

# Editor's Briefing

## GETTING THE MESSAGE OUT

The impact factor of a journal is an indication of its stature and 'reach', and a measure of the citation of its original articles by other peer-reviewed publications. The *BJGP*'s impact factor is the second highest of all primary healthcare journals. Our total citations exceed that of the highest-ranked journal, but because we publish more original research, the impact factor of the *Annals of Internal Medicine*, published in the US, is higher than ours. The number of citations of our papers in other journals is, however, dwarfed by the numbers of visitors to our website, the majority of whom click through to read articles, and download them, in their hundreds of thousands. Submission numbers are steadily rising, and because we are unable to accept many of the high-quality articles that we receive, we have decided to launch *BJGP Open*, to provide more capacity in primary care publishing.

The impact factor tells you about a journal, but not about an individual article, so we also use alternative metrics: Altmetric, to measure attention given to articles published in the *BJGP* by other media, including social and news media. Above all, however, we are interested in clinical relevance and the strength and novelty of the 'clinical message' is a key criterion for acceptance. In this issue you will also find a report on the latest RCGP Research Paper of the Year awards. Three of the six category winners were papers published in the *BJGP*, and all have something important to say about clinical practice in primary care.

Two difficult and controversial topics are tackled in the editorials: the role of general practice in the palliative care of children with cancer, and the continuing uncertainties about the balance between the risks and benefits of HRT. The randomised controlled trial reported by Joe Kai and colleagues is a helpful reminder of the importance of non-surgical management of heavy menstrual bleeding, and there is a useful article on the prevention of type 2 diabetes after the onset of gestational diabetes. Amanda Jane Elliott's practice-based research on patients' understandings of diabetes and its treatment contains some salutary home truths.

Two articles examine communication within the consultation, one on the difficulties of demonstrating empathy, and the other on the extent to which consultation length may affect patients' experiences

of communication with their doctor. Promoting early diagnosis of cancer has been something of a theme in the *BJGP* over the last 2 or 3 years and two studies address this topic, one providing additional information on the key diagnostic symptoms for non-metastatic colorectal cancer, and the other making a persuasive case for cervical cytology being used as a diagnostic method in young women presenting with symptoms suggestive of cervical cancer.

We also have an article acknowledging the contribution of our reviewers: the unsung (and unpaid) heroes of medical publishing, who guide our decisions about acceptance and rejection, and whose work often transforms an ugly duckling of a paper into a highly-cited swan. And please dip into *Out of Hours*, where you will find book reviews including an anthology of poetry and medicine containing contributions from writers as diverse as Coleridge and Emily Dickinson, EM Forster's masterpiece *Howards End*, and a slightly controversial guide to dealing with difficult consultations.

Last month I emphasised the importance of medical schools providing high-quality GP attachments for undergraduate students, to help promote general practice as a career choice. Health Education England have now published a report by Professor Val Wass, supporting medical students towards careers in general practice, setting out actions that need to be taken to ensure that general practice has as high a profile as possible as a subject of study in undergraduate education and is an attractive career choice.<sup>1</sup> The report's 15 recommendations include a focus on students' experiences before entering medical school, on the informal (hidden), as well as formal curriculum, and on tensions across the primary care-secondary care interface.

Roger Jones,  
Editor

## REFERENCE

1. Health Education England. *By choice — not by chance. Supporting medical students towards future careers in general practice*. <http://www.hee.nhs.uk/sites/default/files/documents/By%20choice%20not%20by%20chance%20web%20FINAL.pdf> [accessed 10 Nov 2016].

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