



EDITORIAL

AEP: Engine of the specialist's recognition and guarantor of the paediatric model. Generating health also in pandemic situations[☆]

La AEP, motor del reconocimiento de especialistas y garante del modelo pediátrico. Generando salud también en situaciones de pandemia

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In March 2020, as I am to submit this editorial for publication, barely able to focus on it, I cannot but feel consternation at the extraordinary and alarming health care crisis we are living, which seems like a bad dream... In forty years of professional activity, and having been at the frontline of many health care crises as a specialist in paediatric infectious and tropical diseases, I do not remember having ever experienced a situation of these characteristics and scope, a health care pandemic unlike any other, of unpredictable magnitude, that is having a profound impact on our society, starting with health care professionals and, needless to say, paediatricians. This situation has tested, despite the vertiginous unfolding of events, the professionalism of paediatricians and the magnificent teamwork of every society and expert committee of the Asociación Española de Pediatría (Spanish Association of Paediatrics, AEP), with the successive and agile development of official paediatric recommendations for the epidemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) requested of the AEP from the General Directorate of Public Health (DGSP)

of the Ministerio de Salud y Consumo (Spanish Ministry of Health and Consumption, MSC): *Recommendations for the management of paediatric inpatients. Recommendations for management of paediatric critical patients. Management of newborns and recommendations on breastfeeding. Paediatric Emergency Protocol. Paediatric Primary Care Protocol and Recommendations for management of children with special needs: chronic disease and immunosuppression (IS).*

Such excellent collaboration cannot but make the Executive Board (EB) proud; once again it reflects the ethos that we have developed as paediatricians in Spain... "for all paediatricians to walk together in every intervention, so we are able to identify the health care needs we need to cover and thus enhance our impact". In the exceptional situation that is this unprecedented health care crisis, we, as paediatricians, are once again manifesting our courage and commitment to patients, and, through the development and dissemination of expert documents (through the AEP website and networks, the *En familia* website, the websites of paediatric societies, and official COVID-19 health care crisis website of the Spanish Ministry of Health) that both our expert knowledge and our work are indispensable.¹⁻³

In this dire month of March, with the country at a standstill, I cannot predict how or when this pressing situation is going to end, but I know that it has spurred us to strive to understand the behaviour of this new disease in children and their special pathogenic response to the

[☆] Please cite this article as: Mellado MJ. La AEP, motor del reconocimiento de especialistas y garante del modelo pediátrico. Generando salud también en situaciones de pandemia. An Pediatr (Barc). 2020;92:328–331.

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virus, and therefore, to undertake pioneering research in the paediatric population. This is a critical time for the development of specific guidelines for institutions, professionals, families and children, extending beyond disease prevention and clinical management to the psychosocial and behavioural intervention with the aim of preventing and curing the disease and cope with the long days of confinement. This capacity for responsibility, that assumes directives and organises research from a multidisciplinary and cross-setting approach to paediatrics, once again highlights and reinforces the need to establish an accreditation system for paediatric specialists to ensure excellence in the management of children.

Although at this time we need to focus on the pandemic, it is also my duty in this annual editorial to reflect on the nearly 3 years that have passed of my term, which went by in a flash, and the substantial work that has been accomplished. I particularly ought to highlight an important subject that has most strained the EB of the AEP in 2019, above all others, "to defend and prioritise in the face of institutions the paediatric model in Spain: the *provision of care to every child by paediatricians at every level of care*". We developed a "Posicionamiento estratégico de la Pediatría y de las áreas de capacitación específica (ACEs)" (Strategic position for Paediatrics and Paediatric Subspecialities) and presented it to the Directorate General of Professional Regulation (DGOP) of the MSC, which fostered a vital rapprochement to this institution. We have proven that while it is very difficult to make institutions understand the benefits of our exemplary model, after investing an enormous effort and with tenacious determination, institutions have responded, and have finally understood that this is a determinant of health in the Spanish paediatric and young population that will have a decisive impact on the future of paediatrics in Spain.

I do not want to overlook the undeniable reality; we have gone through trying times, but they have pushed us to work together and to put all our trust in the AEP and in its representation and advocacy being the same for all, always promoting the paediatrician as the professional best qualified to care for children. We have been particularly strengthened by our determination to "not allow vacancies in paediatrics to be lost", even if these positions were to be filled with excellent professionals in a different field, but whose knowledge cannot be in any case compared to the knowledge acquired in 4 years of exclusive training in paediatrics or with the documented skill of paediatricians in managing children. We have fought indefatigably representing the collective in ministries, communities, organisations and countless meetings, events, interviews, and challenges, among others, conveying to institutions and making them understand our most emblematic professional motto: "The paediatrician is not replaceable and cannot be exchanged with any other professional".

I now delve into the cornerstone of the strategy that has allowed us to convey this notion of the "indispensability" of paediatricians and reach an agreement on the imminent recognition of accreditations and specialities. Unquestionably, it has been the extraordinary strength we have gained through the united front presented by all paediatricians, a privileged situation in which the collective has entrusted and delegated its claims to the AEP as its legitimate

representative, making us feel constantly supported and encouraged in each of our actions. I do not recall any past situation where there has been this degree of unison among paediatricians or this support of the AEP in my entire professional career. It has been in this moment, when we were finally convinced of the fact that united we are stronger and that our legitimate claims, with the backing of the entire collective, could have an enormous weight, that they indeed turned out to have it. . . and that it finally happened. Institutions have reflected in response to our pressure – the unified demands voiced by 14,000 paediatricians from every corner of the Spanish territory and every work setting would not be ignored – always emphasising that the core of our proposals is aimed at the community health of the most vulnerable population: children and their families.

I also want to detail how, in parallel to this effort, institutions have demanded more of us than ever before in 2019 and have increasingly leaned on the AEP and requested our participation for the validation of their recommendations and guidelines aimed at the paediatric population. It is worth highlighting the ground-breaking collaboration of the AEP with the DGSP-MSD in the Climate Change Summit, the institutional impact of the participation of the president of the AEP in the Symposium on research and addition of the DGSP-MSD, the collaboration with the Technical Secretariat-National AIDS Plan of the Spanish Ministry of Health, assuming the lead in the development of paediatric HIV guidelines and establishing the agreement for the nationwide provision of formula for infants exposed to HIV free of charge. Our activity in cooperation with the Agencia Española de Seguridad Alimentaria-Nutrición (Spanish Agency of Food Safety-Nutrition) in the development of European regulations on food products aimed at children and pregnant women, and our participation along with the World Health Organization (WHO), European Medical Agency (EMA) and Agencia Española del Medicamento (Spanish Agency of Medicines AEMPS) in the reporting of adverse drug reactions in children.⁴ Also, our involvement in cooperation with the General Vice-directorate of Health Inspection in new services. Our cooperation with the General Directorate on the Basic Services Portfolio of the Sistema Nacional de Salud (National Health Care System, SNS)-Pharmacy in the implementation of VALTERMED, a project that measures the therapeutic effectiveness of drugs with a high health care and economic impact and evaluates the impact of the plan for protection against pseudotherapies. The AEP has paediatricians in different specialities representing it in the following committees: Health Care Strategy – Paediatric Palliative Care, MSD; Annual Symposium on Pain in Children, MSD; Advisory Committee on Growth Hormone, MSD; National Tuberculosis Plan, MSD; Advisory Committee on Safety in Critical Patients, MSD; and also in the following initiatives: Zero Bacteraemia, Zero Pneumonia, Zero Resistance, Zero Urinary Tract Infection; and programmes for the Rational Use of Antibiotics of the MSD. We have representatives in the Plan for the Approach to the Management of Chronic Disease of the SNS and participate in the development of the Document for Vaccination against Meningococcus ACWY with the DGSP. The AEP website is disseminating the campaign on hand hygiene of the DGSP-MSD. We collaborate with the Organización Nacional de Trasplantes (National Transplant Organization) and the

European Reference Network (ERN) on Transplantation in Children, TRASPLANT-CHILD. The Red Española de Ensayos Clínicos Pediátricos (Spanish Paediatric Clinical Trial Network, RECLIP) achieved the EMA certification of European Network of Excellence in 2019 with the active participation of the AEP. We signed the agreement between the AEP and the Instituto de Salud Carlos III (ISCIII), the leading research institution in Spain, to establish the grant Río Hortega-AEP.

Thus, as the main issue in 2019, I would highlight the harmonic collaboration and close rapport that the AEP has established with very relevant institutions, and its continuous demand for paediatricians to be included in documents and actions related to paediatrics. This carves a path to ensure the obligatory involvement of experienced paediatricians in all institutional recommendations affecting the child and adolescent population. The AEP also gains strength from European paediatric societies, such as the European Academy of Paediatrics (EAP), the European Paediatric Association Union of National European Paediatric Societies and Association (EAP-UNPSA), the European Confederation of Primary Care Paediatricians (ECPCP) and the Asociación Latinoamericana de Pediatría (ALAPE).

I also want to bring up the update to the document "Compromiso con el buen gobierno y la transparencia de la AEP" (Commitment of the AEP to just governance and transparency) and discussed the implementation of the innovative action proposed by the EB of "Caminar haciendo e innovar creciendo: Avanzar mediante Proyectos AEP" (Walking in doing and innovating in growing: Advancing through AEP Projects), a strategy aimed at developing every sphere within this new AEP through the creation, launching, implementation and assessment of the effectiveness of new initiatives and which from last year has become our priority line of work, thus envisioning 2019 as a year defined by the launching of innovative AEP projects that have joined those already established that have proven to have an impact on knowledge and on improving the health of the paediatric population of Spain.

AEP projects in 2019: AEP-Congress, AEP-*Anales de Pediatría* (13 AEP consensus and position documents in 2019), AEP-Vaccines, "Preparo.mi.rotación.por"-AEP-Continuum, P-Day, AEP-Visibility: virtual administrative office, websites, networks, bulletins, mass media. . .

Representatives of the DGSP-MSD came to the headquarters of the association to express an interest in the adolescent prevention project PROMESA-AEP and ultimately decided to collaborate with the AEP, with the Ministry itself hosting the presentation of the survey on the #HazClick platform, awarded the title "Best ideas 2019" by the *Diario Médico*.⁵ I would like to mention the education, training and diffusion project AEP-Meningitis on account of the involvement of professionals with families, with invaluable benefits. Also, the launching from the INVEST-AEP of the project Mapa Nacional-Centros investigación pediátrica (National Map-Centres of Paediatric Research). And the development of school-based environmental health projects: "BIOnet" and "Caminando al Cole" (Walking to School). Lastly, the pioneering project, with an incalculable impact, that will position the AEP as an international leader in education, the implementation of the educational competency matrix developed in AEP-Continuum, in the European curriculum for paediatricians, the AEP-GPEC Project.

An exciting project developed in 2019 to be launched in 2020 is Plataforma Dialoga, an initiative focused on the sphere of patients and their families with the aim of generating a new model for interaction with individuals affected by childhood diseases, approaching patient advocacy organisations and patients who are active on the web.

All this exemplary work in 2019 has been developed by paediatricians, committees, working groups, societies and the EB itself through the implementation of the aforementioned initiatives and AEP projects, and I apologize if I left any out; I would need a million words, and not merely 3000, to detail them all, and I refer readers to the 2019 AEP report, which documents the great work carried out through the year. I thank you all for making the AEP stronger and more recognised each day.

We press on with our determined investment in promoting our sustainability and greater independence from industry, pursuing substantial austerity measures and the progressive elimination of AEP logos in products marketed to children, and implementing measures to control expenditures. With enormous effort, the AEP continues to offer its members innumerable and costly services that are widely acknowledged: the Congress, the Vaccine Conferences, grants, *Anales de Pediatría*, Continuum, clinical guidelines, websites, meetings at headquarters, administrative services, legal and press services, endorsements, bulletins, information and dissemination, and especially professional representation in dealings with institutions, among others. And, to be candid, we also expected that in turn, our members, as is the case of any association, scientific or otherwise, would increase and accept their fees, at least to support the fixed structural expenses of the AEP; instead, for reasons we cannot quite understand, we witness a sluggish increase in membership in the AEP by paediatricians, when the true strength of an association lies in the backing of its members.

Despite the increase in the membership fees for Regional Societies (RSs) to improve the future sustainability of the AEP, approved by the Board of Directors (BD), and the commitment of speciality societies (SSs), upon obtaining representation in the BD, to increase AEP membership rates to between 80% and 90%, results have been disappointing, as only half of paediatric specialists are members of the AEP. It makes no sense for a paediatrician to belong to a SS and not be a member of the AEP and not contribute membership fees. Needless to say, the EB does not only seek economic support, we also expect for members to have a sense of belonging, trust, loyalty to the core institution and commitment to the unity of all paediatricians.

When the AEP was created, its RSs constituted the sole subdivision structure in the association, but the recent inclusion in the BD of the SSs calls for organising the AEP in a different way that must be reflected in its statutes, taking into account that Spain is composed of autonomous communities and that the health care system is decentralised and regional governments manage public health services. This situation, with profound implications and strategic impact for the AEP, has finally led, as decided, too, by the BD, to a proposal for changing its statutes, defending the permanence of the institution and fitting the changes in the professional model of paediatrics, with which the AEP must

be consistent and which must be reflected in the statutes of the association.

A brilliant paediatrician communicated to me a compelling syllogism about the AEP that cannot fail to inspire: ‘‘That unity, combined with reason, is our greatest strength, that information is power, and sharing it an imperative. That assembling into associations is more valuable than ever in critical times. That statutes from the past century do not suffice to support this unity. That, to be useful, an association must have resources and be independent, and to have resources and be independent from external elements, a financial commitment from everyone is absolutely necessary’’.

The AEP is now a solid scientific society and a point of reference, it is organised, transparent, independent and in tune with the XXI century. Our united front relative to the outside makes us leaders in Spanish and international institutions, and this, too, must be our direction in the future. Therefore, I must express my gratitude for your efforts to keep your knowledge up to date, to innovate and to represent the AEP. I am particularly thankful for the new trend in Spanish paediatrics to try to walk together and be proud to belong to the AEP, but there must also be commitment in the form of membership by all.

As indicated in the title of this article, today the *AEP is the driving force in the recognition of paediatric specialists and the guarantor of the paediatrics model*, which will thus mark *a before and after in Spanish paediatrics*. I am exceedingly satisfied because the efforts of paediatricians, RSs, SSs, the BD and the EB have led to our greatest ever joint achievement: *to improve paediatrics*. This appeared to be a fantasy when we took on the duties involved in leading the AEP and is now about to come to fruition thanks to our unity, the constant determination and indefatigable effort. We now have the capacity to ‘‘convince’’ institutional authorities that these are actual, obvious needs, as we are supported by reason, and we will definitely achieve the definitive recognition of the speciality of Paediatrics as an independent core subject, addressing problems of primary care in Spain and improving the working conditions of staff at this level of care, and last of all the tangible accreditation of paediatric subspecialties.

Those of us that have spent years fighting in the offices of government officials are well aware that the twists and turns of politics are decisive in finalising proposals and agreements; but in this instance, at a time when we are most clearly aligned and in synchrony with the DGOP-MS, we find ourselves in a position that allows us to solve a large part of the problems in paediatrics and of Spanish paediatricians. I have no doubt that the AEP has been instrumental in

the professional acknowledgement of paediatricians and the guarantor of the paediatric model; but also that this would not have been possible without the support, trust and drive of the collective or the competent performance in the daily work of the profession, the key determinant that guarantees that *the AEP continue to generate health in children and their families, even in the context of a pandemic*.

Today, as I finish this editorial, I am deeply concerned about a few key issues: first and foremost, when and how this terrible pandemic that is ravaging us will come to an end, and the health care and social impact it will have in children and families in Spain. The second may have enormous implications: I worry that, having reached agreements in such important issues with policy makers, issues we now thought were resolved, this devastating situation may set back our achievements, which we had finally succeeded in securing through the union of all paediatricians. And of course I am still concerned with maintaining our will as paediatricians to push our institution, the AEP, forward, contributing to its strength through its scientific rigour but also through our financial backing. This is what will truly establish an ethos and ensure the necessary sense of belonging to the AEP.

In extremis, as this article is submitted for publication, I want to underscore the achievement of paediatricians in demanding prioritisation of allowing children to come out of confinement through the more than efficient cooperation of the AEP and the Ministry, developing the document that will guide the end of the lockdown of children in this pandemic.

I conclude by expressing my conviction that by June, when we can read this editorial, all of this will have passed and we will be able to start recovering and show the solidarity characteristic of Spain, having learned that unity and shared responsibility always work.

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