EDITORIAL

How Gut handles your manuscript

The editorial team in Gut are determined, on behalf of their readers, to attract the very best original research, the results of which will influence clinical practice in the immediate and medium term. With this in mind, we have embarked on a series of changes designed to encourage authors to consider Gut as the best vehicle for disseminating their original ideas.

Three years ago we converted to an all electronic submission process which has markedly speeded up the submission and review process. One unintended result has been to also increase the number of submissions substantially, meaning that the proportion of acceptances has fallen to around 1 in 6. Regrettably, many authors must be disappointed. However, on the plus side, this means we have some excellent manuscripts to consider.

Once manuscripts are uploaded, they are all seen by the Editor after submission on a daily basis and, providing they seem suitable, are allocated to the appropriate Associate Editor. After careful scrutiny, the Associate Editor selects and prioritises six reviewers and the first two are invited to review. Most reviewers are excellent, giving freely of their time, and return excellent reviews within the two week deadline. Of course, occasionally we have problems, either because for some reason (work, holidays, personal) no one wishes to review the article or, and this is most frustrating to the staff, reviewers agree to review but then fail to deliver, resulting in an unnecessary delay. If this delay becomes excessive we will ask an Editorial Board member or Associate Editor to do a rapid review or, rarely, will consider the manuscript with just one review. Most papers happily do receive a timely review and will then be reconsidered by the Associate Editor.

Since we can only publish 15% of all manuscripts submitted, if both reviews are negative and the Associate Editor and Editor agree, a reject decision is sent out immediately. The median time for the first decision of all manuscripts is approximately two weeks. Some of these are of course rejected without review if both the Associate Editor and the Editor agree that there is little chance of acceptance. We believe that most authors prefer a timely decision and would rather be able to move on to a less competitive journal than wait weeks or even months before receiving a reject decision. Papers with positive reviews are then considered at our two weekly meeting of the Associate Editors. These are mainly teleconferences but every two months we meet face to face. At each meeting we consider approximately 40 papers and choose the best 10 to accept for publication. The process is essentially competitive, with Associate Editors putting forward their very best manuscript in competition with others. This critical review ensures that manuscripts of a similar standard in different areas of research have an equal chance of acceptance. The median time to first decision for reviewed manuscripts is 5–6 weeks.

The use of teleconferencing has meant that our Associate Editors can be picked without regard to geographical origin to provide the very best coverage of our specialty. The area of research with the largest number of submissions is inflammatory bowel disease, currently dealt with by Jürgen Schömerich from Regensburg (to be succeeded in 2006 by Subrata Ghosh from London and Severine Vermiere from Leuven). We also receive a substantial number of hepatology papers which are dealt with by Kevin Moore from London and Massimo Pinzani from Florence. In addition, we have Associate Editors covering the pancreas (Markus Lerch from Greifswald), upper gastrointestinal tract (Emad El-Omar from Aberdeen), small bowel (Ray Playford from London), and intestinal cancer (Alastair Watson from Liverpool). We also have two Specialist Editors covering viral hepatitis (Geoff Dusheiko from London) and bacterial-mucosal interactions (Jean-Frédéric Colombel from Lille) who provide expert advice on selected manuscripts where we feel we need extra help. Once accepted, articles appear online usually within a week and acquire a digital object identifier (DOI), thereby becoming citable references, which is obviously a great advantage to the authors. We have worked hard to keep our copy flow efficient, and we now hold at the most four months of copy. Thus from acceptance to appearance in print is around 4/5 months.

A major factor driving submissions is the exposure and citation which follows publication, and we are happy to report that papers published in Gut are very widely read and cited. Each month we have about 50 000 unique visitors and approximately 180 000 full text and pdf downloads. Authors publishing in Gut can therefore be assured of a wide dissemination of their findings. The impact factor is 6.6 (citations within two years of publication divided by the number of article published in the same period), making it third in the ranking for gastroenterological and hepatological journals publishing original manuscripts. Another important statistic is the cited half life, which is currently 6.2 years, showing that Gut papers continue to be cited for many years. Last year our most widely cited publication was cited 74 times within two years of its publication.

Of course, none of this happens without considerable effort and I would like to take this opportunity to thank the office staff, including Gavin Stewart, Kathryn Walsh, Melissa Dodd, Linda Gough, Ed Howard, and Rachel Harvey, whose hard work ensures efficient handling and publication of manuscripts. The Associate Editors also deserve our special thanks for the substantial amount of time they commit to the careful and expert consideration of manuscripts and reviews. Finally, we should thank our reviewers whose names are listed on our website (http://gut.bmjournals.com/misc/reviewers.shtml). The added value provided by JournalScan and Gut Tutorials is also much appreciated. Finally, we should thank our editorial board for their advice and practical help and our reviewers whose names are listed on our website at http://gut.bmjournals.com/misc/reviewers.shtml. Without their contribution the whole peer review process would be impossible.

I believe that 2005 has been an excellent year for Gut and we look forward with eager anticipation to your manuscripts in 2006.

Robin Spiller
Editor
How *Gut* handles your manuscript

Robin Spiller

*Gut* 2005 54: 1667

Updated information and services can be found at:
http://gut.bmj.com/content/54/12/1667.1

**Email alerting service**

*These include:*

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**

Articles on similar topics can be found in the following collections

- Pancreas and biliary tract (1949)
- Cancer: small intestine (189)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/