

From the Editor-in-Chief

READERS OF OUR PAGES WILL HAVE BECOME aware, in recent years, of the increasing importance of continuing professional development. In the United Kingdom, for example, it is now incumbent for all specialists to provide evidence of their programme of continuing development. This, in turn, is an integral component of their annual appraisal. Satisfactory appraisals over a period of five years will now be accepted as the basis for re-validation. Within Europe, the Association for European Paediatric Cardiology has taken the responsibility for the coordination of continuing professional activities relating to paediatric cardiology. In this respect, not only do the Association organise educational and training activities during their annual meeting, but they also validate other programmes organised by national centres and submitted for accreditation to the European Board of Accreditation in Cardiology. Their activities relative to the European Board were described in one of the recent Newsletters from the Association.¹ I have to say, however, from my own recent experience in attempting to obtain accreditation, that the bureaucracy is significant, whilst the cost is considerable. It is much easier for us, in the United Kingdom, to obtain approval to award points for continuing professional development through our own Royal Colleges. If my experience is representative, then unless the European Board is able to simplify its own system, and charge more realistic fees, I cannot see many centres, at least from the United Kingdom, taking the time, trouble, and cost to obtain European accreditation.

As in so many other areas, Europe has tended to lag behind the United States of America in the awarding and documentation of points so as to assess the activities undertaken in continuing development. For very many years now, I have been privileged to speak at symposiums organised in the United States, and I have been awarded certificates of attendance that, until recently, have not been of great personal value. As discussed above, all that has now changed, and along with all my colleagues, I need to keep a careful check on all attendances at meetings and conferences. The number of conferences and symposiums now providing points is also increasing. Many of these combine recreational activities within their learning component. “Ski-meetings” have long been popular,

both in Europe and the United States of America. I was fortunate enough to be invited two years ago to participate in an excellent meeting in Vail, Colorado. Being totally useless on skis, the recreational component for me was somewhat wasted. Much more recently, I returned from two superb meetings held in Florida that combined the opportunity for golf and fishing with the educational activities. These meetings were much more to my liking, not least since the weather itself in Florida constitutes a good enough reason for forsaking the shores of the United Kingdom in February!

The format of the meetings, however, was equally exciting, since both stressed the need for multi-disciplinary training, something that is becoming increasingly important in our own practice. We have always encouraged nurses and persons allied to medicine to attend our own courses in “Cardiology in the Young”, held annually in London in April. We have not yet succeeded in integrating these increasingly important members of the team into the meetings and the faculty to the extent achieved by Jeff Jacobs in St Petersburg, and Gil Wernovsky in Orlando. Jeff organises his meeting together with his colleagues based in Tampa and St Petersburg. Gil, in contrast, organises his meeting in Florida, but on



The newest members of our editorial board, Drs Gil Wernovsky (to the left) and Bill Gaynor, are photographed in the cardiac intensive care unit at Children's Hospital of Philadelphia.

behalf of Children's Hospital of Philadelphia. It is encouraging to note the way in which Jeff and Gil have worked to combine the attractions of their meetings. Next year, unfortunately, due to the inability to book adjacent times, as advertised within this issue of the Journal, the two meetings will be held almost one week apart. But it will be no hardship for those wishing to attend these meetings to spend a week relaxing in Florida over the intervening period.

Both of the organisers are also now committed to involving "Cardiology in the Young" not only in the promotion of the meetings, as shown elsewhere in this issue, but also in documenting the best material presented at the meetings. Jeff Jacobs is already working to prepare a supplement, to be published in the journal, that packages the best information presented at this year's meeting in St Petersburg, which

was devoted to hypoplasia of the left heart. Next year, we hope to prepare a supplement incorporating the best from both meetings. In recognition of Gil's commitment to the Journal, we have now asked him to join our Editorial Board, strengthening the new additions announced in the February issue, which included Jeff Jacobs. We are delighted to be able to announce that Gil accepted our invitation, as did his young surgical colleague, Bill Gaynor, also from Children's Hospital of Philadelphia. We are pleased to welcome both on board.

Reference

1. Daniëls O, Oberhänsli-Weiss I, Weber H. Newsletter from the Association for European Paediatric Cardiology. Continuous Medical Education. *Cardiol Young* 2002; 12: 609–610.