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Most people who are in the market for a new car will spend some time looking at reports on the quality of different models — their performance, defects and general reliability. Nobody wants to be stuck with a “lemon.” Yet when it comes to the more serious matter of choosing a physician or surgeon, there isn't much in the way of consumer reports for the general public to go by. In the US, several jurisdictions have passed legislation making it mandatory to publish information on physicians' track records. In this issue Eike-Henner Kluge (page 1321) makes the argument that Canada should follow suit, at least by making information that is already in the public domain easily available.

And what *is* in the public domain? David Naylor (page 1323) points out that it contains only part of the record of physician performance: convictions for criminal offences, disciplinary action by the provincial colleges and malpractice suits that were successful in court. Not included are a host of other measures of performance, such as training records, continuing education, awards, honours and the like. In addition, several provincial colleges are experimenting with much more comprehensive systems for the evaluation of practitioners. (A report on the developments in Alberta will appear in an upcoming issue of the journal, and there are examples in other provinces.) These systems include, among a host of other measures, evaluations by patients and by peers. If the purpose of physician report cards is to allow patients to make more informed choices, then the information they make available should be more comprehensive.

We watched with considerable interest this week as the *British Medical Journal* launched its ELPS publishing strategy. ELPS (“electronic long, paper

short”) allows the *BMJ* to publish entire papers on their Web site while a reduced version appears in the journal. Readers can access both versions on the Web site (www.BMJ.com). There are 2 immediate reasons for the invention of ELPS, and we are familiar with both of these at *CMAJ*. First, although authors and researchers would like research reports to be published in their entirety, most readers, particularly busy clinicians, want only a summary. We know from our own surveys that most readers devote a few minutes to reading abstracts; few delve into the guts of a research paper. The second reason is limitations of space in the paper journal. Ever-increasing paper and mailing costs force us to either slim down the journal or raise subscription rates. Space on the Web, on the other hand, is never a problem.

Finding alternative formats for research papers, such as ELPS, will make more space available in medical journals for other material that readers need. Our surveys show that the average reader of general medical journals appreciates comprehensive review articles that are clinically focused and written by experts. In this issue Edward Yo and Bruce Jackson (page 1329) review stunning advances in surgical techniques for refractive errors. Jackson was one of the first Canadian ophthalmologists to conduct research on these new techniques and has extensive clinical experience at the University of Ottawa Eye Institute.

Lastly, a reminder that we are looking for brief illustrated articles on clinical signs whose discovery has been attributed to Sir William Osler as well as proposals for original articles on his life and works. The deadline for submissions to our special Osler issue is June 30. For more information please refer to the editorial on page 346 of the Feb. 9 issue or read it online (www.cma.ca/cmaj/vol-160/issue-3/0346.htm). ?