

CURRENT TOPIC

European paediatrics—unity with diversity?

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The 900 consultant paediatricians in Britain might occasionally pause to reflect that they have about 30 000 paediatrician colleagues within the European Community (EC). The total number in greater Europe between Lisbon and the Urals must approach six figures. The geographic and political map of the continent has radically changed during the last year and it is likely that colleagues working in the wider Europe will wish to develop links with British paediatricians and these will involve education and medical practice. However measured the national political approach to association and integration the professional pressure is likely to be strong—and British paediatricians should welcome it.

1992/3

Nothing apocalyptic is likely to happen on 1 January 1993 as free movement of doctors within the EC already exists. The Single European Act merely commits the EC to establish a single market by the end of 1992. However the dominant influence of the market may challenge some UK practices such as the limiting of patient access to specialists by insisting on referral from primary care. The defence of free consumer choice is becoming an imperative and this could have enormous organisational and financial consequences, not only for those doctors practising in countries where they are remunerated by item of service payments. European Council directives in 1975 laid down the rules for member states for mutual recognition of qualifying degrees and diplomas both for undergraduates and postgraduates and in general practice harmonisation of training is almost complete. Trainee doctors from the EC are classified in the UK for medical manpower purposes as career doctors and a steadily increasing number of juniors from the continent are occupying training posts in paediatrics in the UK. Many have already tasted medical life as undergraduates on elective secondments and some British universities are participating in the Erasmus scheme of undergraduate exchange with mutual recognition of specialty courses, and a similar scheme (TEMPUS) has been established with some Eastern European countries. So why do more European paediatricians not apply for posts here, especially as unemployment is a familiar feature of medical life in some European countries? The answers are not known but likely barriers are language, earnings, and differences in practice—not to mention the climate. Of

course there has traditionally been close exchange of doctors at all levels between the UK and the Republic of Ireland.

Clinical practice

We recognise great differences in our professional practice and customs throughout Europe. The most striking is that very many continental paediatricians are primary care physicians for children rather than specialists such as in the UK, the Republic of Ireland, the Netherlands, and Denmark. There are other profound differences in approach exemplified by the different attitudes of the medical professional bodies in Britain and the Netherlands towards euthanasia. While wishing to draw together as a professional group whose main interest is the child, many paediatricians will want to preserve aspects of national medical life. The challenge facing those of us holding office in European paediatric representative bodies is to reconcile the apparently conflicting impulses for integration and individuality.

Education

With such diversity in medical practice there will be many educational routes to the end of being recognised as a paediatrician. However there is a strong case for harmonising some aspects of training in the EC countries because of the free movement of doctors. The Confederation of European Specialists in Paediatrics (CESP) (see below) has recently approved a document on paediatric training in the EC for submission to the governing bodies of European medicine. The requirements for training paediatric specialists (such as those in the UK) reflect our current practice. The European junior doctors feel that our approach is too *laissez-faire* and that the doctors should be insisting on higher standards of education and a more professional approach to postgraduate training, particularly the earmarking of time for education, rather than accepting the passive osmotic approach to learning that is traditional in the UK.¹ The Association for Paediatric Education in Europe has done much to improve quality in undergraduate and postgraduate training in paediatrics in Europe and the recent report of the Padua group is a welcome stimulus.²

Research

Many examples of international collaboration

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exist and the European Society for Paediatric Research is a major forum for academic exchange. Similarly the various European paediatric specialty societies (nephrology, gastroenterology, and nutrition, etc) regularly hold scientific meetings attended by paediatricians from East and West Europe and further afield. Recently the successful British Paediatric Surveillance Unit (BPSU) scheme has been presented to Europe (there is already collaboration between two European countries: the UK and Republic of Ireland) and thanks to the combined enthusiasm of Professor David Baum, Chairman of the BPSU Executive Committee and Professor Schmidt, the Secretary General of the Union of National European Paediatric Societies and Associations (UNEPSA) it is hoped to develop a model of European paediatric surveillance, opening up immensely challenging opportunities for collaboration in research and clinical practice.

Administration and politics

There are two non-academic European paediatric bodies: UNEPSA and CESP.

UNEPSA

This is a body whose constituents are the many national paediatric associations throughout the continent of Europe. Its governing body is the general assembly of Presidents and Honorary Secretaries of the member associations and it meets in alternate years, usually linked to a scientific programme. The next meeting is in Berlin in 1992. An executive committee meets two to three times between general assemblies to conduct UNEPSA business. There is a journal *Paediatrics in Europe*, which is distributed to paediatric chair holders throughout Europe. UNEPSA has formal links with WHO Europe and the International Paediatric Association.

CESP

This is the paediatric monospeciality group of the European Union of Specialists (UEMS), which reports to bodies which are eventually answerable to the European Commission. Hence views of paediatricians may be incorporated into European parliamentary legislation. Its members are two delegates nominated by the national paediatric societies of the EC member states there are now observers from non-EC countries, particularly those that may apply for EC membership. The CESP meets annually and its President, Secretary General, and Treasurer conduct business between meetings. The CESP has a responsibility for harmonisation of paediatric medical services and practice and has

produced a document on harmonisation of immunisation in Europe* and is looking into neonatal biochemical screening. Its activities in paediatric education have been referred to previously. With the recent European changes it is likely that membership of the CESP will enlarge. This will make its constitution resemble that of UNEPSA, a working party of which has recently suggested that the two bodies discuss means of integrating their work and avoiding duplication and possible conflict of advice to governments and the wider medical profession.*

Links with the British Paediatric Association (BPA)

A past President of UNEPSA, Professor Angel Ballabriga (Spain) is an honorary member and its current Secretary General, Professor Eberhard Schmidt (Federal Republic of Germany) was recently elected an overseas member. I was recently fortunate to succeed Professor Jean Rey (France) as UNEPSA President. He had done much within the union to promote its thinking towards the millenium. Dr David Harvey is the past president of the CESP, Dr Georges Van Den Berghe (Belgium) and Dr Jean-Claude Schaak (Luxembourg) are BPA overseas members and former CESP Presidents. Dr Schaak is currently its energetic Secretary General. Professor Gavin Arneil and Dr Tony Jackson have played a distinguished part in the development of European and international paediatrics.

The future

The health and medical care of European children pose many challenges to medicine and it is encouraging that British paediatricians and the BPA are confronting them with enthusiasm and energy. Many will have reservations about the idea of a 'Eurochild' and 'Europaediatrician' as lacking the individuality that is the spice of clinical practice. Perhaps we should be thinking about the British or Portuguese or Hungarian child and paediatrician working to common European goals in clinical practice and medical education through a variety of national means, thus promoting unity through diversity. Windy Euro rhetoric? I do not intend it to be so.

1 Permanent working group of European junior hospital doctors. Policy statement on postgraduate medical education. *Med Educ* 1989;23:339-47.

2 Organising committee for the workshop on postgraduate paediatric training in Europe—Padua 1989. Postgraduate training in Europe for the next decade. *Arch Dis Child* 1990;65:644-5.

*Copies available from the British Paediatric Association, 5 St Andrew's Place, London NW1 4LB.