Foreword

Echocardiography 1994

This supplement has been produced by the British Society of Echocardiography (BSE), a group affiliated to the British Cardiac Society. We hope that an echocardiography supplement will appear annually and will interest cardiologists, technicians, and others involved in echocardiography. The supplement is an appropriate place to publish abstracts presented at the BSE scientific meetings and also to publish position papers commissioned and endorsed by the BSE. Both the papers and abstracts have been peer reviewed, in line with the requirements of the *British Heart Journal*.

The first BSE supplement contains 21 echocardiography abstracts presented during the 1993 winter scientific meeting of the society, which was held in Harrogate, Yorkshire. These abstracts cover a range of echocardiographic topics grouped under three main headings: transoesophageal echocardiography, stress echocardiography, and left ventricular function. Areas of current clinical interest including myocardial viability, contractile reserve, and evaluation of left ventricular function after myocardial infarction are covered, together with abstracts describing the application of new technology such as colour Doppler tissue imaging, multiplane transoesophageal echocardiography, and automatic boundary detection.

Though we rely on Doppler technology to assess prosthetic heart valves little information on normal flow values takes into account the multiplicity of valve types, models, and sizes. The position paper on prosthetic valve assessment by Chambers and colleagues brings together such data and also offers practical advice and recommendations (endorsed by the BSE) on the approach to this type of echocardiographic evaluation. All the authors of this position paper have been chosen for their expertise and extensive publications on this topic and we are sure that readers will find the consensus they provide both informative and useful.

Transoesophageal echocardiography is now recognised as an important technique that complements conventional transthoracic studies. However, it takes much more than the simple, but expensive, purchase of an appropriate probe to establish the technique within a department. In their paper Saltissi and colleagues describe how to set up a transoesophageal service and they cover staff requirements, training, complications, and various practical aspects of performing the examination. The information provided will be useful not only to those considering or actually establishing such a service, but also to those in departments that already perform transoesophageal studies who may wish to review existing protocols and procedures.

Fetal echocardiography can identify severe congenital heart disease and thus allow the options of counselling, planned delivery, intervention, or termination to be considered. None the less, fewer than ten centres in the United Kingdom have appropriate expertise in fetal screening for cardiac anomalies. Wyllie and colleagues (pages 20–27) consider the implications of offering universal fetal cardiac screening. They base their conclusions

on a detailed audit of such a service provided within the Northern Health Region. The paper offers practical advice, based upon the authors' own experience, of how such a service should run. The paper also suggests future directions for provision of fetal cardiac screening services. Wyllie *et al* point out that fetal screening is here to stay because parents want it and because it increases our knowledge of congenital heart disease. Implementation of such a service needs careful audit because it has grave implications for the parents and requires considerable expertise. We expect that this paper will form an important part of the continuing debate on the use and provision of fetal echocardiography services.

Currently there are no official guidelines or recommendations for training in echocardiography in the United Kingdom or in many other European countries. This has led to a widespread disparity in the range of skills and expertise held by those who deliver echocardiographic services and there are major variations in the content and quality of training courses. For almost two years the education and training subcommittee of the BSE has been working to produce appropriate guidelines and a training syllabus. The proposals appear on pages 2–5. The European Society of Cardiology too is considering adoption of some of these proposals as the basis of a forthcoming European echocardiography training strategy. The training document establishes three distinct levels of echocardiographic expertise and recommends appropriate practical and theoretical training to achieve these levels. Mechanisms for validation and accreditation of training courses are also proposed, together with an optional assessment process for those performing and reporting echocardiographic studies. The medico-legal implications of the reporting of echocardiographic studies (especially by non-medical staff) are also discussed. The syllabus, registration forms, application forms for accreditation and establishment as a reference site, and the log-book necessary for those undergoing practical proficiency accreditation are available from the BSE. Establishing a recognised training programme for doctors, technicians, and others involved in delivering echocardiography services is a major objective of the BSE.

The British Society of Echocardiography is a young organisation that already has more than 500 members and is expanding rapidly. The BSE aims to promote echocardiography within the United Kingdom by training, practical application, and academic research. This supplement to the *British Heart Journal*, which contains items on both research and service delivery, is one of many activities directed at achieving these aims. The BSE welcomes feedback and suggestions from readers.

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