



EDITORIAL

A new year of AEP. What has happened with innovation, research and the merger, and with independence, leadership and the next generation?☆

Un año de la nueva AEP. ¿Qué ha pasado con la innovación, la investigación y la unión? ¿Y la independencia, el liderazgo y el recambio generacional?

María José Mellado

Presidente de la Asociación Española de Pediatría (AEP)

At the time of this writing, barely 8 months have passed since the current Asociación Española de Pediatría (Spanish Association of Pediatrics, AEP), with its new Board of Directors and Executive Committee (EC), started its work, and since the publication of the 2017 editorial written by the president¹ proposing the objectives listed in the title of this editorial; however, a critical and analytical look back through this brief period already reveals some returns of this incipient work along the established strategic actions, which will become clearer and more feasible in the near future. The enthusiasm and drive characteristic of new beginnings act as filters that distort the perception of the actual opportunities and capabilities for action and, above all, cloud the assessment of the future impact of planned changes, impeding the accurate prediction of their outcomes, which are now becoming evident.

We will begin with an assessment of the progress in *innovation*: the EC had, from its inception, resolved to

address the urgent need of developing a virtual administrative office—a database—to evaluate the current and future strength of the collective of paediatricians in this great Association, which could not only provide an accurate assessment of the current resources in paediatrics in Spain, but also reliable data with which to back predictions and recommendations for changes in this professional field presented to the competent authorities. In rigorous adherence with the law on data protection, and using only its own servers, the “virtual administrative office of the AEP” was completed in August and launched for user access in December 2017. At present, we have records for more than 14 000 paediatricians, many of which include personal data such as age, sex, geographical location, speciality and membership in regional societies, although the database allows entry of further information. This is a most valuable tool that the AEP has made available at no cost to each of its 12 affiliated regional associations (RAs) to facilitate their own data collection and mining, an initiative that also provides an important platform connecting all paediatricians (*Secretaría virtual AEP. Nueva web de la AEP: <http://www.aeped.es/noticias/nueva-web-AEP>*).

The websites and social networks of the AEP constitute its public image and unquestionably increase its visibility and strengthen its leadership. Our determined

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E-mail address: mariajose.mellado@salud.madrid.org

investment in this crucial aspect involved the development of a new organisational structure and division of responsibilities to *lead a modern project for establishing the online presence of the AEP through its websites and social media*, which saw the light in February 2018. Finally, we have succeeded in launching the new design of the parent site of the AEP (*Secretaria virtual AEP. Nueva web de la AEP*, <http://www.aeped.es/noticias/nueva-web-AEP>), which is now much more efficient and user-friendly, updated the rest of the AEP websites—Comité Asesor de Vacunas, En Familia, Lactancia Materna, Comité de Medicamentos, etc.—and organised the activity and purpose of the AEP social networks, with a generational shift in the staff tasked with these duties that acknowledges the superior expertise and skill of younger professionals in these technologies.

The transition to a new Editorial Board with the appointment of a new editor-in-chief in the journal *Anales Españoles de Pediatría*, the main vehicle of the AEP for the dissemination of scientific knowledge, is also proof of the drive to consolidate past achievements in promoting *innovation and scientific leadership*, goals that have been emphasised by the strategic plan of the EC, seeking to innovate the style of the journal but maintaining the policies that have succeeded in increasing its impact factor in recent years. Similarly, we have strived to consolidate the *educational leadership* of the AEP, especially as regards the mandatory recertification of Spanish paediatricians in Europe,² by the promotion of *innovative ideas* through the updated *Continuum* platform.

Another priority of the current EC is to endorse and support the strategies developed by renowned paediatricians in *leadership* positions in each of the speciality areas by restructuring and modernising the pre-existing expert committees, of which there are currently 12, and the working groups, of which there are 4, and creating new ones in emerging fields of growing importance, while developing functions that also facilitate the *generational shift*; such as the novel Committee on Environmental Health, the Committee on Health Promotion, the multi-disciplinary AEP Quality Platform or the pioneering AEP research platform of the AEP: INVEST-AEP (*Presentación de la Plataforma de investigación de la AEP: INVEST-AEP*, <http://www.aeped.es/noticias/aep-pone-en-marcha-plataforma-invest-aep-fomentar-investigacion-pediatria>). The demanded and updated consensus documents on the different areas of specialisation in paediatrics have finally bore fruit in the visibility and representation of the 24 Specialty Associations (SAs) of the AEP as *leaders in clinical management*, through their exposure in both a prominent and free-access area of the AEP website an WEB-AEP, and in 2 content vehicles that have a significant impact on educational curricula: the *Continuum* platform, which includes an area specifically devoted to these documents, granting them an importance similar to that of a published book, and the journal *Anales Españoles de Pediatría*, which, with a pre-established monthly release schedule that is only punctuated by position documents of the AEP itself, publishes these guidelines and also acknowledges the role of these authors in curriculum development. We have yet to conquer the challenge of becoming the national reference in paediatrics, in the image of other societies abroad, like the American Academy of Pediatrics,³ a goal that is already becoming a reality with the single

nationwide guidelines on childhood immunisation of the Advisory Committee on Vaccines of the AEP,⁴ universally accepted by paediatricians, the classical clinical practice guidelines of the SAs of the AEP in the management of infectious, cardiovascular, gastrointestinal, neurologic, renal or respiratory diseases, and in any other areas, with already established recommendations in all aspects of child and adolescent disease and prevention, which will be updated periodically.

An objective pursued from the inception of this EC, and one that will not be compromised, is having the specialty of paediatrics withdrawn from the core subjects of medical education and to have the Ministry of Health recognise paediatrics as its own specialty, specific and independent, as opposed to a core course. This has been one of our most urgent priorities, and after the intervention *led* by the AEP to address official institutions, we have recently obtained a verbal commitment that this will become a reality from the Directorate General for the Organization of the Health Professions. We continue our inalienable quest for the recognition of the paediatric subspecialty areas (PSAs) and for the excellence of the paediatrics specialty; the stagnation of institutional policy as regards the PSAs have left us no choice but to develop a well-reasoned agenda and an uncompromising stance that we uphold in every instance in which we work with institutions. Finally, we have succeeded in achieving an increase in the number of paediatrics residency spots that will be available in future postgraduate training cohorts, having agreed in exchange to study how to streamline the training of residents that will work in primary care from the outset, adjusting the number of residents trained in paediatric specialties to social demand and epidemiological circumstances in Spain.

One area in which we can perceive substantial progress and that consolidates the *leadership* of the AEP in *child health and family wellness*, to the considerable advantage of society, is the success in reaching agreements with a significant impact on the health of Spanish children and families, including the signing of the agreements between the Instituto Nacional de la Seguridad Social (National Institute of Social Security) and the Asociación Española de Pediatría, that will regulate, through the enactment of regulations published in the Boletín Oficial del Estado (Official State Gazette of Spain [BOE]), the “application and development of financial benefits for the care of minors affected by cancer or other serious diseases” and the “revision of the handbook for the assessment of occupational risks during natural lactation.”

The AEP also played a decisive role in the presentation of the Health Care Committee to the Spanish Congress, contributing to the agreement by all political parties to introduce a bill proposing the incorporation of screening for immunodeficiency disorders in the routine neonatal screening nationwide. More recently, the Ministry of Health and the AEP have been refining the details of an agreement by which the food industry will provide infant formula at no cost to the uninfected children of HIV+ mothers for the first two years of life. These achievements, characteristic of developed countries such as our own, are also a manifest reflection of the *unity* and satisfaction of the entire collective of paediatricians and convey an inexhaustible drive, paving the way for future agreements that will be highly

beneficial in addressing the social problems of minors and families, which is, to us, an immense source of pride.

One strategic goal that has been delineated since the outset is to gain the greatest possible degree of *independence* and to achieve self-sufficiency. This goal is starting to be reflected in the austerity of the activity of the very EC and in the agreements made with industry, striving for transparency in the funding dedicated to education and research, and establishing a legal definition for any collaboration with the AEP: "Empresa colaboradora con la AEP, para sus fines de investigación y formación" (Corporation collaborating with AEP for research and education purposes). We are particularly satisfied with the agreement we have reached (without a doubt, the most manifest proof of the *unity* of its 12 RAs) regarding the contribution to the economic viability of the AEP of the members of an association that benefit from all its services: virtual office, website and social networks, communication, information, scholarships, quality education and research platform, access to *Anales de Pediatría*, expert committees, working groups, congresses, conferences, offering of physical facilities for meetings and many other services that have been specified in an agreement with the Board of Directors signed in January 2018, by which the economic contribution of members will be increased gradually over the 4 years of its tenure to maintain the significant services offered by the AEP.

An inflection point that characterises the approach of the new EC is the importance ascribed, resources allocated and impulse given to *research*, manifested in the creation of a new and ambitious platform, the INVEST-AEP, an *innovative* body comprising a committee of experienced Spanish and foreign researchers coordinated by the EC that is going to play a crucial role in the training of *young researchers*, promoting the continuity and *unity* of different levels of care, and sponsoring, facilitating and funding independent research projects endorsed by the AEP or developed in collaboration with industry. The activity of the INVEST-AEP includes training in research, assessment of grant proposals and allocation of funds, with a firm commitment to the diffusion of research activity supported by the Continuum continuing education platform and the various websites, social networks, press and "Noticias Médicas". The AEP, in collaboration with this platform, have backed the constitution of new national and European research network in 2017 and 2018: the Red Española de Ensayos Clínicos Pediátricos (Spanish Network of Paediatric Clinical Trials [RECLIP]), Red española de Investigación Traslacional en Infectología Pediátrica (Spanish Network for Translational Research in Paediatric Infectious Diseases [RITIP]), European Network for Paediatric Research (TEDDY), European Paediatric Translational Research Infrastructures (EPTRI), which position the AEP, along with its associates, as a supporter and participant in these relevant structures (*Presentación, difusión, respaldo y aval de la AEP a las redes de investigación pediátricas nacionales e internacionales*: <http://www.aeped.es/noticias/nueva-red-europa>).

We feel especially proud of having started, in the early months of our mandate, the *integration* of the two

associations in the field of primary care, which had hitherto remained distant, achieving their *union* and collaborative actions with equal participation from both groups, which have led to enormous advances that will mainly improve the standardisation of guidelines for clinical practice and health prevention. We still face the challenge, from our position of authority, of successfully negotiating with health institutions and autonomous community governments improvements in the working conditions in this field, which is specially neglected and rife with geographical inequalities, an allocation of resources better matching actual needs, and the design of flexible structures with a forward-looking approach, for which initial proposals have already been cooperatively drafted.

Once more, a critical look at these first months of activity reveals that we have already achieved significant results, including some that we could not have imagined at the outset, and while there is still a long way ahead of us, our strategic agenda is solid and feasible with the planned actions, although they will require effort, dedication and perseverance, austerity, honesty, humbleness and generosity and, needless to say, unswerving commitment.

I conclude by expressing the deepest feeling of satisfaction at the incipient "spirit of belonging to the AEP" already discernible among current members and professionals first entering the field. This is the true source of pride of the current AEP, to be an association of paediatricians that is representative, robust, compact and multidisciplinary, with an impact at the domestic and international levels on account of our efficient approach to paediatric care, educational excellence, respect for the planet on which our children live and the magnitude of our potential in research, but especially, and irrespective of any differences between us as to levels of care, specialties or individual characteristics, there is a prevailing sentiment, that we are "paediatricians first and foremost, and proud to belong to the AEP."

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