

The rise of *CFP's* impact factor

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If you want to change the world, pick up your pen and write.

Martin Luther

In the world of medical publishing, impact factor (IF) is the most commonly used measure of the prestige and success of a journal and it is used to rank relative importance. Each year Clarivate publishes *Journal Citation Reports (JCR)*, in which they calculate and list the IF of journals worldwide. The IF is defined as

the average number of times articles from the journal published in the past two years have been cited in the JCR year. The Impact Factor is calculated by dividing the number of citations in the JCR year by the total number of articles published in the two previous years. An Impact Factor of 1.0 means that, on average, the articles published one or two year ago have been cited one time. An Impact Factor of 2.5 means that, on average, the articles published one or two year ago have been cited two and a half times. Citing articles may be from the same journal; most citing articles are from different journals.¹

For example, a journal's IF for 2019 would be calculated by taking the number of citations in 2019 to articles that were published in 2018 and 2017 and dividing that number by the total number of articles published in that same journal in 2018 and 2017. The underlying assumption is that journals with high IFs publish articles that are cited more often than journals with lower IFs.

There are many well documented problems with IF as a measure of a journal's relevance or quality. First, IF does not well serve journals whose articles get cited over longer periods of time. Second, citations in a journal are not evenly distributed—some articles might not be cited at all, but a few highly cited ones can lead to a high IF. Furthermore, journals with more issues and articles can have higher IFs, which can be misleading. Therefore, IF does not accurately reflect the quality of articles. Third, clinical journals usually have low citation rates. This puts such journals at a disadvantage relative to research journals that have higher citation rates.

And yet, in spite of the many limitations of IF, it is still used by authors to decide where to submit articles for

publication and by academic departments to assess productivity and make decisions about tenure and promotion.

Over the past decade the IF of *Canadian Family Physician (CFP)* has risen from 0.704 to 3.112, and the journal's worldwide ranking among family medicine and primary care journals has risen from the bottom quartile to the top.² The rise is impressive. But how did the journal's IF rise (especially in the past 2 years), and does IF matter in a journal like *CFP*?

Our editorial team has pursued improving our IF, but our editorial mission has also been 2-fold. First, since the journal's inception in 1967, our goal has been to serve the broad Canadian family medicine community, including clinicians, teachers, and the burgeoning ranks of family medicine researchers. The second has been to “de-bias” the hidden curriculum in the continuing professional development of family physicians.³ This has meant, for example, explicitly seeking contributions from family physicians to create content such as case reports.⁴ It has also meant working with family medicine organizations like the PEER (Patients, Experience, Evidence, Research) Group to publish systematic reviews and clinical practice guidelines primarily by family physicians in partnership with pharmacists, methodologists, and patients,⁵⁻⁸ all of which have been highly read and cited.

One of the consequences of a rising IF might be that well supported academic family physicians and researchers might be more likely to submit their potentially more effectual work to *CFP* than in the past. This will add to the existing challenges that the journal faces when publishing research, which include the considerable growth in submissions over the past 2 decades, being a place where many different types of family medicine research have a chance to be published, and being one of relatively few family medicine journals that is free and open access. But these are good challenges to have, and the team at *CFP* looks forward to meeting them. 🌿

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Cet article se trouve aussi en français à la page 631.