European Paediatric Neurology Training Advisory Board

Report nr 3:

EVALUATION OF THE PAEDIATRIC NEUROLOGY TRAINING IN ROMANIA 2008

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Introduction

In 2002 Child Neurology was accepted on the European level as a subspecialty of Paediatrics as well as of Neurology. In the process of the definition of the specialty, a European training programme, the syllabus of Child Neurology, was compiled and accepted by the European Paediatric Neurology Society (EPNS) and by the Committee of National Advisors in Child Neurology (CNA). As a means to implement the syllabus in the training of Child Neurology specialists in the European countries, the EPNS and the CNA in 2004 agreed to activate a Training Advisory Board as a joint effort. The Training Advisory Board includes 4 delegates from the CNA, 4 from the EPNS' Education and Training Committee and the president and secretary of the EPNS. The European Academy of Childhood Disability is represented by one delegate. The Board is chaired by the chairperson of the CNA.

The intention of the Training Advisory Board is to offer to national child neurology societies the opportunity to work together with them to evaluate the national training system. The ultimate aim is that the trainees of each European country be expected to reach a quality of training that is in accordance with the European training programme as defined by the Syllabus.

The Romanian Paediatric Neurologists through their representation in the Committee of National Advisors volunteered to have the Romanian training evaluated in accordance with this aim.

Evaluation visit

A visit to Romania was made 25-28 May 2008 by Paul Casaer and Lars Palm. Their hosts were Professor Sanda Magureanu and Associate Professor Dana Craiu, former and present head respectively of the department of pediatric neurology at the Alexandru Obregia Hospital in Bucharest. Discussions were held with these hosts, with medical colleagues on specialist and training level as well as the head nurse and the kinesiotherapist/occupational therapist. Finally a discussion was held with Dr Corin Badiu from the Ministry of Health, the person in charge of residents' training and complementary studies in Romania. The physical facilities of the department were inspected.

The visitation needs to be be followed after about a year by a report from the hosting group of the further immediate development and the developmental actions foreseen for the 3-4 on-coming years.

Demographics and medical care

Romania has c. 22.3 million inhabitants (2007), around 45% in rural and 55% in urban areas. About 18%, 4.1 millions are children and adolescents between 0 and 15 years of age. Bucharest is the major city with 3-4 million inhabitants. Romania entered the European Union 1st January 2007. Communications within this large and partly mountainous country are hampered by a poor and crowded road network.

The birth rate is 10.7/1000 inhabitants (2006) and infant mortality rate17.3 deaths/1,000 live births (2002) (Wikipedia, 2008, Demographics of Romania).

Medical care is state governed. Some state subsidiaries exist but the dominating financial basis is a social insurance system with a combination of state and private insurances. It is noteworthy that patients admitted to the hospital give an income in the system about 10 times that of out-patient visits without admission.

Paediatric Neurology in Romania

During the years of communist rule paediatric neurology was integrated in a specialty of paediatric psychiatry and neurology – paediatric neuropsychiatry, which in1995 was split into the two specialties of paediatric neurology and child and adolescent psychiatry. Paediatric neurology became an independent specialty in 1995, but for a short period during 2006-2007 it was abandoned and totally integrated into (adult) neurology. The historic background explains why there is still a society for paediatric neurology and psychiatry rather than a dedicated national society for paediatric neurology. The specialty encompasses children and adolescents up to 18 years of age. Patients with employment and working are referred to adult neurology from 16 years.

The estimated number of fully trained specialists in paediatric neurology is 42. Around 55-60 are neuropsychiatrists with double competence double specialty in paediatric neurology and child psychiatry. The number of actively working paediatric neurologists among the latter group is difficult to estimate. In Bucharest 20 paediatric neurologists have the present specialty, 18 are neuropsychiatrists. Except for hospital staff, six paediatric neurologists work on out-patient basis in Bucharest, 1-2 per county outside Bucharest.

Paediatric neurology including training for residents is practiced on a hospital basis in two centres in Bucharest, the Alexandru Obregia and the Victor Gomoiu Hospitals which both are part of the Medical University of Bucharest, and one in Cluj Napoca, part of the Cluj Medical

Universtiy. 16 cities have smaller departments of Paediatric Neurology without resident training: Sibiu, Timisoara, Oradea, Craiova, Targoviste, Tirgo Mures, Tulcea, Ploiesti, Suceava, Birlad, Pitesti, Bacau, Galati, Buzau, Brasov, Valcele, the last one being a dedicated centre for neuro-muscular disorders. In the Victor Gomoiu Paediatric Hospital the department of paediatric neurology and training in paediatric neurology are part of a paediatric hospital and there is a professor's chair for paediatrics and paediatric neurology.

The Alexandru Obregia Hospital is a psychiatric hospital with a paediatric neurology unit separate from any paediatric or neurological clinic. The medical staff consists of c.10 specialists with continuous employment. It is located within a 10 minutes transport by car to Marie Curie paediatric hospital with which there is a mutual cooperation. Neurological consultations for children in all paediatric hospitals of Bucharest as well as referrals are seen by the paediatric neurologists from the Alexandru Obregia group.

The Alexandru Obregia Hospital has an out-patient service and wards with a total of 80 beds for in-hospital 24 hour service with 2 paediatric neurologists on call. There is a small physiotherapy/occupational therapy unit in which general physiotherapy but also Vojta treatments are given.

There is a small but at present rapidly expanding EEG laboratory in the unit with facility for long-term monitoring. A programme for EEG technicians training will be started. The present nurses have been trained in cooperation with EEG technicians from The Netherlands and locally. EMG is available in the department, run by 2 paediatric neurologists.

MRI is available within the Alexandru Obregia hospital. There is a close collaboration with a department for clinical genetics and one specialist paediatric neurologist has a profile in genetics. The situation for metabolic investigations is limited by the lack of resources. Some tests are sent abroad for analysis but to high costs. The Alexandru Obregia group is building their own metabolic laboratory with an own gas chromatography equipment but are hampered by lack of chemical substrates for analyses.

Neurodisability/rehabilitation is run by centres outside paediatric neurology and by physicians with 1-2 years of specialty training.

Clinical Training

About 5 trainees – residents – in paediatric neurology are accepted per year nationwide, as compared to 80 in child psychiatry. In 2008, 2 trainees were accepted for the Alexandru Obregia department.

Trainees in medical specialties are recruited by a process related to the results from medical school: Graduates with the best results choose first among available training sites, thus better result give greater freedom to pick the medical specialty of preference and the opposite: poorer result limit the number of available sites and the choices of specialty. Several of the trainees interviewed expressed a wish to work with pediatrics first-hand and to have taken up paediatric neurology secondly because of lack of training posts in paediatrics.

Training is regulated by a training program which is a governmental document of law status – Curriculum de Pregatire in Specialitatea Neurologie Pediatrica; Ministerul Sanatatii Si Familiei 2006. It follows the European Syllabus for Paediatric Neurology as to general outlines and contents of training, but differs on several points. The time stipulated for paediatric training is 2 years, for paediatric neurology 2 years 6 months including 3 months EEG, for adult neurology 6 months, thus a total of 5 years. Sub-modules of neuroimaging, ultrasound, clinical neurophysiology apart from EEG, neurogenetics and paediatric rehabilitation are included during the training years. Our impression is that in reality training periods in paediatrics are shorter than stipulated and that training in neurodisability can be problematic to arrange fully. Neurosurgery is seen during consulting cooperation. Clinical genetics is seen by mutual consultations and by a close scientific collaboration with the department for genetics.

Tutoring: There is a rotation system by which the residents will work with different tutors for 6 months at a time.

The training is terminated by a theoretical and clinical examination, and the activities and performance by the trainee during residency are evaluated by the national examination committee. National centre for Continuous Medical Education and resident formation supervises the examination which is national – there is only one exam for all residents that finish resident formation in that year

Scientific training

There is an active research program in the Alexandru Obregia group, headed by Professor Sanda Magureanu. PhD students are accepted, but there is a personal cost of about €2000/year for the student.

Comments and recommendations

This report is based on a short visit limited to Bucharest and negotiations with the representatives of the Alexandru Obregia group only. The conclusions thus have to be drawn from a superficial picture of the paediatric neurology and in specific the paediatric neurology training.

Building and running qualified paediatric neurology in Romania is a huge and complicated task. The country is large with limited economic resources in spite of major improvements and the recent E.U. membership. The communications are limited and there is need for restructuring of the rural economy. Given these facts the work performed within Romanian paediatric neurology is impressive.

The total number of active paediatric neurologists, paediatric neurology centres, trainees and resources for clinical and scientific development are by far too small related to the population of 22 million, about 1/5 of which are children. An active network building between the centres within and outside Bucharest is recommended in order to improve the level of training, clinical and scientific development.

The connection between paediatric neurology and general paediatrics is of mutual critical importance and integration should be sought for. The fact that in Romania paediatric neurology is an independent specialty is of value for the definition and development of the specialty but still close ties with paediatric groups clinically and scientifically are necessary. In long-term development it would be advantageous to locate paediatric neurology units within or in close proximity to a main paediatric hospital to the benefit of cooperation, communication and effective use of common resources, by this also for training. Some laboratory resources should be built and used in common, one example being metabolic laboratory resources. The training period in paediatrics for future paediatric neurologists should be increased.

Also the connection with adult neurology is of importance for continuous exchange of consultations and use of resources. The training period stipulated in the Training Programme is

adequate and its importance must be kept in mind when training resources and individual training programmes are planned.

It is very probable that EEG and clinical neurophysiology, especially neurophysiology and neuroimaging for epilepsy surgery could be more efficiently developed in a joint laboratory network or in a specialised training field, possibly even a specialty of clinical neurophysiology. Investigations for resistant epilepsy on a high level depend on a close interaction between clinical and laboratory disciplines in neurology, neurophysiology, neuroradiology, neurosurgery and clinical psychology as well as others.

Neurodisability/rehabilitation for children as a medical field has to be developed. It is necessary gradually to build an integrated service with multidisciplinary teams. Trainees in Paediatric neurology should follow these teams as responsible physicians for about 1 year of their training. Possibly a small group of paediatric neurologists could be given the opportunity to develop this field and find its importance and clinical potential for development. Physiotherapy should be widened to the full range of methods, preferably evidence based. The influence of Vojta-based physiotherapy should be re-evaluated.

The present system for selection of trainees will cause a problem in the long run. It is important that physicians who go into paediatric neurology do this convinced that it is their interest and best choice of career. Young colleagues with some years of experience of paediatrics, neurology or scientific work often form the best selection platform, rather than the recently graduated non-experienced ones lacking knowledge of what paediatric neurology really is.

PhD studies should be economically facilitated.

There is a tradition in Romania to go abroad for a period of in-depth specialty training. This is an important tradition to maintain.

Recommendations, summary

- Given the historical, economical, physical and geographical circumstances the work performed and the development within Romanian paediatric neurology is impressive.
- Communication and cooperation between paediatric neurology, neurology and general paediatrics should be elaborated.

- In long-term planning the paediatric neurology units should physically be located within or close to a main paediatric hospital.
- The total number of active paediatric neurologists, paediatric neurology centres, trainees and resources for clinical and scientific development needs to increase.
- An active network between the centres within and outside Bucharest is recommended.
- The training period in paediatrics for future paediatric neurologists should be increased.
- The adult neurology training period stipulated in the Training Programme is adequate and its importance must be kept in mind.
- Trainees in Paediatric neurology should follow Neurodisability teams as responsible physicians for about 1 year of their training.
- Physiotherapy should be widened to the full range of methods, preferably evidence based.
- The present system for selection of trainees will cause a problem in the long run.
- PhD studies should be economically facilitated.
- Option to go abroad for a period of in-depth clinical and research training is important to maintain.

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