



EDITORIAL

The new AEP: innovation, investigation, union and independence. Leadership and generational handover[☆]



La nueva AEP: innovación, investigación, unión e independencia. Liderazgo y recambio generacional

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In the first quarter of the 21st century, in any country in the world, there is still no more vulnerable population than children, and yet, paradoxically, they will form the critical mass of the active population in the coming decades and will determine every country's level of socio-cultural development.¹ There is therefore an obvious need for professional experts in the care of children and adolescents, extending the paediatric age range to 18 years to provide comprehensive care up to the end of physiological growth and development. Paediatricians are responsible for curing their illnesses, but particularly for preventing them, thereby creating an impact of incalculable dimensions on public health and an outstanding added health benefit for the general population.

Paediatrics is nowadays an indispensable discipline for ensuring the health of children and adolescents in any community and an index of the development of modern societies.² The Spanish Association of Paediatrics (AEP) arose in Spain more than 6 decades ago, responding to the need to unify and channel every aspect of the development of paediatricians as regards their training and continuous updating, without losing sight of the common factor of good clinical practice, attaining excellence through expert learning in the paediatric specific training areas (PSTAs). This ensures that unified, focused, specific procedures are applied, making paediatric specialists the most effective

professionals for managing the health of children and the welfare of families, meticulously trained to deal with any issue, not just in the priority area of health and illness, but also by ensuring normal physical and mental development and family integration, which must be regarded as the basic core of prosperous, healthy societies in the future.

The inevitable scientific impetus of technology and knowledge has also reached the AEP and Spanish paediatricians, who currently occupy very important positions at the forefront of science.³

In this new phase now beginning, we have set ourselves an indispensable condition: that our speciality should no longer be absorbed into the core medical training curriculum and that paediatrics should be regarded by the Ministry as a specific, independent speciality. We are proposing to consolidate the leadership of the AEP in promoting health for children and their families, with the aim of being a "national guide to paediatrics" for professionals, institutions and official organisations, following the example of other societies such as the American Academy of Pediatrics.^{4,5} An illuminating example is the objective of having a single national guide to child vaccination laid down by the AEP and accepted by institutions. For this undertaking we can call on the participation of the most expert and eminent paediatricians to formulate their recommendations in any area of paediatrics, enabling us to be a single yet collective benchmark for any action or request from national or international institutions.

We are committed to a more pared-down, open, approachable, inclusive AEP, representing every area of care, multidisciplinary and multigeographical, giving a

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new priority to acquiring greater weight and presence in research, in terms of fostering, endorsing and backing research networks, innovative studies, clinical trials and significant projects, both internally and externally, and where possible supporting them through the AEP Foundation.

We propose to maintain the basic structure of the AEP, which has marked the successful activity of recent years, bolstering its foundations and reinforcing its strengths: the excellent AEP continuing training platform Continuum, the prestigious journal *Evidencias en Pediatría* and the scientific quality, endorsed by the impact factor it has achieved, of the publication that is key to the progress of the AEP, *Anales de Pediatría*, the showcase presenting the development and importance of the Association to the scientific world.

Another priority activity that we also intend to perpetuate is the splendid work selflessly carried out by paediatric experts who are the heart and soul of the Association's Scientific Committees and the architects of laying down AEP doctrine, on which the AEP's National Recommendations themselves are based, with responsibilities embracing an enormous range of issues: the vaccination calendar for our child and adolescent population, basic rules of nutrition, regulatory access and availability of medicines for paediatric use, regulations and guidelines for care quality, bioethics, research, breastfeeding, safety, and so on, a total of 17 AEP committees of experts for most areas of paediatric interest, making an outstanding contribution without which the AEP would not have the scientific authority it has today.

The inequitable situation in which we currently find ourselves with regard to the availability of paediatricians and our indispensable demand for recognition of PSTAs is unacceptable, considering the welfare that has been achieved for Spanish children and their families. It is therefore essential to take firm, coordinated action, working with institutions, organisations, academic bodies, universities and political leaders that recognise these important threats, making joint proposals in the same direction, so that the strength the AEP has acquired through the authority of its specialised paediatricians can be still further reinforced.

Since June this year, this project has been under the responsibility of an AEP Council on which, for the first time, our regional associations (RAs) and speciality associations (SAs) are equitably represented, and has been directed by a new Executive Committee with a balance of primary care and specialist paediatricians.

According to the report of the AEP's legal advisors, it is mandatory that the names of our RAs should match those of their respective autonomous communities, to avoid administrative fragmentation or duplication, and that there should be one regional association per autonomous community, establishing alliances between those that currently exist. An important issue, especially considering the obligatory recertification of paediatricians through the AEP, is reorganising AEP membership status in the SAs; although they are well integrated into the AEP and enjoy its advantages, many of their members do not have the status of members of the AEP. Under the new proposed reorganisation, and also taking recertification by the AEP into consideration, all members of SAs must be full members of the AEP, since we aim to make the Council more representative as a decision-making body, giving its recommendations greater weight and enabling it

to take more robust action towards official institutions. The AEP's new reconsideration of its operational procedures and organisational structure will make it easier for it to adapt to the political, social and scientific realities of our country, and this new working model of the Association and an innovative strategic plan are an enormous source of strength, which will make this a modern, representative term of office for the AEP.

Associations of professionals cannot operate normally, in the way we are proposing to do in this new phase, without a climate of respect and trust, which is established by balancing the opportunities for training, participation, research, certification, recognition, endorsement, representativeness, and so on, that the AEP offers its affiliated associations and members with the corresponding financial contribution and with their close collaboration, responding freely to everything that is offered, which benefits the members in turn, closing the circle that will generate new resources for all and creating a bond that makes for a responsible, equitable, sound way of operating.

In the current situation of a shortage of specialists, defending paediatric posts can be seen as an opportunity that requires speaking out and arguing the case at an institutional level; despite the fact that it has represented an unprecedented improvement for paediatrics in Spain, the public authorities now seem to be downplaying the importance of this pioneering model. Maintaining this privileged position, praised by countries with powerful healthcare systems, such as the United Kingdom, that do not themselves have a network of paediatric specialists to ensure better health for children, is undoubtedly another priority for the new phase. That is why the new Council of the AEP is setting itself another indispensable objective: to defend our model of paediatric care, which ensures that all children and adolescents are treated by paediatricians at any healthcare level from birth to the age of 18 years. The sustainability of this model requires reinforcing primary care paediatrics at the primary healthcare level of the Spanish National Health System for paediatric patients.

Lack of unity and misguided individualism among members and constituent associations of the AEP are an important weakness which we must overcome together, with generosity and humility, seeking to achieve equality of representation for all parties and fostering much-needed generational change among professionals, in terms of young paediatricians assuming responsibilities and representative leadership positions.

The new requirements for giving Spanish paediatricians equal status in Europe, through periodic recertification, is a threat and will very soon be a reality, and it is therefore an issue of prime importance which the AEP must take on board and facilitate for all its members. For this purpose, within the Continuum training portal, the AEP is going to make it possible for recertification of paediatricians to be carried out by completing the new European professional CV, the *Global Paediatric Curriculum and Guidelines for Residency Training, Assessment, Certification, and Continuous Professional Development*, formulated by the Global Paediatric Education Consortium (GPEC),⁶ which includes all the competences, knowledge, content and skills that must be mastered to ensure good practice in paediatrics.

The advent of new technologies is emerging as a further threat for paediatric professionals, because of their enormous impact on children's health. It is one of the new issues that this Council will be obliged to address. Families are well informed and generally well prepared in terms of nutritional health, vaccination, accidents, and so on, but the technological explosion and the ubiquitousness and uncontrollable accessibility of media tools heighten the vulnerability of minors and their environment from early childhood, but particularly during adolescence, and raise the need for educational and regulatory guidelines for families and educators on this issue, against which they are unprotected.

An even more pioneering initiative, and a golden opportunity we shall tackle in this term of office, is to address paediatric environmental health, including children's everyday surroundings, an issue neglected up to now, possibly through ignorance, and currently recognised by the WHO as a priority; it is about things like building schools next to motorways, reusing buses withdrawn from service, because of their toxic emissions, for school transport, having housing located near mobile phone masts emitting high levels of radiation, and unsafe composition of plastics used for babies' bottles, dummies or very frequently used in toys for infants and pre-school children.

The full programme sketched out here seems very ambitious, but it is certainly achievable with enthusiasm, dedication, hard work and respect; but above all, with the invaluable support of paediatricians. An important common denominator that we must not lose sight of is our firm commitment to an austerity approach; we must ensure that all the projects and activities planned by the AEP are sustainable, seeking to initiate a period of greater independence from industry and promoting grants focused on the AEP for training, research and cooperation, through foundations, universities and public application processes, with projects whose benefits can be equitably distributed among the associations and the members.

In the new period now beginning we must not miss this vital opportunity, based on the unity and participation of all the paediatricians brought together by our parent body,

the AEP, which, needless to say, is clearly responsible for acting as a channel to represent the visible face of Spanish paediatrics in any initiative with national or international official authorities or institutions.

Reflecting on the responsibility of the Executive Committee and the Council with respect to paediatricians, who will play a decisive role in the preventive care, life habits, physical health and development of children and their family integration, and the fact that they will ultimately be the active population of our country in the coming decades, it is a source of pride to be helping to lead these excellent professionals and bring this fascinating and crucially important project to a successful outcome.

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