It is now nearly two years since I became editor of *Family Practice*. In that time there have been many changes to the journal, with the introduction of electronic submissions, e-letters, online-first publication of PDFs and a new journal website. *Family Practice* is unique as the only ‘international’ primary care research journal, and we have taken steps to consolidate the journal in that role. The editorial board has recently expanded to include more members from North America and Southern Europe, as well as adding more capacity in both qualitative research and epidemiological methods. I am indebted to our existing associate editors, Professor Paul Little (Southampton, UK) and Professor Tom Fahey (Dublin, Eire), who assist in decisions, as well as Professor Martin Dawes (Montreal, Canada), who edits the website and e-letters, and Professor Lorne Becker (Florida, USA), who edits reviews. I am also delighted to announce that Professor Doris Young (Melbourne, Australia) will join the editorial team.

One of the hazards of the journal’s growth has been an increase in submissions from 300 per year to more than 500, which has led to some delays in editorial turnaround, extending our mean from 66 days to 84. In response to this we will be recruiting three more associate editors to bring our first-decision time back to our target of 56 days (see the advert in this issue of the journal).

*Family Practice* is edited by a team of active primary care researchers who are involved in leading research teams themselves as well as contributing to the journal. Our intention is to make this the world’s leading primary care research journal by attracting the best authors with the most to say to a worldwide audience. *Family Practice* publishes around 120 original articles a year, with the principal criteria for acceptance being scientific validity and international relevance. I am pleased to announce that our ISI Impact Factor for 2002–2003 rose 30% from the previous year to 1.3. Some 70% of articles published in *Family Practice* come from outside the UK, and we record in excess of 25,000 downloaded articles per year from Highwire. I would like to thank the editorial board, authors, reviewers and all those who contribute to the success of the journal.

We continue to link with important organisations for primary care research and to offer a 70% discount to individual subscribers who are members of these organisations, including WONCA, the European General Practice Research Network, the Society for Academic Primary Care (UK) and the North American Primary Care Research Group.

We receive many articles reporting otherwise worthy research that fails to consider the international dimension. This is a challenge to which researchers must rise. Even research rooted in addressing an issue of importance to a national health care system, for example access to out-of-hours care, can be designed and written up in such a way that it can inform practice in other countries. Aside from clinical issues, health systems in many countries face similar challenges over access and affordability of care, adoption of new technologies, patient safety and professional development. It is our intention that *Family Practice* continue to be in the forefront of informing these debates.

Articles in this issue consider a wide range of topical issues from basic epidemiology1–3 to studies of patient’s views and experiences.4–6 This continues the journal’s now 22-year history of publishing a wide range of original research that will impact on patient care worldwide.

During the coming year readers will see a continuation of our steps to keep abreast of developments in publishing. The website continues to be the place where articles are published ‘first’, obtaining their DOI number and date of publication for Medline about three months before appearing in the print journal. In order to publish more articles in print we are shifting entirely to electronic correspondence, and I would remind you to use the e-letters facility alongside the electronic version of articles in Highwire if you wish to comment on an article. We will also be publishing regular news and links to conferences and the like on the website. *Family Practice* is predominantly an electronic journal, if you consider that our downloads exceed our paper footprint by a factor of 100 or so. Many thousands obtain access to *Family Practice* via institutional subscriptions, and in developing countries this access is free. In addition, all articles published in *Family Practice* are open access after a year, and from

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**Family Practice** and the new era of electronic publishing

Brendan Delaney

next year authors may choose to pay to have their articles open access from the time of publication. This will be particularly useful for authors requiring open access publication as part of their research funding.

Another change being instituted next year is ‘unblinding’ of reviews. It has been clear to many that a well-informed reviewer will usually guess the identity of an author, and other journals’ experience in this area has shown that reviews are more considerately written if the reviewer is identified. Reviewers will still be able to make confidential comments to the editor should they wish but should note that their comments to authors will be attributed. As part of this change we will be asking reviewers to declare any potential conflicts of interest, including collaborations or professional rivalries affecting their review.

As I mentioned, all the editorial team are active researchers, and I thought I would take this opportunity to detail some of my non-Family Practice activities. I work a day-and-a-half a week in clinical practice in a 10-doctor group practice in inner-city Birmingham, UK (the Laurie Pike Health Centre), taking a particular interest in diabetes and cardiovascular disease in this deprived, mixed-ethnic urban population. I am a full professor at the University of Birmingham’s Department of Primary Care and General Practice, one of the UK’s top four primary care departments, where I lead the Medical Decision Making Research Group (http://www.pcpoh.bham.ac.uk/primarycare/mdm/). Current projects include cost-effective randomised controlled trials of cost-effectiveness of strategies for managing dyspepsia, as well as maintaining the Cochrane review in this area and other modelling and meta-analysis work. We have a programme of work in cognition and diagnosis as well as interests in use of diagnostic tests and clinical decision rules. In addition we are involved in a collaborative project funded by the National Institutes of Health (USA) with Dr Kevin Peterson, Minnesota, which is developing an electronic platform for clinical trials and data-mining in primary care (www.epcrn.org). We are also organising the 2006 biennial European meeting of the Society for Medical Decision Making (www.smdm.org).

References


