

WHAT IS THE FUTURE OF PAEDIATRIC PULMONOLOGY IN EUROPE?

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Abstract

Respiratory diseases represent the most frequent reasons for families with children for seeking medical advice and care. The majority of the acute illnesses are self-limited and with a benign clinical course that make them manageable with minimal resources.

Chronic respiratory illnesses have to be assessed by specialists, mostly by paediatric pulmonologists and often need special attention and interventions. Referral to centres with trained paediatric pulmonologists is essential for timely diagnosis and proper care.

Unfortunately, there still is no uniformity in training such specialists throughout Europe.

The ERS and CIPP have a major role in developing the training in paediatric pulmonology in order to gradually harmonise this speciality across Europe.

With all the achievements till now, paediatric pulmonology is a growing speciality with great future.

Key words: paediatric pulmonology, training, respiratory diseases

Respiratory diseases are the most frequent reason for families visiting a general practitioner with children suffering from various respiratory symptoms. Indeed, the acute respiratory infections represent a significant proportion of conditions in children requiring medical assessment and treatment, especially during the winter period. Most of these children suffer from acute respiratory illnesses of viral aetiology and their mostly self-limiting condition does not require any specialized care. Among these children, however, some patients with various underlying conditions can be hidden whose acute presentation is not just another acute respiratory infection but an acute exacerbation of a chronic disease. These can be children with defects of non-specific or specific immune response, children with impaired mucociliary clearance, children with congenital defects or children with underlying chronic inflammatory condition. It is an important role of a primary care paediatrician to recognise such situations and arrange for timely referral to a specialised centre for paediatric pulmonology.

This referral is usually essential for a timely diagnostic analysis of a child with any advanced disease or underlying pathology.

It is really very important that the child is referred to a centre where a properly trained paediatric pulmonologist with appropriate equipment and laboratory background is available. Detailed clinical elaboration, full pulmonary function testing, good quality imaging including an availability of a chest CT, experienced paediatric bronchoscopy team, but mainly adequate clinical knowledge and experience makes the difference between the assessment of a child with respiratory disease in a paediatric primary care and a specialized centre.

The availability of paediatric pulmonologists varies in Europe from country to country. In some countries, the programme for training and board certification has been established for a long time, while in others, the formal training programme is not established and those who are interested in this field are recruited from the pool of physicians with general paediatric training and special interest in paediatric respiratory diseases. In such situations, these physicians sometimes train within the respiratory training programme in adult pulmonology; others just obtain their experience and expertise without any formal training programme.

Within the Long Range Planning Committee of the Paediatric Assembly of the European Respiratory Society (ERS) [4] the attempts of harmonising education in paediatric pulmonology have started long time ago under the leadership of prof. Maximilian Zach from Graz, Austria, who initiated formation of a Committee on Paediatric Respiratory Training in Europe with a board of national representatives from many European countries. This committee, in co-operation with the European Board of Paediatrics, published in 2002 the first European syllabus for Training in Paediatric Respiratory Medicine as a tertiary care subspecialty, using a modular system of education in paediatric respiratory diseases and also listed available training centres across Europe [3]. This syllabus not only served as a model for other tertiary care subspecialties in paediatrics but also helped establish and strengthen paediatric respiratory medicine as a subspecialty within Europe. With this syllabus as a guide, the ERS Paediatric Assembly and the ERS School have continuously promoted state-of-the-art training in PRM.

In 2006, an online survey among members of the ERS Paediatric Assembly was performed and revealed that many of the respondents found the available syllabus useful, both for personal practice as well as for establishing national training programmes. Using the example of the Adult HERMES (Harmonised Education in Respiratory Medicine for European Specialists) Task Force, an ERS Paediatric HERMES Task Force was established started to work on the updated syllabus. The 2002 syllabus offered a very useful model and its modular structure was accepted as a basis for the updated syllabus. Since 2007 the Task Force developed not only an updated syllabus, but also a detailed curriculum and recommendations for training European specialists in paediatric respiratory medicine which were both realistic (i.e. defining minimum standards) and aspirational (i.e. reflecting best practice) [1].

The most recent achievement of the Paediatric Hermes Task Force has been the first European Examination in Paediatric Respiratory Medicine which has taken place during the ERS Annual Congress in Amsterdam in September 2011. This examination provided for

those who applied and finalised the examination an European Certificate in Paediatric Respiratory Medicine. This Certificate will confirm successful passing the European standardized examination in paediatric respiratory medicine; however, under current legal conditions across Europe does not replace any of the national board examinations. These are still very different between individual countries and need to be gradually harmonised across Europe.

Even so, the European curriculum recommendations for training in paediatric respiratory medicine marked the next educational milestone in the Paediatric Hermes initiative. The third milestone that was inaugurated in Amsterdam corresponded to the assessment phase of the project. Meanwhile, The Task Force started to discuss the future task of developing training networks across Europe with accreditation activities. With all these educational milestones, the initiatives looks forward to realising all the concrete steps towards a European Training Concept for PRM with the homogenisation and standardisation of training across Europe. The goal is of achieving quality control for all aspects of training, free movement of trainees across centres and nations, and the delivery of the very best care to children with respiratory diseases (2).

Nevertheless, this major development in paediatric training in respiratory medicine promises a new future for European paediatric respiratory medicine. The whole development gradually converts towards an appropriately standardized training that in the future might be acknowledged across countries in the EU and allow much better exchange of specialists without too much bureaucracy and re-certifications. This whole system of harmonised education is very much supported by the ERS, whose educational activities have a very significant proportion dedicated to paediatric respiratory medicine. Many courses are available every year dedicated to individual topics within the specialty; most of them have some mechanism to promote participation of young physicians in training. Twice a year also an ERS Paediatric flexible bronchoscopy course has been organised in Paris and is always fully booked. ERS also provides membership promotions for young physicians and scientists, thus enabling access to many unique

educational resources.

For the future of paediatric respiratory medicine in Europe, it is very important to have a reliable platform established in each of the participating countries, such as national Medical Societies of Paediatric Pulmonology, with appropriate credit within the individual countries, full involvement in the system of national postgraduate education and training, standardisation of diagnostics and care and also direct liaison with the Paediatric Assembly of the ERS.

Other important educational activity, not limited to Europe, is represented by the Annual International Congress on Paediatric Pulmonology (CIPP) that is the only world-wide meeting fully dedicated to the paediatric respiratory medicine with major focus on education of young physicians and scientists in the field [5]. The CIPP is not only a congress, but also a permanent activity with a separate postgraduate course (ICPP) held once a year. The activities of the CIPP are being steered by the Executive Board and an International Advisory Board with representatives from many countries from all over the world. Therefore, also the CIPP provides a very good background and platform for international communication and scientific exchange.

From all this it is clearly apparent that paediatric pulmonology is a growing specialty with a great future. It is essential to co-operate

across countries, communicate directly and using the pre-existing platforms and work together towards a really harmonised system of education, certification and care. The children with chronic respiratory diseases deserve it.

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