First of all, we wish all our readers, reviewers, editorial board members and collaborators a very happy new year and all the best for 2007. We hope that the coming year will prove to be successful for every one of you.

This editorial briefly describes some important changes we plan to make to NDT. At a ‘brainstorming’ meeting in November that was attended by many of our editors, our publisher Oxford University Press (OUP) and the council of the EDTA/ERA, current and future issues affecting medical journals in general and NDT in particular were discussed. The most important of these are the growing number of submissions, the impact factor of the journal, and the position of NDT and OUP concerning open access.

It is gratifying to see that the number of submissions to NDT continues to increase (Table 1) and that manuscripts are being submitted from all over the globe, hopefully reflecting the growing international popularity of the Journal. However, this increase causes a number of problems. Despite the fact that papers are published on the journal’s website within 3–4 weeks of acceptance, there is a growing backlog of manuscripts and the size of the printed volume is increasing. Of course, the easy solution to this problem would be to reduce the overall acceptance rate, which is currently around 35%, and this we plan to do.

Another issue of relevance to the editorial boards of most scientific and medical journals is the so-called ‘impact factor’. This measure was devised by Eugene Garfield, founder of the Institute for Scientific Information (now part of Thomson, a large worldwide US-based publisher). As explained to the readers in a previous editorial [1], the impact factor of a journal is computed as the ratio of the number of cited papers in a given year to the total number of ‘citable’ papers published for the preceding 2 years. Although there has been much debate with respect to the accuracy of impact factors, as well as their applicability and use (or misuse), they ‘roughly’ reflect the scientific quality of the papers published by a Journal. One of the weaknesses of the impact factor calculation relates to the discrepancies in what Thomson may consider to be a ‘citable’ paper. Having investigated what might ‘count’ in NDT for example, OUP found that not every editorial feature was ‘citable’, but that the many case reports were. Since the latter are rarely cited, they undoubtedly ‘dilute’ our impact factor. Furthermore, articles published in journal supplements or as educational features, are frequently read but rarely cited. However, because they count as ‘citable’ papers, they also have a negative effect on the impact factor.

Bearing these issues in mind, the council and editors have decided that as from January 2007, new case reports will no longer be published in NDT, except in very rare instances, where they truly provide novel insight into a disease process. Although NDT will continue to welcome good supplements, these will no longer be published as supplements, but will appear in a separate journal, provisionally named NDTsup. Letters to the editor will still be welcome, but will be published on the web only. We appreciate that educational features are well received by our readers and are currently investigating whether changing their format might diminish their negative effect on the impact factor.

Table 1. NDT submissions

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of submissions</th>
<th>Increase (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>1491</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>1610</td>
<td>7.9</td>
</tr>
<tr>
<td>2006 (dd 30/10/2006)</td>
<td>1735</td>
<td>7.7</td>
</tr>
</tbody>
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Another major concern of relevance to nearly all scientific journals is the policy of ‘open access’, i.e. cost-free access to publications, mostly via the web, as soon as the paper is published. Subscription-based journals like NDT recover much of the costs of production (and, in the case of commercial publishers such as the Nature Publishing Group or OUP, make some of their profits) by charging for access to their products. In contrast, open access journals like those published by The Public Library of Science (PLoS), adhere instead to an ‘author pays’ model, whereby costs are recovered by charging the authors and papers are made available free of charge immediately after publication. Subscription-based journals like NDT usually allow access to non-subscribers after an ‘embargo’ period of 6 months to 1 year.

We have decided that NDT will essentially continue as a subscription-based journal, but will offer the option of ‘author pays’ open access on acceptance of a paper. This will guarantee authors that their work will be made immediately available to a world-wide readership. We expect that for certain papers, for example, those reporting research funded by particular grant-awarding bodies, this method of publishing will become essential. If NDT is to attract such submissions, offering the ‘open-access’ option is clearly important.

Finally, this first issue of 2007 introduces a new section to the journal entitled ‘Kidney diseases beyond nephrology’. As mentioned in our first editorial [1], we are continuously aware of the important links between nephrology and other fields of medicine such as cardiology, hypertension, diabetes and critical care. We have been fortunate in having enrolled five additional editors who are experts in these various fields. These individuals are willing to summarize important advances in their own specialities, which they consider to be relevant to nephrology, at least once or twice a year. In this issue, C. Herzog and J. Mann cover the fields of cardiology and hypertension, respectively. We hope that these contributions will be appreciated by our readers.

Also mentioned in our first editorial [1], the editors of NDT continue to follow the recommendations of the World Association of Medical Editors (WAME) by publishing an updated summary of any financial and non-financial support that they have received over the last year on the website. We hope that following this policy will help to maintain the transparency and trust that our readers, reviewers and authors have in the journal.

Our sincere gratitude also goes out to all members of the Editorial Board, the Subject and Section Editors, the editorial staff as well as the publisher for all their help over the last year. A special word of thank goes to our reviewers who are listed at the end of this issue. We recognize the critical role these individuals play in maintaining the quality of the journal.

Finally we would also like to thank the ERA-EDTA council for their trust and advice, and for the material support they provide.

Reference