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EDITORIALS

An Impact factor and beyond…

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"What's your journal's Impact factor?" must rank amongst the commonest questions asked of journal editors, and our experience is no different. Although we still can't quite answer this question, we are delighted to report that Thomson Reuters ISI has recently selected the *PCRJ* for inclusion in its Web-of-Science citation index listing and that the *Journal* has been awarded an Impact factor. The *PCRJ's* first Impact factor will appear in the 2012 Journal Citation Reports (JCR) data which will be released in mid-2013 – so it's not too long to wait now before we can indeed provide an answer…

However, discussions about Impact factors do tend to baffle some and polarise others.[1] It is therefore important that we clarify what this means and (more importantly) offer some thoughts as to what this important juncture means for the *Journal*, our contributors and, above all, our global readership.

Thomson Reuters Web-of-Science covers nearly 12,000 of the world's most important and influential journals in every area of the natural sciences, social sciences, and arts and humanities.[2] Each year the Thomson Reuters editors review over 2,000 journal titles and select around 10-12% of those journals which have been evaluated for inclusion in the Thomson Reuters database. Once awarded this coveted status, journals are constantly kept under review to ensure they are maintaining the highest editorial and publication standards, an internationally diverse authorship, and are continuing to publish relevant articles which are considered scientifically important and are consequently being cited.

The Impact factor was devised by Eugene Garfield, the founder of the Institute for Scientific Information (ISI – now part of Thomson Reuters) as a way of quantifying the citation process.[3] It is frequently used as a proxy for the relative importance of a journal within its field. Impact factors are calculated yearly for those journals included in the Thomson Reuters JCR data, and show the average number of citations received in that year for each article published during the two preceding years. Our 2012 Impact factor will therefore be calculated as follows:

A = the number of times articles published in the *PCRJ* in 2010 and 2011 were cited by Thomson Reuters ISI-indexed journals during 2012.
B = the total number of "citable items" published by the *PCRJ* in 2010 and 2011. ("Citable items" are usually research articles and reviews, not editorials, correspondence or educational articles.)

The *PCRJ* 2012 Impact factor = A/B.

For example, an Impact factor of 2.0 (which is considered fairly respectable) means that papers published in 2010 and 2011 received on average two citations each in Thomson Reuters ISI-listed journals in 2012.

For the *PCRJ*, this strategic milestone helps to mark our continuing ascent[4] and now firmly establishes us within the top-tier of medical journals internationally. We received a 33% increase in paper submissions between 2010 and 2011, and we suspect that the *PCRJ* will now increasingly be seen as a 'first-choice' journal when authors are considering where to submit their work. *PCRJ* submissions are not just from primary care researchers but also from secondary care specialists and others who are undertaking applied research of direct relevance to primary care populations, so we can probably expect this increase in submissions to continue year-on-year. In preparation for this, we will shortly be advertising for additional Associate Editors to ensure we continue to maintain our reputation for offering world-class, rapid peer-review of paper submissions.

We understand well the pressures that academics are under to publish in high impact journals, and whilst acknowledging the dangers of over-interpreting a simple metric we are confident that the *PCRJ* will increasingly be regarded by universities across the world as a top-tier journal. Although our first Impact factor will likely start at a relatively low level in this 'Ivy League' of journals, (it is unusual for a journal to obtain an Impact factor > 1.0 in its first year) the *PCRJ* is now one of only a dozen or so primary care journals included in Thomson Reuters' Web-of-Science – and, as far as we are aware, is the *only* sub-specialty primary care journal to be awarded such recognition. Inevitably, this will mean that it becomes even more competitive to get published in the *PCRJ*. However, our rapid turnaround times – particularly in relation to a first decision – should (we hope) encourage authors to continue to send material for consideration, particularly if this is methodologically robust science tackling questions of real concern to front-line primary care clinicians and policymakers.

For readers, we remain absolutely committed to publishing high quality research and related expert commentary, correspondence

and debate, which represents the breadth of respiratory and respiratory-related allergy seen by primary care practitioners globally. Being awarded an Impact factor does help in this respect, but we are keen to take things further. In particular, we want to use social media to aid readers in interpreting study findings by bringing them into closer contact with authors and facilitating virtual, global discussions about various *PCRJ* papers and what they mean. We will have more to say on this at the turn of the year, but in the meantime we are delighted to note that this issue marks the launch of the new "education@pcrj" section of the *Journal*. In the very capable hands of section editors Hilary Pinnock and Jaime Correia de Sousa, this new education section is a formal manifestation of the second of the *PCRJ's* two aims,[4] which we are sure will make an enormous contribution to bridging the gap between research and clinical practice. They present their plans for the future in their editorial on pg 133.[5]

We are very grateful to the PCRS-UK and the IPCRG, and the many organisations, institutions and individuals across the globe that have been fundamental in helping us achieve this important strategic goal. In particular, we thank all of our Assistant and Associate Editors and the members of the International Editorial Board for their support and expertise, and we again pay tribute to Mark Levy, Editor Emeritus, for his 15-year service as Editor-in-Chief and the legacy which he left.

The decision by Thomson-Reuters ISI to award the *PCRJ* an Impact factor is both timely and welcome. It now positions us to take a lead in advancing the frontiers of knowledge through publishing the very best research, discussion and debate on behalf of patients with respiratory problems worldwide. For a journal of record such as the *PCRJ*, this is the outcome that really matters…

Conflicts of interest The authors declare no relevant conflicts of interest in relation to this article.

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A question of quality? A single questionnaire for measuring asthma control, structuring asthma reviews, and monitoring health service standards

See linked article by Kiotseridis *et al*. on pg 139

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The paper describing the Active Life with Asthma (ALMA) questionnaire by Kiotseridis *et al*.[1] in this issue of the *Primary Care Respiratory Journal* raises as many questions as it answers. The technical issue addressed in the paper about the validity of a subset of questions as an assessment of asthma control is arguably the simplest of the questions to answer. Derived appropriately from qualitative investigation, the 14 questions designed to measure control compared well with the 'gold standard' Asthma Control Questionnaire (ACQ).[2] The more interesting questions, however, have yet to be addressed:

a) How do questionnaires fit into the well defined structure of a primary care consultation?

Experience in UK primary care where use of the Patient Health Questionnaire-9 (PHQ-9) was introduced as a measure of the severity of depression in the Quality and Outcomes Framework (QOF)[3] in 2006 is not entirely encouraging. Although patients were relatively positive and considered that completing questionnaires made them feel as if they were being taken more seriously,[4] general practitioners (GPs) thought that asking patients to complete a questionnaire was intrusive, interrupted the flow of the consultation, and added little to their clinical judgement.[5] However, the International Primary Care Respiratory Group (IPCRG) in their recent prioritisation of research needs, identified the development of questionnaires (or just 'questions') as an important means of diagnosing and assessing respiratory conditions in the comparatively low-technology context of primary care.[6] Objective assessment of control is a core component of asthma reviews which underpins management decisions.[7] The ALMA tool offers some validated morbidity questions, though how the questions can best be incorporated into an asthma consultation may be a practical concern for some clinicians.