Editor's Briefing

LOOKING FORWARD

A modern journal should be a multimedia platform for medical communication. The word 'journal' is itself an anachronism and we regard our website (https://bjgp.org) as the definitive version of BJGP. The future BJGP will package information in many different formats to be watched, read, or listened to, at any time of the day, and in every environment. Earlier this year that goal may have been simply an aspiration. Such metamorphosis would be inconceivable. But, you have already shown how revolutionary change can happen by transforming general practice almost overnight. Our entire ecosystem turned upside down; consultations, contact with patients, collaboration across boundaries. The improbable became possible.

Listening is the first step. Facing the decade ahead with a new editor brings an opportunity to think about how the journal can meet those challenges in this changing world; bring research into practice, inform our experienced clinical readership, and challenge all of us with radical ideas, critical thinking, and reflections on the way we practice. This is where you come in. Do reflect on how the journal should develop in the future and tell me. It's a partnership.

The core content will not change overnight. The BJGP is in a very healthy state with a rich reservoir of material for the coming months. In this context I would like to add my thanks to those of many others to my predecessor Professor Roger Jones for his commitment to the journal over many years. It is sometimes the quiet work behind the scenes that goes unrecognised and you should also know about his immense work in ensuring a smooth succession, leaving behind a superb team, and laying foundations to build the future. He led the evolution of the journal over the last 9 years and has created a solid platform for any future developments. Journal editors seldom reap the rewards of their own work, it is often their successors that benefit most. Any advances we make in the next few years are largely due to his foundations.

We have a duty to researchers. As a former academic, I understand the pressure and demands in universities but the specific role of this journal is to bring research into practice. Our aim is to publish innovative work that is methodologically sound. Academic excellence alone is not enough and we will prioritise work that best helps the care of patients in the community. Our patients make huge commitments to contribute to research purely out of altruism and we have a duty to fulfil our side of that informal contract. In this context I am fully committed to open research. Research on patients should not be behind a paywall nor restricted. At the same time, I also recognise that the article processing charges needed to support open publication may unfairly penalise junior researchers without access to major grants. How we reconcile these competing demands is still unclear.

We have a responsibility to clinicians. Most of our readers are not researchers but clinicians who read the journal to improve practice. We intend to increase the clinical education content so that by reading your journal you will have access to the latest and most important information to help you with patients. Specialists often have a different perspective so we will focus on information that best helps our experienced clinician colleagues in the consultation. The primary care team is, of course, changing and we will recognise the breadth of patients' interface with health care in a wider interpretation of general practice.

We want you to enjoy reading the journal. BJGP Life is our multimedia communication platform and first choice for comment, opinion, ideas, and experience. It is accessible directly from the BJGP website so that it is an integral and essential part of the BJGP package. You will already see that it has taken on a new life with video interviews and contemporary comment accelerated, in particular, by the COVID-19 crisis. Do take a look at the interview with Iona Heath that features on the BJGP website. BJGP Life gives us an opportunity for dialogue and discussion, to hear other viewpoints, and see how others think, practice, and relate to patients and we always welcome new writers.

I look forward to working with you, our readers and authors, to provide the best information to help our patients in primary care. I will do my best to create an effective platform for you but I am only the caretaker — it's your journal. Thank you for the privilege of helping write the next chapter.

Domhnall MacAuley, Editor, BJGP

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