analesdepediatría

www.analesdepediatria.org

EDITORIAL

Expanding on what we have built: a new phase for the Spanish Association of Pediatrics

Proyectar lo construido: una nueva etapa para la Asociación Española de Pediatría

Luis Carlos Blesa Baviera

Presidente de la Asociación Española de Pediatría (AEP), Spain

I am writing to you today as the president of the Spanish Association of Pediatrics (AEP) and on behalf of the executive committee, but also as a pediatrician who shares the concerns that, as clinicians, we face every day in the office, on the ward, in the emergency room, or at the primary care center, in every corner and care setting across Spain.

Established institutions never stop evolving. There are phases focused on driving change, others dedicated to consolidating it, and moments when, building on what has already been established, new opportunities open up. I sincerely believe that the latter is the position that the AEP finds itself at today.

Now, in my fifth year at the helm of the Executive Committee, and following a period in which we undertook profound changes to modernize our organization, strengthen internal cohesion, and renew essential tools for the everyday functioning of the association, we are embarking on a new phase focused on building upon what we have achieved. We do so with pride in the path we have traveled and, above all, understanding our responsibility to live up to what you expect from your Association.

This is a phase of expansion understood not as quantitative growth, but as an opportunity to broaden our capabilities, open new avenues for collaboration, strengthen scientific output, and enhance the service the AEP provides to pediatricians and society. In short: to put more and better tools in your hands so that you can better care for children and adolescents, which is the ultimate purpose of everything we do.

One of the areas where this evolution is most evident is training. The consolidation of the AEP Academy has enabled us to elevate continuing medical education to a higher level.[1] In 2025, this activity reached a particularly significant scale, with delivery of 200 hours of instruction and participation of more than 9000 pediatricians; and the momentum built in the process has continued into the first months of 2026. These figures were built on hours stolen from rest and leisure, but, above all, on the desire to learn and a steady commitment to ongoing improvement.

But, numbers aside, what truly matters is the training framework we have been developing. The creation of the new Teaching and Training Committee has been a decisive step in this pursuit.[2] Its mission will be to define a comprehensive strategy, consolidate resources, set priorities, and establish a unified, innovative, and methodologically diverse educational framework that supports pediatricians from residency through the end of their careers. We are particularly excited about this project, likely one of the most relevant

DOI of original article:
https://doi.org/10.1016/j.anpedi.2026.504260
E-mail address: lcblesa@gmail.com

2341-2879/© 2026 Asociación Española de Pediatría. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

for our future, because, at its core, its aim is to support those who care for others: leaving no one behind, wherever they may be, wherever they may practice.

Our knowledge platforms are also part of this evolution. The renewal of the Editorial Committee of Anales de Pediatría[3] and the redesign of the *Continuum* e-learning platform[4] (currently underway) will reinforce the existing scientific and educational ecosystem to make it more connected, accessible, and integrated. The same approach has guided the redesign of the AEP website and EnFamilia,[5] with the aim of minimizing fragmentation, improve the user experience, and strengthen the connection between all our digital platforms. We know that you often access these resources during busy workdays, and that is why we want them to be more useful, clear, and accessible to you.

This new phase is rooted, precisely, on the groundwork we have laid. A solid legacy that serves as the foundation upon which we continue to move forward. In this regard, we wish to express our most sincere gratitude to those who have made *Continuum* a leading platform: thank you for your generosity, perseverance, and rigor. We hope that you feel recognized for the knowledge you have shared and for laying the foundations upon which we will continue to grow.[6]

This momentum also extends to our conference activities. By actively listening to you, we identified the changing needs of our membership, and redesigned our annual congress accordingly. We know that time is a scarce resource, and that you come seeking practical answers, honest debate, and the chance to connect with colleagues. That is why we have revamped the format with a more cross-cutting, flexible program that is closely related to current professional realities. We have reduced the number of panel discussions and expanded the workshops, doubling the number of highly practical sessions, because today's knowledge demands new forms of learning and participation.

Today, responding to change is an ongoing imperative. But in a context where changes occur in increasingly shorter cycles, institutions can no longer afford to simply react: we must anticipate. This commitment to anticipation is behind the rollout of the Family Digital Plan,[7] bolstered by new funding from the Safer Internet Centre Spain (SIC-Spain 5.0), a project co-financed by the This will allow us to improve our platform, update our recommendations, and expand training for health care professionals, enabling them to better support families in managing the digital environment. I know that, in many practices, these questions are already on the table; we want the AEP to help you answer them with evidence, sound judgment, and peace of mind.

The new strategic alliances we are pursuing also align with these goals. The agreement with IABiomed and the launch of the training program on artificial intelligence applied to pediatric practice are examples of how to address, with rigor and clinical insight, transformations that are already impacting our professional practice.[8] Likewise, the agreements with the Spanish Association of Vaccinology (AEV), the Spanish Society of Pediatric Dentistry, and the Spanish Confederation of Parents' Associations (CEAPA) reflect an understanding of collaboration as a tool for pooling strengths, learning together, and reaching further, always with one shared goal: the health and wellbeing of children.

This expansion is also supported by the strengthening of our scientific structure. The creation of new committees, such as the Teaching and Training Committee, the Rare and Undiagnosed Diseases Committee, and the Dermatology Committee, responds to the demand for spaces to share and foster expert knowledge to address emerging needs.[9] They are also an invitation to become involved, to share experiences, questions, and proposals, because the best AEP is the one we build together.

None of the above makes us lose sight of the major challenges that continue to shape our agenda. Defending the Spanish pediatric model, improving conditions in pediatric primary care practice, and ensuring the recognition of pediatric specialties remain nonnegotiable priorities. I know firsthand the pressure of patient care, the difficulties in maintaining teams, and the feeling, at times, of not being able to do enough; that is why I want you to find a real source of support in the AEP. We will continue working toward these goals alongside the 24 specialty societies and our regional societies, convinced that the strength of the AEP lies in this collective effort.

If the previous phase was marked by a transformative acceleration, the current one is driven by the commitment to channel that momentum toward new goals. We continue moving forward with you, with our sights set on all that remains to be achieved.

Thank you, once again, for your trust and commitment. I encourage you to continue participating, to share your ideas with us, and to feel like active participants in this new phase.

References

1. Academia AEP [Accessed 29 April 2026]. Available from: https://www.aepeventosdigitales.com/academia.
2. Comité de Docencia y Formación [Accessed 29 April 2026]. Available from: https://www.aeped.es/comites/cdf.
3. Balaguer-Martínez JV, Albi-Rodríguez MS, Alonso-Ojembarrena A, Bueno-Campãna M, González-Jiménez D. Cambio de ciclo.Informe anual 2026 de los editores de Anales de Pediatría. An Pediatr (Barc). 2026;104(504263), http://dx.doi.org/10.1016/j.anpedi.2026.504263.
4. Continuum [Accessed 29 April 2026]. Available from: https://continuum.aeped.es/.
5. EnFamilia [Accessed 29 April 2026]. Available from: https://www.aeped.es/enfamilia.
6. Hijano Bandera F, González de Dios J, Praena Crespo M, GarcíaSalido A, Garrido Pedraz JM, Martín Masot R, et al. ContinuumAEP: doce años de balance y gratitud de un proyecto de formaciónpediátrica colaborativa. An Pediatr (Barc). 2026;104(504199), http://dx.doi.org/10.1016/j.anpedi.2026.504199.
7. Plan digital familiar de la Asociación Española de Pediatría [Accessed 29 April 2026]. Available from: https://plandigitalfamiliar.aeped.es/plandigitalfamiliar.php.
8. Alianza de la AEP con IABiomed para favorecer la transferencia de innovación a la práctica clínica pediátrica con el uso de la IA [Accessed 29 April 2026]. Available from: https://www.aeped.es/actualidad/alianza-aep-iabiomed-para-favorecer-la-transferencia-de-innovacion.
9. Comités AEP [Accessed 29 April 2026]. Available from: https://www.aeped.es/comites.