

Gut

Editorial

Gut in 1998—Looking back, looking forward

1997 was a good year for *Gut*. We have continued our editorial policy to increase the number of sections in the journal. In addition to commentaries, we have introduced a new section, Science Alert, which aims to highlight important scientific advances relevant to gastroenterology. We are screening the major basic science journals for papers which we believe will be of interest to *Gut*'s readership and we have asked experts to summarise the work and explain its importance to gastroenterology.

We were keen to define the profile of papers published in *Gut* as concern had been raised that the journal was becoming excessively orientated towards basic science and perhaps have less appeal to practicing clinicians. *Gut* certainly has no such policy. For the British Society of Gastroenterology Diamond Jubilee supplement, Tom MacDonald's analysis showed that the most cited papers in *Gut* were on clinical topics. Landmark clinical papers are particularly welcomed as they contribute greatly to the journal's impact factor. We therefore analysed the first 1000 submissions to *Gut* in 1996; 807 were original articles, the remainder were leading articles, reviews, commentaries, case reports, and letters to the Editor. The original articles were subdivided into three groups: (i) clinical (human studies such as clinical trials or clinical reports which used standard investigative methodologies); (ii) clinical science (human studies that used innovative or non-routine investigative techniques); and (iii) basic science (laboratory investigations using tissue culture cell lines, animal models and molecular and cell biology). We accepted 105 (26.4%) of 397 clinical papers, 96 (32.3%) of 297 clinical science papers, and 41 (36.3%) of 113 basic science papers. Thus, clinical and clinical science papers continue to dominate acceptances for publication in *Gut* (83%), although the acceptance rates for clinical science and basic science papers were slightly higher than that for clinical papers. We would attribute this to the fact that new developments in gastroenterology tend to come through the application of scientific methods to the understanding of disease and some of the clinical papers we receive are confirming or reconfirming observations that have already been published. However, we believe this analysis shows that the balance between clinical gastroenterology and gas-

trointestinal science is just about right—and we shall continue to publish the best papers that we are offered.

Gut is becoming increasingly involved in the wider aspects of biomedical publishing. We formally accepted the CONSORT statement which defines internationally acceptable criteria for the publication of randomised, controlled clinical trials and we took part in a global initiative to underscore the importance of aging by devoting part of the October issue to this topic. *Gut* has also actively participated in the establishment of a Committee on Publication Ethics (COPE) which consists of a group of editors of medical journals who are providing advice on the management of many aspects of publication ethics including research misconduct. Since my editorial in July 1997, we have discovered further examples of redundant publication and other potentially more serious cases of research misconduct. Working through COPE, I hope we shall be able to produce guidelines on the management of research misconduct which editors of medical journals could apply widely.

Under the guidance of our new Managing Editor, Andrea Horgan, efficiency in the editorial office has improved. Currently, the average time to first editorial decision is about 60 days and the average time from acceptance to publication is about 5 months. The editorial team would like to see the time to first decision reduced to 40–50 days but the major source of delay is still tardy reviewers. Finally, we are delighted to report that *Gut*'s impact factor has risen from 2.95 in 1994 to 3.02 in 1995, and to 4.59 in 1996.

In 1998, we will introduce a new section, Clinical Alert, which will highlight evidence based clinical papers of exceptional merit. We will be discussing *Gut*'s position on criteria for authorship and the currently thorny issue of improving the peer review process. We have also, as you will no doubt have seen, redesigned the cover.

Gut is indebted to our referees who in general produce high quality, prompt reviews and to our Editorial Board which provides innovative ideas and sound counsel to help us steer *Gut* through the forthcoming year.

MICHAEL J G FARTHING
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