



EDITORIAL

Spanish Association of Pediatrics: Necessary steps to continue, others to be initiated, but always convinced and united in our objectives[☆]



Asociación Española de Pediatría: pasos necesarios para continuar, otros por iniciar, pero siempre convencidos y unidos en nuestros objetivos

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During the terms served by previous executive committees, supported by the corresponding executive boards, many decisions have been made to promote a change in course that would consolidate and strengthen the position of the Asociación Española de Pediatría (Spanish Association of Paediatrics, AEP) as the national scientific society that is the reference for all issues related to child and adolescent health, which rests on certain key qualities: organisation, professionalism, transparency, integrity, innovation, investigation, unity and independency.^{1–4}

After the elections of June 2021, the newly elected executive committee has taken some time to assess, analyse and reflect on the current situation of the AEP, as should be done in the case of an association of this size and importance. Now is the time to introduce ourselves, evaluate what has been achieved to date, and communicate our proposals to continue progressing.

We are taking the helm of an association that is well organised and run professionally, as it has a dedicated permanent staff in charge of administrative and managerial tasks with the necessary external support of legal, accounting and communication teams. All these teams have a long history, longer than a decade, of working with the AEP, have an appropriate magnitude, and have, in this time, done commendable work to advance our organization. They are necessary to the functioning of the association, and allows the members of this committee to focus mostly on executive decision-making.

The current structure of the AEP, supported and strengthened by the affiliated regional and medical speciality societies, is clearly and strongly perceived from any institutional body as the organization that represents the field of paediatrics in Spain. Previous administrations have also succeeded in having many of the members in subspecialties of paediatrics identify more with the association. However, we must still work to ensure that all members feel represented by the association, especially those that have historically felt more detached, and for this belonging to never be exclusionary, but based on mutual complementation and support. The AEP, on account of its magnitude, has in-house resources and access to useful and advantageous platforms and pro-

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cesses that would be difficult for individuals to access on their own.

Each term, our association must undergo innovation, as expected of any institution that is thriving, agile and dynamic, qualities that should always be present in any society to be useful and up to date. Numerous changes have taken place in recent years and, rest assured, will continue to unfold in the years to come. We ought to highlight that in the previous term, for the very first time, a woman was president of the AEP. Another indication that our association is in tune with the times is that this term, also for the first time, a primary care paediatrician is stepping up as president.

Another of the implicit objectives of the association is to promote continuing education and research in our specific field and exclusive scope, childhood and adolescence. Both are indispensable to our profession. The practice of paediatrics cannot be conceived without the constant updating of medical knowledge and skills and scientific and technical advances that are taking place at an increasing pace, which we can and must promote through applied research in our patients. The AEP offers options and resources that have already been established and clearly advanced in recent years by executive teams and editors, authors and coordinators: scholarships, *Anales de Pediatría, Evidencias en Pediatría, continuum*, En Familia, the invest-AEP platform. . . Resources that are increasingly available online, in tune with general trends in the past few years, a tendency that has been intensified by the pandemic we have been experiencing since early 2020, which has brought wholly unforeseen changes in countless aspects of our profession and personal lives. As paediatricians, we are proudly rising up to the challenge, but wish it to be over as soon as possible to be able to resume our face-to-face practices and close contact.

We should also highlight the committees and working groups inside the AEP. Their coordinators and spokespersons carry out an extraordinary effort in different basic aspects of our work that has considerable impact on our interventions and the mass media. Their recommendations set the standards of the AEP in each of their respective fields. We thank them all warmly. We have proceeded to their review, update and consolidation, making the necessary changes in their coordinators and members based on their wishes and detected needs.

We already remarked on the union of all paediatricians within the AEP, in all the diversity inherent in our profession, at the primary care and hospital levels, in large and smaller hospitals, in public health and private practice. There is no question that together we are stronger, that our collective power is greater than the sum of our individual power. However, just as it is unquestionable that the AEP constitutes that common space that can accommodate all paediatricians, each of the societies that form the AEP also have a space of their own and particularities that make them equally indispensable.

Independence is a standard we cannot but follow, which must guide all activity performed within the AEP: publications, media, congresses and conferences. Our relationship with industry must be, will be, transparent and ethically rigorous.

Our first, greatest and non-negotiable objective is to defend our model of paediatric care to guarantee that all children and adolescents in Spain will be managed by paediatricians at any care level, from birth through age 14–15 years, and in the future, once health care institutions and the number of paediatricians allows, through age 18 years. Paediatricians are the most effective, qualified and knowledgeable professionals trained to manage the health of children and adolescents. For this model to be sustainable, we need to reinforce primary care paediatrics as the first level of care. This requires improving the condition of the profession itself as much as working conditions, so that the speciality continues to attract newcomers, preventing the flight of young paediatricians to other professional options. Increasing the number of spots available to train as a medical intern-resident through the MIR programme will not suffice if the conditions we have just mentioned do not improve as well. At the moment, we are clearly in danger, as the current scarcity of paediatricians will only be exacerbated in upcoming years as a large percentage of those currently in practice do retire. It is far from likely that there will be enough new paediatricians to replace the older generation.

Another aspect that is just as important is that despite the obvious development and implementation of paediatric subspecialties, these have yet to be officially recognised. For many years, the AEP has been advocating for all its paediatric subspecialties to be recognised as “areas of specific qualification” (in Spanish, *áreas de capacitación específica*, ACE) for the purpose of the medical curriculum and accreditation, independently of when changes are actually introduced. The difference between paediatric specialities compared to adult specialities and the need of establishing an official educational curriculum to guarantee the quality of the care given to the paediatric population are more than evident.

Therefore, grounded in the strength that comes with the recognition of the positive impact it would have for child and adolescent health, we must prioritize and devote our greatest efforts to thoroughly persuade policy-makers and public health authorities to make the necessary decisions to pursue both objectives.

In terms of strategy, our priority will be health prevention and promotion with emphasis on the most important issues addressed in paediatrics, such as the promotion of healthy habits (nutrition, physical activity, the fight against sedentary habits and excessive screen time, environmental health), mental health and social issues and international cooperation. We also need to address other issues: advocating for the definition of the speciality of paediatrics in cooperation with the National Commission on Medical Specialities, increasing the visibility and prominence of the AEP, especially in social networks, international cooperation, improving working conditions in our profession, in the broadest sense of the words, etc.

Lastly, with great enthusiasm and a deep sense of responsibility, we devote ourselves to the best of our ability to pursue these objectives. We take this opportunity to ask for your support and participation. Without you, the members, the AEP would be meaningless.

Appendix A. Members of the Executive Committee of the AEP, 2021-25 term

President: Dr Luis Carlos Blesa Baviera. Centro de Salud Ser-rería 2, Valencia.

First vice president (Hospital-based care): Dr María del Mar Rodríguez Vázquez del Rey. Paediatric Cardiology, Hos-pital Universitario Virgen de las Nieves, Granada.

Second Vice President (Primary care): Dr Guillermo Martín Carballo. Centro de Salud Fuentelarreina, Madrid.

General Secretary: Dr Olga González Calderón. Hospital Clínico Universitario de Salamanca.

Treasurer: Dr. Luis Sánchez Santos. CS Vite de Santiago de Compostela.

President of the Scientific Committee of the AEP Congress: Dr Juan José Díaz Martín. Paediatric Gastroen-terology and Nutrition, Hospital Universitario Central de Asturias.

President of the Fundación Española de Pediatría: Dr Dolors Canadell Villaret. Centro de Atención Primaria Bar-berà del Vallés, Barcelona.

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