EDITORIAL

All Change

Since this journal was first published in 1903 there have been many changes in content and editorial style. The evolution of this journal has been by step wise progress rather than one of continuous changes and at a time when the Armed Forces in general and the RAMC in particular are facing significant changes it is perhaps appropriate to initiate some debate on a number of editorial changes which are currently under consideration. Indeed, the title of this editorial might have been "Options for Change" had that phrase not already become identified with certain other proposals.

Currently the Journal publishes papers in the following categories: research, reviews, case reports, public lectures, historical. In this issue there appears what, it is hoped, will be the first of an occasional series of "Craft Workshop" papers. This new section, it is suggested, will comprise papers giving practical instruction. Submissions from all disciplines will be considered and all will be submitted to a suitable referee before being accepted for publication. A craft workshop section allows authors in more isolated posts the opportunity to pass on their expertise in a way which provides useful practical instruction and also, hopefully, stimulates discussion.

More and more authors submit accounts of clinical audit. While some such papers rank as research, (all research involves audit but not all audit involves research) most are straightforward accounts of clinical audit in practice. At present such papers carry a fairly low priority for publication. However, they may be very valuable in demonstrating how to do audit properly, or to encourage uniformity in audit practices. It is likely that more such papers will be received in the future, and as the main function of this journal is to reflect, in publication, the work of officers of the RAMC, it is quite reasonable to publish them. There is room for debate over what proportion of the Journal should be given over to consideration of audit.

Many journals which subscribe to the Vancouver agreement on requirements for medical manuscripts (as does the Journal of the RAMC) have recently begun to require structured abstracts for reports of original research. Abstracts are submitted using some or all of the appropriate headings: objective, design, setting, subjects, interventions, main outcome measures, results, conclusions. If this journal were to adopt such a style, it could be used for research and audit papers. Other papers would continue to use the current style of summary. The advantage of making such a change is that commonality is achieved with the requirements of other journals, thus making the task of manuscript preparation easier for authors who may find that submission to more than one journal is required before a paper is accepted. Associated with this change is the suggestion that "key words" should be published. Selection of key words is the responsibility of the author and is supposed to allow faster access from computerised library files for subsequent readers. Publication of key words however is by no means universal and is not part of the Vancouver agreement.

The editor is always happy to consider commentaries on medical military matters for publication under the "Editorial" banner. In the recent past the editorial has been published without crediting the author by name, although this was by no means always the case. Anonymous authorship is considered by many to be no longer acceptable in medical writing, and it is proposed that in future all editorial material will appear above the name of the responsible author. It is anticipated that such change will encourage more submissions. The space available for editorial comment is generally limited, but there is no reason why, within that space, several separate subjects should not be considered, perhaps by several different authors.

If you have views on any of the above suggestions, or indeed any other constructive criticism, please communicate with the editor indicating whether you are prepared for your views to be published or not. A summary of responses received, and any decisions taken, will be published in June next year which is the earliest practical opportunity. By that time, we may know more of what the future holds for this journal, which currently faces a dual threat to both its authorship and readership because of the proposed reduction in the size of the Army and consequently, inevitably, of the RAMC.

Assuming that the hospital service of the RAMC survives, significant changes in work pattern and staffing may be forced upon us, by the recent agreement between junior doctors and Department of Health on hours of work for junior medical staff. Previous experience suggests that, when the Army is far out of step with civilian practice in this respect, it is difficult to maintain recruitment. Basically, the agreement provides for hours of duty to be reduced to an average of 83 a week as soon as possible for all junior doctors and for reduction to 72 hours a week for those in hard pressed posts by the end of 1994. The agreement also specifies maximum continuous duty, minimum periods off duty between duty periods, and minimum continuous periods off duty per month.

In small military hospitals the implications of conforming with this agreement are profound. It applies to all grades below Consultant, yet Consultant cover must be provided at all times. If Consultants are simply to cover junior staff in their off duty periods, the excessive work load is merely transferred to the Seniors.

There are 168 hours in each week. With 2 juniors...
working 83 hours each, there is still a 2 hour shortfall, and only one of the juniors is present in the hospital at any given time. With a team of 3 juniors, ignoring the need to cover for periods of leave, 24 hour cover requires each doctor to work 56 hours per week, leaving 27 hours each, or not quite 3 more working days in the 83 hour week. To work a full shift system requires more than 3 doctors because there is a requirement for a formal “takeover” period of an hour at each shift change. The sums simply do not add up, and it is not simply a matter of Seniors doing more of the “menial” tasks. How ever the work load is arranged, the requirement to provide 24 hour cover for 7 days each week imposes long duty hours on each grade. There are though some things which can, and should be done to ease the load on hard pressed juniors as soon as possible. The “long weekend” which requires continuous duty from Friday morning to Monday evening, a total of 80 hours, is surely one practice which can no longer be justified. Strangely enough however, within military hospitals, excessive duty hours have not apparently caused great resentment among junior doctors, even in hard pressed specialities. When the opportunity to split a long weekend has been offered, it has generally been declined, as doctors prefer to protect their weekends off duty.

There is no doubt that the future will force changes in work patterns upon us. It is incumbent upon all Consultants and Commanding Officers to begin planning now to minimise the impact of any such changes.

### ACADEMIC ACHIEVEMENTS

**MRCPsych**
- Captain J I Bisson, RAMC

**MRCP**
- Lt Col M J Reilly, RAMC
- Major J C Nainby-Luxmoore, RAMC
- Captain R D Bailey, RAMC
- Captain P J Fielding, RAMC
- Captain M Tyrer, RAMC