

European Young Pediatricians Association: Laying the Foundations for Collaboration, Integration, and Networking among Pediatricians of the Future

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Across Europe, most countries have pediatric societies, committees, or equivalent. Within these societies or standing as separate entities, young groups have evolved. Residents or trainees within pediatrics have collaborated to form communities of practice, a group of like-minded individuals sharing a common interest—child health. However, the young pediatricians active as part of the European national societies or in independent scientific aggregations still have a marginal role, and their voice is, in general, hardly heard. Furthermore, young pediatricians traditionally also had a minimal role in national pediatric conferences and contributed very little to the program committees, although this trend seems to be reversing due to a different collaborative attitude by the national societies and their boards. Excellence, innovation, and improvement occur in every country. Our aim was to make the sharing of such work across Europe seamless.

The European Young Pediatricians' Association Initiative

The European Young Pediatricians' Association Initiative (EURYPA) was developed following a combined conference between the Italian and Turkish young pediatric societies promoted under the auspices of the European Pediatric Association-Union of National European Societies and Associations (EPA-UNEPSA) and both the Italian (SIP – Società Italiana di Pediatria) and Turkish (TPK – Türk Pediatri Kurumu) Pediatric Societies. The groundswell and momentum following this has led to Europe-wide engagement and interaction. Leading members of each nation's society were contacted to attend or nominate colleagues with particular international interests. Representatives then met at the 12th Italian National Residents Conference (Osservatorio Nazionale Specializzandi Pediatria (ONSP)/National

Observatory for Trainees and Young Pediatricians) that was held in Padua, October 1-3, 2015, in order to determine structure, function, and aims of this new initiative.

The overall aim of EURYPA is to better the health of European children and young people through networking, education, training, research, and sharing of opportunities across the European pediatric residents, trainees, and young pediatricians. Those eligible to join will include all doctors in pediatric or subspecialty pediatric training or those within 5 years of certification/qualification.

To achieve its goals, EURYPA works in cooperation and collaboration with the EPA-UNEPSA. EPA-UNEPSA advocates for young pediatricians and supports EURYPA, which also has been welcomed to become part of the General Assembly of EPA-UNEPSA, joining its work and projects as an Affiliated Member.

EURYPA, a Laboratory Aimed at Developing Joint Solutions to Shared Challenges

One of the first things that became apparent was the varying training modalities and requirements across Europe. The vast majority of countries adopt systems with a 5-year resident program leading to a qualification as pediatrician. Armenia currently has the shortest training program (3 years), and the UK has the longest with its competency-based training usually lasting 8 years. However, following Greenaway's Shape of Training review,¹ the UK may soon switch to a more European system, and Armenian trainees are keen to extend their training program.

EPA-UNEPSA	European Pediatric Association-Union of National European Societies and Associations
EURYPA	European Young Pediatricians' Association Initiative

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Entry requirements and competition to attain Resident places or training numbers also varied. In Denmark, a PhD is a prerequisite to entry. In many other countries, pediatrics is considered highly competitive. However, in countries where there has been a drive for consultant-led 24-hour care, competition ratios have decreased.

There also are discrepancies between the structures of training programs. In Romania, the 5-year program is very prescriptive with shorter placements as brief as 2 weeks (eg, bioethics). Most countries utilize an exam at the end of the training period—the colloquial “exit exam.” Italian residents have annual exams throughout the program. In the UK, attempts have been made by the Royal College of Paediatrics and Child Health to rebrand workplace-based assessments as supervised learning events. The recommendation is to perform one of these every 2 weeks.

When working internationally, language and terminology become important and present a challenge to effective communication. Terms that are used commonly in each country mean different things across Europe. For example, community pediatrics in the UK involve the holistic care of children with disorders for development. In contrast, many countries view community pediatricians as general practitioners for children.

The consideration that all pediatric training across Europe should be homogenous stimulates debate. Varying health care systems, cultures, economies, geographical considerations, and many other factors make this impossible. In Turkey, service provision periods are required, interspersed with dedicated training. In Armenia, competition for working in the capital far exceeds working elsewhere, leading to a quality gradient between intranational areas. In many respects, quality gradients occur in every country, every region, and even within every hospital. It was agreed that even though homogeneity would make transition of young pediatricians across Europe easier, this was beyond the scope and desire of EURYPa.

Diversities as an Opportunity, Not a Limitation

The diversity within Europe is what makes EURYPa fascinating and exciting. The standing of doctors in societies seems to be in direct correlation with the utilization of a paternalistic healthcare system. Traditional systems, whereby doctors make the decisions unilaterally for the patients' benefit, will seem antiquated for much of Europe. However, empowered with Internet search engines, parents of Western and Northern Europe have predetermined diagnoses and treatment plans. Relaying the reasons for which you might disagree in a way that maintains respect and trust is the communication panacea. The daily challenges vary and the most resource-limited nations would argue a parental disagreement dwarfs in comparison with resource distribution decision-making. Defensive medicine does not put patient health as the number one priority. The fear of missing things and of legal action lead to over-investigation and potential iatrogenic complications.

Pediatric doctors in training have a sense of pride in what they do. They strive to get better. They strive to make a

difference. They lack the arrogance to resist change; in fact, they push for change. Nevertheless, there is a sense of patriotism that needs to be acknowledged. Collaborative efforts rarely work on the basis of unilateral altruism. EURYPa's biggest challenge will be to ensure that its existence remains mutually beneficial for all parties—a win win situation for everybody. For example, in the case of technological advancement, developments need to be shared while ensuring that lower resource nations are not excluded. Likewise, venue locations for congresses and meetings could dictate which nations will be able to participate based on finances alone.

Junior doctors are part of the foundations of health care systems; without them the systems would collapse. Senior doctors recognize this and have been extremely supportive of this initiative. Collaborative work with the EPA-UNEPSA² and other European and International societies will symbiotically better child health both in Europe and across the world.

In recent times, Europe has been accused of being slow to adapt to the changing trends of morbidity and mortality.³ Wolfe et al drew attention to European Union-funded research networks and inventories to avoid duplication (for example, Global Research in Paediatric (GRiP)-network of excellence, available at: <http://www.grip-network.org> and the inventory of child health research, available at: <http://www.childhealthresearch.eu>). Although initiatives exist within some countries (eg, available at: <http://www.projectmatch.org> in the UK) whereby prospective researchers can find projects of interest and vice versa, there is no European-wide equivalent. If the widespread duplication of research could be reduced and become more focussed utilizing an international pool of enthusiastic young pediatricians, medical advancement would accelerate. Multinational networking would allow more collaborative work, larger studies, and clearer answers on a shorter time scale.

Conclusions

The development of EURYPa relies on input from all its constituents. All parents want their offspring to become happy and successful. Barriers will need to be broken down and obstacles overcome. Doctors working with children have passion, commitment, and drive. Each one wants better health for his/her patients. Raising awareness of EURYPa, sharing good practice, education, research opportunities, and providing the network structure to drive improvement faster will achieve this.

The first EURYPa Congress was held in Istanbul, Turkey, December 1-4, 2015. With nurturing and hard work, we want EURYPa to be pandemic; we hope it will become the community of practice for all European doctors in training and young pediatricians. Individually, we can make a difference but together we can change the world. ■

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