management, prioritization and so on) involved in effective, self-directed study should lead to a virtuous circle of demonstrable education gain and heightened motivation. Later, students need to be challenged by specific, academic but service-related tasks such as clinical audit undertaken in small teams.[15] Among the skills required are: analysis of component tasks, delegation, negotiation and presentation. In this way, students learn to manage situations which have an order of complexity and level of significance beyond that of individual patient–doctor interactions.

Soon after qualification doctors experience NHS management at first hand. This has rarely been a happy introduction to a virtual monopoly employer; comparison with commercial organizations reveals just how much the NHS has yet to learn about management of its staff.[16] Little wonder, then, that by this stage recent generations of young doctors have been inclined to compound their ignorance of management with attitudes of lofty indifference or even hostility. This mistrust between managers and doctors has been reinforced by a perception arising from the NHS reforms, that management and medicine in the NHS inhabit different peaks of the moral high ground: the former, value for money; the latter, need before cost. However, there are signs that reconciliation is in the air. Over time, medical education has an important part to play in achieving and sustaining reconciliation. The ideas underpinning *Tomorrow's doctors* suggest that generalist skills which currently are acquired, if at all, during a lifetime of professional development should be seen as forming the core of medical expertise.

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Living up to expectations?

WHAT would McConaghey,[1] the founding editor of the *Journal,* think of its current progress? He had the courage to establish a journal of scientific record in 1958 despite the paucity of new research findings from general practice at that time. This controversial decision was vindicated only three years later when the *Journal* was included in *Index medicus,* which lists the highest quality and most important biomedical and health sciences journals published throughout the world. This was the first time a general practice journal had been recognized internationally in this way.[2] We believe he would have approved of the *Journal's* continuing commitment to publishing original research in primary care.

The strength of a journal of record can be measured objectively, not only from the number of papers submitted and the wide variety of sources from which they come, but also by the number of its articles which are cited in peer reviewed and referenced scientific papers. The *Science citation index* (Institute for Scientific Information) is the authoritative source of citation data on journals. The citation count for the *Journal* has risen from 148 in 1983 to 555 10 years later. The Institute for Scientific Information also provides an independent assessment of the influence of a journal: the 'impact factor' measures the frequency with which the 'average article' in a journal has been cited in a particular year. This figure helps to determine the relative usage of a journal and is of interest not only to editors but to authors considering the most appropriate placement for their work. The impact factor data for 1991 demonstrate that of 120 journals in the general and internal medicine category the *Journal* is rated 19th and is the highest ranking general practice journal in the world.

How can we continue to live up to these achievements in an era which is seeing a dramatic increase in research activity in and on general practice together with huge changes in the National Health Service?

In addition to regularly reviewing key indicators we would now like to step back from time to time and look at other aspects

of our performance. We do this not to excuse our shortcomings but to share views and information with readers and contributors. Our aim is to try to improve standards while responding to the concerns of authors and readers, constrained only by the good husbandry of limited resources. In May 1994 the council of the Royal College of General Practitioners approved a three year development plan which promises a modest increase in the size of the *Journal*. It is also planned to increase the number of review articles published each year and not only to publish new research work more rapidly but also to make the *Journal* more accessible to the busy clinician.

The number of papers submitted to the *Journal* rose from 403 in 1990 to 501 in 1993, a quantitative increase of 24% linked to a clearly perceived improvement in quality. This has not been matched by a proportional increase in the size of the *Journal*. In 1993 only 88 papers could be published: 18% of submissions or approximately one in six. The number of pages per issue that can be used for text has since been increased from a maximum of 44 to 48 pages allowing one extra research paper to be published each month. This will help reduce the time from acceptance to publication for a paper, which has been causing concern. The waiting time for accepted papers is also affected by the number of papers accepted and is reflected in the number of accepted papers awaiting publication. Comparing November 1994 with December 1993 the number of original papers awaiting publication has been reduced by 20%.

Original research papers submitted to the *Journal* are scrutinized by experts in the field, normally a practising general practitioner and an academic general practitioner or hospital specialist, and when the response from at least one of these is favourable, a statistician. Referees are asked if a paper is original, scientifically sound, clinically important and suitable for this *Journal*. This peer review cannot guarantee the validity of the work but it assures readers that accepted reports are free of major errors and make a worthwhile contribution to the literature of general practice. The *Journal* is fortunate to be able to call on 1000 experts throughout the world. Their selfless and painstaking work is essential to the continuing good health of the *Journal* and is greatly appreciated by authors. The April 1994 issue of the *Journal* included a list of referees who had provided assessments in 1993, the only public recognition of the *Journal's* debt to them.

There is insufficient space in the *Journal* to publish everything the referees consider worth publishing. The editor has the task of striking a balance between the subjects covered and of choosing between articles on behalf of the 'general' reader. Priorities have therefore to be assigned on the basis of originality, scientific value and relevance to general practice. In general, baseline data or the simple description of a new activity are insufficient to justify publication as a paper though they may be of interest as a mini paper in the correspondence columns. Priority is given to scientific work rather than material relating to contractual issues. Work that is relevant only to a local area is not normally published unless it has wider implications. The results of routine audit activity are likewise not of primary interest unless they illustrate an important new issue or report a new method. The *Journal* continues to concentrate on recording original research rather than disseminating educational material or publishing news, important activities already expertly done by other publications.

The change of name in 1990 from the *Journal of the Royal College of General Practitioners* to the *British Journal of General Practice*[3] was a clear affirmation of the editorial freedom enjoyed by the *Journal* editor and a proclamation of the RCGP's intention to publish the best of general practice research at a national and international level. A journal of record promotes and gives scientific respectability to general practice by documenting measurable advances in the discipline. Providing day-to-day practical advice is the role of other publications. While in the past we have published RCGP news pages, the important task of communicating with RCGP members is now undertaken by the membership magazine *Connection*. The creation of a separate news magazine has helped clarify the distinction between the two publishing roles but has not yet clarified in the minds of some readers that the *Journal's* primary duty is to provide a forum for general practice around the world to present peer reviewed scientific work of the highest standard. The responsibility for scientific rigour is all the greater in view of the serious efforts being made to encourage critical reading among vocational trainees from which there are early indications of change in trainee reading habits and methods of learning.[4]

General practitioners from outside the British Isles have also been able to follow and to enhance our contribution to the publication of advances in general medical practice. The *British Journal of General Practice* is now received by over 17 500 members and by subscribers including university departments of general practice, postgraduate medical centres, libraries, institutes and individuals in over 40 countries. Of the papers submitted in 1993, 17% were from countries outside the UK confirming the *Journal's* position as an international journal of record. Contributors, both from the United Kingdom and abroad, comprise not only general practitioners and medical specialists but a growing number of researchers from other disciplines such as social scientists, who use the *Journal* as a source of reference and also as a vehicle for publication.

Clearly we are encouraged by the independent judgement of the *Science citation index* on our place in providing an outlet for some of the best peer reviewed research papers from general practice. It is only by the publication of original material that general practice can advance and much basic work has still to be done. If the final product is to be as good as it can be, the wholehearted support of reviewers, readers and contributors is vital. This is your journal: we will continue to strive to improve the quality of the *Journal* contents and its appeal to authors and readers by publishing the most relevant material as quickly as we can and in the best possible way. Our commitment to the regular review of key performance indicators will continue. We will endeavour to make the delays shorter, the papers better and the presentation more interesting without sacrificing scientific rigour. We will do the best we can to see that all are fairly treated and that authors receive constructive criticism of their work whether or not it is accepted for publication. When we fail you must let us know, but you must also tell us when you are pleased.

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