



EDITORIAL

Towards a Spanish Paediatric Association of excellence[☆] Hacia una Asociación Española de Pediatría de excelencia

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The centennial of *I Congreso Nacional de Pediatría* (the First National Paediatrics Congress) held in Palma de Mallorca in 1914 coincides this year with the launch of the bilingual Spanish and English edition of our official journal, *ANALES DE PEDIATRÍA*. On this important anniversary, the *Asociación Española de Pediatría* (Spanish Paediatric Association, AEP) will direct its attention to issues that impact its immediate and long-term future. We will discuss ideas to improve the organizational structure of the AEP so that it may continue to adapt to political, social and scientific changes in Spain. We will address the need for expeditious recognition of paediatric specialties and the need for continuing medical education through recertification. Further, on this momentous occasion, we will launch a process to ensure our association continues to be a scientific society of excellence.

Restructuring the Spanish Paediatric Association

Founding the AEP was no easy task.¹ Following five paediatrics congresses and the long interruption of the Spanish Civil War and World War II, the association was created in April 1949 with the temporary name of *Asociación de Pediatras Españoles* (Association of Spanish Paediatricians). From this point until the early 1960s, the various *Sociedades Regionales de Pediatría* (Regional Societies of Paediatrics) gradually joined the association, and the AEP took its current form.

The actual federation of societies that constitutes the AEP today was approved in 1970 in Seville at a Special General Assembly convened for that purpose. According to the bylaws at that time, the president of each Regional Society became an ex officio member of the Board of Directors of the AEP, and its members automatically became AEP members. Since then, the bylaws have been partially modified on various occasions, but there has been no substantial change in the founding structure.

In the 1960's, nationwide implementation of the MIR model for paediatrics training led to the incorporation of the first *Secciones Especializadas* (Specialised Sections) in the AEP. In an ongoing dynamic process that has continued to the present, the *Sociedades Especializadas* (Specialised Societies) emerged and continue to this day under their current names. When the Society of Paediatric Surgery joined the AEP, its president also became an ex officio member of the Board of Directors and its members automatically became AEP members.

At present, of the 31 members sitting on AEP's Board of Directors, 7 are elected Executive Committee members, 14 are the presidents of the Regional Societies of Paediatrics and the Society of Paediatric Surgery, 8 are elected members representing the 23 Specialised Societies, and, since 2013, one non-voting member represents trainee paediatricians (MIR).

We have been advised by our Legal Office to adjust the AEP's current configuration to Spanish Government institutional regulations. The problem is that the AEP has individual and grouped Regional Societies whose names do not match their

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Autonomous Community (AC) name. Some ACs have more than one regional scientific society, as is the case of the duplicate societies in Andalusia, the Canary Islands and in Navarre. Conversely, some regional societies cover more than one AC, as is the case of the paediatric societies of Madrid and Castilla la Mancha; Asturias, Cantabria, and Castilla and León; the Basque Country and Navarre; Western Andalusia and Extremadura; and those of Aragón, La Rioja and Soria (which in fact is a province in a different AC).

Given the composition of our Regional Societies, which has been in place for the last 65 years, our legal services advised the Board of Directors that in order to avoid administrative problems, the various Regional Societies of Paediatrics need to be realigned within the boundaries of their respective AC, and societies that are duplicated in a single AC should be merged, with the ultimate goal of having one single Regional Society per AC. Despite these changes, nothing in this new structure would appear to prohibit the establishment of alliances between two or more ACs.

Turning to another issue, although the Specialised Societies also belong to the AEP, we know that many Specialised Society members are not members of the AEP, simply because they have not also joined the Regional Societies in the areas where they work. Given the scientific relevance of the Specialised Societies to the AEP's organisational makeup, it would be desirable for all their members to be also deemed members of the AEP. This would open a path for them to have greater representation on the Executive Board.

To undertake these necessary changes in an orderly fashion, the AEP's Board of Directors has set up an internal Working Group with a mandate to submit a proposal to the board for adjusting the AEP's structure to Spain's current political, scientific and social reality and for incorporating all members of Specialised Societies into the AEP. We are aware that this is an extremely sensitive issue that requires full and open discussion within the Working Group and also among the members of the Board of Directors. That said, we must reach a consensus that will permit the AEP's bylaws to be modified to adapt the aforementioned aspects to the current situation.

Acknowledgment of paediatric specialties and recertification

The forthcoming approval of the draft Royal Decree regulating the Core Curriculum and other aspects of the System for Specialised Healthcare Education in the Health Sciences² will finally grant our demand for the specialty of Paediatrics to maintain its core curriculum, while opening the door to paediatric specialty accreditation following the approval of Neonatology as the first subspecialty in Paediatrics.

Just as the demand to extend the paediatric age group to 18 years of age had the favourable result of its inclusion in the recently passed *II Plan Estratégico Nacional de Infancia y Adolescencia* (Second National Strategic Plan for Childhood and Adolescence) 2013-2016, *II PENIA*,³ we must promote a common plan of action between the AEP and the *Comisión Nacional de Pediatría* (National Paediatrics Committee, CNP), which brought such good results on the issue of the core curriculum. We have managed to convey

to the health authorities that paediatrics is a vertical field that, unlike adulthood specialties, embraces the whole of the developmental stage of life (from conception to completion of growth, development, and maturation), in which an individual constantly changes and is dependent on the ties among family, school and the social environments in which the patient grows. These biological, medical, and social particularities are precisely what set paediatrics apart from "transversal" medical specialties and calls for distinct and specific training.

When this long-awaited Royal Decree comes into force, a promising panorama will open up, starting with the development of a new training programme for the specialty. The recently renovated CNP, which maintains its firm commitment to collaborate with the AEP, will have to develop the inventory of knowledge, skills, and competencies required to practise paediatrics. This must be addressed in a new Training Programme for Paediatrics and its Specialty Areas in a timeline that also has to be decided by the CNP. Considering that both the AEP and the CNP advocate for the current model of paediatric care with two service levels—primary and specialised—the duration of the Training Programme must duly take this requirement into account.

The presentation of the *Libro Blanco de las Especialidades Pediátricas*⁴ (White Paper on Paediatric Specialties) in 2011 marked a turning point in the AEP's position in favour of the recognition of paediatric subspecialties. The inclusion of Neonatology as the first recognised subspecialty opens the door to new additions. From now on, there will be a three-way responsibility to ensure that paediatric subspecialties become a reality. First, the various Specialised Societies will have to draw up a petition addressing all possible questions relating to the specific training needs pertaining to its field of knowledge. In this regard, two of these societies, Paediatric Cardiology and Neuropaediatrics, have already submitted their corresponding petitions to the CNP, which have been accepted. Second, the CNP must address the controversial issue of prioritising these petitions in a reasonable manner. Last but not least, department heads and directors of Paediatric Clinical Management Areas must be stalwart in their selection of the paediatricians who are going to deliver care in the different paediatric subspecialties, and not cave in to managerial pressure to fill these posts with professionals lacking the stipulated training.

In late 2013 a group of enthusiastic paediatricians, members of the AEP, completed the Spanish version of the *Global Pediatric Curriculum and Guidelines for Residency Training, Assessment, Certification, and Continuous Professional Development* promoted by the *Global Pediatric Education Consortium* (GPEC).⁵ The main goal of this project is to agree on a set of standards on a global level pertaining to the training, assessment, individual medical accreditation, and continuous professional development that will facilitate the improvement of paediatric services throughout the world, independent of geographical borders. The competencies, knowledge, contents, and skills that must be mastered to ensure good paediatric practice have been defined by experts in paediatric training.

The AEP is aware of the mid- and long-term need for periodic recertification of the expertise acquired by paediatricians during their training, and of the practical

difficulties of attending courses and congresses in person. As a result, it has launched the *Continuum* digital platform, our continuing education portal which, in adherence to GPEC guidelines, offers ultra-modern tools so that our profession can have access to the most up-to-date material from home or work. The select team of paediatricians in charge of the project has designed a high quality product, conceived to allow paediatricians who wish to better their skills to do so by means of an on-demand, interactive mode of learning. They will have the unconditional support of the Specialised Societies and the AEP's Committees and Working Groups, which will be in charge of developing the courses to be offered periodically on *Continuum*.

Actions towards achieving a scientific association of excellence

In 2010 the AEP drafted a Strategic Plan, which revealed the strengths, weaknesses, opportunities and challenges for Spanish Paediatrics at the time. This plan enabled us to implement a series of necessary measures that have made the AEP one of the most preeminent scientific societies in Spain. We now have protocols for all our actions, our accounts are audited, we have a code of ethics providing a framework for all our institutional relationships, and we have created the role of members' advocate to provide regulated liaising between the members and the Executive Board of the AEP.

Now it is time to take another step forward. To be a leader among scientific societies, we must advance the interests of the AEP and its member professionals by ensuring that the AEP has the very highest social and institutional reputation. To this end, we have started a *Proceso de Gestión de*

la reputación institucional (Institutional Reputation Management Process), which will allow us to gain perspective on the transparency of our management, process control, responsibility towards our members and interest groups, and the image of our corporate governance. The point, in short, is to monitor the institutional management of the AEP and to continue to enhance its reputation.

I have outlined the challenges facing the AEP in the immediate future and the initiatives that the Executive Committee has put in place to allow our scientific society to achieve a status of excellence. It is up to all of us to make it happen.

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