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# Highlights from this issue

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In the UK, paediatricians, in common with other doctors, are required to learn and develop as professionals, or “do CPD”. There are probably as many approaches to this as there are people who maintain professional status. To briefly summarise for those not in the UK, or who are in a training job where things are done a little differently: Our regulatory body, the Royal College of Paediatrics and Child Health, describes the range of things we can legitimately describe as CPD. We—mostly—fill out a diary of our activities, which is scrutinised at our yearly appraisal, the record of which is used by our Responsible Officer to recommend to the General Medical Council that we revalidate—that we maintain our licence to practice.

Whether this process is meaningful depends on the person filling out the diary, and to a lesser extent the appraiser. The diary asks us to identify our learning needs, and, I’ll be honest, this is the bit where I fall pretty short. I can spend an hour in a fascinating X-ray meeting, and learn all sorts of amazing things—and even think, and record, that I need to find out a little more about, say, the significance of an incidental

finding of an arachnoid cyst on an MRI scan of the brain. But it is very rare that I get the chance to actually answer that question, because there is always something new to look for, think about, find out about. Although I would hope that I’m learning all the time, the completion of the cycle—where I identify my need and address it—is weak for me. At least, it is most of the time. But sometimes I get really lucky. I have the advantage of working with some great folk, and being able to represent a journal, and therefore I can commission an article on precisely that—what do I do about the incidental arachnoid cyst?

In this issue my Editor’s Choice is a paper by Chirag Patel and Desi Rodrigues, Fifteen minute consultation: Incidental findings on brain and spine imaging (*see page 208*). It unpicks one of one of the heart-sink features of modern medicine, where you’ve done a test for a perfectly good reason, and have thrown up a seemingly random finding. I often warn families of this very possibility: “The thing is, our tests are sometimes too good, and sometimes turn up with information that we need to share with you, but that actually has nothing

to do with why we did the test in the first place.” It’s a compelling reason to minimise testing wherever possible—I’m sure that on many occasions my own well meaning but over-eager investigation has resulted in what will turn out to be a lifetime of higher insurance payments. The complexity of brain imaging—and the complexity of the brain—means that these incidental findings can be perplexing, and set in a chain a series of medical consequences. The “cut out and keep” aspect of the paper is table 1, which at the very least will help you share care with neurosurgeons.

*Education & Practice* is the CPD journal in the *Archives of Disease in Childhood* stable. I’d like to hear what things you’d like to learn about, or would like to write about. So, do me a favour—if you write a question to yourself in your own CPD diary, and it looks like a good one, but like me you know you’re unlikely to get around to answering it, pop it in an email to me.

Oh, and finally. Change is afoot. Much more in the next edition, in February...

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