On 1 September 2020, we took on the roles of co-editors-in-chief for BMJ Quality and Safety, and want to take this opportunity to introduce ourselves and our vision for the journal. We represent two different continents, two different professions and two different sets of research expertise. What we have in common is a passion for conducting and publishing high-quality research and quality improvement work to benefit the quality and safety of patient care, as well as encouraging others to do likewise.

We assume leadership of the journal during a major worldwide crisis brought on by the COVID-19 pandemic, which has affected almost every aspect of society. Response to the pandemic is requiring engagement from every part of our health care systems—government policy, public health, ambulatory care, inpatient and long-term care, every type of healthcare worker, and of course patients and their care partners. Most journals, including ours, have seen a substantial increase in manuscript submissions. We have published several articles related to COVID-19 that address quality and safety issues central to the journal’s interests—including staffing levels, teamwork, how the pandemic has exposed weaknesses in healthcare systems, and how it may even stimulate efforts to address deficiencies in quality and safety.1–5

We take note of the pandemic not only because of its significance but also because, like the pandemic, quality and safety problems are international issues that affect and require engagement from all parts of our healthcare systems and from all stakeholders. These stakeholders include patients and their care partners, every type of healthcare worker, organisational leaders, policy makers and, of course, researchers and quality improvement teams. Improving quality and safety also requires engagement from experts from other disciplines and industries whose research and practice can inform our efforts to improve care.

As new co-editors-in-chief, we find this comprehensive view of the stakeholders for quality and safety to be both necessary to improve care and intellectually stimulating. Of course, with so many stakeholders, there needs to be some additional focus, and we find that on BMJ Quality and Safety’s masthead6: ‘The journal integrates the academic and clinical aspects of quality and safety in healthcare by encouraging academics to create evidence and knowledge valued by clinicians, and clinicians to value using evidence and knowledge to improve quality’.

We will continue to publish research and opinion that creates ‘evidence and knowledge valued by clinicians’. To accomplish this, we will maintain high methodological standards, along with collegial communications between the journal and authors. We will also build on the current interdisciplinary focus of the journal, both from within and outside the healthcare disciplines, and are considering special articles on new methods or ideas from other areas and how they can be adapted and used within the healthcare setting. We recognise that a strength of the journal is its international focus, although the majority of published papers are currently from North America and the UK; we would like to encourage a wider range of international submissions that meet our high standards for methodological quality and relevance for an international readership. We would like to further increase our social media presence, building on the blogs and Tweets already being led by our two social media editors. We also want to maintain the journal’s current reputation for constructive peer review and timely publication, in which editors aim to provide personalised, specific and constructive feedback.

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Editorial

not just for papers for which revision is invited but also for those that are rejected.

These are promising times for the journal. The previous co-editors-in-chief, Kaveh Shojania and Mary Dixon-Woods, are handing over a journal with a stellar reputation for rigorous research, thoughtful and challenging commentary, and timely and constructive peer review. We therefore end with our thanks to Mary and Kaveh for their strong leadership and vision, together with an incredibly strong team of senior editors, associate editors and reviewers. We are sure that readers of BMJ Quality and Safety will echo our thanks.

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REFERENCES
4 Soong C, Born KB, Levinson W. Less is more, now more than ever. BMJ Qual Saf 2020;70:bmjqs-2020-011444.