

Enabling systems to support high quality end of life care

Welcome to the first edition of *FHJ* of 2018. The journal has a new look for the new year and we will now, in recognition of the increasing volume of original research we are receiving, be moving away from predominantly themed and commissioned editions to a more balanced mix of manuscript types. Mini-themes will be continued as 'focus on' series in each edition.

The first of these focused themes looks at improving the quality of end of life care, and, in conjunction with articles in the RCP's other titles, *Clinical Medicine* and *Commentary*, we have tried to cover the whole myriad of domains that influence this area of medicine.

This edition of *FHJ* focuses on the enabling systems that support high quality end of life care with papers that cover education, culture (religious,¹ professional² and organisational³), systems design, and workforce planning issues. These areas align well with some of the threads that will underpin the content themes of this and future editions of *FHJ*. Each theme such as regulation, integrated care, generalism and leadership, to name a few, will be colour coded in a way that we hope will help you navigate to the content of most relevance to you.

In addition to the 'focus on' manuscripts, this issue also contains a brief summary of the Future Hospital Programme (FHP) final report.⁴ The collaborative care planning manuscript⁵ is a fine example of the work that has been undertaken in this important programme. As many will know, this journal and the FHP grew from the Future Hospital Commission⁶ and many of the innovative themes that underpinned this pivotal report are contained within this, and previous editions. We now look forward to working closely with the RCP's Quality Improvement (QI) Programme that will inherit the mantle for many of the FHP work streams.

One of the signs of a maturing journal is the original research that is submitted, both in terms of volume and quality, and I am delighted that we are receiving increasing numbers of submissions, particularly from trainees who are now recognising *FHJ* as a vehicle to share best practice and quality improvement initiatives. There is an example of a simple but elegant service redesign project to maintain equity of care,⁷ educational initiatives to support the transition from medical student to foundation year doctors⁸ and important lessons regarding clinical engagement in coding.⁹ Early this year we will start to be listed on PubMed Central, which should

also encourage those who want to ensure their research reaches the widest possible audience.

As always please do let me and my editorial board know your views (positive or otherwise). I hope that this edition is informative and useful to you. ■

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