

What matters most?

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The theme for the commissioned papers within this edition is 'Value and values'. It is essential that we step back to address these very fundamental principles about what we want for ourselves and our patients as we plan future healthcare. I am very grateful to our board members, Louella Vaughan and Suzie Bailey, for guest editing this edition and collating remarkably diverse, stimulating and challenging papers.

The demands for more support for our health service are growing louder and more frantic, matching the increasing despair of many healthcare professionals. I do worry that the conversation has been too narrow. Understandably there is a call for more staff and more resources. What if this is unattainable and we are simply not going to be able to deliver significant increases in healthcare staffing in the next 5 years? I do not sense a 'Plan B'. This is where stepping back and reflecting on what matters to us and to patients, to consider what we really need to be providing in our health service and, therefore, what we value becomes central.

As ever please do give us your feedback by letter, email (fhj@rcp.ac.uk) and social media (@FutureHealthJ). We welcome feedback not just on our content but also on the *FHJ* itself. Are there areas that we have not been addressing, has the move to online publishing been a success and are we communicating to you, the readership, effectively?

A number of stalwarts of the board have demitted office this year. John Dean, Jo Szram and Emma Vaux have been towers of strength and sources of wisdom to me in recent years and their contributions will be greatly missed. Fortunately, they are continuing to make great contributions to the college, education and the wider health service in other roles.

I am delighted to welcome new members to the board. Dr Stuart Rosen is a cardiologist with strong interests in education and designing future healthcare services. Dr Thomas Oates is a nephrologist with expertise in digital health. I've already seen the value they bring to the board and the healthy debate we have at board meetings, which, we hope, is then reflected in the journal and is sure to continue.

The *FHJ* has a strong focus on education and training. On a very positive note, the new foundation year doctors and other trainees who I have been working with in recent months have shown a refreshing enthusiasm for learning and practising medicine. We have a huge responsibility to make their careers both fulfilling and effective. As time passes and I move along the pathway from practising clinician to likely healthcare recipient, I find this greatly reassuring!

A broad and excellent selection of articles are included in this issue. Many link to themes previously visited in our journal.

Samantha Taplin *et al* describe how the attempt to mitigate inequalities that lead to differential uptake at a COVID-19 vaccination centre.¹ We have to be relentless in our drive to reduce inequality and this paper makes an important contribution. They used a very multifaceted approach with particular emphasis on

communications in a variety of formats and languages. They have detailed the actions as a template that can be used more widely.

We continue to champion issues around physician associates. We recently published online, just ahead of this issue, a paper by Llinos Williams and Vedamuthy Adhiyaman entitled 'What do physician associates think about independent prescribing'.² Not only are physician associates keen to be prescribers, they feel that by lacking this capability, their ability to fully function as members of the healthcare team is lacking.

The ongoing impact of COVID-19 cannot be ignored and Thomas Slater and Jonathan Round look at the impact of shielding on medical training.³ They report that nearly 3% of postgraduate medical trainees shielded but specialty specific studies reported even higher numbers. Five focus groups were held. Emerging themes were of guilt, problems returning to work and continuing on their rotations, as well as variability in the application of guidelines on shielding. But more positively, appropriate use of IT and educational support could mitigate some of these challenges.

I always like articles that may make my life easier. Camilla Sammut-Powell *et al*, in their article on pre-screening for chronic kidney disease in people with type II diabetes, show that a very simple assessment based on age, gender, body mass index, duration of diabetes and blood pressure can identify those at risk of renal impairment effectively.⁴

Frailty, malnutrition in cancer patients and academic training are also addressed in papers in this edition among a huge variety of content.

For our next edition in early 2023, we are delighted to be collaborating with the Royal College of Psychiatrists to look at the very widest aspects of mental health as it links to disease and healthcare in the future. When this topic was proposed at a recent editorial board meeting, there was universal acceptance that we cannot tackle future healthcare need without appreciating the mental health of our patients, society and staff. We would welcome submissions of articles linked to this theme. ■

Dr Kevin Fox
Editor-in-chief

References

- 1 Taplin S, Andrews-Jones B, Chainey A *et al*. Mitigating inequalities at a large COVID-19 vaccination centre. *FHJ* 2022;9:321–5.
- 2 Williams L, Adhiyaman V. What do physician associates think about independent prescribing? *FHJ* 2022;9:282–5.
- 3 Slater T, Round J. Shielding during medical training: an exploration of effects, consequences and best practices. *FHJ* 2022;9:291–4.
- 4 Sammut-Powell C, Sisk R, Budd J *et al*. Development of minimal resource pre-screening tools for chronic kidney disease in people with type 2 diabetes. *FHJ* 2022;9:305–9.

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