As chairman of ETAC I attended the CESP in Brussels on 9\textsuperscript{th}-10\textsuperscript{th} December. I took part in the Tertiary Care Meeting, a working Group on Medicines for Children and the CESP/EAP-EBP plenary session.

1. The European Union of Medical Specialists (UEMS) reports to the Standing Committee of European Doctors and to E.U. Advisory Committee on Medical Training, both of which report to the European Commission. The UEMS has a number of sections, and of these the Confederation of European Specialists in Paediatrics (CESP), represents Paediatrics. CESP holds meetings for its delegates twice yearly, one in Brussels in December and the other at various cities in Spring. The delegates of CESP are made up of individuals representing either nations within Europe (chosen by their relevant national bodies) or the different specialty groups.

2. CESP is attempting to broaden its remit. It has a European Board of Paediatrics (EBP) which is responsible for educational/training matters and is also trying to constitute a European Academy of Paediatrics (EAP). The development of EAP is supported by UEMS.

3. The SSIEM has been given responsibility for Metabolic Paediatrics within CESP/EBP and in order to discharge this duty has an Education and Training Committee (ETAC). As most SSIEM members will be aware we have a defined syllabus for training and are responsible for assessing specific centres and recommending to CESP whether these should be granted accreditation for training within our specialty. To date ETAC has visited 3 centres within Europe and sent completed data collection forms to the EBP.

4. As far as the SSIEM is concerned we are still awaiting a formal response to our reports and recommendations for accreditation. However I was told at the meeting that these reports were well received by the EBP and that we will hear shortly. We were the first speciality group to complete such visits and only a very small number of other specialities have yet undertaken any.

5. At the tertiary meeting I reported progress made by the SSIEM. Namely that we have a training syllabus, an established training committee, had adapted the generic EBP data collection forms, and had now undertaken 3 visits to potential training centres. I explained that the costs of these visits had been met by the centres.
6. Other specialities also presented reports. Notes on these are as follows:
   - Gastroenterology
     have commenced visits
   - European society of neonatology
     syllabus 6-7 yr- recently made more competency based; developed log book; will accept
     established national accreditation programmes [too many to visit!]
   - Allergology
     establishing data forms; planning visits; providing transitional accreditation to
     established specialists; will move next to centre accreditation [discussion about concerns
     regarding adult specialists seeing children]
   - Respiratory subsection
     need to revise syllabus
     no request for visitations yet
     developing diploma in paediatric rep medicine.
   - Neurology[EPNS]
     syllabus established
     working with specific nations [eg Estonia] to establish national training programmes;
     this might lead to visitations in due course. [discussion that where there is established
     national programmes then visits are not required]
   - Infectious diseases.
     Visits planned eg Basle, web-based case discussion, established links between centre,
     travelling fellowships.
   - Endocrinology
     have established training courses
     recognize national accreditation which already exist
     planning visits where no established programmes
   - Rheumatology
     11 nations have established recognition programmes for centres. Visitations being rolled
     out. An expanding speciality

7. Another area of interest to the SSIEM is new European Legislation dealing with
   Medicines for Children. The key element of this is that all new medicines should be
   subject to a paediatric investigation plan (PIP) designed to ensure that there is a available
   data on the use and expected benefits of the medicine in children. The PIP required will
   be specified by a paediatric committee of the European Agency for the Evaluation of
   Medicinal Products (EMEA). The cost of this additional work will be met by the
   pharmaceutical industry. However I presume that those medicines defined as orphan will
   not be subject to this legislation.

8. CESP/EBP-EAP has a new website currently under development www.cesp-eap.org.
   We need to have a link from this website to that of the SSIEM and vice versa.

Dr JH Walter
Chairman of ETAC
12th December 2005

Appendices follow – Agenda items.
Prof. Peter Hoyer, President
Prof. José Ramet, Secretary-general

are pleased to invite you to the

Saturday, December 10th 2005
Brussels, Belgium

PROVISIONAL AGENDA OF THE MEETING

1) Welcome by the CESP/EAP president
2) Welcome by the EBP chairman
3) Approval of the final agenda
4) Approval of the minutes of the meeting in Ljubljana
5) Report of the president
6) Report of the secretary-general
7) Presentation of the website
8) European Academy of Paediatrics
9) Election of the CESP treasurer
10) Prolongation mandate of the EBP chairman
11) Statutes: adaptation to the new Belgian law for non-profit organisation
12) Short report primary+ secondary group
13) Short report tertiary group
   a) neonatal representation
   b) clinical genetics
14) Short reports of the CESP/EAP working groups
15) Europaediatrics 2006
16) CESP/EAP meetings in 2006 and 2007
17) Any other business
MEETING OF THE CESP/EAP SCIENTIFIC WORKING GROUP ON MEDICINES FOR CHILDREN: A HISTORICAL TURNING-POINT

Friday, December 9th 2005
Brussels, Belgium

11:00 Introduction

Chair: José Ramet & Peter Hoyer & Peter Milla

The crucial role of European paediatricians
José Ramet, Belgium

The role of EMEA
Daniel Brasseur, EMEA

Critical decisions at the EC/EP level
Peter Arlett, European Commission

The industry as a partner
Charles Bouchard, MSD Europe

Networking
Milena Lo Giudice, Italy

Conclusion and discussion

12:30 End of the symposium