As editor of QJM I am required to make a presentation at each Annual General Meeting of the Association of Physicians of Great Britain and Ireland. This I was pleased to do recently when I was able to document that the journal was doing relatively well in terms of impact factor, rate of electronic downloads and income. During the subsequent question time I was challenged by a member of the audience who was concerned regarding an apparent change in editorial policy. He queried the appropriateness of publishing papers that had a focus on educational themes rather than primary biomedical research. I very much welcomed this question as it raises an important issue. My immediate response was that the papers that are eventually published in QJM are a reflection upon what is submitted by authors. A number of papers with a broad educational or training theme are received, some of which are sent on for peer review. I would argue that while the journal must maintain an academic focus, we must not forget that translation of the latest research findings into clinical care is dependent upon future clinicians having received high quality training. I am also aware that many members of the Association and the readership in general will at some time act as educational or clinical supervisors for trainee doctors. Considerable efforts are undertaken in most countries with respect to the training of physicians so that they will be capable of future safe independent practice. The public would expect nothing less as return upon the investment that is devoted towards medical training (both undergraduate and postgraduate). Any training programme for future general physicians should include a thorough understanding of diabetic emergencies. This was the focus of a survey undertaken by George and colleagues who surveyed the perceptions of over 2,000 doctors in training using a pre-validated questionnaire (see also the accompanying commentary by Hill). The findings may represent cause for concern. It was found that a relative minority of the group surveyed felt fully confident in the management of acute diabetic emergencies. So what does this mean? Much has been written about ensuring the acquisition of appropriate levels of competence during a doctor’s training. This study highlights another dimension and that is one of confidence. The latter concept is much more difficult to measure when considering whether or not a doctor in training will be fit for purpose as a future consultant physician. In order to be an effective clinician capable of making timely and safe decisions, a degree of self-confidence is required and as a team leader, there is a need to instil confidence in others. Conversely, it would be of concern if an individual demonstrated unjustified levels of self-confidence when in fact he was incompetent. We must remember however, that while the trainees surveyed did not feel particularly confident, we would hope that their clinical performance in real-life clinical situations would be satisfactory. However perception can represent and become reality. The reasons behind this profound lack of confidence in the management of a common and dangerous clinical condition should be explored. If current training in the management of diabetes is not fit for purpose, then all those who have a responsibility for the development and implementation of training curriculums should address this issue. In addition, we must find ways by which we can appropriately raise levels of confidence among trainee physicians.

Atrial fibrillation, stroke and anticoagulation

Atrial fibrillation (AF) is a relatively common condition affecting millions of individuals in Europe and North America alone. Its prevalence increases with
age and will be found in over 10% of patients aged over 70 years. Previous research has shown that AF is an independent risk factor for the subsequent development of stroke. Furthermore, effective anticoagulation therapy will significantly reduce the risk for the development of both stroke and transient ischaemic attacks in AF patients. A number of anticoagulation therapeutic strategies are available to the clinician. While effective, anticoagulation is not without risk. This general area is the subject of two review papers in this month’s issue of the journal. While covering similar clinical areas, the approach taken by both papers varies slightly and therefore they should be read and used together. The review by Hobbs et al. focuses primarily on a comparison of the two most commonly used anticoagulation agents. Current guidelines would recommend the use of oral vitamin K antagonists for the prevention of stroke in individuals who are at relatively high risk; those at lower risk should benefit from receiving acetyl salicylic acid. The paper by Kreuzer, considers standard anticoagulation therapy but also takes into account the role played by therapeutic agents used to ensure sinus rhythm. In addition, the potential role of a novel direct thrombin inhibitor, dabigatran etexilate is discussed. This latter agent has been shown to demonstrate improved efficacy and safety when compared with warfarin. The use of improved anti-arrhythmic agents together with safer anticoagulation will hopefully result in improved outcomes for patients with AF in the future, particularly with reference to stroke prevention.

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