

February welcome from Professor Ollie Minton

I am really pleased to take up the role of clinical editor and work with the wider team on *Commentary* and kick off 2026 with the February issue.

We live in interesting times; many things are more unstable and uncertain since I became a doctor (now 28 years ago) and a fellow for the last 14 years. I do, however, still enjoy my day job as a palliative medicine consultant and my focus on providing excellent end-of-life care, preparing people for a good death.

I need to get that out of the way, because the last time I was allowed to influence *Commentary* there was a whole issue on death but, as we are all mortal, I will let this stand as a reminder and move onto the current issue highlights (including *Munk's Roll*).

It is great to be an active part of college life as far as possible, as it will repay the favour. *Commentary* is one way to streamline those possibilities and be aware of where you can fit in at any stage of your career. I would also give a loud mention to the work being published in the RCP journals – *Clinical Medicine* and the *Future Healthcare Journal* – which also reflect the fantastic real-world work being done and its impact. I, for one, like sharing work and knowledge with the aim of, if not changing, then influencing practice.

We are all competitive and also – I like to think – supportive, even if we cannot all be award-winning. I would like to encourage submissions to the Excellence in Patient Care Awards.

This is where *Commentary* has a clear role for me; to guide us in daily work, with features on the [Fracture Liaison Service Database](#) and [Chief Registrar Programme](#) bringing clinically relevant work to all, and advocacy of the skills that we all bring into the wider multidisciplinary team.

I hope the range of features treads a line between education, research and advocacy. I hope you will find them useful, even if it is only a high-level summary or a tip on how to improve things in a world of limited resources. All of our work will be influenced – as will we all – by the looming spectre of AI. In 2026, I am yet to see the daily impact at work – bar the offer of Copilot rewriting my emails or summarising a meeting – but we do need to know how to adopt the advantages within the RCP.

Hopefully we will be guided by the RCP's new CEO, Jono Brüün ('deeds, not words' he explains [in his interview](#)) and of course robust governance with our college registrars. I try and avoid too many strategic aims, but

we all need a plan and to ensure that whatever we do is focused on improving patient outcomes – not just surrogate markers. This is where Dr Alexis Paton, chair of the RCP Committee on ethical issues in medicine, has [focused her work](#), on the social determinants of health.

As doctors, we all have biases based on training, specialty and life experiences. Therefore, it is important to read with a wider perspective. That comes from the stories being told on the work that the RCP does globally – with [a feature on the British Infection Association and ECSACOP](#) influencing and supporting wider networks across the globe.

We want this magazine to be an introductory, friendly face of RCP life that is fun and easy to read. We welcome feedback on how to ensure that we capture the wide range of roles and responsibilities that the RCP has, to support and advocate for all of us while being the go-to voice of authority.