

BMJ

Improving healthcare
outcomes for all

Impact report 2021





Our vision of a healthier world drives what we do

By sharing knowledge and expertise we help to improve patient outcomes through

Better evidence



Better decisions



Better systems





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“I’m delighted to introduce our first impact report: only by measuring the effectiveness of our activities can we be sure we’re making a positive difference.”

Chris Jones, Chief Executive Officer, BMJ





A message from our CEO

Making a difference with trusted information



Now, more than ever, health professionals need reliable information from authoritative sources to support their work and help them make informed choices.

However, as leaders in this field, we know that meeting those needs is about more than just words. We want our work to have a positive impact on clinical practice to improve outcomes worldwide.

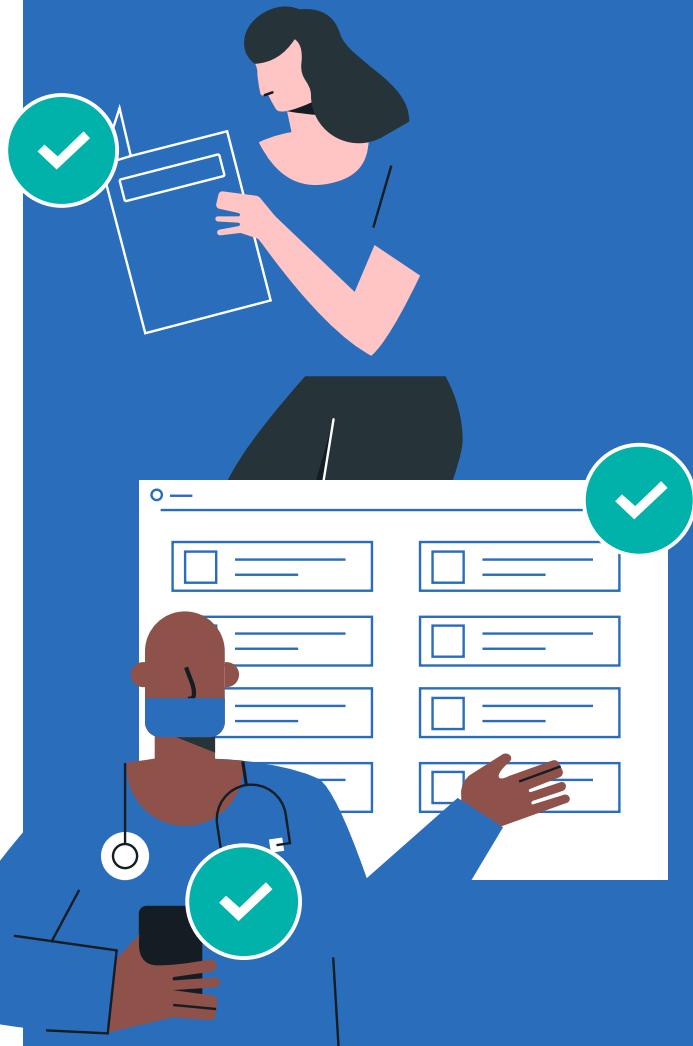
For this reason, I'm delighted to introduce our first impact report: only by measuring the effectiveness of our activities can we be sure we're making a positive difference.

When I joined BMJ as CEO at the beginning of 2020, I was immediately impressed by the incredible contributions made by every single staff member towards our vision of a healthier world. It is their tireless efforts

that ensure our organisation retains its reputation for credibility and trust.

When the pandemic threw the world into chaos, we knew we had to place the clinical and public health response to this global emergency at the heart of everything we were doing.

BMJ has continued to support authors, researchers, health professionals, and students through this time. And along the way, we've learned a great deal about our impact as an information provider, as a partner to organisations doing critical work worldwide, and as an employer. ▶





How do we measure our impact? In support of our vision of a healthier world, we decided to review everything we were doing (our continuum of services) to help deliver **better evidence, better decisions, and better systems**. These three important healthcare provision components help support improved health outcomes and create a healthier world.

And this review has started providing us with the framework for benchmarking and measuring the outcomes of our work. These benchmarks will provide us with the right criteria to track future performance based on external markers with tangible proof of impact. It will also be a guide for setting additional goals across the organisation.

Having more evidence of what achieves the best results for health professionals will help unlock new and exciting opportunities for BMJ and hold us to account in delivering our mission.

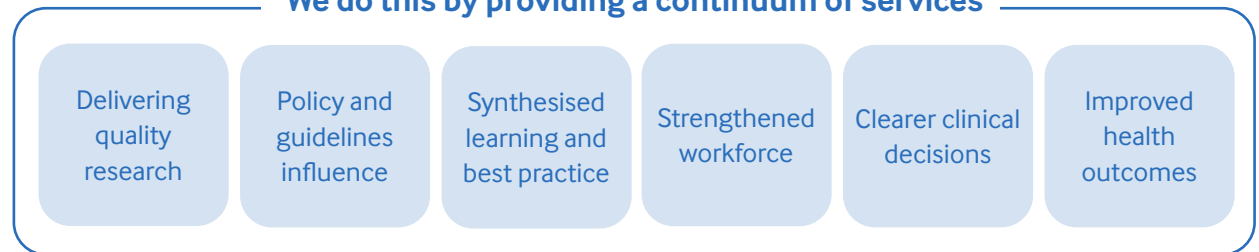


Chris Jones,
Chief Executive Officer, BMJ

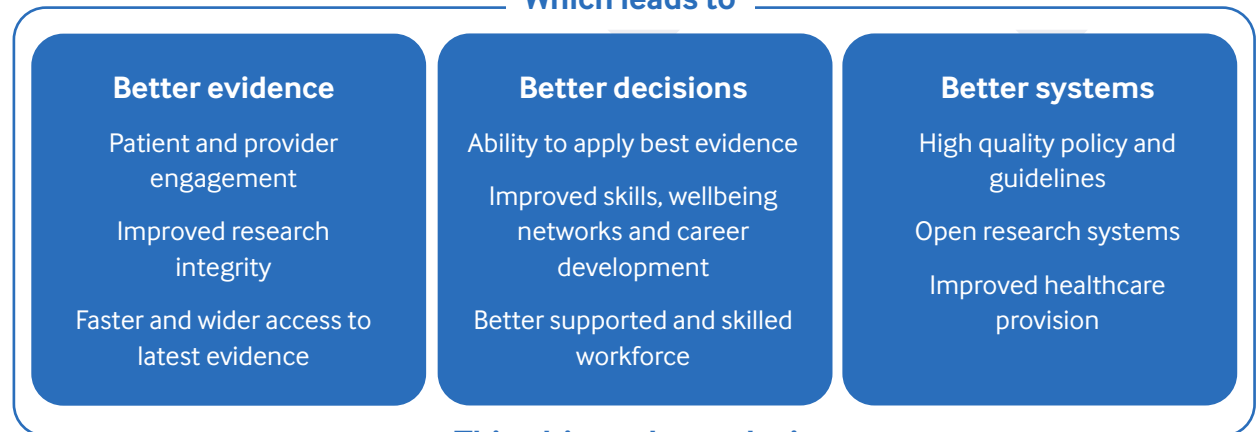
Impact measurement framework

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

We do this by providing a continuum of services



Which leads to



This ultimately results in





Creating a healthier world

Providing research, knowledge, and education to health professionals since 1840

BMJ serves a truly international community, with six offices worldwide - in the UK, the Americas, India, and China. Health professionals, authors, researchers, and students everywhere benefit from our clinical decision support tools, learning resources, and scientific and allied health titles in 18 languages.

Over 10 million users visit our websites each month, and more than 60% of the journals we publish are ranked in the top quartile of medical research journals.

The Provincial Medical and Surgical Journal, established by the forerunner of the British Medical Association in 1840, has evolved into the world-renowned general medical journal, *The BMJ*. In 1995, it was the very first medical journal to go online.

By continuously ensuring the highest editorial standards and embracing technological advances, *The BMJ* has

become a globally recognised and trusted source of information for medical researchers and practitioners and is listed as one of the world's top five most cited general journals.

Everything we do at BMJ is underpinned by our dedication to creating better evidence, better decisions, and better systems that contribute to a healthier world for all.



Creating a healthier world in numbers*



Reaching over
8 million health
professionals



Serving **10 million**
online users every
month



Partnering with over
8,000
institutions



Attracting over **200 million** page views
across our journals in **12 months**



Keeping more than **60%** of our journals in the top
25% of indexed publications within their field¹

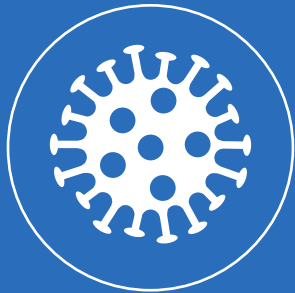


Supporting management of
the whole patient by being
'first to market' with a
Comorbidities Manager



Maintaining *The BMJ's* ranking
within the **top 5** of all 169
general medical journals

*As of September 2021: main source Google Analytics



Supporting information needs during the global pandemic

Throughout 2020 and 2021, we've worked hard to provide our knowledge resources to institutions and health professionals, wherever they are in the world. We envisage that the initiatives we've launched during this time will have a long lasting global impact.

Being the most valuable resource for health professionals

The BMJ, our flagship journal, publishes for a global audience, with its unique combination of research, education, and science journalism.

From the outset, the pandemic brought an urgent need for relevant evidence-based information about the new virus. Traffic to [bmj.com](https://www.bmj.com) doubled, with over four million unique users and 10 million page views recorded every month throughout 2020.

The BMJ was also one of the most trusted and influential news sources throughout the year. According to Altmetric, four of the top 10 scoring articles in 2020 were related to covid-19, all of which were published in *The BMJ*.

BMJ company is listed on Google Scholar as one of the most credible sources on coronavirus alongside other reputable publications, including JAMA and Elsevier.

Towards the end of 2020, as coronavirus infections and deaths continued to soar across the UK, *The BMJ* published a joint editorial with the *Health Service Journal*². In it the editors in chief urged the government to reverse its decision to allow household mixing over Christmas to protect the NHS. The editorial was widely quoted³ across BBC⁴ national news outlets, and was used to challenge the Prime Minister in the House of Commons. Soon after, the government changed its plans.

A new podcast for general practitioners and a weekly covid-19 podcast have drawn in thousands of listeners: the only exclusive interview by UK Chief Medical Officer, Chris Whitty,⁵ was given to *The BMJ's* editor in chief and heard by over 10,000 listeners.

In September 2020, nearly 10,000 people tuned into a rare, exclusive interview with America's chief infectious disease scientist, Dr Anthony Fauci⁶. Also, *The BMJ* published an exclusive on the cabinet-level leak of the UK government's plan to spend £100 billion on the Operation Moonshot programme.⁷

Building confidence with BMJ's Coronavirus Hub

When the pandemic hit, we responded to the global community's urgent need for the latest information by consolidating all our relevant research, learning and knowledge resources in one place and making all the content freely available around the world.

We fast-tracked production of covid guidance by BMJ Best Practice, and updated that resource more than 100 times as new evidence emerged. With this **better evidence**, we supported health professionals to make **better decisions**.

Through this invaluable free service, we equipped clinicians, policy makers, and global public with much of the vital information they needed to help them respond to the devastating effects of covid-19.

Continuing our work

Lasting legacy of the coronavirus and long covid

While continuing to chart the effects of the pandemic and the world's response to it, we are now working to understand and respond to the long term consequences of covid-19, in particular its impact on mental and physical health.

Health systems need to be rebuilt, communities restored, and research efforts refocused. The damaging impact of this virus will affect many areas of global health for years to come. We will continue to use all the resources at our disposal to create positive change that improves health and healthcare around the world.

“

“Gosh... this is fantastic stuff. I can't be any happier and pleased with a short and concise [BMJ Learning] course.”

A UK-based general practitioner on the introduction to testing for covid-19 course review.

Since February 2020:

1.4 million people accessed BMJ's Coronavirus Hub

5.4 million page views were recorded

6 million views of **1,000+** covid-related journal articles in just 6 months

2,812 citations were used in policy documents

24,413 citations with an Altmetric⁸ score of **121,317** were achieved by our journals collection

2 million individuals used the free BMJ Best Practice covid-19 guidance

5 star mean user rating was given to the BMJ Learning covid-19 related modules

“

In these very challenging times, a trusted source like BMJ will not only help us fight this virus but the misinformation that goes with it.”

Dr Elkanah Kabilis,
Family Physician in Training,
Bingham University Teaching
Hospital, Jos, Nigeria.



Better evidence

Promoting knowledge to accelerate discoveries

The foundation of our work is research, and BMJ is committed to improving research integrity⁹ and dissemination. We do this by ensuring rapid access to the best evidence and increased involvement and access for patients.

We also actively promote ethical conduct among scientists around the world and encourage researchers and institutions to share their research or raise concerns.

BMJ is a pioneer and champion of open access¹⁰: we support and promote a future built on the principle of unrestricted access to the outputs of medical research, which encourages proper scientific discourse and debate and in turn facilitates further medical advances.

We believe that increased access to, and use of, medical scientific research will create a global healthcare system that is shaped by better evidence. This will benefit patients as well as health professionals, policy makers, and the public.

The momentum around open access is building. Today, over one third of our

journals collection are wholly open access, and all research is open access in our *The BMJ*.

During the past year, the majority of our journals migrated to 'Transformative Journal' status. This means that they are committed to the goal of transitioning the research they publish gradually to open access.¹¹

Also, since BMJ is a signatory to the Declaration on Research Assessment (DORA),¹² we fully support the need to use a broad range of metrics to assess research published in journals.

Supporting open dissemination of research

Across BMJ, we publish some of the world’s most widely discussed research that influences health policy and practice worldwide. We want to encourage open dissemination of international medical research and commentary, not just to satisfy mandate criteria, but to ensure that the research is widely visible and accessible. We also want to support improvements in policy and practice.

From experience, we know that authors need the best route for publication. Only then, can they achieve real impact and recognition whilst setting the bar for integrity and quality of research. The evidence from the past year shows the success of open access at BMJ.



“At BMJ, we create trust by being transparent and open. We look forward to working with our authors and partners while we help to transition research to open access, with a shared goal of supporting the scientific community to help create a healthier world.”

Claire Rawlinson, Publisher, BMJ

19,816
published open access articles

45,286
citations¹³

3.4 million
mentions of our open access articles¹⁴

9th most cited publisher in clinical medicine

10th most cited in public health

8th most cited in health services research¹⁵

BMJ open access content receives **7** times more views than other content

The open access content in BMJ’s hybrid journals receives **4** times more citations





Supporting faster and wider access to the latest evidence

BMJ champions all improvements in the creation and dissemination of research evidence.

But our journals reflect more than our expert editorial processes and the strength of our publishing platforms and channels. The policies and practices of our journals help shape the research evidence itself, potentially influencing everything from the selection of the research question to the final published text to the post-publication review. After such a challenging year, it is encouraging to see our portfolio increase its impact as judged by Impact Factor, most notably:



Annals of the Rheumatic Diseases

Ranked 2nd of 34 Rheumatology journals for average citations



Gut

Ranked 3rd of 92 Gastroenterology & Hepatology journals for average citations



The BMJ

Ranked within the top 5 of all 169 general medical journals.

In 2020, *The BMJ's* impact factor rose to 39.89 (up 9.577). Its Citescore is now 6.9. Moreover, 80% of all our journals indexed in Scopus¹⁶ also increased their Citescore, and 34 of the 38 titles that have a journal impact factor received an increase.

medRxiv: making preprints mainstream

BMJ is a launch partner in the creation of medRxiv, and we're proud of the role we're playing to grow the openness and accessibility of scientific findings. medRxiv helps enhance collaboration among researchers, document the provenance of ideas, and inform ongoing and planned research through more timely reporting of completed research.

We want to reshape the way medical research is conducted and disseminated, and our co-founding of medRxiv with Cold Spring Harbor Laboratory and Yale University is helping us to do that. We are guided by one of our five company values that *the best decisions depend on the best evidence*, so have made it our responsibility to deliver a service that goes way beyond providing mere repositories for the research output of others.

We began to see the real impact of our foundation of medRxiv when covid-19 changed everything: traffic on medRxiv leapt from 1.1m to over 14m page views per month. As early as January 2020, it passed the 1,000 mark in articles posted, some of the very first available about the coronavirus outbreak in China.

These were the first of many covid-19-related papers that drove the posting rate to double month-on-month between January and May in 2020. We inferred from this that there was a strong need for better evidence.



“This free, independent service for all health scientists creates an opportunity for the medical research community to rapidly and responsibly share its latest research.”

Theodora Bloom,
Executive Editor, *The BMJ*

Fostering a genuine partnership with patients

BMJ is leading the world of medical journals in patient partnerships. We are committed to partnering with patients and the public across all aspects of our work. Their insights bring a critical dimension to our work and thinking¹⁷: partnerships with patients, carers, community support networks, and the public will create better evidence.

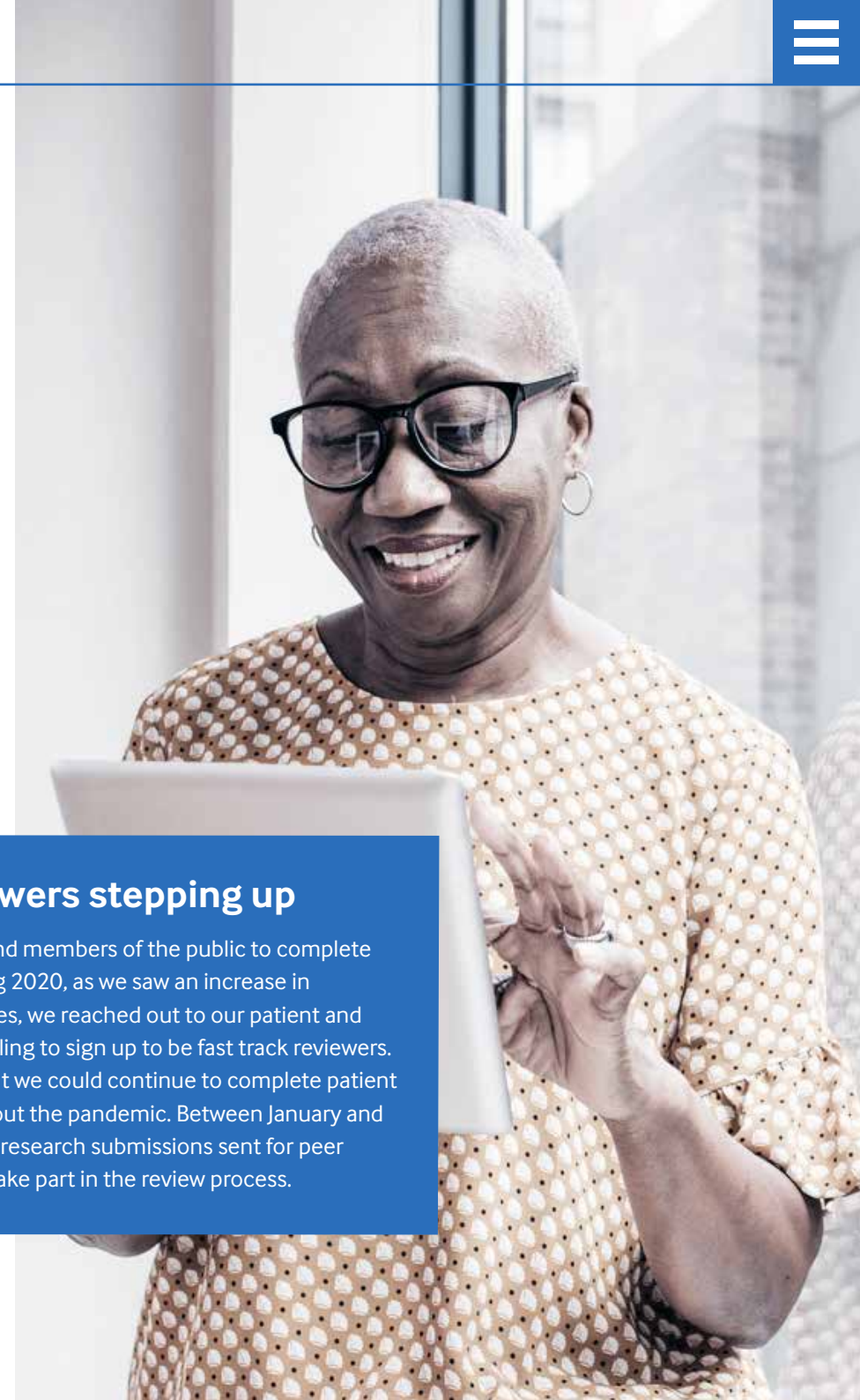
We see these partnerships as an ethical imperative, essential to improving the quality, safety, value, and sustainability of health systems. Across our journals we encourage patient partnership through:

- Asking authors to complete a patient and public involvement (PPI) statement to document the involvement of patients and the public in their work
- Inviting patients and members of the public to review our articles alongside traditional peer review
- Welcoming patients and members of the public to write articles and perspectives for us
- Encouraging authors to work in partnership with patients as co-authors on articles
- Working with patients in developing our patient partnership strategies, including *The BMJ* international advisory panel, patient advisors, and having patients on our editorial boards



Patient and public reviewers stepping up

The BMJ has recruited over 800 patients and members of the public to complete patient peer reviews on our articles. During 2020, as we saw an increase in submissions and a need to fast track articles, we reached out to our patient and public reviewers to ask if they would be willing to sign up to be fast track reviewers. Over 125 members signed up which meant we could continue to complete patient peer reviews, in a timely manner, throughout the pandemic. Between January and September 2020, 75% of the 81 fast track research submissions sent for peer review had at least one patient invited to take part in the review process.



Better decisions

Research alone is not enough. BMJ helps doctors improve their knowledge and skills, apply the best evidence, and make better clinical decisions with evidence-based tools and services underpinned by the latest guidance.

Addressing clinical challenges

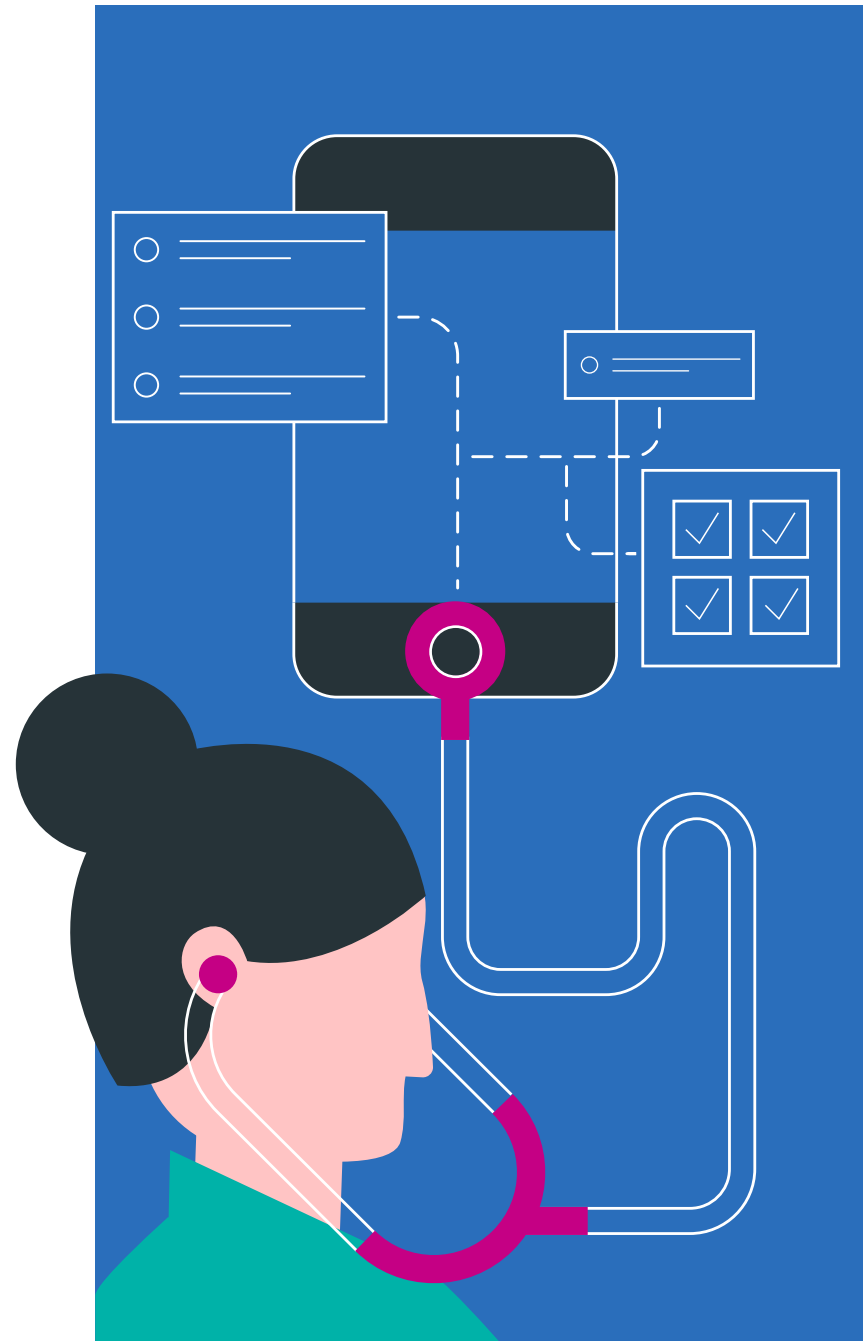
Comorbidities are a widespread challenge to the global healthcare system. One in three adults suffers from more than one chronic health issue, and one in three adults admitted to hospital in the UK has five or more conditions. The global covid-19 pandemic has further highlighted the problem, with over 60% of patients admitted to intensive care units having comorbidities.

Now, more than ever, clinical teams need to adopt an integrated approach to patient care. This means recognising a patient's comorbidities - and how they interact. Simple to say, but how do we put this principle into practice?

Since its launch in 2009, multi-award winning BMJ Best Practice has consistently led the way in using the best available evidence to inform clinical practice worldwide. Last year, we launched an innovative **Comorbidities Manager**

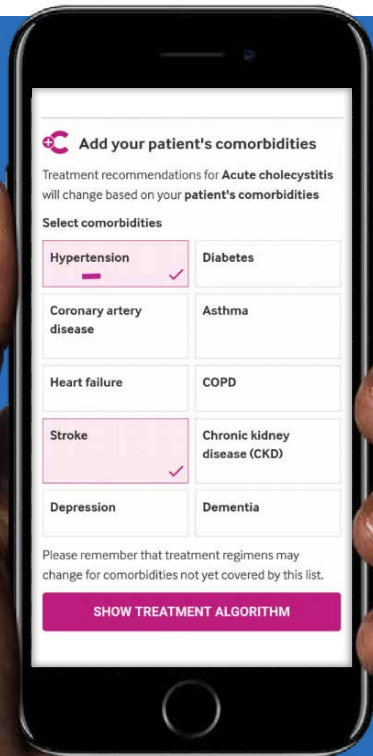
which prompts healthcare professionals to consider the patient's comorbidities when accessing treatment information. This produces an initial management plan tailored to the unique needs of the patient.

In fact, BMJ Best Practice is the only clinical decision support tool to do this. Access to this information will help professionals and providers improve patient outcomes, reduce costs, and avoid unnecessary treatments.





The Comorbidities Manager from BMJ Best Practice is the first of its kind to help clinicians treat the whole patient, and is already supporting healthcare professionals around the world to make the best decisions.



Results from a BMJ-led 1,000+ Comorbidities Manager user survey in 2020 showed that:

97% of users would consider using the Comorbidities Manager to improve the care that they give in the future.

96% of users said having a treatment plan that is tailored to your patient's comorbidities is helpful or very helpful.

92% of users said the guidance they received as a result of adding the tool to the treatment algorithm page was helpful or very helpful.



Improved accuracy of clinicians' diagnoses

was shown in a 2020 study that routinely collected clinical diagnosis data from electronic medical records of a hospital that had BMJ Best Practice integrated into its clinical decision support system (CDSS).



Shorter confirmed diagnosis times and hospitalisation days were also found to be associated with CDSS implementation.¹⁸

“Recently a doctor told me how information he accessed through BMJ Best Practice saved his patient's life. You simply can't overstate the importance of this information.”

Lisa Jenkinson, Senior Library Assistant, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust



Connecting experts to share and compare knowledge

BMJ brings people together for discussion, debate, and learning through our series of events — some in person and, increasingly, some delivered virtually. For many years, BMJ, in partnership with the Institute for Healthcare Improvement, has brought healthcare professionals and educators together for the International Forum on Quality and Safety in Healthcare.

The Forum has been a platform for healthcare professionals to connect, share learning and innovative ideas, and discuss effective approaches to quality and safety improvement. The biggest conference of its kind, it is a platform for dialogue, reflection, and gaining a deeper understanding of

quality improvement and safety, and has grown over the years, developing new regional Forums in Asia and Australasia.

Despite the many challenges of the pandemic, the 2021 Forum operated on an entirely virtual basis and achieved its highest ever satisfaction ratings.



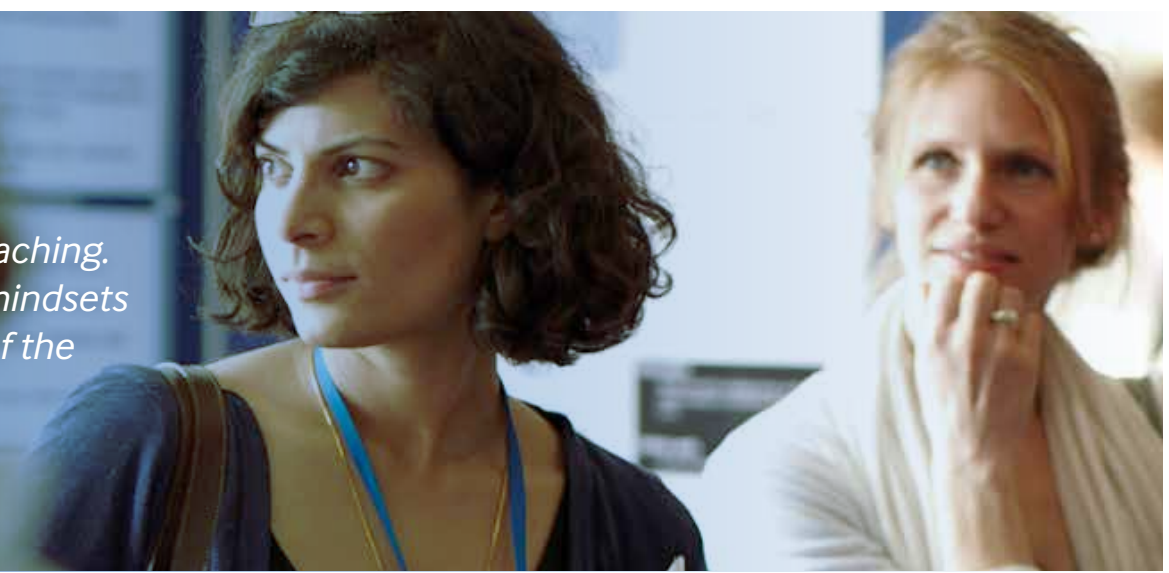
“BMJ plays a big and important role when it comes to innovating in healthcare as a source of global knowledge. They are bringing people together. I really don’t know of any other organisation doing the kind of things BMJ does.”

Helen Bevan, Chief Transformation Officer with the NHS Horizons team, England



“The opportunities that BMJ Events present are far reaching. They have the potential to change perceptions and mindsets of both healthcare professionals and the regulators of the healthcare systems within which they operate.”

Ian Leistikow, Inspector at Dutch Health and Youth Care Inspectorate and Professor at Erasmus University



A message from our editorial director

Better systems



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BMJ works to improve policies and practice to develop and strengthen health systems, including launching investigations and campaigns to improve transparency in research, clinical practice, and healthcare systems.

BMJ exists to improve the quality of medical research and practice, to help doctors make better decisions, to promote partnership with patients, and to work towards a healthier world for all.

Integrity and independence are core to everything we do, and we believe that transparency and openness increase the trustworthiness and therefore the usefulness of what we produce.

As well as providing the most reliable and up to date information based on the highest editorial standards, our policies are

designed to push the boundaries in ways that encourage better medical research and education and better outcomes for patients. We aim to stimulate informed debate about the future of health and healthcare. We also see it as our role to campaign against wrongdoing, inequity, or injustice and to challenge the status quo in the public interest.

Dr Fiona Godlee FRCP

Editor in Chief, *The BMJ* and BMJ Editorial Director
 Editor of the Year, Association of British Science Writers Awards 2021



The BMJ

Asking questions. Questioning answers

The BMJ is a known innovator in this area, often among the first to adopt a new standard. We then roll this out more widely across the BMJ journal portfolio, and are often emulated by other publishers. For instance, in the critical area of peer review, *The BMJ*, together with the Journal of the American Medical Association (JAMA), is a co-convenor of the prestigious biennial Peer Review Congress.¹⁹

We have brought transparency to the peer review process through 'open peer review'. And our use of patient reviewers also helps keep journals and authors focused on the impact a research paper might have on patient care. That focus on 'Patient and Public Partnership'²⁰ is demonstrated further by the way we challenge every submitting author to specify whether and how they have involved patients in their research.

We're also known for what we don't do: no conflicts of interest are allowed in our educational articles and editorials—their power to shape clinical practice is just too great to allow for any risk of influence by vested interests. We also don't over-focus on novel or positive results when selecting which research papers to publish—such content may be more newsworthy. Still, that sort of selection bias can tend to mislead.

Other examples of editorial innovation include *The BMJ's* 'open data' policy that demands greater transparency throughout the scientific publishing process. In addition, Rapid Recommendations was introduced to fast-track the process of turning original research evidence into clinically actionable insights.

We always encourage readers to post Rapid Responses to articles, and ask

“ *The BMJ investigation into the formula industry has proved one of the most powerful levers for change I've ever been involved with.*

Chris van Tulleken, honorary senior lecturer, University College London, UK

authors to rapidly and openly respond to any issues that arrive post-publication.

Moreover, *The BMJ* is a world renowned agent of change. Its investigative journalism has:

- uncovered institutional research fraud and misconduct²¹
- led to changes in national clinical practice guidelines^{22, 23}
- triggered parliamentary inquiries in Europe^{24, 25}
- moved a prominent professional society to divest from formula milk revenues^{26, 27}

We are now taking our investigative journalism to the next level with the launch of The BMJ Investigations Unit to tackle more instances of institutional, corporate, governmental, and regulatory

misconduct that harm patients and the public. Our work is intended to protect patients and the public's welfare and improve health systems worldwide.

A recent grant has boosted our investigative journalism capability, and allowed us to escalate our impact and influence on healthcare improvement. We plan to scale up and produce at least five investigative series over the next five years, as well as continue to seek external support for our independent journalism.

The BMJ has been lauded for taking on medical, political, and corporate vested interests. We will continue to challenge the status quo where it goes against the public interest.



Challenging institutional corruption

In May 2021, we co-hosted a public meeting with the All-Party Parliamentary Group to establish a 'mandatory register of financial interests' for UK doctors.²⁸ A mandatory register would list any money or benefits doctors receive in addition to their NHS salary.

We continue to support campaigns for research integrity, and our organisation will continue to challenge institutional corruption.

Dr Kamran Abbasi, executive editor of *The BMJ* has written articles on 'state corruption' and 'social murder'^{29,30} in relation to the pandemic. His arguments were captured in the journalist, Owen Jones' podcast,³¹ and he was selected to feature in the Truth to Power exhibition³²; a multimedia photography project funded by the Arts Council that celebrates people in the media who have covered some of the biggest stories of the pandemic.



Using our health data and economics expertise to improve health systems

The BMJ Technology Assessment Group (BMJ-TAG) conducts health research for a range of institutions. This year's work has led to some revolutionary changes to the way patients receive treatment through the NHS.

Work with the National Institute for Health and Care Excellence (NICE) led to the most significant breakthrough in ovarian cancer treatment in decades. Now, more than 3,000 more women each year will have access to niraparib,³³ a medicine that will keep tumours at bay for years.

Our drug assessments have seen ribociclib, a life-extending drug for incurable breast cancer, approved for NHS use – potentially benefiting 3,300 women a year.³⁴

Onasemnogene is one of the very first gene therapies used to help protect babies from the impact of their inherited muscle-weakening

disorder. It was recently approved for NHS treatment by NICE after its appraisal by the BMJ-TAG team. This life-extending and life-enhancing treatment³⁵ is the most expensive drug in history to be made available by NICE and is likely to become a benchmark for subsequent gene therapies.

Acting against racism for a healthier, more equal, world

In February 2020, *The BMJ* highlighted the racial discrimination and health inequalities experienced by both patients and doctors in a special campaigning issue. Its huge success contributed to the launch of the NHS Health and Race Observatory in May 2021.

Guest-edited by Victor Adebawale, chair, NHS Confederation, and Mala Rao, professor, Imperial College London and Medical Adviser to NHS England on Workforce Race Equality, our award winning Racism in Medicine³⁶ issue was the first journal publication solely focused on calling for action against racism in medicine.

The impact of this issue was considerable:

- Prompted the NHS to announce the creation of the Health and Race Observatory³⁷
- Exposed the lack of data on ethnic health inequalities
- Won the PPA Diversity and Inclusion Award 2021
- Led the University of Nottingham’s Medical Society to reverse a policy not to allow a representative from an ethnic minority group to sit on its committee
- Claimed that harassment of ethnic minority students was not being monitored. This led to the BMA launching a charter calling on medical schools to end this abuse³⁸

We want this to be the start of wider coverage of the problems faced by patients and doctors from ethnic minorities. Racism is a public health matter – a fact made even more apparent when covid-19 struck. We will continue to raise awareness of new developments, research, and reports aimed at ending racism in medicine. We will also provide regular updates on the topics explored in our special issue.



Guest editor
Lord Victor Adebawale CBE



“

“Racism is suddenly and at last everyone’s business, and acting against it is everyone’s responsibility. More so at this time than ever, we now realise, since we cannot fight covid-19 unless we fight racism.”

Dr Fiona Godlee, Editor in Chief, *The BMJ*

Striving for equity, promoting diversity and campaigning for social justice

Leading by example in equality, diversity, and inclusion

“One of the best things about BMJ is its people.” This is a familiar phrase heard regularly amongst our staff from all backgrounds and working at all levels across our business. BMJ’s commitment to diversity and inclusion is one of the reasons that our culture is so unique.

We will never discriminate against anyone based on race, gender, marital status, ethnic origin, nationality, disability, sexual orientation, religion, or age. This is not just a statement. It’s something we live and breathe every day: maintaining a workplace that welcomes everyone is part of what defines us.

Our diversity and inclusion team celebrates the many different minorities that make up our workforce. Their encouragement has led volunteers within the organisation to create a series of dedicated support networks.

These efforts seem to be working. We were incredibly proud to read a recent diversity data collection study that provided the welcome insight that our people feel they can be open and honest about who they are.

“

“I want BMJ as a company to have the most inclusive environment and be an active ally of all under-represented groups. I encourage everyone at work to speak out when they witness unjust behaviour and highlight areas where we can do better.”

Chris Jones, CEO





Reducing the gender pay gap

Relative to our competitors, BMJ has the lowest mean and median pay gap, by a significant margin – but there is still more to do.

The median gender pay gap for BMJ is 5.5% in favour of men. This is well below the sector average of 16%, and the current national figure which shows that on average men earn 15.5% more per hour than women

As we strive for further improvement, we have implemented the following initiatives over the last 12 months:

- Recruiting a dedicated lead on diversity and inclusion
- Reviewing our reward processes and grading structure to ensure fairness
- Evaluating hiring practices and the workplace environment to ensure women have access to equal opportunity
- Tackling conscious and unconscious bias in the workplace
- Highlighting gender pay gap issues to managers
- Ensuring that all staff have opportunities for development irrespective of gender



“*Women play a vital role in the workplace which is not always reflected in their pay and position in the labour market. Undervaluing their work and under-utilising their skills is damaging to our economy. Closing the pay gap is not just beneficial to women, it will also benefit businesses and society as a whole.*”

Stacey Lambert
HR Director

Making all-male panels a thing of the past

Women remain underrepresented in discourse and decision making around the world.

Despite increasing female representation in academia, men continue to publish more than women during their careers. And, though women make up 46% of the UK’s medical workforce, few appear as experts in medical journals or on healthcare panels, and fewer still in the rooms where decisions are made.

BMJ staff will not participate in, or chair, panels made up exclusively of men. When qualified women are absent, perspectives are missed, inequalities are perpetuated, and everyone loses.



Our values

Give us the focus and direction to bring about our vision for a healthier world by sharing knowledge and expertise to help health professionals improve healthcare outcomes.



Concluding with commitment

In this, our first-ever annual impact report, we have reflected on BMJ's impact and mission delivery, and we've developed a bespoke impact measurement framework to deliver consistent understanding and reporting of our mission-driven outcomes.

As an organisation, we need to balance our financial health and our mission-driven outcomes. As we sharpen our ability to measure BMJ's impact on **better evidence, better decisions, and better systems**, we will become more confident in holding ourselves accountable for delivering meaningful improvement.

The new framework we've introduced in this report will focus our efforts around improving health outcomes through the different areas of work we undertake. These include disseminating research-

integrating policies and guidelines; strengthening the global healthcare workforce; helping professionals to make better clinical decisions, and showcasing evidence of best practice.

Our new impact measurement framework sets out our broad mission to share knowledge and expertise to improve healthcare outcomes. It also highlights the nine non-financial mission outcomes that sit under our focus areas of **better evidence, better decisions, and better systems**.



“

We look forward to reporting more on our progress and learning over the next 12 months, in our 2022 impact report.

Ruth Staunton
Head of Corporate Marketing

References

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