

## EDITORIAL

# European training of paediatricians to paediatric pulmonologists

J. Gerritsen\*, K-H. Carlsen<sup>#</sup>

Paediatric pulmonology is a relatively young subspecialty of paediatrics that started in the midst of the 20th century. In many countries in Europe, paediatricians took the initiative to start a separate section or department dedicated to paediatric pulmonology. They were all trained paediatricians who recognised the importance of subspecialisation in paediatric pulmonology, as the pulmonary diseases occurring in infants and children, such as cystic fibrosis, asthma, congenital lung diseases, *etc.*, are different from those seen in adults. In some cases, they also had close connections with adult pulmonology departments as well as paediatric departments. At the same time, research projects focusing on paediatric pulmonology were started. Nowadays, many high-quality studies are published within the field of paediatric pulmonology and the *European Respiratory Journal* has found its own place in this important field.

Training programmes and guidelines were started in the 1970s in Australia and, later, in the USA. In Europe, the development of training centres differed depending on the country and even within countries.

The European Paediatric Respiratory Society (EPRS) already existed in the 1970s and had regular meetings throughout Europe, such as in Krakow (1982), Munich (1985), Helsinki (1988), London (1991) and Oslo (1993). The meetings stimulated the further development of this scientific field. In the early 1990s, the European Respiratory Society (ERS) was created and the Paediatric Assembly was established as one of its assemblies. From the onset of the Paediatric Assembly and the formation of its Long Range Planning Committee as the first of the assemblies, training throughout Europe was recognised as being a high priority.

The Union Européenne des Médecins Spécialistes (UEMS) or the European Union of Medical Specialists was founded in 1958, 1 yr after the European Economic Community (EEC). The UEMS is composed of working medical specialists who are delegated by the professional bodies of their own countries. The organisation consists of an Executive Committee and 34

specialist sections; one for every speciality recognised in at least one-third of the member countries. Some specialities, which are not entitled to create their own section, are associated with another speciality section. The UEMS has contacts with the European Commission, the Advisory Committee for Medical Training and the Permanent Committee. Through M. Zach (Klinische Abteilung für Pulmonologie/Allergologie, Graz, Austria), the Paediatric Assembly of the ERS established contacts with the UEMS sections on Paediatrics and Pneumology. The Confederation of European Specialists in Paediatrics (CESP) had set up a European Board on Paediatrics in order to standardise training in all areas of Paediatrics at a European level. No paediatric subspeciality had been recognised at the time both in the UEMS and the CESP. It was due to the continuing efforts of M. Zach that paediatric pulmonology was approved as the first paediatric subspeciality within CESP and UEMS. Tertiary paediatrics as demonstrated by paediatric pulmonology, should also have a clearly defined position and a training programme.

The training syllabus was prepared and worked out within the Long Range Planning Committee and was approved by the Paediatric Assembly and all national paediatric societies. All these efforts resulted in the training syllabus as published in the present issue of the *European Respiratory Journal* [1]. The training syllabus and the list of training centres will be published on the ERS website and also as a publication of the European Respiratory School.

The publication is only the first step in recognising training centres on paediatric pulmonology in Europe. In order for a training centre to join the list it should meet the qualifications specified in the training syllabus, but it does not imply that all centres have an equal level of quality or that they are interchangeable. Although the requirements are well specified in the syllabus, each centre will have their own strong and sometimes weak areas. The next step might be to establish a quality control, for example, by instituting a local or European visitation committee, looking at all centres independently and making recommendations for the participating centres to improve their quality and fulfil the criteria as published in the syllabus.

The positions of the Paediatric Assembly of the ERS and its Long Range Planning Committee, and the Respiratory School of the ERS in the improvement of quality at the training centres has to be established and will be an important issue in the future.

The Long Range Planning Committee, the European

\*Beatrix Children's Hospital, Dept of Paediatric Pulmonology, University Medical Centre of Groningen, the Netherlands and  
<sup>#</sup>Voksensoppen BK, National Hospital and Kloster Foundation, Research Institute of Asthma, Allergy and Chronic Lung Diseases in Children, Oslo, Norway.

Correspondence: J. Gerritsen, Beatrix Children's Hospital, Dept of Paediatric Pulmonology, University Medical Centre of Groningen, PO Box 30.001, 9700 RB Groningen, the Netherlands. Fax: 31 503614235. E-mail: j.gerritsen@med.rug.nl

Respiratory School and the Paediatric Assembly of the European Respiratory Society are proud that M. Zach carried out this excellent work, which has increased the recognition of Paediatric Pulmonology in Europe. By publishing the syllabus the first step towards an ongoing process of maturing paediatric pulmonology in Europe and throughout the world has been taken.

#### References

1. Zach MS, Long Range Planning Committee, Paediatric Assembly of the European Respiratory Society, Committee on Paediatric Respiratory Training in Europe, European Board of Paediatrics. Paediatric respiratory training in Europe: syllabus and centres. *Eur Respir J* 2002; 20: 1587–1593.