

# BMJ

Improving health  
outcomes worldwide

**Impact report 2023**



Better evidence



Better decisions



Better systems



# Delivering tangible impact with global reach



**31,000** clinicians, funders, and key decision makers attended our BMJ-led events this past year

Partnering with over **11,000** institutions



Making evidence-based information and research available in **20** languages



Serving **10 million** online users every month



Publisher of *The BMJ*, the world's **4th** most cited general medical journal



# Advancing healthcare since 1840

As a global healthcare knowledge provider, our vision for a healthier world lies at the heart of everything we do.

Our clinical decision support tools, educational resources, events, and careers services empower health professionals to make better evidence-based decisions and improve patient outcomes.

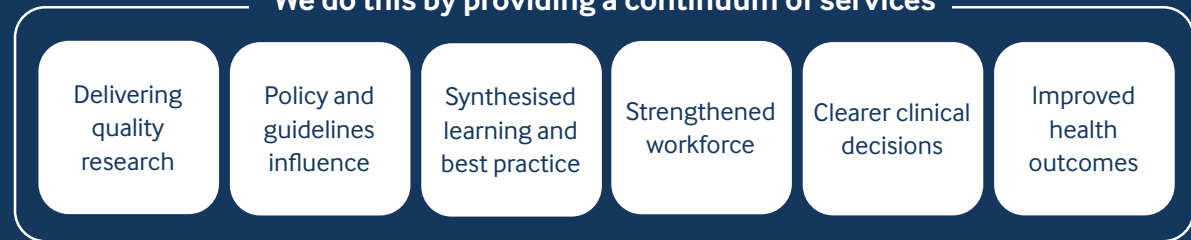
**While we are a wholly owned yet independent subsidiary of the British Medical Association (BMA), we serve a truly international community, with five offices worldwide - in the UK, the Americas, India and China.**

In our journey to make a real difference, we refer to our impact measurement framework (right). It operates as our compass, helping us not only understand and evaluate but truly celebrate the incredible impact we create.

## Our purpose provides clarity to what we do and the impact we have

BMJ is a **global healthcare knowledge provider with a vision for a healthier world.** We share knowledge and expertise to improve health outcomes.

### We do this by providing a continuum of services



### Which leads to



### This ultimately results in



## Welcome to our 2023 impact report

In this third annual impact report, we are excited to present tangible examples of how our people, products and services are making a meaningful difference in creating a healthier world. We do this through sharing knowledge and expertise with healthcare professionals globally.

At the 2023 International Forum on Quality and Safety in Healthcare - Copenhagen, organised by BMJ, I had the opportunity to hear the most inspiring story from three Ukrainian doctors. They spoke about how they are working hard to maintain the resilience of the Ukrainian healthcare system and the professionals working within it. What we see of the conflict on television news only scratches the surface of the horror that Ukrainian doctors face daily.

It was humbling to hear Dr. Olesya Vynnyk extend her appreciation to everyone who works at BMJ from all the healthcare professionals in Ukraine. Providing free access to our learning resources and BMJ Best Practice has greatly helped those working on the frontline.

Her thanks are powerful because they inspire and challenge us to do still more. My own gratitude extends far beyond the incredible staff at BMJ. It reaches out to all those who have collaborated with us, offering their support and expertise to help us achieve the positive impact we strive for.

Within these pages, you will witness the collective impact we are making together, transforming lives and communities. It is a testament to the power of collaboration and the shared vision we hold.

You will see the stories of individuals whose lives have been touched, the communities that have been uplifted, and the lasting change that has been sparked. It is a reminder of why we do what we do and the importance of the work that lies ahead.



**Chris Jones**  
Chief Executive Officer, BMJ





# Better evidence Staying at the forefront of scientific advances



**14K**

BMJ articles were cited in 6K policy and clinical guidance documents published in 2022\*



**770K**

media mentions of articles published in 2022\*\*



**11<sup>th</sup>**

most cited publisher in Clinical Medicine, 8th in Public Health, and 8th in Health Services Research\*\*\*



**Over 60%**

of our journals are in the top quartile of their category, with 15% ranked in the top five for their categories



**17**

BMJ journals received their first JIF in 2023\*\*\*\*



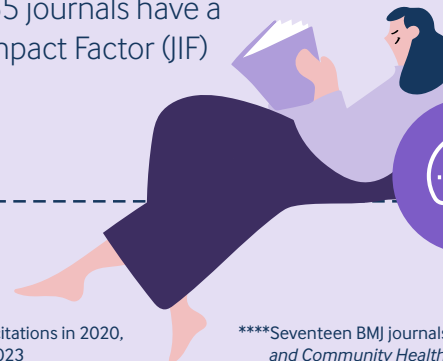
**56**

of BMJ's 65 journals have a Journal Impact Factor (JIF)



**34.5K**

news mentions of documents published in 2022, a 34% increase year on year



**87%**

of BMJ journals indexed in Scopus saw an increase in their CiteScore in 2023

\*BMJ Impact Analytics | Only impact tool dedicated to health care [Online] <https://impactanalytics.bmj.com/>

\*\*Altmetric

\*\*\*Analysis of most cited publishers ranked by total citations in 2020, 2021, 2022, Broad Research Areas, Dimensions 2023

\*\*\*\*Seventeen BMJ journals received their first JIF in 2023, including, *General Psychiatry* 11.9, *Family Medicine and Community Health* 6.1, *BMJ Open Sport & Exercise Medicine* 4.8, and *BMJ Health & Care Informatics* 4.1





# Retaining impressive rankings

BMJ publishes 65 journals, many of which are the most influential titles in their field

## British Journal of Sports Medicine

Number 1 out of 87 in Sports Sciences  
18.4 JIF | 25.1 CiteScore



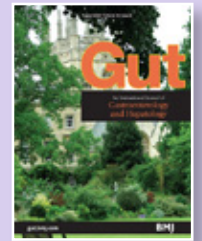
## Journal of Neurology, Neurosurgery and Psychiatry

Number 3 out of 212 in Surgery  
11 JIF | 15.9 CiteScore



## GUT

Number 5 out of 93 in Gastroenterology & Hepatology  
24.5 JIF | 47.4 CiteScore



## Journal of Medical Ethics

Number 2 out of 16 in Medical Ethics  
5.1 JIF | 6.2 CiteScore



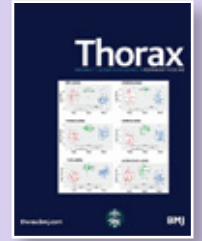
## The BMJ

Number 4 out of 167 in Medicine, General & Internal  
105.7 JIF | 15.3 CiteScore



## Thorax

Number 6 out of 65 in Respiratory System  
10 JIF | 14.3 CiteScore



## Journal of NeuroInterventional Surgery

Number 2 out of 17 in Neuroimaging  
4.8 JIF | 10.7 CiteScore



## Tobacco Control

Number 4 out of 21 in Public, Environmental & Occupational Health  
5.2 JIF | 10.6 CiteScore



## Regional Anesthesia & Pain Medicine

Number 8 out of 35 in Anesthesiology  
5.1 JIF | 7.6 CiteScore





# Advancing how the real-world impact of health and medical research is measured

Research that improves patients' lives matters deeply to the funders, institutions and researchers who dedicate their resources to medical and health research. But evaluating the impact of this research on policy and guidelines is traditionally measured by standard scholarly metrics in the absence of more targeted analysis that relates explicitly to health improvement.

BMJ and the pioneering technology start-up, [Overton](#), set out to address this challenge by collaborating to develop **BMJ Impact Analytics**, the first research impact tool focused on health and social care. It was launched in January 2023, and shortlisted in June 2023 as a finalist for the prestigious [Association of Learned and Professional Society Publishers \(ALPSP\) Award for Innovation in Publishing 2023](#).<sup>2</sup>

The concept of real-world impact has gained importance in the past decade due to budget cuts and the public questioning the value of research funding. Traditional scholarly metrics do not sufficiently measure impact, since they need to capture how research improves people's lives. BMJ Impact Analytics helps to fill this gap by providing evidence of research being cited in policy and guidelines.



*"We chose to partner with BMJ because of their expertise and reach in the medical research community. Their existing relationships and global presence made the organisation a valuable partner. Additionally, BMJ's mission-driven approach aligned with our values at Overton."*

**Euan Adie**  
Founder and Director Overton



## Advanced tracking

Previously, tracking this impact was time-consuming and costly, but BMJ Impact Analytics simplifies the process and provides more comprehensive insights. It shows links to patient outcomes (citing decision support tools), and enables a wider range of research to be assessed.



## Real-world focus

BMJ Impact Analytics contributes to shifting the focus of research assessment systems towards real-world impact and recognising the diverse contributions of researchers. The tool supports evidence-based policy decisions by providing evidence of the impact of research in the real world. It helps researchers understand and showcase the value of their work.



## Delivering impactful science and journalism

Kamran Abbasi, Editor in chief,  
*The BMJ*

Impact, influence, and healthcare expertise are all the mainstay for global organisations, and we are benchmarked against the very best. Through the voice and global recognition of our flagship journal, *The BMJ*, we stimulate informed debate and encourage better medical research and education that lead to improved patient outcomes.

Our [Investigations Unit's](#) work adds to *The BMJ's* reputation as a world-renowned agent of change. Over the past year our investigative journalism has:

**Raised questions over lack of “substantial evidence” for FDA approved antibiotic, Recarbrio.**<sup>3</sup> We highlighted the deterioration of safety standards at the FDA<sup>4</sup> and warned of an era where drug effectiveness becomes an afterthought in regulatory approval.

**Uncovered that the National Health Service (NHS) paid private hospitals £2bn in the pandemic to meet NHS demand, but that some private hospitals still treated more private patients than NHS ones,**<sup>5</sup> reflecting a lack of transparency and accountability between public funding and private delivery of healthcare.

**Led an investigation in partnership with *The Guardian*, finding that hospital trusts fail to protect staff and patients against sexual assault and harassment in the NHS.**<sup>6</sup> Our investigation revealed that only one in ten NHS trusts has a dedicated policy to deal with sexual assault and harassment, leading to a call in Parliament for a new and improved sexual complaints system.<sup>7</sup>



### Holding politicians accountable

In the UK, we continue to influence government and health policy,<sup>8,9</sup> by championing evidence-based decision making, patient and public partnership, and openness and transparency.

In 2022, [The BMJ's UK Covid Inquiry Series](#) highlighted how the political response to the covid-19 pandemic often failed to properly consider science.

The articles<sup>10</sup> raised important questions about the transparency and accountability of political decision making during the pandemic. They question the government's resistance to scrutiny, lack of transparency, and failure to correct mistakes as knowledge and experience accumulated.

Modelled after the UK Covid Inquiry Series, [The BMJ's Canada Covid Series](#) called for a national inquiry and accountability for the failings in Canada's response to covid-19. That week, four out of five of the top-read analysis articles were from that series, and 52% of *The BMJ* Analysis readers were from Canada. It received lots of attention online, in the news, and the research community, and led to a statement provided by the office of Health Minister Jean-Yves Duclos.<sup>11</sup>

The UK issue covered points that question the evidence behind government decisions,<sup>12</sup> all of which has been submitted as evidence to the inquiry.



### Influencing with evidence-based advocacy

*Showing impact at select committee governmental level*

*The BMJ* is also influencing parliamentary select committees, with one such example occurring on 21 February 2022. Chris Whitty, the Chief Medical Officer for England, gave evidence to the Health and Social Care Committee at the beginning of the inquiry into prevention in health and social care.<sup>13</sup> At the hearing, Whitty discussed an editorial<sup>14</sup> he co-wrote for *The BMJ* with other chief medical officers. In the editorial, Whitty and colleagues argued for restoring and extending secondary prevention in the NHS, highlighting that such efforts had declined during the pandemic.

With further work underway to evaluate the impact of the covid-19 pandemic on the United States and Canada, as well as a Commission on the Future of the NHS, our science and journalism is focused on achieving impact in clinical practice and policy making.





## Leading the world of medical journals in patient partnerships

Providing increased access to the opinions and perspectives of patients; unfiltered and first hand

Patient insights and experiences bring a critical dimension to our work and thinking. We view these partnerships as an ethical imperative, essential for enhancing the quality, safety, value, and sustainability of health systems.<sup>15</sup> Whether in research or education, we collaborate with patient editors, patient and public reviewers, and a patient advisory panel to ensure our content and information are directly relevant to policy making and clinical practice.

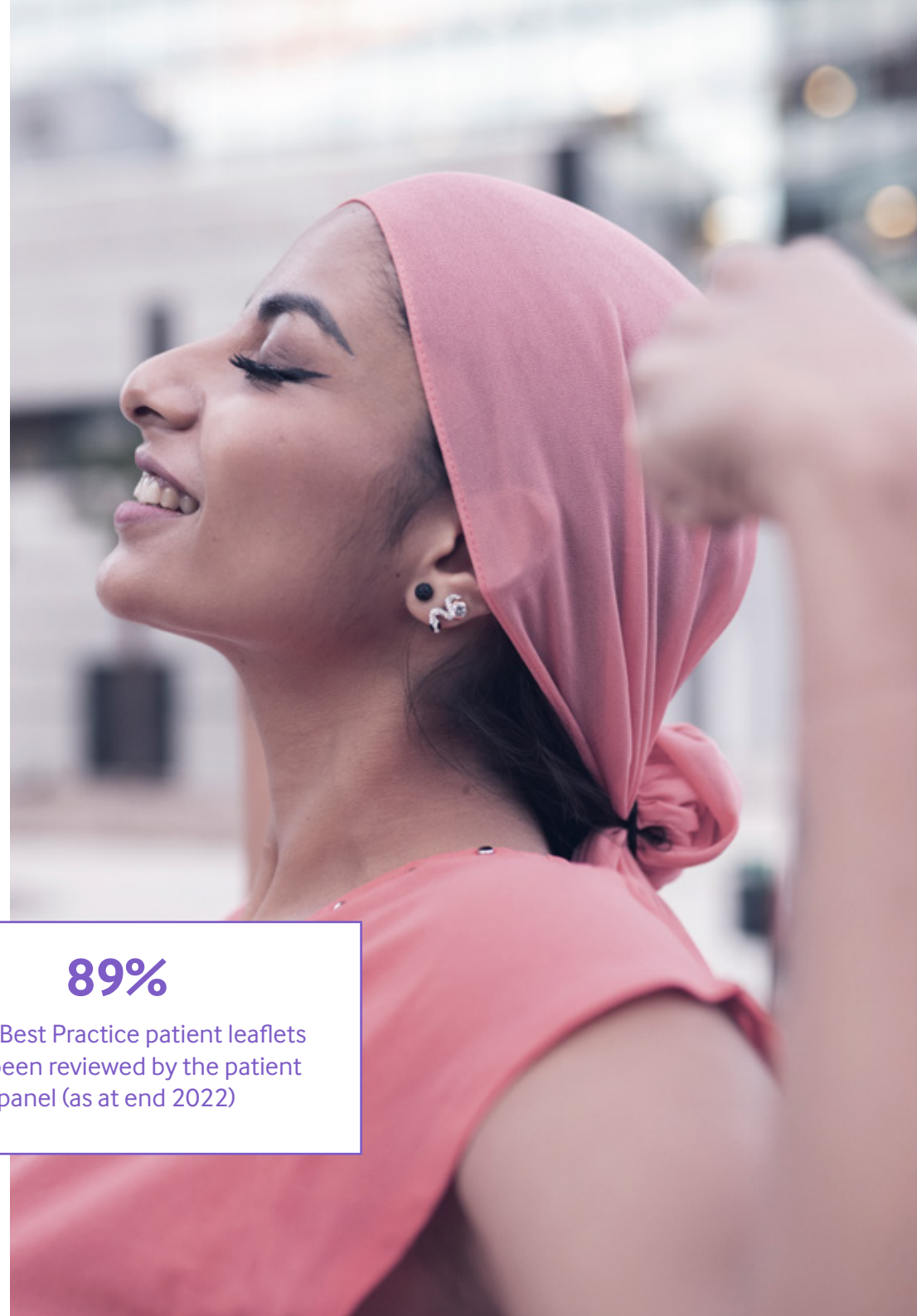
Our proactive measures to promote patient and public involvement in the co-production of research help us recognise its significant impact on improving healthcare delivery and outcomes.<sup>16</sup> A few journals have embraced patient and public review, but it is *The BMJ* that continues to lead the way in this important initiative.

**87%**

of research papers first submitted to *The BMJ* in 2022 and sent out for peer review were also sent to a patient and public reviewer for their opinion

**89%**

of BMJ Best Practice patient leaflets have been reviewed by the patient panel (as at end 2022)





This shift is driven by empirical evidence<sup>17</sup> showing that involving patients in healthcare decision-making enhances overall satisfaction with care, regardless of the decisions made and clinical outcomes. Shared decision-making particularly yields the highest satisfaction levels.<sup>18</sup> In the past



three years, between 60% and 75% of our annual events have included a patient representative on their committees, and we're working hard to increase this.

It is essential to acknowledge the challenges associated with this endeavour, particularly the considerable resources required to establish and manage new patient and public reviewer lists. Despite these obstacles, we are always looking for new ways to build better processes and maintain the high standards we have set.



“*BMJ involves patients from the outset. Engaging communities in this way has gained traction and is growing, such as helping to build resilient healthcare systems in response to health emergencies. It's one of those occasions where BMJ got ahead of the game from its competitors.*”

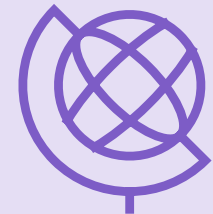
**Dr Luis Gabriel Cuervo**  
Senior Advisor, Washington, USA and Colombia

## Advancing equity in open access publishing

At BMJ, we want to support authors from low and lower-middle-income countries (LMICs) to publish their research by means of open access in their journal of choice.

Our [waiver policy](#) has been updated so that all BMJ journals offer waivers for the full Article Processing Charge (APC) with a 100% discount for authors in LMICs.<sup>19</sup> We will always consider discount requests from countries not currently covered by that policy on a case-by-case basis.

BMJ has been giving free online access to our journals via Research4Life (R4L) for over 20 years. With other publishers participating in the R4L initiative, resources have collectively been provided to more than 11,000 institutions in 125 LMIC countries.



In 2022, 55.9% of all LMIC-originated research was published open access, up from 36.4% in 2021.



# Better decisions BMJ Best Practice and the Comorbidities Manager

BMJ produces the only point of care tool to support the management of single conditions and patients with more complex comorbidities.



Accessed in over  
**100 countries**  
worldwide throughout 2022



BMJ Best Practice is the highest  
rated clinical decision support tool  
app in the world, rated **4.8/5**  
in Apple and Google Play



Providing clinical decision support  
for institutional subscribers in over  
**50 countries**



**~850,000** NHS clinicians  
across England and Wales now  
benefit from access to the  
Comorbidities Manager integration



Accredited by over  
**60 institutions**  
across the world\*\*



**99.5%** surge in sessions seen with  
electronic health record (EHR) integration\*



\* 99.5% surge in BMJ Best Practice sessions with electronic health record (EHR) integration: Q1 2023 vs same period in 2022.

\*\* BMJ Best Practice users can now claim CPD/CME points for time spent reading topics.



## Helping to drive quality and reduce costs

Quality improvement, patient safety, and cost efficiency are important considerations for healthcare organisations in the UK and beyond. Various interventions can address these issues, including improving staffing levels, applying clinical improvement programmes, and seeking consultancy services to manage costs.<sup>21</sup>

While these approaches can be beneficial, they often require financial investment. Another alternative is to explore existing resources that may not be fully utilised within local contexts. Decision support tools can be particularly helpful in improving patient safety and lowering litigation costs. BMJ Best Practice is one such tool, which is freely available to healthcare professionals in NHS England, Scotland, and Wales due to subscriptions provided by these nations.

Patient lawsuits stemming from misdiagnosis or delayed diagnosis carry substantial financial implications. NHS Resolution<sup>22</sup> reveals that noteworthy diagnostic delays, such as those involving cauda equina syndrome, can lead to costs exceeding £2 million. BMJ Best Practice encompasses cauda equina syndrome and critical conditions like meningitis, aiding precise and timely diagnosis. This can directly contribute to enhanced quality of care and cost reduction.



*We are very grateful to BMJ Best Practice Podcast for helping to promote the importance of best practice care and reduce the variations in standards of practice that can exist. Through promotion of these messages, which the [BMJ Best Practice Podcast](#) has helped to facilitate, we aim to support improvements in patient safety, a reduction in avoidable harm and of course linked to that a reduction in clinical negligence claims.”*

**Nicole Mottolini**  
Clinical Fellow – Diabetes and Lower Limb, NHS Resolution





## Bringing the evidence to the bedside with electronic health record integration

The pace of knowledge growth surpasses healthcare professionals' capacity to effectively absorb and apply it.<sup>23</sup> That's why updating BMJ Best Practice topics with new and practice-changing evidence remains a priority for us.

Evidence shows that integrating BMJ Best Practice into Electronic Health Records (EHR) systems is a highly effective way of improving patient care, with a recent study highlighting the enhanced diagnostic accuracy of clinicians when utilising clinical decision support systems integrated with BMJ Best Practice.<sup>24</sup>

We recently witnessed a 99.5% surge in BMJ Best Practice sessions with electronic health record (EHR) integration.<sup>25</sup>





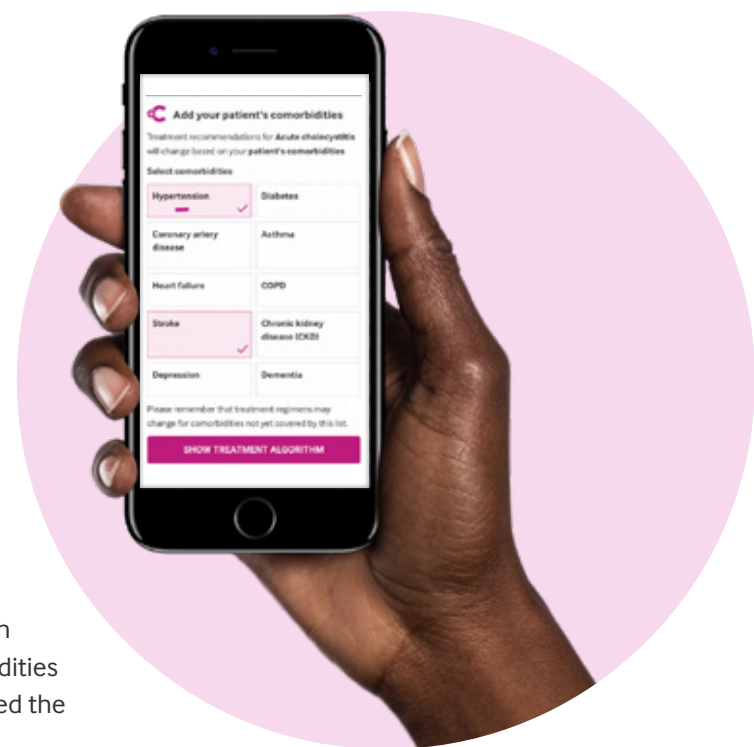


# Meeting the changing and complex needs of patients

Staying abreast with the latest research alone is not enough. Health professionals must consistently improve their knowledge and skills. Equally, students need to prepare for practice.

BMJ Best Practice provides students with the information and tools they need to meet the changing and complex needs of patients. It also supports educators in preparing students for the next stage of their careers.

One in three adults suffer from multiple chronic conditions and most patients in the acute setting have more than one medical condition.<sup>26</sup> This is a significant and costly global problem. Managing patients with comorbidities is hard - clinical guidelines only focus on single conditions - but failure to manage comorbidities leads to worse clinical outcomes and longer lengths of stay. In response to these challenges, we integrated the Comorbidities Manager into BMJ Best Practice.



BMJ Best Practice - Comorbidities Manager is the only point of care tool that supports the management of the whole patient by including guidance on the treatment of a patient's acute condition, alongside their pre-existing comorbidities.



In 2023, NHS Wales and England extended their national access to BMJ Best Practice to include the Comorbidities Manager for all NHS Wales and England health and care professionals.<sup>27</sup>



“The BMJ Comorbidities Manager makes it easy to add comorbidities and see their effect on any treatment plan. It also provides clear guidance of additional considerations in one singular view for the clinician.”

**Geraint Walker**  
Clinical Informaticist Critical Care, Digital Health and Care Wales



## Demonstrating the impact of guidance in effectively managing patients with comorbidities



An article published in *Future Healthcare Journal*<sup>28</sup> outlines the importance of taking into account comorbidities when managing patients, and how BMJ Best Practice Comorbidities Manager can support healthcare professionals with this.

The paper demonstrates the impact guidance can have by outlining how the healthcare system needs to change so that it can provide a better service for patients. The lead author and his colleagues, of whom all are clinical specialists, discuss how common comorbidities can interact with other conditions, and the risks associated with these interactions:



“For people with diabetes presenting with sepsis, [BMJ Best Practice] advises a foot examination to be undertaken on admission, as foot infection and/or osteomyelitis may be the original source of infection. It is not uncommon to encounter patients with systemic infection in whom bandages have not been removed for several days. Delay in its detection may result in worsening foot sepsis and tissue necrosis.”

**Gerry Rayman**  
Diabetes and Endocrinology Lead, Ipswich Hospital, and specialist medical adviser to Diabetes UK



## Enhancing medical education and training in Canada

Ani Orchanian-Cheff helps residents in family medicine develop the skill of accessing information at the point of care by incorporating BMJ Best Practice’s treatment algorithms into her teaching sessions.

During the morning ward rounds, she introduces the evidence-based healthcare (EBHC) pyramid 5.0, a model that guides clinicians to start with synthesised summaries for clinical reference, where BMJ Best Practice plays a crucial role.

The information specialist finds that clinicians, nurses, and practitioners of family or general internal medicine, who are the primary recipients of her teachings, favour BMJ Best Practice due to its ability to offer fast and dependable answers.



“Some of the things I look for in a tool are whether it’s peer-reviewed and what the reviewers’ disclosures are. I also look to see when it was last reviewed or updated, who put the tool together, and their disclosures. All of that is included in BMJ Best Practice.”

**Ani Orchanian-Cheff**  
Information Specialist, University Health Network (UHN),  
Toronto, Canada



## Better systems

Today's health systems rely on robust policies and guidelines to deliver the best care for patients.



Our specialist skills and services help organisations improve their processes and achieve results.



Delivering nearly **100,000** total medical job applications through the BMJ Careers job board (39% increase year on year)



**14K** BMJ articles were cited in 6K policy and clinical guidance documents published in 2022\*



Seeing a **99.5%** surge in BMJ Best Practice sessions with EHR integration\*\*



**87%** of respondents said they plan to make changes in their organisation or how they work as a result of attending the International Forum - Copenhagen 2023



Championing open access publishing, with **86%** of funded BMJ research articles being published under an open access licence

\*BMJ Impact Analytics | Only impact tool dedicated to health care [Online] <https://impactanalytics.bmj.com/>

\*\*99.5% surge in BMJ Best Practice sessions with EHR integration: Q1 2023 vs same period in 2022.





## Providing expert methodological advice to the UK's National Health Service

The BMJ Technology Assessment Group (BMJ-TAG) conducts health research to help decide whether new drugs should be made available in the NHS.

This year's work has included several "me too" drugs, that is, drugs that might be considered to have the same efficacy and safety as other available options in the NHS but at a lower cost. The importance of these drugs lies in the savings achieved for the taxpayer and importantly, much needed cost savings for the NHS.

Our team independently assessed two new treatments for diabetic macular oedema (dexamethasone and brolucizumab), a condition that can result in blindness, with both treatments.

BMJ-TAG is also called on to conduct its own research, when several new treatments need to be compared with current practice. This year, BMJ-TAG looked at three treatments for severe atopic dermatitis for use in adolescents and adults. As a result of our work, all three treatments were approved.

Patient groups commenting on the appraisal highlighted the debilitating nature of severe atopic dermatitis, which goes beyond uncontrollable and persistent itching, to detrimental effects on a person's mental health and self-confidence.



BMJ-TAG contributed to 12 policy docs in 2022, which touched an estimated 235K lives of patients<sup>29</sup>.



The Eczema Outreach Support group highlighted that these new treatment options offer hope to patients who have exhausted all available treatments and have the potential to improve a patient's quality of life.





## Helping to influence health policy in Peru

The pandemic has profoundly disrupted the provision of health services across the globe, particularly in remote and rural regions.

**Mamás del Río** (Mothers of the River) is a multidisciplinary initiative that improves the health of mothers and newborns in remote and rural indigenous communities along 1,000 kilometres of the Amazon river in Peru and Colombia. The initiative uses social innovations to empower community health workers by addressing the healthcare delivery gap using mobile devices with relevant information to ensure the best patient outcomes.

A special collection on social innovations in health<sup>30</sup> published by BMJ in 2022 helps to showcase the Mamás del Río programme's success in helping community workers adapt in response to communication challenges posed by a strict, national lockdown. In their paper, Dr Magaly Blas and her colleagues evaluate how technological interventions help communities adapt to a new clinical setting within a post-pandemic context.

Since the *BMJ Innovations* publication of the collection: Social Innovations in Health, Mamás del Río has expanded into remote regions of the border between Peru and Colombia. **The Peruvian Health Minister is also considering the evidence provided in the paper to inform a policy change that will formalise the Mamás del Río programme throughout the region as part of the national health system.**



This policy change will help build capacity and efficiency amongst community health workers and supervise the community workers in the field in a programme they need to improve maternal and neonatal health.

Blas believes that having an evaluation of her work published in a reputable and robustly peer-reviewed journal from BMJ provides credibility that can help influence the Peruvian government to consider implementing critical policy change. This change will promote better health systems by preventing diseases in Amazonian communities.



*We found in BMJ a voice to report on what was happening to us during the pandemic to the international world."*

**Dr Magaly Blas**

Medical epidemiologist, professor and researcher at Cayetano Heredia Peruvian University in Lima, Peru



## Connecting communities to inspire change

At the BMJ Research Forum 2022, attendees had the privilege of hearing Dr. Katherine Freeman from the Engineering and Physical Sciences Research Council (EPSRC) deliver a thought-provoking presentation on the “Sandpit Methodology” for awarding research grants. This innovative approach aimed to unleash free thinking and inspire interdisciplinary collaboration to tackle significant challenges.

Among the attendees was a representative from UCLPartners, a healthcare organisation, who was deeply inspired by the Sandpit Methodology’s potential to encourage collaboration and co-production. Determined to bring about change, she took the concept back to UCLP and applied it to their Climate Collaborative project<sup>37</sup>—an initiative aimed at implementing the NHS Green Plan in their hospitals.

The implementation of the Sandpit Methodology involved bringing together doctors, nurses, estates staff, and IT teams from across the entire UCL Trust to work collectively towards achieving Net Zero emissions. The success of this collaboration was so remarkable that Dominique Allwood, Chief Medical Officer at UCLPartners, volunteered to chair the sustainability session at the BMJ Forum on Quality and Safety in Healthcare - Copenhagen 2023, sharing insights and experiences from their work.

In December 2022, our inaugural BMJ Research Forum saw 300 individuals gather in BMA House, London, where the concept of the Sandpit Methodology took root.

**One attendee from UCL Trust embraced this idea and brought it back to an organisation that manages 17 hospitals who provide care for over 6 million patients. Such impressive statistics highlight how a single idea implemented within a large healthcare system can yield significant change.**

The success of the Sandpit Methodology has led to its presentation at the International Forum, this time to an audience of over 3,000 attendees. The potential for these ideas to spread across organisations worldwide is immense; all it takes is one individual to carry them back to their respective institutions.

The impact of BMJ’s events extends far beyond the conference room. By connecting communities, inspiring change, and facilitating the exchange of knowledge and experiences, these platforms can transform entire sectors and healthcare systems. The success story of the Sandpit Methodology and its implementation at UCL Trust exemplify how a single idea, shared among passionate individuals, can create global ripples of change.



*BMJ’s global reach and its ability to convene diverse audiences of leaders, innovators, and specialists are what make such knowledge-sharing and expertise exchange possible. The organisation has demonstrated its commitment to amplifying the voices that deserve to be heard, enabling experiences and insights to be shared, and inspiring individuals across functional and national boundaries.*

**Dominique Allwood**

Chief Medical Officer, at UCLPartners; Senior Visiting Fellow at The Health Foundation; Director of Population Health at Imperial College Healthcare NHS Trust, England



## Campaigning on the climate emergency and changing how BMJ operates in pursuit of a healthier world

The healthcare sector contributes 4-5% of global greenhouse gas emissions. The physical health effects of climate breakdown are well established and occur through diverse pathways often disproportionately affecting vulnerable populations the most. There is increasing evidence that the climate emergency impacts mental health and wellbeing too, with “eco-anxiety” a growing problem for patients and doctors.<sup>31</sup>

*The BMJ* has been raising awareness about the climate crisis since the 1990s,<sup>32</sup> emphasising its impact on health through changing patterns of disease, extreme weather events, loss of biodiversity and disruption to healthcare.<sup>33,34</sup> Our collective failure to respond to the climate crisis means we cannot reverse the damage already done. However, with urgent action we can mitigate against further damage to create a more sustainable future. Doctors and other health professionals have a key role to play in this change.

*The BMJ* collaborated with the UK Health Alliance on Climate Change (UKHACC) to simultaneously publish a joint editorial in more than 200 journals calling on world leaders to take emergency

action.<sup>35,36</sup> The joint editorial emphasised the health impacts of the climate emergency and the need for governments to do more, and act faster to limit global temperature increases, restore biodiversity, and protect health.

In order to align *BMJ*'s editorial voice with its internal operational practices, the business has become a signatory of the UN SDGs Publisher Compact and has also signed the ten commitments established by UKHACC, promoting positive impact on people and planet in all aspects of its operational activities. A healthier world requires a healthier environment and therefore *BMJ* is committed to global sustainability and becoming carbon neutral as a business by 2040, at the latest.





# Fostering positivity and activism through the climate issues themes

Ahead of COP26,<sup>37</sup> *The BMJ* published its first themed issue on the climate crisis,<sup>38</sup> which focused on tangible actions for health professionals to empower them to make change.

The second climate issue in October 2022 focused on hope<sup>39</sup>, arguing that hope is “a powerful driver to achieve change”<sup>40</sup> in the face of government and corporate inaction to mitigate the climate crisis. Through ongoing coverage of the climate emergency *The BMJ* proactively empowers practising doctors to recognise the urgency and severity of the climate crisis, fostering a sense of collective responsibility including discussing the topic with patients.<sup>41</sup>



“The [Climate Issue] is so fantastic, and everyone ignored the first hour of work to read through it cover to cover. There’s such a diversity of thoughts, all positive and pulling in the right direction.”

**Nick Watts**  
Chief Sustainability Officer of the NHS



In the 2021 Climate issue, *The BMJ* published an opinion piece<sup>42</sup> by Mala Rao and Richard Powell, highlighting the increasing levels of eco-

anxiety, especially among children and young people, and its potential negative impact on individuals and society. The publication raised awareness and prompted action on the issue of eco-anxiety. It gained national media attention and was featured in *The Guardian*.<sup>43</sup> Following the publications of the opinion piece, Professor Mala Rao OBE, one of the authors of the piece and a member of *The BMJ*’s climate steering committee, was invited to lead a special issue on eco-anxiety for the Royal College of Psychiatrists.<sup>44</sup>





## Unveiling the multifaceted dimensions of sustainability

*A final word from BMJ CEO Chris Jones, on the importance of social mobility*

Exploring the intricate tapestry of sustainability reveals a truth that goes beyond the confines of climate concerns. While protecting our environment remains crucial, we can't overlook the intricate threads of social mobility woven into this narrative.

It's disheartening to see that even today in the UK, the circumstances of your birth can cast a long shadow on where you're headed in life. The struggles faced by young people from less privileged backgrounds run deep—limited educational opportunities, barriers to higher learning, and dreams of fulfilling careers hindered.

As a CEO, I passionately believe that businesses like ours should play an active part in empowering these young hearts to shape their own destinies. That's why I'm immensely proud of our partnership with

Future Frontiers, a remarkable education charity. Through this collaboration, twenty of our dedicated team members become mentors of students who face disadvantages, right at BMA House. In June 2023, we welcomed our first cohort of students to begin a series of coaching sessions that will help them learn more about themselves, their capabilities and identify a suitable career path.

This endeavour is a victory for all involved: equipping these bright young souls with the skills to chart a brighter future while enriching our own abilities as caring mentors and perceptive leaders. With the wheels of planning already turning, I'm eagerly looking forward to witnessing the growth of this initiative. It's destined to become a cornerstone of our commitment to making a positive impact and embracing our social responsibility.





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