A New Editorial Phase With New Projects
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Revista Española de Cardiología (REC) renewed its editorial team last October during the Spanish Congress on Cardiovascular Diseases held in Barcelona, after the previous team had completed the 6-year term stipulated in the statutes. In contrast to previous hand-overs at REC, this time, almost the entire team has changed. Nevertheless, the transition between editorial teams has taken place without any problems of note thanks to the valuable collaboration of all involved.

We felt it necessary to highlight and acknowledge the efforts of the previous team, as they reached some extremely important milestones. For example, they achieved an impact factor (IF) of 2.88 and implemented the online manuscript submission system to give the journal an attractive and modern feel, not only for Spanish authors but for those outside Spain. Indeed, currently 30% of the manuscripts received are in English. The new editorial team is aware of the challenges ahead, but our hope—at the very least—is to be able to build on the achievements so far and, if possible, further improve the journal. Below, we will explain some of the changes already implemented in these first 6 months and our vision for the near future.

The Scientific Triangle

Figure 1 shows the scientific triangle that represents the relationship between author, reviewer, and editor-reader. Without doubt, the author is the cornerstone of scientific journals, while it is the job of the editor to defend the interests of readers and mediate between authors and reviewers to ensure that the science has a solid base, is well organized, and is of interest and helps keep readers up to date. Thus, as editors, we are mediators, communicators, and selectors, although some authors may look upon us as “terminators.”

In an effort to provide an impeccable service to the author, the new editorial team has introduced the following changes:

Editorial Board: the editorial board has been partially renewed through the incorporation of reviewers who had provided quality reviews of a substantial number of articles but who did not belong to the board. All members of the Editorial Board have been requested to commit to reviewing at least 6 articles a year for a 3-year period. The quality of the journal is directly dependent on the quality of the reviewers and the review process is essential for appropriate editorial decisions. Likewise, in line with the aims of editorial excellence, 4 new consultants in methodology and biostatistics have been recruited to review these aspects of the manuscripts. Partial renewals are expected every 3 years.

International Editorial Board: the International Editorial board has been partially renewed and colleagues respected in their areas of interest as well as editorial leaders from Latin American countries have been invited to participate.

Editorial Council: this essential body for advising the editors has also been renewed. The members of the board basically comprise all past presidents of the Spanish Society of Cardiology still practicing and all past editors of REC.

Honorary Board: this newly created board includes all past presidents of the Spanish Society of
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Cardiology who, although currently partially retired, in their day contributed greatly with unconditional support for REC; in addition, some of these remain valuable reviewers given their experience in their fields of interest.

**Editorial timelines:** a major concern for authors is to have the shortest possible times for review, editorial decisions, and publishing. To reduce these times, we have taken the following steps: *a*) radical commitment of the associate editors to reduce the editorial decision time; *b*) greater demands on reviewers: requests to review that are not accepted within 14 days will be canceled and reviews that take twice as long as stipulated will also be rejected; *c*) limited time for the authors to implement changes—set according to the type of article and whether it is the first or second review round; and *d*) deletion from the system of manuscripts that do not meet these timelines; if the author resends the modified version of his or her manuscript, this will be treated as a new article. The aim of these measures is to offer short times to publishing for authors; authors whose manuscripts are not accepted will have a response as quickly as possible and the chance to send their work to another journal. Another of our initiatives is to inform reviewers of how the project is progressing, with annual reports of the general and individual results obtained.

**Time to publication:** with the current production process for REC, it is difficult to shorten the time from receipt of a manuscript to publication, as the publisher needs at least 11 weeks to produce the print version. In addition, to ensure monthly publication, we are obliged to have a minimum number of articles in stock. Nevertheless, the change in the REC production set-up, which is described later in the Immediate Future section, will help overcome this last obstacle to rapid publication.

**Impact Factor**

The impact factor is the most widely used citation index for classifying the importance of scientific journals. In the *Journal Citation Reports* from 2008, REC had an impact factor of 2.88 and was 27th out of 78 cardiovascular journals indexed in PubMed. The journal therefore lies towards the top of the second quartile.

As is well known, the impact factor is calculated according to the number of times that articles are cited in the 2 years following the year for which the factor is being calculated. Our objective and concern is to maintain and increase the impact factor. However, the editorial team is powerless to do much without the cooperation of our readers. It is crucial that all authors and readers of REC cite articles published in our journal not only when publishing in REC but when they publish in other international journals as this will increase the number of external citations and reduce self-citation, another parameter that is of increasing importance for citation analysis of journals. We are therefore committed to producing a high-quality journal with articles and editorials that are worthy of being cited.

**Journal in English**

English is without doubt the language of science; the interest that REC arouses in the non-Spanish-speaking world is a result of its ranking among cardiovascular journals and the acceptance of manuscripts in English with review in English. The decision taken by Xavier Bosch in 2002 to start the journal could now reach an international audience.

It goes without saying that editing and publishing each issue of REC in both languages is a difficult and costly process. However, we are convinced that publishing in English is currently and more than ever our way of reaching out to the international scientific community and that the English version should be of the highest quality to continue to attract non-Spanish-speaking authors.

On this topic, we have 2 pressing challenges: publishing the pdfs of the English version electronically after copy editing (this process currently takes around 3 months) and ensuring that both versions are published simultaneously in PubMed. The task of polishing the English falls on 2 copy editors, Dominick J. Angiolillo and Elaine Lilly, the replacement as of October for Shaughan Dickie, who left the team after having worked for 6 years. We believe it is essential to take good care of the English version because it may attract non-Spanish authors. PubMed is currently the global window through which any non-Spanish-speaking reader can access the English version of REC. We should therefore strive to provide impeccable pdfs from the linguistic point of view.

Another path that we are following, and one already explored by the previous team, is to ask international experts to write the 3 editorial articles published in each issue. The aim, besides the possible benefit of external citation, is to have editorials by investigators with a strong reputation and, in turn, to make our journal known to foreign opinion leaders who might consider the journal for their articles.

**Considerations About Publishing Ethics**

The editorial team has retained the same strong commitment to following the guidelines for
good editorial practice applied by the previous editors. Thus, we as editors have declared our possible conflicts of interest and have stipulated that handling of manuscripts submitted by those close to us or by colleagues from our cardiology department will be performed exclusively by the other editors, while the editor with a possible conflict of interest will not be involved in the submission. In line the rigorous approach of previous teams, we will continue to be vigilant about duplicate publication and articles whose essential findings have been published elsewhere.

We consider it our obligation to offer this service to the authors, as it allows a better control over the number of articles published while respecting the right of readers to be sure they are reading novel and original research.

Recently, the International Committee of Medical Journal Editors (ICMJE) has proposed a new declaration of conflicts of interest for authors. This has been evaluated in different forums, including the Heart Group, in which we actively participate. In the meeting of the Heart Group in November 2009, the proposal was discussed and it was decided that it was too probing in that it requested information on possible political and religious conflicts of interest, in addition to extensive information on funding sources. The REC position was that we considered it important that the document was less intrusive and more general so that it could be used in countries with different cultures and heterogenous economies. A clear example was the requirement that attendance of any congress financed by industry should be declared as a possible conflict of interest.

The current debate notwithstanding, any manuscript submitted to REC should have an explicit declaration of the relevant conflicts of interest for the research that is to be published. If a form is finally agreed on by the different journals of Heart Group, we will adapt it for authors who publish in REC.

**Website**

It seems unnecessary to emphasize the importance of the electronic version, which allows not only global dissemination but also provided wide-ranging benefits for the reader.

The current team wants to convert the website into a modern and potent tool that allows the reader a personalized management of all REC content and that attracts future authors thanks to its educational potential. We are currently redesigning the website, and when the project is finalized, we will explain in detail the new features to our readers. The printed version of REC will still be published along with the electronic version, although it is to be expected that the size of the print run will decrease in accordance with the preferences or our readers.

**Immediate Future**

We have also taken some initial steps towards “ahead of print” publication. This will allow articles to be published online with a digital object identifier number with a shorter delay than at present. We believe that this is important for authors who want to have their articles published and referenced as soon as possible; in addition, it increases the number of articles available on PubMed that can be cited before they appear in print.

This change will be implemented at the same time as a change in the REC production procedures, and the editorial process will be a state-of-the-art one similar or identical to those used by many cardiovascular journals. The process comprises the complete individual typesetting of each article in 21 days, in which time the proofs will be generated for the editorial team and the author to correct. Once the changes have been introduced, the article is ready and is published online in PubMed and other electronic databases. The entire process is completed in under 2 months.

Nevertheless, this greater automatization will require a formal change in REC, and we are working on a new design that we hope will make the journal more easy to read, particularly with regard to data presented in tables.

All these projects for improvement have the institutional support of the Spanish Society for Cardiology and, above all, its executive committee.

In conclusion, in this first “Editor’s Page” of the new editorial team, we wish to transmit our desire to continue to publish the best possible journal from a scientific standpoint, while tackling different organizational aspects for the next 3 years. In particular, we wish to reduce the timelines to publication, have an impeccable English version published simultaneously with the Spanish one, and modernize the electronic version of the *Revista Española de Cardiología*. We hope that project is of interest to you, and we would also welcome any suggestion that you might make, as well as the support of the executive committee of the Spanish Society of Cardiology.

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