

CORRESPONDENCE

The reality of pediatric allergy and immunology in Spain

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To the Editor,

We read with interest the article published by Nieto et al. (1) appearing in the latest issue of your journal (*Pediatric allergy and immunology in Spain*). We believe that the information provided therein is limited in scope and may be misleading as to how allergists are trained in our country and how allergic patients are handled by the healthcare system.

In Spain, allergy was recognized as a full specialty in 1978 by Royal Decree 2015/1978. As stated in this legislation, to obtain the title of Specialist in Allergology and Clinical Immunology from the Ministry of Health, a physician must complete a 4-yr training program that includes a 6-month rotation in general pediatrics, a 6-month rotation in internal medicine, as well as wards at pediatric and internal medicine emergency departments, rotations in other related specialties, and at least 2 yr of training in an allergy department, which includes the allergy laboratory and seeing allergic patients of all ages, from infancy to late adulthood. Therefore, allergists who obtain official certification are fully competent in the management of allergic patients of all ages, and since 1978, no distinction is made between adult and pediatric specialists. To date, neither the Ministry of Health nor the Ministry of Education has approved the title of 'European Pediatric Allergist' or the 'National Certificate of Pediatric Allergist', and no formal recognition has been granted to any pediatric allergy training units.

As Dr Nieto states, in the National Public Healthcare system, patients are referred for allergy assessment from the primary care level (by either the family physician or the pediatrician, depending on the patient's age). Certainly, there is great heterogeneity in the way allergic patients are handled, because some allergy departments are run by officially certified allergists who practice in general hospitals and only see adult patients, while other allergy units are managed by

officially certified allergists who see both allergic adults and children, and still others are located within children's hospitals and may be staffed by officially certified allergists (a few of whom are also officially certified pediatricians) or by non-allergy certified pediatricians with a varying degree of unofficial—and sometimes insufficient or non-existent—training in allergy. As you may see, the picture offered by Dr Nieto et al. is a thumbnail sketch of a much more complex scenario.

Founded in 1949, the Spanish Society of Allergology and Clinical Immunology (SEAIC) is a very active scientific society made up of approximately 1250 individual members including the vast majority of board-certified allergists in Spain and allergists from other (mainly Spanish-speaking) countries, as well as other specialists and nurses with an interest in allergy. Many of the allergists who see allergic children are members of both societies (the Spanish Society of Pediatric Allergy and Clinical Immunology (SEICAP) and SEAIC)). Finally, SEAIC has 16 working committees that take part in projects focused on both adult and pediatric allergic patients. One fact overlooked by Dr Nieto in his article is that the two societies have participated in joint projects in addition to initiatives carried out alongside patients' associations. We hope that 1 day SEAIC and SEICAP will emulate EAACI and the former European Society of Pediatric Allergy and Clinical Immunology and focus more on the points they have in common than on their differences.

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Reference

1. Nieto A, Mazon A, Martin-Mateos MA, et al. Pediatric allergy and immunology in Spain. *Pediatr Allergy Immunol* 2011; **22**: 742–50.

Reply

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To the Editor,

We have read with much interest the letter by Olaguibel JM, President of the Spanish Society of Allergology and Clinical Immunology (SEAIC), regarding our article Pediatric Allergy and Immunology in Spain (1). We certainly agree where Olaguibel confirms our statements, but we would like to add

some information to contribute to a better picture of the reality.

Olaguibel confirms our statements that there is a great variability in the care of allergic children and that some are visited by specialists of adults and proceeds to describe the program to obtain the official title of Specialist in Allergol-