Current State of Pediatrics in the European Union

Future 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
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.
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>2986</td>
</tr>
<tr>
<td>Spain</td>
<td>4200</td>
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<tr>
<td>Italy</td>
<td>4500</td>
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<tr>
<td>Germany</td>
<td>7211</td>
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<tr>
<td>Sweden</td>
<td>8073</td>
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<tr>
<td>Luxembourg</td>
<td>9211</td>
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<tr>
<td>Switzerland</td>
<td>9570</td>
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<tr>
<td>Portugal</td>
<td>9980</td>
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<tr>
<td>Belgium</td>
<td>10030</td>
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<tr>
<td>Austria</td>
<td>10854</td>
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<tr>
<td>Finland</td>
<td>11239</td>
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<tr>
<td>Norway</td>
<td>11944</td>
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<tr>
<td>France</td>
<td>18400</td>
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<tr>
<td>Netherlands</td>
<td>53628</td>
</tr>
<tr>
<td>UK</td>
<td>53846</td>
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<tr>
<td>Ireland</td>
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</table>
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:
   a) Paediatric system
   b) GP/family doctor system
   c) Combined system

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

- a) Economical issues
- b) Socio-political issues
- c) Professional power
- d) Geographical factors
- e) Historical 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.
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
### European Models of Child Health Care Services

#### Patient's Age and Primary Care Provider

<table>
<thead>
<tr>
<th>Children Ages</th>
<th>Italy</th>
<th>France</th>
<th>Spain</th>
<th>Belgium</th>
<th>Switzerland</th>
<th>Germany</th>
<th>Austria</th>
<th>Luxembourg</th>
<th>Greece</th>
<th>Slovenia</th>
<th>Hungary</th>
<th>Czech Rep</th>
<th>Slovakia</th>
<th>Latvia</th>
<th>Israel</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–6 yrs</td>
<td>PCP 100%</td>
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</table>

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.
<table>
<thead>
<tr>
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<td></td>
<td>100%</td>
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<tr>
<td>7–14 yrs</td>
<td>PCP</td>
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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

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<tr>
<td>15–18 yrs</td>
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</table>

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

Paediatric work force in Italy

Prospects for the Future
Substantial decline in paediatric workforce

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


Van Esso, D, et al EAP data - 2008

% of Countries

Paediatric system  Gen Pract/ family doct system  Combined system

-11 %  +23 %  -12 %

24 %  41 %  35 %
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

Outline

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
1) The formation of the EU had many political and economic consequences:

a) disappearing borders
b) free traffic between countries
c) one currency
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
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
Although,

1) EU has produced a strong stimulus for
   a) European harmonization
   b) Standardization of training

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
The European Academy of Paediatrics (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
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
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
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)
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
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

- June 10: Paediatric Endocrinology and Diabetes
- June 12: Paediatric Rheumatology
- June 12: Paediatric Gastroenterology & Hepatology
- Sept 1: Basic Paediatrics
- Sept 1: Primary paediatric Care

1998

- January 1: Paediatric Neonatology
- May 31: Paediatric Secondary Care
- June 1: Paediatric Nephrology

1999

- January 29: Paediatric Oncology and Haematology
- June 5: Paediatric Metabolic Medicine

2001

- February 1: Paediatric Neurology
- September 9: Paediatric Infectious Diseases

2002

- April 1: Paediatric Allergology
- July 7: Paediatric Respiratory Medicine
- 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
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)

Common knowledge-based information

Nation-related "procedural" differences

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

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

<table>
<thead>
<tr>
<th>PAST</th>
<th>TODAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated individuals</td>
<td>Asked to treat the community</td>
</tr>
<tr>
<td>Focused on the cure</td>
<td>Preserve health/prevent illness</td>
</tr>
<tr>
<td>Provided episodic care</td>
<td>Emphasis on continuity of care</td>
</tr>
<tr>
<td>Physician lone provider</td>
<td>Working in teams</td>
</tr>
<tr>
<td>Paternalistic approach</td>
<td>Partnering with patients</td>
</tr>
<tr>
<td>Care provider-centered</td>
<td>Patient &amp; family-centered</td>
</tr>
<tr>
<td>Actions anecdotal</td>
<td>Evidence-based</td>
</tr>
</tbody>
</table>
These Changes in Health Care IMPLY Changes in Paediatric Training
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:

- Training centres
- EAP/UEMS-SP
- EPB
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”

Basic PT

3 years “Common Trunk”

TPT

> 2 years “Specialized training”

“Tertiary”

Paediatric Allergology Centres

2008

Sept Hospital Universitario Sant Joan de Deu, Barcelona
Sept Hospital de Sabadell Corporació Parc Taulí, Sabadell
Nov Hospital General Universitario, Valencia
Nov Hospital Universitario La Fè, Valencia
Nov Hospital Infantil Universitario Niño Jesús, Madrid
Visitation of “Training Centres”

Basic PT

3 years “Common Trunk”

Accreditation of: Basic Paediatric Training

December - 2009
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:

- Trainees

**Diagram:**

- EAP/UEMS-SP
- EPB
- Trainees
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 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
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
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 “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 feedback 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

![Diagram showing expected progression and integration of knowledge.](image)

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
Assessment as a Means of Harmonizing Training in Europe

THE ROLE OF THE EBP

Assessment drives

- Students ➔ Learn
- Teachers ➔ Teach
- Institutions ➔ Curriculum

EBP/EAP Evaluative Procedure

- Formative
- Summative
- Visitation

European Harmonisation of Training
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.”

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
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° 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