Paediatric surgery: Birth of a new specialty or a coming of age?

The publication and approval of the curriculum changes regarding paediatric surgery and its status as a separate specialty, published in the *Government Gazette* on 17 August 2007, has been a significant milestone in the care of children in South Africa. We have followed the example of many other countries in regarding children and children's conditions as requiring special expertise, and recognising that this applies to the surgical as well as the medical treatment of this age group.

This move follows world trends. Paediatric surgery has been recognised by many countries for more than 50 years.[1] Its roots are even older, dating back to the establishment of children's hospitals in the early 1800s! In South Africa, the acknowledgement of paediatric surgery as an independent surgical discipline can actually be seen as a 'coming of age' rather than a new specialty, based as it is on the pioneering work of Professor Jannie Louw and others in the 1950s and 1960s.[2] Much work still needs to be done, however, to show the benefits of a child-orientated service in promoting and directing child health.

The recognition of paediatric surgery reflects the growing demand for special skills in the light of increased depth of knowledge and major advances in the allied specialties paediatrics, neonatology and oncology. Also of importance is the growing inter-hospital referral of complex cases. There is also now clear evidence that certain procedures obtain better results in fully supported centres with significant caseloads. Despite the obvious challenges of the surgical neonate, even 'simple' surgical procedures (e.g. pyloromyotomy, herniotomy) have specific problems related to the care of the child. Audited results of pyloromyotomy, for instance, have shown that results are specifically related to the paediatric experience of the surgeon and the institution where the procedure is performed.[3-5] Similarly, the justification for a team approach of dedicated specialists (including the paediatric surgeon) in the care of childhood malignancies is reflected in the excellent results currently being obtained in the fight against childhood cancer. As a result, it is widely accepted that there is no longer any place for the occasional surgeon in the treatment of childhood malignant tumours in the world today.

Contrary to common belief, childhood surgical problems make up a significant health problem that has generally been underestimated in developing countries. African countries have a significantly high proportion of children in their populations (up to 50%),[6] and about 85% of these children will require some surgical intervention by their 15th birthday.[7,8] The case for paediatric surgery in Africa is clearly based on population need, and given the projected population increase on the continent the role and scope of the paediatric surgeon must increase and adequate training resources must be allocated.[7]

Paediatric surgery encompasses a fairly wide spectrum of practice, with the most common areas of expertise being abdominal surgery, thoracic surgery, oncological surgery, head and neck surgery and urology.[9] With this in mind, the new South African curriculum has developed a 2-tier system that specifically accommodates alternatives in training to allow for a 4-year training following the intermediate surgical examination in addition to the current 2-year programme following general surgical specialist registration

This will lead to better care of children and influence the way things are done, particularly in the developing world

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