European Training Requirements for Paediatric Allergology

This document was developed by the European Training Committee on Paediatric Allergology (ETC-PA), a working group of the Section on Paediatrics of the European Academy of Allergy and Clinical Immunology (SP-EAACI), in collaboration with the European Academy of Paediatrics (EAP), which serves as the Paediatric Section and Board of the European Union of Medical Specialists (UEMS).

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I-PREAMBLE

The Union Européenne des Medecins Spécialistes / Union of European Medical Specialists (UEMS) is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 40 national associations and operating through 43 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training, which will pave the way to the improvement of quality of care for the benefit of all European citizens.

The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance. It is the UEMS' conviction that the quality of medical care and expertise is directly linked to the quality of training provided to the medical professionals. Therefore the UEMS committed itself to contribute to the improvement of medical training at the European level through the development of European Standards in the different medical disciplines. No matter where doctors are trained, they should have at least the same core competencies.

In 1994, the UEMS adopted its Charter on Post Graduate Training aiming at providing the recommendations at the European level for good medical training. Made up of six chapters, this Charter set the basis for the European approach in the field of Post Graduate Training. With five chapters being common to all specialties, this Charter provided a sixth chapter, known as “Chapter 6” that each Specialist Section was to complete according to the specific needs of their discipline. More than a decade after the introduction of this Charter, the UEMS Specialist Sections and European Boards have continued working on developing these European Standards in Medical training that reflects modern medical practice and current scientific findings. In doing so, the UEMS Specialist Sections and European Boards did not aime to supersede the National Authorities' competence in defining the content of postgraduate training in their own State but rather to complement these and ensure that high quality training is provided across Europe.

At the European level, the legal mechanism ensuring the free movement of doctors through the recognition of their qualifications was established back in the 1970s by the European Union. Sectorial Directives were adopted and one Directive addressed specifically the issue of medical Training at the European level. However, in 2005, the European Commission proposed to the European Parliament and Council to have a unique legal framework for the recognition of the Professional Qualifications to facilitate and improve the mobility of all workers throughout Europe. This Directive 2005/36/EC established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification.

Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations. The UEMS values professional competence as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual

and community being served". While professional activity is regulated by national law in EU Member States, it is the UEMS understanding that it has to comply with International treaties and UN declarations on Human Rights as well as the World Medical Association (WMA) International Code of Medical Ethics (https://www.wma.net/policies-post/wma-internationalcode- of-medical-ethics).

This document derives from the previous Chapter 6 of the Training Charter and provides definitions of specialist competencies and procedures as well as how to document and assess them. For the sake of transparency and coherence, it has been renamed as "Training Requirements for the Specialty". This document aims to provide the basic Training Requirements for each specialty and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of this document reflects the UEMS approach to have a coherent pragmatic document not only for medical specialists but also for decision-makers at the National and European level interested in knowing more about medical specialist training.

II- THE SUBSPECIALITY OF PAEDIATRIC ALLERGOLOGY

1. Description of the subspeciality

Paediatrics is a distinct and comprehensive medical specialty focused on the prevention, diagnosis, and management of illness and injury in children from birth through adolescence, up to 18 years of age. It goes beyond the treatment of diseases in infants, children, and adolescents to encompass the broader domain of overall health. This includes all aspects of physical, emotional, and developmental growth, as well as disease prevention and health promotion.

In this document, the terms **Child** and **Children** should be understood in a broad sense (0–18 years), encompassing newborns, infants, preschool children, school-aged children, and adolescents, as each of these age groups presents its own specific allergological characteristics.

The role of the family and other environmental influences is central to a child's development, and many paediatric conditions require ongoing management and long-term follow-up. A key aspect of paediatric care is ensuring a smooth and effective transition to adult healthcare services when appropriate.

The prevalence of allergic diseases in children and adolescents has been steadily increasing over recent decades, particularly in industrialized societies. Today, allergic conditions represent a significant cause of morbidity in the paediatric population.
In response to this growing health burden and in parallel with advances in medical science, Paediatric Allergology (PA) has emerged as a dedicated medical subspecialty within Paediatrics. PA focuses specifically on the diagnosis, treatment, and prevention of allergic and immunologic diseases in children and adolescents and has developed as a recognized discipline across Europe and worldwide.

This document describes the **European Training Requirements (ETR) for Paediatric Allergology**. It is one of the subspecialist training programs in Tertiary Care Pediatrics, defined by the Secondary / Tertiary Council of the European Academy of Paediatrics, itself the Paediatric section of the European Union of Medical Specialists (Union Européenne des Médecins Spécialistes - UEMS) The product of this training program is the **European Paediatric Allergist (EPAL)**. It is expected that European Paediatric Allergists will practice their skills and apply their expertise within the framework of a specialized Tertiary Care Unit. Furthermore, such specialists will have commitment to train general paediatricians and paediatricians with an interest in Paediatric Allergology.

In **Paediatric Allergology**, interdisciplinary cooperation is a central element of clinical practice. Paediatrics is a specialty with its own distinct characteristics, which differentiate it in this as in other areas—not with the intention of replacing or excluding other specialties, but rather to promote collaboration, optimize patient outcomes, ensure an appropriate transition to adult care, and affirm the need for differentiation in line with the natural evolution of paediatric disciplines.

We believe that all doctors practising Paediatric Allergology (PA) require a solid basic training in General Paediatrics, as set out by many National Training Authorities (NTAs), and in the recommended European Common Trunk Syllabus, approved by the EAP-UEMS. This training, which should be of 3-year minimum duration provides the core knowledge and clinical experience that support the competencies and principles outlined in this Paediatric Allergology training program.

2. Metholology for generating this ETR

The first version of the Syllabus was written by several members of the former European Paediatric Allergy and Clinical Immunology Society (ESPACI) in 1999 and revised in 2003 and 2011 by the European Training Committee on Paediatric Allergology (ETC-PA), a working group of the Section on Paediatrics of the European Academy of Allergology and Clinical Immunology (SP-EAACI). ETC-PA has also produced two further documents, defining the requirements for European Training Centres (2007) and the European Training Curriculum for PA (2013)

The Training Program finalized in 2017, and approved by UEMS in 2019 was a comprehensive new text issued by ETC-PA, combining and updating the Syllabus, Curriculum and Training Centre Requirements for PA using the format for training programs then suggested by UEMS and EAP

All these documents were patiently produced over the years, discussed by E-Mail, in telephone conferences, in small group meetings and in ETC-PA plenary meetings held during annual EAACI congresses

The present version is an updating of the 2019 UEMS document, mostly constructed by E-mail contacts between ETC-PA national representatives and discussed in the ETC-PA Plenary Meeting. It is based on the new format proposed by UEMS for ETR documents.

3. Aims of the ETR

This program aims to achieve the following key objectives:

a. Harmonise training in Paediatric Allergology (PA) across European countries to ensure consistency and high standards in education and clinical practice.

b. Define clear, standardised competencies in knowledge and clinical skills required for practising PA at the tertiary care level.

c. Promote the development of a robust European network of accredited Tertiary Care Centres specialising in PA.

d. Improve the quality of care for children with allergic diseases throughout Europe by advancing training and collaboration.

e. Strengthen Europe's contribution to global scientific progress in the field of Paediatric Allergology through high-level education and research initiatives.

IV-TRAINING REQUIREMENTS FOR TRAINEES

1. Content of training and learning outcome

a Competencies required of the trainee

The aim of tertiary care training in PA is to provide training to allow competent practice to be undertaken as a Tertiary Care Specialist in PA whose practice would be expected to deal with complex problems in this area including:

Atopic diseases
Bronchial asthma
Allergic Rhinitis, othe ENT Allergy and Ocular allergy
Skin Diseases
Food Allergy
Insect venom allergy
Drug Allergy
Anaphylaxis

Specialist competence in Paediatric Allergology (PA) requires comprehensive knowledge and advanced clinical skills to care for children and adolescents affected by, or at risk of, allergic diseases and non-allergic hypersensitivity reactions. This expertise must extend across all levels of care, from outpatient clinics to hospital-based services.

Beyond diagnosis, treatment, and ongoing management, the sub-specialty also encompasses the full spectrum of allergy prevention—both at the individual and population level. A thorough understanding of environmental factors is now essential for effective primary and secondary prevention strategies.

Delivering optimal care in PA necessitates close collaboration not only with the child and their family, but also with the various institutions and public bodies that shape the child's

daily environment. These include nurseries, kindergartens, schools, social services, environmental and building authorities, and other relevant agencies.

To gain the necessary depth of experience each trainee should be actively involved in the management care of a range of patients during the whole period of his/her speciality training. This should include the care of outpatients, inpatients (including emergency admissions) and community care where appropriate.

Evaluation of trainees should incorporate competency-based assessment, alongside traditional knowledge assessments and portfolio review. An excellent model to structure this process is the **CanMEDS Framework**, developed by the Royal College of Physicians and Surgeons of Canada https://canmedsproject.ca/en/Framework outlining the following competencies:

- **Medical expert**: applies clinical skills and biomedical knowledge within the defined scope of PA, establishes partnership with patients and families in providing patient-centred care and promotes healthcare quality and patient centred care
- **Communicator:** effectively facilitates doctor-patient relationship and dynamic exchanges before, during and after medical encounter
- **Collaborator:** effectively works within healthcare system to achieve optimal patient care
- **Leader:** contributes to the continuous improvement of the healthcare system, manages clinical and administrative responsibilities effectively and uses resources efficiently and ethically.
- **Health advocate**: advocates for improved care systems and public health policy, promotes health education and disease prevention.
- **Scholar:** demonstrates lifelong commitment to reflective learning and to creation, dissemination, translation of medical knowledge
- **Professional:** committed to the health and wellbeing of individuals and society through ethical practice, professional led regulation and high personal standards of behaviour.

Log-book and Portfolio

Trainees are required to maintain a comprehensive log-book documenting all relevant clinical activities. This should include patients seen, procedures performed, diagnoses established, therapeutic interventions undertaken, and follow-up outcomes. The log-book should also incorporate knowledge and skills checklists outlining core competencies, with space provided for supervisor verification and sign-off. This documentation will form an integral part of the trainee's professional portfolio.

Trainees must ensure that their personal log-book, or equivalent record, is kept up to date in accordance with national guidelines and European Union directives. The log-book should follow the Training Syllabus described below and must be reviewed and endorsed regularly by the trainee's tutor or an authorised deputy.

Trainees are expected to attend local, regional, and national scientific meetings and provide documented evidence of participation.

Attendance at international meetings is considered essential, particularly for tertiary care training. Trainees are encouraged to present their work at such meetings, with a recommendation of delivering at least two to three presentations during the training period. Participation in summer schools and winter schools is also strongly encouraged.

b Learning outcomes

The European Paediatric Allergist (EPAL) at the end of training, should be able to:

- Provide competent clinical care within the framework of a specialised Tertiary Care Unit in the inpatient/outpatient setting using various specialised diagnostic and therapeutic modalities.
- Provide competent clinical care as an autonomous paediatric subspecialist in a public or private community-based outpatient setting.
- Liaise with the appropriate laboratories and similar departments
- Liaise with colleagues in Primary and Secondary Care Paediatrics in the provision of high-quality local care.
- Provide technical assistance and consult with other Tertiary Care Specialists, namely, specialists in Paediatric Pulmonology, Paediatric Gastroenterology, Oto-Rhino-Laryngology, Dermatology, Clinical Physiology, Clinical Immunology ,Genetics
- Coordinate with Adult Allergology and Pulmonology teams for smooth transitional care.
- Design and implement a relevant research program in PA.
- Lead and maintain a quality assurance program.
- Contribute to educational activities at undergraduate and postgraduate levels.
- Actively participate in relevant administrative and professional bodies.

c Theoretical knowledge, practical and clinical skills and competences

Training Syllabus

The present Syllabus is addressed to the training of Tertiary Care Specialists in Paediatric Allergology. It is structured in modules. Each module contains training requirements in a specific area, expertise, or skill.

Each item will be classified under the categories of Knowledge (K), Skill (S) or both

Recommended minimum degree of expertise to be acquired for each knowledge item or skill:

H – High (updated scientific knowledge)
I – Intermediate (Paediatric allergology textbook knowledge)
B – Basic (general Paediatric Textbook)

K – Knowledge
S – Sk

Modules A to S mandatory Modules T to V optional

European Syllabus in Paediatric Allergology for Tertiary Care Specialists (European Training Committee Paediatric Allergology)			
A Basic Knowledge on Immunology and Allergic Diseases (mandatory)		**K**	**S**
1	Immune response and Immunoregulatory mechanisms	H	
2	Pathogenesis of hypersensitivity and allergic diseases	H	
3	Epidemiology of allergic diseases, locally and worldwide	H	
4	Influence of genetic and environmental factors on development of allergic disease	H	
5	Clinical course of allergic disease, from infancy to adulthood	H	
6	Primary and secondary prevention of allergy	H	
B Allergens (mandatory)		**K**	**S**
1.	Allergens and allergenic composition of the source materials	H	
2.	In vivo allergen standardization, principles and differences between methods	I	
3.	In vitro characterisation of allergen extracts, components and total allergenic activity	I	
4.	Allergens, aerobiology and distribution of inhalant allergens in the environment	H	
5.	Allergens, latex and drug allergens	H	
6.	Allergens, food allergens (including additives) and cross-reactivity of food allergens	H	
7.	Allergens/modified allergens/hypoallergenic allergens	H	
8.	Polyclonal and monoclonal antibodies against IgE and IgG epitopes	I	
9.	Methods for determination of indoor allergens, moulds etc. in dust and air	I	
10.	Methods for determination of mould spores and pollens in the air outdoors	I	
11.	Distribution of allergens in the environment	H	
12.	Hidden allergens in foods	H	
13.	Molecular Allergy diagnosis in clinical practice	H	
14.	Cross-reactive molecules and their clinical relevance	H	
15.	Allergen families and databases	H	

C Diagnosis of allergy (mandatory)		K	S
1.	Definition of allergy and atopy.	H	
2.	Total IgE and eosinophil count – context and limitations	H	
3.	Understanding of hypersensitivity reactions : Antibody mediated (Type I, Type II, Type III) Cell mediated (Type IV a, Type IV b Type IV c) Tissue driven mechanisms (Type V, Type VI) Direct response to chemicals (Type VII)	H	
4.	Methods for routine *in vivo* immediate hypersensitivity: skin prick tests and intradermal tests and their interpretation	H	H
5.	*In vivo* test for delayed hypersensitivity (allergy patch test, intradermal tests)	H	H
6.	Basophil activation Test (BAT) protocols, flow cytometry, interpretation	I	
7.	Histamine Release Test (HRT): technique and comparison with BAT	I	
8.	Methods and interpretation of challenge tests in the conjunctiva, (nose), bronchi (allergen bronchial challenges) and single blind and double-blind oral food and drug challenges, See also Asthma, Food Allergy and Drug Allergy	H	H
9.	Specific IgE Testing: Singleplex (e.g., Immuno CAP), Multiplex/Component-resolved diagnostics (e.g., ISAC, ALEX)	H	
10.	Understand cross-reactivity based on molecular allergology insights	H	H
11.	Understand the mechanisms and clinical implications of polysensitization and polyallergy in children.	H	H
12.	IgG/IgG4 Testing: understanding misuse and appropriate research context	H	
13.	Methods for determination of mediators of allergic inflammation (MC mediators, Eosinophile cell derived mediators, interleukins and other cell markers).	H	
14.	Indications and interpretation for *in vivo* and *in vitro* allergy testing. Choosing tests based on age, condition, contraindications, and clinical scenario	H	H
15.	*In vitro* morphological and functional assessment of cells and molecules involved in the mechanisms of immune response, hypersensitivity and immunopathology, according to current state of the art (principle and interpretation; meaning and validity of test results)	H	
16.	Biomarkers and mediators: Mast cell mediators: serum and urinary tryptase, histamine, chymase Eosinophil mediators: eosinophil cationic protein (ECP), EDN, MBP Cytokines and interleukins: IL-4, IL-5, IL-13, IL-10, TNF-alpha, IFN-gamma (research or selected clinical settings)	H	

D Bronchial asthma and other wheezing disorders (mandatory)		K	S
1	Different recurrent wheezing and asthma clinical patterns, phenotypes and endotypes, their different pathology and natural history (including underlying pathophysiology and basic epidemiology)	H	
2	Differential diagnosis of asthma and clinically similar paediatric disorders	H	H
3	Interpret emerging biomarkers (FeNO, periostin, TARC) and understand their current and potential roles in paediatric allergy and asthma.	H	H
4	Epidemiology of viral infections, mechanisms of viral wheezing	H	
5	Treatment of acute asthma and wheezing illness at various ages	H	H
6	Long term management of asthma and recurrent wheezing at different ages including age related pharmacology and emerging therapeutic strategies, with special emphasis on side effects and those influencing *children's* growth	H	H
7	Available techniques for inhalation therapy and their age-related advantages and limitations	H	H

E Ocular and ENT Allergy (mandatory)		K	S
1	Diagnosis and management of allergic conjunctivitis and clinically similar paediatric disorders	H	H
2	Anatomy, physiology and pathology of the upper respiratory tract and ear of paediatric patients	H	
3	Anatomy of the upper respiratory and ear of paediatric patients as visualised using imaging techniques	I	I
4	Rhinitis: etiopathogenesis, classification, diagnosis and treatment. Sinusitis. Paediatric disorders mimicking rhinitis	H	H
5	Long term management of rhinitis, considering the impact of both the disease and the medication on the patient's quality of life and school performance.	H	H
6	Identify upper airway comorbidities—including tonsillar and adenoid hypertrophy and obstructive sleep apnoea—in children with allergic diseases	H	
7	Otitis media in allergic paediatric patients	H	
8	Indications of ENT surgery in patients with allergic rhinitis	H	

F Skin Diseases (mandatory)		K	S
1	Urticaria and angioedema (physiology, pathology, diagnosis, differential diagnosis with clinically similar paediatric disorders and treatment)	H	H
2	Chronic urticaria (diagnosis and long-term management with special emphasis, on quality of life and school performance)	H	H
3	Diagnosis and management of hereditary angioedema	H	H
4	Atopic dermatitis (physiology, pathology, diagnosis, differential diagnosis, and treatment; long term management of persistent cases with special emphasis, on quality of life and school performance)	H	H
5	Contact dermatitis and other type IV reactions	H	I
6	Mastocytosis and related diseases like mast-cell activation syndrome and hereditary alpha tryptasemia (diagnosis and treatment; long term management)	H	H
G Food Allergy (mandatory)		**K**	**S**
1.	Epidemiology, types and natural history of food allergy	H	
2.	Manifestations of food allergy: a. Acute symptoms: : Vomiting, diarrhoea, abdominal pain, gastro-oesophageal reflux (GOR), and blood or mucus in stools. b. Chronic manifestations: i. Eosinophilic gastrointestinal disorders (EGIDs), including Eosinophilic Oesophagitis (EoE), Eosinophilic Gastritis and Eosinophilic Gastroenteritis ii. Non-IgE-mediated enteropathies, such as Food Protein-Induced Enterocolitis Syndrome (FPIES), Food Protein Induced Proctocolitis (FPIP) iii. Constipation and failure to thrive c. Extra-gastrointestinal symptoms (atopic dermatitis, urticaria, anaphylaxis, angioedema, rhino-conjunctivitis, asthma) d. Food-dependent exercise induced anaphylaxis (FDEIA)	H	
3.	Non-allergic adverse reactions to foods. Paediatric disorders mimicking food allergy	H	
4.	Most common food allergens and labelling regulations	H	
5.	Implications of egg allergy with vaccination (MMR, Influenza, Yellow Fever) and current recommendations	H	
6.	IgE mediated food allergy: diagnosis of causal food allergen by history	H	H
7.	IgE mediated food allergy: diagnostic relevance of determination of specific IgE, skin prick tests and atopy patch tests	H	H
8.	Use of molecular diagnosis in the management of food allergy	H	H
9.	Diagnostic challenge procedures in food allergy, including additives a. Open oral food challenges	H	H

	b. Double-blind placebo-controlled food challenge		
10.	Diagnostic elimination diet and supervised reintroduction	H	H
11.	Oral allergy syndrome (pollen-food syndrome)	H	
12.	Coeliac disease	H	
13.	Treatment of food allergy		
	a. Elimination diet (nutritional aspects, education, EU regulative re. labelling etc.)	H	H
	b. Symptomatic treatment	H	H
	c. Treatment of anaphylaxis (see I)	H	H
	d- SOTI (Specific Oral Tolerance Induction)	H	H
	e- EPIT (Epicutaneous Immunotherapy)	Optional	
14.	Nutrition in food allergy/intolerance	H	H
15.	Identify the types and indications of hypoallergenic formulas—including partially and extensively hydrolysed, amino acid–based, and rice formulas, in the prevention and management of Cow's Milk Allergy in infants and children .	H	
16.	Prognosis of food allergy; need for follow-up and re-challenges	H	H
H Insect venom and body allergy [1] (mandatory)		**K**	**S**
1.	Definition of insect venom, insect body and related allergy in children	H	
2.	Epidemiology of insect allergy in children	H	
3.	IgE mediated insect venom and body allergy: Diagnosis of causing insect allergen by history	H	H
4.	IgE mediated insect venom and body allergy: Diagnosis of causing insect allergen by skin tests, and *in vitro* IgE tests	H	H
5.	Recognize the possible role of the Sting Challenge Test in evaluating treatment response in children with Hymenoptera Venom Allergy.	H	H
6.	Prophylactic measures in insect allergy	H	
7.	Non allergic adverse reactions to insect venom and body material	H	
8.	Immunotherapy in *Hymenoptera venom* allergy (VIT), see K - Immunotherapy	H	H
9.	Non-immunological treatment of IgE mediated insect venom and body allergy	H	H

[1] Insect allergy should be defined as allergy to *Hymenoptera* venoms, other insect venoms like mosquito bites/ mosquito venom, insect and lower animal and plant allergens, e.g. midges, spiders, nematodes, green algae and other algae etc.

I Drug Allergy (mandatory)		K	S
1.	Definition and types of drug allergy in children. Paediatric disorders mimicking drug allergies	H	
2.	Epidemiology of drug allergy	H	
3.	Diagnostic procedures in drug allergy, skin prick tests, patch tests, intradermal tests, injection and oral challenge tests, *in vitro* IgE tests, methods for the measurement of tryptase and their interpretation	H	H
4.	Skin testing for drugs and biologicals, including protocols for beta-lactams, local anaesthetics, biologics	H	H
5.	Understand the principles and clinical utility of the Lymphocyte Transformation Test in assessing T-cell–mediated drug hypersensitivity.	I	
6.	Drug Provocation Tests (DPT): principles, indications, contraindications, safety	H	H
7.	Non allergic adverse reactions to drugs	I	
8.	Clinical characteristics and diagnosis of NSAID hypersensitivity	H	H
9.	Acute desensitization in drug allergy	H	H

J Anaphylaxis (mandatory)		K	S
1.	Definition of anaphylaxis and its main causes, namely foods, oral drugs, injected drugs, insect venoms, SCIT (injected drugs) and SLIT	H	
2.	Mechanisms of anaphylaxis: immunologic (IgE and non IgE mediated) and non-immunologic, mediators involved, (histamine, tryptases, cytoquines). Biphasic and protracted anaphylaxis.	H	
3.	Clinical manifestations of anaphylaxis (cutaneous, respiratory, gastrointestinal, cardiovascular, neurological) and the importance of its early identification. diferential diagnosis (vasovagal syncope, panic attacks, asthma) diagnostic criteria, use and interpretation of serum tryptase,	H	H
4.	Acute treatment of anaphylaxis emphasizing early adrenalin administration and life support measures (airway management, oxygen, IV fluids), indications for second dose adrenaline	H	H
5.	Complementary treatment of anaphylaxis besides adrenaline, post-treatment observation, guidelines for medical discharge	H	H
6.	Absolute indications and recommended indications for prescription of an adrenaline auto-injector	H	H
7.	Training with adrenaline auto-injector	H	H
8.	Relevant patient and caregiver education. Written emergency plan. Personalised individual plan	H	H
9.	Anaphylaxis at school. Preventive measures and emergency plans	H	H

K Preventive measures (mandatory)		K	S
1.	Definition of prevention ▪ Primary prevention ▪ Secondary prevention ▪ Tertiary prevention	H	
2.	Information and education	H	H
3.	Discussion of possible effect of avoidance/reduction of exposure to inhalant allergens (mites, moulds, dander, pollens, other)	H	
4.	Environmental treatment including diagnosis and measurement of allergen exposure	H	
5.	Dietary prevention ▪ Primary prevention in all infants a. Breast feeding ▪ Primary dietary prevention in high-risk infants a. Breast feeding	H	H

	b. The role of documented hypoallergenic formulas c. Knowledge about the early introduction of potentially allergenic foods d. Secondary dietary prevention in individuals with food allergy		
6.	Role of Skin Barrier Enhancement for Primary Allergy Prevention • Understand the pathophysiology linking skin barrier dysfunction and allergy. • Review evidence supporting skin care in infancy as a preventive strategy. • Implement practical emollient recommendations in clinical settings.	H	H
7.	Skin care for eczema	H	H
8.	Prevention of exposure to tobacco smoking (including electronic cigarettes) - Preventive measures against starting smoking or vaping - Measures to help stop smoking and vaping - Measures to prevent second-hand exposure to smoke and e-cigarette aerosols	H	H
9.	The possible role of pre-biotics, pro-biotics and symbiotics in allergy prevention	H	
10.	Anti-microbial stewardship and microbiome interactions. Pro/prebiotics in allergy prevention and management, effects of antibiotics on allergic disease risk		
11.	The possible role of specific nutrients (D- vitamin, E-vitamin, antioxidants, n3/n6 PUFA, etc)	H	
12.	Principles of treatment of exercise induced asthma	H	
13.	Physical training for asthmatics	H	H
14.	Occupational guidance	H	H

L Allergen Immunotherapy (mandatory)		K	S
1.	Organization of allergen vaccination/immunotherapy, the facilities, personnel, education and continuous training	H	H
2.	Methods used for allergen vaccination/immunotherapy (IT)	H	H
3.	Allergen vaccines/extracts used for immunotherapy (extracts, recombinant allergens, modified allergens) and their pharmacokinetics	H	
4.	Mechanisms of IT	H	H
5.	Indications and contraindications for IT	H	H
6.	Information to patients and parents in advance of a decision to start IT		H
7.	Allergy diagnosis (history, skin tests, in vitro allergen specific IgE, provocation tests), see B 1, Allergy Diagnosis, and asthma diagnosis, lung function, optimal asthma therapy, allergen avoidance, before the start IT (SCIT, IDIT, SLIT OIT and VIT)	H	H
8.	Subcutaneous immunotherapy (SCIT) : Dosing, dose schedules, top doses, intervals, duration long term prognosis preventive effects etc.	H	H
9.	SCIT, with allergen extracts/preparations of house dust mites, pollens, animal dander, food and *Hymenoptera* venoms	H	H
10.	Intradermal Immunotherapy (IDIT) Dosing, dose schedules, top doses, intervals (mainly experimental, not considered standard care yet)	I	Optional
11.	Sublingual immunotherapy (SLIT): Dosing, dose schedules, top doses, intervals, duration long term prognosis preventive effects etc.	H	H
12.	SLIT, with allergen extracts/preparations of house dust mites, pollens, animal dander and foods	H	H
13.	Oral immunotherapy with Food (OIT) in the management of selected children with Food Allergy.	H	H
14.	Epicutaneous immunotherapy (EPIT) see G-Food Allergy (mainly experimental, not considered standard care yet)	I	Optional
15.	IT: Supervision of asthma, environmental control, medication and allergen exposure	H	H
16.	IT: Long-term follow up of clinical and immunological results in children given IT	H	H
17.	Acute treatment of IgE-mediated drug allergic patients by modified rush desensitization,	H	H
18.	Anaphylaxis during SCIT, IDIT, SLIT and VIT Investigation of causes such as subclinical asthma, other ongoing allergic inflammation, recent exposure to known or non-diagnosed allergens, i.v. injection etc	H	H

M Drugs and biologics used for children and adolescents with allergic diseases (mandatory)		K	S
1.	First and second generation anti-histamines – indications, efficacy, pharmacokinetics, side effects, food and drug interactions	H	H
2.	Bronchodilators (short and long action beta agonists, anticholinergics) indications efficacy, pharmacokinetics, side effects, drug delivery devices	H	H
3.	Adrenaline - indications efficacy, pharmacokinetics, side effects, drug delivery devices (see J- Anaphylaxis)	H	H
4.	Topical and systemic steroids - indications, efficacy, pharmacokinetics, side effects	H	H
5.	Use of anti-leukotrienes, anti-IgE (Omalizulab) and other biologic modulators in the treatment of allergic diseases (Dupilumab, Mepolizumab, Benralizumab, Telezepelumab). Indications, age approvals and adverse effects,	H	H
6.	Indications, efficacy and safety of Immunosuppressive drugs in the treatment of allergic diseases (eg. calcineurine inhibitors, methotrexate, cyclosporin)	H	H
7.	Emerging therapies, like JAK inhibitors (e.g., upadacitinib, ruxolitinib) for atopic dermatitis and Syk inhibitors, anti-IL-31, microbiome therapies (investigational)	Optional	
8.	Medication safety, adherence and education. Techniques to optimize adherence in children. Parent and child education tools. Medication safety in schools and daycare settings	H	H
N Approach to the allergic child and his family (mandatory)		K	S
1.	History taking in allergic patients		H
2.	Recognizing clinical symptoms and signs of allergy	H	
3.	The “allergic march” and child with multi-systemic allergy	H	
4.	Communication with children of all ages and their parents, placing emphasis on counselling skills and provision of appropriate disease education in order to optimize patients' compliance	H	H
5.	Proper assessment and handling of family interactions and their impact on clinical symptoms and signs	H	H
6.	Social and psychological issues relevant for children and families with allergic diseases	H	H
O- Training Objectives – Adolescents & Young Adults (AYA) (mandatory)		K	S
1	Develop skills in delivering age-appropriate, patient-centred allergy care to adolescents and young adults.		H
2	Recognise the psychosocial and behavioural factors influencing allergy management (e.g. adherence, risk-taking, independence).		H

3	Demonstrate competence in managing common AYA allergy presentations (e.g. Food Allergy, Anaphylaxis, Asthma) in this age group	H	H
4	Communicate effectively about risk, emergency planning, and lifestyle factors (school, social settings, travel, alcohol, exercise).	H	H
5	Work collaboratively with families while respecting emerging autonomy and confidentiality		H
6	Support transition from paediatric to adult allergy services, including promoting self-management and health literacy		H
P Research (mandatory)		**K**	**S**
1.	Scientific literature appraisal		H
2.	Training in planning, conducting, evaluating and publishing research projects		H
3.	Practical experience in presenting results to national and international audiences in form of oral or poster presentations		H
4.	Understand the importance of clinical trials in advancing therapeutic knowledge about allergic diseases. Understand the importance of good clinical practice and paediatric trial ethics consent. Role of registries and real-world data.	H	
Q Teaching (mandatory)		**K**	**S**
1.	Informal teaching of junior doctors or nurses in Paediatric Allergology during clinical work	H	
2.	Formal lectures in PA to medical students, junior doctors or nurses	H	
3.	Knowledge and application of educational programmes for parents and patients in PA	H	
R Paediatric Respiratory Medicine: Physiology and Assessment (mandatory)		**K**	**S**
1.	Developmental anatomy and physiology of the respiratory system including ventilation–perfusion and gas exchange	H	
2.	Physiology and evaluation of cough, shortness of breath and noisy breathing	H	H
3.	Respiratory function testing in infants, preschool aged and cooperative children and adolescents: measurement and interpretation of spirometry and lung volumes, interruption technique, impulse oscillometry, plethismograpy, lung diffusion, rapid thoraco-abdominal compression	H	I
4.	Performance and interpretation of reversibility and bronchial provocation testing	H	H
5.	Indication, interpretation and basic principles of conventional radiography, computed tomography, magnetic resonance imaging, ultrasonography and isotope imaging methods	H	I

6.	Indications and interpretation of the various airway endoscopy procedures in children: flexible and rigid bronchoscopy, broncho-alveolar lavage, bronchial biopsies	I	
7.	Indications and interpretation of cardio-respiratory poligraphy	I	
8.	Bronchial responsiveness: measurement, affecting factors, mechanisms, epidemiology and clinical application. Unspecific and specific challenge tests. Exercise Challenge test	H	H
9.	Non-invasive inflammation markers (including performance and interpretation of exhaled nitric oxide measurements)	H	H
10.	Invasive inflammation markers	I	
S Paediatric Respiratory Medicine: Disorders (mandatory)		**K**	**S**
1	Diagnosis and management of congenital malformations affecting the respiratory system	I	I
2	Prevention, diagnosis and management of Bronchopulmonary Dysplasia and chronic lung disease of infancy	I	I
3	Diagnosis and management of Cystic Fibrosis lung disease	H	I
4	Allergic bronchopulmonary Aspergillosis and hypersensitivity Pneumonitis	H	I
5	Diagnosis and management of other infrequent or rare lung diseases (gastroesophageal reflux associated lung disease, bronchiolitis obliterans, primary ciliary dyskinesia, neuromuscular diseases, etc)	H	H
6	Rehabilitation in chronic respiratory disorders	H	I
7	Diagnosis of and screening for obstructive sleep apnoea and upper airway resistance syndrome and hypoventilation	H	I
8	Non-invasive mechanical ventilation	H	I
T Adult Pulmonology/Allergology (optional)		**K**	**S**
1.	Experience in long term course of allergic diseases and asthma into adulthood.		I
2.	Ability to ease transfer of adolescent patients to adult care		H
U Laboratory (Immunology oriented) (optional)		**K**	**S**
1.	Quantification of total and specific IgE	I	
2.	Identification and characterization of antigens	B	
3.	Preparation of antigens	B	
4.	Epitope mapping and microarrays	I	
5.	Detection and quantification methods for other antibodies	B	
6.	Quantification of cytokines and inflammation markers	B	
7.	Flow cytometry for immune profiling: e.g., Treg, Th2/Th1 ratio	B	

8.	Functional assays: proliferation assays (T-cell function); Cytokine secretion assays (ELISA, multiplex bead assays)	B	
9.	Allergen-specific T cell assays	B	
10.	Morphological and functional examination of cells and molecules involved in the mechanisms of hypersensitivity and immunopathology	B	
11.	Single-cell RNA sequencing in allergic inflammation	B	
12.	Omics approaches (proteomics, metabolomics) in allergy research	B	
13.	Genetic testing in immunodeficiency and primary atopic disorders (e.g., STAT3, DOCK8)	B	
14.	Study of immune complexes	B	
15.	Quantitative and functional study of complement	B	
16.	Studies of cell populations and cellular immunity	I	
17.	Aerobiology and environmental studies	I	

V- Immunodeficiencies (optional)		**K**	**S**
1	**Fundamental Immunology** a- Detailed knowledge of innate and adaptive immunity, including specific and non-specific immune responses b- Molecular and genetic basis of immune function and immune disorders c- Mechanisms underlying primary immunodeficiencies d- Causes and mechanisms of secondary immunodeficiency, including principles of immunosuppression	H H H H	
2	**Disorders -Primary Immunodeficiencies** 2.1: - Diagnosis and classification of primary immunodeficiencies a- B-cell disorders b- T-cell disorders c- Combined immunodeficiencies d- Phagocytic disorders e- Complement deficiencies 2.2- Clinical evaluation and management of children with immunodeficiency disorders 2.3 Recognition and management of infections in the immunocompromised child 2.4 Principles and application of antimicrobial prophylaxis in immunodeficient patients	I H I	I H I

3	**Advanced Therapeutics**		
	3.1 Indications, principles, and outcomes of hematopoietic stem cell transplantation (bone marrow transplantation) for immunodeficiency disorders	I	
	3.2 Basic principles of bone marrow manipulation and cellular therapies	I	
4	**HIV and Acquired Immunodeficiency**.		
	4.1 Recognition, diagnosis, and longitudinal management of children with HIV/AIDS	I	I
	4.2 Family-centered care, counselling, and psychosocial considerations in HIV infection		I
5	**Diagnostic Immunology** (See also optional module T)		
	5.1 Laboratory evaluation of the immune system:		
	a. Immunoglobulin measurement	H	
	b. Lymphocyte subsets	H	
	c. Functional immune assays	H	
	d. Genetic testing	H	
	5.2 Interpretation of immunological investigations in clinical context	H	H

Entrustable Professional Activities (EPAs)

A trainee who has successfully fulfilled the requirements outlined in the above syllabus should be considered capable of undertaking, with an appropriate level of autonomy, a set of core clinical activities in paediatric allergology. These activities link competencies to practical clinical actions and are used to guide teaching, assessment, and the progressive development of the trainee's autonomy throughout the training programme.
They integrate multiple professional competencies, including patient care, medical knowledge, communication skills, professionalism, and system-based practice. The minimal set of these activities is defined in the table below.

EPA No.	Entrustable Professional Activity	Key Clinical Components	Typical Training Context
1	Perform comprehensive allergy-focused history and physical examination in children	Atopic history, environmental exposure, family history, allergic march, comorbidities	Outpatient clinic
2	Diagnose common paediatric allergic diseases	Asthma, allergic rhinitis, food allergy, atopic dermatitis, urticaria, drug allergy	Outpatient / hospital
3	Interpret and perform allergy diagnostic tests	Skin prick test, specific IgE, component-resolved diagnostics, patch testing	Allergy laboratory
4	Manage acute allergic reactions and anaphylaxis	Recognition, adrenaline administration, emergency management, patient stabilization	Emergency / inpatient
5	Develop and implement management plans for chronic allergic diseases	Asthma control plans, eczema management, rhinitis therapy	Outpatient clinic
6	Perform and interpret allergen challenge testing	Oral food challenge, drug challenge	Specialized allergy unit
7	Prescribe and monitor allergen immunotherapy	Indications, contraindications, subcutaneous and sublingual immunotherapy	Allergy clinic
9	Perform and interpret spirometry and bronchial reversibility tests in cooperative patients	Procedural skill, data interpretation, quality and safety, patient communication	Allergy Clinic
10	Educate patients and families on allergy prevention and management	Allergen avoidance, emergency plans, use of auto-injectors	Clinic / patient education
11	Coordinate multidisciplinary care for complex allergic diseases	Collaboration with dermatology, pulmonology, ENT, nutrition, genetics, psychology	Multidisciplinary clinics
12	Manage complex or rare allergic and immunologic conditions	Mastocytosis, eosinophilic disorders, primary immunodeficiencies with allergic manifestations	Tertiary centre
13	Participate in research, quality improvement, and clinical audit in paediatric allergy	Evidence-based practice, clinical trials, guideline implementation	Academic setting

2. Organization of Training

a. Minimal duration of training

A medical doctor who has successfully completed his/her training of at least 3 years in general paediatrics, including adolescent medicine, will be eligible for access to further specialist training in Paediatric Allergology. A clinical training period of full-time employment of 24 months, is considered adequate, but in some countries a longer training may be found.

b. Schedule and Curriculum of training

The following training periods are designed to provide education and develop understanding across the modules outlined in the training syllabus. Training in certain modules may be delivered across more than one department or unit. Some modules may have already been fully or partially covered during prior general paediatric training (Common Trunk).

Paediatric Allergy Department or Unit (minimum 18 months)
Modules A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q (in some hospitals also R, S and V)

ENT outpatient clinic
Module E

Paediatric Dermatology outpatient clinic
Module F

Paediatric Respiratory Medicine Department or Unit (minimum 3 months)
Modules R and S

Immunology oriented Laboratory (optional - minimum 1 month)
Modules A,B,C,T,Uand V

Paediatric Infectiology and/or Immunnology Department (optional minimum 1 month)
Module V

Adult Allergy or Pulmonology Department (optional-minimum 1 month)
Module T

This **Training Curriculum** proposes convenient practical ways to achieve training in the different modules. Simultaneous training in several modules is possible, provided such a combination can be accepted as reasonable. A complete training can consist of modules acquired in several different training centres. At least one of these training locations should fulfil the criteria for a primary centre.

c. Other requirements

Mandatory

Certified training in Advanced Paediatric Life Support

At least four presentations in scientific meetings (oral or posters) two of them as first author

Teaching experience with medical students or younger colleagues

Desirable

At least one scientific paper published in a peer reviewed Journal, preferably as first author

d. Assessment and Evaluation

Competency assessment

Competencies should be evaluated throughout the training period. There are several different tools for this, describing different aspects of training, some of which are set out below.
Formal and informal reflection on these assessments is an important aspect of their success.

Assessment	Purpose	Method
Mini clinical examination	Provides feedback on skills needed in clinical care	Trainer observes a trainee examining a patient and explaining the management plan to the parents
Case based discussion	Assesses clinical reasoning or decision making	Trainee presents a more complex case to the trainer and discusses the evidence or basis for diagnosis or treatment.
Directly observed procedural skills	Assesses practical skills	Trainee undertakes a practical skill whilst being observed
Leadership	Focuses on leadership skills	A trainee is observed leading a team (eg during a resuscitation)
Handover assessment tool	Evaluates handover skills	Handover episodes are supervised and discussed
Discussion of correspondence	Assesses letter writing skills	Clinic letters or discharges are reviewed and discussed
Multi-source feedback	Provides wider feedback on the performance of the trainee	Confidential comments from a wide range of colleagues, patients and the trainee are sought

A formal assessment of theoretical knowledge is recommended, ideally as part of a national final examination.
The EAACI/UEMS Paediatric Knowledge Exam represents a specialized track within the European Academy of Allergy and Clinical Immunology (EAACI) Knowledge Exam, specifically designed for healthcare professionals specializing in paediatric allergology and clinical immunology. This examination evaluates the essential theoretical knowledge and clinical understanding required to diagnose and manage allergic and immunologic conditions in children and adolescents.
It is suggested that national training authorities consider recognizing this exam as an optional alternative to national knowledge assessments, where appropriate.

d- Governance

Participation in Audit project
The trainee should conduct at least one systematic style review of a topic and in addition prepare a detailed evidence-based appraisal of a diagnostic test or a therapeutic intervention.

IV – TRAINING REQUIREMENTS FOR TRAINERS (TEACHERS) IN PAEDIATRIC ALLERGOLOGY

1.- Process of recognition as a trainer

a Requested qualification and experience

The training staff in a Centre should include at least two trainers. The Training Programme Director (TPD) must have been practising Paediatric Allergology for at least five years and must hold specialist accreditation in this area recognised by EAP/EBP.

In accordance with the recommendation of the ETR Review Committee and the UEMS Enlarged Executive Committee, the Training Programme Director must have successfully completed a recognised **Training-the-Trainer course** (or an equivalent faculty development programme) designed to prepare physicians for educational and supervisory responsibilities in postgraduate medical training.

A trainer is a professional with recognised expertise in Paediatric Allergology or in other relevant related fields. Their contribution to the training programme may be focused specifically on these areas of specialisation. Both educational supervisors and trainers must have at least two years of post-certification experience in Paediatric Allergology or in a related complementary specialty relevant to Paediatric Allergy training.

Trainers and educational supervisors involved in the supervision and assessment of trainees are expected to undertake appropriate faculty development, including recognised **Training-the-Trainer or medical education courses**, in order to ensure adequate preparation for their educational, supervisory and assessment responsibilities.

When an aspect of training cannot be provided in one centre, arrangements must be made for the trainee to receive this training in another suitable centre under the supervision of a trainer approved for that purpose.

a. Core competencies for trainers

Trainers should develop and implement an individualised training programme for each trainee, taking into account the trainee's competencies, learning needs and the facilities available within the institution. The training programme should be reviewed regularly in order to allow appropriate flexibility and to facilitate early identification of problems or deficiencies. Trainers should work with the trainee to establish and maintain a Personal Development Plan (PDP).

Trainers should demonstrate competencies in clinical teaching, supervision, provision of structured feedback, and trainee assessment. They should be familiar with the principles of competency-based medical education, including the use of workplace-based assessment tools and portfolio-based learning.

2- Quality management for trainers

Trainers are responsible for the regular appraisal and assessment of trainee progress. Appraisal consists of identifying learning needs and determining the evidence required to demonstrate that these needs have been addressed. Assessment evaluates progress against the defined objectives of the training programme.

Trainee assessment should include consideration of:

- Training and career ambitions
- Training experience in relation to the syllabus
- Achievements in relation to the current training plan

To provide a close personal monitoring of the trainee during his/her training, the number of trainees should not exceed the number of teachers in the centre.

Trainers will meet the trainee at the beginning of the programme to define the educational contract for that trainee. Reviews of progress should take place at 3 monthly intervals during the first year of training to appraise the individual.

An assessment should be undertaken after the first year, to review competencies achieved and to allow progress within the teaching programme. Assessments should be detailed and contain statements of theoretical and practical experience accumulated by the trainee. It is expected that the trainee will also provide an account of the training received and problems encountered (portfolio). Reports will be submitted to the TPD or national body.
Final assessment should ideally be at the national level

V- TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

1. Process for recognition as training centre

a. General requirements

A training centre can be a single institution or a group of related establishments.

Affiliation

Paediatric Hospitals, Paediatric Departments in University Hospitals, Paediatric Departments in other reference Hospitals and if not available, Allergy Units or Departments with significant Paediatric Allergology activity, preferably in an autonomous unit, may also be accepted.

Preferential denomination: Paediatric Allergy Department, Clinic or Unit.

b. Accreditation of Centres

For each EU Member country, a list of centres, units, training directors, tutors and teachers should be compiled and updated on an annual basis. Each centre is characterised by the available modules or areas of teaching activity, tutors and teachers available and the size of the clinical practice as defined by the needs of the trainee.

c. Central Monitoring authority for Paediatric Allergology at EC level

It is expected that each country where PA is officially recognized has its own system of centre and specialist certification and training program accreditation. Although regulatory bodies in each country are autonomous in establishing their own rules, it is desirable that they follow as closely as possible European guidelines for training programs and centre certification.

The European certification of training institutions can be accomplished both in countries where PA is already recognized, in this case at the request or with the agreement of national regulatory bodies and in countries without a national recognition of PA in which case it may be a stimulus for the recognition of the sub-speciality. The European recognition of training institutions will ultimately be part of a joint process involving EAP-UEMS and the specialist society. It is anticipated that SP-EAACI and ETC-PA will be endorsed by EBP and EAP-UEMS to execute this task. A list of the names and characteristics of existing national training centres will be created and held by SP-EAACI/ETC-PA and EBP/EAP-UEMS who will oversee quality assurance of the recognised centres at periodic intervals (desirably every 5 years), using the guidelines suggested by the UEMS. In countries where national certification clearly meets European standards, this can be endorsed by SP-EAACI/ETC-PA and EBP-EAP/UEMS.

d. Requirement on staff and clinical activities

The Training Centre may consist of more than one centre in close collaboration and should include at least two paediatricians certified in Paediatric Allergology and

desirably one in Paediatric Respiratory Medicine and one in Paediatric Gastroenterology. Part of the clinical and scientific training can also be located to other units, provided there is a close collaboration with the Training Centre.

The medical staff should have clinical, teaching and research activity.

It is important to have nurses and non-medical staff with expertise in allergy testing, pulmonary function, psychological and social work, nutrition, physiotherapy etc. and patient education, who might also participate in teaching and research activities.

The Training Centre should have the capacity to diagnose and treat paediatric patients of all ages, including adolescents, with any allergic disease in any organ system.

Outpatient clinic with enough primary attendances and return visits to allow meaningful education of trainees and assure they get enough experience. The number of trainees must be adjusted to the number of attending patients. There must be also available hospital beds for admission of patients with allergic diseases.

The clinical activities of a primary Paediatric Allergology Training Centre should be sufficiently diverse to support comprehensive training across modules A to P of the Training Syllabus. There is no fixed requirement for the number of patients treated, whether as inpatients or outpatients, as this will depend on the range of pathologies encountered and the number of trainees and trainers involved.

There should be clinical conferences on specific subjects and patients on a periodic basis (optimally every week).

e. Scientific activity

The centre should have the capacity to perform clinical research and to cooperate in laboratory research, assuring that the trainees are involved in scientific activities and publications. They should, acquire and develop skills for critical evaluation of published studies. Thus, regular research seminars on paediatric allergology and related disciplines should be arranged.

f. Requirement on equipment. Accommodation and other resources

i. Premises

Besides the general facilities assumed to be available in an average Hospital or Clinic, the Training Centre should provide:

- One consulting room for each doctor during his/her service in the outpatient ward
- Facilities for allergy skin testing
- Facilities for non-specific and specific allergy bronchial challenge testing with appropriate ventilation, i.e. with equipment for active evacuation of air at the site of the test, and safety prescriptions
- Facilities suitable for oral, nasal and conjunctival challenge testing
- Facilities for pulmonary function testing of different kinds
- Facilities for allergen immunotherapy near the nurse/assistant's room

- Meeting room for staff
- Access to specialized books and journals in a library and on the internet
- General teaching and learning facilities, like computers, internet, data-show etc

ii. Equipment

Training Centres should have available the specific equipment necessary for the comprehensive care of allergic children, to be able to fulfil the learning objectives of the European Training Syllabus in Paediatric Allergology, including all relevant diagnostic and therapeutic methods

Basic essential

- Basic paediatric office equipment (stethoscopes, otoscopes, scales, etc)
- Allergen extracts for the different kinds of tests
- Preparations for direct and equipment for indirect bronchial challenge testing
- Peak-flow meters
- Spirometer/s
- Facilities for bronchial provocation tests with equipment for evacuation of allergen/methacholine/histamine-containing air
- Spacers and face masks
- Placebo inhaler devices
- Refrigerator(s) and freezers
- Facilities for exercise testing
- Equipment for the determination of exhaled Nitric Oxide

Emergency equipment

- Necessary equipment for cardio-pulmonary resuscitation and severe anaphylaxis treatment according to established good practice rules

Desirable

- Rhinomanometer
- Tympanogram equipment
- Audiometry equipment
- Equipment for Plethysmography
- Infant pulmonary testing equipment
- Equipment for testing inert gas wash out
- Equipment for cold air hyperventilation tests
- Equipment for flexible bronchoscopy
- Equipment for testing pH in the oesophagus
- Equipment for oesophago-gastroscopy, colonoscopy and rectoscopy

iii. Laboratory resources

All relevant current laboratory studies to investigate allergic children should be available either in the Training Centre or in a clinical laboratory directly cooperating with the Training Centre.

iv. Other resources in close collaboration

- An X-ray department with modern equipment should be available for close cooperation.
- ENT department with doctor(s) with an interest in paediatric allergology
- Dermatological department with dermatologist(s) interested in paediatric allergology
- Respiratory medicine department with a doctor trained in paediatric diagnostic techniques.
- Nutritionist experienced in paediatrics or preferably in paediatric allergology
- Child psychiatry or social worker and psychologist with training in family therapy and group therapy
- Physiotherapist and or other person trained in physical training

2. Quality management within training institutions

Achieving excellence in the training of healthcare professionals in Paediatric Allergology requires the implementation of a robust, transparent, and coordinated quality management framework. This framework should encompass rigorous accreditation procedures, strong principles of clinical governance, forward-looking manpower planning, and effective systems for continuous evaluation.

Training institutions should be accredited in accordance with European standards, as defined by the relevant European scientific societies and endorsed by the European Academy of Paediatrics (EAP) and the European Board of Paediatrics (EBP). Training programmes must align with the UEMS guidelines to ensure consistency and quality across Europe.

At the heart of high-quality training lies clinical governance, which safeguards accountability within clinical teaching environments. Governance structures must oversee clinical outcomes, uphold ethical standards, and integrate patient safety into the core of the educational experience.

Strategic manpower planning is essential to meet the future needs of paediatric allergy care. Institutions must anticipate evolving workforce needs and adapt their recruitment strategies to ensure enough qualified specialists.

To support ongoing quality improvement, institutions should generate regular reports outlining key performance indicators, trainee progress, and curricular updates. These reports should inform both internal quality reviews and external audits.

Regular external audits, conducted by independent professional bodies at the national level, are crucial for maintaining high standards. It is recommended that at least one or more leading centres in each country be accredited by the EAP/EBP, in collaboration with the Paediatric Section of EAACI and the country's National PA Society or PA Section of the National Paediatric Society. These centres would act as national reference hubs, setting benchmarks in training excellence and facilitating the progressive accreditation of additional institutions across the country. This desirable collaborative, network-based model promotes consistency, quality, and mutual support throughout Europe.

Ensuring the transparency of training procedures is essential to build confidence among trainees, healthcare institutions, and the public. Transparent practices should encompass selection criteria, curriculum content, teaching and assessment methods, faculty qualifications, and feedback systems.

Finally, a clearly defined structure for coordination of training must be in place at both the national and institutional levels. This includes delineated roles for training directors, academic committees, and clinical supervisors to ensure coherent, well-integrated programme delivery across all participating sites.

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VII -GLOSSARY/ACRONYMS

Acronym Meaning

AYA	Adolescents and Young Adults
BAT	Basophile Activation Test
CPD	Continuing Professional Development
DPT	Drug Provocation Test
EPA	Entrustable Professional Activity
EAACI	European Academy of Allergy and Clinical Immunology
EAP	European Academy of Paediatrics
EBP	European Board of Paediatrics
EC	European Community
ENT	Ear Nose and Throat
EPAL	European Paediatric Allergy
EPIT	Epicutaneous Immunotherapy
ETC-PA	European Training Committee Paediatric Allergology
ETR	European Training Requirements
EU	European Union
HRT	Histamine Realeasing Test
IDIT	Intradermal Immunotherapy
IT	Immunotherapy
MMR	Measles, Mumps and Rubella
OIT	Oral Immunotherapy
NTAs	National Training Authorities
PDP	Personal Development Plan
TARC	Thymus and Activation-Regulated Chemokine
SCIT	Subcutaneous Immunotherapy
SLIT	Sublingual Immunotherapy
TPD	Training Program Director
UEMS	European Union of Medical Specialists
VIT	Venom Immunotherapy
WMA	World Medical Association

VIII - APPENDICES

In this agreement it is stated that ***"****The Section on Paediatrics will safeguard the interests of the UEMS approved Subspeciality of "Pediatric Allergology". EAACI supports the concept that Paediatric Allergology should be a Subspeciality within Paediatrics,"*

Appendix 1 - UEMS Charter on Training of Medical Specialists in the EU

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CHARTER on TRAINING of MEDICAL SPECIALISTS in the EUROPEAN COMMUNITY

Charter adopted by the Management Council of the UEMS, October 1993

Introduction

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A . PREAMBLE

The Treaty of Rome provides for the free exchange of persons, services, goods, and capital within the European Community. Free exchange of persons and services within the medical sector has been achieved by mutual recognition of basic and specialist medical qualifications brought into effect by the Commission of the European Communities (EC) in 1975. The Directives have been consolidated in the **Directive 93/16/EEC of 5 April 1993**.

The Directive 93/16 specifies in its articles:

4. Each Member State shall recognize the diplomas, certificates and other evidence of formal qualifications in specialized medicine awarded to nationals of Member States by the other Member States in accordance with Articles 24, 25, 26 and 29 and which are listed in Article 5, by giving such qualification the same effect in its territory as those which the Member State itself awards.

24. Member States shall ensure that the training leading to a diploma, certificate or other evidence of formal qualifications in specialized medicine, meets the following requirements at least:
    (a) it shall entail the successful completion of six years' study within the framework of the training course referred to in Article 23 (basic medical training);
    (b) it shall comprise theoretical and practical instruction;
    (c) it shall be a full-time course (or equivalent part-time training according to Article
    25) supervised by the competent authorities or bodies ;

(d) it shall be in a university centre, in a teaching hospital or, where appropriate, in a health establishment approved for this purpose by the competent authorities or bodies;
(e) it shall involve the personal participation of the physician training to be a specialist in the activity and in the responsibilities of the establishments concerned.

26. Member States shall ensure that the minimum length of the specialized training courses mentioned below may not be less than the following: Article 26-27.

42. Member States shall designate the authorities and bodies competent to issue or receive the diplomas, certificates and other evidence of formal qualifications as well as the documents and information referred to in this Directive and shall forthwith inform the other Member States and the Commission thereof.

B. OBJECTIVES of the Charter on training of medical specialists in the EC

The Charter describes the requirements for adequate training, which prepares specialists for practice of their specialty at an appropriate level in any Member State of the EC. The definition of the content of this training is necessary to further the harmonization of training into medical specialties in the EC. This charter divides the requirements regarding content of training into a general part, defined by the European Union of Medical Specialists (UEMS), and a specific part for each recognized specialty, defined by the UEMS Specialized Sections.

C. DEFINITIONS

C.1 The **UEMS (Union Européenne des Médecins Spécialistes)** is the representative organization of all medical specialists in the EC. The UEMS is constituted by the representative organizations of medical specialists in the member states of the EC and the EFTA countries as well as associate members and observers from other European countries.

C.2 A **Specialty** is a nationally or internationally recognized area of medical specialization for which a structured postgraduate training programme exists.

C.3 A **UEMS/Specialized Section** is the representative body of physicians in the EC in any given specialty. Members of the UEMS/Specialized Sections are appointed by the appropriate professional organizations of the specialties in the EC member states and EFTA countries in accordance with UEMS rules of procedure. The UEMS/Specialized Sections deliberate and make proposals on matters of concern to their particular specialty and submit their findings to the UEMS in order that they may be coordinated as necessary with the interests of the other specialties and the profession as a whole.

C.4. A **National Board** is the (representative) national (professional) organization, which monitors the training of medical specialists in each of the member states according to the rules in existence within the EC and within the EC member states. Its task includes setting national standards and supervising the following:

- duration of training,
- contents of training,
- quality control,
- control of capacity of training according to demand,
- procedures for entrance of training,
- assessments or other means of qualification.

C.5 A **European Board** is a body set up by the relevant UEMS/Specialized Section with the purpose of guaranteeing the highest standards of care in the specialty concerned in the EC member states by ensuring that the training of specialists is raised to an adequate level. This aim is achieved by the following means:

- recommendations for setting and maintaining standards of training,
- recommendations for training quality,
- recommendations for setting standards and recognition of training institutions,
- monitoring of the contents and quality and the evaluation of training in the EC member states,
- facilitation of exchange of trainees between the EC member states
- facilitation of free movement of specialists in the EC.

C.6 - The **National Authority** is the body responsible for qualification of medical specialists in each member state of the EC. It can be a combination of competent professional or university organizations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organized regionally within the country with national coordination.

CHARTER on TRAINING of MEDICAL SPECIALISTS in the EC

1. CHAPTER 1, NATIONAL AUTHORITY

1.1. Article 1

NATIONAL AUTHORITY

At national level, the training of medical specialists is regulated by a National Authority, which can be a combination of competent professional or university organizations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organized regionally within the country with national coordination.

1.2 . Article 2

RECOGNITION of TEACHERS and TRAINING INSTITUTIONS

The National Authority is responsible for selecting and approving training institutions and teachers at national level in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.3. Article 3

QUALITY ASSURANCE

The National Authority is responsible for setting up at national level a programme for quality assurance of training and of teachers and training institutions in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.4. Article 4

QUALIFICATION of MEDICAL SPECIALISTS

The National Authority is responsible for implementing at national level a system of qualification of medical specialists in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.5. Article 5

MANPOWER PLANNING

The National Authority in cooperation with national professional and/or scientific organizations in the specialty concerned is responsible for developing a manpower planning policy at national level which aims at balancing demand and training for medical specialists in the EC member state concerned. The National Authority should be involved in the implementation of this policy.

1.6. Article 6

REGISTER of MEDICAL SPECIALISTS

The National Authority or its delegate is responsible for keeping a register at national level of medical specialists with data about their specialty, competences and other relevant matters. Medical specialists should practise one recognized specialty or group of related specialties only except in specifically permitted instances. The standard requirements for qualification in each specialty may not be lessened when a specialist is recognized in more than one specialty.

2 CHAPTER 2, GENERAL ASPECTS of TRAINING of MEDICAL SPECIALISTS

2.1. Article 1

SELECTION for and ACCESS to the TRAINING of MEDICAL SPECIALISTS

Teachers and training institutions or other responsible bodies select and appoint trainees who are suitable for the specialty concerned in accordance with an established selection procedure. This selection procedure should be transparent, and application should be open to all persons who have completed basic medical training.

2.2. Article 2

DURATION of TRAINING

The duration of training of medical specialists should be sufficient for training in the full range of the specialty and for independent practice of the specialty after completion of training. Training should by preference take place in a full-time appointment. For part-time training an individually tailored programme should be approved by the National Authority.

2.3. Article 3

COMMON TRUNK

For internal medicine and related specialties, for surgical specialties and for paediatric specialties general training in fundamental knowledge and skills will take place in common trunk training for the respective specialty. All trainees should have training in administration, management and economics of specialized medicine.

2.4. Article 4

TRAINING PROGRAMME, TRAINING LOGBOOK

Training should take place following an established programme with specified contents approved by the National Authority in accordance with national rules and EC legislation as well as considering UEMS/ European Board recommendations. The different stages of training and the activities of the trainee should be recorded in a training log-book.

2.5. Article 5

QUALITY ASSURANCE

The National Authority together with the teachers and training institutions should implement a policy of quality assurance of the training. This may include visits to training institutions, assessments of the training, monitoring of the logbook or other means. Visitation of training institutions by the National Authority should be conducted in a structured manner.

2.6. Article 6

NUMERUS CLAUSUS

The National Authority should implement regulation of access to training in any specialty in accordance with national manpower planning projections in the EC member state.

2.7. Article 7

TRAINING ABROAD in the EC

Trainees should have the opportunity to be trained in recognized training institutions in other EC member states during their training with approval of their training programme by the National Authority of the country of origin. National Authorities can recognize training in non-EC countries if they so wish.

3. CHAPTER 3, REQUIREMENTS for TRAINING INSTITUTIONS

3.1. Article 1

RECOGNITION of the TRAINING INSTITUTIONS

Training institutions shall be recognized by the National Authority.

3.2. Article 2

SIZE of the TRAINING INSTITUTION

Training should take place in an institution or group of institutions which together offer the trainee practice in the full range of the specialty with consultations and practical procedures that are sufficiently varied and quantitatively and qualitatively sufficient, including inpatient care, day care and outpatient (ambulatory) training. Allied specialties should be present to a sufficient extent to provide the trainee with the opportunity of developing his/her skills in a team approach to patient care. Sub specialized institutions may be recognized by the National Authority for periods of the training.

3.3. Article 3

QUALITY ASSURANCE of the TRAINING INSTITUTION

The training institution should have an internal system of medical audit or quality assurance including features such as mortality conferences, reporting of accidents in accordance with a structured procedure. Furthermore, various hospital activities in the field of quality control such as infection control and drugs and therapeutics committees should exist. Visitation of training institutions by the National Authority should be conducted in a structured manner.

3.4. Article 4

TEACHING INFRASTRUCTURE of the INSTITUTION

In the institution, the trainee should have space and opportunities for practical and theoretical study. Access to adequate national and international professional literature should be provided as well as space and equipment for practical training of techniques in a laboratory setting.

4. CHAPTER 4, REQUIREMENTS for the post of CHIEF of TRAINING

4.1. Article 1
QUALIFICATION of the TEACHER
The chief of training should have been practising the specialty for at least 5 years after specialist accreditation or should have completed a specific training programme before recognition as such. There should be additional teaching staff. The chief of training and the staff should be practising the specialty in its full extent. Sub specialized teachers may be recognized by the National Authority for periods during the training.

4.2. Article 2
TRAINING PROGRAMME
The training programme for each trainee should be structured in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

4.3. Article 3
TEACHER/TRAINEE RATIO
The ratio between the number of qualified specialists on the teaching staff and the number of trainees should provide close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

5. CHAPTER 5, REQUIREMENTS for TRAINEES

5.1. Article 1
EXPERIENCE
To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of outpatients (ambulatory) and inpatients and perform an adequate number of procedures of sufficient diversity.

5.2. Article 2
LANGUAGE
The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

5.3. Article 3
LOGBOOK
The trainee should keep his/her personal log-book or equivalent up to date according to national rules and EC Directives as well as considering UEMS/European Board recommendations.

6. CHAPTER 6, REQUIREMENTS for the particular SPECIALTY: to be filled in by the appropriate UEMS Specialist Section

6.1. Article 1
CENTRAL MONITORING AUTHORITY for Individual Specialties at EC level:

1.1. There should be a monitoring authority for each individual specialty in the EC. This may be the UEMS/Specialized Section itself, the European Board or a body with close links with these institutions.
1.2. General standards for recognition of institutions and teachers in the specialty should be laid down.
1.3. A programme for quality assurance of training in the specialty should be laid down.
1.4. The system for recognition of quality in the specialty should be monitored.
1.5. The system for manpower planning in the specialty should be monitored.

6.2. Article 2

GENERAL ASPECTS of TRAINING in the SPECIALTY:

Specific rules should be laid down for the following aspects:

2.1. Selection for and access to the specialty.
2.2. Determination of the adequate duration of the training in the specialty.
2.3. Definition of the common trunk in training in the specialty.
2.4. Implementation of a training programme with specified contents and a training log-book in the specialty.
2.5. Implementation of a system of quality control and assessment of training in the specialty.
2.6. Implementation of numerus clausus, if necessary, within the framework of man- power planning policy in the specialty.
2.7. Facilitation of training periods abroad in the EC during the training for the specialty.

6.3. Article 3

REQUIREMENTS for TRAINING INSTITUTIONS

Specific rules should be laid down concerning:

3.1. Recognition of training institutions for the specialty.
3.2. The size and diversity of the training institution or group of institutions, the number of admissions to the institution(s) including day care, outpatient (ambulatory) activity and inpatient care, the number and diversity of practical procedures as well
as appropriate access to other relevant specialties.
3.3. Quality assurance in the institution. Visitation of training institutions by the National Authority should be conducted in a structured manner.

6.4. Article 4

REQUIREMENTS for TEACHERS within the specialty:

4.1. The chief of training should have been practising the specialty for at least 5 years after specialist accreditation or should have completed a specific training programme before recognition as such. There should be additional teaching staff.
The teacher and the staff should be practising the specialty in its full extent. Sub specialized teachers may be recognized by the National Authority for periods during the training.
4.2. The teacher should work out a training programme for the trainee in accordance with the trainee's own qualities and the possibilities of the institution, which also complies with national rules and EC Directives and considers UEMS/European Board recommendations.
4.3. The ratio between the number of qualified specialists in the teaching staff and the number of trainees should provide a close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

6.5 - Article 5

REQUIREMENTS for TRAINEES

5.1. Experience: To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of inpatients, day care patients, and outpatients (ambulatory) and perform a sufficient number of practical procedures of sufficient diversity.
5.2 . The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

5.2. The trainee should keep his/her personal logbook or equivalent up to date according to national rules and EC Directives as well considering UEMS/European Board recommendations.

Training requirements for each specialty separately: see Chapter 6

Appendix 2- Training Requirements for the Speciality of Paediatrics

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
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Training Requirements for the Specialty of Paediatrics

European Standards of Postgraduate Medical Specialist Training

(old chapter 6)

Preamble

The UEMS is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 34 national associations and operating through 40 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training which will pave the way to the improvement of quality of care for the benefit of all European citizens. The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance.

It is the UEMS' conviction that the quality of medical care and expertise is directly linked to the quality of training provided to the medical professionals. Therefore the UEMS committed itself to contribute to the improvement of medical training at the European level through the development of European Standards in the different medical disciplines. No matter where doctors are trained, they should have at least the same core competencies.

In 1994, the UEMS adopted its Charter on Post Graduate Training aiming at providing the recommendations at the European level for good medical training. Made up of six chapters, this Charter set the basis for the European approach in the field of Post Graduate Training. With five chapters being common to all specialties, this Charter provided a sixth chapter, known as "Chapter 6", that each Specialist Section was to complete according to the specific needs of their discipline.

More than a decade after the introduction of this Charter, the UEMS Specialist Sections and European Boards have continued working on developing these European Standards in Medical training that reflects modern medical practice and current scientific findings. In doing so, the UEMS Specialist Sections and European Boards did not aimed to supersede the National Authorities' competence in defining the content of postgraduate training in their own State but rather to complement these and ensure that high quality training is provided across Europe.

At the European level, the legal mechanism ensuring the free movement of doctors through the recognition of their qualifications was established back in the 1970s by the European Union. Sectorial Directives were adopted and one Directive addressed specifically the issue of medical Training at the European level. However, in 2005, the European Commission proposed to the European Parliament and Council to have a unique legal framework for the recognition of the Professional Qualifications to facilitate and improve the mobility of all workers throughout Europe. This Directive 2005/36/EC established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification.

Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations. The UEMS values professional competence as "*the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served*".[1] While professional activity is regulated by national law in EU Member States, it is the UEMS understanding that it has to comply with International treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

This document derives from the previous Chapter 6 of the Training Charter and provides definitions of specialist competencies and procedures as well as how to document and assess them. For the sake of transparency and coherence, it has been renamed as "Training Requirements for the Specialty of X". This document aims to provide the basic Training Requirements for each specialty and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of this document reflects the UEMS approach to have a coherent pragmatic document not only for medical specialists but also for decision-makers at the National and European level interested in knowing more about medical specialist training.

[1] Defining and Assessing Professional Competence, Dr Ronald M. Epstein and Dr Edward M. Houndert, Journal of American Medical Association, January 9, 2002, Vol 287 No 2

Introduction

General Policy Statement

The objectives of the European Board of Paediatrics (EBP) are to assess, set standards for and progressively harmonize the content and quality of training and continuing medical education in all fields of paediatrics within the member states of the European Union (EU) and the other European countries.

There is a trend towards increasing specialization within paediatrics which has progressed to different degrees in different parts of the EU and some of the fields of paediatrics encompassed by the EBP have become recognized in some countries as well-defined or even totally independent paediatric specialties.

The trend towards greater specialization is supported by the EBP whenever consistent with improved standards of clinical practice and training. However, in order to meet the needs of the many European hospitals which are not large enough to justify the same highly compartmentalized departments of paediatrics that have become the norm in most teaching centres it is essential to ensure that paediatricians are able to obtain broadly based training across all the various fields. This makes it essential for newly emerging paediatric specialties to continue to collaborate closely within the well-defined framework of the EBP.

In order to encourage beneficial specialization, while maintaining the integrity of paediatrics as a whole, it is the policy of the EBP to establish Paediatric Specialty Boards to accommodate the special requirements of well-defined areas of paediatric practice.

Paediatric specialty Boards have responsibility for establishing and monitoring standards of training within their specific field of paediatrics while the EBP functions as a "*common house of paediatrics*" to coordinate the interrelationship, recommendations and actions of the Paediatric Specialty Boards as they develop.

The EBP will require input from the Specialty Boards in common trunk training. It is empowered to issue European Board of Paediatrics Certificates of Quality of Training (EBPCQT) in the paediatric specialties on the recommendation of its Paediatric Specialty Boards.

The EBP cooperates with national professional authorities and especially with the scientific organisations in the process of standardisation and harmonisation of paediatric curricula.

The standardisation efforts are paralleled with the continuous development of paediatric qualification, validation, certification, recertification, professional development and CME processes and projects.

The EBP enhances strategies to see the Board qualification (Fellowship of the EBP) legally adopted in the countries aiming to a common European qualification process, that also respects national and regional peculiarities.

Training Policy and requirements

The EBP, composed of representatives of the national professional paediatric organisations, the national scientific paediatric organisations and the universities promotes the cooperation between these entities and the harmonisation of paediatric training programs in the EU.

It acts as a coordinating and monitoring body for the training in paediatrics in the EU and formulates standards, mentioned hereafter, for the training institutions, the teachers and the trainees within the specialty of paediatrics.

Teachers and training institutions select and appoint trainees who are suitable for paediatrics. In order to train the most suitable individuals for this specialty, a selection procedure on a national basis must be set up. This selection procedure must be transparent and application must be open to all persons who have completed basis medical training.

The duration of paediatric training should be five years, after having completed medical school.

A three-year basic training program should be incorporated in the full training during which the paediatric trainee shall acquire a central core of knowledge embracing physiology, development and growth, metabolism and nutrition, immunology and infectious diseases, pathology, neonatology, trauma and resuscitation, emergency and intensive care, safeguarding.

The common trunk training in general paediatrics sets the foundation for an additional 2 (to 3) years in one of the three options the discipline of paediatrics can encompass:
· Primary care or community paediatrics
· Secondary care or hospital-based general paediatrics
· Tertiary care or hospital-based paediatric subspecialities (see list in Annex 2).

Trainees must acquire experience in each of the areas of responsibility as given under the syllabus of general paediatrics, in a structured and approved training program. Skill experience should be documented in adequate log-books. Credit as paediatrician can only be claimed when the trainee has actively participated in all phases of treatment; has made or confirmed the diagnosis, participated in the selection of the appropriate procedure, has either performed or been responsibly involved in performing procedures and has been a responsible participant in both acute and chronic care.

The National Training Authorities (NTA) and/or the EBP, together with the teachers and training institutions shall implement a policy of quality assurance of the training. This includes visits to training institutions, assessment during training, monitoring of the log-books or other means. Visitation of training institutions by the NTA and/or the EBP shall be conducted in a structured manner.

Each country should train only enough paediatricians to meet its own requirements. A European quorum, suggested by the EBP, should be established on an annual basis between member states of the EU. Trainees should have the opportunity to be partly

trained in recognized training institutions both in other member states of the EU as well as outside the EU. These training periods have to be approved by the NTA. The EBP shall maintain a list of training centres in the EU willing to exchange trainees. The EBP strongly recommends a period of basic or clinical research within the training program.

Training institutions need be recognized by their proper NTA.

Training must take place in an institution or group of institutions which together offer the trainee practice in the full range of the specialty as defined in the syllabus. Consultations and procedures should be sufficiently varied, quantitatively and qualitatively sufficient, and include training in inpatient care, day care and ambulatory care.

Neighbouring specialties must be present to a sufficient extent to provide the trainees the opportunity of developing their skills in a team approach to patient care. Super specialised institutions may be recognized by the NTA for periods of training.

The training institution must have an internal system of paediatric audit/quality assurance including features such as mortality and morbidity conferences and structured incident-reporting procedures. Furthermore, various hospital activities in the field of quality control such as infection control and drugs and therapeutic committees should exist. Visitation of training centres by the NTA or the EBP shall be conducted in a structured manner.

In the training centre the trainee should have space and opportunities for practical and theoretical study. Access to adequate national and international professional literature should be provided (library) as well as space and equipment for practical training of techniques in a laboratory setting.

The chief of training should have been practicing paediatrics for at least 5 years after specialist accreditation and must have been recognized by his NTA. The Chief of training and his associate training staff should be actively practicing paediatrics.

The training program should be structured in accordance with national rules and EU/EBP recommendations. The ratio between the number of specialists on the teaching staff and the number of trainees at any given moment should be tailored so as to provide close personal monitoring of the trainees as well as adequate exposure of the trainees to sufficient practical work.

To build up their experience the trainees should be involved in the management of a sufficient number of inpatients, day care patients and ambulatory patients. They must perform a minimum number of practical procedures. The amount and diversity of these procedures is set by the NTA and agreed by the EBP.

The trainees must have sufficient linguistic ability to be able to communicate with patients, to study international literature and to communicate with foreign colleagues. The trainees shall keep up their personal log-books according to national rules and EU/EBP recommendations.

TRAINING REQUIREMENTS FOR TRAINEES

1. Content of training and learning outcome

Paediatrics is an independent medical specialty based on the knowledge and skills required for the prevention, diagnosis and management of all aspects of illness and injury affecting children of all age groups from birth to the end of adolescence, up to the age of 18 years.[2] Eighteen years of age has also been retained by the Global Pediatric Education Consortium to define the field of paediatrics.[3]

Paediatrics is not just about the recognition and treatment of illness in babies and children. It also encompasses child health, which covers all aspects of growth and development and the prevention of disease.

The practice of Paediatrics encompasses several aspects including *preventive paediatrics, social and community paediatrics* as the influence of the family and other environmental factors play a large role in the development of the child, and *acute and specialised paediatrics.* These specialised areas include many conditions that require life-long management and follow-up before a smooth transition of care to adult services.

The paediatrician must have acquired and must maintain *"Theoretical knowledge"* in basic sciences required in the practice of paediatrics, namely genetics, physiology of organ development, growth and nutrition, immunology and infectious diseases, pharmacology and metabolism, and *"Practical and clinical skills"* relating to diagnosis and therapy. He/she must also acquire good knowledge and attitudes in relation to communication and interpersonal skills, ethics and professionalism, patient safety and quality improvement.

The Common Trunk Curriculum comprehensively describes *"Theoretical knowledge"* and *"Practical and Clinical Skills"* (basis for an individual "Log-book") mandatory for the qualification as General Paediatrician. The syllabus which is part of the Common Trunk should not be viewed as static, but will be continuously revised and updated by the members of the EBP. It is noted that research and changes in medicine may lead to significant changes. It is noted, that research and changes in medicine may lead to significant changes in theory and clinical practice and by that will influence the content of the syllabus. New topics will be introduced and obsolete topics may be deleted.

a. Theoretical knowledge

The specialty of general Paediatrics requires documented and assessed knowledge (see appendix 1) in:

1) Adolescent pathology
2) Allergy

[2] Convention on the rights of children adopted by the UN General Assembly resolution 44/25 of 20 November 1989, entry into force 2 September 1990. http://www.ohchr.org/en/professionalinterest/pages/crc.aspx (access 23 Sept 2015)
[3] http://www.globalpediatrics.org/globalcurriculum/curriculumdownloadpdf.html

3) Cardiology
4) Community medicine
5) Dermatology
6) Diseases of the Orbita and Eyes
7) ENT Disorders
8) Endocrinology & Diabetes
9) Emergency medicine
10) Gastrointestinal & Hepatic diseases
11) Genetics & Dysmorphology
12) Haematological & Oncological Disorders
13) Infectious and Immune deficiencies
14) Mental health & Behavioural Disorders
15) Metabolic Diseases
16) Neonatology
17) Nephro-Urology Disorders
18) Neurology & Neuromuscular Disorders
19) Pre-, Peri-, and Post-surgical Care
20) Respiratory Disorders
21) Rheumatic Diseases
22) Sports Medicine

b. Practical and Clinical Skills

The speciality of general Paediatrics requires assessed and documented numbers for "Practical Skills":

TRAINEES WILL BE ABLE TO PERFORM INDEPENDENTLY	Common Trunk General Paeds.
Capillary or peripheral blood samplings	✓
Electrocardiogram	✓
Lumbar puncture	✓
Urethral catheterization, supra-pubic aspiration of urine	✓
Collection of blood from central lines	✓
Umbilical venous and artery cannulation and sampling	✓
Bag, valve and mask ventilation	✓
External chest compression	✓
Tracheal intubation of term newborn babies	✓
Tracheal intubation of preterm babies and older children	✓
Administration of exogenous surfactant	✓
Safeguarding	✓
Administer intradermal, subcutaneous, intramuscular & intravenous drugs	✓
Needle thoracocentesis for pleural effusion or pneumothorax	*
Insertion of intraosseous needle	*
Percutaneous long line insertion	*
Abdominal paracentesis	*

* May need supervision

Candidates for the qualification must demonstrate skills in each of the above areas of responsibility and be able to present a complete and signed log-book. The candidates' individual log-books have to fulfil the UEMS criteria. In the logbook for each item patient's initials (or hospital admission number), type of procedure, date of procedure and approval with signature by independent expert have to be provided.

Candidates for the qualification in general paediatrics should have followed the ERC resuscitation course and being certified in Cardio-Pulmonary Resuscitation in both neonates and children.

c. Practical and Clinical Skills

The EBP has established a formal process for assessing training and qualifications in general Paediatrics. The details are provided in Appendix 1.

II. TRAINING REQUIREMENTS FOR TRAINERS

Process for recognition as trainer

The Section of Paediatrics of the UEMS and the EBP offer the opportunity to senior paediatricians to obtain the qualification of *'Fellow of the European Board of Paediatrics'* as Honorary Fellows; award of an Honorary European Diploma in Paediatrics.

Experienced and practicing specialized paediatricians with at least 10 years of continuous service in formally recognized posts can apply for an Honorary Diploma and be exempted form the examination process.

Applications should be submitted to the Secretariat of the European Academy of Paediatrics/Paediatric Section of the UEMS (secretariat@eapaediatrics.eu).

A complete application should include (all documents in English):

1) A letter from the applicant highlighting the reasons he is worthy of an Honorary Diploma. Emphasis should be given to clinical experience as well as research and educational achievements.

2) Four letters from peers in support of the application, specifically highlighting the reasons for which the applicant is worthy of an Honorary Diploma. Two letters have to be provided by peers who know the applicant personally and have worked with him/ her for at least 5 years and two from independent referees with a sound international reputation. The letters must analyse the overall achievements of the applicant and give emphasis to his/ her suitability as a trainer in paediatrics; this needs to be measured against the well established criteria of the country where the applicant is practicing.

3) A copy of the applicant's complete CV, and a passport size photo.

4) Payment of the application fees (amount to be determined on yearly basis) to the account of the EAP/UEMS section of paediatrics:

A subcommittee appointed by the President of the EBP made of members from the EAP Executive as well as National Representatives evaluate the applications and give a recommendation to the EAP that finally decides regarding the acceptance or not of the application (majority of at least 2/3 of the members). A

successful applicant is awarded the title of Honorary Fellow of the European Board of Paediatrics. Unsuccessful applicants are encouraged to apply for the exam in order to get the Fellowship of the EBP qualification.

The robust process of applications for Honorary Diplomas and the fact that it is mandatory that applicants have to provide evidence and relevant references (national and international) confirming their competence as paediatric trainers and this has to be reviewed and accepted by the EBP.

III. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

Process for accreditation of centres for training in general paediatrics

The EAP/UEMS section of paediatrics considers the accreditation of centres in Europe for training in General Paediatrics to be of paramount importance.

The process of application and evaluation prior to accreditation for training is based on the well established relevant practice of the UEMS; the steps are as follows:

1. Initially, the **Centre has to submit an application to the EBP including:**

a) A formal letter by the Chairman stating the wish of the Centre to apply and highlighting the history of the centre, it's major achievements and providing evidence of recognition of it's status at a national and international level.

b) A report regarding the Centre and the Training Programme. The information must cover the following domains:
- Brief history of the Centre and general description of paediatric activity
- Brief description of the training setting
- Trainee paediatricians (Residents, Clinical Fellows, PhD Students, Visiting Fellows) who worked and were trained in the Centre for minimum time of one year in the last 10 years
- Faculty (junior and senior)
- Number of children cared at the Centre per year over the last 5 years
- Facilities available (clinical, research, educational)
- Library facilities
- Best 20 papers in the last 5 years including at least one of the trainee
- Grants for scientific projects in the last 5 years
- Courses, lectures and other teaching initiatives in the last 5 years
- Graphs, tables, reports or any other material that describe the work of Centre and especially its training programme can be included.

c) A fee (determined on a yearly basis) has to be paid to the account of the EAP UEMS Section of Paediatrics of the along with the initial application.

2. The application will be forwarded via e-mail to the EBP Chairman (cc. to the EAP Secretariat) and will be reviewed by a subcommittee of the EBP prior to its review by the EAP General Assembly at the next business meeting for approval

or return to the applicants requesting more information. The application has to be submitted to the EAP at least 4 weeks prior to the business meeting.

3. If the initial application is approved, then the next step is to organize a visit to the Centre of a Committee of 3 members: two from the EBP and one external reviewer. The Committee will visit the Centre on site and meet with the Chairman, the Faculty and the Trainees and review on site the work of the Centre in all the domains of the original application. The visit will last one day and it will be strictly professional with no social programme. The Centre applying for accreditation needs to cover the travel and accommodation expenses of the members of the Committee. An effort is made so that the members are from countries close to the applying Centre to minimize the expenses.

4. Following the visit, the Committee will produce a report and scoring of the Centre in the same domains of the initial application.

Each domain will be scored from 0-3:

0: insufficient/ absent
1: sufficient
2: good
3: excellent

A minimum score of 36 (75%) is required for the Committee to give a positive recommendation to the EBP. This will be presented at the next business meeting of the EAP where a vote will be taken by all members regarding the approval of the application ; a 2/3 majority is needed for approval.

5. If approved the Centre will be awarded the Accreditation for Training Certificate of the EAP/UEMS section of Paediatrics.

Annex 1 – The European Curriculum for Common Trunk in Paediatrics
Cf. Attached document.

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Appendix 2 – The approved syllabi for paediatric subspecialty training

Paediatric specialties	European Paediatric Societies	Specialty delegates
Allergology (2005, revised 2011)	EAACI	Jose Lopes Santos (P)
Cardiology (2005)	AEPC	-
Dermatology (pending)	?	Arnold Oranje (NL)
Endocrino & Diabetes (1998)	ESPE	Feyza Darendelider (TU)
Emergency Medicine (2011)	EuSEM	Jean-Christophe Mercier (F)
Gastroenterology & Hepatology (1998, revised 2009)	ESPGHAN	Alan Philips (UK) David Bransky (IL)
Hemato-Oncology (2001, revision just received 2013	ESPHI/SIOPE	Ricardo Riccardi (I)
Immunology (1998)	?	Maria Xanthou (GR)
Infectious Diseases (2003)	ESPID	Andrew Cant (UK)
Intensive Care Medicine (pending)	ESPNIC	Jan Hazelzet (NL)
Metabolic Diseases (2001)	SSIEM	John Walter (UK)
Neonatology (1998, revised 2007)	ESN	Neil Marlow (UK) Mats Blennow (S)
Nephrology (1999, revision in progress)	ESPN	Pierre Cochat (F) Peter Hoyer (D)
Neurology (2002, revised 2010)	EPSN	Colin Kennedy (UK) Lars Palm (S) Dana Craiu (HU)
Pulmonology (2005)	ERS	Robert Ross-Russel (UK)
Rheumatology (1998, revised 2008)	ESPR	Traudel Saurenmann (CH)

Appendix 3 – UEMS ETR Template

EUROPEAN UNION OF
MEDICAL SPECIALISTS
The advocate of medical specialists

UEMS 2022/30

Training Requirements for the Specialty of …

European Standards of Postgraduate Medical Specialist Training

(old chapter 6)

Preamble

The UEMS (Union Européenne des Médecins Spécialistes, or European Union of Medical Specialists) is a non-governmental organisation representing national associations of medical specialists at the European level. With its current membership of 40 national associations and operating through 43 Specialist Sections and their European Boards, 17 Multidisciplinary Joint Committees and 4 Thematic Federations the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the professional consensus on the framework for the highest possible level of their training which will pave the way to the improvement of quality of care for the benefit of all European citizens and beyond.

UEMS and its Postgraduate Medical Specialists Training programmes. In 1994, the UEMS adopted its Charter on Postgraduate Training aiming at providing the recommendations at the European level for high quality training. This Charter set the basis for the European approach in the field of harmonisation of Postgraduate Specialist Medical Training, most importantly with the ongoing dissemination of its periodically updated Chapter 6's, specific to each specialty. After the most recent version of the EU Directive on the recognition of Professional Qualifications was introduced in 2011, the UEMS Specialist Sections and other UEMS Bodies have continued working on developing the documents on European Training Requirement(s) (ETRs). They reflect modern medical practice and current scientific findings in each of the specialty fields and particular competencies covered and being represented within the UEMS. In 2012 the UEMS Council adopted the document Template Structure for ETR.

The linkage between the quality of medical care and quality of training of medical professionals. It is the UEMS' conviction that the quality of medical care and expertise are directly linked to the quality of training, achieved competencies and their continuous update and development provided to the medical professionals. No matter where doctors are trained, they should have the same core competencies. The UEMS ETRs reflect many years (or even decades) of experience on the ground of the UEMS Sections/ Multidisciplinary Joint Committees (MJCs) and Boards

developing in close collaboration with the relevant European Scientific Societies training requirements coupled with European Medical Assessments. It is one among the clear aims of the UEMS ETRs to raise standards of training to make sure that European patients find high quality standards of safe specialist care. While professional activity is regulated by national laws in EU Member States, it is the UEMS understanding that it has basically to comply with international treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

UEMS and European legislation facilitating the mobility of medical professionals. The UEMS Council and its Specialist Sections, first created in 1962, have regularly provided advice and expert opinion to the European Commission. This helped create the framework that informed the drawing up of the Doctors Directives in 1975, which provided for the mutual recognition of medical diplomas and the free movement of doctors throughout the EU. The revised EU Directive on the recognition of Professional Qualifications (2013/55/EU) allows member states to decide on a common set of minimum knowledge, skills and competencies that are needed to pursue a given profession through a Common Training Framework (CTF) which represents the third mechanism that could be used to ensure mobility within the EU. This directive states that "professional qualifications obtained under common training frameworks should automatically be recognised by Member States. Professional organisations which are representative at Union level and, under certain circumstances, national professional organisations or competent authorities should be able to submit suggestions for common training principles to the Commission, in order to allow for an assessment with the national coordinators of the possible consequences of such principles for the national education and training systems, as well as for the national rules governing access to regulated professions". The UEMS supported CTFs since they encompass the key elements developed in modern educational and training models, i.e. knowledge, skills, professionalism. In addition, the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare introduced a strong incentive for harmonisation of medical training and achieved competencies among EU/EEA Countries through the requirements to assure good and comparable quality of care to increasingly mobile European citizens.

The UEMS ETR documents aim to provide for each specialty the basic training requirements as well as optional elements, and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of these documents reflects the UEMS approach to have a coherent pragmatic document for each individual specialty, not only for medical specialists but also for decision-makers at the national and European level interested in knowing more about medical specialist training. To foster harmonisation of the ETR by adopting more specific guidelines, the CanMEDS competency framework is recommended which defines the entire set of roles of the professionals which are common across both medicine and surgery. UEMS has an agreement to use an abbreviated version of the competencies within those roles.

Importance of making a distinction between Knowledge and Competency in ETR documents. Competency-based education is not oriented towards the period of clinical rotations, but towards trainee, and trainee's progress in the acquisition of competencies. Having a clear distinction within an ETR's contents between competencies and knowledge helps define both how that training should be delivered and how it should be assessed. The UEMS considers that the appropriate use of different methods of assessment of knowledge and acquired skills, emphasising the workplace-based assessment, is an essential component of quality postgraduate training, focused on high standards of specialist medical practice. To improve the methods of assessment it is also recommended to use the so-called Entrustable Professional Activities (EPAs) in all specialties ETRs. In order to recognise common and harmonised standards on the quality assurance in specialist training and specialist practice at a European level some UEMS Specialist Sections and Boards also have, for a long time, organised European examinations (supported and appraised by the UEMS CESMA - Council of European Specialist Medical Assessments).

Overlapping of learning outcomes and competencies. Each of the UEMS ETRs defines a syllabus or knowledge base and describes learning outcomes defined for given competencies. Some of these curricula encompass a whole specialty, other focus on areas within or across specialties and define content of the training requirements for specific areas of expertise. By recognising the potential overlapping it creates the opportunity for those writing ETRs to draft overlapping or common goals for learning outcomes. Similar measurement does not necessarily equate to the same targets. Rather, across different specialties the final goal may differ, i.e. there may be clearly defined individual goals for trainees with different expectations.

UEMS ETRs and national curricula. The UEMS strongly encourages the National Medical Competent Authorities (NMCAs) to adopt such requirements and believes that this is the most efficient way of implementation of good standards in postgraduate training. We clearly respect and support the vital role of the NMCAs in setting high standards of training and care in their respective Countries and checking through robust quality control mechanisms the qualifications of medical specialists moving across Europe. The UEMS ETRs are developed by professionals for professionals and this adds unique value to them. UEMS aim is to indicate the knowledge and competencies that should be achieved by trainees in EU/EEA countries and also competencies and organisation of the training centres. The training environment and results described in UEMS ETRs may be achieved in adapted ways, depending on local traditions, organisation of healthcare system and of medical specialist training. Adaptation of UEMS ETRs to local conditions assures the highest quality of specialist training and each state may include additional requirements, depending on local needs.

Importance of collaboration with other representative European medical bodies. The UEMS always wishes to work with all Colleagues, NMAs, professional and scientific organisations across Europe. In the process of ETRs development, the UEMS recognises the importance of meaningful collaboration with the other European medical representative bodies, the European Junior Doctors (EJD representing doctors in training), the European Union of General Practitioners

(UEMO – Union Européenne des Médecins Omnipraticiens), the Standing Committee of European Doctors (CPME - Comité Permanent des Médecins Européens), the Federation of European Salaried Doctors (FEMS) and the European Association of Senior Hospital Doctors (AEMH - Association Européenne des Médecins Hospitaliers). In addition, UEMS continues to develop closer links with the many European specialist societies. UEMS, in collaboration with its fellow European representative bodies, has constantly been highlighting the importance of coordinated postgraduate specialist medical training programmes always accepting the differing needs of different specialties. In this way quality medical care is delivered by highly qualified medical specialists - essential to ensuring consumer confidence and protection all over Europe.

Conclusions. UEMS is very proud for all the hard work that has been done until now in developing the UEMS ETRs as well as that they are increasingly implemented as national curricula. However, we also recognise the need for constant improvement, and we are always open to further suggestions. The UEMS insists that the medical profession remains the driver in defining its own specialist training and continuous professional development needs. On this basis, we sincerely look forward to working with the key European Union responsible bodies, as well as the national stakeholders in implementing the basic common strategies and requirements outlined with this initiative. We are confident that the priorities detailed in UEMS ETR documents developed for individual specialties (and/or competencies) will become evident in national strategies and programmes, as well as action plans for postgraduate medical education and training.

I. TRAINING REQUIREMENTS FOR TRAINEES

1. Content of training and learning outcome

Competencies required of the trainee

Definition of competency: knowledge, skills and professionalism
A medical trainee is a doctor who has completed their general professional training as a physician and is in an accredited training programme to become a recognised medical specialist. Variably known in different countries as an intern, fellow or registrar.
'Learning Outcomes' means statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence.

a. Theoretical knowledge

Should include the main domains covered by the specialty with a short description of domains that trainee should master in the specialty

b. Practical and clinical skills

Key skills to possess in this specialty
Number of procedures required

c. Competences

Description of levels of competencies
The European Specialist Curriculum must cover not only knowledge and skills, but also domains of professionalism, as detailed by the UEMS Section.

2. Organisation of training

a. Schedule of training

Minimum duration of training
Include required timing

b. Curriculum of training

c. Assessment and evaluation

Definition of assessment, description of formative and summative assessments,

Assessment: Process by which information is obtained relative to some known objective or goal. (a broad term that includes testing)
Evaluation: Inherent in the idea of evaluation is "value." Process designed to provide information that will help us make a judgment about a given situation

d. Governance

II. TRAINING REQUIREMENTS FOR TRAINERS

1. Process for recognition as trainer

a. Requested qualification and experience

b. Core competencies for trainers

Special Qualifications of the trainers when required (if not covered by EU Directive on Professional Qualifications)

2. Quality management for trainers

III. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

(if not covered by EU Directive on Professional Qualifications)

3. Process for recognition as training centre

a. Requirement on staff and clinical activities

Minimal number of patients cared for as inpatients and as out patients
Range of clinical specialties
Composition and availability of faculty, training programme defined, guidelines applies
Trainee / trainer ratio
Minimal scientific activity

b. Requirement on equipment, accommodation

Medical-technical equipment, library, opportunities for R&D

4. Quality management within training institutions

Accreditation
Clinical Governance
Manpower planning
Regular report
External auditing
Transparency of training programmes
Structure for coordination of training
Framework of approval – how are they approved

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CONTRACT

Whereas the European Academy of Allergology and Clinical Immunology (EAACI) and the European Society of Pediatric Allergy and Clinical Immunology (ESPACI) wish to merge ESPACI with the EAACI Section on Pediatrics, both parties agree that:

1.) All present members of ESPACI should be transferred to the Section on Pediatrics. Future membership of the Section will be governed by the by-laws for EAACI Sections, as amended from time to time according to the constitution of EAACI.

2.) The chairman of the Section on Pediatrics is automatically a member of the Executive Committee of EAACI with full voting rights. The Executive Committee will rely on the Section on Pediatrics for advice on matters related to Pediatric Allergy.

3.) The Section on Pediatrics is expected to collaborate with other Pediatric societies/organizations and to organize independent meetings. These meetings should not compete directly with the annual congresses of EAACI. The Section should inform the EAACI executive committee about such meetings, but the EAACI Executive Committee will not interfere in the programme or planning of such joint meetings.

4.) The Journal "Pediatric Allergy and Immunology" will continue as an independent Pediatric journal and will become the official journal of the Section on Pediatrics. All EAACI members will be able to receive PAI either in addition to "Allergy" (European Journal of Allergy and

Clinical Immunology) or as an alternative, subject to financial agreement with the publishers Munksgaard.

5.) The Section on Pediatrics will take over the assets of ESPACI and will continue to have full responsibility for its separate accounts and finances. The Section on Pediatrics may seek independent sponsors for Pediatric activities. Approaches to sponsors for financial support should be discussed with the EAACI president. A financial balance sheet will be prepared annually and presented to the Section at their annual Business Meeting, and to the EAACI Executive Committee.

6.) The Section on Pediatrics will safeguard the interests of the UEMS approved subspeciality of "Pediatric Allergology". EAACI supports the concept that Pediatric Allergology should be a Subspeciality within Pediatrics, and agrees that the Section on Pediatrics handles Pediatric problems in relation to authorities and related societies.

7.) The Section on Pediatrics has the right to form Working Groups to consider Pediatric and related issues.

8.) EAACI position papers and policy statements are created through Task Forces. The Section on Pediatrics has the right to propose the formation of Task Forces on Pediatric and related issues, subject to the by-laws in force at the time.

9.) The Section on Pediatrics has the right to be represented in EAACI Task Forces that concern pediatric allergologic issues. Under current EAACI by-laws, all Task Force members have to be approved by the EAACI executive committee. The Pediatric Section chairman is ex officio a member of the EAACI executive committee and will therefore

be informed of all new Task Forces. Pediatric representatives should be proposed by the Section chairman, on the advice of the Section board.

10.) In the case of difficulties, both EAACI and the Section on Pediatrics undertake to seek resolution by negotiation.

11.) In the event of unbridgeable difficulties, members of the Section on Pediatrics may choose to demerge and reform ESPACI as an independent entity. Such a decision requires the approval of a simple majority of the members of the Paediatric Section.

12.) In this event, EAACI undertakes that the assets of the Section on Pediatric will be divided, in order to return to the reconstituted ESPACI such sum as shall be agreed to represent the financial contribution of ESPACI at the time of the merger, with appropriate adjustment according to the financial activities of the merged Section during its period of activity.

Oslo, Rome, Southampton and Berlin, 10th May 2001

For ESPACI:

Sten Dreborg
President

Bodo Niggemann
Honorary Secretary

For EAACI:

Sergio Bonini
President

Anthony Frew
Secretary-General

One original of this agreement will be kept by the Secretaries.