As the year comes to a draw and we welcome the new year, we bring you another exciting issue.

Hannah Walsh et al highlight how linguistic challenges can be overcome, to potentiate participation in research studies (see page 53). The authors elaborate on the issues involved, suggest potential solutions, and signpost useful existing guidance. Inclusion of a linguistic diverse population in research is absolutely critical in developing policies, tools and strategies to reduce health inequalities. By addressing language barriers, researchers empower diverse communities to be represented and therefore generate more robust evidence to inform clinical practice and health outcomes. This important concept therefore makes this article my editors’ choice.

Another interesting article dealing with diverse population needs is that by Thillagavathie Pillay et al, who explain the recently revised UK risk-based strategy for BCG vaccination at 28 days after birth or soon thereafter, which is related to new developments in newborn screening for severe combined immunodeficiency (see page 19). The authors discuss the potential challenges for the uptake of BCG immunisation with this new schedule and emphasise the importance of triaging at-risk babies appropriately.

We now move on to an approach to paediatric nephrocalcinosis, an underdiagnosed pathology in children and neonates. The ‘Fifteen-minute consultation’ article by Felicity Beal et al discuss the approach to a child with nephrocalcinosis and highlights use of urinalysis and location of nephrocalcinosis to distinguish between underlying causes (see page 8). The fantastic case vignettes in this article, which are stratified according to different age groups, help to emphasize how nephrocalcinosis is merely an aetiological sign of diverse underlying conditions and not an end-diagnosis in itself.

COVID is currently rearing its head again in the community, after an uptick of cases already noted since the celebratory Christmas and New Year family gatherings. Post-COVID-19 syndrome (PCS), also known as long COVID, has been described as one of the sequelae of SARS-CoV-2 paediatric infection. It has a major impact on physical and mental health, and it is crucial that healthcare professionals are able to assess and manage children with this condition and facilitate appropriate management. The ‘Fifteen-minute consultation’ article by Michael Wacks and colleagues provides summary of existing definition of PCS and gives us an approach to how to facilitate clinical management and referrals for these children (see page 29).

This issue features the second case in the series by Helen Thomas and colleagues ‘Safeguarding essentials in modern day paediatrics’ (see page 25). Safeguarding is a vital process which protects vulnerable populations. The authors focus on the importance of timely recognition of inflicted injuries and highlights the importance of open, honest communication with carers prior to instigating formal child protection investigation processes.

The medicine update article by Constantinos Kanaris and Rula Wahida provides a physiological and pharmacological based guide for inotrope use in children with septic shock (see page 38). This is a definite must-read, as it provides a pragmatic approach in how to use bedside haemodynamic assessment to choose and titrate inotropes carefully. The infographic summarises the article well and serves as an excellent educational tool.

Yang Yang Wang and colleagues provide us with a quality improvement initiative, describing a project which supports paediatric staff induction through electronic guides and mentor schemes (see page 35). The simple, replicable solutions highlighted in this article can confer confidence in fledgling junior medics, allowing them to focus on patient care with appropriate awareness of which processes and information sources to access, thereby improving patient safety outcomes.

Our ‘Problem solving in clinical practice’ article by Eleni Gounari and colleagues is an excellent example of how a benign presentation can take us to unexpected places during our journey in unravelling a complex diagnosis. I do not want to give away the diagnosis here, as I know the mysterious nature of this journey will keep you captivated to explore it for yourself (see page 47).

This rounds off the treats we pull forth in bidding farewell to a fantastic year of phenomenal contributions from all our authors – so thank you all, and thanks also to our readers whose interest in the journal keeps us engaged in continuing to provide relevant food for thought throughout the year. I hope you continue to enjoy our efforts and that you will get in touch with exciting ideas for future issues. With that happy thought, I wish you warmest wishes for an edifying New Year: enjoy!

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