



EDITORIAL

The Spanish Paediatrics Association: The determining factor in the professional, epidemiological, sociocultural, and environmental changes that impact the health of the children of the country[☆]

La AEP, determinante en los cambios profesionales, epidemiológicos, socioculturales y medioambientales que impactarán en la salud de los niños del país

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Nearly halfway through my term as president, against the backdrop of a whirlwind of political and leadership changes, with barely a quiet moment to let reviewed proposals or pioneering notions settle; I reflect from our collective perspective on the crucial mission we have as paediatricians and in particular on this term in the Asociación Española de Pediatría (Spanish Association of Paediatrics, AEP) which, with all its professionals committed and acting together, can change the epidemiological, sociocultural and environmental attitudes of the general population, with a positive impact on child health, achieving recognition for the indispensable work of paediatricians on the part of institutions and the indisputable positioning of the AEP, through its experts, as leader in the development of recommendations for the health of the paediatric and adolescent population.

During this period, the Executive Committee has been able to elaborate the technical documents¹ that we have presented to national and regional institutions in Spain, fruit of rigorous analysis and with participation of all the societies affiliated with the AEP. The first such document was developed with the collaboration of the Regional Societies of the AEP and the two primary care societies of Spain—the Asociación Española de Pediatría de Atención Primaria (Spanish Association of Primary Care Paediatrics, AEPap) and the Sociedad Española de Pediatría de Atención Primaria (Spanish Society of Primary Care Paediatrics, SEPEAP)—to provide accurate and reliable information on the critical situation faced by the field of primary care paediatrics in the different Autonomous Communities (ACs), the distribution of its resources, their dispersion, and projections for the immediate future. The second document, produced by the specialty societies within the AEP and the AEPap, described the current situation, national distribution and allocation planned based on current needs in the different paediatric subspecialty areas (PSAs); hinting at an upcoming revision of the *White Book of Paediatric Specialties-AEP*, detailing the requirements to achieve the training in excellence necessary for each ACE.

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The AEP continues to advocate for and prioritise the excellence model for paediatrics in Spain: “*the management of all children by paediatricians at every level of care in outpatient and inpatient settings*”, which is a paradigm in Europe and with documented positive results in terms of improved childhood vaccine coverage, the curbing of the re-emergence of vaccine-preventable diseases, a more rational use of antibiotics in children on the part of paediatricians, earlier diagnosis of severe diseases when the clinician in charge is an expert paediatrician, or the impact on the rates of antimicrobial resistance in specific populations.²⁻⁴ For this reason, a key aspect for the AEP, one which has had an unquestionable impact this year on policy makers and has been extensively covered in the media, is the information disseminated by the AEP and by paediatricians themselves regarding the scarce increase in the number of available spots for Medical Intern Residents (MIR) in paediatrics, in favour of the training of general physicians, the lack of foresight in the reallocation of paediatricians, including forced retirements in both hospitals and primary care clinics, the disregard for the professional dignity of primary care paediatricians evident in the working hours, postings and caseloads, and the stagnant stance of health authorities in the recognition of paediatric subspecialties, despite the presence and importance that they have already gained in Europe. The AEP has held countless meetings with the highest authorities in health care at every level. At the time of this writing, on April 5, 2019, the political leadership, in agreement with the AEP, has committed to advocate for the field of paediatrics and acknowledge the already defined PSAs.

The disagreements experienced with the health authorities as regards the immunisation recommendations and our uncompromising stance, always founded in the current scientific evidence, have been proof of our determination. An epidemiological situation known to pose risks by paediatricians is not perceived the same way by the administration, and the Committee on Vaccination of the Spanish Ministry of Health and Consumption (MHC) continues to support a minimum immunisation schedule for the paediatric population. This situation has tested the resolve and responsibility of the AEP, who has stood firm in its recommendations, leading the actions of paediatricians in their clinical practice and inspiring a feeling of security and confidence in families. At last, the AEP recommendations made an impression on the authorities of some of the Autonomous Communities in Spain, which went on to implement them, following the pioneering countries in Europe. The AEP, aware of its responsibility to lead recommendations in child health and, as dictated by the WHO,⁵ the need to constitute National Immunization Technical Advisory Groups (NITAGS) multidisciplinary groups of national scope including experts on the populations that are the target of the recommendations for vaccination has translated this solution to the Administration to jointly undertake the momentous task of developing the childhood immunisation schedule. Having expert paediatricians appointed by the AEP be part of the decision-making group of the Committee on Vaccination of the MHC is one of our current objectives.

We continue to believe that education is the key element to achieve quality in the specialty, which is the reason for our sustained investment in the education platform of

the AEP; *Continuum*, which in 2019 proposed an innovative project for medical residents, “*Preparo mi rotación por*” (“I’m preparing my training in”), that anticipates and sets the course of the training curriculum in this essential stage of education. Aware of our responsibilities towards less privileged countries, we have signed an agreement with the Sociedad Latino-Americana de Pediatría (Latin-American Paediatrics Society [ALAPE]) to facilitate the access of Latin American paediatricians to the educational platform through a symbolic fee, which allows them to complete their training through the AEP. This year, we are holding an innovative congress, with a novel educational programme and a connecting thread of training proposals for upcoming years, with a predominant focus on different groups of specialties in successive congresses to fully map the official PSAs under our umbrella while also representing transversal areas of continuous importance, such as primary care, or structural disciplines such as ethics, quality, vaccination or nutrition. The National Congress of the AEP is the main educational event sponsored by the AEP, with young paediatricians in mind: it is now more affordable and straightforward, avoiding superfluous contents and promoting excellence in learning while maintaining the visibility of the most influential projects of the AEP. A modern event, open, committed to environmental health by avoiding the use of plastics and cutting down on unnecessary paper use, and of extraordinary importance in research through its crucial investment in awards, which do not neglect international cooperation.

The AEP has consolidated its efforts towards the production of high-quality research through the strong implementation of the INVEST-AEP platform,⁶ giving grants to innovative projects in paediatrics, through international publications and the growing impact of its flagship scientific journal, *Anales de Pediatría*; the latter, without renouncing the relevance it acquires through the publication of original articles, has made room for the monthly publication of consensus documents of Specialty Societies within the AEP that demonstrate its leadership in the development of recommendations while asserting its stance on specific issues that are pervasive and of great interest to all paediatricians. In 2019, we consolidated the participation of the AEP in national networks such as the Red Española Trasaccional de Ensayos Clínicos en niños (Spanish Network for Translation of Clinical Trials in Children, RECLIP), which is currently classified as category 1 by the European Network of Paediatric Research at the European Medical Agency (EnPrEma) and included in the Connect for Children Initiative (C4C),⁷ while the MHC itself—with participation of the Instituto de Salud Carlos III and the Agencia Española de Medicamentos y Productos Sanitarios (Spanish Agency of Medicines and Medical Products)—hosted the General Assembly of the European Paediatric Translational Research Infrastructure (EPTRI)⁸ funded by the European initiative Horizon-2020. The AEP is also a partner in the communication and networking projects of TransplantCHILD, the European Reference Network for Paediatric Transplantation, coordinated by Spain.⁹

The commitment of the AEP to the environment during this term manifests through the activity of its pioneering environmental health platform (Salud Medioambiental[SMA]-AEP), including campaigns against

tobacco, the environmental health survey of Spanish paediatricians, publications about pollution and health,¹⁰ and participation in the international project *Environment, Survival and Childhood Cancer in Latin American and Caribbean States* (ENSUCHICA-LAC). The experts of the SMA-AEP have promoted the important educational campaign on the neurodevelopmental impact on children of maternal cannabis use during pregnancy, supported by the National Plan against Drugs of the MSC. The most recent project of the Executive Committee of the AEP has been the development of the ambitious and participatory platform *Plataforma de Reorganización y Ordenación Multidisciplinar de Estrategias en Salud para los Adolescentes de la AEP* (Platform for the Multidisciplinary Restructuring and Organization of Health Strategies for Adolescents of the AEP, PROMESA-AEP), which integrates paediatricians with expertise in every involved field, and Committees on Health Care Quality and Patient Safety, Medicines, Nutrition, Health Promotion, Environmental Health, Vaccination and the 2 primary care societies, with particular responsibility placed on the Sociedad Española de Medicina del Adolescente (Spanish Society of Adolescent Medicine). The institution of PROMESA will mark a before and after in the care of this vulnerable population, shaped by the technological, cultural, economic and social changes faced by digital native Spanish adolescents. This is a resolute initiative that aims to improve their adult health and their contribution to the future active population and, more importantly, to empower them to take responsibility for their own lives in every dimension: physical, psychological, social, educational, professional and, above all, their future goals.

There are very important issues that we also take care not to neglect, as they are part of our strategic agenda: transparency, sustainability and independence. We have attempted to express them through the updated website of the AEP and in our networks, in the AEP News and through health campaigns that we believe have a beneficial impact on child and family health, striving to present as a strong scientific association, yet one committed to the most disadvantaged in society. In the past year, we were able to rescind 11 contracts for use of the AEP logo in products marketed to children, and although this move has deprived us of significant sources of income, we are trying to approach non-profit organisations to obtain funding to pursue our objectives in education and research. Our aim is to rescind all remaining contracts of this kind, taking into account our legal obligations, by the end of the term of my term as president. A recent analysis of how the AEP is perceived by external scientific and medical societies carried out by the Federación de Asociaciones Científico Médicas Españolas (Federation of Scientific and Medical Associations of Spain, FACME) showed that the AEP is considered a paragon of transparency, a model society that meets all legally established requirements.

As paediatricians, we have to make the most of any opportunity for professional improvement and make

Table 1 Ten-Point Mission Statement of the Asociación Española de Pediatría (AEP) 2019.

1. Priority objective of the AEP: To guarantee high-quality health care for the paediatric population through the maintenance of the Spanish paediatrics model: "Every child should receive medical care in facilities adapted to the particular characteristics of this age group, and be managed by providers specialised in paediatrics at every level of care in both primary care and hospital settings."
2. To address the problems in child health that pose a continuous threat in Spain and that are also common in other countries in the world: environmental deterioration and diseases with increasing incidence: asthma, cancer and neurodevelopmental disorders associated with environmental pollution.
3. A strong stance in the detection of child abuse of any type and related interventions, and in regards to the increasing mental health needs of the paediatric population. We need to involve our profession in the care of physical or psychiatric disabilities in the paediatric age group, and act on their ethical and social determinants.
4. To act decisively against the increase in obesity in the child and adolescent population, targeting the family, the school environment and minors, modifying the underlying fabric and lifestyles, prioritising physical activity and sports.
5. To achieve the recognition of paediatric specialties in hospitals and the paediatric primary care specialty in Spain, as has been done in Europe. To increase the number of available MIR slots in paediatrics in consonance with the actual need of paediatricians, increasing the number of teaching units and teaching physicians both in hospitals and primary care clinics, and to not impose a maximum age of retirement.
6. To create positions for "paediatricians with specific profiles" both for hospital-based paediatric specialties and in primary care, maintaining these professional categories by the offering of regulated employment offers in the public sector. To develop rigorous educational curricula for each paediatric specialty, involving 5 years of training; a goal that is imminent in hospital settings and that should be pursued in primary care once coverage is no longer deficient at this level of care.
7. To increase primary care resources to maximise the yield of services for children and families at the primary care level and to improve working conditions, reducing caseloads, adjusting schedules, centralising administrative components, raising salaries and offering incentives for developing careers in difficult settings.
8. To maintain the definition of paediatric age group from birth through age 18 years, when maturation and physical growth end, facilitating the transition to adult care of children with chronic diseases. When paediatric primary care settings have the capacity to do so, they should also offer care to adolescents.

Table 1 (Continued)

9. To promote continuity of care between hospital and primary care settings, pursuing a "primary care-hospital" mixed model to manage chronic diseases in the paediatric age group and offer paediatric palliative care services. To establish a joint electronic health record database with single files for each patient, improving accessibility to diagnostic records from both health care structures.

10. To clearly position the AEP, through its experts, as the leader in the development of recommendations for paediatric health. To ensure the representation of the AEP in the Comisión Nacional de Especialidad (the national committee on the specialty of paediatrics) and in the decision-making process of national and regional institutions affecting any area of paediatrics, always defending that "Specialists in paediatrics cannot be replaced by or exchanged for any other type of professional either in Primary Care or in Hospital Care".

ourselves indispensable in our role in society; we should even strive to become visible in the wake of political changes that, with their initial momentum, could bring improvements to our field. This is why from the Executive Committee of the AEP, and coinciding with political campaigns, we have drafted a resolute 10-point mission statement, expressing our goals as guarantors of child health, our pursuits, and the strength we gain as a united collective (Table 1).

Paediatricians must stand together, something that seems even more relevant in this first quarter of the 21st century, openly and honestly defending the unquestionable value of our profession. We should not renounce demanding decent working conditions, and should proclaim the expert attention we owe the entire population of children and adolescents, without differences between geographical areas, and without fear that this resolute assertion of our responsibility may worsen the already fragile situation due to the scarcity of paediatricians, proving that we are the true drivers of prevention and health in Spanish children and adolescents. Paediatricians must indefatigably advocate for the pressing need of accrediting paediatric specialties as the only possible path to excellence, and to gain recognition in Europe, seeking to conform to the 5-year scheme that is recognised as the highest level of academic achievement for PSAs, and, when the scarcity of paediatricians allows, in education for the Primary Care field; striving to prevent a potential temporary lack of providers due to poor planning.

We have to persuade national and regional authorities of the opportunity for advancement that such initiatives bring, to gain their cooperation and support; it is the responsibility of all, above any political situation, to prioritise the health, wellbeing and advancement of the child and adolescent population, the adults of the future.

The AEP, as leader of the united collective of paediatricians, will play a key role in the professional, epidemiological, sociocultural and environmental changes that will impact the health of today's children, the critical mass of upcoming decades in Spain.

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