



EDITORIAL

Spanish Paediatric Association (2009–2017). Time for accountability<sup>☆</sup>



Asociación Española de Pediatría (2009–2017). Momento de rendir cuentas

Serafín Málaga, on behalf of the Comité Ejecutivo de la Asociación Española de Pediatría<sup>◇</sup>

*Presidente de la Asociación Española de Pediatría*

As we come to the end of our eight-year mandate (2009–2017), the period for which Spanish paediatricians entrusted the Executive Committee with the task of running the Spanish Paediatrics Association (Asociación Española de Pediatría: AEP in Spanish), it is time to take stock.

The AEP's Strategic Plan, formulated in 2010, was the starting point for the work to be carried out in the years that followed. The important information people contributed enabled us to become aware of the strengths, weaknesses, opportunities and threats in Spanish paediatrics at that time, providing us with the design for an ambitious work plan, to be developed over two 4-year mandates, which has culminated in placing the AEP in the forefront of learned societies in Spain.

As our basic premise we committed ourselves to defending our model of paediatric care, which guarantees that all Spanish children and adolescents are attended by paediatricians at every level of care from birth to the age of 18.<sup>1</sup> The sustainability of this model requires not only maintaining but also reinforcing primary care paediatrics at the first level of healthcare in the Spanish National Health System for paediatric patients.

Enthusiasm and will to tackle change in professionalising the management of the AEP emerged as one of the main strengths of the new governing team. It was possible to glimpse the great potential of our association, which would enable us, once we had managed to provide a framework for specialist societies as a whole, to amplify its messages and consequently achieve greater social and political influence for paediatrics. To do this we needed to confront a number of weaknesses, including limited influence in its dealings with regional and national government (the autonomous communities and the Ministry of Health, Social Services and Equality), minimal prestige in international paediatrics and lack of social activities. There was noticeable shortage of free-flowing communication between the Executive Committee and the members through regional and specialist societies, a necessary approach for the AEP to be truly perceived as the only representative body for Spanish paediatrics as a whole.

**Core training and specific training areas in paediatrics**

Just as core medical training was being debated in the General Council of Specialities in Health Sciences, the leaked draft proposal, in which our speciality appeared as part of the medical core area, set alarm bells ringing in the paediatric community. If this unexpected threat materialised, paediatrics would lose its unitary character, putting our prized model of paediatric care at risk. With some effort, thanks to the commitment of all the paediatrics societies, both regional and specialist, and with the help of the

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E-mail address: [presidente@aeped.es](mailto:presidente@aeped.es)

<sup>◇</sup> The membership of the Executive Committee of the Spanish Paediatrics Association is presented in [Appendix 1](#).

National Paediatrics Committee (Comisión Nacional de Pediatría: CNP in Spanish), we managed to keep our speciality under a common core, as was finally set out explicitly in Annex I of *Royal Decree 639/2014, of 25 July, regulating core training, respecialisation in core areas and specific training areas*.<sup>2</sup> Through this concerted action we had succeeded in getting paediatrics and its specific areas considered as a non-core speciality, which would enable it to preserve its distinctive features as an overarching speciality dealing with health and illness in a stage of life: childhood and adolescence.

Although paediatric subspecialties, which for years have been part of the service portfolios of large hospitals in Spain, are obviously well developed and widely implemented, they are still not officially recognised. A joint strategy therefore needed to be designed between two paediatric organisations (AEP and CNP) so as to be able to offer the health authorities and the public detailed information on the real state of paediatric subspecialties, how distinct they were from adult specialities, and the need for regulated training to ensure high-quality paediatric care. In this context we produced the *White Book of Paediatric Specialities*,<sup>3</sup> which documented and detailed the critical mass of the paediatric subspecialties embraced by the AEP and their level of implementation in the Spanish National Health System.

The perseverance of Spanish paediatrics in this activist policy bore its first fruit with the official recognition of Neonatology as the first paediatric specific training area (ACE in Spanish),<sup>2</sup> accessible only to specialists in Paediatrics. The same has not happened with the Infectious Diseases ACE, which will share access with specialists in Internal Medicine, Microbiology and Pulmonology. Special mention should be made of two new core specialities closely related to paediatrics, Clinical Genetics and Child and Adolescent Psychiatry, to which the AEP's only possible approach is to demand solid paediatric training.

The Executive Committee of the AEP has insisted that all its paediatric subspecialties are capable of being recognised as ACEs, regardless of when they are scheduled to be introduced. At the time of writing, applications have been submitted to the Ministry of Health and Social Services for recognition of the subspecialties of Paediatric Cardiology and Congenital Heart Diseases, Neuropaediatrics, Gastroenterology and Nutrition, Endocrinology, Haemato-oncology and Paediatric Emergency Medicine as ACEs, and are at various stages of the administrative process.

To reinforce our point of view, we at the AEP have spared no effort to raise awareness of the advantages of our model of paediatric care. As a first step, 8 October each year has been institutionalised as *Paediatrics Day (P Day)*, and the most important event marking it features the presentation in Madrid of the *Master Paediatrician* and *Exemplary Paediatrician* awards, which seek to distinguish paediatricians that have performed outstanding work in research, teaching, patient care and humanism. The campaign to defend paediatric subspecialties has given rise to initiatives promoted by the Board of Directors of the AEP, with slogans that have tried to make the public aware of how they differ from adult specialities: "Save Paediatrics", "It makes a difference: mobilise for paediatric subspecialties", "Paediatric subspecialties: recognise them" and "Remember: the best doctor for a child is a paediatrician".

Just when it seemed we were seeing the light at the end of the tunnel, a recent Supreme Court judgment<sup>4</sup> has struck down the Royal Decree regulating core training on the grounds that its financial and budgetary impact analysis was insufficient, which means that its implementation has been halted. It will be up to the AEP's new Board of Directors to take up the baton in the fight for paediatric subspecialties, without losing sight of the possible opportunity to further their cause by making use on an interim basis of the provisions of *Royal Decree 639/2015 of 10 July regulating Accreditation Diplomas and Advanced Accreditation Diplomas*.<sup>5</sup>

From the AEP we have also put forward a comprehensive proposal to find a definitive solution to paediatric training in Spain that is in tune with the times and makes it possible to offer children and adolescents the same care that adults receive. Although we must keep in mind that a reform of this scope needs to be tackled on the basis of good sense, careful thought and consensus, it is equally true that this situation calls for a short-term solution right away, to put an end once and for all to an entrenched problem which should have been solved some time ago.

In line with the proposal of the European Academy of Paediatrics (EAP), ratified by the European Union of Medical Specialists (UEMS),<sup>6</sup> to achieve a common European paediatric training for all member states, with high-quality educational standards, the AEP proposes in the *White Book of Paediatric Specialities*<sup>2</sup> that the training of our specialists in Paediatrics should comprise a specifically paediatric three-year common core training, which would serve to provide the basic biological, psychological and social principles of healthy and sick children as individuals. After this, depending on the paediatrician's work preferences, they would complete their training for a further two (or three) years, with three possible pathways: Primary Care or Community Paediatrics, Secondary Care or General Hospital Paediatrics and Tertiary Care or Hospital Paediatric Subspeciality. The training for Tertiary Care paediatricians, whose numbers are always restricted according to the healthcare needs of the Spanish National Health System, would require a more extended period of learning, with a minimum of two years after the common paediatric training period. Although this proposal contrasts with the current situation in Spain, where the training period is completed, as in France, Greece and Luxembourg, in four years, we consider that this could be the right moment to ask for the training period for the speciality of Paediatrics to be increased to five years, which would help to consolidate the current paediatric subspecialties as ACEs in Paediatrics.

The partial modification of our statutes, recently approved at an extraordinary General Meeting of members, will make it possible to increase the representation of the specialist societies on the AEP's Board of Directors by incorporating the presidents of the 13 specialist societies with the most AEP members, as well as the president of the Paediatric Surgery Society (Sociedad de Cirugía Pediátrica), as ex officio members of the Board. This will bring the voice and voting rights of the specialist societies on the Board of Directors in balance with those of the regional societies.

## From project to reality

In a previous editorial<sup>7</sup> I sketched out the challenges that the AEP would have to face in the immediate future and the initiatives that its Board of Directors had set in motion to achieve excellence in our learned society. It is time to take stock of the AEP projects that have made the largest contribution to raising the profile and prestige of Spanish paediatrics.

Promoting *paediatric research* and offering high-quality *continuing training* must be the cornerstones of an exemplary learned society. The annual rounds of the *AEP Research Grant*, endowed with 30,000 euros from the funds of the Spanish Paediatrics Foundation (Fundación Española de Pediatría), together with other scholarships sponsored by the food and pharmaceutical industries, have contributed, as far as it is possible for a private non-profit institution, to supporting multicentre projects and/or those between healthcare levels. This same line of action also includes the two *Scholarships for long-term research visits* to foreign hospitals or research centres, of 30,000 euros each, for which applications are invited every year from paediatricians who are members of the AEP, with the aim of fostering learning of diagnostic, therapeutic or laboratory techniques at centres of recognised international standing.

It was imperative to focus on offering attractive training activities, choosing the best professionals in each area of paediatrics and implementing the new technological tools. Starting from this premise we created 16 *committees of experts*, through which the scientific opinion of Spanish paediatrics has been transmitted in four *areas of competence*: Institutional Issues, Training and Research, Disease Treatment and Prevention, and Promotion of Health and Healthy Lifestyles. The excellent and selfless work of these committees over this long period deserves high praise, and Spanish paediatrics owes a debt of gratitude on this account to the paediatricians who have served on them, devoting a substantial part of their time to sharing their scientific knowledge.

On the understanding that the future of paediatrics lies with paediatricians in training (residents, known as MIRs in Spain), we created the *AEP MIR Group*. Their demands and proposals are channelled to the AEP's Board of Directors through their coordinator, who has been a member of the Board since 2010. With the aim of fostering learning of diagnostic, therapeutic or laboratory techniques at centres of recognised international standing, the Spanish Paediatrics Foundation invites applications every year for 40 *Josep Cornellà Scholarships* of 1500 euros each for short stays in hospitals or research centres, intended specifically for 3rd- and 4th-year MIRs. Seventeen *prizes for the best free papers* and 10 *prizes for the best conference posters*, aimed at the same group and designed to stimulate presentations at the AEP's annual conference, are also awarded.

Being keenly aware of the scientific legacy of Professor Manuel Cruz's *Tratado de Pediatría*, regarded as a reference text for practising paediatricians, the AEP acquired the rights to the eleventh edition in 2014.<sup>8</sup> On the understanding that subspecialties are currently the repositories of paediatric science, both the design and the coordination and authorship of the corresponding sections of the work were entrusted to highly-regarded paediatric specialists from the academic world, hospitals and the most well-established

research groups in Spain. The most important new feature of the work is the possibility of consulting it in an electronic version through various devices, which is enabling it to be widely used as a teaching tool.

*Anales de Pediatría*, our official journal, is the only paediatric scientific publication in Spanish with an international impact factor (0.773 in 2015) and one of the two indexed at the National Center for Biotechnology Information. The progress achieved in the prestige and viewing of *Anales* was reviewed in detail by the previous authors at the end of their term of office.<sup>9</sup> In September 2013 a new team was entrusted with promoting the scientific quality of the journal so as to raise the profile of Spanish scientific output in international scientific forums that use English as their main language of communication.<sup>10</sup> The decision taken in June 2015 to offer the English-language version simultaneously on open access (CC BY-NC-ND) has marked a turning point in the perception of *Anales* in English-speaking countries. This, combined with the journal's well-deserved reputation in Latin America, will undoubtedly help to increase its impact factor in the next few years.

To encourage authors to publish in our official journal, the *Anales de Pediatría Prize* is awarded every year to the best original manuscript published the previous year. Similarly, the *Juan Rodríguez Soriano Prize* is also awarded annually to the article that has received the highest number of citations to contribute to improving the impact factor.

The journal *Evidencias en Pediatría (EvP)*, published by the Evidence-Based Paediatrics (EBP) Committee, is a secondary publication which selects structured summaries of scientifically significant articles and clinical commentaries, subjected to a double methodological and clinical filter.<sup>11</sup> Since it started open online distribution, viewing of *EvP* has grown exponentially in both Spain and Latin America; Colombia and Mexico head the list of countries from which it is consulted. Since January 2017 *EvP* has also been published simultaneously in English, enabling it to be indexed in the TRIP Database, a powerful metasearch engine capable of locating information in dozens of different databases simultaneously.

In 2013, on the initiative of its Executive Committee, the AEP designed and implemented the *Continuum Digital Platform*,<sup>12</sup> an ambitious continuing training programme via the Internet to improve the competence of Spanish-speaking paediatricians, provide tools to make their work easier and promote collaborative learning among professionals. The project seeks to respond to the need to attain an excellent standard of everyday clinical practice, which requires having high-quality, up-to-date information immediately available to make the correct decisions. Continuum promotes competence-based learning that makes it possible to offer guidance to paediatricians in training on the knowledge to be acquired, but also optimises the competences and skills of practising professionals in a specific area. By the end of 2016 the AEP's training portal had developed 370 activities and addressed 2944 of the 8300 competences recognised by the Global Paediatrics Education Consortium (GPEC).<sup>13</sup> This activity is supplemented by providing nearly 1200 documents available in its library, as well as 78 tools for consultation. In addition to its training work, Continuum fosters participation and debate, which encourages its presence in social media and in the main immediate

channels of communication, making it an excellent tool for promoting significant, flexible and collaborative learning in the Spanish-speaking community of experts on child health. That was the view of the Lilly Foundation, which awarded Continuum the 2016 Medes Prize for ‘‘the best initiative in promoting the use of the Spanish language for disseminating biomedical knowledge’’. As a result of all this, Continuum can be expected to become the tool that provides Continuing Professional Development when the recertification of paediatricians is a reality.

*Pediamécum*,<sup>14</sup> conceived as a documentary database of the active substances commonly used in paediatrics to help paediatricians when prescribing in their everyday clinical practice, has solved the difficulty of finding practical and up-to-date information on the drugs intended for the child population. This tool was brought into operation in 2012 by the Medications Committee, which is responsible for keeping it updated. It offers information on 650 medications, organised in the form of data sheets ordered alphabetically as well as by drug groups, also providing offline consultation anywhere, anytime. In addition, it includes the commercial presentations available in Spain, according to data from the online Medication Information Centre of the Spanish Agency for Medicines and Healthcare Products (Agencia Española de Medicamentos y Productos Sanitarios: AEMPS in Spanish). *Pediamécum* was awarded the 2012 *Best Ideas Prize*, sponsored by the medical journal *Diario Médico*.

*EnFamilia*<sup>15</sup> is the AEP’s website devoted to families, offering them reliable and verified information to help them take care of their children’s health. The design of the site in four large sections: ages and stages, healthy living, prevention, and health problems, makes it easy to consult the content, and it can also be accessed by entering the desired term in the search engine.

One of the Executive Committee’s priorities was to have an *Ethical Framework*<sup>16</sup> that would address issues such as the humanisation of paediatrics, transparency, training in bioethics and how it is implicated in research, teaching and professionalism, as well as in relations with the pharmaceutical and food industries. The recent implementation of the *Code of Management, Transparency and Corporate Responsibility*,<sup>17</sup> marking the end of our terms of office, has succeeded in improving the image of our governance, by obliging us to protocolise all our procedures, audit our management and to conduct our institutional relations within the above-mentioned Ethical Framework of the AEP. The figure of the *Members’ Ombudsman*,<sup>18</sup> who enables paediatricians to communicate directly with the AEP’s governing bodies, completes the system for monitoring our reputation as a learned society.

## Periodic validation of professional association membership

The General Assembly of the Spanish Organisation of Professional Medical Associations (Organización Médica Colegial: OMC in Spanish) has introduced a periodic revalidation of professional association membership (validación periódica de la colegiación)<sup>19</sup> with the aim of preserving safe and effective practice of the profession and keeping its clinical practice up to date; it was agreed that the project should be

implemented across the board and should entail recertification every six years. This process involves the qualification and training of medical association members, provided that certain requirements for practising as a physician have been satisfied: good practice (in other words, that the physician has not faced ethical disciplinary proceedings); that members have the requisite psychological and physical aptitude to treat patients; that they certify their employment record and provide evidence of their Continuing Medical Education (CME) and their Continuous Professional Development (CPD). Although Directive 2013/55/EU<sup>20</sup> establishes a generic obligation to encourage CPD so that professionals are able to update their knowledge, skills and competences in order to maintain a safe and effective practice and keep abreast of professional developments, there is no legal provision that makes CPD obligatory. In 2016 the AEP’s Board of Directors created a Work Group to investigate the implementation of CPD for paediatricians, with the support of Continuum.

## Institutional representation

Restoring the presence of the AEP in international forums has been another of the prime objectives of the Executive Committee. In this line of action we have strengthened our relations with the Portuguese Paediatrics Society (Sociedade Portuguesa de Pediatria: SPP), with which we have formalised a collaboration agreement to make it easier for paediatricians from both countries to attend events organised by the two learned societies. This agreement also provides a framework for the three *Meetings for Spanish and Portuguese Paediatricians in Training*, held alternately in Zamora and Albufeira between 2012 and 2016. Closer links have been forged with the Latin-American Paediatrics Association (Asociación Latinoamericana de Pediatría: ALAPE), of whose Board of Directors the AEP is a member, facilitating more extensive participation by paediatricians in its conference. A significant point is that the AEP undertook the organisation of the Second Latin-American Paediatrics Conference, coinciding with the centenary of the first National Paediatrics Conference. This event, held in Madrid in 2014, was widely attended by members of the ALAPE and of the American Academy of Pediatrics. Our membership of the European Academy of Pediatrics (EAP) and the International Pediatric Association (IPA) has led to the AEP being invited to join the Scientific Committee of the next IPA Conference, to be held in Panama in 2019.

In Spain, the importance of the AEP has made it possible for us, for the first time, to become a member of the Board of Directors of the Federation of Spanish Medical Learned Associations (Federación de Asociaciones Científicas Médicas Españolas: FACME).

This is the end of an exciting period in which a drastic change of direction needed to be brought about in the management of the AEP. During these years our Association has expanded its activity and the excellence and quality of our mode of operation has gradually won us a solid reputation among other groups. The joint efforts of all of us in the AEP’s management team and its Committees of Experts have enabled our organisation, year by year, to achieve greater transparency, become better structured and convey greater consistency in its actions to all the audiences

of interest with which we have professional relations. The professionalism and dedication of the managing director and her team have made it possible for the AEP to be perceived today as a responsible, well-organised and trustworthy society. This collective effort has enabled us to consolidate our credibility and recognition as standard bearers in defending the health of Spanish children and adolescents. It is a commitment we have taken up with pride and one which, despite the progress achieved, will demand further efforts to reach the objectives demanded of us by the paediatricians we represent and by Spanish society which we have a duty to serve. This is the mission that lies ahead for the new Board of Directors which will be elected in Santiago de Compostela in June, and we wish it every success in its administration.

## Appendix 1.

The members of the Executive Committee of the Spanish Paediatrics Association are Antonio Nieto, Fernando Malmierca, Antonio Jurado, Ángel Carrasco, María Josefa Rivera and Luis Madero.

## References

1. Ministerio de Sanidad, Servicios Sociales e Igualdad. II Plan estratégico nacional de infancia y adolescencia 2013–2016 (II PENIA); 2013–2016 [accessed 1 Mar 2017]. Available in: <http://www.lamoncloa.gob.es/espana/eh15/politicasocial/Documents/PENIA.2013-2016.pdf>
2. Real Decreto 639/2014, de 25 de julio, por el que se regula la troncalidad, la reespecialización troncal y las áreas de capacitación específica, se establecen las normas aplicables a las pruebas anuales de acceso a plazas de formación y otros aspectos del sistema de formación sanitaria especializada en Ciencias de la Salud y se crean y modifican determinados títulos de especialista. BOE de 6 de agosto de 2014; 2014 [accessed 1 Mar 2017]. Available in: <https://www.boe.es/boe/dias/2014/08/06/pdfs/BOE-A-2014-8497.pdf>
3. Asociación Española de Pediatría. Libro Blanco de las Especialidades Pediátricas. Madrid: Exlibris Ediciones; 2011 [accessed 1 Mar 2017]. Available in: <http://www.aeped.es/documentos/libro-blanco-las-especialidades-pediatricas>
4. Sentencia del Tribunal Supremo anulando el Real Decreto que regula la troncalidad en el ámbito de la formación sanitaria; 2016 [accessed 1 Mar 2017]. Available in: <http://www.poderjudicial.es/cgpj/es/Poder-Judicial/Noticias-Judiciales/El-Tribunal-Supremo-declara-nulo-el-Real-Decreto-de-troncalidad-de-la-formacion-sanitaria>
5. Real Decreto 639/2015, de 10 de julio, por el que se regulan los Diplomas de Acreditación y los Diplomas de Acreditación Avanzada. BOE de 28 de julio de 2015; 2015 [accessed 1 Mar 2017]. Available in: <https://www.boe.es/boe/dias/2015/07/28/pdfs/BOE-A-2015-8442.pdf>
6. Training requirements for the specialty of paediatrics, European Standards of Postgraduate Medical Specialist Training (old chapter 6). European Union of Medical Specialists (UEMS); 30/2015 [accessed 1 Mar 2017]. Available in: [https://www.uems.eu/\\_data/assets/pdf\\_file/0005/27833/2015\\_30-UEMS-ETR-Paediatrics.Final-Approved\\_.pdf](https://www.uems.eu/_data/assets/pdf_file/0005/27833/2015_30-UEMS-ETR-Paediatrics.Final-Approved_.pdf)
7. Málaga Guerrero S. Hacia una Asociación Española de Pediatría de excelencia. *An Pediatr.* 2014;80:343–5.
8. Moro M, Málaga S, Madero L. Cruz. *Tratado de Pediatría.* 11.ª ed. Madrid: Panamericana; 2014.
9. Pérez-Yarza E, Cabañas F, García-Algar O, Valverde-Molina J. Anales de Pediatría: ayer, hoy y mañana. *An Pediatr.* 2013;79:277–8.
10. Lurbe i Ferrer E, Alsina Manrique de Lara L, Rodríguez Fernández LM, Solís Sánchez G. Afrontando la nueva etapa de Anales de Pediatría. *An Pediatr.* 2014;80:341–2.
11. González de Dios J, Buñuel Álvarez JC, González Rodríguez MP, Molina Arias M, Ortega Páez E, Ruiz-Canela Cáceres J. Diez años de Evidencias en Pediatría: pasado, presente y futuro. *Evid Pediatr.* 2015;11:68.
12. Asociación Española de Pediatría. Continuum. [accessed 1 Mar 2017]. Available in: <http://continuum.aeped.es/>.
13. Asociación Española de Pediatría. Global Pediatric Education Consortium. [accessed 1 Mar 2017]. Available in: <http://www.globalpediatrics.org/globalcurriculum/earlyadopters.html>.
14. Asociación Española de Pediatría. *Pediamecum.* [accessed 1 Mar 2017]. Available in: <http://pediamecum.es>.
15. Asociación Española de Pediatría. En familia. [accessed 1 Mar 2017]. Available in: <http://enfamilia.aeped.es>.
16. Asociación Española de Pediatría. Marco ético de la Asociación Española de Pediatría. [accessed 1 Mar 2017]. Available in: <http://www.aeped.es/comite-bioetica/documentos/marco-etico-aep>.
17. Asociación Española de Pediatría. Código de Gestión, Transparencia y Responsabilidad corporativa de la AEP. [accessed 1 Mar 2017]. Available in: <http://www.aeped.es/compromiso-aep-con-buen-gobierno-y-transparencia>.
18. Asociación Española de Pediatría. Defensor del socio de la AEP. [accessed 1 Mar 2017]. Available in: <http://www.aeped.es/defensor-socio>.
19. Organización Médica Colegial. Validación periódica de la colegiación. [accessed 1 Mar 2017]. Available in: [http://www.cgcom.es/val\\_pc](http://www.cgcom.es/val_pc).
20. Unión Europea. Directiva 2013/55/UE del Parlamento Europeo y del Consejo por la que se modifica la Directiva 1024/2012; 2012 [accessed 1 Mar 2017]. Available in: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:354:0132:0170:es:PDF>.