

The concise argument

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New UK consensus statement on core curriculum in medical ethics and law

The most important paper in this month's JME is not a standard paper but the new UK consensus statement on the core curriculum in medical ethics and law for medical students (*see page 55*). The first consensus statement was published in the JME in 1998 and has been instrumental in ensuring the embedding of a common standard of teaching in these subjects across UK medical schools.¹ However, even the most hard core moral realist has to accept that, even if the fundamental principles of ethics do not change, the best way to teach it might evolve and the problems of most interest may change as the healthcare system changes. The core curriculum can therefore not be cast in stone and must be revised and updated from time to time. The current revision is the result of an extensive process involving reviews of the way medical ethics and law is currently taught in the UK and a consultation process involving all the major stakeholders, including the General Medical Council. Although the consensus statement is mainly of interest in the UK, it may also be of value as an inspiration for the development of core curricula in other countries.

There are many changes in the updated consensus statement, but the two most obvious are (1) that it has been influenced by the "professionalism" agenda, which has gained prominence during the last decade and now contains a number of intended learning outcomes directly related to professionalism, and (2) that there is a clearer integration between the

ethics, law and regulation components of the curriculum.

Any medical student who has achieved all the learning outcomes outlined would have a solid basis in ethics and law and would be well prepared for his or her career.

Let us hope that all UK medical schools adopt this new core curriculum as part of their mission to educate the doctors of tomorrow.

What kind of papers do the JME publish and how do we in the editorial team handle them?

We have recently been asked what kind of papers the JME publishes and what happens to manuscripts that are submitted.

The journal publishes articles across the whole range of medical ethics, from the most foundational questions of moral theory to the most applied issues in healthcare. We publish papers using many different kinds of methodology, from all geographic regions and countries, and written by people with a very wide range of backgrounds.

However, it should come as no surprise to potential authors that the JME only publishes **good papers**, but what makes a paper a good paper? A good paper has an interesting question to answer. It is original, well structured and clearly written and it can be understood by both the interested healthcare professional without a background in philosophy and the ethicist with little practical knowledge of healthcare. A good paper also keeps within the JME's word limit!

Do we ever reject good papers? Yes, sometimes if we have just published

many papers on very similar topics or know that we have many in the pipeline. The JME has a readership with very diverse interests, and, within the space of 12 issues of 64 pages per year, we sometimes have to choose between good and publishable papers on the basis of catering for the interests of all our readers.

When a manuscript has been submitted, it is allocated to one of the Editors or Associate Editors, and, if it is not rejected outright, it is then sent for review to external referees. We always ask at least two external referees, but, if it proves difficult to get referee reports back within a reasonable time, we sometimes make a decision based on one referee report. If we decide not to reject a paper, the most common decision is to ask for revision. The length of the process from submission to first decision varies, primarily because of the variation in the time it takes to get referee reports back.

Some commissioned papers (eg, some editorials) and some special cases such as the consensus statement mentioned above are not sent for external review but reviewed by the editorial team.

Papers may be rejected for a variety of reasons. The three most common ones are (1) the quality of the paper is not very good, (2) we think the paper is not of sufficient interest for the JME readership and (3) we have just published other papers on the same topic.

REFERENCE

1. **Consensus statement by teachers of medical ethics and law in UK medical schools.** Teaching medical ethics and law within medical schools: a model for the UK core curriculum. *J Med Ethics* 1998;**24**:188–92.