

EUROPEAN TRAINING CENTRE VISITATION PROGRAM FOR TERTIARY CARE PAEDIATRIC SPECIALITIES

Background:

The EAP-UEMS (European Academy of Paediatrics - Union of European Medical Specialists) has strong links with the societies of all 14 recognised paediatric medical subspecialties in Europe. Over the last decade or so, it has worked with those societies to create UEMS approved European Training Requirements (ETRs). Those ETRs specify the syllabi that should be followed within training, but also address standards expected from trainees, trainers and training centres when providing that.

In addition, some specialist groups have produced a European list of training centres. Such lists define the training capacities of a centre by the training modules this specific centre can offer. Thus, they serve as important tools for orientation and information of potential trainees. It is hoped that this will help stimulate the development of better structured training centres in various countries and locations. The inherent weakness of such lists lies in the fact that they initially relied exclusively on self-reporting; there is therefore a risk that some of the contributing centres might have overestimated their own training programs in terms of facilities, procedures, spectrum of patients and available expertise.

In order to produce more objective evidence of training capacity, UEMS has recommended that a centre visitation program be set up. Different sections of UEMS face widely differing logistical challenges with this recommendation. This particularly pertains to the Paediatric section, which has to consider different problems and structures for primary, secondary and tertiary care Paediatrics. As tertiary care Paediatric specialities do have the logistical advantage of established European formations, structures and networks, it appears reasonable to aim at first establishing training centre visitation programs for the various tertiary care subsections of EAP. The information and experience gained and accumulated in

such a pilot project might subsequently facilitate the establishment of European centre visitation programs for primary and secondary care Paediatrics.

Work on this program started in 2001 a process was approved in 2003 with the first visits in 2008, involving Paediatric Allergology and Metabolic diseases. However for a variety of reasons, the formal agreement of the visitation process, and the establishment of regular visits across a variety of specialist areas, did not occur. This document, adapted from the initial paperwork, is set to remedy that.

Benefits for the subspecialty:

In countries where a particular subspecialty is not recognized, the international certification of centres may play a crucial role in promoting the visibility and final recognition of that field as a specialized area of medicine in that country. Visits will also provide objective evidence of good practice, as well as formal UEMS recognition.

Benefits for centre:

A centre may gain from a visitation by having acquired a special quality label for its specialised training program, by thereby holding a prominent place in a training centre list, by thereby increasing its attractiveness for trainees, and, thus, by generally having a high visibility and profile. Furthermore, recommendations for changes, improvements and amendments in the centre visitation report may be helpful in improving the quality of medicine, the quality of training and in negotiations with administrators and politicians.

Responsibilities:

For each tertiary care subsection of EAP, the visitation program results from cooperation between EAP (more specifically the European Board of Paediatrics) and the respective European Paediatric subspecialty society represented by their liaison officer in the EAP.

In order to ensure the necessary homogeneity of standards and execution between the various subsections of EAP, it is essential that all subsections strictly adhere to the same protocol as outlined below. A further element of comparability and

homogeneity is introduced by a centralised supervision of this program in the form of a central secretariat run within EAP. Furthermore, EAP will monitor the development and the running of the program in its various subsections via its tertiary care group. European Subspecialist Societies in cooperation with National Subspecialist Societies play the most important part in financing the program and organising the local logistics.

In response to practical experiences gained, the various visitation programs are always open to modification and fine tuning. Thus, EAP will be responsible for a continuous audit of the visitation program. Evolving problems and conflicts will ultimately also have to be solved and settled by EAP upon specific appeal.

The Paediatric speciality societies contribute to this program by supplying the manpower for these visitations; furthermore, they are responsible for establishing the prerequisites, i.e. training syllabus and requirements for the centres.

The liaison officer between the respective Paediatric speciality society and EAP (i.e. the respective subsection representative in EAP) carries the responsibility to coordinate between EAP and the society; in addition, she/he has to initiate the program for this specific subsection and to monitor its progress. Furthermore, they have to report on their subsection's visitation activities to EAP (vide infra).

The chairman of the European Board of Paediatrics supervises the entire visitation program by a system of reports; he/she is assisted in this supervision by the tertiary care group coordinator. The various visitation task forces report to the liaison officers and these forward a summarised report of their subsection's visitation activities to the tertiary care group coordinator and to the chairman of the board once a year. The two latter members of the EAP Executive Committee report to EAP and UEMS once a year. In case of problems or conflict, the liaison officers report to the tertiary care coordinator and the chairman of the board immediately and consult with these.

Secretariat:

Various administrative tasks of the visitation program require the continued availability and activity of a coordinating central secretariat. This secretariat will

receive requests for visitations, and will help coordinate the date of visitation between centre and visitation task force, receive and file the visitation reports, collect visitation fees and forward centre accreditations. Centres will be responsible for arranging travel and accommodation for the visiting team, and for providing all the information required for the assessment. Documentation of each tertiary care visitation program should also be filed in the central secretariat. It is also acceptable that each liaison officer coordinates the logistic aspects of the procedure with the national scientific societies and training delegates of the visited countries.

Costs for the secretariat stem from the wages of a part- or full-time employee, various communication expenses, and rent of office and filing space. Considering the possibility of several centre visitation programs (one for each subsection of EAP) running in parallel in different dimension and intensity, it is presently difficult to make an educated guess on the necessary future dimension of this secretariat. It is to be expected that these administrative activities will initially develop hesitantly, and, then, gradually pick up speed and dimension. At present the activity will be absorbed within the overall secretariat support for the EBP.

The budget for running this secretariat will have to stem from the visitation fees paid by the visiting centres. Details of these visitation fees are discussed later in this document. The financial aspects of the visitation programs and of the various secretarial activities will be subject to the fiscal laws of the country in which this secretariat will be located.

Visitation task force:

The visitation task force should consist of international and national (local) members.

The international members should be internationally acknowledged experts, with considerable clinical, teaching and administrative experience plus a personal tradition of research and publication in this paediatric speciality. Another prerequisite for being one of the international visitation task force members is a high degree of familiarity with the syllabus, the rules regulating the visitation

program, as well as the structure and operation of EAP and the European Board of Paediatrics. It is anticipated that early in any particular visitation scheme, these prerequisites will only be met by the liaison officer (ie the specialist representative in EAP). It follows that this liaison officer should chair the visitation task force for at least the first set of visitations, unless the specialist society can provide another appropriate representative with the skills needed. The chair of the visitation program will be responsible for instructing and training the other international members of the visitation task force. Once these persons have acquired sufficient insight and experience, they may chair further visitations and commence to train other colleagues in conducting visitations. This system of “apprenticeships” will eventually create enough experienced manpower for effectively distributing the time burden and effort of a fully developed and active visitation program. The liaison officer, however, should continue to supervise the program even after withdrawing her/himself from the active visitation task force teams. The nomination of international visitation task force members is within the responsibilities of the relevant Paediatric specialist society.

Several tertiary care subsections of EAP, in cooperation with the respective Paediatric specialist society, have set up training committees, consisting of national delegates who represent the EU member states plus other non-EU countries that cooperate on a voluntary basis. These committees have some practical implications for the visitation task force, as the latter should include the national delegate of the country where the visitation takes place. This national delegate will assist the international members of the visitation task force by translating (if necessary) and by informing them about national and local administrative and legal specificities.

Centre visitations on a European level should not be in conflict with local and national bodies that have training as part of their own spectrum of responsibilities. To avoid such potential conflict, EAP visitation should have the agreement of national relevant organizations and include into the task force a representative nominated by the national Paediatric sub-speciality society or national Paediatric Society or authorised body. Where there is a well established national visitation

program the outcome of the national visitation should be endorsed by EAP if it is clear that European standards are met.

Centre visitation should not only focus on teachers, facilities, numbers of patients and procedures, but also (and most importantly) on trainees. Besides structuring the visitation protocol accordingly (vide infra), one representative of a junior doctors' association, if existing on a national level, should, if possible, also be member of the task force.

In summary the centre visitation task force thus consists of the following members:

1. Task force chair: initially the liaison officer, later another internationally acknowledged expert, well familiar with the program and experienced in visitations.
2. Second international task force member: another internationally acknowledged expert nominated by the respective society, assisting the task force chair and training to develop into a task force chair her/himself.
3. National training delegate: the respective national delegate from the standing training committee of this EAP subsection.
4. National paediatric sub-specialist society (or national paediatric society if the former does not exist) representative: nominated by the respective society; experienced in training issues and fluent in English.
5. Representative of junior doctors' formation: this member of the task force is desirable but not obligatory; her/his recruitment into the task force is recommended for visitations in countries where junior doctors are represented by a formal organisation.

Documentation:

Running a training centre visitation program will require a standardised approach to the pre-visit information of the visitation task force, to the evaluation of the centre itself and to the accreditation process. This will require pre-visit questionnaires, visitation reports and certificates. While these forms will initially be produced in a conventional way, sent around and returned by mail, it should be

one of the first tasks of the administrative secretariat to transfer this whole process into a web-based system of interaction between centre, visitation task force and central secretariat. The following items are required:

1. Centre assessment questionnaire: this questionnaire will be filled out by the centre well before the visitation and will thus preinform the members of the visitation task force about structure, size, training capacities, clinical and research activities of the centre to be visited. With a strict focus on training, it should be as brief and concise as possible; its main intention is to evaluate which training modules can be provided by the centre. To a certain extent, it will have to be specific for each EAP subsection. It follows that a generally applicable first part of this questionnaire will have to be drafted by the tertiary care group of EAP, while the specificities will have to be amended by each subsection.
2. Centre visitation report: each centre visitation will ultimately have to result in a report which should also be sufficiently standardised for facilitating comparisons within but also across subsections. The central part of this report should be the list of those training modules a centre can provide. Furthermore, this report should identify those areas where changes and improvements appear as both feasible and possible. Date of the visitation and members of the visitation task force should be clearly given and the report should be signed by each task force member. This report should be submitted for approval to the EAP.
3. Centre visitation diploma: this one-sheet certificate should be standardised and will be issued by EBP, signed by the EBP chair and the appropriate lead/chair from the specialist society, and carrying the logos of UEMS and EAP, and of the scientific society representing this subsection. It should be suitable for being prominently displayed in the premises of the visited centre.
4. Training centre list: several subsections of EAP have already produced (or are presently producing) training centre lists. Most of these lists presently rely on self-reporting of the included centres. Once the visitation program has commenced for this subsection, these centre lists have to be modified in

the sense that the visited (objectively assessed) centres are displayed more prominently, i.e. can be distinguished easily from those relying on self-reporting alone.

Financial aspects:

A centre visitation program as described will be expensive. Costs will arise from running the central secretariat, from reimbursing administrative work of the secretariats of the task force members, from communication between secretariat, task force members and centres, from travel expenses of task force members, from the hotel accommodation of the task force and from honoraria to be paid to the task force members.

Such honoraria will be obligatory, as it appears unrealistic to expect voluntary sacrifice of effort and time by prominent, internationally acknowledged experts, whose professional lives are usually characterised by a wide spectrum of demanding clinical and academics responsibilities. Such honoraria pose specific questions in regard to the employment of the task force members. If the visitation occurs in a work-free time period (i.e. the task force member takes leave for participation in the visitation), she/he may claim the entire honorarium. However, if she/he is on leave granted by the employer specifically for the participation in the visitation, part of the honorarium should go to the employer.

The honoraria will have an the estimated dimension of € 1.000,- for international and of € 500,- for national members of the visitation task force, per centre visited or per day of visit if several visits are organized in the same journey. In special cases, the visitation task force or individual task force members may charge a smaller honorarium or none at all. Such decisions are entirely at their discretion. There will also be fees to EAP for each visit, anticipated to lie between €500 and €1000.

The entire costs of a visitation are carried by the visited centre, who may recruit sponsorship from various sources, usually the national scientific societies. It is helpful to organize several visits in the same country in a coordinated manner so as to take advantage of a single trip of the visiting team. Strong national scientific

societies usually have funds to organize the visits and may prefer to work with agencies experienced in organizing scientific events who can easily undertake the logistical aspects of visitation.

The visitation:

A visitation will follow a broadly standardised protocol as follows:

- The centre contacts EAP, or the specialist society, with a request for visitation.
- The liaison officer and EAP secretariat are informed and organise the visiting team in cooperation with the European Scientific Subspecialty Society, the country's subspecialty delegate and Scientific Society.
- The EAP secretariat arranges the date of visitation according to availability of visitation task force members as well as availability of permanent staff and trainees of centre. Alternatively this task may be delegated in the liaison officer who has an easier contact with the task force members and later reports to the secretariat
- The visiting members are officially endorsed by EAP, and the centre is informed about the visit.
- The Secretariat informs the centre about the administrative budget. EAP secretariat receives the prepayment for the visitation by the centre.
- The department being visited, or the National Scientific Society, organize travel and accommodation, in agreement with the visiting team, usually with the cooperation of their national Scientific Society and their usual travel agency.
- Centre fills in assessment questionnaire and returns it to central secretariat.
- Central secretariat receives completed centre assessment questionnaire and mails (or forwards) it to members of visitation task force no later than four weeks in advance of visitation date.
- Visitation task force members travel to location of visitation arriving in afternoon/early evening of the day before visitation. Evening may used for

pre-discussing the visitation. Several successive visitations may be scheduled in the same country, during several consecutive days.

- Visitation commences in the morning or in the afternoon of the visitation day by meeting training centre director and visiting premises and facilities, according to a predefined schedule, that is usually settled beforehand between the team leader and the Centre Director.
- Visitation continues by discussing data in questionnaire and training program of centre with training centre director and permanent staff of training centre.
- Present and/or past trainees of centre should also be heard by the visiting task force.
- Task force meets after visitation to discuss impressions and to draft essential parts of centre visitation report.
- Task force chair or second international task force member draft visitation report and send draft to other members of visitation task force within one week after visitation.
- Centre visitation report is finalised according to comments and amendments of visitation task force members and forwarded to central secretariat
- The General Assembly of EAP approves the final report and the chair of EBP asks the central secretariat to issue the signed diploma.
- After having received the signed centre visitation report and the certificate, central secretariat sends a copy of the report and the original certificate to the centre, keeping a copy of the certificate
- Liaison officer (or anybody else responsible for training centre list) is informed by visitation task force chair (if not member of the visitation task force her/himself) about result of visitation. She/he changes training centre list accordingly.
- The central office of UEMS is informed about the certification

Interaction with national centre visitation programs:

The international visitation program will be available for all EC countries even with established and running national programs, if training centres develop interest in

acquiring international on top of national accreditation. In such cases, the results of the national visitation should be accessible to the visitation task force members in advance.

However, in countries, where a national training program, considered compatible with the European program in terms of dimension and content already exists and centres are visited and assessed within the frame of a national centre visitation program, EBP and EAP may endorse the outcome of the national visitation, if it is clear that European standards are met.

National authorities running their own visiting programs, may chose to include internationally acknowledged experts from other countries in their visiting task forces.

In addition to clearly identifying those centres that have been visited by the international program of EAP, the training centre list collected and maintained by each subsection, should also designate those centres visited within the frame of a national program, provided the latter is compatible with the standards of the international program.

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