The Diabetic Foot journal — to infinity and beyond!

Matthew Young
Associate Editor

Welcome to new developments for *The Diabetic Foot*. This issue marks my first in the formal role of associate editor. I hope that those of you who witnessed my chairing of this journal's very successful conference in March (*How to achieve effective diabetic foot services; see page 8)*, will testify to others that I look far healthier than I appear in the picture opposite! I look forward to assisting Alistair McInnes in developing the journal further over the next few years, particularly with the recent changes which we have introduced.

Original research

This issue marks the publication of the first original research paper (page 18). We hope to develop this aspect of the journal, and to this end have drawn up instructions for authors for original research papers (page 31) as an addition to our established guidelines for other types of articles. Any original research relevant to the diabetic foot will be considered for publication. All submissions will be reviewed by the editorial board, and feedback will be given to authors. Our aim is to provide a forum for research of the same high quality as our recent review articles, many of which are already being quoted in other publications. Readers and researchers in diabetic foot disease now have the opportunity to be published in an international journal, and we hope this will prove tempting.

Comments welcome

The *Journal Digest*, a collection of mini-reviews of recent research into the diabetic foot, has proved very popular. However, the only way we can be sure that this section, along with others in the journal, remain so is for readers to write to the editorial team (see box below) and give us their views about each issue.

You may dislike the editorials, or you may like them; we need to know so the journal can be tailored to meet your needs and not simply reflect what we think you want. Similarly, correspondence about articles is also welcome. Criticise or agree, but make your views known. A quarterly journal is not the fastest form of information exchange but it does allow a measured response to be made to any controversial points.

The comments on my previous editorial on guidelines were divided. I would like to reassert that it was written from the perspective of someone who has both served on guideline development groups and been sent guidelines to review, and to implement. Many see guidelines as tablets of stone passed down from all-knowing committees, which do everything right and everyone else has to follow their lead.

I believe that all evidence-based practice stands or falls by the quality of the evidence. The evidence for most diabetic foot practice will never be based on large multicentre randomised controlled trials. Despite this, for most centres the use of a guideline in practice will ensure that a broad level of adequate care is provided for most patients.

In individual patients, particularly in larger centres or in under-resourced centres where such 'idealised' care cannot be practised, there may be reasons for deviating from published guidelines. Such deviant behaviour is allowed, but only if the practitioner knows why he/she is acting against the guideline, or where he/she is working in a knowledge vacuum. Hopefully, such gaps in the evidence base will encourage the practitioner to undertake clinical research on debatable areas of diabetic foot practice, and then submit this as original research to *The Diabetic Foot* for publication.

Looking ahead

Since its inception, *The Diabetic Foot* has grown in circulation and importance among practitioners from all disciplines working with patients with diabetes who develop foot problems. Additional reader input is now required if the journal is to move forward. I am proud to be associated with the journal at this time, and together with your help, Alistair McInnes, myself and the rest of the editorial team will endeavour to make *The Diabetic Foot* the best journal of its type, and to ensure that the foot problems of diabetes are elevated to the forefront of diabetes care. ■

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