

Gut

Editorial

Gut in 2000

There are a limited number of ways in which the success of a biomedical journal can be assessed. The impact factor, with all its limitations, remains an internationally accepted index and can be used as a comparator between related specialist journals. *Gut*'s impact factor increased to 5.111 in 1999, placing us third behind *Hepatology* (5.621) and *Gastroenterology* (10.330). *Gut* is closing on the heels of *Hepatology* and we hope to move into second place in 2000.

Gut's rising impact factor is likely to be one reason why the number of original manuscripts submitted to the journal has risen by an annual 8–10% during the past three to four years. We have been delighted to receive an increasing number of high quality manuscripts on liver research and can reaffirm the journal's intention to remain committed to our subtitle—“*An International Journal of Gastroenterology and Hepatology*”. The editorial committee is inevitably under increasing pressure from authors as many of the papers we receive and ultimately decline to publish are scientifically sound but do not quite achieve the priority rating necessary to permit publication in *Gut*. In these circumstances, our decisions are based not only on reviewers' reports but on the innovation, timeliness and the probability that the paper will make a significant impact on the science and art of gastroenterology and hepatology.

eGut has been a resounding success. Our web site receives an average of 25,000 hits each week and a recent survey indicated that the vast majority of these were from non-subscribers. We hope this electronic introduction to the journal will encourage these individuals to subscribe in the future. It is also possible to subscribe to *eGut* alone at a competitive price.

The new sections of the journal, *Science @lert*, *Clinical @lert* and *Gut Files*, seem to have been well received. We have now established a team under the leadership of Professor Richard Logan supported by our statistical advisor, Stephen Evans, to drive the *Clinical @lert* section, a responsibility which will include in-house production of the evidence-based medicine-style abstract. Two further sections will also be introduced during 2000. We are planning to create a series of *Therapy Updates* which will highlight advances in treatment of gastrointestinal and liver

disease and place these new developments within the context of standard therapy. A *Debate* section will draw on truly controversial issues in disease pathogenesis and clinical management and will consist of two short, evidence-based articles, one *for* and one *against*. These new sections will be commissioned by the editors but *Gut* is always keen to receive suggestions for topics from the readership.

The editorial committee continues to be indebted to our managing editor, Andrea Horgan, and our editorial assistants, Anita Starbuck and Josie Stephenson, who are ultimately responsible for the smooth running of the journal. We believe that the editorial team has brought professionalism to *Gut* that is now essential for us to compete in the world arena of specialist journal publishing.

We are sorry to announce the departure of one of our associate editors, John Calam. John was persuaded to serve an additional year after completing the normal three year term of service. He has carried an enormous workload because of his expertise in *Helicobacter pylori* research and upper gastrointestinal disease in general. We are delighted to welcome John Atherton in his place who I am sure will follow on from John Calam's outstanding example.

Gut has continued to play an active role in the onward development of the Committee on Publication Ethics (COPE) and we are pleased to include in this issue the new COPE guidelines on *Good Publication Practice* (see page 296). The aim of these guidelines is to re-affirm the principle of honesty in research and publishing and places great emphasis on prevention rather than cure. However, in the final section of the guidelines, a hierarchy of sanctions are included which might guide editors as how to respond when publication or research misconduct is discovered. The editorial committee and the members of the editorial board have accepted these guidelines unanimously for *Gut* and all feel strongly that the principles contained therein should be applied to all submissions to the journal henceforth.

MICHAEL FARTHING
Editor
February 2000