

Reviewing and writing for *InnovAiT*

WHAT IS *InnovAiT*?

In 2007, the Postgraduate Medical Education and Training Board (PMETB) took over supervision of postgraduate training in the UK. Training for all medical specialties was overhauled. A written GP Curriculum, a system of closer monitoring, and a compulsory exit examination (the new Membership or nMRCGP examination) were developed by the RCGP for all potential GPs undergoing specialist training.

Doctors undertaking specialty training for general practice, whether in hospital posts or working in primary care, are now eligible to register with the RCGP as Associates in Training (AiTs). In order to support AiTs through their specialist training programmes, the RCGP has created a Membership package which includes access to *InnovAiT*, a monthly journal published on behalf of the RCGP and specifically aimed at AiTs.



InnovAiT aims both to inform and to educate GPs in training. It is also liked by many trained GPs who simply want to refresh their knowledge. It is available in both print and online formats. All AiTs receive *InnovAiT* automatically. Other Members of the RCGP and GP trainers can subscribe to *InnovAiT* at a heavily discounted subscription (currently £55 per year for RCGP members and £35 per year for GP trainers).

Each issue has major feature articles covering two clinical and one non-clinical topic. These review articles are on topics that are GP Curriculum based. There is a

'Crammer's Corner' with hints and tips to help trainees through their assessments to become GPs, a 'News and Views' section covering hot topics in general practice, a 'General Interest' section filled with articles not directly linked to the GP Curriculum but likely to be of interest to GPs, and a section with reflections from people at different stages of their careers — whether AiTs, newly qualified GPs, or GP trainers.

We also publish a selection of monthly Applied Knowledge Test questions in the print version of *InnovAiT*, with more questions online: readers can use our large database of online AKTs for self-test or revision purposes. Finally, we have a Twitter page where we post interesting articles from the *British Journal of General Practice* and *InnovAiT*, news items that might be of interest to GPs, useful links (for example, to new guidelines) and advertisements for RCGP and Deanery events. Our Twitter page is updated daily and can be accessed via: http://twitter.com/RCGP_InnovAiT.

One of the features of *InnovAiT* is that we encourage new authors to write for us. We provide guidance and support for novice writers and reviewers, and have developed a buddying scheme to make the task less daunting. It is not unusual in *InnovAiT* for an article from a first-year trainee GP to be published alongside an article by a professor of general practice. Our peer-reviewing process is very vigorous to ensure that having inexperienced authors does not affect the quality of our articles. However, we stress to all reviewers that because we do have a lot of novice authors, the reviewing process should be constructive rather than destructive.

WHAT IS REVIEWING?

Every article that is published in *InnovAiT* is checked by at least two reviewers prior to publication to ensure its accuracy, that it reads well and that it is pitched appropriately for the intended audience. The reviewers are chosen by the editor from our database of reviewers. One of the reviewers for each article tends to be a trainee GP as AiTs are our intended

audience and so it is important that we cater for their needs. The other reviewer(s) may be trained GPs and/or secondary care specialists on the topic. We have produced a guide for reviewers with suggestions on how to approach reviewing and what to look for. This is available to download from the *InnovAiT* website (<http://rcgp-innovait.oxfordjournals.org>).

Most of our reviewers seem to enjoy reviewing. It makes them think about topics that perhaps they would not address otherwise, and keeps them well informed. If you are not confident to review on particular topics, our database does allow you to specify topics that you would like to review articles about. Although reviewing is unpaid, every reviewer for *InnovAiT* receives a certificate from the Journal on completion of their review. This certificate can be used for revalidation purposes.

HOW CAN I WRITE FOR *InnovAiT*?

Anyone can write for *InnovAiT*. As we publish articles in topic-based issues, it is important to consult the editorial office before starting to write (e-mail: innovait.editorialoffice@oxfordjournals.org). We have a remit to cover the entire GP Curriculum on a 3-yearly cycle so we cannot publish an article on a topic that has already been covered in that cycle. Furthermore, we have a large number of articles in preparation and in production at any time, so we may have already commissioned an article on the topic that you would like to write about even if it has not been published.

You may suggest an article title, or just tell us which areas that you are interested in so that we can suggest a selection of titles that have not been covered, or need revision, within the current 3-year *InnovAiT* cycle. Once a title has been agreed, we enter you onto our manuscript system and set a deadline for submission. Please let us know if you would like a buddy to be allocated at that point. Buddies are usually experienced writers who have written a lot for *InnovAiT* in the past and know what we

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are looking for. They provide informal peer review and help you to get your article up to a publishable standard before submission.

Deadlines are usually 8 weeks from commissioning, but a longer deadline can be agreed by negotiation. As we publish articles in curriculum topic batches, it is not always possible to accept articles submitted late, however good they are, so it is important to let the editorial office know if you are not able to submit on time so that publication dates can be adjusted to give you more time if possible.

In general, *InnovAiT* articles should be informative and easy to read. They should cover all the major national guidance on a topic and be as up-to-date as possible. It is important that articles are submitted in journal style as they will be sent back to you without review if they are not. We have produced detailed author instructions about journal style, and also a more general guide to medical publishing. Both can both be downloaded free-of-charge from the *InnovAiT* website (<http://rcgp-innovait.oxfordjournals.org>).

INTERESTED?

If you are interested in writing or reviewing for *InnovAiT*, or would just like to find out more, please contact the editorial office (e-mail: innovait.editorialoffice@oxfordjournals.org) and we will try to help you as much as possible.

Chantal Simon

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RCGP ANNUAL PRIMARY CARE CONFERENCE

Harrogate, 7–9 October 2010

The take home message for me, and, I imagine, for many other people who attended the annual primary care conference in October, was that, as GPs, we are in a very good position to make a difference. And that you should to identify your aim, your 'dream', and go for it. The title was '*Sustainable Primary Care: growing healthy partnerships*' and sustainability, in terms of patient care, carbon reduction (planet care), resources, and relationships was a very strong theme.

We heard how, by setting a personal example, by being effective members of a team, by being involved in commissioning, by being leaders, GPs can make a very positive contribution to sustainability. RCGP chairman Professor Steve Field has provided very strong leadership in his term of office and it was clear from his introductory address, and the audience's response to it, how much they have all mattered to him and how valued his work has been. Words were not minced: the threat of losing paediatrics, PFI, and the small minority of practices who fall below acceptable standard were 'a disgrace'. But there are very exciting opportunities to move forward, and federations are a great opportunity.

Anyone who was not inspired by the plenary session on sustainable health service and a sustainable future with Professor David Haslam, Dr David Pencheon, head of the NHS Sustainability Unit, and Professor John Guillebaud, Emeritus Professor of Family Planning and Reproductive Health, UCL, was probably wearing earmuffs and blindfolds (and not many were). David Pencheon reminded us, 'For bad things to happen it only takes good people to do nothing'. What a challenge. 'What is good for our individual patients is also good for the planet'. Denial is often adopted by patients dealing with serious illness and can occasionally be useful. When we are dealing with climate change, denial is not an option. GPs were invited to enlist their practices for carbon footprinting.

John Guillebaud has spent his life

encouraging people to take birth control seriously, for the sake of both individual patients and world population. Prior to 1854 and the handle coming off the Broad Street pump, we could rely on 'death control' for population control. Doctors 'ceasing to be useless' means that we need to restore balance. He quoted Gandhi, 'The world has enough for everyone's need, but not everyone's greed'.

It was a privilege to be in the audience when David Haslam and Dr Roger Neighbour had a public conversation. Two humble and hugely influential GPs shared their experiences and inspirations. They reminded us how special it was that, 'Family doctors are invited into the dark and tender places of people's hearts', and encouraged us, when balancing quality and income, to remember, 'To thine ownself be true ...'. Listening in to their conversation was truly heartening.

There was further rich food for thought in the debate on 'The moral and ethical responsibilities of health professionals to patients wishing for assisted suicide' with Baroness Warnock, Baroness Finlay, Margo MacDonald MSP, and Dr Mayur Lakhani with assisted dying versus suicide, death as a therapeutic option, trust, and autonomy all being explored.

I will never forget Dr Ann McPherson telling us about her ongoing wonderful work on accessible and relevant patient information with www.healthtalkonline.org and www.youthhealthtalk.org, and also about the organisation of doctors opposed to the BMA's and Colleges' position on assisted dying. As someone with pancreatic cancer, she described the comfort she would derive from knowing that she could be involved in arranging her death.

There were indeed some very extraordinary people at Harrogate. I was very pleased to have been there.

Lesley Morrison

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www.spaceforhealth.nhs.uk
www.populationandsustainability.org
www.optimumpopulation.org
www.bestfootforward.com