Sheila Teasdale has stepped down as Editor of Informatics in Primary Care after many years. Sheila has taken the journal from being an infrequently published report of the scientific meetings of the Primary Health Care Specialist Group of the British Computer Society to a proper journal. Many of the old editions of the journal are available online and provide a valuable resource for students of primary care informatics and a tribute to Sheila’s hard work between 1995 and 2000. Subsequently the journal moved from in-house publishing to Radcliffe Publishing (Oxford) and again Sheila led another quantum leap forward in the journal’s quality. All but the most recent volume are available to browse online. I have inherited a journal which attracts papers from around the world and an excellent editorial board. Importantly the journal also became listed on Medline – making information published on it readily accessible worldwide.

I would like to extend the range of papers the journal publishes. The journal is very happy to also publish trials or descriptive studies of implementations of technology which fail – as it is very important that these lessons are learned. I am also happy to publish quality improvement papers, especially trials, where technology forms a major part of one of the interventions. Finally, we would welcome publishing (most electronically) protocols for the evaluation of technologies in primary care.

Sheila will be a tough act to follow, however, she could not have got this journal off to a better start. I am delighted to report that she has agreed to stay on as a member of the editorial board. I would like to formally thank Sheila for her tremendous effort, skill and achievement over her many years as editor.

SIMON DE LUSIGNAN
Editor

REFERENCES
1. The Journal of Informatics in Primary Care. www.primis.nottingham.ac.uk/informatics/
2. Informatics in Primary Care. www.radcliffe-oxford.com/journals/12_Informatics_in_Primary_Care/issues/

Box 1
- The scientific study of data, information and knowledge, and how they can be modelled, processed or harnessed to promote health and develop patient-centred primary medical care.
- Its methods reflect the biopsychosocial model of primary healthcare and the longitudinal relationships between patients and professionals.
- Its context is one in which patients present with unstructured problems to specially trained primary care professionals who adopt a heuristic approach to decision making within the consultation.