Gut in 2007

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Robin Spiller

Another good year for *Gut*

The first issue of the New Year is a good time to look back on past achievements and forward to the future. *Gut* continues to be a popular journal for authors and readers alike. 2006 was an exceptionally busy year with over 2400 manuscripts submitted, a 33% increase since 2003. Approximately half our manuscripts come from Europe, with most of the remainder coming equally from the USA, Japan and Asia. The criteria for acceptance are entirely uniform and the acceptance rate by country is increasingly similar. In spite of the steady rise in the number of manuscripts, the median time to decision for all manuscripts remains under 30 days, while the median time to first decision for reviewed manuscripts is around 40 days. As we only publish around 1 in 8 of manuscripts submitted, it makes sense for us to reject without review those that we think have little chance of success. These make up about one third of all manuscripts: all such papers are read by at least one associate editor and myself before the decision is made. The remaining manuscripts are sent out for review, most of which are completed within a 2-week period. If the reviews are uniformly unfavourable then the decision to reject is made in consultation with the editor. If the reviews are favourable the manuscript will go to our "hanging committee" teleconference. A teleconference is held every 2 weeks at which all the associate editors debate the merits of individual papers before selecting the very best for publication. The result of this rigorous vetting is that our impact factor has steadily risen over the past 5 years and now stands at 7.9, ensuring that a successful publication in *Gut* will be widely regarded, read and cited.

These detailed assessments all take considerable time and effort from the associate editors and I would like to take this opportunity to thank them for all

their hard work. *Gut* has always had a policy of renewing the associate editors every 3 years to ensure that they are representative of a wide range of not only subject areas but also of geographical areas and perspectives. This year we welcome Dr William Grady from The Fred Hutchinson Cancer Centre, Seattle, USA, who will cover colorectal and oncology manuscripts, and two hepatologists, Dr David Mutimer from The Queen Elizabeth Hospital, Birmingham, UK and Professor Alexander Gerbes from Munich University Clinic, Germany. These two will replace our departing hepatology associate editor, Professor Kevin Moore, and our specialist editor, Professor Geoffrey Dusheiko, both from The Royal Free Hospital, London, UK. To these we owe a considerable debt and we will certainly miss their vital contribution. We also say goodbye this year to Professor Alastair Watson from The Royal Liverpool Hospital, UK who has been deputy editor for the past 4 years. His support and encouragement has been invaluable to me and I would like to express my personal gratitude to him for the part he has played in developing *Gut*. His deputy editor role is now taken on by Professor Emad El-Omar from the University of Aberdeen, Scotland.

Dr Guru Aithal from Nottingham University Hospitals, UK will take over as *Gut* tutorials editor from Professor Alistair Forbes, University College, London, UK. Alistair Forbes initiated this project and we are very grateful to him for his energy in getting it going. We hope it will continue to develop under the leadership of Guru Aithal. We intend for it to provide accredited CME that will be accepted worldwide using an interactive case-based format.

We are further developing the *Gut* website to incorporate the new "push and pull" technology to enable you to customise the information you receive

from *Gut*. Once readers upgrade to Internet Explorer version 7, or if you are already using Firefox, when you next visit *Gut* a click on the RSS (really simple syndication) orange button will allow you to subscribe to the *Gut* current issue feed. This means that when the website is updated, the table of contents are automatically displayed in your browser. You can also obtain news feeds from news sites or scientific societies, to ensure that you are constantly updated. The feed from *Gut* allows you to sort all the new articles by date, title or author and describes each article's area, so that you can rapidly select the articles relevant to you. Obviously reading *Gut* articles online provides you access via the references to PubMed abstracts or, if the journal referenced is hosted by Highwire, full text articles in 999 journals. The online tools section of the *Gut* homepage offers even more selective ways of being kept up to date. By signing up to Citation Tracker you can be emailed when articles citing other relevant *Gut* articles appear, while via New Contents Alerts you can be informed when articles in an area of particular interest to you are published. *Gut* tutorials allow access to further valuable CME material. I encourage you to visit the *Gut* website and use its full facilities to ensure you are up to date in relevant areas, without being overloaded with unwanted information.

I would like to take this opportunity to thank all the staff in the *Gut* office, who work tirelessly to maintain the standards of efficiency of the Journal and help authors negotiate the publishing maze. Finally, I would like to acknowledge our editorial board and reviewers. Without their hard work and expertise, evaluating the enormous variety of manuscripts we receive, would be extremely difficult. We do recognise the amount of work that goes into reviewing manuscripts and we have arranged for a certificate that formally records reviewers' activity to be issued, which can be added to annual appraisals or CME portfolios.

With your help and that of the editorial team we look forward to another great year for *Gut*.

Gut 2007;56:1.

doi: 10.1136/gut.2006.115816

Correspondence to: Robin Spiller, Division of Gastroenterology, University Hospital, Nottingham NG7 2UH, UK; robin.spiller@nottingham.ac.uk