

From the President

Derek Bell

President of the Royal College of Physicians of Edinburgh, Edinburgh, UK

As this issue of the *JRCPE* goes online and to print I will have been in post for almost 9 months. Over that period we have produced regular, but brief, updates for our Fellows and Members. This commentary, however, provides an opportunity to outline what has been happening and to look forward. The theme that we are developing is best paraphrased by; past, present and future.

The past provides the opportunity to build on our extensive and unique history. This includes the many Fellows and Members who have influenced the shape and direction of medicine over the centuries. There are numerous examples; one highlight in the next few months will be the launch of the outputs from the William Cullen Letters (<http://www.cullenproject.ac.uk>), all of which will be available online as digital images and which give a unique insight into correspondence medicine in the 18th century. The College buildings and contents provide the infrastructure for our daily activities and are a major resource of both architectural and historic interest. As with most aspects of age they require ongoing maintenance and care to preserve them for the future; but more of that later.

The present, as is often the case, is occupied by the current issues of the day. Over the last three decades there has been an explosion of guidelines and associated recommendations outlining standards of care. Some clear examples of improved outcomes for patients exist, cardiovascular and stroke care are often quoted, but in many cases there has been limited evidence of improvement. Understanding why evidence based medicine can be difficult to practice merits further study. Potential reasons include the overwhelming number of recommendations that impact on day to day medical practice, the lack of investment in supporting training and implementation, as well as a lack of ongoing evaluation of the benefits. However this is progressed, the continued production of guidelines without attention to evidence-based implementation will have limited impact and continue to result in variations in clinical care. A current example to improve the delivery of clinical care, led by the College, is the development and evaluation of a Standardised Prescription Chart. Medication errors remain a common cause of patient harm and the chart is designed to increase consistency and hence familiarity for all clinical staff across hospitals in Scotland with the aim of reducing prescribing errors.

Concerns are again being raised about the quality of training which, in the UK, is manifest as a reduction in trainees wishing to undertake a career in several hospital-based medical specialties. This is a trend that must be reversed and cannot wait for a further reorganisation of medical training. This requires immediate attention to detail which includes; the day to day training of doctors and medical students; highlighting their invaluable roles, providing a supportive working environment; a re-balancing of productivity towards improved quality of care and recognition of the importance of medical apprenticeship. Internationally, we should move towards increasing the commonality of curricula at all stages of medical training with a view to mutual recognition of these programmes. Going forward it will be necessary to increase the number of UK trained medical graduates to ensure sustainability of the UK medical workforce and ensure reliable delivery of 7-day health care. The role of the Federation of Medical Royal Colleges will be essential in shaping the future for physicians in the UK and internationally.

On a more positive note, the College is progressing the Medical Training Initiative (<http://www.rcpe.ac.uk/education-support/training-opportunities>) to support trainees from overseas in undertaking defined training. This programme requires greater recognition by consultants and hospital managers providing, as it does, an important mechanism to share learning internationally and support the development of medical training. Meanwhile, the MSc in Internal Medicine, jointly run with the University of Edinburgh, is growing and now has 183 postgraduates enrolled. The College is currently funding 14 scholarships – 8 for students in their first year of study and 6 to those who are now in their second year. We offer approximately 7 scholarships annually (<http://www.rcpe.ac.uk/membership/awards-and-scholarships>). Finally, the College symposia continue to be very successful and are augmented by Hot Topic Conferences and Consensus Conferences. The web streaming of these events increases our international reach with the important ability to interact in real time with audiences throughout the world and support ongoing professional development (<http://events.rcpe.ac.uk/>).

While influencing the issues of the day, the College has to plan for the future. This inevitably will build on our heritage and strengths. Our largest project is the development of a new International Education Centre.

The plans will enhance the Queen Mother Conference Centre by increasing accessibility and increase the variety and flexibility of educational events we offer. By the end of 2016 we will have a state-of-the-art facility combining our historic architecture with a bright modern feel. Providing the funding and building works progress to plan, this exciting facility will open in November 2016 for our St Andrew's Day Symposium. At present we are seeking external grant funding to support this important development.

The College is conducting a review to establish our strategic direction over the next 5–10 years, exploring how we can best support our existing and future Fellows and Members, build capacity and increase the College visibility to maximise our profile and activities. The outputs from this work will be published early in 2015, with linked implementation plans. Included as a priority will be increasing the College's academic profile, in part by working in partnership with universities and other bodies. We have just started an innovative postgraduate project with the Helen Hamlyn Centre for Design at the Royal College of Art to explore optimal hospital design. Such academic partnerships will be part of our growing Standards department, established to influence and support evolving clinical problems.

To support the increased academic work within the College we wish to increase the impact of the *JRCPE*. This will require a push from Fellows and Members to submit articles and to encourage others to publish with us, including an active correspondence section as well as increased use of social media – the journal needs you.

In closing I would like you to hold a date in your diary. As part of our future plans, we will hold an international conference in Edinburgh from 21–23 September 2016 based on our 'Past, Present and Future' theme and covering a broad range of medical topics. The draft programme is progressing well and I urge you to consider travelling to Edinburgh to contribute to the collegiality that will be an essential part of this event.

I hope this brief overview outlines the vibrant nature of the College and our ambitious plans over the next three years. As always I am indebted to those who give their time and enthusiasm to our work. Your support and input to the College is essential so please continue to let us know how the College can support all Fellows and Members.

INVITATION TO SUBMIT PAPERS

We would like to extend an invitation to all readers of *The Journal of the Royal College of Physicians of Edinburgh* to contribute original material, especially to the clinical section. The *JRCPE* is a peer-reviewed journal with a circulation of over 8,000. It is also available open access online. Its aim is to publish a range of clinical, educational and historical material of cross-specialty interest to the College's international membership.

The *JRCPE* is currently indexed in Medline, Embase, Google Scholar and the Directory of Open Access Journals. The editorial team is keen to continue to improve both the quality of content and its relevance to clinical practice for Fellows and Members. All papers are subject to peer review and our turnaround time for a decision averages only eight weeks.

We would be pleased to consider submissions based on original clinical research, including pilot studies. The *JRCPE* is a particularly good forum for research performed by junior doctors under consultant supervision. We would also consider clinical audits where the 'loop has been closed' and a demonstrable clinical benefit has resulted.

For further information about submissions, please visit <http://www.rcpe.ac.uk/policy-standards/jrcpe-information-contributors> or e-mail editorial@rcpe.ac.uk. Thank you for your interest in the College's journal.

The Editorial Team,
The Journal of the Royal College of Physicians of Edinburgh

