Views of the Presidents of National European Pediatric Societies on Evolving Challenges of Child Health Care

Jochen H.H. Ehrich, MD, DCMT and Massimo Pettoello-Mantovani, MD

To demonstrate the evolving challenges and policies of child health care in Europe, we summarize the conclusions of the delegates at a symposium on diversity of child health care, which took place at the seventh EUROPAEDIATRICS, the biannual congress of European Paediatric Association/Union of National European Paediatric Societies and Associations (EPA/UNEPSA), held in Florence, Italy, 2015. Previous studies of EPA/UNEPSA had focused on diversity of existing national child health service systems across Europe. Before EUROPAEDIATRICS 2015, a questionnaire was sent to 49 presidents of national pediatric societies belonging to both European Union (EU) and to European non–EU-member countries. The questionnaire inquired about new challenges of national child health care, as well as positive achievements and unsolved problems of national child health care services. Complete responses to the questionnaire were received from 21 countries and partial responses from another 21 countries. Sixteen responders were invited to present part of their data during the Florence symposium on “diversity of child health care in Europe.” The symposium was attended by 56 discussants from 22 countries. The participants identified what they perceived to be the most urgent issues of shared interest for child health care in Europe based on facts, opinions, and policies.

Challenges in Child Care Services and Role of Pediatricians

The poor organization of first-access care for children for nights and weekends was found to be the Achilles heel of primary care, leading to an increased risk of inadequate care by physicians with a lack of training in pediatrics. Second, inadequate referral of young patients to outpatient clinics in children’s hospitals was emphasized to be an important vulnerable element of child care, which may lead to unnecessary admissions of patients and further workload for hospital teams. In addition, most European countries reported to lack well-established pathways for a child with common conditions such as earache during out-of-working hours. Thus, it was further emphasized that classic questions like “who, where, when, how, why” would need to be resolved in all those areas—especially rural ones—where an adequate service is not offered during nights and weekends.

Following up on a debate that has engaged experts and policymakers during recent years, a long general discussion developed on who should be responsible for the first access care—equally the pediatrician and the general practitioner (GP), the pediatrician alone, the GP alone, or a multidisciplinary team of different care givers. European experts reported that ongoing discussion on such issues are taking place at government level in many countries, frequently urged by economic constrains and depending by local circumstances. These discussions aim at replacing solo pediatric practices with solo GPs or teams of care givers including pediatricians, GPs, nurse practitioners, social nurses, psychologists, etc, to cope with old and new morbidities in stand-alone community practices or in polyclinics, which may or may not be attached to hospitals. It was agreed that the funding of care givers in these joint services was a problem to be solved in those countries with a health insurance system, and it was also observed that the economic challenge would probably be less critical in countries with a national health system and a fixed salary given by the state to all different care givers.

There was consent among the majority of delegates that more severely ill children should be taken at any time of the day or week directly to the outpatient department of local general hospitals—offering immediate point-of-care diagnostic methods—where they will be initially assessed by a nurse, and then a doctor in postgraduate training (eg, internal medicine) supported by a career grade emergency doctor and a senior physician on call.

Pediatric emergency care generally is synonymous with a telephone call to general emergency services, such as the fire brigade, to summon an ambulance. Ambulance crews vary in their competence managing children, but a seriously ill child will be prioritized for a paramedic service and, if necessary, initial resuscitation can start at arrival on site. Few countries offer a nationwide helicopter emergency service. The child will be taken to the emergency department of a children’s hospital or a pediatric unit of a general hospital, where the child will initially be seen by emergency department staff with some pediatric training and, if necessary, an anesthetic team if the child requires resuscitation and ventilation. If the child...
requires immediate pediatric intensive care, then a transport team from the local regional intensive care unit may be summoned to transfer the child to intensive care. There was no “one-fits-all solution” for the use of a triage system by telephone service given by specialized nurses or pediatricians. In general, great concern was expressed by European pediatricians about the risk of the vanishing primary care pediatrician as the gatekeeper of child health care.

**Establishing Comparable Pediatric Postgraduate Education Systems across Europe**

In a parallel related symposium held by the European Young Pediatricians’ Association during EUROPAEDIATRICS 2015, among the major issues that became apparent was the varying postgraduate training modalities and the discrepancies between the structures of training programs and examinations across Europe. It was also emphasized that “entry requirements and competition to attain resident places or training numbers also varied.” In some countries, for instance Macedonia, trainees are faced with a state residency program and a private residency program, where they have to pay for their specialization in pediatrics and although working full-time at children’s hospitals or polyclinics, they will not receive a salary. Those who do get paid in a state residency program must sign a “loyalty contract,” which states that they will remain to work in that specific institution for up to 10 years; otherwise, they are forced to pay back up to 5-fold of the sum of the fee for specialization (up to 60 000 Euro). In addition, young Macedonian doctors disagree with the law that requests mandatory video filming and online streaming of all examinations they perform because they believe that the law breaks their right on privacy.

If the current training programs in Europe fail to attract sufficient numbers of candidates for pediatric care, the alarmingly high mean age of practicing pediatricians will increase further. On the basis of the current number of pediatricians being fully trained annually and those having retired in the same year, 37% of national presidents reported to the EPA survey that their national pediatric workforce will decrease soon to such an extent that both primary pediatric care and highly specialized pediatric care will be endangered. Assuming that the mean duration of a pediatric working life is 30 years, there is an annual need to replace 3.3% of all practicing pediatricians by a young qualified pediatrician to maintain a steady state of pediatric care. This calculation includes to a certain extent factors such as feminization of the workforce, part-time working, early retirement, changing specialties, and immigration. It was concluded that countries with a percentage of newly trained pediatrician less than 2%-3% of all practicing pediatricians (or less than approximately 25 new pediatricians per 1 million child population) will have to rely on migrant pediatricians or on other health care givers (eg, GPs or children’s nurses replacing pediatricians). This conclusion has raised considerable concern among pediatricians, which resulted in the following statement: “Pediatric doctors in training have a sense of pride in what they do,” which should be kept in consideration by local legislators. In summary, junior doctors are part of the foundation of child health care systems; without them the systems would collapse.

**The Vanishing Pediatric Researcher in Europe**

The symposium on diversity also discussed several aspects related to the question of whether the European pediatric scientist is vanishing. Reports from congress participants emphasized that scientific career planning in pediatric research has either not fully developed or is endangered in several European countries. It was observed that particularly since the second part of the past century, pediatric research in Europe has developed at a slower pace compared with other areas of the Western world, as it has been generally and progressively less supported by governments and scarcely funded by private capital. For example, because of symmetrically opposite reasons, the US has grown to become a global leader in biomedical research and discovery, positively impacting child health. Furthermore, the wide gap of pediatric research activities between Eastern and Western European countries was emphasized. Even in EU countries, there is a lack of financial support for pediatric research through EU projects such as “Horizon 2020” if compared with research in the elderly population. The participants of EUROPAEDIATRICS 2015 discussed the hypothesis that quality of pediatric research may reflect to a certain extent the quality of clinical care in a given country. It was concluded that pediatric research activities in Europe should take a life course perspective on child development, health and disease, thus aiming at increasing pediatric research activities in different levels. It also was concluded that public health research on child care had been one of the most neglected types of research in Europe, particularly during recent years. The specific role of different pediatric institutions in research activities in child health care is shown in the Table (available at www.jpeds.com). Child health research projects should therefore not be categorized as specifically “pediatric.” Instead, they should become integrated into long term health care projects involving all age groups.

**Conclusions**

The delegates of the national European pediatric societies assigned to the Scientific Advisory Board of EPA/UNEPSA the task of summarizing the conclusions that emerged during the plenary discussions. They have also proposed that EPA/UNEPSA should focus on further investigating and analyzing the reasons underlying of the present situation, and on exploring possible solutions to improve the current state of child health care in Europe.

References available at www.jpeds.com

Reprint requests: Professor Jochen H. H. Ehrich, MD, DCMT, Children’s Hospital, Hannover Medical School, Carl Neuberg Str. 1, Hannover, Germany. E-mail: Ehrich.jochen@mh-hannover.de
Table. The role of different types of pediatricians in research projects

<table>
<thead>
<tr>
<th>Type of pediatrician</th>
<th>Basic</th>
<th>Translational</th>
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<th>Public health</th>
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<tbody>
<tr>
<td>Neonatologists and obstetricians</td>
<td>Yes</td>
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<td>Community care pediatricians</td>
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<tr>
<td>Hospital pediatricians</td>
<td>None</td>
<td>Yes</td>
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<td>Pediatricians in highly specialized centers of competence</td>
<td>Yes</td>
<td>Yes</td>
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References