

new services through a 'private finance initiative' and 'challenge finding'. Indeed, a number of newly-erected and commissioned hospitals have been paid for in this manner. This only one aspect of the funding stringencies that now restrict the operational activities of the NHS.

Two other problems which are with us and getting worse relate to recruitment and morale. Recruitment to the nursing profession, laboratory medical-based posts and a few other specialties is at an ebb and, although new ideas are being brought in to resolve these problems, the shortage is acute and increasing. Morale is low among all grades of staff - recently-published reports cataloguing the increasing number of doctors retiring before their sixtieth birthdays, and the resort by younger doctors in particular to substance abuse, may be further telling symptoms of underlying job dissatisfaction.

Birthdays and anniversaries are a time for general stock-taking, and the coming of age of the NHS should be no exception. A concerted multi-professional effort is required: the will is there both politically and professionally.

CHANGES TO *PROCEEDINGS*: ARE THEY NEEDED?

Fellows and Collegiate Members will understandably be asking why *Proceedings* is to change in 1999. As recently as April 1998 it contained a report on the questionnaire sent to 1,395 of them, a survey which showed that, irrespective of their place of practice,¹ *Proceedings* was almost as popular as *Current Medicine*. What was not asked in the survey was how many actually read *Proceedings*, which type of article was preferred and why so few papers of clinical and scientific interest are submitted for publication. With the wisdom of hindsight that would have been useful information.

It might surprise some to learn that a College publication is a relatively recent thing, the first *Chronicle* (as it was then called) being published in January 1971 under the editorship of Dr Chalmers Davidson. Its aim was to 'improve the flow of information between the College in Edinburgh and Fellows and Members (particularly the latter) in all parts of the United Kingdom and abroad'. In addition to reports, news items and correspondence columns, the Editor promised that 'the Treasurer will also have an opportunity to lighten our hearts by his revelations and prognostications.'²

Shortly after Dr Sircus succeeded Dr David Boyd, the second Editor, there took place a lively debate on the future of the *Chronicle* at a Quarterly Meeting in 1987.³ Opinion was sharply divided between those who felt it should be a scientific journal and those who enjoyed its entertaining records of journeys, its moving accounts of human courage and sacrifice in battle, and its historical papers. No-one could dispute the rising costs of publication and the near impossibility of attracting advertisers. It was at this time that the title *Chronicle* was changed to *Proceedings*.

In his thought-provoking editorial, marking the handing over of his editorial pen, Dr Sircus reminded us of the forecast that by the year 2000 there will be 800,000 scientific journals, and that only a small minority of papers are read by any one individual

and only a few are subsequently cited and so widen readership.⁴ Like it or not, we are caught up in the electronic revolution and must ask whether the future lies in 'hardcopy' journals or on websites, whether those who follow us will learn from books or CD Roms. Of immediate relevance to our College, it has to be asked if there is now any place for *Proceedings* and, if so, what place, what content, what balance.

In 1641, Lucius Cary, 2nd Viscount Falkland, told the so-called Long Parliament in London 'When it is not necessary to change, it is necessary not to change.' Oh that politicians and self-styled experts since then had heeded such wise counsel! The Council of our College certainly did before it authorised recent changes in *Proceedings*!

Proceedings was challenged by the escalating costs of publication, largely brought about by paper costs rising faster than the cost of living. Rather than reduce the number of pages it was decided to effect savings by changing to A4 size pages - incidentally, a more popular size with libraries and archivists. Council recognised that attracting advertising is easier said than done, our readership being highly specialised and scattered round the world. Nevertheless every effort is being made to sell space.

Even before the results of the College survey were published, *Current Medicine* had been incorporated into *Proceedings*, highlighting the importance that the College attaches to Continuing Medical Education (CME). Attractive as was the proposal that it be a separate publication, the College has neither the funds nor the sponsorship to make this possible. However, to make access and reading easier, the CME section in *Proceedings* will be colour-coded and, as has now become almost standard practice, key points will be highlighted in boxes, a decision not taken lightly and likely to upset some readers.

Equally contentious will be the decision to have peer reviews but, again, this change was deemed essential if more high-quality clinical and scientific papers are to be attracted. We were impressed by the wealth of anecdotal evidence that many young colleagues did not feel it worth their while submitting papers to a non peer-reviewed journal, loyal as they are to the College. Some papers will continue to be invited by the Editor and his colleagues and, though not strictly peer reviewed, will nevertheless be sent to very senior and expert colleagues for comment and advice.

Over the years, one of the riches of the journal has been its non-scientific papers, whether on history, ethics, philosophy, plants or people. There will continue to be a section devoted to them, for their inclusion is a necessary reminder that the good physician is more than a man or woman skilled in medicine, important as that is. He or she is someone with a knowledge of, and respect for human nature, based on historical, literary, religious and philosophical insights.

Thus there are now three sections in *Proceedings*, each with dedicated editors, one for clinical and scientific articles, one for CME, and one for the heterogeneous group just described.

It is no accident that our College, like other similar centres of learning and excellence, has its Fellows - a well chosen word. As the Annual Report shows, they are to be found all over the world. Taken together they form, in the truest and richest sense of the word, a fellowship of kindred spirits. They have so much in common; their medical knowledge and skill, their commitment to relieve suffering in its myriad forms, their quest for the meaning of life and of suffering, their dealings with politics, politicians and planners, their respect for cultural, ethnic and religious differences. Always in the mind of Council, whatever it is discussing, is the question of how it can enhance the sense of fellowship. How can it help the Fellow in Pakistan or India as well as the one in North America or the United Kingdom? One way is through *Proceedings*.

Committed as it is to making maximum use of the worldwide web, many articles

and items of interest from *Proceedings* will be also be published on the College Website and Fellows and Members with access to the internet are encouraged to communicate with the Editor and his staff electronically. This should help to bring us closer together and foster fellowship.

Perhaps the changes will be more modest than the new format and presentation might have suggested, and less than many have wanted. That they were needed is certain. Much of the success of *Proceedings*, however, rests not with the Editor and his staff but with Fellows and Members. It is up to them to submit papers, to volunteer as referees, to encourage advertisers and to send their comments in.

Are the recent changes necessary? We believe so, and see them not as changes for the sake of change but as part of the evolution from *Chronicle*, a medium for conveying College news to its Fellows, into a journal for the new millennium, an essential spoke in the wheel which holds together 6,500 Fellows and Members around the world in a rich medical fellowship.

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