

HISTORY

Paediatric Respiratory Medicine (PRM) And The Paediatric Assembly Of The European Respiratory Society (ERS)

In 1990, the ERS was founded by merging two pre-existent European respiratory societies. A Paediatric Assembly of this ERS was set up as a scientific but also professional platform for European PRM. This Paediatric Assembly grew rapidly, contributed a strong Paediatric element to the annual scientific meetings of the society, but also started to cooperate intensively with other paediatric specialist groups. As a result of this success, the pre-existing small European Paediatric Respiratory Society (EPRS) merged into the ERS Paediatric Assembly in 1994. Since 1992, this Paediatric Assembly has had a Long Range Planning Committee in order to deal with long-term Assembly projects. One of the most prominent aims of this committee was and is to initiate a standardisation of PRM training in Europe. Since several European countries have started to set up national training programs in PRM, such a standardisation at a European level, if done timely and competently, has the potential of harmonising the various national training concepts.

Contacts Between The ERS And The Union Of European Medical Specialists (UEMS)

In 1994, first contacts between the ERS Paediatric Assembly and the UEMS sections on Paediatrics and Pneumology were established. Subsequently, the ERS president (at this time a paediatrician) was invited to the 1995 meeting of the paediatric UEMS section (Confederation of European Specialists in Paediatrics = CESP). CESP had then already set up a „European Board of Paediatrics“ in order to standardise training in all aspects of Paediatrics at a European level. Negotiations with CESP were initially difficult but the ERS representative succeeded to convince the national delegates that CESP should develop a clearly defined position and program for Tertiary Care Paediatrics. Subsequently, CESP has also invited other Paediatric subspecialties to cooperate, and PRM can pride itself with having had a pioneering role in this development. Based on a majority vote of members, obtained at the business meeting in 1995, the ERS Paediatric Assembly then applied for a subsection status of PRM in the UEMS section on Paediatrics. CESP granted that subsection status formally at its 1996 May meeting. After some further problems, negotiations, and delays, this subsection status of PRM in CESP was officially granted by the UEMS management council in 1999. It is of note that all these developments were consequently supported by the UEMS section on Pneumology. Parallel to establishing a subsection status for PRM, CESP asked the ERS Paediatric Assembly to draft a training program for PRM in cooperation with the European Board of Paediatrics as a model for training in Tertiary Care Paediatrics.

Institutionalising Cooperation

After 1995 the cooperation between the ERS, more specifically its Paediatric Assembly, and the UEMS, more specifically its Paediatric Section (CESP) was institutionalised. The instruments of this cooperation are the Long Range Planning Committee on behalf of the ERS Paediatric Assembly, and the European Board of Paediatrics on behalf of CESP. The ERS Paediatric Assembly has nominated one delegate as a liaison officer for representation of PRM in CESP and the Board. The basis for these developments was a restructuring of CESP, which now not only consists of national delegates but also of the representatives of various Paediatric specialities.

Developing A Training Syllabus

From 1996 to 1998 the Long Range Planning Committee of the ERS Paediatric Assembly strived to develop a European Training Syllabus for PRM. The first draft, conceived by the liaison officer, was subsequently discussed, amended and revised by the entire committee. As this syllabus had to be compatible with already existing or developing national programs, concepts from The Netherlands and The United Kingdom, as well as the already existing

training programs for Switzerland, Australia and the US were taken into account. A basic framework was provided by the above CESP concepts. Furthermore, it was decided to structure the entire program in clearly definable modules in order to facilitate a later classification of training centres. The result of this work was a draft that was subsequently presented to the European Board of Paediatrics. There it underwent some further minor changes, but also served as a model for developing training programs in other tertiary care paediatric specialities. Ultimately, this training syllabus was endorsed by the UEMS management council in 1999, together with accepting PRM as a subsection of CESP.

The complete Training Syllabus can be found at <http://www.ersnet.org/paediatric-training>

The Committee On Paediatric Respiratory Training In Europe

After having concluded the syllabus project in 1999, the Long Range Planning Committee started to evaluate and categorise training centres in all EU countries plus other European countries that would cooperate on a voluntary basis. As an instrument for this project, the Long Range Planning Committee set up a "Committee on Paediatric Respiratory Training in Europe". This committee was and is chaired by the liaison officer and consists of one or two national delegates per country. Those national delegates were chosen on the basis of their high professional and scientific profile in the field, considerable organisatory talent, local and national influence, and, last but not least, their motivation to contribute to the project.

Collecting A European List Of Training Centres

From 1999 to the end of 2000, the above Committee on Paediatric Respiratory Training in Europe collected a list of training centres for all EU-countries and, in addition, for all European non EU-countries that cooperated on a voluntary basis. Each training centre was to be characterised by its name, address, telephone and fax-number, E-mail-address plus the name of the head and a contact person. Each training centre was to be described by a teaching profile consisting of the locally available modules. At the end of 2000, the European Board of Paediatrics suggested that such a list should not be published without the approval of the relevant national paediatric societies. As a consequence, the head of the committee then contacted the different national paediatric societies with a request for approval of the training centre list publication. As it turned out, this was a more tedious, time- and energy-consuming task than anticipated; however, after some reminders and explanations, these national society approvals were complete with January 2002.