

Progress requires change from the norm

It is a pleasure to write this short introduction to this special edition of *Clinical Medicine*. This change of style from the normal edition of the journal is planned as a regular annual feature for the last edition of each year. The focus of this year is perioperative medicine, and was originally inspired by the launch of the Centre for Perioperative Care based in the Royal College of Anaesthetists (RCoA). We are delighted to showcase a sequence of state-of-the-art manuscripts aimed at practicing clinicians in the acute setting, jointly authored by physicians and anaesthesiologists/intensivists. Covering a range of topics, this edition – like all future themed ones – is aimed to cut across specialties and provide value to all physicians. The material is wide ranging: there are articles that will be of great help the medical registrar (perioperative diabetic care, opioid management, management of surgery in frail individuals) as well as manuscripts to help with system design (in the context of integrated care systems, ‘prehabilitation’ initiatives, shared decision making).^{1–6} The content has been invited and carefully curated by Dorian Martinez, James Goodwin, David Selwyn and many others from the RCoA who, along with the authors, deserve all the credit for this issue.

A further initiative to highlight is the new Royal College of Physicians’ journals website. *Clinical Medicine* and *Future Healthcare Journal* can now be accessed via our new site (www.rcpjournals.org) which offers an improved experience for readers with a clean design to access both current articles and our archive. The new layout optimises access to the images and clinical cases

which will update on a monthly basis. In addition, we will have a publish ahead of print facility on the new site, representing a significant advantage for both authors and readers in terms of getting content out into the public domain quicker. Finally, the impact factor (IF) of the journal has risen from 1.632 to 2.046, thanks to strong content and the hard work of the journal’s publishing team. While we are not focused on IF as a primary sign of *ClinMed*’s clinical impact, we hope that an impact factor over 2 will attract more authors to submit their best work to us. ■

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