

Editor's Briefing

HIGHLIGHTS

Diversity, opportunity, and flexibility are some of the most appealing features of general practice. A research career may not seem attractive initially but we might change our mind. If a bright enthusiastic doctor stumbles across a research idea, would like to become more involved, or decides to change course, the path can be difficult. Polly Duncan *et al* propose a collaborative framework that may help but we need to recognise that resources, time, funding, and publication opportunities are also limited.

In cancer treatment we focus on earlier identification of key clinical or biological

markers in diagnosis. While science takes precedence, clinicians may be influenced by a vaguely defined gut feeling. Evidence and instinct collide in the systematic review by Claire Friedemann Smith *et al*, where gut feelings became more predictive as clinical experience and familiarity with the patient increased.

But, there is no mistaking the gut feeling in Iona Heath's editorial. As she says in the accompanying video on BJGPLife.com — '*nothing is more important than love*'.

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RESEARCH RESPONSIBILITIES

Blood, sweat, and tears lie hidden behind every research paper. Reduced to a short abstract in the paper journal, and even with more generous online content, a manuscript only tells part of the whole story. It's a long journey from that first idea to final submission. The entire process is based on the commitment and generosity of others, and the advice and support of colleagues and mentors, not to mention the tolerance and forbearance of family and friends. But, most of all, the commitment and generosity of patients. The BJGP family has a responsibility to our research community and patients, to recognise this work, and to provide a platform for publication.

But, what should we publish in the BJGP? We would like you to help us decide — a form of shared decision making. Publishing on average eight research papers each month, we can only accept one or two articles, on average, each week. In recent weeks we have, for example, rejected beautifully written, methodologically excellent qualitative studies that didn't unfortunately offer any new insights; some excellent quantitative studies, using well validated databases and methodologically sound, but where there were no useful clinical outcomes; developmental work that will, undoubtedly, inform future work; excellent policy-related papers that reflected historical changes; systems/policy papers that reflected local change on the basis that BJGP is an international journal and what we publish must be relevant to the primary care community throughout the UK and further afield and be equally meaningful in

Dulwich, Dundee, or Dunedin. We would like to move away from the traditional adversarial relationship between authors and the editor. Shared decision making also means shared responsibility. Together we need to decide, in general, what type of articles best represent the body of our academic work.

We also need to think progressively about our publication platforms. Grant giving bodies, national government, universities, and many publishers had already been looking at different publication models. The COVID-19 crisis has accelerated change in the dissemination of research using pre-prints, focused our attention on the importance of open data, catalysed the rapidity of publication, and altered how we think about sharing research findings. The landscape is changing with increasing use of university repositories and the availability of more sophisticated search tools. Journals were the first social network where authors could share and discuss their findings. Somewhere along the way we started putting up barriers to sharing research and creating narrow pipelines of information flow. The current archaic peer review to publication system is increasingly called into question. We can no longer cling to obsolete models and principles. The future will be about dissemination, curation, and interpretation. Research journals will need to adapt or slip quietly into obsolescence.

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