

From the Editor and Publisher

The first issue of the new millenium is important for several reasons. Obviously, we all see the turn of the century as a time for reflection, and an opportunity to re-evaluate our strategy for the future. *Cardiology in the Young* is no exception. The year 2000 is an additional milestone in our own development, since it is the beginning of our tenth year of production. Thus, we can review our own progress since our inception, and take stock of where we are going.

Our first decade, as viewed from the editorial chair, and from the stance of the publishers, has been very satisfactory. We have established our niche in the arena of publications in congenital heart disease, and we have achieved the important accolade of citation in Index Medicus. We have a good stock of articles in hand, but not sufficiently large that we will require to extend our waiting time between acceptance and publication. Indeed, our flow of manuscripts is now such that we are close to achieving our goal of publishing original studies within six months of their acceptance subsequent to peer-review. From feed back from our authors, we believe that there is satisfaction with our process of peer-review, and almost all of our referees are happy to have their opinions conveyed to the authors in "open" fashion, being prepared to forgo the shield of anonymity which, in our opinion, significantly discriminates against the authors. In one or two instances, referees have considered the process of review to be of potentially inflammatory nature and, in these instances, we have used our own judgement to conduct the review in anonymous fashion. The openness we have achieved in our refereeing, however, is one of our major achievements, in our opinion, since commencing publication. Also from the feed-back from our authors, we get the impression that almost all are happy with our desire to achieve a uniform style in the presentation and syntax of our articles. There are some who have cavilled at the banishment of "classical" terminology,¹ but they are very much in the minority. Most seem happy to accept our preferred "americanisation" of the florid latinisation which has, for too long, obfuscated the nomenclature of our discipline, and been responsible for multiple solecisms in the way it has been described.

On the publishing side, we have now established a successful and happy partnership with Greenwich Medical, who took over from the "home-based" press which Bill Henry set up in Chapel Hill to get the Journal "off the ground". The quality of the Journal has been maintained by GMM, and we have maintained our ability to publish in colour without imposing charges on our authors. We are edging ever closer to our aim to see the Journal in circulation by the first day of its professed month of publication. To meet this target is our major goal for the coming year.

Thus, the prospects are good. Already, however, we have taken steps to ensure that they get even better. Within the past year, a decision was made by Springer, the publishers of our major competitive journal in the field of paediatric cardiology, to transfer the editorial control of their journal *Pediatric Cardiology* exclusively to the United States of America. Previously, an editorial office had also existed in London. It so happens that, had *Pediatric Cardiology* not taken this step, we would have been confronted by a major dilemma, since their office was based at the Hospital for Sick Children, at Great Ormond Street. In the meantime, a crucial change had taken place in our own organisation. It had proved necessary to transfer our own editorial office from the Royal Brompton Hospital also to Great Ormond Street. This coincides with my own transfer of academic activities from the National Heart and Lung Institute, in Imperial College, to the Institute of Child Health, a constituent part of University College, London. The Institute of Child Health is the academic partner of the clinical activities organised through the Hospital for Sick Children, Great Ormond Street. Thus, from the start of the new millenium, all editorial material will be dealt with at Great Ormond Street, specifically through our office in the Institute of Child Health, with its address at Guilford Street. Had *Pediatric Cardiology* retained its London office, this would have produced potential confusion. The links with the London office maintained by Springer, however, will not be lost entirely. This is because Edward Baker, one of the editorial team responsible for the European activities of *Pediatric Cardiology*, has agreed to join the editorial staff of *Cardiology in the*

Young. He will become our Executive Editor, and take an increasing role in the development of our strategy for future publication. He has been responsible for several of the new innovations seen in "Pediatric Cardiology", and will bring all this experience to our own Journal. The publishers, along with Bill Henry and myself, see this as a major strengthening of our team. He will work closely with myself and Felicity Gil, who remains our administrative assistant. We hope that, very soon, his efforts will become equally evident in our pages.

The transfer of the editorial base of *Pediatric Cardiology* to the United States of America also offers us a chance to strengthen our partnership with the Association for European Paediatric Cardiology. This is not to imply that we now see ourselves as a European journal. On the contrary, we continue jealously to guard our position as the representative of *Cardiology in the Young* throughout the world. Thus far, however, we have established formal relationships only with the Association for European Cardiology amongst those who govern the management of activities in our field. We intend to use our pages to further the discussion of such crucial matters as education, accreditation, revalidation, and maintenance of standards, and will do this through our links with the European Association. We should emphasise, nonetheless, that we are open to establishing similar links with any other organisation which seeks to emulate the role in these fields of the European Association.

The future, therefore, looks very promising, albeit that this depends largely upon the decisions made by you, our authors and our readers. We presume that most of our authors are our readers, but clearly not all our readers are authors. To those of you who read, but do not yet write, we encourage you to put pen to paper. To stimulate this, and to

maintain our flow of manuscripts, we recognise our need to increase our impact factor. There is no question now but that the impact factor is a significant feature when authors decide the potential forum for their work. As yet, our impact factor is non-existent, since we have only recently been accepted in the Citation Indexes. We can improve the factor only by publishing articles which subsequently are cited, and are cited widely. This means that they must be of high standard. It is no secret that authors, as first choice, send their very best work to established journals with high impact. At the same time, experience shows that it is becoming increasingly difficult to obtain publication for work in a relatively minor sub-specialty in these "generalised" journals. We want you to think of *Cardiology in the Young* when looking for the next attractive venue for publication. By sending us your best material, you will permit us to improve our impact factor. This increased impact will then feed back to you when your articles are assessed in terms of "brownie points". At the same time, we hope that all who publish in our pages are already subscribers to the Journal. We also need to increase our subscription base. We aim to do this by making the Journal essential reading for all those concerned with the topic of Cardiology in the Young. This is our target for the next decade.

Reference

1. Bini RM. Letter to the Editor. *Cardiol Young* 1997;7: 485.

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