

# Atoms

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## THREE MAJOR CHANGES AT ADC!

A new layout of articles debuts this month in *ADC*. As noted in an accompanying editorial we return to a more traditional table of contents. Rather than grouping articles according to their relevance – acute versus community – articles will be grouped according to type of article, with original research reports being highlighted. The last major change in the table of contents occurred in 2000. As the care of children has changed over the past decade it has becoming increasingly more difficult to cohort articles into acute and community sections. In addition, we believe it is our responsibility to highlight original research reports.

After 18 months of discussion and planning, we have created a new editorial board. Members are drawn from countries that represent the full spectrum of economic development. India, Pakistan, Nigeria, China, Japan, Australia are represented as well as the UK, Europe, and North America. Why the change? Concern has been expressed that many journals publish little research that is relevant to low and middle income countries. In addition, there have been studies detailing the lack of diversity among editorial boards. Recognising the need to increase the diversity among our board, and our hope that *ADC* can influence the care and well being of children living around the world, we welcome our new editorial board members. We have asked them to identify potential authors from their countries for both perspectives and reviews, raise the visibility of *ADC* locally, urge researchers to consider submitting their manuscripts to *ADC*, and contribute pieces about healthcare in their country. I want to thank both BMJ Publishing and the College for their financial support in creating a new editorial board.

The internet gives us the opportunity to personalise your access to *ADC*. Whether it is the print copy, email alerts, an electronic table of contents, or an RSS feed, there are many different ways to access *ADC*. Ian Wacogne has created another new portal—*ADC Précis*. This list will be available on our website or can be emailed to you each month. A brief synopsis of this table of contents appears below. Original articles, reviews, and perspectives will be presented by a single key word, followed by a brief description of the article. Many thanks to Ian.

## OBESITY AND SOCIOECONOMIC STATUS

The world wide epidemic of obesity has led to numerous epidemiological studies that have identified television viewing, reduced physical activity, and increased sedentary behaviour as factors that contribute to obesity. Kelly and colleagues from Glasgow challenge the conventional wisdom that such behaviours are more common in children with low socioeconomic status backgrounds. In an observational study of 339 children they did not find that low socioeconomic status was associated with lower physical activity or sedentary behaviour.

See page 35

## THE CHANGING LANDSCAPE OF MEDICAL EDUCATION IN THE UK

The dramatic changes in medical education in the UK are reviewed in two reports. Dr Bannon explores postgraduate medical education and Drs McGraw and Ng the RCPCH programme for subspecialty training – known as the National Grid. When I first joined *ADC* as US Editor in 2000 I was committed to mastering the complexity of medical education in the UK. A number of wise physicians counselled against doing so, indicating the system was undergoing substantial change. Now that the changes are in progress, I will once again give it a go. Admittedly, many of the associate editors struggle with explaining the system to me, and very few have mastered the alphabet soup of training – CCT, FY1, FY2, GSMPO, MMC, PMETB, WTD, NTN, CCST, CSAC – that has become so common in many countries. With respect to specialist training, we are unable to be certain about the number of physicians a medical system requires in any one area for a number of reasons. We cannot predict how medical advances contribute to the need for specific physicians or the expectations of patients (and physicians) that certain types of medical problems may require specialist care.

See pages 68 and 71

## THIS MONTH IN FETAL AND NEONATAL EDITION

- Do children with isolated minor anomalies of the external ear need evaluation for renal malformations? Drs Deshpande and Watson from the Royal Shrewsbury Hospital provide us with a definitive answer.
- The demand for 24 hour a day 7 day a week in house neonatal resuscitation capacity is leading to many creative approaches. Can neonatal resuscitation be managed by nurse practitioners? Chan and Hey say yes.
- Pneumococcal resistance, methicillin-resistant *Staphylococcus*, and now community acquired resistant *Staphylococcus*, are just three recent examples of Darwinian natural selection in action. Dr Isaacs, from Children's Hospital at Westmead in Sydney, describes a 10 point plan to reduce antibiotic resistance in neonatal units.

Archives of **Disease in Childhood**

**Précis**

January 2006

Welcome to *ADC Précis*, the digest of the contents of Archives of Disease in Childhood.

In this month's issue:

Original research		
<ul style="list-style-type: none"><li>• Autistic spectrum disorders</li></ul>	32.9 per 10 000 children in Lothian are known to services dealing with autistic spectrum disorders. Capture/recapture methods suggest that this is a minimum rate for planning services.	See page 16