

# Editor's Briefing

## FACTOR ANALYSIS

The *BJGP's* Impact Factor is now 3.261, the highest it has ever been and the second highest of all primary care journals. A journal's Impact Factor is a measure of the average number of times that research papers (editorials, discussion and clinical articles are excluded from the calculation) have been cited by other journals in a 2-year period, in this case 2016 and 2017, divided by the number of 'citable' papers published in the journal over the same period. Although the Impact Factor is a magic number that editors await with bated breath every summer, it does not tell anything like the whole story of the relevance of a journal or the true significance and influence of individual papers published in it. Many journal metrics, including the Impact Factor, have been devised or are owned by journal publishers, and can be manipulated, and there have been various moves to abandon the use of impact factors altogether and to develop alternative metrics to try to capture impact more broadly. You will see that the *BJGP* uses Altmetric, whose colourful donuts and composite scores provide an indication of the attention given to an individual article in a range of media.

The inadequacy of the Impact Factor as a measure of influence and true impact is underlined by looking at the digital attention given to online journals. The *BJGP*, like other journals, records hundreds of thousands of page views and full text downloads each month, millions each year, and although we don't know how they are used, this level of internet attention given to papers is likely to be relevant in the search for a meaningful measure of their impact. These data, unlike the Impact Factor and other bibliometrics, are not usually published and are seen as commercially sensitive. I'm not aware of research studies using online journal data which have been able to provide an evidence base for accurately judging the shorter-term attention given to research publications, or their longer term influence in terms of incorporation into clinical guidance or to changing practice or policy, or the relationships between them.

Whatever their impact turns out to be, there are some really interesting and potentially important papers in the *BJGP* this month. They are distributed roughly equally between three important themes, which make up this 'Clinical challenges' issue. First there is the continuing examination of doctor-patient

communication within the consultation and in making timely and accurate diagnoses, particularly when dealing with complex and sensitive issues such as obesity and medically unexplained physical symptoms. Second, is the enduring challenge of communicable diseases, exemplified by the resurgence of measles in the UK this year, the increasing attention being paid to HPV infection and vaccination, and the complexities surrounding the diagnosis and antibiotic management of respiratory tract infections. Then there are three important studies on cancer: using the right tests in the diagnosis of multiple myeloma, a randomised controlled trial of the effectiveness of reminder strategies in cancer screening, and a systematic review of studies evaluating direct access to cancer testing from primary care.

One clear message emerging from reading through these papers is that patient care in general practice is often complex and unpredictable, rarely mechanistic, and often non-linear. Comprehensive, first contact care with as much continuity as possible is still at the centre, and great vigilance is now required to prevent further erosion of this core work. As a profession we must have the courage to embrace advanced technologies which have been shown to make these tasks more effective, while having the strength to recognise and resist developments which threaten to fragment and undermine the capacity of general practice to provide the best possible patient care.

This month we mark the passing of two exceptional individuals. Julian Tudor Hart was a giant of general practice, one of the earliest and greatest GP researchers and an inspiration to generations of GPs and public health scientists. We will not see his like again. John Holden, who I first met at John Fry's GP Research Club many years ago, embodied many of the professional values that we are now struggling to hold on to, and was also a great inspiration through his work regionally and in the College and in the *BJGP*. They will be greatly missed, and general practice will be poorer for their loss.

Roger Jones,  
Editor

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