

From the editors

News and comments

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THE HOT TOPIC IN THE UNITED KINGDOM AT PRESENT is Postgraduate and Continuing Medical Education. The distinction between the two, not immediately apparent to many of us, is crucial. Postgraduate Education is the process of learning which continues until a "junior" doctor receives his certificate of specialization. The matter of the adjudication of achievement of specialist status is also of importance, with the European Union seeking to achieve uniformity in this respect among its member states. This raises still further problems where the standards set by the European Union do not necessarily match those of the member states, but that is very much another story. Continuing Medical Education is the process of learning which continues after the doctor has become a specialist, and is held to be an advantageous process up to retirement. Such a process of continuing medical education has long been recognized and organized in the United States of America. Points have been awarded, courses have been accredited, and physicians have kept records of their activities. The legislation of this activity, and the better organization of postgraduate training, are relatively new events in Europe, certainly in the United Kingdom. Within the United Kingdom, the legislation of the activities achieves much more significance, because all of the physicians are employed by the Government. Here lies the rub. The proposals to streamline the path for postgraduate training leading to specialization, and for subsequent continuing medical education, are entirely laudable, and are accepted by virtually all senior members of the medical profession. But this has marked "knock-on" effects. At present, those seeking to become Paediatric Cardiologists in the United Kingdom must climb the ladder through multiple junior posts, becoming successively Senior House Officers, Registrars and Senior Registrars. Under the new proposals, the Registrar and Senior Registrar grades will be unified, and the doctors will be required to spend half their time in active learning. It is also an acknowledged fact, nonetheless, that levels of Consultant staffing in the United King-

dom are significantly less than, for example, the United States of America. Much of the work is done by the Senior Registrars. If half of their time is now to be spent in learning, the work will need to be taken over by the Consultant. The teaching also will need to be done by the Consultant. Already the Consultants are overstretched. Unless there is a significant increase in the numbers of Consultants, it is impossible for the system to work. Yet the Government expects the new system to be installed without any increase in finances. To our eyes, this is an obvious impossibility. This is then compounded by the fact that the Consultants themselves are expected to attend sessions for their own continuing medical education. Everyone waits with interest to see how things will turn out.

In the meantime, there is an obvious need for standardization of training requirements. In Europe, the *Association of European Paediatric Cardiologists* is making plans to provide this standardization. There is also the equally obvious need for courses providing basic training for postgraduate education, and higher powered training for continuing medical education. These plans are very much in the melting pot. The British Paediatric Cardiac Association is taking in hand the need to centralize and coordinate these activities in the United Kingdom, and those providing teaching courses will almost certainly welcome the opportunity to make them available to all who wish to attend. There is the need to disseminate the information concerning such courses. This is where *Cardiology in the Young* can help. We are concerned with education in general, and, as is known, we are actively involved in planning and coordinating teaching meetings. One of our meetings will be held in Manila in November of this year. We can also advertise programs organized by different societies if we are provided with suitable copy. We can coordinate a "Calendar of Events." We will be delighted to publish opinions from any of our readers on the way forward in Continuing and Postgraduate Medical Education. The education of our junior colleagues is, in many ways, our most important task. Let's make sure, as we approach the millennium, that we do it expeditiously and properly.

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We now turn our attention to this issue of *Cardiology in the Young*. We are very pleased to publish in this issue an excellent group of articles from all over the world, with five continents represented. We bring to your attention an article from our HEALTH POLICY editor and an accompanying commentary from London on the Resource Based Relative Value Scale for children as it applies to cardiovascular services. While this concept has an American heritage, we all face similar issues as we struggle to provide ever increasingly expensive health care while being constrained by stringent cost control measures. Anyone involved in delivering care to children can identify with how limited such resources can be. We invite you to share with your colleagues throughout the world via *Cardiology in the Young* how you are grappling with such issues.

We are again delighted to publish as a supplement in this issue the abstracts from the XXX Annual Meeting of the Association of European Paediatric Cardiologists, which

was held in Bologna in May. From all reports, Fernando Picchio organized a most successful meeting. The next meeting will occur in Sweden and we hope our relationship with the *Association of European Paediatric Cardiologists* will continue.

Finally, in the next issue we plan to announce an expansion of our activities in Asia, which we anticipate will be quite important to our future in insuring and enhancing the editorial content of *Cardiology in the Young*. These announcements will be made publicly at the *Tokyo Symposium* in November. We hope to see you in Tokyo and Manila.

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