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ERS STATEMENT

Paediatric respiratory training in Europe: syllabus and centres

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Paediatric respiratory medicine (PRM) is established as a board-certified paediatric subspeciality in several parts of the world. Training programmes have existed in Australia since the seventies and in the USA since 1986 [1, 2]. In contrast, PRM has grown inhomogeneously in Europe; a survey in 1990 showed large differences in the professional and scientific situation between nations, but also between different areas, hospitals, and medical schools in the same country [3].

From the institution of the European Respiratory Society (ERS) in 1990, its Paediatric Assembly has been a scientific and professional platform for European PRM. The Long Range Planning Committee of this assembly, founded from 1992, is concerned with long-term assembly projects including a standardisation of PRM training in Europe. As several European countries have started to establish national training programmes in PRM, standardisation at a European level, if done timely and competently, has the potential to harmonise these different national training concepts.

In 1994, the ERS Paediatric Assembly established first contacts with the Union of European Medical Specialists (UEMS) sections on Paediatrics and Pneumology. Subsequently, the ERS president (at this time a paediatrician) was invited to the 1995 meeting of the paediatric UEMS section (Confederation of European Specialists in Paediatrics (CESP)). CESP had then already set up a European Board of Paediatrics in order to standardise training in all aspects of Paediatrics at a European level. Negotiations were initially difficult but CESP finally agreed that it should develop a clearly defined position and programme for PRM as a model for tertiary care paediatrics. Subsequently, CESP has also invited other paediatric subspecialities to cooperate, and PRM can pride itself with having had a pioneering role in this development. The ERS Paediatric Assembly subsequently applied for a subsection status of PRM in the UEMS section on paediatrics. This subsection status was formally granted by the UEMS management council in 1999. It is of note that all these developments were consequently supported by the UEMS section on pneumology.

As a consequence of these developments, CESP asked the ERS Paediatric Assembly to draft a training programme for PRM in cooperation with the European Board of Paediatrics. This programme had to fit into the following training system for paediatrics: 1) Common trunk: this 3-yr training in basic paediatrics is the common basis and the prerequisite for all other training programmes; 2) Primary care paediatrics: this 2-yr programme produces the general paediatrician, usually working in private practice; secondary care paediatrics: this 2-yr programme produces a general paediatrician with a special interest, usually active in a hospital setting and partially specialised in one or more clearly defined fields; tertiary care paediatrics: this training programme produces a top-level paediatric subspecialist, usually employed in a hospital setting and academically active.

From 1996 to 1998, the Long Range Planning Committee of the ERS Paediatric Assembly developed a European training syllabus for PRM. As this

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For editorial comments see page 1362.

syllabus had to be compatible with already existing or developing national programmes, concepts from the Netherlands and the UK, as well as the already existing training programmes for Switzerland, Australia and the USA, were taken into account. The entire programme was structured in clearly defined modules, in order to facilitate a later classification of training centres, resulting in a draft that was subsequently presented to the European Board of Paediatrics. There, it underwent some further minor changes, but also served as a model for developing training programmes in other tertiary care paediatric specialities. Ultimately, this training syllabus was endorsed by the UEMS management council in 1999, together with accepting PRM as a subsection of CESP.

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

The syllabus project was concluded in 1999 and the Long Range Planning Committee set up a "Committee on Paediatric Respiratory Training in Europe", which is chaired by the liaison officer and consists of one or two national delegates per country. This committee composed a list of training centres for all European Union (EU)-countries and, in addition, for other European countries who were not members of the EU but who were cooperating on a voluntary basis. Publication of this list was approved by the national paediatric societies. This list of training centres is briefly described in this document. A separate ERS publication gives the list in full length; furthermore, the list is available on the website of the Society.

The European training syllabus in paediatric respiratory medicine

Introduction

This document describes the European training programme in PRM. It is one of the subspecialist training programmes in tertiary care paediatrics, defined by the paediatric section of the UEMS. The product of this training programme is the European paediatric pneumologist. It is expected that most European paediatric pneumologists, as top-level specialists in PRM, will practice their skills and apply their expertise within the framework of a specialised tertiary care unit, division, department, or hospital.

In general terms, this training programme intends to harmonise training programmes in PRM between different European countries, clearly establish defined standards of knowledge and skill required to practice PRM on a tertiary care level, foster the development of a European network of competent tertiary care centres for PRM, improve the level of care for children with complex or chronic respiratory disorders, and to thereby further enhance the European contribution to international scientific progress in the field of PRM.

This document defines the aims of the training, the contents and the duration of the training programme, the basic requirements to enter the programme, and the spectrum of qualifications required for training centres and tutors.

Aims of training

Content of training. The paediatrician training to become a European paediatric pneumologist should acquire: detailed knowledge of the development, structure and function of the respiratory tract in infants, children and adolescents; in-depth knowledge of the aetiology and the pathogenesis of all acute and chronic diseases of the respiratory system in infants, children and adolescents; knowledge of and skill in the various specialised diagnostic methods for examination of the respiratory tract in paediatric patients; knowledge of and skill in the various specialised therapeutic methods for treating respiratory disorders in paediatric patients; knowledge of the prevalence and the epidemiology of paediatric respiratory disorders, including the long-term prognosis of chronic diseases into adulthood; complementary expertise in the fields of infectious diseases, allergology and clinical immunology, including knowledge of and skill in relevant diagnostic and therapeutic methods; knowledge of the organisational aspects of care for chronic respiratory diseases, including rehabilitation programmes, as well as relevant psychosocial aspects; understanding of the various legal aspects of paediatric respiratory disease; didactic skills for transfer of specialised knowledge to various target groups; knowledge of and practical experience in planning, conducting, evaluating and publishing research projects in the field of PRM; understanding of the ethical aspects of care for and research in children.

Purpose of training. On the basis of this training, the European paediatric pneumologist should be competent in providing clinical care within the framework of a specialised tertiary care unit, division, department, or hospital. This clinical care should be provided both in the in-patient and out-patient setting and should include routine application of various specialised diagnostic and therapeutic methods.

As a result of such training, the trainee should master the assessment of lung function testing in children, including bronchoprovocation testing, as well as long-term monitoring of breathing. In addition, the trainee should have acquired considerable practical skill in the technique of flexible bronchoscopy, and expertise in the interpretation of diagnostic tests pertaining to the imaging of the lung, allergy skin testing, analysis of bronchoalveolar lavage fluid, as

well as various relevant diagnostic tests in the fields of clinical immunology and infectiology. Each trainee should become proficient in the therapeutic management of all acute and chronic paediatric respiratory disorders, especially in the long-term management of patients with bronchial asthma, cystic fibrosis, and other chronic inflammatory lung diseases. They should collect experience in the long-term care for technology-dependent children.

In addition, the European paediatric pneumologist should provide competent consultation and technical assistance to other paediatric subspecialists. To ensure a continuum of care giving from child- to adulthood for patients with chronic respiratory disorders, the trainee should closely cooperate with adult pneumologists, both in routine clinical work and in relevant research.

Furthermore, the European paediatric pneumologist, on the basis of this training, should serve in relevant administrative capacities to provide the organisational background for the practice of PRM. As a tertiary care specialist, usually employed in an academic setting, the trainees should be involved in regular teaching activities; in addition, each European paediatric pneumologist should develop and undertake a personal programme of relevant research and publication.

Training programme

Structure of programme. The training programme is structured in modules. Each module contains training in a specific area, expertise, or skill. Some modules are defined by content and duration, others by content only. Simultaneous training in different modules is possible, provided such a combination can be accepted as reasonable. A complete training can consist of modules acquired in several different training centres; the number of centres contributing to one specific trainee's programme, however, should not exceed a maximum of five, and at least one of these training locations should be a full training centre.

There are two different types of modules, obligatory and desirable. Obligatory modules are those considered essential for successful training. The whole entity of desirable modules is not considered essential for training in PRM; however, a minimum of three should be attended by each trainee. Modules can also be characterised as either clinical or academical.

Obligatory modules. Clinical modules. Module IPM: Inpatient management of paediatric patients. The trainee acquires expertise in the management of all hospitalised infants, children and adolescents with acute and chronic respiratory diseases. Full-time assignment of the trainee, who is to be employed in a position of responsibility, is required. The ward or wards in which training takes place must be under the direct medical supervision of the tutor. Minimum required duration of 12 months.

Module OPM: Out-patient management of children with various respiratory disorders in a specialised paediatric respiratory out-patient clinic. The trainee is required to provide competent out-patient care in a responsible position under the supervision of the tutor. Minimum required duration of 12 months.

Module PFT: Pulmonary function testing in paediatric patients. This training must take place in a lung function laboratory specialising in or exclusive for paediatric patients; the minimum spectrum of techniques available must include spirometry, recording of flow/volume curves, plethysmography, bronchial provocation testing, and blood gas analysis. The trainee becomes proficient in recording, evaluating and interpreting the measurements. In addition, the trainee acquires skill in training children to cooperate, as well as gaining experience in hygiene, maintainance and calibration of equipment. Considerable knowledge of the physiological background is mandatory. No minimum requirements specified; completion of training certified by tutor.

Module FB: Flexible bronchoscopy including bronchoalveolar lavage in paediatric patients of all age groups. After attending a top-level introductory course, the trainee first attends procedures as an assistant, and then performs endoscopies under the guidance of an expert tutor. Minimum requirement to assist 50 and perform 25 bronchoscopies, including lavages.

Module ADT: Allergological diagnosis and treatment of paediatric patients, including practical experience in skin testing and other relevant diagnostic methods, especially *in vitro* methods for diagnosing allergy and airway inflammation. Experience in immunotherapy is not mandatory. The training has to focus on children with asthma and allergic disease of the upper airways, but should also include nonrespiratory allergic disorders. No minimum requirements specified; completion of training certified by tutor.

Module IL: Imaging of the lung of paediatric patients with a wide variety of respiratory disorders. The trainee attends radiology rounds, but also evaluates chest radiographs under supervision. Additional experience in evaluating computed tomography scans of the lung and magnetic resonance images of the mediastinum is mandatory. No minimum requirements specified; completion of training certified by tutor.

Module AT: Aerosol therapy for infants, children and adolescents. The trainee acquires theoretical knowledge and practical experience in prescribing and teaching appropriate modes of aerosol treatment to paediatric patients and parents. No minimum requirements specified; completion of training certified by tutor.

Module CM: Management of congenital malformations of the respiratory tract. Experience includes a wide variety of lesions in the upper and lower respiratory tract, appropriate diagnostic and therapeutic strategies, especially long-term respiratory care, as well as cooperation with surgical partners. No minimum requirements specified; completion of training certified by tutor.

Module BA: Management of bronchial asthma in paediatric patients. Experience includes long-term management of the chronic disorder as well as

emergency treatment of acute exacerbations, both in the in-patient and out-patient setting. Acquired expertise covers all aspects of asthma treatment in all paediatric age groups. No minimum requirements specified; completion of training certified by tutor.

Module CF: Management of cystic fibrosis in paediatric patients. The trainee learns to provide care in both an in- and out-patient setting. Training covers all aspects of cystic fibrosis care, and includes dealing competently with psychosocial issues. No minimum requirements specified; completion of training certified by tutor.

Module WD: Management of wheezing disorders in infants and children. The trainee learns to competently assess and treat recurrent wheezing in the first years of life. This acquired experience includes chronic lung disease of prematurity (bronchopulmonary dysplasia). No minimum requirements specified; completion of training certified by tutor.

Module LI: Acute and chronic lung infection. The trainee acquires experience in the management of children with croup, viral bronchiolitis, and all forms of pneumonitis, including lung abscess, empyema, and bronchiectasis. This experience includes management of childhood tuberculosis in countries with a high prevalence of this disease. Acquired knowledge also covers microbiological techniques for identifying the aetiology of infections and skill in various techniques for sampling infectious material. No minimum requirements specified; completion of training certified by tutor.

Module CA: Consultation and assistance. The trainee learns to provide competent consultation and technical assistance to other paediatric specialists, especially to oncologists, cardiologists, neonatologists, and intensive care specialists, but also to otolaryngologists, thoracic and paediatric surgeons, and others who manage children with complex conditions that affect the respiratory system. Emphasis is placed on close cooperation with adult pneumologists, specifically on establishing a continuum of care from child- to adulthood for patients with chronic respiratory disorders. No minimum requirements specified; completion of training certified by tutor.

Module OA: Organisation and administration. The trainee acquires experience in the administration of medical services in a tertiary care centre and learns to organise and to update diagnostic, therapeutic and educational programmes. In addition, the trainee gains experience in applying quality assurance principles in clinical, academic, and organisational work. No minimum requirements specified; completion of training certified by tutor.

Academic modules. Module TE: Teaching experience for transfer of specialised knowledge. The trainee learns to structure, prepare and present lectures to different target audiences. This training includes bedside teaching and preparation of teaching material. Minimum requirement of ten lectures in two or more teaching programmes.

Module RE: Research experience in the field of PRM. Under expert supervision, the trainee learns to plan, conduct, evaluate and publish research projects. In addition, she/he gains practical experience in presenting results to an international audience in the form of oral or poster presentations. Minimum requirement of one publication in the field of PRM (first author) in an international peer-reviewed journal, plus one oral or poster presentation at an international meeting.

Desirable modules. Clinical modules. Module CPT: Chest physiotherapy for paediatric respiratory diseases and their complications. The trainee acquires experience in cooperation with specialised chest physiotherapists and learns to prescribe and monitor such treatment competently. Minimum required experience of 6 months.

Module RP: Rehabilitation programmes for chronic respiratory diseases. The trainee gains experience in organising, conducting and evaluating rehabilitation programmes in cooperation with expert colleagues. This training takes place in a unit with a tradition of frequently organised rehabilitation programmes, or in a special paediatric respiratory rehabilitation centre. No minimum requirements specified; completion of training certified by tutor.

Module ET: Exercise testing for assessing cardiopulmonary function in children. The trainee becomes proficient in all theoretical and practical aspects of paediatric exercise testing, including the physiological background and relevant methodological issues. No minimum requirements specified; completion of training certified by tutor.

Module SST: Sleep studies in paediatric patients. The trainee acquires knowledge both of the theoretical background and of the practical aspects of paediatric polysomnography, as well as of the management of central and obstructive apnoea in children. No minimum requirements specified; completion of training certified by tutor.

Module ILF: Infant lung function testing. The trainee acquires theoretical knowledge of and practical skill in lung function tests applied in infants and preschool children, including recording and interpretation. In-depth knowledge of the physiological background is mandatory. Expertise required in a minimum of three techniques.

Module TDC: Management of technology-dependent children. The trainee learns the principles and details of paediatric tracheostomy care, including control investigations and weaning strategies. In addition, the trainee acquires knowledge in the respiratory management of children with neuromuscular disorders, abnormal control of breathing, and severe lung disease by long-term home ventilation and supportive home oxygen therapy. No minimum requirements specified; completion of training certified by tutor.

Module TBC: Management of children with tuberculosis. The trainee learns relevant diagnostic strategies and competent therapeutic management. In order to provide sufficient clinical experience, this training takes place in a special centre for tuberculosis in children. No minimum requirements specified; completion of training certified by tutor.

Module ID: Management of children with immune deficiency. Training includes interpretation of relevant

diagnostic tests and clinical long-term management of patients; it takes place in a specialised centre in order to provide sufficient clinical experience. No minimum requirements specified; completion of training certified by tutor.

Module LTX: Lung transplantation in paediatric patients. Training includes pre-transplantation assessment and post-transplantation long-term management. It takes place in a unit integrated in or closely cooperating with a transplantation centre. Participation in the management of five patients is required.

Academic modules. Module SR: Special research activity. Any personal research programme in PRM that clearly exceeds the average should be recognised as a special research activity. Required minimum of four or more publications (first author) in the field of PRM in international, peer-reviewed journals.

Duration of training. Complete training in PRM has a minimum duration of 3 yrs. For each obligatory module, which has been undertaken previously by chance in an accredited PRM training centre (*i.e.* during any previous training in common trunk or secondary care paediatrics), the trainee may subtract 3 months. This reduction of training time in PRM is permissible up to a subtracted maximum of 12 months.

Monitoring of training. A training supervisor is assigned to each trainee at the beginning of their training. This training supervisor has to be a senior paediatric respiratory tutor; they will advise the trainee on important training issues and reviews the trainee's progress in yearly intervals.

On a short-term basis, each trainee's progress is monitored by the tutor (or one of the tutors) in the training centre and by the trainee. The trainee maintains a personal log book (portfolio), where he/she documents relevant training experiences. This log book and the trainee's progress through various training modules is discussed with the local tutor(s) in monthly intervals.

Successful completion of a training module is certified by the tutor. This certificate should be detailed, state duration of module, describe acquired knowledge and skill, and accurately quantify extent of theoretical and practical experience accumulated by the trainee.

The trainee

Obligatory prerequisites. Obligatory prerequisites for entering the training programme in PRM are: completed training in elementary paediatrics (*i.e.* common trunk, or equivalent thereof); a basic training (acquired in common trunk or afterwards) in neonatology; and a basic training in paediatric intensive care (including competence in resuscitation).

Desirable prerequisites. Desirable but not obligatory prerequisites for entering the training programme in PRM are basic training in paediatric cardiology and basic training in epidemiology and statistics.

Training centres/tutors

Training centres and units are defined by the kind and number of modules they teach and by the available tutors and teachers. These are defined by their qualifications.

Several institutions, located in close proximity might combine into one training centre. In such case, one qualified individual must be designated as training centre director who represents this centre to the outside and carries the entire responsibility for the offered programme.

Centres and units. Full training centre. Full training centres are highly specialised tertiary care centres for PRM that can offer complete training. They are defined by the following features: availability of all obligatory modules; availability of four or more desirable modules; and two (or more) accredited tutors.

Partial training centre. Partial training centres are partially specialised centres, which cannot offer complete training. They are defined by the following features: availability of five or more obligatory modules; and one (or more) accredited tutor.

Training unit. Training units are institutions that are specialised in one or a few particular aspects of PRM. They are defined by the following features: availability of one to four modules (obligatory or desirable); and a teacher competent in these modules.

Tutors/teachers. Paediatric respiratory training director. A paediatric respiratory training director is a tutor (see below) and head of a full training centre.

Paediatric respiratory tutor. A tutor is an accredited European paediatric pneumologist with the following additional qualifications: teaching experience, documented in the form of a teaching assignment to a local university; and a research tradition in PRM.

Paediatric respiratory teacher. A teacher holds acknowledged expertise in one or in a few particular aspects of PRM, but does not have to be an accredited European paediatric pneumologist, nor have to hold a university assignment or a personal research tradition. Their individual teaching competence in this training programme is restricted to one or several defined modules.

Accreditations. For each country of the EU, a list of centres, units, training directors, tutors and teachers is compiled and updated at regular intervals. Each centre and unit is defined by the available modules and the tutor(s) or teacher(s) available.

Accreditation is given by the European Board of Paediatrics upon recommendation of the Long Range Planning Committee of the ERS Paediatric Assembly. In any specific case, the Long Range Planning Committee bases this recommendation on information received from the national PRM training

representative (a member of the committee on paediatric respiratory training in Europe).

A system of centre visits should be institutionalised in the future. Ideally, each accreditation given by the European Board of Paediatrics should then be based on a report from such a centre visit.

National training programmes

European Union countries with existing programmes. National training programmes in PRM that already exist, or are in an advanced stage of development, at the time when this European programme is implemented should be considered as compatible if they: have a content that is comparable (not strictly identical) with the European programme; have a duration that does not differ by more than plus/minus 1 yr from the European programme; and have a board examination at the end.

Each national syllabus should be closely scrutinised by the European Board of Paediatrics and the Long Range Planning Committee of the ERS Paediatric Assembly for compatibility.

European Union countries without existing programmes. National professional medical bodies should be encouraged to adopt a national training programme in PRM and to structure it in close compatibility with the European programme.

Until implementation of such a national training programme, motivated individuals should have the opportunity to train according to the European programme and to document their obtained qualification in a relevant board examination on a voluntary basis. The instruments to monitor such training and to entertain a final examination are again the European Board of Paediatrics in cooperation with the Long Range Planning Committee of the ERS Paediatric Assembly.

Non-European Union countries. On a voluntary basis, the same arrangements as listed for EU countries should be applicable.

List of European training centres

This list describes the teaching profile of each training centre by the modules it can offer. In addition, a contact person, postal address, phone and fax number, plus an e-mail address are given for each centre. Centres are grouped by nations; the first part of the list describes EU countries, the second part non-EU countries that contributed information on a voluntary basis.

The format of the present publication does not allow for printing the entire list, which, at the time of initial publication, already contained 251 centres/units for 15 EU countries and 45 centres/units for eight non-EU countries. The list is available in the form of a printed ERS publication (Paediatric respiratory training in Europe: syllabus and list of centres, in press) and, in addition, can be found on the website of the ERS [4].

Future perspectives

While a European training syllabus plus a list of European training centres for PRM might be considered as important steps toward homogenised standards for PRM throughout Europe, there are some other relevant aspects and problems that have so far been only partially addressed.

National programmes

It is important to emphasise that the existence of a European training syllabus and centre list *per se* has no legal weight but only serves as an example and guideline to facilitate national implementation. It is hoped that any national programme for specialised training in PRM will follow these European guidelines closely in order to support the principle of trans-European homogenised standards and encourage free movement of trainees plus a mutual unrestricted acceptance and ratification of individual qualifications. National groups of paediatric pulmonologists are challenged to strive towards the establishment of PRM on a national level in Europe, and it is expected that the existence of a European training syllabus and centre list will facilitate this development.

There is also the question of whether board examinations and certifications will always have to be organised on a national level. As an alternative, they could be conducted as a pan-European endeavour; as PRM is a tertiary level paediatric speciality, annual numbers of trainees to be examined will be relatively small. Language barriers should be irrelevant as tertiary care European medical specialists will have to be fluent in written and spoken English. A synchronisation between relevant national institutions and the UEMS in this issue will eventually be necessary.

Quality control

The training centre list, shown above, was collected on a voluntary basis and does exclusively rely on data conveyed by training centre directors. While the Committee on Paediatric Respiratory Training in Europe is confident that most of the data are accurate, some of the training centre directors may have overestimated their own training capacities and facilities. Such inaccuracies can only be corrected by a system of training centre visitations, as presently recommended by the UEMS. However, some important questions will need to be addressed to bring such an important concept into practiced reality: 1) How can such a system of visitations on a European level be synchronised with similar programmes that are established on a national level?; 2) How can such a European training centre visitation programme be financed?; 3) Which group of experts can be recruited for conducting such visitations?; 4) If such a programme commences on a voluntary basis, what happens with the centres that are not willing or able to financially afford their own visitation?

These are important issues to be solved before a

quality control system by training centre visitation can be institutionalised on a European level.

Updating

The principle of "tanta re" (everything flows) also applies to the information given in the present document. Important medical and scientific developments will soon necessitate an update of the European Training Syllabus. Information given in the training centre list will change with newly acquired or lost capacities to train in a specific module; thus, each training centre list might already be slightly outdated. Consequently, the present document will require revision in reasonably spaced intervals, and the present cooperation of a European scientific society and a European professional body is not only challenged to address the questions above but also to tackle this more trivial task of regularly updating the syllabus and the centre list.

Appendix

The Long Range Planning Committee of the European Respiratory Society Paediatric Assembly

The following members of the Long Range Planning Committee (in alphabetical order) were actively engaged in drafting the training syllabus: A. Boner, K-H. Carlsen, E. Dagli, J. de Jongste, J. Gerritsen, J.F. Price (past head), F.H. Sennhauser (present head), M. Silverman, J. Warner, M.S. Zach (liaison officer to UEMS).

The Committee on Paediatric Respiratory Training in Europe

E. Eber (Austria), H. van Bever (Belgium), S.D. Pipis (Cyprus), P. Pohunek (Czech Republic), H. Bisgaard (Denmark), E. Valovirta (Finland), A. Clement (France), P. Scheinmann (France), F. Riedel (Germany), M. Griese (Germany), K. Priftis (Greece), K. Gyurkovits (Hungary), G. Canny (Ireland), A. Boner (Italy), F. Midulla (Italy), J. Gerritsen (the Netherlands), K-H. Carlsen (Norway), J. Haluszka (Poland), I. Azevedo (Portgual), V. Pohanka (Slovakia), L. Garcia-Marcos (Spain), S. Linan Cortes (Spain), G. Hedlin (Sweden), J. Hammer (Switzerland), E. Dagli (Turkey), J.Y. Paton (UK), J.F. Price (UK), P. Minic (Yugoslavia).

Confederation of European Specialists in Paediatrics and the European Board of Paediatrics

Many members of the European Board of Paediatrics have concerned themselves with tertiary care paediatric training on a European level; thus they have indirectly contributed to the development of this document. To represent this group effort, three leading individuals are mentioned: J. Ramet (previous head of the European Board, present secretary general of CESP); D. Hall (present head of the European Board); R. Holl (present president of CESP).

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