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From the Editor

IN THE UNITED KINGDOM, THE BEGINNING OF THE second year of the new millenium is a period of expectation and uncertainty for paediatric cardiac services. In recent issues of the Journal, we have made references to the happenings in Bristol in the ten or so years spanning 1990, and the influence they have had on the expectations of the parents of infants and children with congenital cardiac malformations.[1] We have also published an account of an interim report of the government inquiry into this affair dealing specifically with problems relating to the retention of organs subsequent to postmortem examinations[2]. Very shortly, the final report of the inquiry will be published, as will a similar inquiry, albeit on this occasion established by the hospital itself, to examine allegations of poor results of treatment for patients undergoing diagnosis and treatment at the Royal Brompton Hospital, particularly in children with Down's syndrome. It is expected that the results of both these inquiries will have far-reaching consequences for the provision of services for children born with congenital cardiac malformations in the United Kingdom. Almost certainly they will demand a more rigorous audit of the results of treatment. Anticipating this outcome, all specialist centres dealing with congenital heart disease in the United Kingdom have agreed to submit their results of cardiac surgery and interventional catheterisation to a central audit data base. The results from each individual centre, after validation, will be compared to the overall experience, permitting rapid identification of any centre in which performance is deviating from the norm. At the same time, pressure is mounting for the regular appraisal of all doctors by their peers. Recognising that doctors dealing with congenital heart disease work as a team, the British Paediatric Cardiac Association has proposed that the centres themselves should be subjected to regular peer-review. A system for review has already been established, with the results of treatment being one of the most important yardsticks of satisfactory performance. Activities of this kind are also underway elsewhere. Indeed, in this issue of the Journal, the Newsletter of the Association for European Paediatric Cardiology publishes the requirements for centres wishing to undertake training of those starting a career in Paediatric Cardiology (pages 128-129), guidelines which were agreed at the Annual Meeting held in Strasbourg in June, 2000. Part of the requirements is that all centres wishing to undertake training submit themselves to regular peer review. It is likely that similar systems will eventually be developed in most other countries. In the coming years, therefore, it seems likely that assessment of centres and individuals will become a regular event throughout the world.

If such assessment is to be successful, then uniform criterions will be required so as to assess the success of each unit. This, in turn, will require uniform collection of data, and the standardisation of diagnosis. Recent events have set the scene for such uniformity to become a reality. Within the last year, attempts have been made to produce an internationally acceptable system for the coding and classification of congenital cardiac malformations. Such attempts to produce a common nomenclature are not new. In the early 1980's, Lodewyk Van Mierop made a concerted effort to produce such an internationally agreed system, and came within a hair's breadth of success.[3] Now, once more, we are close to achieving this goal.

It was unfortunate, to some extent, that the efforts of the past year appeared in duplicate. The Association for European Paediatric Cardiology produced the European Paediatric Cardiac Code, with its short and long lists, which was published as a supplement to this Journal.[4] Unknown to those working on the European code, a remarkably similar system, again with a long and short list, was being produced by a subcommittee of the Society of Thoracic Surgeons of the United States of America. This system was published in April as a supplement to the *Annals of Thoracic Surgery*.[5] The larger part of the two systems are interchangeable, and the philosophies of categorisation is very similar. There are, nonetheless, one or two items that remain controversial. Furthermore, although the system developed by the surgeons is intended to be 'International', and because the European code was of necessity produced exclusively by Europeans, there are many countries and Associations which have had no opportunity to make their own contributions to either system, or to endorse the end result. At any event, at the meeting of the European Association of Cardiothoracic Surgery held in Frankfurt in October, representatives of

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these two systems agreed that the differences between them should be removed. In the first instance, this will be achieved by cross-mapping the two short lists, so that the items themselves will be comparable even if the names used to describe their contents continue to differ. In fact, this cross mapping has virtually been completed, thanks to the immense efforts of Rodney Franklin and Jeff Jacobs. Furthermore, the sub-committees representing the 'owners' of these two systems have also agreed to meet together so as to attempt to unify completely the codes and produce an agreed nomenclature. At the same time, it is recognised that any proposed code, if it is to become universal, will need truly international recognition. It is hoped, therefore, that a meeting will be convened at the time of the World Congress of Paediatric Cardiology and Paediatric Cardiac Surgery shortly to be held in Toronto. It is our hope that all those with an interest in this crucial topic will attend this meeting, or else indicate their interest through the pages of the Journal. We are prepared to publish the views of any who wish to contribute to the topic, particularly if the views are those of International or National Societies. A nomenclature that is accepted throughout the world will be the first step to providing the stratification of risk that is required for valid comparison of results of treatment. And, as we have indicated, all of us involved with Cardiology in the Young will become liable to detailed scrutiny in the very near future. So, for those of you with anything to say, our columns and website are at your disposal. We also plan to bring you more news in the next issue of plans for Toronto. We hope that you all have this important meeting in your diaries. Details are available in the website of the Congress at www.pccs2001.com. The site has already achieved over 13,000 "hits"! *Cardiology in the Young* will be well represented, since we will publish the abstracts of the presentations, and once more we will sponsor the Young Investigator's Award. Publishers and Editors will be present in Toronto, so this will be the time to make your opinions known to us. Despite the uncertainty the New Year brings, it will also give us an opportunity to renew old acquaintances and make new friends. We hope to see many of you there.

Robert H. Anderson
Editor-in-Chief

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