Meeting of the Spanish Association of Primary Care Paediatrics within the annual congress of the Spanish Association of Pediatrics. Analysis of scientific presentations

Pedro Gorrotxategi Gorrotxategi, Begoña Domínguez Aurrecoechea, Carlos Valdivia Jiménez, César García Vera, Carmen Villaizán Pérez, Concepción Sánchez Pina, Dolores Cantarero Vallejo, Narcisa Palomino Urda, Carmen Rosa Rodríguez Fernández-Oliva

Pediatra. CS La Cuesta. Santa Cruz de Tenerife. España.

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Pedro Gorrotxategi Gorrotxategi: pedrojesus.gorrotxategigorrotxategi@osakidetza.eus


Resumen
La Reunión Anual de la Asociación Española de Pediatría de Atención Primaria en el congreso de la Asociación Española de Pediatría. Análisis de las comunicaciones científicas

Objetivos: analizar las comunicaciones presentadas por los pediatras de Atención Primaria en el congreso de la Asociación Española de Pediatría, en las secciones de Pediatría Extrahospitalaria y Atención Primaria, antes y después de la realización de la Reunión de la Asociación Española de Pediatría de Atención Primaria en el congreso de la Asociación Española de Pediatría.

Métodos: revisión de los libros de comunicaciones de los congresos de la Asociación Española de Pediatría. Se analizan los trabajos presentados en las secciones de Pediatría Extrahospitalaria y Atención Primaria. Para realizar el análisis estadístico se compararán, mediante el cálculo de las odds ratio y sus respectivos intervalos de confianza del 95%, mediante la prueba de $\chi^2$ (nivel de significación p < 0.05).

Conclusiones: el involucramiento y colaboraciones de los pediatras de Atención Primaria en el congreso de la Asociación Española de Pediatría ha aumentado desde la realización de la Reunión de la Asociación Española de Pediatría de Atención Primaria.
INTRODUCTION

The Asociación Española de Pediatría de Atención Primaria (Spanish Association of Primary Care Pediatrics, AEPap) is one of the 23 paediatric specialty societies within the umbrella of the Asociación Española de Pediatría (Spanish Association of Pediatrics, AEP). The Meetings of the AEPap were originally held within the Paediatrics Congress of the AEP. This was the case in years 2005 (Murcia) and 2006 (Valencia). In the 2007-2011 period, the annual meeting of the AEPap was held outside of the AEP congress, as the two societies had not renewed their collaboration agreement.

In 2012, the Board of Directors of the AEPap decided to resume participation in the AEP congress to achieve greater visibility of primary care paediatrics among paediatricians in other specialties as well as residents in training. Thus, the scientific activity formerly presented at the AEPap Meeting was transferred to the congress of the AEP, betting on the celebration of a single annual congress of all paediatricians encompassing meetings for every specialty.

When the collaboration was resumed, the participation of the AEPap in the 2012 congress through its scientific programme (8th Meeting of the AEPap) included several round tables, the “AEPap flashes” (brief presentations aiming at approaching various subjects in a direct and practical manner), an expert discussion on the subject of paediatrics residents and five practical workshops. Due to the proximity with the previous AEPap meeting, held in Guadalajara in November 2011, few paediatricians of the AEPap presented works in the 2012 congress. However, in subsequent years the number of submissions by primary care paediatricians grew progressively.

In the congress of the AEP, submissions related to primary care may be included in the Primary Care (PC) Paediatrics section or the Outpatient (OP) Paediatrics section. The inclusion of a submission in either of these sections does not necessarily mean that primary care paediatricians were involved in the work, as paediatricians, on submitting their abstracts, specify the section for which they wish their work to be considered. This poses a challenge when it comes to determining which works were submitted by primary care providers and which were not. As for the format of the presentation, there are three possible options: free paper presentation, poster without oral presentation, and case study, which are also requested by the authors. Subsequently, the Scientific Committee of the congress distributes the accepted abstracts into three categories—oral presentations, posters with short oral presentation and electronic posters without oral presentation—according to the score given to each submission based on the methodology, originality, relevance and rigour of the work. In the 2016 congress, the Board of Directors of the AEPap made a presentation on a first analysis of the evolution of the participation of the AEPap within the congress.

Objectives

Our aim was to analyse the participation of PC paediatricians in the oral presentations and posters
included in the Outpatient Paediatrics and Primary Care Paediatrics sections (OP-PC) of the AEP congress. We sought to determine the actual percentage of presentations and posters in the OP-PC sections that involved the participation of primary care paediatricians, since, as we noted above, involvement of a primary care facility is not required for a submission to be accepted in either section. Last of all, to assess the scientific quality of the works included in the OP-PC sections relative to the total works presented in the congress, we determined the percentage of presentations or posters selected as candidates for awards, which represent the works that received the highest scores from the Scientific Committee of the Congress.

MATERIALS AND METHODS

We reviewed the programmes of the AEP congresses held from 2012 to 2016,\(^4\) the AEP minutes and supplements in the Anales de Pediatría journal corresponding to the 2007, 2008 and 2009 congresses\(^9\)–\(^11\) and the abstract books of the 2010 and 2011 congresses.\(^12\),\(^13\)

We analysed the works submitted to each category within the OP-PC sections in order to determine:

- The absolute frequency and percentage of works presented in the OP-PC sections relative to the total works presented at the congress.
- The number of works presented in the OP-PC sections that involved the participation of primary care centres (with or without the collaboration of hospitals) and the number of works whose authors were exclusively employed in hospitals or other health care institutions.
- The results of the different congresses held between 2012 and 2016. The statistical analysis involved the comparison of frequencies for 2012 and 2016 by means of odd ratios (ORs) with the corresponding 95% confidence intervals (95 CI). The statistical significance was assessed by means of the $\chi^2$, with significance defined as a $p$-value < 0.05.
- The number of presentations and posters in the OP-PC sections nominated for an award relative to the total award candidates in the 2016 congress.

RESULTS

Absolute frequency of works presented in the OP-PC sections and percentage over the total works submitted to the congress: the percentage of works in the OP-PC section out of the total works presented at the congress has increased from 4.2% to 7.4%, with presentations in these sections nearly doubling since the first congress included in this analysis (Table 1). Figure 1 shows the changes in the frequency of these over the years in the three categories: oral presentations, posters with presentation and electronic posters.

Within the works presented in the OP-PC, we distinguished between those involving the participation of one or more primary care centres (with or without the collaboration of hospitals) and those whose authors were exclusively employed by hospitals or other health care institutions. To study this evolution, we analysed the works presented between 2007 and 2016 (Figure 2), and observed a progressive increase in the number of oral presentations and posters of works that involved the participation of primary care centres.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of works presented</th>
<th>Number of works in the OP-PC sections</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>905</td>
<td>38</td>
<td>4.2</td>
</tr>
<tr>
<td>2013</td>
<td>1245</td>
<td>66</td>
<td>5.3</td>
</tr>
<tr>
<td>2014</td>
<td>1055</td>
<td>76</td>
<td>7.2</td>
</tr>
<tr>
<td>2015</td>
<td>1176</td>
<td>80</td>
<td>6.8</td>
</tr>
<tr>
<td>2016</td>
<td>1138</td>
<td>84</td>
<td>7.4</td>
</tr>
</tbody>
</table>

OP: outpatient; PC: primary care.
This difference is even more marked if we compare this to data for AEP congresses during the period in which the Meeting of the AEPap was held separately (2007-2011), when the percentage of works that were exclusively hospital-based in the OP-PC sections was approximately 50%, whereas in 2013-2016, when the annual meeting of the AEPap was held in the framework of the AEP congress, this percentage never reached 30% (28, 27 and 29% in years 2014, 2015 and 2016, respectively).
We reviewed the authors of each of the works presented to the OP-PC sections. One salient finding was that half of the submissions for the OP-PC sections in the past year corresponded to studies conducted by paediatricians members of the AEPap, and of these, half corresponded to collaborative and institutional works of the AEPap (the full results are presented in Table 2).

In the statistical analysis, we compared data from 2012 and 2016, that is, the participation of primary care paediatricians in the AEP congresses held in Granada (2012) and Valencia (2016). Of the total research works (oral presentations or posters) presented in 2012 and in 2016, those on the subject of primary care amounted to 4% in 2012 (38/896; 95 CI: 3 to 6), compared to 7% in 2016 (84/1138, 95 CI: 6 to 9). The OR for the comparison of the number of presented works on primary care in 2016 versus 2012 was 1.80 (95 CI: 1.21 to 2.67; \( P = .006 \)).

Analysis of the number of oral presentations and posters in the OP-PC sections that were candidates for awards over the total presentations and posters that were candidates to awards in the 2016 congress: the quality of the works presented in the OP-PC sections can be assessed through the number of works that were candidates for awards, that is, those that received the highest scores. The percentage of oral presentations and posters in the OP-PC sections of the total works that were candidates for awards was greater than the proportion of the works presented in the OP-PC sections over the total works in the congress, as they were over-represented by 44.8% (Table 3).

### DISCUSSION

One of the objectives of the participation of the AEPap in the AEP congress was to gain greater visibility for residents in paediatrics. This has already been achieved, as the “AEPap flashes” session is included in the “resident circuit”, the schedule of events that the Scientific Committee recommends for physicians in training, and a good part of the congress attendees are medical residents.

The 2013 report of the AEP included data on the participation of residents in years 2011, 2012 and 2013, which amounted to 469, 516 and 531 attendees, respectively, while the total number of attendees was 1402, 1840 and 1658, corresponding to a proportion of residents of 33.5%, 28% and 30.1% respectively.

The activities organised by the AEPap were generally well received; thus, in the 2014, one of the workshops out of the 10 rated highest by the attendees was the AEPap workshop “Escuchemos el lenguaje del niño: normalidad versus signos de alerta” (Listening to the language of children: normality versus warning signs), rated 9.39 out of 10.

In the 2015 congress, the mean attendance to round tables was 188.6 (out of a planned maximum of 200) and the mean attendance to workshops was 29.6 (with a cap of 30), for which the mean rating was 7.25. More detailed information can be found in Table 4.

The increasing participation of PC paediatricians has already been highlighted by Manuel Praena:

<table>
<thead>
<tr>
<th>Type of team responsible for the work</th>
<th>Non-PC</th>
<th>Conducted by members of the AEPap</th>
<th>Conducted by PC paediatricians not members of the AEPap</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local teams</td>
<td>22</td>
<td>20</td>
<td>20</td>
<td>62</td>
</tr>
<tr>
<td>PAPenRED</td>
<td></td>
<td>6</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>AEPap collaborations</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federated, course</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching, HED</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
<td>42</td>
<td>20</td>
<td>84</td>
</tr>
</tbody>
</table>

AEPap: Asociación Española de Pediatría de Atención Primaria; HED: health education; OP: outpatient; PAPenRED: AEPap sentinel paediatrician network; PC: primary care.

Local teams: Paediatricians employed in primary care centres, hospitals or other health care institutions that research a specific disease, analysing the cases that occur in their region.
In the last three congresses of the AEP held in years 2013-2015, works produced in the context of PC were fifth in frequency, including 249 oral presentations, following those in the specialties of Infectious Diseases, Neonatology, Gastroenterology and Inpatient Paediatrics, and ahead of all other paediatric specialties. This has been achieved in spite of the heavy workloads that prevent primary care paediatricians from engaging in research within their work schedule, and their receiving no compensation for this activity. Furthermore, a lack of training in research methods and the geographical dispersion of primary care paediatricians hinders access to necessary resources and the formation of solid research teams.

To overcome the lack of training in research methods, the Working Group on Research of the AEPap organises workshops within the Paediatrics Update Course, such as the 2016 workshop on how to carry out clinical trials in primary care settings, or the Second Course on Research Methods, held in 2015.

To address the isolation of primary care paediatricians in their offices, the AEPap has created PAPenRED, a network of sentinel paediatricians, aiming to include a minimum of 304 paediatricians employed in the public health sector in PC paediatrician positions distributed proportionally through every autonomous community in Spain. If this target were met, the network would be representative and would allow the collection of data for 3.86% of the population aged less than 14 years (273,600 children). We hope that with these two initiatives and the increased activity of working groups, the presence of the AEPap will be stronger in upcoming congresses.

Another aspect that is worth highlighting is the impact of the primary care rotation of paediatrics resident physicians. In addition to presenting research conducted in their teaching hospitals, residents in paediatrics have also submitted works conducted in collaboration with their supervisors in primary care centres, increasing the collaboration of paediatrics residents and primary care paediatricians in the congress, which was one of the main objectives of the AEPap in participating in the AEP congress.

**CONCLUSIONS**

The analysis of the data presented above indicated that the contributions of primary care paediatricians to the AEP congress have increased since the AEPap started participating in that congress (this is a salient finding, as the role of the PC paediatrician, focused nearly exclusively on care delivery in most cases, limits the ability to carry out projects;
as a general rule, PC paediatricians have to conduct research outside their working hours, with the consequent impact on family life.

There was a significant increase in the participation of primary care paediatricians in scientific presentations in the congress held in Valencia (2016) compared to the one held in Granada (2012).

This increase is partly explained by the participation of AEPap working groups and multicentre research networks, which are more involved in submitting works for oral and poster presentations to the AEP congress.

The works presented by PC paediatricians were of high scientific quality, as demonstrated by the increasing percentage that are nominated for awards.

Based on all of the above, the objective noted at the beginning of this article has been met, as we have succeeded in increasing the visibility of the scientific activity of PC paediatricians among our peers.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare in relation to the preparation and publication of this article.

ABBREVIATIONS

AEP: Spanish Association of Pediatrics • AEPap: Spanish Association of Primary Care Pediatrics • CI: confidence interval • OP: outpatient paediatrics • PC: primary care.

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