

All change, all change

Welcome to the first issue of *Clin Med* in 2019 and my final editorial as editor-in-chief. The eagle-eyed amongst you will have noticed that there was no December edition of *Clin Med* and that this edition has arrived later than usual. This is not an oversight on the part of the editorial staff but part of a planned transition to monthly pattern of publication offerings from the RCP. Much else has changed in the past few months as well as the delivery model, as new editorial staff have started at RCP North, we bring out our first monthly jobs section, and by the time you read this I will have handed over the reins of the journal to my successor, Dr Anton Emmanuel, to whom I wish every success in the next phase of this journal's evolution.

I hope you all had a restful festive holiday and had an opportunity to recharge prior to the challenges that winter usually brings. The New Year blues often include a good number of challenges, not least an increase in staff sickness as we all bring our post-Christmas viral offerings back to the workplace! The resultant pressure on rota manning will be as acute as ever and the pressure to deliver training as well as clinical care will come under increasing strain.

In some areas trusts have employed physician associates to support the front-line doctors, with the aim of freeing up these staff to undertake the roles that only they are qualified to do and to attend key teaching opportunities. But how has this affected training opportunities for foundation-level staff? This month's *Clin Med* contains research that addresses this question¹ and presents a generally positive picture of the impact this new professional group has had. It is interesting to note, however, that despite the reality of extra time for meaningful training, there is still a hesitancy and scepticism that is pervasive, often driven more by social media comment than actual evidence.

As is tradition, the Harveian lecture features in this edition of the journal, and this year Mary Dixon-Woods gives a tour-de-force on improving quality and standards in healthcare.² While this topic has featured heavily in the *Future Healthcare Journal*, it is a critical topic in 21st-century healthcare and one that all who undertake clinical medicine must embrace. Linked to this is another interesting piece of original research that investigates hindsight bias in the assessment of the quality of care given to patients in three fictitious scenarios. It starkly reminds us that we must remain alert to using the 'retrospectroscope' when judging the clinical practice of our peers.³

The usually specialty-focused CME is also a little different this month, with extracts from the RCP's third edition of its Medical Masterclass resource. The extracts that have been selected cover a myriad of clinical areas, highlighting contemporaneous management of haematological,⁴ nephrological,⁵ cardiac,⁶ respiratory⁷ and endocrine⁸ pathologies, while the acute medical care, lessons and images follow a similar thematic course.

So, I hope there is something in this edition that grabs your attention and that you continue to enjoy the content we bring you. As I sign off I would like to say thank you to all those that have supported me in the last 2 years, when I unexpectedly took charge of this special journal. It has been a pleasure to work with both a dedicated editorial board and professional editorial staff. They are the unsung heroes of this journal, working tirelessly in the background to ensure you receive your journals on time. I hope that I leave this journal as a more modern offering than when I took over, with a clear sense of purpose as a 'go to' resource for physicians seeking quality CME and a journal that is, and always has been, the launch pad for trainee physicians embarking on their academic and clinical careers. ■

References

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