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EDITORIAL

PAEDIATRIC RADIOLOGY *The importance of a child specific approach*

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Paediatric Radiology is concerned with the radiological manifestations of diseases in children and the unique imaging needs of the child; the key component being patient safety. The importance of a child specific approach has been addressed in several studies, amongst them a study including nearly 800 radiological examinations revealing high rates of significant disagreement between the interpretations of paediatric imaging studies reported by generalist radiologists and those of sub specialty radiologists, at tertiary care paediatric hospitals [1]. Notably, there was a significant correlation between the second opinion interpretations and the final definitive diagnoses. This emphasises the crucial role of subspecialist radiologists in excellent patient management.

Currently, only around 25-50% of the imaging studies in children are performed and reported by radiographers and radiologist with appropriate training, and the majority of centres (62% in UK, 90% in Norway) do not have access to a 24/7 paediatric opinion [2, 3]. Across Europe, many paediatric examinations are therefore reported by general radiologists, or non-radiologists, i.e. clinicians. Moreover, child friendly environments, sedation and anaesthesia delivery and child-specific equipment and protocols are heterogeneous at best and missing in several institutions.

Outside specialist paediatric centres, often paediatric radiologists participate in general on-call rotas, meaning that specialist knowledge is provided on an ad-hoc basis, and senior trainees are presumably meant to take up the slack. Some centres that cannot provide paediatric cover out of hours now refer children to a specialist centre, which is likely to improve patient outcomes for the children concerned but fragments patient care at the point of contact, and dissociates specialist knowledge from the point of entry of the patient. In total, incomplete paediatric radiology cover leads to significantly higher major error rates in general rather than specialist paediatric hospitals in the US [1].

The latest initiative to bring common standards across Europe in Paediatric Radiology and provide sub-specialty accreditation, is the new European Diploma in Paediatric Radiology (EDiPR) [4]. The first of four courses to be included in a diploma was held in Utrecht in October 2017 (musculoskeletal), and the second, on chest (including cardiovascular) will be held in Dublin on October 17-19, 2018. The European Society of Paediatric Radiology (ESPR) Education Committee has worked closely with the European School of Radiology (ESOR) to update the European Society of Radiology (ESR) training curriculum and develop the first ESOR course on Paediatric Radiology, to help prepare for the EDiR, held at the ESR Learning Centre in Vienna. This forms part of a comprehensive international programme of educational material co-ordinated by the ESPR and includes the well-established European Courses in Paediatric Radiology-ECPR (cardiothoracic imaging, abdominal imaging, musculoskeletal imaging and neuroimaging). The ECPRs continue to sup-

port the development of international links through the ESOR's visiting scholarship and fellowship programmes.

The ESPR actively promotes and enhances research and education within our field, to achieve the Society's strategic aim of becoming a global leader in the development and implementation of a knowledge-based society in the 21st century. There are strong links and growing partnerships with ESR, via ESR Eurosafe, the establishment of a Research Initiative hosted by the European Institute for Biomedical Imaging Research-EIBIR (http://www.eibir.org/scientific-activities/joint-initiatives/) and with other relevant sub speciality societies such as the European Society of Musculoskeletal Radiology (ESSR) and the European Society of Neuroradiology (ESNR). Ongoing efforts by ESPR's eight task force groups (Neuroradiology, Abdominal, Oncology, CT & Dose, Musculoskeletal, Child abuse, Post Mortem, Outreach) further enables research excellence and production of evidence based guidelines, available on our website and published in our journal.

In summary, failure to deliver appropriate Paediatric Radiology provision will have disastrous consequences, such as excess radiation doses or missing imaging evidence of child abuse. Paediatric Radiology must be a significant component of each country's workforce planning; otherwise we will be already failing tomorrow's adults today. **R**

References

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