The digital transformation – all good?

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The theme of this issue is ‘Digital health workforce’. When we decided upon this topic in 2019, we knew it to be important, but we could not have anticipated the speed in the introduction of digital technologies into our services that has been precipitated by the COVID-19 pandemic. I am therefore tremendously grateful to Sheena Visram, one of our editorial board, and Wajid Hussain, the Royal College of Physicians’ (RCP’s) clinical director for digital health, for jointly guest editing this issue.

Back in April, I worried that journals would be one of the casualties of the pandemic. Paralleling many predictions made in those early weeks of the pandemic, I was completely wrong. We have seen a 400% increase in submissions matched by social media activity (@FutureHealth) and downloads from our website (www.rcpjournals.org/content/futurehosp). In response, we have accelerated the development of our online resources. The COVID-19 online subject collection (www.rcpjournals.org/covid-19), shared jointly with Clinical Medicine is filled with articles around clinical activity, service changes, personal experience and reflection. While primarily I am grateful to authors, the editorial process would have faltered were it not for the exceptional work of the editorial team at the RCP. Indeed, we have actually been able to publish accepted papers more quickly than ever before.

The support I have received from the editorial board has been invaluable, and I also offer thanks to our reviewers. As part of our response, we welcome two new members to our editorial board, Rose Penfold and Linford Fernandes. Both are senior trainees with outstanding portfolios and refreshing ideas to evolve the journal. Communication has certainly changed, not least between healthcare professionals and patients. In my last editorial, I posed a question about the legacies of the pandemic. Flexible consultations with patients are here to stay and this is seen as beneficial by patients and their healthcare professionals. I worry however about proposals that the default mode of consultation between a doctor and a patient should be virtual. As a journal that aims to publish evidence about healthcare professionals need to acknowledge and embrace social media in caring for patients with chronic disease, one of the many facets of digital healthcare. We are keen to expand the quantity and quality of papers reporting patient experience in our journal and I would encourage authors to always consider patient involvement and perspectives in their research designs and submissions.

A concern linked to the changes to healthcare in recent months has been the importance of ensuring some groups of patients and users are not disadvantaged by the redesigns. Inequality is therefore the very timely theme of our next issue. Meanwhile, I hope you find there is much in this issue and in the FHJ online to enjoy.

Dr Kevin Fox
Editor-in-chief

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