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BMJ introduces a fast track system for papers

We will offer to publish exceptional papers within four weeks

Each year when we revisit the *BMJ*'s mission and strategy, we aim to improve our services to readers, contributors, and reviewers. One step we believe will help is to introduce a formal "fast track" system for urgent or important papers. Our new fast track system begins today. We hope it will attract researchers with high quality studies to submit them to the *BMJ*, and we hope it will serve readers by helping us to attract better papers. But because fast tracking a paper is demanding of editorial and reviewers' time, we will focus the service on a very small number of papers.

From now on we will be able to offer publication of a paper which meets our criteria for fast track review within four weeks of its registration in our office. In the past we have resisted the idea of fast track publication, because we believe all papers we publish are important or interesting and we feared that the time and attention consumed by a minority of fast track papers might result in a "slower track" for others. We have now changed our mind. In truth, some papers have always been processed fast, because of a particular clinical or scientific urgency about the message they carry. A recent example was the UK Prospective Diabetes Study showing that tight control of blood pressure reduces morbidity in type 2 diabetes.¹ The publication of this paper was timed to coincide with an international conference, which promised to be an effective means of disseminating its clinical messages.

We now want to formalise this process and clarify the criteria we use, so that it will be accessible to all our potential contributors. In practice we envisage a partnership between contributors and editors to bypass the delays inherent in our routine process without compromising the quality of peer review.

This means that if you send us a paper with a request for fast tracking we will undertake to review it in house immediately, and give you one of three possible answers within 24 hours of its registration in the office (or the next working day if it arrives on a Friday). We might reject the paper if we feel it is simply not suitable for the *BMJ*. We might agree that it merits fast track review, in which case we will send it to reviewers the same day and give you a decision within two weeks. Alternatively, we might decide that the paper does not merit urgent review but that we would like to consider it in our normal timescale.

If we agree to fast track your paper we will reserve a place for it at the next possible editorial committee meeting, where clinicians, editors, and a statistician make a final decision about publication. That decision will not be influenced by the fast track status of the

paper, though the speed with which we communicate it to you will. You will have a decision within 24 hours of that meeting. If the decision is to accept the paper then we could normally offer publication within two and a half weeks of the decision. Exceptions to this schedule might occur when a special issue of a journal is planned for a particular date, when the paper arrives at the office over a cluster of public holidays such as Christmas or Easter, or when you want longer than 48 hours to make any revisions. If we are to achieve publication within four weeks of registration, however, we will need you to return the revised manuscript within 48 hours of hearing our decision and the proofs within 24 hours of receiving them.

To protect other papers from being held up, we will be selective about which papers to fast track. We would consider papers of exceptional scientific or clinical importance or papers where there is a public policy reason for urgent publication. We are unlikely to fast track papers because of institutional pressures on the contributors or because of their eminence. Of the 100 or so papers we receive each week, we would expect to fast track fewer than one every three or four weeks. If yours is to be one of them you will need to convince us that a reduction of a few weeks in the time to publication will really make a difference to the years it has taken to conduct the research and months to write it up. The paper will also need to conform in all respects to our advice to contributors (<http://www.bmj.com/guides/advice.shtml>), including a word limit of 2000 words of text.

Our detailed instructions are on our website. In brief, these require that you let us know when the manuscript will arrive and undertake to be available for swift revisions and proof reading. Please do not ring the editors directly, since we cannot give an undertaking by telephone to fast track a paper we have not seen.

We will evaluate the new system as we introduce it, to check that the opportunity costs of fast tracking do not outweigh its benefits. But we hope that it will help us to provide a fair and transparent channel through which exceptional research can reach readers as quickly and reliably as possible.

Sandra Goldbeck-Wood *Papers editor, BMJ*
Roger Robinson *Associate editor, BMJ*

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¹ UK Prospective Diabetes Study Group. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes. *BMJ* 1998;317:703-13.

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