tum.[3 6] If rehabilitation in the community is to be implemented effectively then geriatricians must be actively involved. In some areas the function of community elderly care will be discharged by a community geriatrician,[7] but at present there is no training programme for such a post. The notion that all trainee geriatricians should spend time in primary care also needs to be seriously embraced.

The training needs of general physicians and geriatricians should also become more closely intertwined. Modern medicine is complex and multiskilled, and interspecialty collaboration can be expected to improve outcomes for older people. Syncope, neurovascular, and diabetic clinics have potential for partnerships between physicians and geriatricians. Such working needs to be supported and nurtured by specialty training programmes.

In the past all geriatricians undertook similar duties, with resources and patients divided equally to cover the three core functions of acute care, rehabilitation, and long stay work. In future, departments of geriatric medicine will be called on to provide emergency care, specialist rehabilitation, community outreach support, and subspeciality collaborative clinics. Individual geriatricians, however, will no longer be expected to work in all these areas. Instead they are likely to cover one or two general areas—and these might change over a consultant career.

The demographic transition of the 20th century has extended to the developing world and is being celebrated by the International Year of Older Persons.[8] Health services everywhere will need to respond creatively to address the needs of older people as a priority. Britain pioneered the development of geriatric medicine, which has established a prominent role within our hospital services. The specialty must now adapt to contemporary pressures to expand its influence on the care of older people both within hospitals and without. Failure to respond to this challenge will mean that a only few fortunate older people will receive high quality care in specialist units. The others will be undertreated or overtreated for their acute needs, have their opportunities for rehabilitation cut short, and end their lives in substandard institutional care facilities—just like 50 years ago.

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Disseminating good practice in clinical information

New format will harness paper and web

Doctors and other health professionals are increasingly engaged in projects that attempt to harness better management of information for the good of their patients. At the *BMJ* we know this because we are often sent papers that describe such efforts in the hope that we will publish them.

As editors we face a dilemma: these papers are not generally of high quality in a scientific sense, yet if we ignore them we miss the chance to reflect an important reality. In five years all hospitals, general practices, and new services like NHS Direct will have to collaborate to create a seamless electronic record.[1] At the same time, the potential of the new technology to deliver information for teaching and learning is increasingly being harnessed. Such projects will be of varying quality. Some will succeed; some will fail. Disseminating the lessons learnt from these projects to a wider audience could probably prove useful.

Space is at a premium in the *BMJ*, and we will continue to give priority to studies that evaluate the benefits and risks of new developments in information for doctors and patients. But we see value in allowing the creators of less well evaluated initiatives a modest amount of space—400 words or so—to outline a project, describe the lessons learnt, and, importantly, provide a link to information on their own website for readers who wish to find out more. Ideally this website will provide detailed documentation of the project, a working demonstration, software to download, and email links to people with expertise.

Information in practice p 160

When we are judging which of these submissions to publish we will evaluate the description of the project, the lessons, and the website by the conventional criteria of interest, importance, scientific quality, originality, and relevance to the general reader. The website will additionally be judged on its information design, so it should be in an evaluable state at the time of submission, and arrangements should be in place to ensure that the link is maintained for the foreseeable future. As with case reports in other aspects of medicine, we suspect that failure will provide more interesting lessons than will success, and we encourage contributors to share their failures with us.

We hope that, in time, the new section will encourage the development of web demonstrations of applications that will enable widespread evaluation of new information technologies and ease their adoption where appropriate.

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