



The goal is to go further and do better: but how?

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Future plans for the *European Respiratory Review*: the goal is to go further and do better

<http://ow.ly/XA4rs>

The goal is to go further and do better, but how? This is the conundrum facing the new editor of a scientific journal. And the challenge is all the more daunting when the journal has already achieved spectacular success. The *European Respiratory Review* (*ERR*) is now over 20 years old [1]. Over the years it has grown in prominence and popularity thanks to the amazing efforts of my predecessors, the latest being Prof. Vincent Cottin, who further raised the international profile and visibility of the *ERR* [2]. As in the case of all of its journals, the European Respiratory Society (ERS) is one of the principal driving forces behind the *ERR* [3], drawing on the support of the outstanding staff in the Publications Office (Sheffield, UK). Taking over the helm is a tantalising challenge and a great honour that comes with no small measure of difficulty, which I endeavour to handle with a strategy and a set of actions that I wish to sum up here.

Whilst ensuring continuity, the editorial board has been largely renewed, with invitations extended to well-known experts covering various fields of expertise in respiratory medicine, as well as cardiologists, oncologists and rheumatologists from across the world, who have generously agreed to come on board. The editorial board has also been enlarged and now includes my immediate predecessor, Prof. Cottin, as well as Prof. Marc Humbert (*European Respiratory Journal* (*ERJ*) Chief Editor), Prof. Anh-Tuan Dinh-Xuan (*ERJ* Deputy Editor), Prof. Anita Simonds (*ERJ Open Research* Chief Editor) and Dr Renata Riha (*Breathe* Chief Editor). The editorial offering of the ERS will benefit greatly in terms of flawless coordination and first-rate teamwork. In addition, Prof. Marc Miratvilles (ERS Guidelines Director) and Prof. Rachel Chambers (ERS Conferences and Seminars Director – elect) have also been invited to join the editorial board, lending further valuable support to the overall coordination effort.

Integrating specialists from other areas into the editorial board reflects the determination of the *ERR* to interest not only respiratory professionals, but also specialists from associated fields with whom we work on a daily basis in our clinical settings. After all, respiratory medicine is an interdisciplinary specialty and the *ERR* needs to reflect this distinctive feature, which we view as an important added value.

We want our journal to be an active witness in a global world; the high level of scientific content must be useful, practical and easy to access, offering readers up-to-date information [3]. Publication timelines will be closely monitored for all manuscripts we receive.

The editorial profile of the *ERR* will have to be more distinctive than ever in order to make its mark among the increasingly numerous and scientifically stimulating publications [4]. Therefore, the *ERR* will only publish editorials, reviews, meta-analyses, guidelines and documents from the research groups,

Received: Nov 28 2015 | Accepted: Dec 06 2015

Conflict of interest: Disclosures can be found alongside the online version of this article at err.ersjournals.com

Provenance: Submitted article, peer reviewed.

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TABLE 1 Types of articles published in the *European Respiratory Review*

Reviews	Other formats
Reviews	Editorials
Updates (state-of-the-art)	Correspondence
ERS statements and Task Force supporting documents	
Proceedings from respiratory medicine meetings	
Mini-reviews	
Case-based reviews	
Series	
Clinical year in review	
Meta-analyses	
Frontiers in Clinical Practice	
Mini-reviews: health and politics	

ERS: European Respiratory Society. Updated and modified from [5] with permission from the publisher.

Assemblies and Task Forces of the ERS (table 1). In fact, ties with the Assemblies and Working Groups will be strengthened even further.

The *ERR* must become the go-to resource for all the latest information about a specific condition or treatment, or about insights into the reliability of a certain instrumental technique. More space will be assigned to articles focussing on the practical clinical approach, and a new article type entitled “Frontiers in clinical practice” will be introduced. Public health and policy will also receive much attention, as will reviews of new drugs and their mechanisms of action based on molecular target analysis.

However, a go-to scientific publication also needs an interested and alert readership and in today’s global world the *ERR* has more than one ace up its sleeve; the turning point came in 2007 when the publishing model changed and the *ERR* became an open-access journal, allowing all articles to be viewed and downloaded free of charge [6]. Numerous articles have in fact already been downloaded and the *ERR* is now widely read on-line, proving the ability of the *ERR* to stay ahead of the curve. The *ERR* readership now spans the globe, with extensive European and international exposure in North and Latin America, Asia, Oceania and Africa (table 2 and figure 1) [7]. This means we must take our performance to another level and enhance our visibility especially in Europe. This can be achieved through the expanded partnership policies the ERS has fostered over recent years with national scientific societies.

A landmark was achieved in July 2010, with the indexing of the *ERR* in Medline/PubMed, facilitating full visibility of the content to the community [7]. Future efforts will improve the visibility of the *ERR* by

TABLE 2 Visitors to the *European Respiratory Review* website in 2011–2012 and 2014–2015 by country

Country	Total visits n	
	2011–2012	2014–2015
USA	45 643	127 858
UK	19 066	42 163
India	9 650	27 064
Australia	6 695	17 091
Canada	5 521	14 666
Italy	3 793	9 928
Japan	2 715	8 951
Germany	3 285	8 736
China	3 610	8 609
Spain	2 616	7 670
France	2 313	7 168
Brazil	2 325	6 847
The Netherlands	1 635	5 097
Indonesia	2 309	4 840
Mexico	1 552	4 737

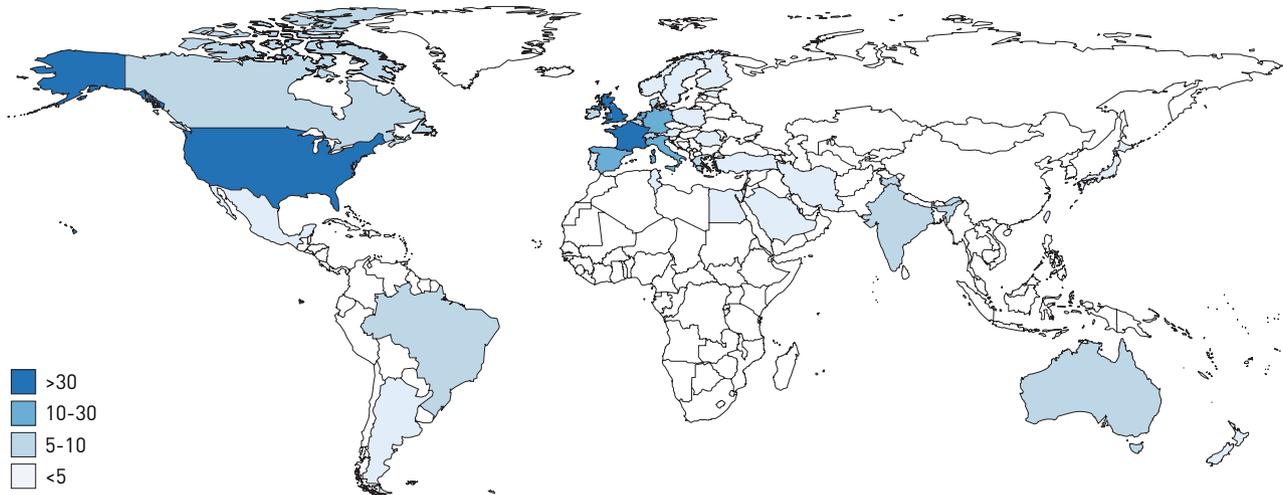


FIGURE 1 Geographical origin of manuscripts submitted to the *European Respiratory Review* (ERR) between November 1, 2012 and November 1, 2015. The ERR received papers from 36 countries.

expanding its inclusion in new indexes and databases. Nonetheless, another major goal remains to be reached: an impact factor ranking. The *ERR*, like the *Annals of the American Thoracic Society*, has made its way in the world and acquired dignity and meaningfulness even without an impact factor. But it cannot be denied that an impact factor ranking would represent a major added value across the board. We will therefore be making every effort to achieve this. Work to improve the visibility of content extends beyond the inclusion of the *ERR* in indexes and databases. The *ERR*, along with other ERS journals, has recently partnered with Kudos (<http://erj.ersjournals.com/authors/services>) to provide authors with the opportunity to further enrich their publications; for example, by adding simple summaries for non-specialists or providing links to further resources, helping to maximise their impact.

Ultimately, the *ERR* needs widespread support from all of you. In reporting issues and contributing suggestions, submitting your papers and lending priceless knowledgeable support to the editorial board, you will be helping us go further and do better by our patients and our specialty.

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