

## From the Editor-in-Chief

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THE ISSUE YOU ARE NOW READING IS OUR FINAL offering for 2002. I would draw your attention at the end of this editorial to the long list of those who, during the year, have acted as referees. These experts, of course, are in addition to members of our Editorial Board. The length of the list indicates the volume of material submitted to us over the past year. We, as editors and publishers, owe a huge debt of gratitude to all these referees, and an equal debt to the enthusiastic members of the Board. We offer no remuneration for the hard work undertaken by all these colleagues, so we are the more indebted for the time and trouble they take in preparing their reviews. Without their commitment, and the timely submission of their reports, we would be unable to maintain the quality of the Journal, nor to continue to publish very close to our cover date.

In fact, our regular readers will be aware that, through the year, we have had problems in publishing the issues so that they arrive on your desk in time to meet the deadline of the first day of the month printed on the cover. The more perceptive of our readers will have noted that, in September, we resorted to subterfuge, and rebadged the September issue so that it appeared with an October label. We will now continue this strategy, with the current issue appearing with a December dateline, rather than November as in previous years. The first issue of 2003 is now scheduled to appear on 1st February. We all hope that the month we have gained by our relabelling will permit us to meet the promised dates of publication. We now have no further excuses. We are also aware that some of our subscribers have experienced troubles with delivery. If you have experienced such difficulties, then be sure to bring them to our attention.

I would also draw your attention to the important message from the Association for European Paediatric Cardiology concerning continuous medical education (see pp 609–610). As explained by the President and the Secretary-General, the Association is now taking the steps needed to validate the manifold events which take place throughout Europe, and which contribute to continuing education once professionals have achieved their rank as specialists. There can be no question but that these activities, and their accreditation, are here to stay. We all need to be aware that the process of validation by the Association is time-consuming, and costs money.

Readers will also note, however, that the costs involved have not been specified in the Newsletter. Suggested tariffs were circulated to members of the Association in the summer newsletter. I wrote to the Secretary-General pointing out some anomalies in the proposed pricing structure, since the charges could create problems for those such as myself who organise small meetings of highly specialised nature, with a limited budget, such as seminars concerned with advanced cardiac morphology. My understanding is that discussions are to take place with the European Board of Accreditation in Cardiology in an attempt to resolve the potential problems. The Board of Accreditation is a professional structure consisting of volunteers, not a business organization. But it, too, has its own expenses. We must accept that the Board needs a certain time to react, and that decisions cannot be taken on demand. The bottom line is that we must all accept that there will be a cost to the provision of continuing professional development, and additional funds are required to support its necessary accreditation. We can rest assured that, at least for those of us working in Europe, the Association for European Paediatric Cardiology will do its utmost to ensure that the costs remain within reasonable bounds.

In closing my remarks for this calendar year, I would also direct attention to two additional articles in the current issue. The first is the important report of the Task Force of the European Society of Cardiology concerned with interpretation of the neonatal electrocardiogram (see pp 592–608). The task force, under the chairmanship of Peter Schwartz, includes the most expert practitioners in Europe and the United States of America. Since the group represents the European Society of Cardiology, the report has initially been published in the *European Heart Journal* (2002; 23: 1329–1344). We were approached by the authors, who considered that the report also deserved a home in *Cardiology in the Young*. We were delighted to agree to this request, and we thank the editors of the *European Heart Journal* for permitting us to co-publish this important document. The second article is the review of aorto-ventricular tunnels that constitutes our own contribution to continuing medical education (see pp 563–580). I am biased in my opinion of this article, since I am a co-author. In preparing the work for publication in association with Roxane McKay and

Andrew Cook, however, my own understanding of these difficult lesions improved out of all recognition! I now consider that I am beginning to appreciate the morphology of the lesions, which when communicating with the left ventricle are conduits that by-pass the hinge-point of the aortic valve. I hope that the illustrations make the anatomy easier to understand for one and all.

Finally, we are publishing a Letter in this issue that carries a question for you all concerning normal echocardiographic dimensions of the left ventricle (see p 611). Will those of you who may be able to help Dr Öztunc please post your replies on our website ([www.greenwich-medical.co.uk](http://www.greenwich-medical.co.uk)).

On behalf of my co-editors, and our publishers, I wish you all a very merry festive season, and a successful New Year.

Robert H. Anderson  
Editor-in-Chief

### Acknowledgement to reviewers

In addition to members of the Editorial Board, we are greatly indebted to the following people, who have given freely of their time and expertise in evaluating the papers submitted to the Journal. It would be difficult to maintain our high standards without their continuing support, and we thank them all.

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