



ESPGHAN Strategy Day 2024

1. Paid Roles

Overview and Introduction

Lorenzo D'Antiga gave the groups an overview of the topic and put forward several questions to stimulate further discussion. It was mentioned that ESPGHAN is continuing to grow in size and stature, with an ever-expanding organisational burden, with many Committees, Working and Special Interest Groups, Task Forces etc., responsible for the work carried out on behalf of the society and the representation of ESPGHAN in other bodies.

Summary Points

Difficulty in attracting members to positions was outlined, with recent single applications for Council roles highlighted

- Time off clinical/centre duties was highlighted as a possible cause of this lack of interest
- Highlighting the benefit of the roles was recommended, and the advantages for younger colleagues
- The privilege of serving the society was highlighted by several members, although some concern was raised that this may be changing with a generational shift
- Increased member numbers may lead to a larger percentage of disinterested members
- Lost time, money and burden on colleagues may lead to apprehension on taking on roles
- One option may be to compensate centres for time out of office, or compensate for lost salary
- Paid roles would not necessarily address the lack of interest, as payment is not the main motivation for undertaking roles within the society

Paid roles to address obvious gaps in the society

- Paid roles are not necessary as tasks can be delegated to Committees
- Paid roles allow more time and focus to important tasks and can ensure important gaps can be addressed
- Paid roles can be useful in cases of specialized topics which require more time and effort, beyond the scope of the volunteer roles
- Paid roles may create a 2-tier membership perception, discouraging officers to apply for volunteer roles
- Specific to the Liaison Officer role, an obvious gap was identified and should be trialed to assess the progress of the tasks undertaken

- ESPGHAN should define what roles/tasks are deemed appropriate for compensation
- Specialized roles could be outsourced, or included as part of the office infrastructure
- Addressing the above, specialized roles may not be appropriate for outsourcing as they may require an expert in the field to address niche topics

Transparency issues

- The role should have been discussed at the AGM and been more visible
- The selection process should have been made clearer to members
- An overview was provided on the process and timeline of the advertisement and selection process to address the above concerns
- More member input needed for any discussions on roles in the future

Survey feedback

- Issues were raised relating to the phrasing of the questions, which were perceived to be leading the participants to answer in a specific way
- The number of responses was highlighted with the low number not representative of the entire membership
- It was mentioned that the survey was not binding and was used as a tool to assess the general feeling also, as surveys from ESPGHAN are usually low in respondents. However, the number of responses (143) was higher than the usual survey response rate, which rarely sees figures over 90 respondents
- Regarding the Liaison Officer role, and paid roles in general, the survey pointed to a majority who were in favour of the role, and in favour of paid roles in extraordinary circumstances, as long as the AGM is included in the decision-making process

Next Steps

The need for a membership vote on paid roles, and particularly the Liaison officer role, was outlined. The mechanics of the vote will need to be defined, as the Constitution clearly states what the AGM is responsible for relating to voting, and this topic is outside of this scope. A check from the legal team will be carried out before the type of voting is confirmed.

2. AHP Strategy

Overview and Introduction

Julie Lanigan provided an overview on the AHP Strategy and outlined the following points to be addressed during discussions: The evolution of current medical landscape, how to meet patient and parent needs, maximisation of resources, working together efficiently, and how to increase reach and streamline services. The overarching aims of the Committee was outlined as integrating with the structures of the society, using the skills and knowledge of AHP members to the fullest



extent, working as equals with the other specialties within the society to achieve the best outcomes for children in care.

Summary Points

- **Increase the membership of AHP and diversity of specialties**
- **Raise the profile of AHPs within ESPGHAN**
- **Highlight the pivotal role of AHP in patient care**
- **Are there gaps in AHP knowledge and skills?**
- **Barriers to increasing membership numbers and diversity of specialties**

During the course of the discussions with the groups, it became apparent that AHPs are an essential part of ESPGHAN, in addition to them being an integral part of the multi-disciplinary teams. It was agreed that AHP should be viewed as equals, but this is not the case in a lot of countries and the barriers will be outlined further below. The voting rights for AHP were supported in most of the group discussions, however, the topic of voting rights for Trainee members was also raised, as AHP members could be younger and less experienced, but have voting rights regardless. The counterargument was that AHP members are fully qualified before trainee members.

Language and costs were raised as the most prominent barriers to increasing membership. The activities of ESPGHAN are carried out in English, which many AHP may not be fully comfortable with in their level of proficiency. As a result, the Committee is very UK dominated.

It was deemed important to define the importance of core AHP specialties, which should include Dietitians, Nutritionists, Nurses, Endoscopy technicians, SLTs (some), Psychologists, Social workers, Pharmacists, Lab workers. It was also recognised for integration in multi-disciplinary teams is varied across the different European countries and tends to be more emphasised in higher income countries.

Next Steps

It was highlighted that the committee should define and focus on the core members and issues addressed relating to integration, and sharing the integration models which are more successful in different countries. It was also deemed important to try and extend the reach of the committee to include the range of specialties and attract more scientists, technicians, researchers etc.

Regional courses in local languages would help to address the language barrier, and networking through expert forums would be a good platform to share knowledge. Exchange programme would also help to address gaps and promote integration and model sharing. Webinars in different languages was also raised.



Going forward, the society should increase participation of AHP in guidelines/position papers and Working/Special Interest Groups. A change in name was discussed to redefine the purpose of the Committee. In general, it was mentioned that a pathway to full integration would be a long-term goal, which would negate the need for a separate Committee and membership category.

The issue of voting rights has been addressed in the Constitution 2024 update proposals and will be voted on at the AGM in 2024.

3. Conflict of Interest Mitigation

Overview and Introduction

Mary Fewtrell presented the current issues with receipt of sponsorship and perceived conflict of interest, in particular with Breast Milk Substitutes (BMS) and nutrition companies. The current position of ESPGHAN was outlined, which includes the creation of events and activities based on the best scientific content with zero influence from industry on topics, agendas, content etc. Transparent procedures are in place to ensure members declare their industry support levels, with more detailed forms added in 2023 to capture more reliable data. As a general approach, the source of industry funding does not tend to be viewed as a separation between pharma and BMS.

Questions posed to participants

- **Can we raise awareness of and better manage possible conflicts of interest to mitigate risk at a Societal level?**
- **Should ESPGHAN change its current position on accepting sponsorship, or change the type of relationship/activities that are permitted?**
- **Should we distinguish between sponsorship from BMS manufacturers and other Industries – e.g., pharma companies?**
- **Should we explore alternatives to Sponsorship support in future? Alternatively, would we accept reducing our activities to allow us to manage without sponsorship and what should then be the prioritization?**
- **Can/should we lobby at the EU/MEP level to defend/strengthen our position and cooperate with other societies potentially affected by the same issue?**

Based on the discussions within the groups, there was a general agreement with the current ESPGHAN position, including the general agreement that ESPGHAN should not treat sponsorship from BMS companies different from pharma/medical device companies. It was recognised that future changes in engagements may have a negative impact on income.

Next Steps

To ensure ongoing measures are taken to mitigate any perceived conflict of interest, it was suggested to clearly support any mechanisms for better regulation of BMS companies, in addition



to pharma companies, but realise also that this is not the responsibility of ESPGHAN. It was deemed important to continually check and appropriately revise regulations for satellite symposia at the annual meetings, as these may need to be periodically strengthened.

Increased proactivity in the promotion of the societal activities in the promotion of breastfeeding should be taken into consideration. This would be in addition to highlighting the distinction between formulae aimed at healthy infants in contrast to those used for therapeutic purposes by many members. A position paper on the definition of breast milk substitutes would be useful given the confusion and disagreement surrounding the WHO definition.

A consideration of the collection of evidence on the association between breast feeding rates and industry support of paediatric societies was put forward. It was also deemed important to liaise with other European Societies and stakeholders facing similar issues, which could take the format of a multi-stakeholder meeting. This could feed into an increase in European Parliament engagement.

Additional Comments/Suggestions made during the strategy day

It was suggested that, in addition to considering voting rights for Trainee members, Emeritus member voting should be put forward further discussion.

The management of the Annual Meeting was mentioned, with in-house management ensuring more control over both the running of the congress and the financial outcomes.

Patient and Parent organisations could be included in future Strategy Days.

