

British Journal of Hospital Medicine: out with the old, in with the new

Since its launch in 1966, the *British Journal of Hospital Medicine* (*BJHM*) has always sought to support hospital doctors in the best way possible, whether this is by publishing review articles, running sections focussed purely on passing specialty examinations, e.g. MRCP (UK), or launching new series of articles relating to changes in medical practice, such as our Perioperative Medicine in a Nutshell series (<https://doi.org/10.12968/hmed.2019.80.10.621>).

In 2020, we are launching two new and exciting advances for *BJHM* – embracing the opportunities of digital publication and working to support doctors in training.

Maximizing digital opportunities

The journal will move to continuous online publication in January 2020, with new articles available weekly on our website (<https://www.magonlinelibrary.com/toc/hmed/current>), and a bimonthly compilation print issue. This will allow us to embrace the way in which the vast majority of readers of *BJHM* access our content (online, via either a desktop computer or our mobile-optimised site), while still providing a browsable print issue for those who have a spare 10–15 minutes to update themselves on changes in practice.

This also allows us to work with another important community – our authors – to enable them to include more video content, facilitate prompt publication and help them obtain that all important Medline listing following their article's acceptance in *BJHM*.

To sign up to receive table of content alerts telling you when new articles are available, go to <https://www.magonlinelibrary.com/action/showPreferences?menuTab=Alerts> and sign up to weekly alerts for the *British Journal of Hospital Medicine*.

Doctors in training

From August 2019, the 2-year core medical training curriculum has been replaced by a 3-year internal medicine training (IMT) programme. IMT is designed to provide doctors with the clinical skills and confidence to lead on providing clinical care for patients in both acute care settings and in general wards. It aims to prepare doctors to be able to manage the acutely unwell patient, as well as patients with chronic diseases, and those who have comorbidities and who are medically complex.

This new model of training was developed by the Joint Royal Colleges of Physicians Training Board, on behalf of the Federation of the Royal Colleges of Physicians UK, together with support from Health Education England, in response to recommendations made in the Shape of Training report (Shape of Training, 2013). For the first time clinical experience in critical care units, in geriatric medicine and in outpatient clinics are all mandatory parts of the physician training programme and simulation training is provided throughout the 3 years. Each of these elements was covered in the core medical training curriculum, but in a non-systematic way.

In a move away from the much criticised 'tick box' approach of the core medical training curriculum, where 120 competencies needed to be completed, in IMT these are replaced by 14 'Capabilities in Practice' which use the professional skills and judgement of appropriately trained assessors, thus providing a better and considerably less onerous assessment strategy. Trainees progress through IMT and are then able to take on the role of medical registrar. Having completed IMT trainees will be able to apply for specialty training in any of the 30 medical specialties.

The implementation of IMT has given the *BJHM* an opportunity to revisit our Core Training for Doctors section, replacing it with the Doctors in Training section. Reflecting the transformation of core medical training to IMT, the essence of the journal has not changed. It will continue to be focussed on providing highly practical support and updates for doctors in training. Similarly, in line with IMT, the *BJHM* changes aim to make the focus of the new section broader and more relevant to clinical training.

A key aspect of the Doctors in Training revamp is the 'curriculum checklist' which will be included with each article in order to map the article's content to specific section(s) of the IMT curriculum and to other curricula relevant to hospital trainees across a number of different specialities, e.g. surgery, anaesthesia. There will also be an increased focus on critical care and geriatric medicine, reflecting the changes to the clinical curriculum and focussed on targeted learning opportunities. For example, forthcoming issues will include articles on assessment of wrist pain, an overview of hydronephrosis in adults, stroke warning syndromes, lower extremity artery disease, and a guide to epidural management.

The editors of *BJHM* welcome interaction, participation and contributions from readers who are currently in training positions, and we are keen to receive feedback from trainers and, more importantly, from trainees on how this change is contributing to learning and work experiences. Please contact Rebecca Linssen on rebecca.linssen@markallengroup.com

Conclusions

Ultimately, the aim of *BJHM* is to continuously update and support the postgraduate education of all hospital-based clinicians. As such it continues its achievements, delivered over the last 50 years. **BJHM**

Shape of Training. 2013. Securing the future of excellent patient care. (accessed 22 November 2019) https://www.gmc-uk.org/-/media/documents/shape-of-training-final-report_pdf-53977887.pdf

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