

PRIMARY CARE RESPIRATORY JOURNAL

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## Primary Care Respiratory Journal is awarded full Medline/Index Medicus listing

As we reported briefly in the April issue, the Primary Care Respiratory Journal (PCRJ) was awarded full Medline/Index Medicus listing by the NLM/Medline Committee in February this year. Medline listing has been granted to all PCRJ papers from January 2004 onwards (i.e. from Volume 13 number 1). With very few primary care journals listed on Medline, this is a significant achievement for the PCRJ. The significance is two-fold: firstly, it demonstrates the PCRJ's recognition as a journal which publishes high quality papers of international clinical relevance; and secondly, it markedly increases the Journal's attraction for authors seeking publication of their work, since PCRJ papers can now be identified by anyone searching the Medine database. We therefore expect paper submissions to the Journal to rise in number and quality.

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Last year, the establishment of a bi-monthly issue of the PCRJ gave us the opportunity to review the development of the Journal over the preceding 10 years, and to share our ideas for the future [1]. Obtaining Medline listing was one of our key priorities, and it constitutes a major step in the Journal's evolution.

The PCRJ was developed by, and is the journal of, the UK General Practice Airways Group (GPIAG), founded in 1987 by a group of general practitioners (GPs) with a special interest in respiratory disease. Initially the PCRJ — then known as 'Asthma in General Practice' — was a twice-yearly GPIAG newsletter. In 1996 the GPIAG Committee appointed a new editorial team headed by Mark Levy with the aim of producing a high quality peer-reviewed academic journal relevant to all those working in primary care with an interest in respiratory disease [2]. Since then, the editorial team has striven to establish a reputation for editorial integrity and independence coupled

with high-quality peer review, and has managed to attract high quality research papers, reviews and editorials for publication. We are enormously grateful to all those academics and clinicians who referee papers for us so professionally. In addition, we have been delighted to appoint a number of internationally-renowned primary and secondary care physicians to our International Editorial Board over the last few years, and we have no doubt that these high profile respiratory experts have contributed greatly to the Ecademic credibility of the PCP1. Obtaining Medline listing is the culmination of 10 years' hard work, and we are proud of the Jourgal and its achievement.

At plication to the NLM/Medline Committee for listing on its database requires the submission of a lengthy proforma which details the aims and scope of the journal, its editorial policy and Editorial Board, its paper rejection rate, its publication details, its intended readership and relative importance to that target readership, and the rationale for its inclusion. As part of this process each journal title is advised to seek up to three letters of support from highly-regarded experts in that particular field. We are extremely grateful to Professors Klaus Rabe, Andy Bush, and Barbara Yawn for agreeing to write letters of support to the Medline Committee on behalf of the PCRJ. As we go to press we are still awaiting the detailed analysis from Medline regarding our application, but given the Journal's success we look forward to sharing this with you in our next issue.

The editorial team is indebted to the GPIAG for its support of the Journal over these last 10 years, not only financially but in many other ways. The PCRJ has always been a flagship of the GPIAG, and GPIAG members continue to receive bimonthly issues of the PCRJ as a benefit of their

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subscription membership. The GPIAG has not only provided a faithful and discerning readership, but in latter years the expertise of the organisation has been invaluable to the Journal: it was a former GPIAG Committee Chairman — Dermot Ryan — who instituted the changes in the editorial structure of the Journal in 1996, and another former Committee Chairman — John Haughney — who had to leave the editorial board in 2000 in order to take up the reins of committee chairmanship at a time of great change for the GPIAG.

Since January 2004, the PCRJ has been published by Elsevier, one of the largest and most highly-regarded scientific publishing houses in the world. We would like to pay tribute to all of the team at Elsevier for their help and support over these last three years, and in particular we thank Leighton Chipperfield for his expertise, superb advice and patience, and John Bailey for his unstinting assistance and hard work as we have striven to achieve excellence in each issue.

In 2002 the PCRJ became the official journal of the International Primary Care Respiratory Group (IPCRG), an organisation which is thriving and which now has thousands of members in 34 countries. The IPCRG is hosting its Third World Conference in Oslo in June, and in this issue of the PCRJ we have published the abstracts for the conference on their behalf. We are very grateful to many of the key figures in the FCRC who have been staurch supporters of the PCRJ over the last four years, and who have regularly sent us excellent material for publication — a process which culminated in the publication of the IPCRG Guidelines for the Management of Chronic Respiratory Diseases in the February 2006 issue of the PCRJ (Volume 15, number 1.)

The number of papers submitted to the PCRJ has trebled over the last three years, and these have been from well-respected academics and clinicians throughout the world. Medline listing gives the PCRJ extra academic credibility which should encourage an increasing number of authors to submit their papers to the Journal. We continue to publish news and information from the GPIAG, IPCRG, and other relevant primary care organisations, and we offer a variety of mechanisms for publishing shorter work — as we highlighted a year ago [1]. The PCRJ has the full facility for on-line submission and for author-tracking.

We know that rigorous peer-review, relevant and interesting articles, editorial integrity, and increasing numbers of high quality paper submissions and financial subscriptions, have helped to establish the PCRJ's reputation. We feel sure that the awarding of full Medline/Index Medicus listing to the PCRJ this February will establish it as *the* pre-eminent journal for all those involved in primary care respiratory medicine throughout the world.

We also know that this is no time to rest on our laurels. The PCRJ has developed hugely in its short life span, but now faces new challenges. It must continue to develop and publish high quality articles relevant to primary care respiratory medicine, and these articles need to challenge traditional thinking and influence health services so that the end point — improved quality of care for our patients - is achieved. It must increase its accessibility to a wide range of healthcare professionals and academics involved in caring for those patients with respiratory conditions. Yet the Journal needs to maintain a firm link with its origins a primary care respiratory journal publishing primary care research which pushes the boundaries forward in primary care respiratory medicine.

We would like to thank all those who have contributed to the success of the Journal to date, and we look forward to working with our contributors and our readers over the coming years. The PCRJ is for all those working in primary care respiratory road cine and we aim to keep it that

## References

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