

General Assembly Minutes

Minutes of the UNEPSA General Assembly Meeting, August 13th-14th, 1998, Amsterdam, The Netherlands

Chairperson: Professor **Armido Rubino**
President

The General Assembly of UNEPSA was called to order by President Armido Rubino on 13th and 14th August 1998 at 12.30 -14.00 hrs. A quorum was declared, with 31 voting National Presidents or Delegates present (see list of participants) and 5 members of the board of UNEPSA (Rubino, Kawalec, Katz, Ormison, Ehrich).

Topics:

1. Approval of the Agenda
2. Approval of the Minutes of the last General Assembly in Wroclaw, 1997
3. Approval of the amended constitution of UNEPSA
4. Administrative and financial report of the Secretary General:
UNEPSA is now correctly registered with the Court of Registries for Associations, Societies and Clubs (Registergericht) in Munich, Germany. The not-reporting of UNEPSA activities to the Registergericht (such as changes of Council and the Constitution) between 1980 and 1994 does not create problems any longer. The Secretary-General of UNEPSA will inform the Court of Registry for Associations, Societies and Clubs (Registergericht) annually about the General-Assembly, providing information in both English and German on:

1. The Minutes,
2. the name of the person writing the protocol,
3. the existence of a quorum,
4. the agreement on the Agenda,
5. the amendments of the Constitution and
6. the elections of the Board members (including the numeric results of the elections).

UNEPSA exclusively and directly pursues non-profit objectives in accordance with the paragraph „Steuerbegünstigte Zwecke„ (Tax free regulations) of the tax regulations of the Federal Republic of Germany, as well as to corresponding decrees of other European countries.

The German tax authorities gave their ok for 1990-1995, the next UNEPSA tax report has to be written for 1996-98.

UNEPSA has a new account: STADTSPARKASSE Hannover.

Bank code 250 501 80, UNEPSA account number: 5474 25

The following countries have paid their fee for 1998:

1. Austria, 2. Estonia, 3. France, 4. Greece, 5. Germany, 6. Latvia, 7. Luxembourg, 8. Spain, 9. Sweden

Income 6,651.-DM (annual fees)

Expenses 151.-DM (lawyer and Court costs = 116.-, bank charge 35.-)

Balance 6,500.-DM (3.August 1998)

5. Report of the President-Elect of EUROPAEDIATRICS 2000 in Rome, Professor Rubino

Discussion

Baum: There should be a close collaboration between UNEPSA and CESP.

Schmitz: UNEPSA should avoid an overlap with the Asian Congress.

Basaran: The National Presidents of Paediatric Societies in Europe should get a complete information on EUROPAEDIATRICS 2000.

6. Report of Vice-president Katz on "Demography of primary paediatric care in Europe".

The following data were presented:

Background: In regard of the ongoing process of harmonisation in many fields of interest in Europe, it was the aim of this study to evaluate the organisation of primary paediatric care (PPC) in different European countries.

Methods: During a workshop of UNEPSA held in 1997 in Wroclaw (Poland) the Presidents of 21 of 34 National Paediatric Societies in Europe reported on the structure of PPC in their countries.

Results: In 1997, the total number of paediatricians ranged from 300 to 10,000 per country, and the number of paediatricians per child population was between 1/600 and 1/3,000. There was a great variability of paediatric care within countries according to urban and rural societies as well as geographical factors. In all countries, primary paediatric care was provided by both paediatricians and family doctors. Three patterns of PPC were found in Europe: Firstly, in one third of countries PPC was provided for more than 90% of children by paediatricians only (e.g. Ukraine and other countries from Eastern Europe). Secondly, in another third of countries (e.g. Germany, Austria and other central European countries) PPC was offered both by paediatricians and general practitioners for approximately half the child population each. Thirdly, in the remaining third of countries (e.g. United Kingdom, the Netherlands and Scandinavia) children were primarily seen by family doctors only and, if necessary, then referred to paediatricians working in secondary or tertiary care only.

Conclusions: In 1997, primary paediatric care in Europe was performed in three different ways, the paediatrician system, the intermediate system and the family doctor system. These national idiosyncrasies concerning paediatric care in Europe will have to be studied in great detail before future developments towards a harmonisation of paediatrics in Europe can take place. We conclude that the representatives of National Paediatric Societies and of European Paediatric Subspecialties have to closely cooperate in order to achieve both a high quality of paediatric care for healthy and diseased children and a high standard of training for paediatricians throughout Europe.

The Presidents of the National Paediatric Societies who have not yet reported their data were kindly asked to provide the missing data in due time. Professor Kawalec and Basys were asked to join the writing committee. Prof. Ehrich will get in touch with the Editor of the EUR J PAED to publish the data. Deadline for presenting the first version of the MS to the members of the board is the 1st of November, 1998.

7. Report of the President on the UNEPSA Newsletter

The Editorial board for the Newsletter will be chaired by Professor Janda. Further members are: Kawalec, Basaran, Moya and Proesmans.

The Newsletter will be distributed in printed form (4-8-12 pages, every three to six months) through the National Societies and by Internet on the UNEPSA home page (which has to be installed).

Action: President, Secretary General and the Editorial Committee.

Financing: through advertisements

Topics:

1. Demography of paediatric care in Europe
2. Information on the structure of UNEPSA
3. Information on EUROPAEDIATRICS 2000
4. Information on the past, present and future of Paediatrics in Europe
5. Address list of Presidents of National European Paediatric Societies and of European Paediatric Subspecialties
6. List on training courses in paediatric fields in Europe
7. Resistance of E.Coli urinary tract infections against antibiotics in different European countries (Action: C. Loirat, Paris)
8. The role of the consultant community paediatrician: the Nottingham experience (Action: M. Blair)
9. Demography of primary paediatric care in the I1K (Action: D. Baum), France (J. Schmitz and F. Beaufils), Italy (F. Sereni), and the Baltic States (A. Ormisson)

8. Elections

There was a unanimous agreement to have an open ballot for the election of board members.

Position	Name of new board member	Votes Pro	Votes Contra	Abstentions
President	Jochen Ehrich	29	0	1
Vice President	David Baum	29	1	0
Vice President	Robert Hall	29	1	0
Secretary General	Manuel Katz	29	1	0
Member	Jaques Schmitz	29	0	1
Member	Alexander Baranov	30	0	0

9. New memberships

There was an unofficial enquiry from Cyprus to become a new member. The delegate was asked to send in an official request which will be presented to the next General Assembly. There are other countries (e.g. Bosnia, Bulgaria, Romania) in Europe which are not yet members. The President will contact their National Presidents.

10. Discussion on the future of UNEPSA

The new President gave an outlook on the future structure and activities of UNEPSA amongst which the foundation of a united European paediatric society (e.g. EUROPEAN PAEDIATRIC ASSOCIATION) plays an important role.

In summary, UNEPSA should be each of the following:

1. It should primarily be the advocate of healthy and sick children in Europe.
2. It should have a mandate from every single paediatrician in Europe, from the National Paediatric Presidents and from the Presidents of Paediatric Subspecialties.
3. It should play an integrative, coordinative, communicative and executive role in any field of worldwide paediatrics.
4. It should be an agency for paediatric matters, meaning the gathering of information and spreading of information.

UNEPSA will continue its recent new activities and will prepare the foundation for a future European Paediatric Association (EPA). For your information please find a draft of the constitution of EPA (enclosure). Any further steps in this matter will have to be discussed in future meetings with all National Presidents to allow a maximum of collaborative and unifying actions.

There was a very lively discussion with many speakers whose essential comments are summarized below:

Moya: UNEPSA should publish the demographic data on paediatric care in Europe in the EUR J PAED and should get in touch with National Journals. UNEPSA should publish position papers in its Newsletters.

Rubino: UNEPSA should not compete with other European Paediatric Associations which have already developed special activities such as the training guidelines and the recommendations for board examinations (CESP), research (ESPR), international contacts with WHO, UNICEF (IPA). UNEPSA should develop a special interest in research in general paediatrics.

Schmitz: UNEPSA should get a specific profile. UNEPSA should aim for a homogenisation of multiple activities in European Paediatrics.

Baum: There should be no change of the name UNEPSA. UNEPSA is a chapter of the IPA. UNEPSA has 31 votes in the IPA whereas North America has only two. UNEPSA should play an active role in IPA. European Paediatrics has a great treasure and that is its diversity. National Paediatrics Societies should stimulate UNEPSA to create action unes in Europe (also involving IPA). Thus, UNEPSA should be used as a medical executive instrument.

Ehrich: The name UNEPSA is not very attractive for several reasons. UNEPSA should not only change its name but also its structure and should become more active. The board members of UNEPSA should preferably also become board members of other European Paediatric Societies to allow a closer collaboration.

Rubino: Activities of UNEPSA should be increased by National Presidents. UNEPSA should play an important role in IPA. UNEPSA should also become an agency.

Moya: There should be greater exchange activities between countries in Europe supported by UNEPSA.

Schmitz: He gave a clear vote for a European chapter of IPA. UNEPSA should remain isolated.

Ehrich: There should be more twinning contacts between paediatric institutions from different countries.

Rubino: The key question is how to allow individual membership of paediatricians in UNEPSA.

Schmitz: The change from UNEPSA to EPA should be delayed.

Audience: (general support of the latter statement)

Kriz: UNEPSA should organise congresses in collaboration with subspecialists.

Olàh: Questions on the past of UNEPSA: date of foundation, previous aims, etc.

Riikjarv: What is the objective of UNEPSA?

Ehrich: Answer: Understanding the national differences in paediatric care.

Rubino: Answer: 1. Cooperation between national societies, 2. Spread of information from national societies, 3. Research, cooperation with IPA, 4. Sponsoring meetings (see constitution of UNEPSA).

Loukianova: The UNEPSA Board should develop a concept on the future of European Paediatrics which should be sent to the National Presidents. These concepts should deal with multinational research (the current project on neonatal care was mentioned), as well as with practical guidelines and training.

Basaran: UNEPSA should give job descriptions for European Paediatricians. UNEPSA should have a dynamic data bank. The special role of UNEPSA is given by the fact that it not only represents EU countries but the whole of Europe.

Kocova: UNEPSA should collect and spread information on Paediatrics in Europe in order to inform national societies on the standard procedures in other countries e.g. screening programmes and vaccinations. In fact this information will support the National President when dealing with their own Ministries of Health.

Basys: He gave an excellent example on how the deterioration of a public health matter was stopped in his country by showing the data of the UNEPSA Meeting in Wroclawao his politicians.

Katz: UNEPSA may have an important influence on governments. It could be a wise step to invite members from governments to UNEPSA Meetings. UNEPSA should have a home page on the Internet.

Conter: UNEPSA should promote general paediatrics. UNEPSA should focus on disease prevention. UNEPSA should improve its presence in political bodies in Europe.

Riikjarv: UNEPSA should develop standards for the care of children.

Ehrich: The most important factors negatively influencing medical care in general are: mismanagement, corruption of doctors and industry, false interpretation of scientific research, false health beliefs of patients, and lack of knowledge of doctors.

Rubino: The President gave a summary on what had been discussed. The spectrum of work to be done by UNEPSA ranges between nothing and too much. Future studies should focus on demography of paediatric care in Europe. The data should be published in peer reviewed Journals and in Newsletters. The next Congress in Rome should set a land mark of European Paediatrics. The practical ways to proceed include imagination, then action, then imagination, then action. The activities should be done in the name of UNEPSA to improve its profile. Concepts should be developed by e-mail correspondence among the National Presidents. The UNEPSA Board should have a coordinative role. Finally there should be short term and long term perspectives, among which the foundation of EPA may be an essential one.

11. Future Meetings of the Board and future General Assembly

There are no fixed dates yet for future meetings. The new President will propose the meetings to the board members and to the National Presidents in due time.

Amsterdam 15th August 1998

Professor **Armido Rubino**

President Professor **Jochen H.H. Ehrich**

Secretary General