

From the editorial team

I have been invited by the Editor-in-Chief (EiC) of the *JRCPE*, Dr Vinod Ravindran, to write this 'From the Editorial Team' piece for the second issue of 2019. As an Associate Clinical Editor in my second term, I have seen steady progress of our College Journal, although there is always room for further improvement. As we march on through the year, the *JRCPE* is expecting a transformational change, including a standalone web page for *JRCPE* with easily navigational tabs, Altmetrics and, starting with this issue, availability of published articles in HTML format. We are also hoping to introduce an electronic manuscript submission platform in due course. Under the leadership of Dr Vinod Ravindran and with support of the College, the editorial team hopes to scale up the Journal for a more global presence but at the same time maintain our unique identity. This will not be possible without significant contributions from you, the readers, who have been with us all this while. We thank you for your continuing support.

Having the role of editor and reviewer I always find peer review particularly challenging, and the paper by our EiC has said it all. Peer review is driven by the extremely demanding scientific, academic and publishing developments of our modern digital age. As rightfully highlighted in the paper, all of us need to play a role in being the gatekeepers of ethical review. On my many other roles in life, work–life balance is often a fine thread. Bostock provides her very own personal and honest account of burnout, and shares her thoughts on how burnout can be managed. For further reading, please also refer to my 2015 *JRCPE* paper (Lee YY et al. Burnout in physicians. *J R Coll Physicians Edinb* 2015; 45: 104–7).

The rise in elderly population is a global phenomenon, and often they are underserved in many parts of the world. This variation in clinical service, both acute and in the community in Scotland, is highlighted by Donaldson et al. In the accompanying editorial, Bowman suggests a rejuvenation of care homes as a means to reduce this service disparity. On the education front, Roycroft and Bhandari explore the factors that influence satisfaction of Core Medical Trainees. In their survey from the Yorkshire and the Humber region, satisfaction was best achieved through close daily clinical supervision rather than one-off educational experiences.

Also in this issue, Gabr reviewed what is probably one of the more important elements in determining effective cardiopulmonary resuscitation teams – the nontechnical skills of the team leader. He concludes that training is vital, best implemented via simulation courses and debriefings after resuscitation. Macdonald and colleagues present their NHS Grampian pathway on the management of high-risk

population with malignant spinal cord compression. While there is already a few of such published pathways, access is often dictated by availability of local services and resources, and, therefore, a local guideline is more relevant.

The current issue also reports a variety of interesting cases, including the under-recognised or forgotten conditions of retroperitoneal fibrosis and cannabis hyperemesis syndrome, serving as a reminder to all that these are still relevant diseases. The management dilemmas of disseminated Lyme disease, steroid refractory complicated giant cell arteritis and ictal asystole are also reported. Images of rare neurological presentations include Sturge–Weber syndrome, Lambli's excrescence and Kosaka–Shibayama disease. Lastly, although rare, but if identified, the aberrant mitral valve chord with anomalous insertion into the atrial wall deserves aggressive medical attention to prevent subsequent severe mitral regurgitation.

Pandey and Goyal discuss the doubtful benefits of low-dose methotrexate in prevention of atherosclerotic events among patients with previous coronary disease and either type 2 diabetes or metabolic syndrome. They contrast the Cardiovascular Inflammation Reduction Trial (CIRT) with the canakinumab study (CANTOS) and conclude, in their opinion, methotrexate will not reduce coronary events unless there is a concomitant condition with high inflammation, e.g. rheumatoid arthritis.

Lastly, the two papers in the history and medical humanities section examine the issues of exchange of medical knowledge in the late eighteenth and early nineteenth centuries and how the English physician and chemist George Pearson solved the mystery of age-related blackening of lungs in the general population.

The editorial team is always seeking suggestions or opinions on how we can better ourselves to serve the College Journal. We welcome any feedback by email to the editorial office at editorial@rcpe.ac.uk.

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