



Highlights from this issue

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Most people working in health-care undergo regular appraisal. The frequency of this depends on your profession, where you practice, and what sort of role you have. As a consultant in the UK the bare minimum, required for professional registration, is yearly, and every 5 years you need to undergo revalidation, a process in which the General Medical Council assures itself that you're OK to continue in practice. At the time of writing I've just undergone appraisal prior to my revalidation, and it struck me that a medical journal—as a living entity—might need to have regular appraisal too. Actually, I suspect we already do it in some ways.

We do look at data, to check that we're serving a purpose. We use standard metrics like downloads of our articles and unique page visits. Some of the papers you read and write are seen thousands of times. It's harder to monitor the way that I suspect many of you read E&P—retrieved from an over-stuffed bag on public transport on the way to or from work. We also look at impact factor which while we don't actively chase it on this part of the journal, remains gratifyingly strong. For proper science this is a proxy marker for how relevant the papers you're publishing are—for us, it gives us the impression that folk are reading and citing our papers at a healthy level.

Then we get together and talk as editors and discuss where to take the journal next, and examine how

we've done in the past year or two. We did this recently—for some reason it's called a retreat, although it is not exactly monastic. We talked a lot about how we'd fulfil the central aim of our journal, to improve the health and well being of children. Of course this can be interpreted and achieved in a number of ways, we talked about what we needed to do as editors to achieve this, to develop the best papers for you the reader, who we want to keep engaged and enjoying the journal. This last point is important; if you don't want to read what we're printing, then we're not fulfilling that central aim.

Something we talked about a lot was how we could involve patients and their carers more in the papers we carry. An important part of my appraisal was my patient feedback and of course if we develop papers with no contribution from the patients and carers they affect then we're missing an important bit of information. With this in mind you might like this month's editor's choice—a paper on engaging with young people from marginalised groups (*see page 207*), from Emma Rigby and Lindsay Starbuck, who describe some of the challenges we have in engaging with young people, and how we might address them. I'm going to be bearing some of these tips in mind as I commission papers in the future.

To close, however, I'm going to move away from appraisal and on to Star Trek. Specifically, Star Trek,

The Next Generation which was first on TV when I was a medical student. I was always impressed at how the crew's doctor Beverly Crusher never actually had to take a history—she just waved her scanning device at the patient and muttered something impenetrable like 'You've got low serum molybdenum, take this pill'. When I first heard Andrew Peet talk about MR spectroscopy and how it helps him peer into the very chemical structure at the centre of the brain—beautifully summarised here with co author Karen Manias—I realised that perhaps one day my dream of never having to talk to patients again, with none of that pesky patient involvement, might be somewhere on the horizon. But seriously, I wonder how many things are out there that will go from science fiction to fact. I've talked with paediatricians who were part of debates about whether every bed space in a hospital really needed to have piped oxygen. Saturation machines—which are pretty magical—are now so ubiquitous I have one on my phone. I've got in my mind a conversation we'll have when you visit me in my dotage, and I try to regale you with tales about how we actually used to need to put needles into children to find out what their sodium was... Exciting times ahead. But for now I think I'll go and talk with a few families.

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