Geoff Hughes, *Editor*

NHS REFORMS

We have some papers this month that reflect on some recent or proposed NHS reforms. Nicholl and colleagues from Sheffield give us an observational study on mortality risk and pre-hospital journey distance for certain patient categories. This is germane to the government proposal to reconfigure emergency care and emergency departments (EDs). It is intuitive to believe that longer journey distances can be detrimental to outcomes; the Sheffield group offer some science to feed the debate.

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Another paper from Sheffield, but from a different unit, is a study that assesses the experience of junior doctors in performing practical procedures. There is widespread anecdotal comment amongst senior members of our specialty that ED juniors are less experienced, less willing to take on responsibilities and less able to make decisions than they were in the not so recent past; if true, is this a generation Y phenomenon or a result of changes in postgraduate medical training? I am sure this paper will generate discussion and debate.

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The role and impact of the Emergency Care Practitioner (ECP) is one that needs careful audit and analysis; it is a role that has arisen in recent years as a means to fill gaps in the provision of acute primary care. Two papers from the same unit in Plymouth, one qualitative and one quantitative, offer further information on the way the ECP is adapting in the brave new world.

See pages 625 and 630

ENVIRONMENTAL IMPACT ON ED WORKLOAD

There are many things that we have little control over which can impact on ED occupancy and workload. Major sporting events on television, seasonal tourism, anxiety due to health stories in the media and last but not least the weather. Tai and colleagues from Taiwan report on the effect of ambient temperature on the case-mix and volume of work in EDs in their country; the novelty here is that they have developed a mathematical formula to (they claim) accurately predict attendance numbers. Is this a way to plan rostering and predictive budgets? Possibly in some climates, but it may be harder to do so in temperate and unpredictable weather zones. Is it the first thing to be calculated at the start of a morning shift?

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ERRORS AND RISK

Mistakes occur every day in clinical practice as we all know. The important thing is to have systems to reduce the number and/or the severity of them. Kilroy and Mooney have used the Delphi technique to identify what needs to be in the Emergency Medicine curriculum for pharmacology. The impact of good grounding in this basic science will be on safer prescribing—drug errors being one, if not the largest, cause of clinical error.

See page 645

A multi-authored paper from London offers a preliminary report on a diagnostic aid (web based) that offers rapid diagnostic advice to clinicians.

See page 619

Matthew Reed offers us an interesting audit of one trainee's (his) first 100 intubation procedures. He confirms the common finding that as a practitioner becomes more experienced in a procedure so the nature of the complications experienced changes.

See page 654

MISCELLANEA

Specific rare conditions in themselves are rare, but taken all together as a generality, rare conditions are common. A case report from Devon tells us about how the ''great mimic'', a phaeochromocytoma, presented. There are many conditions that can mimic other conditions. This endocrine tumour is just one.

See page 672

A team of cardiothoracic surgeons report on their experience of performing acute (trauma) surgery in non-specialist hospitals; we have a review from Slovenia on pre-hospital capnography and an interesting study from Belfast on risk stratification of transient ischaemic attacks (TIAs) in the ED.

See pages 614 and 637

We hope you enjoy this edition.