The impact of Family Practice
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The count of current articles is simply the number of articles published in a journal in a particular year or years, in this case 2001, when Family Practice published 108 original articles compared, interestingly with 123 in the monthly British Journal of General Practice and 577 in the weekly British Medical Journal. Editorials, letters, news items and meeting abstracts are not included in an article count because they themselves are not generally cited.

The Cited Half-life is the number of publication years from the current year which accounts for 50% of current citations received. This calculation helps in the evaluation of the age of the majority of cited articles published in the journal. The absolute value of the Cited Half-life does not have any particular implications for the value of a journal, since a primary research journal may well have a longer Cited Half-life than a journal providing rapid communication of current information or synthesis of research. So, the Cited Half-life of Family Practice is 5.5, compared with 4.9 for the British Journal of General Practice, 6.9 for the British Medical Journal and 7.0 for the Lancet, with comparable figures for most of the other major medical journals.

The Immediacy Index is a measure of how quickly the ‘average’ article published in a journal is cited, and provides information about how often articles published in a journal are cited within the same year. It is calculated by dividing the number of citations to articles published in a given year by the number of articles published in that year, and is particularly useful in comparing how quickly journals are cited. Furthermore, because it is calculated on a per-article basis, the Immediacy Index tends to neutralize the advantage of large journals over small ones, although frequently-issued journals are likely to have an advantage over less frequently-issued publications. For Family Practice the Immediacy Index is 0.241, somewhat lower than more frequently-published journals, including the British Journal of General Practice (0.92), the British Medical Journal (3.2) and the Lancet (43).

Finally, the Impact Factor. The journal Impact Factor is a measure of the frequency with which the ‘average’ article in a journal has been cited in a particular year, and is of assistance in evaluating a journal’s relative importance, especially when compared to other journals in the same field. The Impact Factor is calculated by dividing the number of current citations to articles published in

Someone once remarked that only three things matter if a restaurant is to be successful—position, position and position. The same could be said about journals, where the most important criteria are citation, citation and citation. It was a particular pleasure, therefore, to learn that the steadily rising Impact Factor of Family Practice now stands at 1.16, which is higher than journals such as the American Family Physician (0.94), the Canadian Family Physician (0.35), the Journal of the Royal College of Physicians of London (0.83), the Journal of the Royal Society of Medicine (0.72), the Postgraduate Medical Journal (0.44), Primary Care (0.74) and the Scandinavian Journal of Primary Health Care (0.75). We still have a little way to go to catch up the British Journal of General Practice, Archives of Family Medicine and the Journal of Family Practice, and are unlikely to outstrip the front-runners in the medical publication game, including the New England Journal of Medicine (29.1), the Lancet (13.3), and the British Medical Journal (6.63).

Whilst figures like these may, sadly, be becoming the bread and butter of research returns for medical schools and universities, many readers will be baffled, so that some explanation is important. The Journal Citation Reports, based on the ISI Web of Knowledge, are published annually. Citation and article counts are used as indicators of how frequently current researchers are using individual journals. For each journal, citation and article counts are analysed, and five factors are listed for each journal—the total number of citations during the previous year, the Impact Factor, the Immediacy Index, the number of articles published in 2001 and the Cited Half-life.

The citation counts are straightforward, and indicate the total number of times that each journal has been cited by all journals included in the ISI database in the previous year. Citations from a journal to an article previously published in the same journal are included in the citation count in most cases. For 2001, articles published in Family Practice were cited on 1220 occasions compared, for example, with 2197 citations of articles in the British Journal of General Practice and 139337 citations for articles published in the New England Journal of Medicine.
the two previous years by the total number of articles published in the two previous years. Last year, *Family Practice* received 368 articles, with an overall acceptance rate of just below 30%.

Clearly, however, there is more to the role of a journal than simply estimating impact on the basis of these data. *Family Practice* has, for some years, taken a strong position in encouraging the publication of research based on innovative methodologies and has been a strong supporter of qualitative research and methodologies based in the social, as well as the biological and clinical, sciences. We also have made a conscious effort to encourage and nurture the publication of material produced in health care settings which may be less well-developed than others, and hope that by doing so we are able to provide support for the early development of academic primary care. We have always had a particular interest in the consultation and in doctor:patient communication. This policy is exemplified in the current edition of the journal, in which a range of methodologies are brought to bear on the critical issues of risk perception, communication and decision making by patients and doctors in primary care. The collection of original papers in this issue represents research at the leading edge of this subject, which is becoming increasingly central to the provision of health care in the 21st century.