

CESP/EAP Meeting Cologne may 2006

Meeting of the primary/secondary care working group

Attendance: 27 delegates. Chairman Stefano del Torso / Diego van Esso

After a short introduction S.del Torso mentioned C.Weil who retired from CESP, the group owes with applause the immense work and the promotion of primary and secondary care paediatrics she has done.

Executive committee

New member for the executive committee: the proposal, Diego van Esso, Spain, as candidate had been sent on e-mail to all delegates prior to the meeting. A lot of positive answers returned, no other candidate was proposed. During the meeting D. van Esso introduces himself as a primary care paediatrician, working in public health care system, since 3 y. CESP delegate. His proposals for the future: more active work, more publications. Thereafter unanimous approval of the election D.van Esso as successor of S.del Torso in the executive committee.

F.Kadar owes S.del Torso with a bottle of wine for his work done.

The proposal of E.Jäger and W.Sedlak to discuss about the succession of C.Weil is refused, it will be a matter of the main CESP/EAP meeting.

General paediatric situation in different European countries

1.France: Rubel

The general paediatricians in France face the longer the more problems: on the one hand paediatrics get more and more technical what makes it difficult for a general not specialised paediatrician. On the other hand the paediatric subspecialists tend to shift over to the adult subspecialities. Last but not least there are growing financial problems. the politicians tend to delegate paediatric primary care to GP's to save money. Therefore it's absolutely necessary to provide studies proving the lower costs of paediatric care done by primary care paediatricians than by GP's (there is only one study published by KATZ, paediatrics 2002, showing lower child mortality).

The problem, however, is the diminishing number of paediatricians all over Europe: more job sharing, part time working, increasing percentage of female paediatricians, European working time restriction. At the moment the density of paediatric care in France is only as high as 1987, after a high peak some years earlier. The relation between paediatricians and GP's ranges from 16:1 in new European countries (probably not correct report, must be checked) to 1:12. CZ 1:1, Italy 1:3.7.

Proposals to improve the primary care paediatrics: net work activities, better cooperation between towns and hospitals, encourage training in primary care offices.

Remark E.Jäger: it should not be forgotten that the main goal is not only to improve the doctor's position but finally the all over situation of the children.

2. Hungary: F. Kadar

Each participant gets a handout, presenting the situation of paediatrics in Hungary. In general the percentage of children is lower than 1992 (19 vs 24.5%), but it depends a

lot on the geographic and economic situation. 70% of them are treated by paediatricians, 30% by GP's (ranging from 80:20 to 60:40). But in Hungary, too, the future situation of the paediatricians is not very bright: average age = 54y, financial stimulation is bad (2E/patient and month), lack of quality control. Because primary care was in danger since 1980, the association of primary care paediatrics was founded in 1990.

Study 2003-2004: nationwide comparison of quantitative efficacy between paediatricians and GP's

- use of antibiotics: less AB when treated by paed.
- up to date therapy: higher use of vit D, iron substitution, allergy prevention, use of inhaled corticosteroids and bronchodilators
- use of vaccinations: better vaccination rate for meningococcus
- hospitalisation rate and duration: significantly lower

Reply B. Andersson: there are studies in the United States showing exactly the contrary...

Demand: we need to find out which are good indicators to show and compare best treatment. It needs clear criteria, corrected for demographic data and adopted to the current system of healthcare, independent from pharmaceutical interests.

Proposal: some delegates of this working group shall sit together and work out useful indicators, whereas during the session no concrete decisions are taken.

Second care paediatrics questionnaire: A. Biver

A. Biver presents the results of the questionnaire and gives a definition of second care= general paediatric care of hospitalised children.

Main common points all over Europe: growing administrative work; long presence time, getting in trouble with the European working time regulative (average 55-60hours); salary ranging from 1000 – 8000 E/month (average 3500 – 4500); protected time for CME mostly none, but ranging up to 14 days.

All in all: secondary care paediatricians are more and more vanishing, not enough paediatricians in postgraduate formation.

Proposals for the next meeting in Brussels: presentation of paediatric organisation in the Netherlands, Sweden, Cyprus.