

Editor's Briefing

HIGHLIGHTS

The quotation on the front cover is from a BJGPLife.com interview with Richard Horton. It is a ringing endorsement of primary care from a global health perspective and an affirmation for those teaching general practice worldwide. Our Clinical Solutions platform (<https://bjgp.org/covid19clinicalolutions>), created in response to the current crisis, enables colleagues to share innovative ideas. Practice based initiatives range from using 3D printers to produce protective visors, to videos showing doctors and patients how to navigate COVID-19 centres. Our

multimedia platform on BJGPLife.com allows us to be agile and responsive with some fascinating stories from around the world and compelling video interviews. It's a major challenge for a monthly journal to respond to such rapid changes to practice but, in this issue, we focus on urgent care, our letters deal with the COVID-19 response, and Azeem Majeed and his colleagues challenge us to ask if doctors over the age of 60 years should have been brought in to serve on the front line.

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APPRECIATING OUR COLLEAGUES

The pictures were stark. Those images of deceased health workers told the story. Just one white face among those of our black, Asian, and ethnic minority colleagues. We watched the overwhelming grief of their families, were touched by the appreciation and respect of their colleagues, and were grateful that their commitment was acknowledged by our professional groups. And, then wondered why it was? Was it because they didn't have protective equipment, because they were on the front line, or was it because of phenotype or genotype susceptibility. There are no answers yet. But, we do know our colleagues gave their lives for us and that we owe them a huge debt of gratitude.

And, then I began to think. Remembering back to my time as a junior doctor, it was doctors from the Indian subcontinent that were always around. They were the long-term junior doctors who provided a large part of the service, especially in unpopular specialties. They were the permanent registrars who were most valued because of their skills, whom the seniors trusted and didn't have to come in to help. They were the doctors who seemed to inhabit the hospital. And, at that time, I didn't realise that some were also supporting a large family at home or even helping fund a hospital in their native country. Youthful blindness.

Just a few months ago I spoke to a now senior and very accomplished specialist colleague. He told me a story of his gratitude to an old friend of mine who, many years previously, was his senior consultant colleague. He had taken him quietly aside and gently and kindly pointed that, while

he was undoubtedly the best junior in the department, his chances of promotion in that unit were limited by the number of white faces. There was trust and friendship between these two men, but that story filled me with sadness. Our shame.

General practice is our responsibility. Next time I go to a clinical meeting or research conference I will look at the faces around the auditorium. If there are fewer doctors from black, Asian, and minority ethnic groups we should perhaps ask why, could it be lack of opportunity, a feeling of not belonging, of feeling excluded?

But it's not just at academic meetings. We need to publicly recognise the immense contribution of our colleagues in clinical practice. These are the doctors who provide the backbone of general practice in inner city London, Birmingham, Manchester, and in areas of high deprivation where others chose not to work. They provide a service often under very difficult circumstances, caring for large extended families in cramped accommodation, for people where English may not be the first language, and chase targets in health care that are unattainable simply by the nature of the population. Invisible.

We may not see these doctors until their pictures next appear on our television screens. Let's not wait until then to express our thanks.

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