

EDITORIAL

The British Society of Echocardiography – a legacy of leadership

Guy Lloyd MD FRCP

Eastbourne District General Hospital, East Sussex NHS Trust, Kings Drive, Eastbourne BN21 2UD, UK

Correspondence
should be addressed
to G Lloyd
Email
guy.lloyd@esht.nhs.uk

Echo Research and Practice continues the 23-year evolution of the British Society of Echocardiography (BSE). Founded in the summer of 1990, the society has led the development of echocardiography to the point where it is one of the foundation stones of modern cardiovascular practice in the UK (www.bsecho.org/the-society/society-info/). For over 15 years, the society has run a programme of individual accreditation, which is recognised all over the world as a benchmark of competence; for 10 years the society has been accrediting departments against rigorous quality standards, and most recently, has extended accreditation out of the echo department and into the wider hospital, with accreditation in intensive care echo. Throughout this period, the society has run a portfolio of highly successful learning opportunities and an in-house publication, *ECHO*, which is regularly read by our 3000 society members. Much that the BSE has achieved has been influential on the international stage, as have many senior members of the society.

Drawing on its history, the society has chosen this moment to launch a new educational/intellectual venture, *Echo Research and Practice*, an inclusive broad-ranging journal aimed at those who use echocardiography in their every day practice. As the world of echo is changing so fast and in so many ways, there needs to be a significant volume of high-quality research to underpin the evolving practice. Technological developments have already placed an echo machine in the palm of the examiner's hand. Miniaturisation will simply increase the unstoppable trend towards ultrasound of the heart being used at the point of care. Already, evidence has shown that novice ultrasonographers can be rapidly trained to the level where they can correctly interpret scans with an

acceptable frequency, but more importantly they can come to a more accurate clinical diagnosis rather than using clinical skills alone (1). A high-quality protocol-led practice in handheld ultrasound could have a major impact on the accuracy and timeliness of patient care. But this practice cannot occur without significant evaluation of technologies, of models of practice and of the ultimate clinical outcome. Similarly, new indications are continually developing that the whole science of cardiology, virtually unheard of before the widespread use of trastuzumab, is critically dependent on echocardiography and, increasingly, the new technological innovations such as the two-dimensional strain (2). The use of echocardiography during cardiac anaesthesia is very well established, but increasingly it is a vital tool for both diagnosis and monitoring therapy on the intensive care unit. The BSE wishes submissions to this journal not to be confined to the usual avenues of the academic cardiology department (although these will, of course, be most welcome), but from all areas, and all disciplines, where echo is being used in routine practice.

One of the great strengths of UK echocardiography is the role of dedicated cardiac physiologists, who undertake and independently report most of the scans in the country. The BSE is a genuine joint venture between the medical and the scientific professional groups. Recent career development for cardiac physiologists has seen the emergence of the role of a registered clinical scientist. This is a vital process and involves a much greater requirement for trainees to become involved in primary research as part of the academic credentialing system. Much of the valuable output from this process will go unrecognised unless there are sufficient opportunities for publication.

While the system known as Modernising Scientific Careers is UK-based (3), the requirement for trainees, scientific, medical or otherwise, to publish primary research is increasing worldwide. It is vital that there is sufficient opportunity in the world literature to receive these data.

There is a relative shortage of international echocardiography literature, and many journals have now broadened to encompass multimodality imaging. While there are many advantages in a joined-up approach between modalities, inevitably those articles that are of primary interest to echocardiographers, as opposed to imaging clinicians, are published in smaller numbers in these journals. *Echo Research and Practice* has been set up on an open access basis, because the BSE feels passionately that knowledge, freely available, will act as a catalyst to the development of more echo research and, by this, a virtuous circle of ever-increasing knowledge and innovation. This view is in line with the recommendations of the Finch report (4), which stated that a direction of travel towards open access or hybrid journals should be set, particularly when research is publicly funded. Many funding organisations (for instance the British Heart Foundation) insist upon grant-funded research being published in an open access manner (5).

The BSE is rightly proud of its history and this journal is the next chapter. It is the society's gift to its members, to the world of echo research, but mostly to the patients who encounter this most important technology with an increasing frequency.

References

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