

Editorial

Journal matters: quality in primary care

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Editor

In a previous issue of the journal, I wrote about a development plan and reflected on the aims and scope of this publication.¹ Since then your Editorial Board has had a further meeting and we came to a number of conclusions. It was clear that the emphasis on quality issues and the journal's focus on primary care were not obvious from its title. There was a requirement to make this much more widely known. In general we are not keen on title changes without substantial reasons, but it was felt that we could be confident about a move to renaming the journal *Quality in Primary Care* – a title that reflects the needs of its readership.

We believe this is the first journal in Europe devoted solely to this topic, incorporating the latest clinical governance research, interviews with leaders in quality, essential updates from primary care organisations, debate, international and patient perspectives, and other features. Welcome, therefore, to the first issue of *Quality in Primary Care*. We have an enlarged Editorial Board to reflect our European presence and also a member from the United States, to make a start on a truly international perspective. Clinical governance leads can rest assured, however, that the topic will continue to feature in a significant way. We hope that the broader approach of *Quality in Primary Care* will support them even more.

The functions of *Quality in Primary Care* can be summarised as:

- to encourage the scientific study of quality improvement by publication of relevant research
- to chart the development of local, national and international quality systems
- to create and support a community of people interested in quality improvement
- to act as an ambassador for better patient standards and for quality generally
- to campaign for important issues in quality and to promote best practice in quality improvement
- to act as a resource for practitioners charged with leading quality in primary healthcare by publishing examples of effective quality improvement projects
- to debate and critique health service policy relating to quality
- to act as a sounding board for new ideas, to stimulate debate and encourage innovation
- to provide a platform for international exchange
- to promote a better understanding of patient involvement.

We want to be more responsive and accountable to our readership and authors. Submissions come from people in the academic field but we would like to extend the range and number of authors. Please contact us if you want to contribute to the journal or have ideas for features. We would like to continue to make the journal more relevant to your needs. What sort of articles do you want to see and what is the best mechanism for ensuring that the most influential and pivotal articles are offered first to *Quality in Primary Care*? From this issue we will be encouraging the submission of articles electronically, and we have set standards for the peer-review process (shown on the inside back pages). We also want to increase the visibility of the journal on the Internet. We extend a reminder to all our subscribers that free access to the online journal is available.

By taking these actions, we believe that we can continue to raise the academic standing of the journal. It will also help to create a clinical governance/quality community, and can also offer the opportunity to make connections with organisations, e.g. professional bodies and associations, both in the UK and in Europe. Many of our readers have a passion for and a commitment to quality and we hope that this journal becomes a medium for them to communicate their ideas.

To this end this issue of *Quality in Primary Care* includes a number of papers that we hope will stimulate debate and be a resource for you. Stannard and his colleagues have developed what I believe is a significant document outlining a code of practice for clinical audit (see page 5). This places a duty of care on those responsible for clinical audit and will be important reading for all clinical governance leads and managers.

We also feature new guidance on a quality framework for general practitioners with special interests (GPwSI), which is a major plank of policy in the UK health service (see page 47). In an editorial

I discuss the current standing of the Bolam test, the long-standing benchmark for medical negligence in the United Kingdom (see page 3). I suggest that the days of the Bolam test could be numbered, as increasingly quality of care will be judged not only on professional opinion but also by explicit, national evidence-based standards issued by bodies such as the National Institute for Clinical Excellence (NICE).

REFERENCE

- 1 Lakhani M (2002) Time for reflection. *The Journal of Clinical Governance* **10**: 49.