Editorship

Keeping up the good work

G Hughes, K Mackway-Jones

The journal's new editors take over.

As of June 2005 this journal is under new editorship. It is inevitable that new editors will bring change. Our aim is that any changes we make will be evolutionary rather than revolutionary. We want the journal to continue to grow, and we want to include new ideas and themes that will appeal to the readers.

A journal is dependent on both the quality and the number of contributions it receives. We will continue to seek scientific papers and other input from you the readers, as well as commissioning

papers on discrete topics and themes that will appeal to you. With this in mind we want to hear from you about your ideas regarding content: if you don't tell us we'll never know. All suggestions will be gratefully received and carefully considered.

An early task is a review of the criteria used by reviewers to referee submitted papers. This will continue to ensure that the process is both rigorous and fair.

There is a backlog at present of case reports awaiting publication. We both know that it is irritating when an

accepted paper is delayed in what seems to be an interminable queue. One of our first decisions therefore is to introduce a new way of presenting case reports. We will write personally to all authors to explain our new approach. We trust that you will see the benefits in the "Emergency Casebook" section soon.

The two new editors have a hard act to follow, since the journal's progress and evolution under all previous editors has been highly successful in all measurable areas. We formally wish to acknowledge our predecessors for their significant contributions and, on behalf of all readers, thank them for their commitment and endeavours. We look forward to working with the editorial support team at BMJ Publishing. Their insights on and experience of journal production are invaluable. None of the editors can do the job without their help.

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Correspondence to: G Hughes,
Editor: craybould@bmjgroup.com

Competency assessment

EMJ editorial competency assessment

Colville Laird

The need to look at assessment of competence in prehospital care education

At the present time there is a need to look at the assessment of competence in prehospital care education. This is necessitated by the changing structure of the Health Service particularly the delivery of unscheduled care. These changes are resulting in new types of practitioners, mostly from the ambulance and nursing professions, taking major roles in providing this service. These professions require a system, which allows the practitioners and their supervisors to assess their competence to practice. In addition to this, such certification should ideally give these practitioners credits, which

can be accumulated and ultimately lead to university level qualifications.

The reality of such training is that only so much of the training can be achieved by teaching and study, whether it be in a classroom environment or computer/internet based. Much of this learning has to take place in either supervised practice preceded or accompanied by training in simulated clinical situations.

Training of doctors has traditionally been based around introductory periods of study followed by relatively long term periods of clinical exposure – on the basis that during the clinical exposure practitioners will come across a sufficiently

wide range of clinical circumstances to make them safe to practice. We have all, the nursing profession more than the medical profession, moved towards competence based training; however, Health Service economies, shorter working times, and greater patient expectations of privacy mean that traditional educational methods of long term exposure to clinical circumstances will no longer meet the student's educational needs. Time served has never guaranteed adequate breadth of exposure to the full range of clinical circumstances that should be necessary for practice. In view of these limitations one solution lies in competence based assessment. As many of the issues have a direct effect on both Emergency Department and Prehospital care we have started to look at these issues. In this issue of the Journal we publish an article to set the scene and stimulate the readers' thoughts in this evolving area. Further articles will appear in future issues. Your contributions are welcome.

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Correspondence to: Colville Laird, Associate
Editor: claird@basics-scotland.org.uk