

ECPCP TOLEDO STATEMENT PRIMARY CARE PAEDIATRIC EDUCATION AND TRAINING

Children and adolescents have the unquestionable right to good health and wellbeing and to access the highest attainable standards of comprehensive health care services and facilities. Primary Care is an essential part of this right, and Primary Care Paediatricians (PCPs) are the best-suited deliverers of this service in the community from post-natal health care to late adolescence.

The primary care paediatricians use resources efficiently to ensure their patients get the most appropriate care for their particular problem through coordination with other professionals and the use of high technology services based on secondary care. PCPs guide patients through the complexities of the healthcare system, assist them in accessing services where and when necessary, protect them from unnecessary screening, testing, and treatment.

PCPs take an active role in the educational and social upbringing of the individual by managing the interface with parents, guardians and teachers and take an advocacy role for the patient when needed. They develop a person-centred approach, orientated to the individual, the family and the community and deal with people and their problems in the context of their life circumstances (Based on Alma-Ata conference).

All these make Primary Care (PC) a pivotal part of every paediatric residency and do **training** in this discipline **obligatory, regardless of future place of work.**

Training should be in a proper setting and environment, by a competent and capable staff, with a planned scope.

Therefore, ECPCP advocates the following:

1. **Teaching** and learning are **part of professional PCP work**, and PCP education is as interesting and significant as the care for children and their families.
2. PC training should be an **obligatory** part of paediatric training. **The duration** of PC training should **depend on the time** that the particular trainee needs for becoming a paediatric expert in all activities that constitute primary care for children and adolescents. It should last for **at least 6 months** within the scope of paediatric training.
3. Postgraduate PCP education should **take place** where the work is done, **at the PCPs offices.**
4. **PCP preceptors** should be prepared and **accredited** by national PCP organizations and should be rewarded appropriately.
5. The **education in PCP** should be done at all levels, from **medical students** to **certified physicians.**
6. **Countries lacking** facilities and funding for primary paediatricians should **assure** that the service is delivered by **professionals** with adequate knowledge, proper skills and formal training both **in paediatrics and in primary care**, acquired by academic formation of **accepted standards.**

Decided by ECPCP in Toledo, Spain
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