

PRESIDENTIAL ADDRESS

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Respected Chief Guest, Guest of honor, teachers, seniors, colleagues from SAPA countries, Egypt, AAP president, friends, Ladies and Gentlemen, a very Happy New Year to all of you, and a warm welcome on this pleasant evening at Pedicon 2020, Indore. I am honored and delighted to be here at Indore, and humbled by the faith you all have reposed in me.

In this year, I plan on doing a number of new things for our academy. Keeping the words of Gail Sheehy in mind that “*If we don’t change, we don’t grow,*” and that of Nelson Mandela stating “*education is the most important tool, which we can use to change the world*”; I have a vision for 2020, and I hope that you all will help me in achieving it for the benefit of our parent body, the Indian Academy of Pediatrics (IAP).

Routinely, we have most of the IAP Action Plans going ahead with Training of trainers (TOT) workshops and Continuing medical education (CME) activities. These will continue, with an added focus on quality and usefulness of the modules in day-to-day practice. A post-test will ensure that the trainers have understood the essence of the workshop and are ready to disseminate the knowledge to all our colleagues. I intend to start a new concept – Monsoon Pedicon (based on sub-specialty chapters) – wherein faculty will gather at a place and deliberate on scientific content for a couple of hours. The highlight of this will be that the delegates of this Pedicon will be at their own clinic or home, listening to the deliberations and these talks will also be archived so that they can be revisited as required. I am also working on science conclaves where 50 people will be meeting at a place in 5 groups of 10 each on a Saturday to discuss about one topic of a sub-specialty each, and on Sunday, all these 50 people will sit together, deliberate on all the topics, and come out with the guidelines. I call these as Protocons – five such Protocons will be held in the first half of the year and then we can have a national Protocon, which shall culminate in the form of national AWESOME

in the month of September-October. This will show that we can also conduct a successful National-level conference without pressures on ourselves or pharmaceutical companies.

Clinical research is very much lacking in India as compared to the developed nations. I wish to initiate some incentive-driven programs with the help of Head of the departments (HOD) cell and ensure that the postgraduates are incentivized to take this forward. At the same time, we need to have capacity building workshops for practicing pediatricians. This will help to recognize their talents and propel our academy to reach greater heights. I am also in talks with UpToDate, wherein the annual subscription price for the service will be greatly reduced for IAP members. I am certain that this will help in strengthening point-of-care rational therapy and clinical research across all fields in IAP.

The Academy being a charitable institution, I intend to have a number of social and charitable activities wherein a district branch adopts a village and looks after the health parameters of its child community. We will also like to have palliative care centers (an initiative by one of my teachers and a very astute academician Dr. Armida Fernandez), school health programs, ALS and BLS courses, programs for AYA (adolescents and young adults), and YUVA CME (to help the newly graduated pediatricians to set up their practices). I am also trying to have affiliations with international universities for the recognition of IAP subspecialty courses.

Friends, in the last five years, I have travelled almost all over the country and have met many of our colleagues at the local chapters. I donot know how much they have benefitted by meeting me, but I have learned immensely from them. I found that their dedication to their work is far greater while their access to latest advancements in medicine, education, diagnostics, *etc* is comparatively much lower as compared to those in the big cities. The key challenges, I noticed, can be categorized into one or all of the following three buckets:

- Access to latest information;
- Ability to educate their patients on right practices related to health and hygiene; and
- Lack of quality support at point of care.

For many years, I have been thinking about digitizing education, and in the last few years the cost to access digital content has become practically zero.

Now, I would like to introduce again and share highlights about dIAP – a vision that will allow us to have our very own technology-enabled Academy to ‘Reach the Unreached’ and address the challenges we have just outlined. dIAP is not only a window to IAP’s services, but it is also IAP’s institutional digital backbone. In addition to IAPs existing digital assets, dIAP brings to us several new national services. The first is a professional education service for pediatricians. This service combines courses, scientific reference material and a reservoir of content - all created and published by IAP experts. The second is video-conferencing and webinar centers across IAP offices in India, which will allow for thousands of online lectures, clinics, webinars etc. that can be accessed by all IAP members using their mobile phones and also available as a searchable online archive. The third is patient education services, which can be used in a clinic. The fourth is diagnostic support, prescription guidelines, and diagnostic algorithms at the point of care.

It gives me great pleasure to say that a part of the Plan has already been implemented and some of the dIAP services are available immediately to our members *via* the IAP courses. I am also very happy to say that the first webinar center has been successfully tested in Mumbai and we have started it off with the webcasting of popular

Thursday PG clinics and lectures. In the coming months, several more centers will be setup.

The point of care system is also already being built and tested. As I already mentioned to our esteemed Executive Board members yesterday, we have created individual websites for all state chapters. As soon as their content is received and published, their website will be launched with complete control over content and management by the state chapter - totally free of charge.

I remember the words of Thomas Fuller – “*All things are difficult before they become easy,*” and those of John Wooden – “*Good things take time.*” I look forward to your support so that the rest of the Action Plan is implemented and made available to our members in the coming months.

And lastly, a little surprise for all of you – the first version of the dIAP app is ready and available on Google Play Store for Android users. Please search for ‘diapindia’, download and register. In coming months, the technical team will be updating the app and will also make this available on other leading mobile platforms.

Last, but not the least, I feel truly honored and blessed to be working with such a dynamic team which is focused on taking IAP to even greater heights than what it currently is. I would like to end this with a maxim that I follow in my life:

*“Do not walk in front of me; I may not follow you.
Do not walk behind me; I may not lead you.
Do not walk away from me; I need you.”*

Let us walk together for the glorious future of our mother IAP.

Jai Hind!
Jai IAP!