist Postgraduate Medical Training" (2006)

Emphasizes:

(a) "Formative" and "Summative" Assessment

(b) Serve as one method of quality assurance process of specialist training and specialist practice at the European level

NB: It should be noted that with the exception of some specialties in one particular country, they are not part of the formal professional recognition of specialist doctors and they have no legal status either nationally or at the European level. Nevertheless they may be considered as an asset in a specialist doctor's CV and portfolio

Council for European Specialist Medical Assessment

d) Report from the President of UEMS:

(1) UEMS Publication of "Policy Statement on Assessment During Specialist Postgraduate Medical Training" (2006)

Emphasizes:

(a) "Formative" and "Summative" Assessment

(b) Serve as one method of quality assurance process of specialist training and specialist practice at the European level

(c) **Aim:** Required to improve trainee learning/training in order to **award specialty certification** and to **assure the quality of training**.

(d) The Policy statement makes reference to

- 1995 UEMS Charter on Postgraduate Training (Especially Chapter 6) which addresses the specific training programmes for all officially recognized medical specialties in Europe
- 1997 UEMS Charter on Visitation of Training Centres

The European Board of Paediatrics (EBP)

- The European Board of Paediatrics will institute 2 types of examinations
 - The first one is an "In-training" examination which can be taken by all residents regardless of the year of training
 - The second type of examination will be offered at the end of training to certify general paediatricians based on standards of excellence that lead to high quality health care for infants, children and adolescents

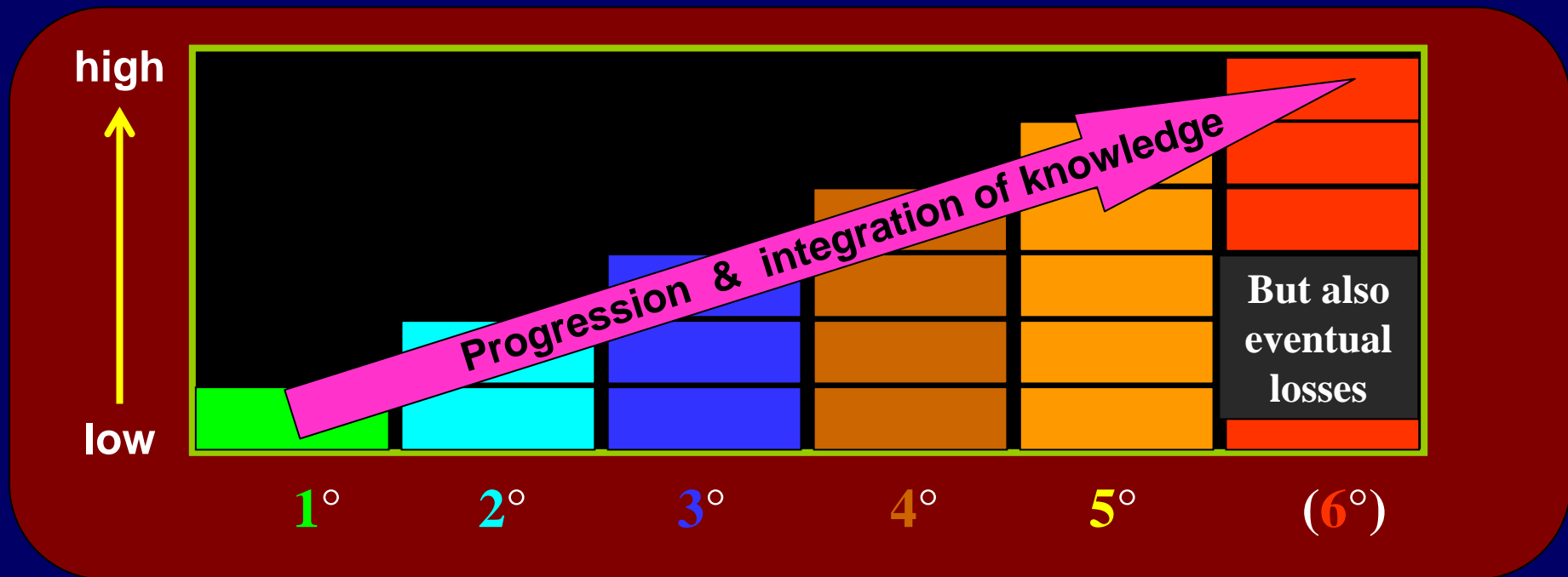
The European Board of Paediatrics (EBP)

- The “**In-training**” examination is intended to:
 - 1) serve as a **self-evaluation** which allows residents to identify strengths and weaknesses in general paediatric knowledge at the time of the examination and thus enable them to focus their personal study programs and provide direction for future learning
 - 2) serve as an indicator of the **resident's progress** from year to year
 - 3) serve as a means of **feed-back to program directors** and Residency Program Committees by identifying residents with difficulties in developing and organizing their knowledge base, and, if necessary, providing counselling and remediation to residents
 - 4) allow Program directors and Residency Program Committees to use the accumulated results over several years as one **measure of the quality of training provided** by their programs

CHARACTERISTICS of the EXAM

(Conceptual Schema)

- a Questions which cover “**knowledge**” that will be obtained throughout their training
- b Residents of all years will take the exact same test



Expected progression in responses of students from various years of training

The American Board of Paediatrics (**ABP**)

- The ABP is offering their **In-Training Examination**
 - 1) 37 year experience in the USA and Canada (1971)
 - 2) Due to increased flexibility of internet they can offer the ITE to paediatric trainees worldwide

Assessment

Assessment

drives



Learning

Assessment

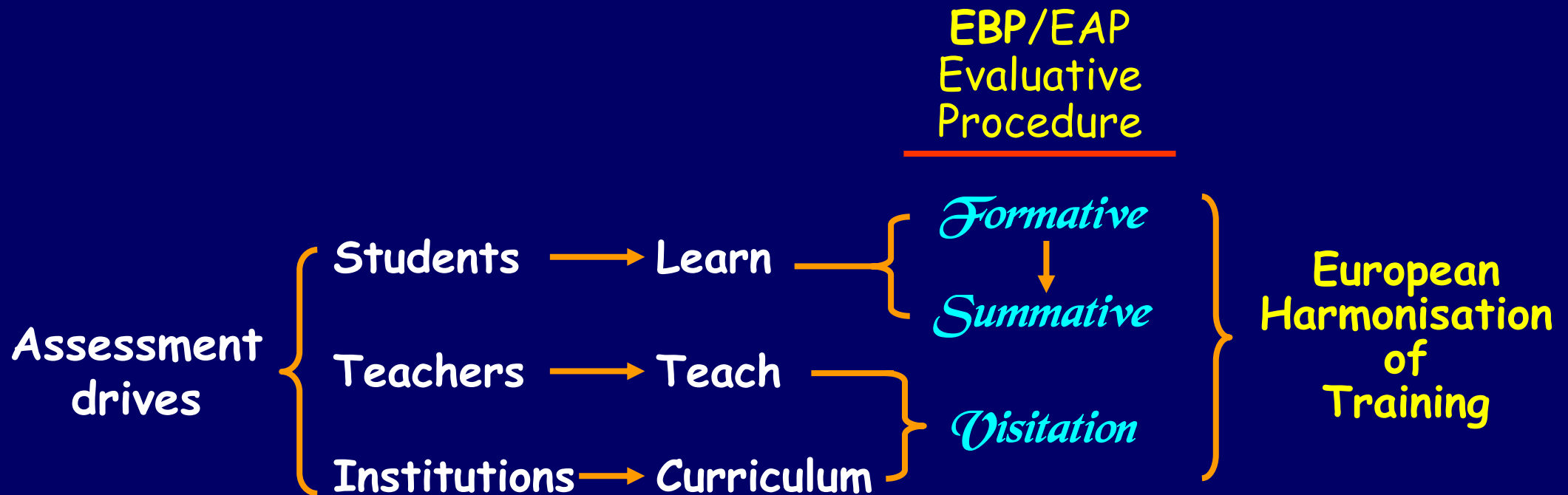
drives



Teaching

THE ROLE OF THE EBP

Assessment as a Means of Harmonizing Training in Europe



Conclusions

CONCLUSIONS

In 1993, Alpert

“Pediatricians face many problems.”

“In developing solutions, the profession must never lose sight of the fact that pediatrics is a helping and caring discipline.”

“Being an advocate for the **poor**, for **children** and their **communities** is a large job.”

“But the challenge is real, and pediatricians have little time to be timid.”

CONCLUSIONS

- Multiple factors are changing general paediatrics
- As Paediatricians try to anticipate and meet the health needs of children, we need to remind ourselves of the lessons learned from the past
- Our profession has a history of **clinical excellence** melded with a sense of **social responsibility** and a **tradition of advocacy**
- New technology, new demographics, new forms of organization have altered and will continue to alter how we must face this challenge

But the challenge remains the same

Goals & Recommendations of UEMS Section of Paediatrics

EBP & EAP (formerly CSEP) for the 21^o Century

- All children should receive continuous and comprehensive **primary** pediatric care from birth through young adulthood
- **Prevention** should continue to be a core value for child care
- In countries where not all children are under the care of a pediatrician, the physicians taking care of children should undergo **extensive training in pediatrics**
 - Assessment of competency must be undertaken to assure high standards of quality of care from all physicians who treat children

The dramatic diversity among the European countries is one of the major challenges which "**primary care pediatricians**" are asked to meet in the 3^o Millennium

"The true measure of a nation's standing is how well it attends to its children - their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in the families and societies into which they are born."

UNICEF Innocenti Research Centre, 2007



Countries that have made children a high priority are taking care of its most precious resource. . . .**the next generation**

Current State of Paediatrics in the European Union

*Thank you for your
Attention*



