

EUROPAEDIATRICS 2019 Congress

Dublin, Ireland

EPA-UNEPSA: building bridges across borders...

Destination
Dublin.....!!



NEWSLETTER

FEBRUARY 2019

n. 26



LEARNING ACROSS BORDERS



9th Europaediatrics
13-15 June
Dublin, Ireland 2019

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9th Europaediatrics

13-15 June
Dublin, Ireland 2019



1

BUILDING BRIDGES ACROSS EUROPE AND THE WORLD. "PREVENTION AND THERAPEUTIC INNOVATIONS IN THE MANAGEMENT OF CHILD HEALTH". THE 9TH EUROPAEDIATRICS CONGRESS, DUBLIN, IRELAND. JUNE 13TH-15, 2019

The ninth Europaediatrics Congress (www.europaediatrics2019.org) will take place in Dublin, Ireland, from 13th -15th June 2019. The meeting is the flagship event of the European Paediatric Association, the Union of National European Paediatric Societies and Associations¹ (EPA-UNEPSA) and is held every 2 years². This event has become a wonderful tradition of bringing toget-

her pediatricians and child health professionals from all around Europe and other continents³. It is being hosted by the Faculty of Paediatrics of the Royal College of Physicians of Ireland.

A very exciting scientific program has been developed in collaboration with the National European Pediatric Societies along with major subspecialty societies, the World Health Organisation and international societies across the world⁴. The program will be of benefit to generalists as well as specialists in Europe and across the world. Plenary sessions, symposia, meet-the-experts, clinical guidelines, debates, sessions for young paediatricians⁵, sessions for nurses, free communications and chaired poster sessions in an interactive environment with international experts will enable exchange of high quality clinical information including basic science and promote international collaboration in clinical practice, education and research.

Theme and structure of the meeting

The theme of the meeting is prevention and therapeutic innovations in the management of child and adolescent health. The main objective of pediatrics is to prevent disease and disability through primary, secondary and tertiary prevention⁶; and where prevention is not possible to provide up-to-date evidence based treatment to optimize the health and wellbeing of the child and family.

Prevention encompasses a range of factors including prenatal health, newborn screening, early assessment and treatment, vaccine development, a healthy life style including obesity prevention, physical activity, child surveillance, child protection and in addition promotion of children's rights to health, equity and social justice⁷. Appropriate management and treatment are a fundamental component for the improvement of child health.

The Congress will take place over three days. The emphasis on the first day will be on child health concerns, on the second day on science, research, personal and international best practice and on the third day on recommendations and international strategies. Relevant information will be provided for pediatricians and health professionals working in primary, secondary and tertiary care across Europe and internationally. Delegates will have the opportunity to obtain up-to-date information in their chosen specialties and to hear, discuss and share experience on the latest development and innovations relating to clinical practice⁸, education⁹ and research¹.

The conference will be accredited with the relevant European educational programs so delegates will be able to register for continuing medical education/continuing professional development points/credits. We particularly hope that Europaediatrics 2019 will be an occasion for those in the early stages of their careers to meet new colleagues and forge lasting friendships across Europe, as well as for others colleagues to renew old friendships.

The hosting societies

The European Paediatric Association (EPA-UNEPSA) is a pan-European scientific association. It was founded 42 years ago and now represents 50 National European Pediatric Societies and Associa-

tions and operates on a non-profit basis. It works closely with other major international organizations, including WHO, UN, EMA and the Council of Europe. The main objective of EPA-UNEPSA is to encourage scientific co-operation between not-for-profit National European Pediatric Societies/Associations, pediatricians and health care professionals working in primary, secondary and tertiary paediatric care in Europe and internationally, in order to promote child health and comprehensive pediatric care. It continues to encourage education of patients, families and care givers by translating specialist knowledge to generalists, and works to improve the quality of paediatric patient care in all European countries by excellent clinical research and by implementing research into practice. The European Paediatric Association strongly supports the concept of “working and learning together”. It embraces diversity⁴ and fosters the exchange of experiences and cooperation amongst pediatricians and health professionals caring for children enabling the exchange of experiences and the sharing of best practices, in the spirit of “learning across borders and languages”⁴.

The Congress will be held in the new iconic Convention Centre Dublin in the heart of the city, close to the historic Trinity College Dublin founded in 1591 and adjacent to the Royal College of Physicians of Ireland founded in 1654 which are the ‘homes’ of many great physicians and Nobel prize winners including William Stokes, Dominic Corrigan, John Cheyne, Henry Marsh and Robert Graves.

The Royal College of Physicians of Ireland (RCPI) was founded in 1654 by Professor John Stearne from Trinity College Dublin and Oxford University in response to his recognition of the need for an improvement in the medical services available to the people of Ireland. The College was granted a Royal Charter in 1667 with the power to examine and license doctors as being fit to practice and thus established itself as the regulator of medical teaching on the island and standards of care for the sick. Over the years the College has been instrumental in establishing renowned teaching hospitals, collaborating with medical schools and advancing medical science both in Ireland and abroad.

Today the College is the professional body representing physicians and pediatricians in Ireland and is responsible for national postgraduate medical education in 25 medical specialties and the certifying of professional competence. Its mission is to develop and maintain high professional standards in specialist medical practice, to achieve optimum patient care and to promote health nationally and internationally.

The Faculty of Paediatrics of the Royal College of Physicians of Ireland is the professional body representing all consultant Pediatricians in Ireland and the national postgraduate training body for paediatrics in Ireland. The Faculty aims to foster the scientific progress, knowledge and development of paediatrics nationally and internationally. It is national and international in its influence, representing over 400 Pediatricians and when combined with the 7554 Fellows and Members of RCPI in a total of 68 countries, it is a truly global organization.

Child health has been important in Ireland for over 2000 years since Brehon times (Ireland's indigenous system of law dating from the Iron Age). The first children's hospital, The National Children's Hospital, was established in 1821; the objectives of the hospital were to provide free medical and surgical treatment, clinical instruction to students and to educate mothers and nurses in the care of children. Objectives which could hardly be improved on today.

Today the good work has continued and Dublin is now at the forefront of clinical care, education and research. A new state of the art national pediatric hospital is being built with 500 beds along with academic and research facilities and will open in 2022. It will bring together on one site the three Dublin children's hospitals alongside maternity and adult services. An update on this new world class hospital will be provided during the meeting.

The highest birth rate and the highest proportion of children per population in the European Union are in Ireland, with 1.2 million young people, which is equal to 25 per cent of the population. The health and well-being of children is a top priority. The UN Charter for Children has been endorsed by Ireland which states that every child has the right to health, equality and social justice.

Ireland is a land of a Thousand Welcomes. The national greeting is *Céad Míle Fáilte*, literally, a hundred thousand welcomes. Dublin is a city of culture, science, music and steeped in medical history. The program will allow time to enjoy the city as well as providing a feast of clinical, scientific and practical interest and an unforgettable social program. It is a safe but bustling city. We know that delegates to our conference will be delighted by the warmth of the welcome they receive and will leave with a better understanding of child health.

The Congress will provide delegates with a creative conference, up-to-date information, a platform for networking, inspire and empower participants to make the world of child health and wellbeing better off¹⁰. The organizers will personally ensure that the conference excels and is truly creative and will contribute to the future health and wellbeing of children and their families throughout the world¹⁰. When the scientific program is over for the day, the setting for the Congress in the city centre offers opportunities for delegates to visit world-renowned museums and art galleries or just to stroll the streets and take in the views, history and culture of the city or a pint of Guinness.

Main topics and sessions

The main topics and sessions of the 9th Europaediatrics are described in Table 1. The congress includes free-standing presentations, chaired poster sessions and interactive networking programmes. Further details of the program and the registration for the meeting are described on the Europaediatrics Congress website www.europaediatrics2019.org and on the EPA-UNEPSA website www.epa-unepsa.org. The website is open for early bird registration and submission of abstracts. All accepted abstracts will be published in the Archives of Disease in Childhood, an international peer review, impact factor pediatric journal.



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Table 1

Program of the 9th Europaediatrics. The biannual international meeting of EPA/UNEPSA jointly organized with The Royal College of Physicians of Ireland

Main Topics and Sessions
Plenary Sessions
Challenges in Child Health. (Prof Zulfiqar Bhutta - Canada, President IPA)
Child health in Europe & the Migrant Child (Prof Martin Weber - WHO DNK)
New Vaccines & Controversies. Dispelling the myths (Prof Karina Butler - IRL)
Microbial Resistance and New Antibiotics (Prof Robert Cohen - FR)
The genomic revolution and its clinical implications (Prof Arnold Munnich - FR)
Obesity Prevention and Genetic Influences (Prof - Sir Stephen O’Rahilly - UK)
Management of Obesity & Bariatric Surgery (Prof Russell Viner, President RCPCH - UK)
Social Media Benefits and Risks for Children & Adolescence (Dr Damian Roland – UK)
Editor’s Choice: 5 publications that most changed paediatric practice in the last 5yrs. (Prof.Nick Brown, Chief Editor Archives of Disease in Childhood - UK)
Children – no money, no voice & no vote: Evidence, imperative and savings by investing in child health (Prof Andreas Gerber - CH)
Solutions and Way Forward (Prof Sir Terence Stephenson - UK)
Conclusions (Prof Ellen Crushell - IRL)
Workshops
Information Technology in Clinical Practice and New Developments
Ventilation & New Methods of Non-invasive Mechanical Ventilation for Newborn & Older Child
Resuscitation and Transport of the Sick Child
How to Publish: Write a paper, Review a paper, Be an editor, Respond to rejection?
Cardiology Screening and Recent Advances
Meet the Expert sessions
Diagnosis and Management of Seizures in infants and children
Joint pain and arthritis in children- Management & new developments
The Crying infant Assessment and Management
Neonatal screening and new therapies
End of life guidelines/toolkit
Hot topics in paediatric radiology

Pros/Cons Debates on obesity and on immunization

Quick update sessions

22 Symposia provided by European, International experts and WHO across all specialties

Clinical Sessions:

Neonatology / Growth / Development / Nutrition / Obesity / Diabetes / Adolescent health / Mental health / Children at risk / Respiratory medicine / Allergy / Infections / Immunizations / Role of probiotics / Haematology / Oncology / Prevention and treatment of noncommunicable diseases / Life-long learning and research.

Child health policy sessions:

Models of Child health based on population needs / National Planning of Pediatric Workforce and Working Conditions in Europe / implementation of child rights in health services / Health and wellbeing of school children.

Special international symposium on children's global health:

Challenges and opportunities to improve child health views from Europe, US, Asia, China, Australia and globally.

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We are delighted to invite you to the 9th Europaediatrics Congress in Dublin and welcome you with a céad míle fáilte which in Irish means 100,000 welcomes.

The congress is the annual highlight of the activities of the European Paediatric Association and the Union of National European Paediatric Societies and Associations (EPA-UNEPSA).





The next elections for the IPA presidency:
the European Paediatric Association (EPA/UNEPSA)
and its strong dedication to the mission of the Inter-
national Paediatric Association.

2

ADVOCATING FOR CHILDREN'S HEALTH: EUROPEAN PAEDIATRICS TOWARD THE GOAL OF SPEAKING WITH ONE VOICE!

Dear Presidents and respectable members of inter-
national Paediatric Societies and Association,

It is a pleasure for the EPA/UNEPSA Council to
briefly update you about the important efforts ma-
de in Europe by EPA/UNEPSA, under the presi-
dency of Leyla Namazova-Baranova, aimed at
combining the forces of EPA/UNEPSA and the ot-

her European international organizations to closely work in advocating for Children's health and well-being.

During recent months EPA/UNEPSA promoted the "European pediatrics speaking with one voice" initiative, which gathered a large majority of National European Societies of pediatrics in Vienna to discuss the urgency of uniting forces to effectively and adequately promote European children's health. That was a seminal moment for European pediatrics, and EPA/UNEPSA involved in this important project the other 2 major European Societies of pediatrics: the European Academy of Pediatrics (EAP), mostly representing the paediatric societies of the "European Union" countries, and the European Confederation of Primary Care Pediatricians/ Confédération Européenne de Pédiatrie Ambulatoire (ECPCP), active in Europe since 30 years and representing 22 national European Societies and over 25,000 primary care pediatricians.

It is in fact clear that Primary Care Pediatrics will represent an increasingly important factor in the future of the European Pediatric Care, and EPA/UNEPSA emphasizes the importance of a close collaboration between secondary and primary care paediatrics, which is supported by the work and dedication of the thousands of European primary care pediatricians working in Europe, and finely represented by ECPCP .

We strongly feel that the International Pediatric Association (IPA) is for all societies, and EPA/UNEPSA is working actively to promote the importance for ECPCP and EAP to join IPA. We are certainly looking forward to this important step, which will further enable the three organizations to join effectively their forces and speak with one voice.

The present issue of the EPA/UNEPSA NewsLetters, includes an update of the current progresses in the EPA/UNEPSA's effort toward the important process of uniting the European paediatric forces.

EPA/UNEPSA is strongly committed to expand globally the long lasting efforts of its president Leyla Namazova-Baranova to improve the health and well being of the European children, and to further develop the health programs which she has lead and promoted in different continents during the past years. Throughout the years, as president of both EPA/UNEPSA and the Russian Academy of Pediatrics/Union of pediatricians of Russia, Leyla Namazova-Baranova also dedicated her work and constant attention to improving the paediatric healthcare facilities, and we wish that you will support her strong motivation to work closely with you all to further expand the existing IPA plans and develop collectively new intense activities and projects aimed at marking seminal progresses in the health of children around the globe.

Your collaboration and active involvement in support of Leyla's future efforts in IPA will be much needed to pursue and achieve together these important goals, and we wish that you consider to entrust and support her with your vote at the next elections for the IPA presidency in Panama.

The EPA/UNEPSA Council Members



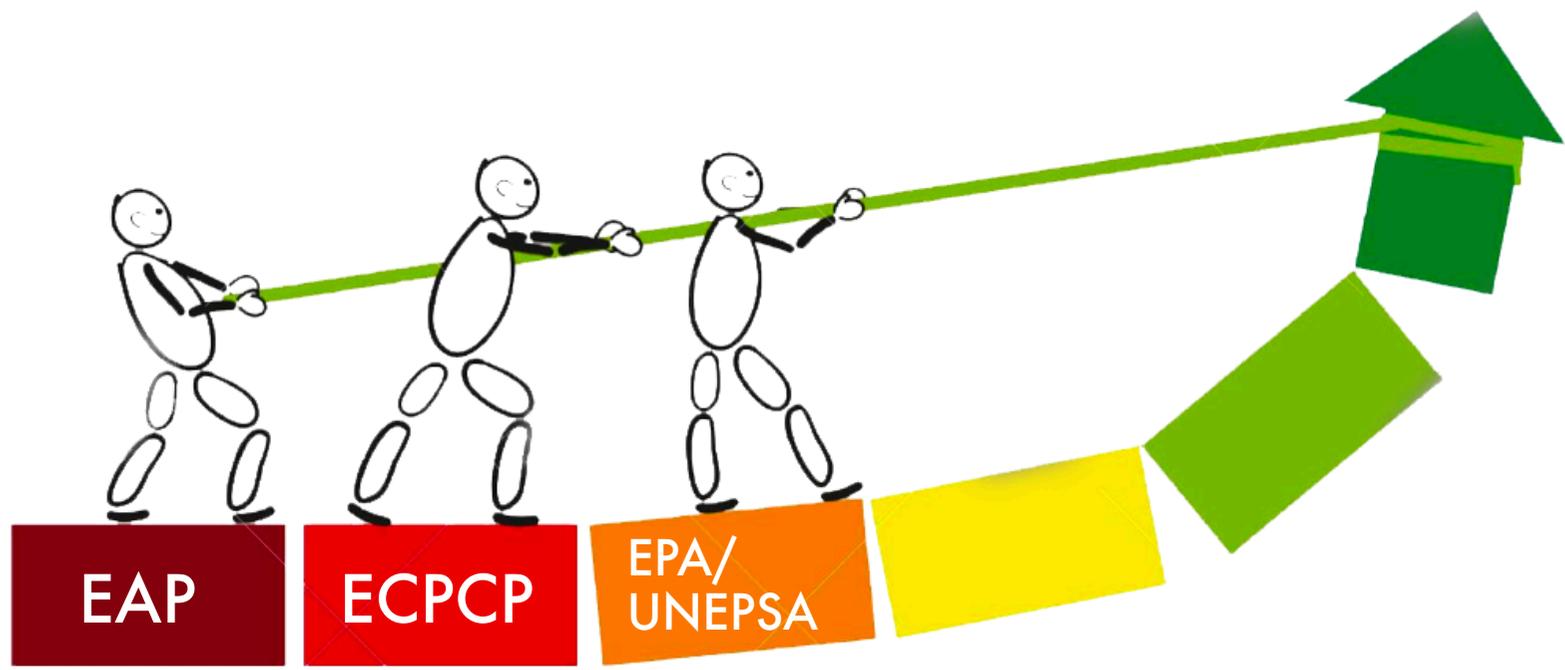
IPA 2019

PARTNERSHIPS FOR CHILDREN

PANAMA CITY, PANAMA MARCH 17-21, 2019

29TH INTERNATIONAL PEDIATRIC ASSOCIATION CONGRESS

PARTNERSHIPS FOR CHILDREN



3

PACKING FORCES TO ACHIEVE COMMON GOALS

VIENNA "SUMMIT" OF EUROPEAN PEDIATRIC ASSOCIATIONS A REPORT OF THE EPA/EAP/ECPCP MEETING ON DEC 8-9, 2017

Pediatricians and Pediatric Societies around Europe face the problem that pediatric care is frequently disregarded. As a consequence, primary care is frequently attributed to health nurses or general practitioners / family doctors, although pediatric training of these groups is often very limited. Recently, more countries think about going the same way although it has been shown that primary

pediatric care provided by pediatricians goes along with less hospitalisation of children, higher vaccination rates and less prescription of antibiotics.

On the European level, several pediatric associations represent the interests of pediatricians and their national societies. Currently, these are the European Paediatric Association (EPA) with 52 member states, the European Academy of Paediatrics (EAP) with 38 member states, and the European Confederation of Primary Care Paediatricians (ECPCP) representing the interests of primary care.

Between these three key organizations, there are several parallelisms and eventually conflicts of interest. As a consequence, the „power“ of all three associations is very limited, since none of all three associations can assure to speak on behalf of ALL European pediatricians. This may lead to substantial disesteem of all three associations, especially when approaching (European) health authorities or politicians.

In contrast to the American Academy of Pediatrics (AAP), European Paediatric Associations are not at all involved in political or organisational decisions concerning pediatric health care, neither on national nor on European level.

In the past, several approaches to bring European international pediatric associations closer together failed. In 2017, another initiative was launched for better collaboration and eventually „merging“, in order to increase „pediatric power“ in health politics and policies. These activities were/are entitled „European Paediatricians Speaking with One Voice“.

A pre-meeting (involving EPA and EAP representatives) took place in Moscow in November 2017 leading to the decision to go ahead. It was decided to convene on „neutral grounds“, and the Austrian Society of Pediatrics and Adolescent Medicine (ÖGKJ) was asked to host such a „summit“. Within few weeks, this was scheduled and finally took place on Dec 8-9, 2017 in Vienna.

During this two-day-meeting, bilateral talks took place on Dec 8 between EPA and EAP as well as between EPA and ECPCP. On Dec 9, the further course of action was discussed with the representatives/national delegates of 17 member states. All participants expressed their desire for closer collaboration of the three involved pediatric societies with the aim to strengthen „pediatric forces“. R. Kerbl (secretary general of the Austrian Society of Pediatrics) as local organiser of the meeting was requested to summarize the intentions specified during the meeting (see box below).

The participants of the Vienna „One Voice“ Meeting of Dec 9, 2017 express their wish

- To continue the positive and constructive atmosphere and fruitful discussions as initiated at the Vienna meeting

- To realise the consensus of the Vienna Meeting that a joint European paediatric umbrella organisation needs to be built that represents ALL paediatricians in Europe, and this should be achieved until 2023
- To combine EAP and EPA under a common umbrella structure
- To integrate all European national Pediatric Societies in the unifying process
- To consider the needs and interests of primary, secondary and tertiary care Pediatrics
- To present a detailed proposal and roadmap with specified steps and timelines to the member meetings of EAP and EPA starting 2018
- To involve national Societies in regular intervals and to inform them about the progress
- To design ALL activities and agreements to



“Some of the participants to the summit in Vienna: group photo”

THE BEST of CHILDREN, ADOLESCENTS and THEIR FAMILIES.

Furthermore, it was agreed to design a „roadmap“ of contents (common goals, congresses etc.) as well as a „timeline“ (what should be done by whom until when). As soon as possible representatives of the involved organisations should be nominated to bring negotiations forward.

With the good will of all involved parties, it should be possible to make close collaboration of the European Pediatric Associations possible and in the best case should result in „merging“ the efforts of these to speak up with ONE VOICE.

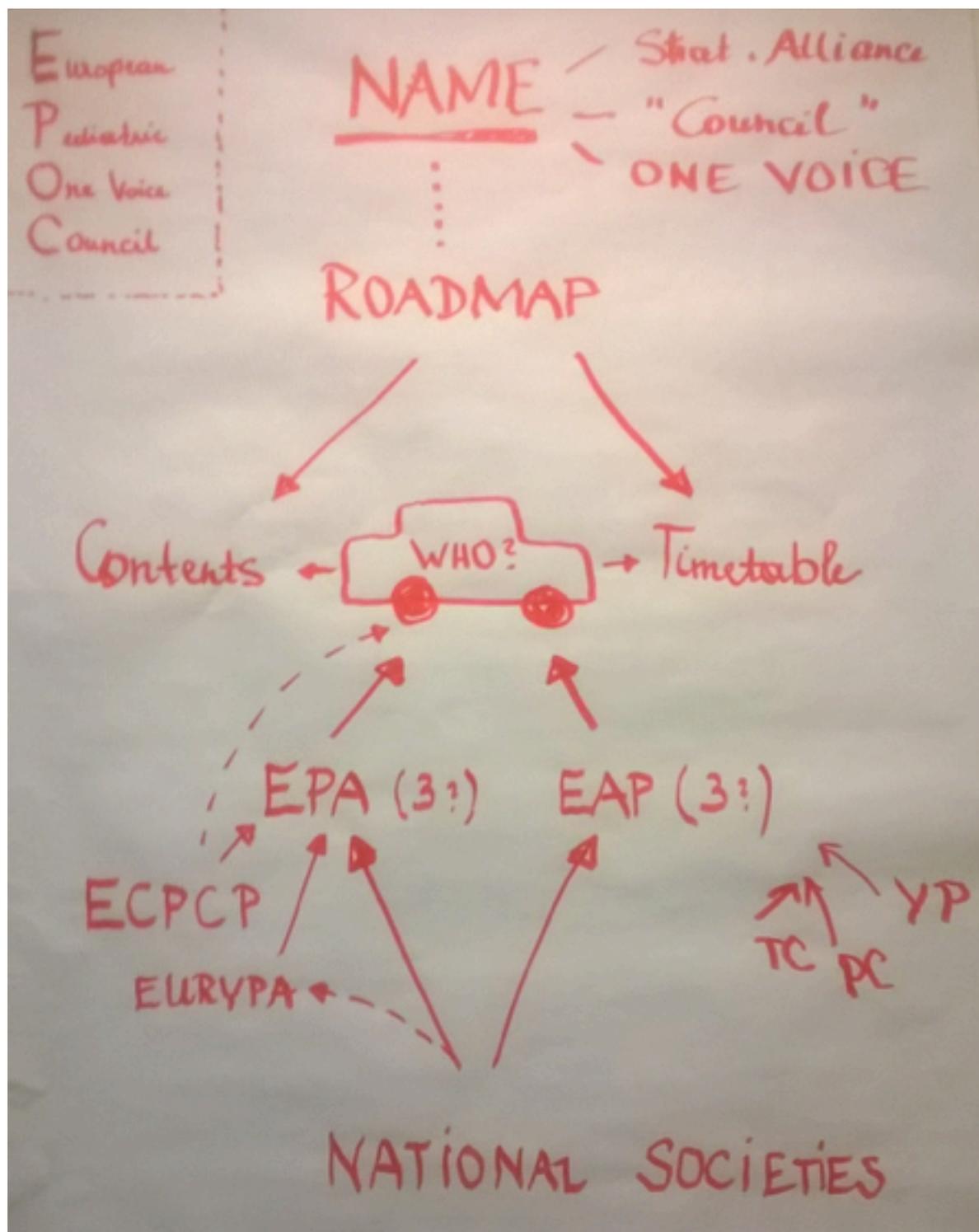


Fig. 1 - Collection of ideas for the strengthening of „European pediatric forces“ drawn on flipchart during the „One Voice Meeting“ in Vienna (Austria) on Dec 9, 2017.



4

PRIMARY CARE PEDIATRICS: MEETING THE NEEDS OF TODAY'S EUROPEAN CHILDREN

The series of articles published by ECPCP officers in the following pages of this issue of the EPA/U-NEPSA News Letters, aim at emphasizing the common effort of the two organizations in speaking with one voice with the ambition to advocate for European children and their care and wellbeing.

Increasing concerns are raised about the quality of services provided for children and families in

community settings across Europe. These concerns are driven by three main factors - variations in outcomes, which include both morbidity and mortality, inequities of provision, both within and between nations and the difficulties with recruitment, training and retention of an appropriately trained and competent workforce, which includes paediatricians, family doctors, general practitioners, children's nurses and other professional groups.

EPA/UNEPSA joins its forces with ECPCP to emphasize the growing importance of providing a high quality training in primary care to pediatricians that are licensed by the various residency courses in Europe.

Primary care pediatrics is generally described as the ideal accessible and affordable first contact, continuous and comprehensive, and coordinated mean to meet the health needs of the individual and the family being served. Pediatric primary health care encompasses health supervision and anticipatory guidance; monitoring physical and psychosocial growth and development; age-appropriate screening; diagnosis and treatment of acute and chronic disorders; management of serious and life-threatening illness and, when appropriate, referral of more complex conditions; and provision of first contact care as well as coordinated management of health problems requiring multiple professional services.

The strong position of EPA/UNEPSA is that Pediatric primary health care for children and adolescents must be family centered and incorporates community resources and strengths, needs and risk factors, and socio-cultural sensitivities into strategies for care delivery and clinical practice. Pediatric primary health care is best delivered when comprehensive, continuously accessible and affordable care is available and delivered or supervised by qualified child health specialists.

The pediatrician, because of a qualified dedicated training, coupled with the demonstrated interest in and total professional commitment to the health care of infants, children, adolescents, and young adults, is the most appropriate provider of pediatric primary health care. EPA/UNEPSA and ECPCP are looking forward to join forces with the rest of European societies to achieve the important goal of promoting the health and wellbeing of European children, through the best possible healthcare supported by highly qualified, well trained specialists.



Join the ECPCP-EPA/UNEPSA session at the 9th Europaediatrics Congress in Dublin, on June 13, 2019:

ECPCP/UNEPSA Symposium (16:00)

Prevention in Paediatric Primary Care (PPC)

- Overview of ECPCP preventive care proposals. Improving vaccine uptake
- Prevention in paediatrics: the need for a competent Primary Care
- Prevention of errors in Primary Paediatric Care in Europe
- Children in a hyperconnected world: prevention of the new morbidity

ECPCP



European Confederation of
Primary Care Paediatricians

Confédération Européenne de
Pédiatrie Ambulatoire - CEPA

5

INTRODUCTION: WHO/WHAT IS ECPCP? WHY SHOULD WE STRENGTHEN PRIMARY PAEDIATRIC CARE?

The European Confederation of Primary Care Paediatricians, represents over 25000 paediatricians from 20 societies in 17 European countries engaged in Community Pediatrics and Primary Child Care.

Community Pediatrics and Primary Child Care are specific disciplines, dealing comprehensively with the health and wellbeing of infants, children and

ECPCP



European Confederation of Primary Care Paediatricians
CEPA - Confédération Européenne de Pédiatrie Ambulatoire

adolescents in the context of their family, community and culture, respecting their autonomy and seeing in the child the prime subject of care whose personal wellbeing precedes all other considerations, while at the same time setting the frame for the involvement of parents, guardians and/or custodians.

Our quest is the good health and wellbeing of the Children of Europe. Attaining this goal relies on the development and implementation of attainable and accessible primary healthcare services and facilities of the highest standards in all countries in accordance and fulfillment of the Alma Ata declaration, the UN Convention on the right of Children and the WHO Charter.

ECPCP advocates the role of Paediatricians as deliverers of primary care in the community from post-natal health care to late adolescence and has set mechanisms and personnel to define and develop tools that might help optimize these services in the countries that have chosen pediatricians as primary caretakers. But as Pediatricians and Europeans we choose to broaden our activities and get involved in assuring optimal levels of Primary care for the children of those countries lacking facilities and funding for primary pediatricians, where the service is delivered by other professionals that not always have the adequate knowledge, proper skills and formal training to perform their task in a satisfactory way.

To do so, ECPCP needs the support and backup of EPA-UNEPSA, to present to the Governments of the Continent a unified European pediatric front, able to discuss matters and collaborate with the Medical Associations and entities of all the countries.

We have been setting standards and defined knowledge and expertise needed to perform these tasks and hope to be regarded as models and competent assessors in these matters. Our Curriculum for Primary Care has been adopted by GPEC and many countries and we plan to formulate, adopt and implement an adequate curriculum for the General Practitioner. We hope to establish also Primary Pediatric care as a teaching topic in Medical schools in Europe and continue promoting and developing research, teaching, training and the formulation of guidelines for good clinical practice in PPC.

In the present publication the reader will find

- A resume on the History of ECPCP by one of the founders and present Honorary President, Dr. Elke Jäger-Roman.
- A mission statement by our President, Dr. Angel Carrasco Sanz, detailing also our plans for a common future with EPA-UNEPSA in harmony rather than rivalry.
- An article by our Vice President, Dr. Shimon Barak on the challenges facing the Paediatric workforce in general and Primary Pediatric Care in particular in the near future
- A proposal by our Secretary General and former president, Dr. Gottfried Huss, on a new matrix of tasks and competencies of child care takers and providers in the European context.

- A summary and short history of the Curriculum of Primary Care Pediatrics, by the chairperson of the Curriculum Working Group, Dr. Carmen Villaizán

Shimon Barak / Gottfried Huss

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ECPCP MISSION STATEMENT BY ANGEL CARRASCO-SANZ, PRESIDENT

The European confederation of Primary Care Paediatricians (ECPCP) is a growing association of currently 20 paediatric professional organizations which act for 25.000 primary care paediatricians (PCP) in 17 European countries.

The members of ECPCP are committed to the health and wellbeing of all children as declared in the UN Convention on the Rights of the Child and

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ratified by their National Governments. They are convinced that Primary Care Paediatricians are the professionals that are best trained and suited for the primary medical care of children and adolescents.

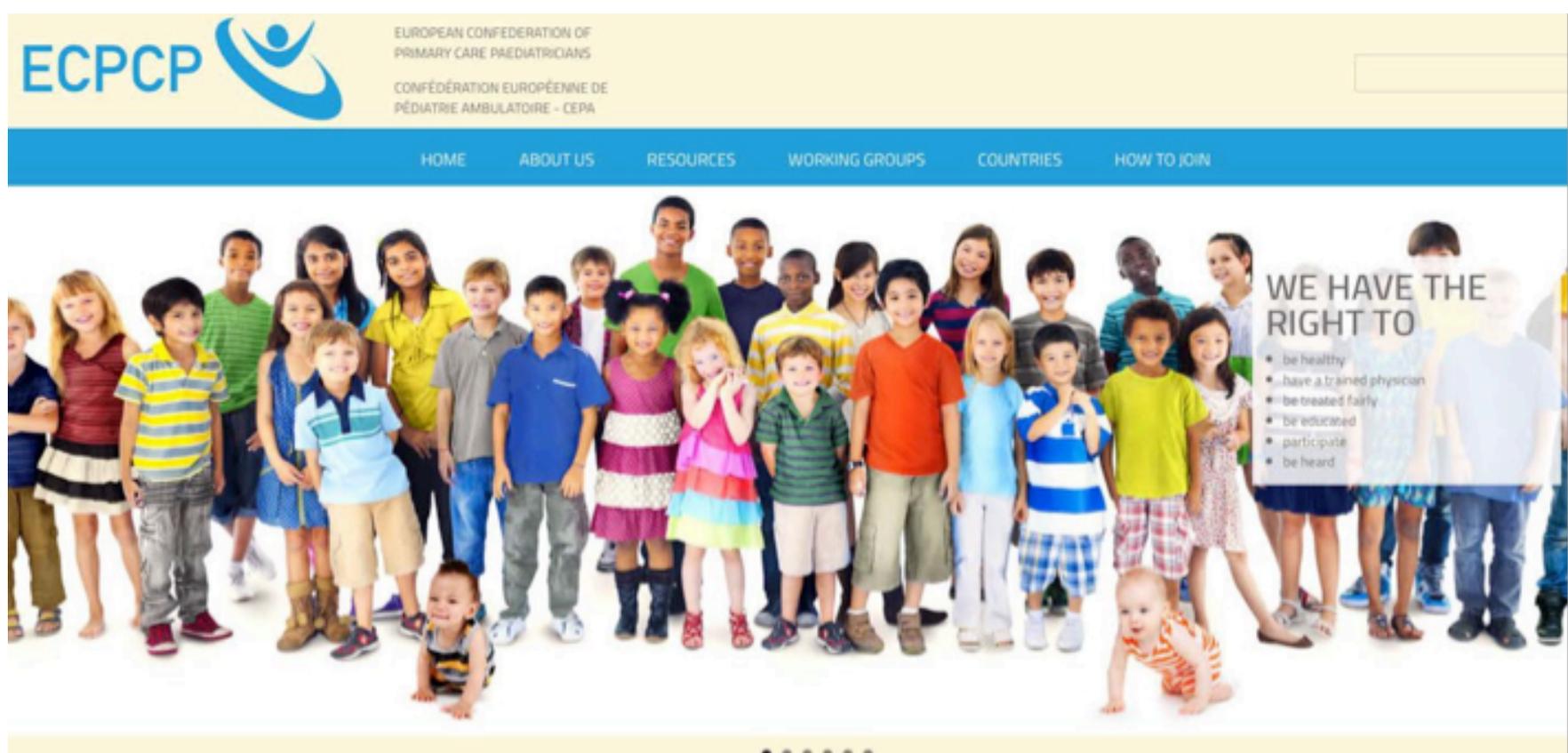
As to the role of Primary Care Paediatricians: PCP's are the first medical contact for children, adolescents and their families within those health care systems where paediatricians work in primary care. They deal with all unselected concerns and health problems such as acute problems, chronic diseases, developmental and psychosocial concerns and they are especially committed to health promotion and all preventive measures like immunizations and preventive medical check-ups.

ECPCP sees one of its most important tasks in advocacy for children: it speaks up on behalf of children at all levels, i.e. at the legislative and public policy and at the community level. ECPCP is highly concerned about the percentage of children who live in poverty as poverty is the most important factor for developmental and health problems.

ECPCP supports its members to convince decision makers and community leaders that paediatricians have a high expertise in child health policy issues.

For the sake of child health and recognition of the leading role of paediatricians in this field, ECPCP developed collaboration and partnerships with many international organizations: European Academy of Paediatrics (EAP), International Paediatric Association (IPA), International Society for Social Paediatrics and Child Health (ISSOP) and the Global Paediatric Education Consortium (GPEC).

With the European Paediatric Association (EPA/UNEPSA) ECPCP shares a special interest in promoting child health and comprehensive paediatric care. The two organizations agreed upon to participate in their scientific meetings, develop joint research projects and publications, develop a European master study course for primary paediatric care and nota bene: speak with one voice when it comes to their mutual interests.



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HISTORY OF ECPCP - THIRTY YEARS OF ADVOCACY FOR PRIMARY PAEDIATRIC HEALTHCARE

Dr. Elke Jäger-Roman, Germany

ECPCP, the European Confederation of Primary Care Paediatricians, was founded in 2009 as an evolution and transformation of a previous organization, SEPA/ESAP (Société Européenne de Pédiatrie Ambulatoire / European Society of Ambulatory Paediatrics) that existed for 20 years (1989-2009).



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ESAP was founded in 1989 by primary care paediatricians, mostly from South-Western European countries (France, Spain, Italy, Switzerland and Belgium) as these are countries having a pediatric primary healthcare system. The society was based on individual membership and at its peak ESAP consisted of 450 members.

Some of the members/founders were delegates of their respective countries in CESP (now EAP – the European Academy of Pediatrics), the paediatric section of UEMS (The European Union of Medical Specialists (Union Européenne des Médecins Spécialistes – UEMS), the non-governmental organization representing national associations of medical specialists in the European Union. The driving force for the foundation of ESAP was the feeling by its founders that primary care paediatrics was poorly represented in EU member states. The Assembly of EAP is constituted by two delegates from each Country-member: one representing tertiary care and the other representing either primary or secondary care. At that time, only few EU countries sent primary care paediatric representatives to EAP, and most of the delegates were hospital based paediatricians. This imbalance of EAP delegates prejudiced against the practice based interests of primary care paediatrics and these were not properly dealt with.

ESAP set up as its prime objective to promote general ambulatory paediatrics through

- < Health services research
- < Teaching and education (continuous medical- and professional education CME and CPE)
- < Improving good clinical paediatric primary care practice
- < Collaboration between ambulatory practicing paediatricians in Europe with universities and international paediatric associations.

ESAP was very successful, for example in defining the nature of PPC, in portraying health care systems in the EU countries with respect to pediatric- or general practitioner driven primary healthcare for children, in doing research on the quality of PPC practice, in ethical issues and in many more fields.

But at the end, members of ESAP realized that their society had hardly any political impact on the changing health care systems (towards a GP-driven primary care) in their respective countries. Practically all members of ESAP came then to the conclusion that the case of paediatric primary care needed more political power to be heard, to be implemented and to be secured. This was the time for the foundation of ECPCP and this happened in 2009.

The most important change in ECPCP vs ESAP was that in the new statutes, corporate memberships (Professional organizations) substituted individual memberships, bringing along their many

members and thus increasing the political influence. Today only paediatric Professional organizations are members of ECPCP, but we represent more than 20.000 primary pediatricians.

The Professional organizations nominate and send delegates, ranging from 1 to 5 delegates depending on the number of members each society has. The founding members of ECPCP came from Germany, Spain, France, Hungary, Lithuania, Luxemburg, Portugal, Slovakia, Slovenia, Switzerland and the Czech Republic.

ECPCP invites to two working- meetings per year in European cities, where we have active member organizations. Often national delegates invite to site visits for example in refugee clinics and paediatric group practices. The symposium type meetings gather between 50 and 100 participants.

ECPCP is engaged in the production of statements, research and novel approaches to primary care of children. There are several working groups:

- < Research working group
- < Curriculum working group
- < Vaccination and prevention

One example for a recent product is the Velenje vaccination statement – which describes how to deal with vaccination hesitancy in the community. It focusses on strategies and tools for the primary care paediatrician for the achievement of a high vaccine uptake in practice and in the community.



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ECPCP: TASKS AND COMPETENCIES OF CHILD CARE- TAKERS AND - PROVIDERS IN THE EUROPEAN CONTEXT- MATRIX

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What can be done in primary child care by whom? Who can do it? Who else can do it?

	Emergencies	Acute diseases Example: cough, diarrhea, fever	Chronic diseases Example: Asthma, Diabetes Type 1	Primary prevention Example: Vitamin D, vaccination, accident prevention	Secondary prevention Example: ECD	Health promotion Example: Eating healthy, sports
Parents and adolescents	Recognize the danger signs and seek urgent help	Home management recognize when to go for medical advice	Home management recognize when to go for medical advice	Apply measures and go regularly to receive preventive measures	Nurturing home care	Live healthy and be aware of dangers
Nurse with basic paediatric training	Assess- Triage – organize referral	Assess- counsel- refer	Assess- counsel- refer	Check, counsel and apply	Assess- counsel- refer	Counsel Anticipatory guidance
GP- Family doctor with basic paediatric training	Treat- stabilize organize referral if necessary	Treat- manage	Assess- refer	Check, counsel and apply in the frame of well- baby checks	Basic developmental screening- refer	Counsel Anticipatory guidance
Primary Care Paediatrician In the community	Treat- stabilize Differential- diagnosis organize referral if necessary	Treat- manage Differential- diagnosis POC Lab	Long- term management (in cooperation with subspecialists if necessary)	Check, counsel and apply in the frame of well- baby checks with appropriate equipment	Specialized developmental screening – indicate and coordinate special care	Counsel Anticipatory guidance
Hospital paediatrician	Treat- manage back referral and detailed feedback to primary provider	Treat – manage severe cases Professional Lab back referral and detailed feedback to primary provider	Long- term management in cooperation with PCP or GP back referral and detailed feedback to primary provider	Marginal role Check and motivate	Social paediatrics and neuro- paediatric subspecialist	Counsel Anticipatory guidance

- In case of overload overwork (unnecessary hospitalization, multi – usage of doctors offices etc.) tasks can be shifted upwards or distributed better in the paediatric team or to parents.
- The capacities for problem solving may vary from country to country according to the health system.
- cc G. Huss adapted from the revised IMCI approach matrix by Martin Weber WHO, presented EUPHA Ljubljana November 2018

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THOUGHTS ON THE CHALLENGES FACING THE PAEDIATRIC WORKFORCE AND PRIMARY PEDIATRIC CARE IN THE XXIST CENTURY DR SHIMON BARAK. ISRAEL

Until the mid-20th century, at the front of Pediatric Healthcare stood almost exclusively generalists and primary care paediatricians (PCP), factotums able to treat all ailments and diseases and deal with the complete range of child health. Then, in the 1950s', pediatrics officially began the process of branching into subspecialties, a trend that at the present reached dozens of disciplines.

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Sub-specialization has undoubtedly advanced research and teaching, widened the horizons of pediatrics and improved health care of children and adolescents. But this has been accomplished at the expense of general paediatrics, which has been downgraded, devaluated and transformed from being the core and essence of child care into a mere preamble or prelude towards "professionalism". In Stephen Ludwig's words: "the process by which medicine spawned into subspecialties without strengthening the core is like a tree whose branches and flowers are robust but whose trunk is somewhat tenuous".

The next step was predictable and expected: obtaining more grants and research funds and ipso facto publishing more, subspecialists climbed higher on the academic ladder and became the leaders of the academic settings and the Chiefs of Pediatrics in the University-affiliated hospital departments. Once at the top, many of them (some consciously and others subliminally) discouraged young colleagues from seeking their future in general pediatrics and especially in primary care, causing the tendency witnessed today everywhere, but especially in Europe, of declining numbers of residents pursuing careers in these disciplines. With no newcomers to fill the ranks, and the natural course of aging by the present workforce, the obvious occurred: a severe shortage in General Pediatricians and especially Primary Paediatric Care that in certain countries become an endangered species under the threat of disappearance.

Simultaneously many Governments and Public Health officials, regarding "cure" as a synonym of "care" and "cost of care" as a synonym for "value of life" began looking at the price tag of primary care and the "cost-benefit" of medical procedures and systems. Some countries in Eastern Europe decided, under pressure by the World Bank, to invest their budgets in ostensible "cheaper" primary care and changed from a paediatrician-based health care system to a GP-based system. The outcome of this political change has been generally not satisfying for either physicians or patients and some of these countries are now struggling to restore Family Paediatricians as leaders of care.

Recruiting of paediatricians is a common problem worldwide. The quest to resolve the issue of recruiting paediatricians and develop a sustainable pediatric workforce to meet the healthcare needs of children of Europe has been the subject of a recent paper by Ehrich et al.

All of us want to enjoy health, i.e. not only absence of disease, but a state of complete physical, mental and social wellbeing. Research has repeatedly shown that the prime ingredient for achieving this state is the quality of the primary care. This is the variant that most influences better health outcomes, lower mortality rates, and higher satisfaction among consumers, all for lower cost. Studies show that the strength of a country's primary care system is associated with improved population health outcomes for all-cause mortality, all-cause premature mortality, and cause-specific premature mortality

This article is partly based on two previously published papers, namely:

- Barak S. et al: The future of primary paediatric care in Europe: reflections and Report of the EPA/UNEPSA Committee, *Acta Pædiatrica* 2010, 99, 13-18
- Barak S: Primary care paediatricians: can we save an endangered species. *Paediatr Croat* 2010 54 suppl. 2 9-14
- Ludwig S: Academic General Pediatrics: From Endangered Species to Advanced Scholars of General Pediatrics: The Report of a Consensus Conference. *Ambulatory Pediatrics* 2004;4:407-10

from major respiratory and cardiovascular diseases. This relationship is significant even after controlling for determinants of population health at the macro-level (GDP per capita, total physicians per one thousand population, percentage of elderly) and micro-level (average number of ambulatory care visits, per capita income, alcohol and tobacco consumption). Thus, forty years after the historical Conference on Primary Health Care in Alma-Ata, primary care is undoubtedly a key ingredient in attaining high-quality healthcare services.

It would be tempting to postulate that paediatricians, being better trained and more experienced, deliver better primary care than non-pediatricians. But unfortunately the controversy regarding which system is the best is still ongoing. A landmark study by Katz et al was supposed to finish once and for all the long-standing argument. It showed clear disadvantages for countries using general practitioners and family physicians in primary care settings especially regarding mental health, immunizations, preventive measures of health and infant mortality rate (IMR). But then a study by Van Esso et al showed that European countries with no or few paediatricians in primary care have satisfactory results in terms of conventional "healthcare indicators" including neonatal and infant mortalities.

No doubt that the choice of the parameters is at the heart of the conflicting data and Katz anticipated criticism (and probably prophesized the results found by van Esso) when he wrote "...Infant Mortality Rate (IMR) is an excellent indicator in the developing world where figures of IMR are high and a change is significant enough to be used as a gauge for the effectiveness of program interventions. In Europe ...where IMR varies below 8/1000, the indicators for the pediatric status of health have to include older children....Unlike the past, when children died in infancy because of malnutrition and disease, today pediatric mortality and morbidity are affected by more complex causes. Adolescent suicide has become the third major cause of death in that age group. Accidents and child abuse, too, are major components of child mortality and morbidity. The problem is that we do not currently have any better measures for improving the current health status, but we challenge the academic and professional communities to consider this as we enter the new century and attempt to improve still the health status of our children".

Indeed, accurate and reliable data concerning efficacy of the various systems is insufficient and attempts to map child care systems in Europe and their outcome show confounding biases leading to misclassifications and misinterpretations. But no doubt the worrying and alarming data is from countries not having proper pediatric primary care. In the UK, for example, a study on Infant mortality shows that some of the children deaths were connected to unacceptable and avoidable factors and the UK poor performance for solid tumors might be explained by delayed referral by primary care services.

Ehrich J et al: As Few Pediatricians as Possible and as Many Pediatricians as Necessary. *J Pediatr.* 2018 Nov; 202:338-339.e1. doi: 10.1016/j.jpeds.2018.07.074.

Shi, L. The relationship between primary care and life chances. *Journal of health care for the poor and underserved*, 1992, 3:321-335
WHO Regional Office for Europe's Health Evidence Network (HEN): What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services? Jan 2004 available at <http://www.euro.who.int/document/e82997.pdf>

Katz M, Rubino A, Collier J, et al: Demography of pediatric primary care in Europe: delivery of care and training. *Pediatrics* 2002;109:788-96

Van Esso D, Del Torso S, Hadjipanayis A, Biver A et al: Paediatric primary care in Europe: variation between countries *Arch Dis Child* doi:10.1136/adc.2009.178459

The training of European GPs or FDs in paediatrics is insufficient, with a median of only 4 months and in some countries, paediatric training is not compulsory or even non-existent! Hall & Sowden (previously cited) have concluded that general practice in the UK needs to contemplate the implications of either nurturing or abandoning the concept of the whole family doctor and that in order to maintain their place as the main providers of health care for children and young people, general practitioners in the UK should have appropriate training and remuneration for providing a practice based quality child health service for the 21st century.

Improving the motivation of the primary caretaker

The patient load on the average general paediatrician is huge and constantly growing. Few children seek care from subspecialists but almost all of them will see a general paediatrician each year. Primary care physicians working so many hours and seeing so many patients per day are often "burned out" by their monotonous Sisyphean tasks.

In order to perform his duties properly and fulfill the expected goals of quality health parameters a primary caretaker needs to regain his self-esteem and prestige as well as his/her rightful place in the medical hierarchy and this could be achieved by one or more of these partial solutions:

- Develop a practice in which more time is dedicated to each patient
- Get better reimbursement
- Get more satisfaction from work
- Getting a better division of work in performing preventive or non-medical tasks, either by improved technological devices or by delegating tasks to other providers for example nurses in the paediatric or clerical work to non-medical personnel.

The first two suggestions are actually one: in order to have more time per patient a physician needs to be better paid, thus being able to reduce the number of patients he/she sees. Where would the budget come from? As mentioned earlier, primary care saves money and probably good primary care saves much money.

Satisfaction from work has much to do with intellectual challenge, breaking the monotony of daily practice and raising both the self-esteem and the way the professional establishment sees primary paediatricians. A key ingredient would be the mingling of the primary paediatrician with both the hospital and academic worlds.

Pearson, G (ed.): *Why Children Die, a pilot study. The Confidential Enquiry into Maternal and Child Health (CEMACH)*. Henry Ling, Dorchester, 2006
Hall D and Sowden D: *Primary care for children in the 21st century. General practitioners must adapt to the changed spectrum of illnesses*. *BMJ*. 2005 February 26; 330(7489): 430-431. doi: 10.1136/bmj.330.7489.430.
Kuhlthau K, Nyman RM, Ferris TG, et al. *Correlates of use of specialty care*. *Pediatrics* 2004; 113:e249-e255

This could be achieved by involvement of primary care paediatricians in both research and teaching in the ambulatory setting. We could foment the integration of community paediatricians in the staff of general pediatrics departments, thus ambulatory paediatricians could add their knowledge, experience and point of view on general and ambulatory pediatrics and undoubtedly improve the training of future pediatricians by exposing them to primary caretakers while on the other hand the hospital would attract potential instructors and lecturers that were until now afar from academic activities and thus form a new (or renewed) nucleus of generalists able to coach on the intricacies of general pediatrics.

Another tool would be the involvement of primary care paediatricians in research. The institution of pediatric research nets to conduct collaborative practice-based research would eventually enhance primary care practice and local, regional and national research nets, able to deal specifically with matters and issues of concern of the social-cultural-linguistic community in which the paediatrician cares for specific patients would have bigger impact on the practice and allow the participation of many more researchers.

Building the alternative

Saving primary paediatric care is a reasonable and sound advice in all aspects. Primary care paediatricians have been shown to prevent more, diagnose earlier and treat far better pediatric patients than any other alternative and from the economic point of view, primary pediatric care saves money and the estimated cost of replacing it would be staggering (Buchbinder et al estimated the replacement of a primary care physician cost at approximately \$250,000).

But if there is going to be a constant shortage of primary care and general paediatricians we will have to find alternatives.

- Combined Pediatric – Family Medicine practice:

The saying goes: "if you can't beat them, joined them". In the case of paediatric primary care it would mean a combined practice in which the primary physician is either Family doctor/GP or a paediatrician. Countries opting for this mixed practice should guarantee the quality of the health care by promising that Family Medicine residents get a proper period of training in paediatrics before beginning to work in the field. The mixed practice should be aged limited and certain ages - e.g. birth to 3 or 5 years - should be under the exclusive care of a paediatrician. In addition children and adolescents being cared by Family doctors or GPs should have easy and rapid access to a paediatrician for second opinion, consultations and treatment of complicated cases. Another tool could be the institution of a "regional paediatrician office" that is in charge of preventive medicine, health of the well-baby, kindergarten and school medicine and could also be connected to the hospital in which the children of the region are hospitalized and thus follow up these children if and when hospitalized.

- Establishment of Team Work Patient Centered Medical Homes (PCMH)

Since its introduction in 1967, the PCMH model has gain almost unanimous approval in the USA as the provider of comprehensive primary care. The model has been shown to allow better access to health care, increase satisfaction with care, and improve health and the present recommendation is that every American should have a "personal medical home" through which to receive his/her acute, chronic, and preventive treatment. This service should be accessible, accountable, comprehensive, integrated, patient-centered, safe, scientifically valid, and satisfying.

Most European countries have already patient centered care of adult patients. But to adapt to the shortage of paediatricians they could adopt a specially tailored 'child and adolescent patient-centered practice' under paediatric management and direction, consisting of a multi-disciplinary professional staff including non paediatric physicians (GPs), physician assistants, nurses, dieticians, secretaries, physiotherapists, behavioral health specialists, social workers, health educators, dieticians and laboratory facilities. This team could provide excellent and cost-effective care and if adequately trained with the use of information technologies, can also reduce physicians' load. This kind of practice will guarantee on one hand a personal relationship and centralized management of each case but would free physicians and health care providers from dealing with clerical non-medical jobs. The efficiency would pay off monetary as specialized services performed will be compensated extra (e.g. growth and developmental tests, counseling parents about behavior problems of their children, guiding teenagers through the non-medical crisis). Each patient would have an ongoing relationship with a personal paediatrician that would provide first contact as well as continuous and comprehensive care. Besides being the anchor of the practice, the paediatrician will provide all the patient's health care needs and arrange care with other qualified professionals (including coordination with specialists, hospitals, etc.). The quality and safety would be assured by a care planning process, evidence-based medicine, clinical decision-support tools, performance measurement, and active participation of patients in decision-making.

- Training of a "new model" of primary physicians

For more than 40 years now the USA health system has a program combining residencies in Internal Medicine and Pediatrics and allowing these residents to be became board certified in both speciali-

American Academy of Pediatrics, Council on Pediatric Practice. Pediatric Records and a "medical home." In: Standards of Child Care. Evanston, IL: American Academy of Pediatrics; 1967: 77-79

Allred NJ, Wooten KG, Kong Y. The association of health insurance and continuous primary care in the medical home on vaccination coverage for 19- to 35-month-old children. Pediatrics 2007 Feb;119 Suppl 1:S4-11. PMID 17272584.

Schoen C, Osborn R, Doty MM, Bishop M, Peugh J, Murukutla N. Toward higher-performance health systems: adults' health care experiences in seven countries, 2007. Health Aff (Millwood) 2007 Nov-Dec;26(6):w717-34. PMID 17978360.

Homer CJ, Klatka K, Romm D, Kuhlthau K, Bloom S, Newacheck P, Van Cleave J, Perrin JM. A review of the evidence for the medical home for children with special health care needs. Pediatrics 2008 Oct;122(4):e922-37. PMID 18829788. Rosenthal TC. The medical home: growing evidence to support a new approach to primary care. J Am Board Fam Med 2008 Sep-Oct;21(5):427-40. PMID 1877229

Martin JC, Avant RF, Bowman MA, Bucholtz JR, Dickinson JR, Evans KL, Green LA, Henley DE, Jones WA, Matheny SC, Nevin JE, Panther SL, Puffer JC, Roberts RG, Rodgers DV, Sherwood RA, Stange KC, Weber CW; Future of Family Medicine Project Leadership Committee. The Future of Family Medicine: a collaborative project of the family medicine community. Ann Fam Med 2004 Mar-Apr;2 Suppl 1:S3-32. PMID 15080220..

Task Force 6 and the Executive Editorial Team: Report on financing the new model of family medicine Ann Fam Med 2004 Dec 2;2 suppl 3:S1-21. PMID 15654084.

es in only 4 years. The majority of these Ped-Med physicians opt for a career in primary care. They are far better trained than the Family Doctor as they get two full years of Pediatric training and are more proficient at treating and diagnosing complex diseases, including critical care

- Conclusion

Primary paediatric care as we have known it is in danger of extinction. Interesting enough this it is not due to patients being dissatisfied or a low suboptimal quality standard but because of four factors:

- Demographic changes in the population and the workforce: increasing birthrates, aging/retiring physicians, gender relation increases towards more female paediatricians with needs to work part time)
- An increased tendency of the academic hospital-based establishment on sub specialism that discourages young colleagues to seek a future in primary care.
- Governments and Public Health officials preferring non pediatric primary caretakers.
- Primary doctors showing signs of attrition, discontent and dissatisfaction and do little to improve their working habitat.

Rather than relegating itself to continuing degeneration, primary paediatric care needs to evolve and be transformed. It should be a vital part of comprehensive, cost-effective, patient-centered medical care and prepare itself for the challenges of the 21st century. Paraphrasing an article written by Dr Judith A. Easley I would say that primary pediatric care must evolve into a medical home model located in the community and vicinity of its patients that provides an integrative "STEEEP" approach to care:

Safe, Timely, Efficient, Effective, Equitable, and Patient-centered and does not deal only with the present disease.

Making the change would require the joined efforts of the whole health care delivery system and society, but this overhaul can make primary care specialties more attractive to future generations of physicians, especially if attention is paid to create reasonable workloads and a fair and adequate compensation model. With thoughtful reorganization, the use of team-based care, installation of electronic medical records, availability of online information for patient education, and a revamped compensa-

Frohna JG, Melgar T, Mueller C, Borden S: Internal medicine-pediatrics residency training: current program trends and outcomes. *Acad Med.* 2004 Jun; 79(6):591-6.

Easley, JA: The Crisis in Primary Care Are primary care physicians an endangered species. *Minnesota Med.* Jan 2006. available at www.minnesotamedicine.com/PastIssues/January2006/CommentaryEasleyJanuary2006/tabid/1974/

tion system, there is hope that the tradition of the “personal physician” can continue and likely be made better than ever before.

CURRICULUM

IN PRIMARY CARE PAEDIATRICS



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10

A TRAINING GUIDE FOR PEDIATRIC RESIDENTS AND ALSO AS A TOOL FOR PRACTICING PRIMARY CARE PAEDIATRICIANS

In 2002, during the third meeting of ECPCP held in Strasbourg, the European Confederation of Primary Care Paediatricians (ECPCP) recognized the need to develop a common European Primary Care paediatric training program in order to both promote self-reflection on the competences that primary care paediatricians need to provide when caring for



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their patients and as a guide to assess training for pediatric residents in the primary care setting.

For this purpose a Curriculum Working Group was created and this group was assigned the task of writing a curriculum for a competence based training in paediatric PC settings, stressing that the content of this curriculum should focus on effectiveness of interventions and patient safety attuned to the special requirements of PC for children and adolescents.

For the next two years the Working Group did a comprehensive review of the literature and studied different training programs and quality indicators for the elaboration of a curriculum written by and for PC paediatricians.

The inspiration for this curriculum came from the curriculum written by the Global Pediatric Educational Consortium (GPEC) and from insights gain from the COSI project, designed by Gottfried Huss, whose aim was to define a core set of quality indicators for practicing PC paediatrics.

Eventually, the ECPCP curriculum was published in 2014. It identifies the learning objectives that together build the framework of the systematic training design. From the beginning, the aim of this ECPCP curriculum was to be an open and living document, helpful both as a training guide for pediatric residents and as a tool for practicing primary care paediatricians.

The ECPCP curriculum is structured in chapters, with learning objectives divided into knowledges and skills.

Core Pediatric training includes areas of prevention, community medicine, development, adolescence medicine, prevention, diagnosis and care of abuse, definition of abilities, attitude and behavior, and issues in acute and chronic care in primary care paediatrics, including primary care paediatric emergency, neonatology and palliative care.

Every item of knowledge and skill is preceded by a simple layout which allows to set apart the knowledge/skill areas already acquired by the residents from those learning goals still not achieved.

So far, the curriculum has been translated totally or partially into Spanish, Portuguese, French, Hungarian and Hebrew and is being used in several European, South American and Near East countries.

ECPCP curriculum is an open and living document, helpful as a training guide for pediatric residents and also as a tool for practicing primary care paediatricians.

After 4 years, the ECPCP curriculum working group is considering a revision of its content and the distribution thereof, with the aim of let it continue as a reference document to achieve the optimal training of a competent specialist in Paediatrics.

Carmen Villaizán Pérez

Chair of the ECPCP curriculum working group

CURRICULUM 

IN PRIMARY CARE PAEDIATRICS



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**World Health
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11

EPA – UNEPSA EUROPAEDIATRIC CONGRESS 2017

Summary of a session on school health set up in collaboration with the World Health Organization Regional Office for Europe

Introductory speeches:

Dr. Martin Weber, WHO Regional Office for Europe, Copenhagen, Denmark

Prof. Julije Mestrovic, University of Split, Croatia, EPA/UNEPSA vice-president

Prof. Leyla Namazova-Baranova, National Scientific center of children's health, Moscow, Russia, EPA/UNEPSA President

Prof. Pierre-André Michaud, University Hosp., Lausanne, Switzerland, WHO Collaborating Center

The first part of the session was dedicated to four presentations: a first one displaying some data on school health in Europe gathered by WHO, showing the diversity of the situation across European countries (MW); then a presentation on the successful introduction in schools of courses on resuscitation techniques (ABC approach) for teachers and pupils themselves (JM); then some general comments on the situation of school medicine in Eastern European and central Asian countries, as well as data about health and behaviour of school adolescents collected in a project financially supported by the Russian Government (LNB); and finally a look at the changes having occurred during the last 30 years in the school health system of French speaking schools of Switzerland and what lessons can be drawn (PAM).

Other short presentations

The session went on then with a very interesting and lively series of short presentations on the state of school medicine & health by EPA/UNEPSA national presidents and official representatives of various European countries: by Prof. Szabo Laslo (Hungary); Prof. Bogdanovic Radovan (Serbia); Dr. Daniela Rajka (Romania); Prof. Bertold Koletzko (Germany); Dr. Yeva Movsesyan (Armenia); and Prof. Jan Janda (Czech Republic).

Discussion

All contributions allowed for exchanges on the numerous challenges which school health services and staff currently face. These are summarized below in a few statements:

- It is suggested to use in the future the term of school health or school health & medicine instead of school medicine alone
- School health professionals should not be too much driven in the future by the detection of diseases but more by the emergence of new health needs in the field of life style, mental health, substance abuse, sexual and reproductive health or eating disorders/obesity
- Along the same line, school health professionals should restrict screening procedures to those for which we have evidence of their effective potential impact on the current and future health of the pupils
- School health services should strive to improve the pupils' health literacy and access to health services

- An approach driven by prevention and health promotion needs an intersectoral approach, e.g. a close collaboration between the teaching staff and the health team, the respect of their respective roles, responsibilities and professional cultures
- School health staff, in collaboration with the educational sector, should aim to work not only on the individual pupils' health but more globally at the level of the whole institution, for instance on the climate of the school (e.g. through WHO European Network of Health Promoting Schools) is an effective, evidence-based approach to improving the health, the health behavior and the well-being of the pupils, and even their academic performance.
- The issue of the rights of the pupils (e.g. UN Convention on the Rights of the Child) should be put high on the agenda: how does the school ensure the fair participation of the pupils in the life of their school? Do we make sure that they agree with and accept the procedures that are proposed to them? How to make sure that some screening programs do not simply label them as “abnormal” while they are just marginally below or above certain cut-off, and how does this lead to individual help for improvement?
- Finally, decision-makers should provide school health professionals with adequate and updated training; they should as well make sure that the working conditions that they are offered make the profession attractive
- At the end of the meeting, it was agreed that such exchange sessions are extremely useful and it was suggested to run similar sessions in the future.

Prof. Pierre-André Michaud, University of Lausanne, Switzerland, WHO-CC

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¹ see: http://www.euro.who.int/_data/assets/pdf_file/0003/246981/European-framework-for-quality-standards-in-school-health-services-and-competences-for-school-health-professionals.pdf?ua=1)?



12

**INCREASING HESITANCY TO
IMMUNISATION IN THE CZECH
REPUBLIC WITH RESPECT TO HISTORY
OF VACCINATION**

Jiri Zeman, Martin Magner

Department of Paediatrics, First Faculty of Medicine and General Faculty Hospital, Prague, Czech Republic

In the history, the outbreaks of smallpox have had a disastrous impact on mankind. The effort to use variolization utilizing the pus from patients with smallpox for prevention of the disease was of limited success due to the frequent complications associated with the technique such as cicatrix or even death (Mohrenheim 1781). Several persons tried to solve the adverse effects of variolisation at the end of the 18th century including Benjamin Jesty (1736 – 1816), who immunized his wife and children with cowpox in 1774, and Edward Jenner (1749 – 1823), who independently tested the same method in 23 people. Jenner published the results of his study in 1798 and called it vaccination from Latin word Vacca (cow) (Kubicek <http://www.riebel.cz>). The vaccination in the former Austrian Empire was started in Vienna by Jean de Carro (1770 - 1857) in 1799-1800 and in Prague by Karl Bauer in 1801 (Rehms, 1802, Salm-Reifersheis, 1801). Within the first year, altogether 1910 people in Bohemia (former part of Austrian Empire) were vaccinated and during the next year 1802, the number of vaccinated people in Bohemia increased to 8120 (Calve 1804).

Since 1808, the vaccination was greatly supported by government and since 1812, the vaccination became obligatory in the whole Austrian Empire. The information about vaccination was spread among the population not only by physicians and teachers but also with the help of police and the church as well. As a result of vaccination, the mortality rate related to smallpox decreased ten-times in Bohemia from 2174 deaths per 1 million of inhabitants in 1777-1806 to 215 deaths per 1 million between 1807 and 1850 (Magner and Zeman, 2007).

To increase the percentage of vaccinated children in Austrian Empire, both the central and local governments tried to solve the problem of hesitancy of parents to vaccination with several strict regulations and financial and moral sanctions. For example, Frantisek, earl of Kolovrat, the vice-governor of Bohemia brought out in May 18th, 1821 the law about smallpox vaccination. The document is even today of some interest. It shows how the government tried to solve the problem with hesitancy to vaccination 200 years ago:

- A) it is necessary to consider the hesitancy to smallpox vaccination of children as the criminal carelessness of their parents
- B) a child, who has not underwent smallpox or was not vaccinated, can't receive any public scholarship and can't be admitted to any public foster homes
- C) parents without the certificate, that their child was vaccinated, can't ask for any financial support from the "Institute for poverty" (Zeman and Zeman, 2006)
- D) a father or mother who is reluctant to vaccinate their children shall be questioned into a protocol, which will be submitted to the Supreme Land Authority

- E) if the child without certificate for smallpox vaccination will die or will be disfigured in the face because of smallpox, the parents will be disclosed publicly in the newspapers by their names, status and residence
- F) warning sign must be given on every house with a smallpox patient, otherwise the owner of the house will be penalized
- G) every deceased of the smallpox will only be blessed by the priest and will be buried without a friend's cortege
- H) the vaccination is free of charge for everybody, who had no smallpox, so far. Every housekeeper must have a special list with names of all occupants of the house
- I) the government expects, that everybody will appreciatively support this act regulation, because it helps to smallpox eradication.

Similar regulation about free of charge vaccination was published in 1840 by British government in England. The last extensive epidemic of smallpox in region of Bohemia came out between years 1852 and 1853, when nearly 43 000 people died due to smallpox. This horrible event helped very much to overcome the hesitancy to vaccination not only in large group of the population but also in some reluctant physicians.

The last patient in Europe died due to smallpox in 1977 (Havlik and Machala, 1996), Edward Jenner and all of his successors contributed enormously to eradication of smallpox declared by WHO in 1980. It took nearly another 100 years after Jenners, before the second successful immunisation was available thanks to Louis Pasteur (1822 - 1895), who used attenuated virus as an effective substance for rabies vaccination in 1885, but proper development of vaccines started only in 20th century.

The increasing individual liberty after “velvet revolution” in 1989 brought for paediatric health care system in the Czech Republic one unexpected experience with increasing hesitancy to immunisation. Czech primary care paediatricians were used to have nearly 100 % of immunised children except children with contraindications. But it had changed very much during last decade. Several local mumps outbreaks, especially in adolescents and young adults, have been reported in the Czech Republic (Smetana et al., 2017) and local dispersion of measles appeared in our country twice during 2017 and 2017. Even in our paediatric department, we have seen this year a child with measles, a disease which most paediatricians from our clinic had never seen before.

Although primary care paediatricians in our country spend during their working hours a lot of time with parents of small children trying to explain, why immunisation is of big importance both for their

infants and community, the recent data about immunisation in the Czech Republic are warranted. The numbers of children without MMR vaccination increased from 1,3 % for children born in 2011 to 2,49 % in children born in 2012 and 6,9 % in children born in 2013. Similar trend was found in vaccination with Hexavaccine (DTPa-IPV-HepB-Hib). Without this immunisation is 2,85 % of children born 2011, 4,3 % of children born in 2012 and 10,7 % of children born in 2013. Even worse is the immunisation against pneumococcal or meningococcal infection, which are not free of charge in our country.

Of course, immunisation hesitancy it is not an isolated problem of the Czech Republic. The increase of the negative perception of immunisation is associated with “anti-vaccinologists activities” on the internet. It is time to consider the development and implementation of new and modern Web-based vaccine interventions to promote again the general confidence in immunization (Tustin et al., 2018). Not only professionals but also the governmental sector should be more active in the promotion of vaccination. For example, when my daughter as the medical student applied for summer stay in the molecular laboratory in UCLA in California, she must send not only her immunisation certificate but actual levels of antibodies, too. When I asked our Ministry of Health Care to implement something similar for our medical faculties, I was answered, that it is not possible in our law system. In addition, it is a question if the timely association of the rising frequency of vaccination hesitation in the Czech Republic is causally correlated with the increasing individual liberty after the “velvet revolution” in 1989. In fact, this question will also have to be put to paediatricians of countries having left the previous Soviet Union. The resulting analysis would open the important discussion on: “What is the role of political ideology in paediatric care?”

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#VACCINESWORK



13

**FROM RESEARCH
TO PRACTICE
IN THE INTERNATIONAL
LITERATURE**



FROM THE INTERNATIONAL LITERATURE:

FOSTERING PROFESSIONAL IDENTITY FORMATION OF PEDIATRICIAN-SCIENTISTS

New perspectives and proposals aimed at implementing and fostering the role of pediatrician-scientists are discussed in a recent article by Burns et al. published in the February 2019 issue of the Journal of Pediatrics (available at www.jpeds.com). During recent years the figure of pediatrician-scientists seems to have progressively vanished, due to many factors, including a progressive and aggressive invasiveness of hospitals administrations and the burden of administrative duties for medical doctors. Most of the ongoing discussion usually fail to mention the negative impact of the recent general economic crisis on research and higher education in the “real world.” In fact, the economic crisis has legitimized the long-existing argument that higher education should be treated the same way as any other service in the economy and, as such, education should be subject to ever-more accountability and managerial practices. In their article Burns et al, presents in detail a structured curriculum fostering the development of the pediatrician-scientist through the merger model for professional identity formation (PIF), in which the 2 separate career trajectories of a clinician and scientist are integrated. The overarching goal is to create synergy in integration to provide a strong foundation for the development of pediatrician-scientists who will sustain career advancement in academia through increasingly demanding scientific and clinical practice environments post-residency. The proposed PIF model, focuses on continuous engagement with clinical and research mentors to support the co-development of clinical and scientific training and experiences. Beyond required clinical rotations, additional learning experiences are proposed in both scientific and clinical practice environments (eg, workshops, seminars, symposia). These experiences are detailed in a postgraduate year-specific curriculum that includes roadmaps, timelines, checklists, and progress forms and their overall structure and overarching philosophy have been described previously. Several components were identified and described in the article as able to promote research success and therefore intentionally integrated into the PSTDP curriculum, approach, and philosophy.

Audrea M. Burns, Satid Thammasitboon, Mark A. Ward, Mark W. Kline, Jean L. Raphael, Teri L. Turner, Jordan S. Orange. Implementation of a Novel Curriculum and Fostering Professional Identity Formation of Pediatrician-Scientists – J.Pediatrics; February 2019 Volume 205, Pages 5–7.e1

([https://www.jpeds.com/article/S0022-3476\(18\)31678-0/fulltext](https://www.jpeds.com/article/S0022-3476(18)31678-0/fulltext))

GUIDANCE ON THE USE OF PROBIOTICS IN CLINICAL PRACTICE IN CHILDREN WITH SELECTED CLINICAL CONDITIONS AND IN SPECIFIC VULNERABLE GROUPS

Knowledge on the role of gut microbiota in health and disease is developing rapidly, and the number of published scientific papers on the benefits of its modifications is increasing exponentially. Since 2014, the currently valid definition of probiotics, from the WHO and the International Scientific Association for Probiotics and Prebiotics, has been: ‘live microorganisms that, when administered in adequate amounts, confer a health benefit on the host’ . It is, therefore, of no surprise that the medical community and the general public are asking for evidence-based answers on when and how to modify gut microbiota in order to improve health in general or to treat or prevent specific diseases. The article by Iva Hojsak, Olivier Goulet, Sanja Kolaček et al, recently published in *Acta Paediatrica* discussed the important issue of the appropriate use of probiotics in clinical practice, for the treatment of children belonging to specific vulnerable groups or presenting selected clinical conditions.

The authors emphasize that the ability to manipulate the composition and metabolic footprints of our gut microbiota has been well known for decades, namely through the use of probiotics, prebiotics and the combination of these two, known as synbiotics.

Hojsak et al also remind that discussions about how to use probiotics for various clinical indications have been advanced by many different guidelines, position papers and evidence-based recommendations. However they also note that there has been a more limited number with regard to specific population groups and fewer on the roles of prebiotics and synbiotics. Therefore they suggest that the use of probiotics and related products in vulnerable populations such as in infants and children, and in defined clinical conditions, should be more rigorously controlled. In addition, their use in clinical practice should follow evidence-based recommendations whenever they are available.

The group of independent European experts, who authored of this Article, was convened by the European Paediatric Association, the Union of the National European Paediatric Societies and Associations (EPA/UNEPSA), to examine probiotic supplementation. Their review summarizes the scientifically credited guidelines and recommendations that were currently available on the use of probiotics in pediatric healthcare practice, and recommend points for use in clinical practice in selected clinical conditions. The Authors conclusions include the statement that efficacy of probiotics is strain specific and that their benefits are currently scientifically proven for their use in selected clinical conditions in children, however not recommended for certain patient groups which are discussed in the article.

Iva Hojsak, Valentina Fabiano, Tudor Lucian Pop, Olivier Goulet, Gian Vincenzo Zuccotti, Fugen Cul-lu Çokuğraş, Massimo Pettoello-Mantovani, Sanja Kolaček. Guidance on the use of probiotics in clinical practice in children with selected clinical conditions and in specific vulnerable groups. Acta Paediatr. 2018 Jun; 107(6): 927–937.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5969308/>)



EPA/UNEPSA MEMBER AND AFFILIATED ASSOCIATIONS AND SOCIETIES 2019

Albania

Albanian Paediatric Society

Armenia

Armenian Association of Paediatrics

Austria

Oesterreichische Gesellschaft für Kinder- und Jugendheilkunde (OEGKJ)

Azerbaijan

Azerbaijan Pediatric Society

Belgium

Societe Belge de Pédiatrie/Belgische Vereniging voor Kindergeneeskunde

Bosnia and Herzegovina

Paediatric Society of Bosnia and Herzegovina

Bulgaria

Bulgarian Paediatric Association

Croatia

Croatian Paediatric Society

Cyprus

Cypriot Paediatric Society

Czech Republic

Czech National Paediatric Society

Denmark

Dansk Paedatrisk Selskab

Estonia

Estonian Paediatric Association

Finland

Finnish Paediatric Society

France

Société Française de Pédiatrie

Georgia

Georgian Paediatric Association

Germany

Deutsche Gesellschaft für Kinder- und Jugendmedizin (DGKJ)

Greece

Hellenic Paediatric Society

Hungary

Hungarian Paediatric Association

Ireland

Royal College of Physicians of Ireland/Faculty of Paediatrics

Israel

Israeli Paediatric Association

Italy

Società Italiana di Pediatria

Società Italiana di Ricerca Pediatria

Italian Federation of Pediatricians

Kazakhstan

Pediatric Societies and Associations of Kazakhstan

Latvia

Latvijas Pediatru Asociacija

Lithuania

Lithuanian Paediatric Society

Luxembourg

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Moldova

Moldovan Paediatric Society

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Pediatric Societies and Associations of Montenegro

The Netherlands

Nederlandse Vereniging voor Kindergeneeskunde

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Polskie Towarzystwo Pediatryczne

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Sociedade Portuguesa de Pediatria

Romania

Societatea Romana de Pediatrie

Societatea Romana de Pediatrie Sociala

Russia

The Union of Paediatricians of Russia

Public Academy of Pediatrics

Serbia and Montenegro

Paediatric Association of Serbia and Montenegro

Slovakia

Slovenska Paediatricka Spolocnost

Slovenia

Slovenian Paediatric Society

Spain

Asociación Española de Pediatría

Sweden

Svenska Barnläkarföreningen

Turkey

Türk Pediatri Kurumu

Türkiye Milli Pediatri Derneği

Turkmenistan

Pediatric Societies and Associations of Turkmenistan

Ukraine

Ukraine Paediatric Association

United Kingdom

Royal College of Paediatrics and Child Health

Uzbekistan

Pediatric Societies and Associations of Uzbekistan

Kosovo

Pediatric Society of Kosovo (Affiliated National member)

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**PEDIATRIC
CONGRESSES
SAVE THE DATE**



CALENDAR OF EVENTS: UPCOMING CONFERENCES

2019

7th Pediatric & Neonatal International Conference 2019

07 Feb 2019 - 08 Feb 2019 • Dubai, United Arab Emirates

<http://www.uhspnc.com>

6th Arab International Paediatric Medical Congress 2019

14 Feb 2019 - 16 Feb 2019 • Dubai, United Arab Emirates

<http://www.arabpediatriccongress.com/>

PRS 2019 — Paediatric Research Symposium

02 Mar 2019 • Leipzig, Germany

<https://www.paediatric-research.de/>

13th St Jude-Viva Forum In Pediatric Oncology 2019

02 Mar 2019 - 03 Mar 2019 • Singapore, Singapore

<http://www.stjudevivaforum.com/>

Young Adults with Chronic Conditions: Optimizing Treatment and Transition from Pediatric to Adult Care

04 Mar 2019 - 06 Mar 2019 • Cambridge, MA, United States

<https://tcc.hmscme.com>

Society for Adolescent Health and Medicine Annual Meeting 2019

06 Mar 2019 - 09 Mar 2019 • Washington DC, United States

<https://www.adolescenthealth.org/Meetings/Future-Meetings.aspx>

6th International Conference on Nutrition and Growth 2019

07 Mar 2019 - 09 Mar 2019 • València, Spain

<http://2019.nutrition-growth.kenes.com/>

Pacific Association of Pediatric Surgeons Meeting 2019

10 Mar 2019 - 14 Mar 2019 • Christchurch, New Zealand

<http://www.papsmeeting.com/>

8th Pediatric Dubai International Pediatric Conference 2019

14 Mar 2019 - 16 Mar 2019 • Dubai, United Arab Emirates

<https://pediadubai.com>

The Neonatal Society Spring Meeting 2019

15 Mar 2019 • London, United Kingdom

<http://www.neonatalsociety.ac.uk/meetings/meetingsscientific.shtml>

29th International Pediatric Association Congress 2019

17 Mar 2019 - 21 Mar 2019 • Panama, Panama

<https://www.ipa2019congress.com/about-intro>

Advanced Pediatric Emergency Medicine Assembly 2019

19 Mar 2019 - 21 Mar 2019 • Anaheim, CA, United States

<https://www.acep.org/pem/>



2019

International Pediatric Endosurgery Group Annual Congress For Endosurgery In Children 2019

19 Mar 2019 - 23 Mar 2019 • Santiago, Chile
<https://www.ipeg.org/meeting/>

NDGKJ – 68. Jahrestagung der Norddeutschen Gesellschaft für Kinder- und Jugendmedizin

22 Mar 2019 - 23 Mar 2019 • Rostock, Germany
<http://www.ndgkj-2019.de>

3rd Middle East Cystic Fibrosis Conference 2019

22 Mar 2019 - 24 Mar 2019 • Istanbul, Turkey
<https://www.mecfa.org/>

German Society of Pediatric Nephrology 50th Annual Meeting 2019

27 Mar 2019 - 30 Mar 2019 • Cologne, Germany
<https://www.gpn-kongress.de/>

GPGE-Jahrestagung – 34. Jahrestagung der Gesellschaft für Pädiatrische Gastroenterologie und Ernährung

27 Mar 2019 - 30 Mar 2019 • Munich, Germany
<https://www.gpge-jahrestagung.eu/>

International Conference on Pediatrics

01 Apr 2019 - 02 Apr 2019 • Kuala Lumpur, Malaysia
<http://endingconferences.org/pediatricsconference/>

PUCC – The Pediatric Urgent Care Conference

03 Apr 2019 - 05 Apr 2019 • Dallas, United States
<http://puconference.com>

The Dubai International Paediatric Neurology Congress

04 Apr 2019 - 06 Apr 2019 • Dubai, United Arab Emirates
<http://bit.ly/2DRhMB5>

German Society For Child And Adolescent Psychiatry, Psychosomatics And Psychotherapy 2019

10 Apr 2019 - 13 Apr 2019 • Rosengarten, Germany
<http://www.dgkjp-kongress.de/>

The Dubai International Paediatric Neurology Congress

11 Apr 2019 - 13 Apr 2019 • Dubai, United Arab Emirates
<http://bit.ly/2DRhMB5>



2019

11th International Congress on Psychopharmacology & 7th International Symposium on Child and Adolescent Psychopharmacology 2019

18 Apr 2019 - 21 Apr 2019 • Antalya, Turkey

<http://www.psychopharmacology2019.org/>

The 4th Dubai International Conference on Infectious Diseases and Vaccination

25 Apr 2019 - 27 Apr 2019 • Dubai, United Arab Emirates

<http://bit.ly/2DODxBE>

ECPP 2019 – EGYPTIAN CONGRESS OF PEDIATRIC PULMONOLOGY 2019

30 Apr 2019 - 03 May 2019 • Alexandria, Egypt

<http://egyptiancpp.org/>

International Society for Autism Research Annual Meeting 2019

01 May 2019 - 04 May 2019 • Montreal, Canada

<https://www.autism-insar.org/general/custom.asp?page=FutureEvents>

American Society Of Pediatric Hematology / Oncology 32nd Annual Meeting 2019

01 May 2019 - 04 May 2019 • New Orleans , LA, United States

<http://aspho.org/meetings/conference/overview>

European Society for Pediatric Dermatology 19th Annual Meeting 2019

02 May 2019 - 04 May 2019 • Dubrovnik, Croatia

<http://www.espd.info/espd-2019/welcome>

Society For Pediatric Urology 67th Annual Meeting 2019

03 May 2019 - 05 May 2019 • Chicago , IL, United States

<http://spuonline.org/AnnualMeeting.cgi>

17th Annual Airborne Neonatal & Pediatric Transport Conference 2019

08 May 2019 - 10 May 2019 • Austin , Texas, United States

<https://www.int-bio.com/events-news/airborne-conference/>

Royal College of Paediatrics and Child Health Annual Conference 2019

13 May 2019 - 15 May 2019 • Birmingham, United Kingdom

<https://www.rcpch.ac.uk/news-events/rcpch-conference>



2019

**ESPR 2019 Congress —
ESPR 2019 - 55th Annual Meeting and the 41st Post Graduate Course**

14 May 2019 - 18 May 2019 •
Helsinki, Finland

<http://www.espr2019.org>

**Association For European
Paediatric Cardiology 53rd Annual Meeting 2019**

15 May 2019 - 18 May 2019 •
Seville, Spain

<http://www.aepc2019.org>

**American Pediatric Surgical
Association 50th Annual Meeting 2019**

19 May 2019 - 22 May 2019 •
Boston, United States

<http://www.eapsa.org/annual-meeting/home/>

11th International Pediatric Simulation Symposia and Workshops 2019

20 May 2019 - 22 May 2019 •
Toronto, Brunei

<https://www.ipssglobal.org/ipssw-2019/>

**Society for Pediatric Sedation
Conference 2019**

20 May 2019 - 22 May 2019 •
Aurora , CO, United States

<http://www.pedsedation.org/conferences/upcoming/>

Argentine Society of Pediatrics Paediatric Week 2019

20 May 2019 - 24 May 2019 •
Buenos Aires, Argentina

<https://www.sap.org.ar/congresos/517/semana-de-congresos-y-jornadas-nacionales-2019.html>

SOFREMIP — 17ème congrès de la SOFREMIP

22 May 2019 - 24 May 2019 •
Marseille, France

<http://sofremip.fr/>

GNPI & DGPI 2019 — 45. Jahrestagung der Gesellschaft für Neonatologie und Pädiatrische Intensivmedizin mit der 27. Jahrestagung der Deutschen Gesellschaft für Pädiatrische Infektiologie e.V

23 May 2019 - 25 May 2019 •
Leipzig, Germany

<http://www.gnpi2019.de>

31st Annual Meeting of European Academy of Childhood Disability 2019

23 May 2019 - 25 May 2019 •
Paris, France

<http://eacd2019.org/home/>



2019

2nd International Conference of Hypertension in Children and Adolescent 2019

24 May 2019 - 26 May 2019 • Warsaw, Poland

<http://htpaediatrics.com/>

Spanish Association of Child and Adolescent Psychiatry 63rd Annual Meeting 2019

30 May 2019 - 01 Jun 2019 • Oviedo, Spain

<https://aepnya.es/>

Mayo Clinic Summer Pediatric Review 2019

02 Jun 2019 - 04 Jun 2019 • Bloomington, United States

<https://ce.mayo.edu/pediatric-and-adolescent-medicine/content/mayo-clinic-summer-pediatric-review-2019>

International Conference on Pediatrics & Neonatology

05 Jun 2019 - 06 Jun 2019 • London, United Kingdom

<https://pediatrics.scitechconferences.com/>

European Society For Paediatric Gastroenterology, Hepatology And Nutrition 52nd Annual Meeting 2019

05 Jun 2019 - 08 Jun 2019 • Glasgow, United Kingdom

<https://www.espgancongress.org/>

42nd European Cystic Fibrosis Conference 2019

05 Jun 2019 - 08 Jun 2019 • Liverpool, United Kingdom

<https://www.ecfs.eu/liverpool2019>

Swiss Society of Paediatrics Annual Meeting 2019

06 Jun 2019 - 07 Jun 2019 • Bellinzona, Switzerland

<http://www.swiss-paediatrics.org/sgpssp-jahresversammlung-congress-o-annuale-congres-annuel-2019>

Canadian Paediatric Society 96th Annual Conference 2019

06 Jun 2019 - 08 Jun 2019 • Toronto, Canada

<https://www.annualconference.cps.ca/call-for-proposals>

20th European Congress of Paediatric Surgery 2019

12 Jun 2019 - 15 Jun 2019 • Belgrade, Serbia

<http://www.eupsa.info/welcome-to-belgrade/>

9th Europaediatrics Congress

13 Jun 2019 - 15 Jun 2019 • Dublin, Ireland

<http://www.europaediatrics2019.org/>

European Society of Paediatric and Neonatal Intensive Care 30th



2019

Annual Meeting 2019

18 Jun 2019 - 21 Jun 2019 • Salzburg, Austria

<https://espn2019.kenes.com/>

Pediatrics 2019 — International Congress on Pediatrics & Neonatology

19 Jun 2019 - 20 Jun 2019 • Venice, Italy

<http://pediatrics.jacobsconferences.com/>

WSP 2019 — World Summit on Pediatrics 2019

20 Jun 2019 - 23 Jun 2019 • Berlin, Germany

<http://www.wsp-congress.com>

18th International Congress on Pediatric Pulmonology 2019

27 Jun 2019 - 30 Jun 2019 • Chiba, Japan

<https://www.cipp-meeting.org/en/>

European Society for Child and Adolescent Psychiatry 18th International Congress 2019

30 Jun 2019 - 02 Jul 2019 • Vienna, Austria

<https://www.escap.eu/escap-congresses/2019-vienna>

Euro Summit on Pediatrics & Neonatology

08 Jul 2019 - 09 Jul 2019 • Valencia, Spain

<https://www.pediatriccareconference.com>

21st Annual Summer Conference on Pediatrics 2019

17 Jul 2019 - 20 Jul 2019 • Kahuku, HI, United States

<http://symposiamedicus.org/Assets/Conference/1496/1496.html>

MedStudy Pediatrics Comprehensive Review Course 2019

24 Aug 2019 - 29 Aug 2019 • Dallas, TX, United States

<https://www.medstudy.com/pediatrics/pediatrics-comprehensive-review-course/>

2nd Edition of Academic Meet on Pediatrics

17 Oct 2019 - 19 Oct 2019 • Orlando, United States

<http://amp2019.com/>

Meningitis & Septicemia 2019

05 Nov 2019 - 06 Nov 2019 • London, United Kingdom

<https://www.meningitis.org/health-care-professionals/mrf-conference-2019>



2019

International Pediatrics Conference

11 Nov 2019 - 12 Nov 2019 • Venice, Italy

<https://www.outlookconferences.com/olcpc-2019/>

DGPM 2019 – 29. Kongress der Deutschen Gesellschaft für Perinatale Medizin

28 Nov 2019 - 30 Nov 2019 • Berlin, Germany

<http://www.dgpm-kongress.de>

2021

GNPI 2021 – 47. Jahrestagung der Gesellschaft für Neonatologie und Pädiatrische Intensivmedizin

16 Jun 2021 - 19 Jun 2021 • Vienna, Germany

<http://www.gnpi2021.de>

2024

GNPI 2024 – 50. Jahrestagung der Gesellschaft für Neonatologie und Pädiatrische Intensivmedizin

13 Jun 2024 - 15 Jun 2024 • Munich, Germany

<http://www.gnpi2024.de>



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