

Editor's Briefing

HIGH IMPACT

Eagle-eyed readers of the *BJGP* will have spotted, towards the bottom of the adjacent panel containing editorial information about the Journal, the 2018 Impact Factor (IF), which now stands at 4.434. These four digits are music to my editorial years — yes I know, I should get out more — and mean that of all the primary medical care journals indexed in the various bibliometric databases, the *BJGP* has the highest journal IF in the world, overtaking our American colleagues at the *Annals of Family Medicine*.

The IF calculation is simple and, in a way, somewhat dispiriting. Our IF of 4.434 is derived from dividing the total number of citations in 2018 to research papers published in the Journal in 2016 and 2017 (878), by the number of papers published in the same period (198). The 10 highest-cited *BJGP* papers in the IF calculation included 2 on antibiotic prescribing and 2 on recruitment and career choices in general practice, along with studies on mild traumatic brain injury, asthma, deprescribing, thrombocytosis as a marker for cancer, alternatives to face-to-face consultations, and brief interventions for smoking and alcohol reduction.

As a measure of 'attention' the IF pales into insignificance when compared to the numbers of page views and full-text downloads that are recorded on the *BJGP* website, which run into hundreds of thousands each month. The same is, of course, true for other journals. Further, the IF is not a measure of the impact of individual papers, but of the journal as a whole: publishing in a high impact journal does not guarantee a high level of attention or effective dissemination of an individual paper. University staff whose employment depends on maximising the apparent quality of their research outputs still play this Emperor's clothes publication game, even to the extent of directing UK primary care research outputs to non-UK journals with appetising IFs, which will never be read by, or disseminated to, the very people for whom the research was originally commissioned, funded and conducted. Folly.

So, although we are very pleased with ourselves, we share serious concerns about over-concentration on the IF. The *BJGP* has recently signed up to DORA (<https://sfedora.org>) — the San Francisco Declaration on Research Assessment — which advocates

moving away from IFs and looking at other measures of attention, impact and influence. The Funding Councils in the UK have already realised that telling a good 'impact story' is an important marker of research quality, and this is reflected in the funding formulae for the Research Excellence Framework.

Many journals, including the *BJGP*, use alternative metrics; we publish Altmetric donuts for our papers, indicating the various press, social and other media sites where they have been picked up. It is still difficult to search the 'grey literature' to discover where publications have been used to develop local, regional or national clinical or policy guidance, but this is a further important dimension of impact. Conversely, we do our best to promote important papers by sending out press summaries to draw wider attention to the research so that public interest and societal impact begin to compete with 'citeability' as editorial acceptance criteria.

Finally, the impending revolution in biomedical publication mandated by Plan S (<https://www.coalition-s.org>) brings with it further pressures to move away from the sole use of IFs towards other, more meaningful measures of the true impact of research publications. More on this soon.

I hope you enjoy reading this issue of the *BJGP* as much as we have enjoyed putting it together. There are some excellent research papers on aspects of new technologies in general practice, with linked editorials on artificial intelligence and digitally enabled primary care. The director of the National School for Primary Care Research, Richard Hobbs, analyses the place of primary care research in today's health system. Towards the end of the Journal there are two must-read articles by Roger Neighbour and Chris Salisbury which, between them, contain more wisdom than you can shake a stick at.

And, talking of wisdom, we say a fond farewell to Marshall Marinker, one of the founding fathers of 20th century general practice.

Roger Jones,
Editor

DOI: <https://doi.org/10.3399/bjgp19X705113>

© British Journal of General Practice 2019; 69: 417-472

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2018 impact factor: 4.434

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ISSN 0960-1643 (Print)
ISSN 1478-5242 (Online)

