Cardiol Young 2004; 14: 237–238

ISSN 1047-9511

From the Editor-in-Chief

The current issue of the journal, as seen from my biased standpoint, is the usual cornucopia of items of interest. I would draw your attention, however, to two particular works. We, as editors and publishers, and the authors, would be interested to know of the reaction and views of all of you as you read these contributions. The Editors and authors will be pleased to respond to any comments received.

The first item to which I would draw attention is the thoughtful essay submitted by Rodolfo Neirotti.[1] As you will see, Rodolfo draws attention to the huge disparity still remaining in the provision of cardiac surgical services throughout the World, and offers suggestions as to how the differences might be equalised. There are several reasons why this contribution is important, over and above its obvious humanitarian message. First, Rodolfo started his career in Buenos Aires. That was where I first had the pleasure of spending time with him, when he and his colleagues organised a superb symposium in 1978, at which I was invited to be part of the Faculty. Although Buenos Aires is a remarkably cosmopolitan city, and practitioners such as Billy Kreutzer and his team continue to practise paediatric cardiology and paediatric cardiac surgery at the highest levels, Rodolfo points out that, considering South America as a whole, provision of cardiac surgical care remains appreciably worse than in the "developed" areas, such as North America, Europe, and Australia.[1] It was because of frustrations in trying to provide such surgical care for children with malformed hearts that Rodolfo left his homeland to practise initially in Holland, and subsequently in the United States of America.

It was his time spent in Holland that is the second point of interest relating to his current contribution. Whilst in Amsterdam, he worked closely with Anton Becker, who has been associated with this journal from its inception. The article that you are now able to read in the journal is based on the presentation given by Rodolfo at the Symposium held in Amsterdam on 15 and 16 January to celebrate the 35 years of cardiac pathology coordinated by Anton, initially at the old Wilhelmina Gasthuis, and then at the Academic Medical Center. This celebration of achievement also marked Anton's retirement from his formal appointments at the Academic Medical Center and the University of Amsterdam. As in the United Kingdom, it is a statutory requirement in the Netherlands that Professors must retire when they reach their 65th birthday. An impressive number of colleagues joined us at the Academic Medical Center to mark this occasion, and a small book was printed privately to celebrate the occasion.[2] It is an accepted fact that cardiac pathologists in general are in short supply. It is an added blow, therefore, to lose the formal services of a giant such as Anton Becker, particularly whilst he is still at the height of his powers. The good news is that, all being well, Anton will continue to be active in the field of cardiac pathology and morphology, and will concentrate his remaining activities on congenital cardiac malformations, working in the Antoon Moorman's Department of Anatomy and Embryology in the Academic Medical Center. For the immediate time, however, Anton is enjoying a short break from academic work. We at *Cardiology in the Young* wish him a long and fruitful retirement, and thank him for all his efforts in establishing the journal.

The third connection with Rodolfo's essay is the fact that you will all have the opportunity shortly to view the activities in Buenos Aires, scientific and social, at first hand. The time is approaching rapidly for the next World Congress of Paediatric Cardiology and Paediatric Cardiac Surgery. This will take place in Buenos Aires, from 18 to 22 September 2005. The first announcement for the Congress appears on the back cover of this issue of the journal. Organisation of the Congress is in the capable hands of Billy Kreutzer and Horacio Capelli. Jane Somerville and Aldo Castaneda have been selected as the Presidents of the meeting, richly deserved honours in the light of their long, strong, and continuing connections with South America. We hope to keep you informed of progress with the arrangements for the Congress. If all goes well, we will publish the abstracts of the meeting in *Cardiology in the Young*. In the meantime, the important information concerning the Congress is provided in the initial announcement.

The second item of particular importance in this issue is the suggestions given for a change in the pattern of training for paediatric cardiologists in the United Kingdom.[3] While these specific proposals are particular to the existing programme for the United Kingdom, a programme that is regulated by the Joint Committee for Higher Medical Training, based at the Royal College of Physicians in London, the principles discussed by Christopher Duke and Shakeel Qureshi are of relevance throughout the World. The existing programmes of training in the

United Kingdom are rigorous and lengthy, as they are in North America and the European Union. In the United Kingdom, however, there is currently a marked shortfall of paediatric cardiologists, particularly when comparisons are made of the numbers of specialists practising in tertiary centres of comparable size in North America or parts of the European Union. The government of the United Kingdom has committed itself to increase the number of specialists. This is not easy immediately to achieve. The obvious solution is to shorten the length of training needed to become accepted as a specialist, and this is the option already agreed for those training to become general physicians in the United Kingdom. In their proposal, Duke and Qureshi[3] offer suggestions as to how this principle could work for Paediatric Cardiology, permitting trainees to become "specialists" having completed a basic core, and then proceeding for further training should they wish to sub-specialise in topics such as interventional cardiology, echocardiography, foetal cardiology, and so on. The curriculum suggested by Duke and Qureshi[3] is designed specifically for those wishing to specialise in interventional cardiology, but the concept is equally applicable to the other sub-specialties. Within the United Kingdom, there is little doubt that it will be essential to shorten the period of training, since the existing shortage of specialists is further compounded by new rules imposed by a new contract, still under negotiation, and the 48 hour limit imposed by the European Directive for hours worked each week. Shortening the period of training, however, is not without its dangers, since it is naïve to expect that trainees will emerge from a shorter period with the same expertise they currently achieve in the United Kingdom after 5 years of concentrated training. The proposals currently put forward by Duke and Qureshi[3] are currently of direct value only in the United Kingdom, not least because in most of the remaining countries of the European Union, Paediatric Cardiology has still to be accepted as a specialty in its own right. This must surely change. Until it does, we must all work together to ensure that the programmes of training currently provided are as good as we can make them. In my opinion, the suggestions of Duke and Qureshi[3] point the way forward, but I view the scene from the periphery. As indicated in my opening sentences, we would welcome further debate through the pages of the journal.

Robert H. Anderson
Editor-in-Chief

References

1. Neirotti R. Paediatric cardiac surgery in less privileged parts of the world. Cardiol Young 2004; 14: 341–346.
2. Becker AE. 35 years of cardiovascular pathology in Amsterdam. In: Anderson RH, Moorman AFM, Pick JJ, van der Wal AC (eds). Academic Medical Center, Amsterdam, 2004.
3. Duke C, Qureshi SA. Proposals for future training in interventional paediatric cardiology. Cardiol Young 2004; 14: 347–356.

https://doi.org/10.1017/S1047951104003014 Published online by Cambridge University Press