

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.

DOI: <https://doi.org/10.3399/bjgp20X710393>

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, or 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.

Domhnall MacAuley,
Editor, *BJGP*

DOI: <https://doi.org/10.3399/bjgp20X709889>

© British Journal of General Practice 2020; 695: 265-312

EDITOR

Domhnall MacAuley, MD, FRCGP, FFPHMI, FFSEM
Belfast

DEPUTY EDITOR

Euan Lawson, FRCGP, FHEA, DCH
Lancaster

HEAD OF PUBLISHING

Catharine Hull

SENIOR ASSISTANT EDITOR

Amanda May-Jones

WEB EDITOR

Erika Niesner

ASSISTANT EDITOR

Moirá Davies

ASSISTANT EDITOR

Tony Nixon

DIGITAL & DESIGN EDITOR

Simone Jemcott

TRAINEE ASSISTANT EDITOR

Thomas Bransby

EDITORIAL ASSISTANT

Margaret Searle

EDITORIAL ADMINISTRATOR

Mona Lindsay

EDITORIAL BOARD

Luke Allen, MBChB, MPH, PGCE Clin Edu
Oxford

Carolyn Chew-Graham, BSc, MD, FRCGP
Keele

Hajira Dambha-Miller, MSc, MPhil, MBBS
Southampton

Graham Easton, MSc, MEd, SFHEA, FRCGP
London

Adam Firth, MBChB, DTM&H, DipPalMed
Stockport

Claire Gilbert, BA, MPH, MRCGP, PGCME, DCH
Yorkshire and the Humber

Benedict Hayhoe, LL.M, MD, MRCGP, DRCOG, DPMSA
London

Jennifer Johnston, PhD, MRCGP
Belfast

Brennan Kahan, BSc, MSc
London

Nada Khan, MSc, DPhil, MBBS
Leeds

Sarah Lay-Flurrie, BSc(Hons), MSc, DPhil
Oxford

David Misselbrook, MSc, MA, FRCGP
Bahrain

Peter Murchie, MSc, PhD, FRCGP
Aberdeen

Obioha Ukoumunne, BSc, MSc, PhD, FHEA
Exeter

Peter Schofield, BSc(Hons), MSc, PhD, PGCert
London

Liam Smeeth, MSc, PhD, FRCGP, FFPH
London

2018 impact factor: 4.434

EDITORIAL OFFICE

30 Euston Square, London, NW1 2FB.

[Tel: 020 3188 7400, Fax: 020 3188 7401].

E-mail: journal@rcgp.org.uk / bjgp.org / @BJGPjournal

PUBLISHED BY

The Royal College of General Practitioners.

Registered charity number 223106. The BJGP is published

by the RCGP, but has complete editorial independence.

Opinions expressed in the BJGP should not be taken to

represent the policy of the RCGP unless this is specifically

stated. No endorsement of any advertisement is implied

or intended by the RCGP.

ISSN 0960-1643 (Print)

ISSN 1478-5242 (Online)

