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I am a consultant paediatric cardiologist. I was appointed to Bristol Children's Hospital in 1988 and in February 1989 I commenced my work on the cardiac unit.

At that time paediatric cardiac surgery was carried out on a split site. The majority of post-operative care occurred at the Bristol Royal Infirmary and was organised by the surgeons and anaesthetists. There was a relatively small amount of input from the cardiologists. Post-operatively, patients tended to be visited, often late in the day, and the cardiologist did not participate in the majority of the care decisions. We did become specifically involved though if dysrhythmias occurred or if the patient needed further studies such as echocardiography or cardiac catheter tests.

The split site did mean that we were often not involved in the day to day management which would have required seeing the patient two to three times a day.