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EDITORIAL

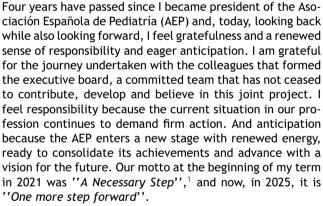
2025: Another step forward

2025: un paso más para seguir avanzando

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We have completed a stage of profound transformation that has enabled the consolidation of our association as an indisputable authority in the professional, institutional and social spheres, and embark on a new cycle in which we renew our commitment to pediatrics. In the 2021-2025 period, we shaped a collective project based on modernization, internal cohesion and visibility. The opening of a new headquarters, the redesign of our visual identity and the launch of the AEP Academy² as a space for training

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excellence have been the visible milestones of a far deeper change. A change that has transformed our structure and professional vision.

In the 2025-29 period, the association will continue along this path but also undergo a substantial shift. Today, the AEP is stronger thanks to the collaboration with regional and specialty pediatric societies, which has reinforced ties, optimized resources and consolidated the feeling of community. At the same time, the voice of the pediatrics collective bears weight on key issues like mental health,³ the use of technology,⁴ childhood obesity, vaccination⁵ or the environment.

Our commitment to society manifests in increasingly tangible forms. This was the case during the COVID pandemic and also, more recently, when the 2024 floods (the "DANA") affected thousands of families in Spain. Many pediatricians were at the forefront of the response, proving that our vocation transcends the clinic and offering empathy and closeness. We know that the work of recovery is far from complete, and pediatricians will continue to support patients and families in the process.

Thus, the AEP seeks to reassert its role as an agent of transformation, an institution that not only trains and supports its professionals to enable the delivery of high-quality pediatric care, but also offers its collaboration, makes proposals and generates value to the community. In difficult times, our duty is to contribute rigorous knowledge, an interdisciplinary perspective and useful solutions for families and policymakers.



In this regard, we want to continue exploring health education and promotion models, such as the relaunch of the "En Familia" project that seeks to support family health in its immediate environment and addresses questions and concerns in areas such as vaccination, nutrition, mental health or environmental health with a "One health" approach and digital resources.

At the heart of this professional commitment lies our implicit defense of the Spanish pediatric care model, which guarantees the management of children and adolescents by pediatricians at every level of care. We will not tire of warning that, at this moment, as a result of the inaction of the past few years, and if the necessary corrective actions are not promptly implemented, this model is increasingly at risk. Especially at the primary care level, where the excessive burden, the scarcity of resources and the lack of planning and adjustment to current needs threaten its sustainability. As a primary care pediatrician, I am well acquainted with this reality, so, from the AEP, we will continue to demand, calmly but firmly, a real and constructive dialogue with the competent health care authorities in order to reverse it.

Likewise, we are keeping our sights on our other outstanding challenge: the official recognition of pediatric specialties. Although advances have been made, such as the "officialization" of child psychiatry and progresses in neonatology, this continues to be a complex process. Therefore, we are keeping every possible path open, and we will continue to work with our affiliated societies in pursuit of this goal.

The desire to respond to the clinical and social needs of children, adolescents and their families motivates us to configure additional resources for the generation of knowledge, such as the creation of committees on rare diseases and pediatric dermatology, and an education committee including resident advisors and coordinators, who will expand an already established structure. For the committees of the AEP⁸ are not mere working groups, they are the backbone of the association's capacity to provide scientific guidance, update professional knowledge and practice and ensure an expert response to the challenges that arise in child and adolescent health.

Another of our strategic priorities involves pediatrics residents. They are the future, and their voice must be heard. With this in mind, we asked them directly about how they perceived the field. Among those who have shared their perspective with us is someone very close to me, a first-year resident. Her words reflect the vocation or her generation, but also its demands: more practical training, more investment in mental health, in diversity, in communication skills, in understanding the impact of technology and, above all, a more approachable AEP. She expressed herself succinctly: "[we] pediatricians are empathic professionals in charge not only for the physical health, but also of the emotional wellbeing of our patients and colleagues. Every day, seeing how grateful children and families are for our work, I am reassured that I chose the right path'.

This sensitivity, this intergenerational commitment, calls upon us and drives us. Thus, we will continue to work on developing tools that improve member experience. In the upcoming months, we will launch a new website that will gather all the available resources in an accessible platform and activate a member's portal in which each pediatrician

will be able to manage their own profile and their relationship with the AEP autonomously. To this we must add the receipt of additional European funds, which will allow us to continue and update one of our most ambitious projects in e-health, The Family Digital Plan. We will also take another step forward in international cooperation. A master's program in pediatrics aimed at general pediatricians (pediatric clinical officers) from countries in sub-Saharan Africa will be starting soon. This project will involve more than 50 experts in international cooperation and offer more than 3000 hours of training over two years. This initiative reinforces our commitment to pediatric training in regions outside of Spain with fewer resources.

This is, unquestionably, a time of considerable opportunity. Our association is positioned to establish itself as a legitimate voice with scientific authority that can actually help shape public policy. We believe that the extension of the term of the current executive board for another four years will be a further strength at this juncture: we undertake this new term with the same or greater sense of anticipation and responsibility with which we set out on our journey, but this time we bring along the expertise acquired through our past successes and mistakes, which will guide us in pursuing all that we have left to accomplish. Progress is only possible if we continue to have the trust of our members, whom we ask to continue to support us in this collective enterprise. We will keep on working with the same dedication and steadfastness that has brought us to this point.

I would be remiss to finish this overview without explicitly recognizing something truly essential: none of this would have been possible without the commitment, generosity and dedication of thousands of pediatricians that make the AEP a living and constantly evolving association. The members of the regional and specialty associations, the committees, the working groups and our platforms, but also all others who believe in this project and partake in it through their daily work in child and adolescent care, are a key part of the equation. We must also highlight our equally indispensable and consequential management team and staff at the AEP, along with our external collaborators and advisers, who support each idea with enthusiasm, selflessness and hard work. Thank you, everyone, for allow today's AEP to exist, grow, and have meaning.

Let us keep on building this association together. The best, I am confident in saying, is yet to come.

Declaration of competing interest

The authors have no conflicts of interest to declare.

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