Editor's Briefing

EMBEDDING BEST PRACTICE

Bill Gates gave the Richard Dimbleby lecture a few weeks ago, entitled *The Impatient Optimist*. He spoke passionately and inspiringly at the Royal Institution, watched by the current and past Presidents of the Royal Society, on his programme to eradicate poliomyelitis globally.

Bill and Melinda Gates' massive philanthropic commitment to health care began when they first learnt about the impact of rotavirus-induced diarrhoea, that at the time caused half a million child deaths, with preventive measures being carried out only in the world's richer nations. The Gates were later inspired by meeting Bill Fahey, one of the giants of global smallpox eradication, in Seattle and finally turned their attention to polio. The disease, which was once a universal scourge, with over one third of a million cases reported as recently as 1988, is now almost eradicated; the only countries in which it remains endemic are Afghanistan, Pakistan, and Nigeria. The reasons for the failure of eradication in these countries have, of course, nothing to do with the efficacy of the vaccine, the commitment of healthcare workers or, even, the resources available to support the infrastructure of eradication programmes. Much more complex cultural and contextual factors are at work, which act as powerful blocks to the completion of the task. This in a sense, represents the 'third translational step' in getting research into practice. The first is to get the research out of the laboratory and into clinical trials, the second is the translation from experimental to clinical practice and in the community, and the third step is to ensure that best practice is established and universally embedded.

This issue of the *BJGP* is about best practice in the delivery of primary health care. A fascinating range of articles look at some important aspects of health care at home and abroad. In the UK John Campbell looks again at patients' access to primary care, the role of the GP Satisfaction Survey, and the factors, such as access to appointments and the ability to make an appointment with a preferred doctor, in determining patients' satisfaction with their care and with their practice. Jonathan Hammond and colleagues, at Manchester, rather than St Georges unfortunately (!), claim to have slain the dragon myth, by emphasising the contextual issues surrounding the roles of GP receptionists, whose work reflects not only personal discretion and preferences, but also the wider working patterns, values, and norms of the practice as well as staff dynamics and changing patient needs. Rod Sampson and colleagues from the Cairn Medical Practice in Inverness report an interesting study in which patients were able to choose their appointment length, from 5, 10, 15, and 20-minute appointments. Doing so was associated with greater patient empowerment and better time management in the consultation.

Further afield, Eric Galam and colleagues from Paris report on a rather depressing survey of over 4000 GP trainees in France, of whom a substantial proportion already seem to be experiencing burnout, and over 1% claim to have previously tried to commit suicide. Galam and colleagues comment on some steps that have already been taken to provide support for trainees in difficulties. Shabir Moosa, writing from Johannesburg, reports on an important survey of government and academic leaders in Africa, where it is clear that primary health care is still poorly understood by many senior figures, with hospital models of health care still dominating their thinking. Greater and more consistent advocacy for primary health care is needed to influence decision-making by political and medical leaders. This may represent one altruistic opportunity to export the NHS brand.

This year, following the publication of our critical appraisal toolkit, the *BJGP* is launching an initiative to support its reviewers. We rely on hundreds of unpaid, committed, and excellent reviewers, to whom we are enormously grateful, to shape the content of our Journal and, thereby, the medical literature and the evidence base. It is clear that we can and should do more to provide feedback on the quality of reviews, to provide examples of good practice, and to begin to establish a mentoring system that will allow seasoned reviewers to support less experienced colleagues in reviewing for us. More details of this initiative will be published on our website in the next few months.

Roger Jones
Editor

DOI: 10.3399/bjgp13X663208

EDITORIAL OFFICE
30 Euston Square, London, NW1 2FB.
(Tel: 020 3188 7400, Fax: 020 3188 7401).
E-mail: journal@rcgp.org.uk http://www.rcgp.org.uk/bjgp

PUBLISHED BY
The Royal College of General Practitioners,
30 Euston Square, London, NW1 2FB.

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)

PRINTED IN GREAT BRITAIN BY
HPM Limited, Prime House, Park 2000, Heighington Lane Business Park, Newton Aycliffe, Co. Durham, DL5 6AR.

Printed on Carbon Balanced paper

WORLD LAND TRUST™
www.carbonbalancedpaper.com
CBP0004840504111835