

From the editor

Welcome to the first issue of 2018. I would like to extend my especial welcome to Dr Al Dowie, Senior Lecturer in Medical Ethics and Law at the University of Glasgow, who joins the editorial board as our new Associate Editor for the History and Medical Humanities section. Dr Dowie has already 'rolled up his sleeves' and proved himself a valuable and hard-working member of the team.

Two decades ago, a transformation of postgraduate hospital training in the UK was initiated following the Calman report with the introduction of the Specialist Registrar grade. For many, the introduction of a unified, time-limited higher training grade, with the expectation that a trainee would join and stay within a regional programme in a given specialty, was seen as a Good Thing. It replaced a more ad hoc system in which, after achieving MRCP, a junior doctor intent on a career in a hospital-based medical speciality would take one or more registrar and then senior registrar posts, before gaining a coveted consultant post in – ideally – their chosen specialty. There were, indubitably, many problems with the system, including knowing when (or if) one was ready to become a consultant. In the more 'competitive' specialties, it was possible to become becalmed in the senior registrar grade, awaiting a consultant post. The son of an erstwhile colleague of mine was asked at school what he wanted to be when he grew up. He proudly replied, 'a senior registrar in neurology, like my dad'.

Changes were subsequently made at the more junior levels of postgraduate medical training. Out went junior and senior house officer posts, to be replaced by the foundation years (FY) and core medical (or surgical) training.

One clear advantage of the 'old' system was its greater flexibility. In particular, it was relatively straightforward to 'take time out' from clinical training to do research. The academic community was particularly concerned about the potential impact of the introduction of the above changes on clinical academia. This led to the introduction of the academic FY programmes, intended to give junior trainees a taste of academia (primarily research, but also teaching and even management). Academic FY trainees might go on to compete for Academic Clinical Fellowships and Lectureships. But just how successful are academic FY programmes? Some might see it as somewhat ironic that, hitherto, these programmes have not been subject to a great deal of evaluation. Two papers in this issue, by Currie and colleagues, and Ologunde and colleagues, help address this deficit.

Zaman provides a helpful critique of the ORBITA trial of percutaneous coronary intervention (PCI) in patients with stable angina. Many will feel that is another lesson for modern medicine: just because we can do it (PCI), does not (always) mean we should. Elsewhere in the Clinical section are three papers addressing our quality improvement agenda: the diagnosis of leptospirosis by Russell et al., modern immunohistochemistry in lung cancer by Oniscu et al., and reconciling prescribing discrepancies by Lam et al. After these papers from a resource-rich medical setting (Scotland!), do read the account of dealing with an outbreak of Japanese encephalitis in a previously unaffected region of north-east India by McNaughton and colleagues.

As always, we have some fascinating papers in the History and Medical Humanities section. McNeill and colleagues describe how the role of the Deaconess Hospital in Edinburgh changed over its 96 year life. Lee and colleagues tell us how the bioactive compounds in the fly agaric mushroom have progressed from shamanistic hallucinogens to useful drugs such as pilocarpine and ipratropium, and are therefore of value in treating glaucoma and certain pulmonary diseases.

Finally, it my great pleasure to record that the President of the College, Professor Derek Bell, was appointed OBE (Order of the British Empire) in the Queen's New Year's Honours list. The OBE is awarded to those making distinguished or notable contributions in their own specific area of activity.

Martyn Bracewell
Editor-in-chief