

Research publication in *Canadian Family Physician*

Challenges of a discipline and a journal

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Canadian *Family Physician* (CFP), the official publication of the College of Family Physicians of Canada (CFPC), has a challenging mandate: to serve a broad family medicine readership. This audience includes community-based family physicians across the country who look to the journal to support them in their clinical practices. This is our largest constituency, and thus clinical articles in the journal compose the largest part of our content. Second, it includes family medicine teachers in community and academic settings across the country. This is our next largest constituency. Last but not least, it includes family medicine researchers across the country and internationally. Although this constituency has grown substantially over the past 2 decades, it makes up the smallest proportion of our readership.

The mandate of CFP is unique among family medicine journals. Journals such as *American Family Physician* publish only content that supports practising family physicians and clinical teachers. *Annals of Family Medicine* is exclusively a research publication. *Family Medicine*, the journal of the Society of Teachers of Family Medicine in the United States, publishes only educational research and scholarship. All 3 have greater editorial resources than CFP has.

Growth in family medicine research

Canadian Family Physician has historically published research articles by a range of authors in our discipline, including family medicine residents,¹ community-based practitioners² engaged in what Dr Ian McWhinney called *clinical discovery*,^{3,4} as well as the growing number of university-based professional family medicine researchers.⁵ *Canadian Family Physician* pursued this approach with ongoing feedback from the research community to encourage broad-based research contributions to the journal. This strategy also coincided with the maturation of innovative research programs in some of the larger family medicine departments at Canadian universities.⁷⁻⁸

To promote this expansion of family medicine research, CFP has done 2 things. First, we have maintained an acceptance rate substantially higher than those of major large-circulation journals, such as the *Canadian Medical Association Journal*, and of family medicine journals that publish primarily research, such as *Annals of Family Medicine* and *Family Medicine*. Second, unless a research manuscript happened to be exceptionally timely and impactful and needed to be published quickly, we

have maintained an average time from submission to publication of about 12 months. This strategy has helped us steadily raise CFP's impact factor over the past decade to 3.275 as of 2021 (in medical publishing, impact factor is a measure of a journal's success and is used to rank its importance among similar publications).⁹ Over this period we have also seen CFP's worldwide ranking among family medicine journals that publish research rise from the bottom quartile to the top quartile.¹⁰

Unfortunately, as with other medical journals, the COVID-19 pandemic provided a massive *stress test* for CFP with simultaneous increases in COVID-19-related non-research submissions and staffing challenges. The net result has been longer delays from time of submission to publication, especially for research manuscripts. Understandably, members of the research community are unhappy with the situation and have provided us, as well as senior leadership at the CFPC, with their feedback.


Efforts to reduce publishing wait times

This summary statement aims to address this feedback, outline CFP's current editorial resources, and present our plans to improve our wait times from submission to publication for research manuscripts. With our current staff of manuscript editors, CFP has the capacity to publish an average of 2 to 3 research manuscripts per issue. As with all research journals, CFP receives far more research submissions each month than we can possibly publish. While a substantial increase in CFP's editorial resources might enable us to publish more research and do so in a timelier manner, additional resources are unlikely to materialize in the foreseeable future.

Our goal is to reduce authors' wait times from submission to publication to be competitive with other family medicine journals that publish research (the current range is 6 to 12 months). We will aim for the shortest interval possible. To achieve this, we will be sending far fewer research manuscripts for peer review than in the past and we will aim to send out rejection notices within 3 weeks of submission. The editors of CFP will be looking for timely research that affects practice at a practical, political, or health services level and is of maximal relevance to our broad readership.

We anticipate that because of these changes in our processes our acceptance rates will become more competitive and in line with journals that have the highest impact factors in our discipline. Although we

have made headway, it will take several more months for CFP staff to process our existing COVID-19 backlog; we hope the research community will continue to be supportive as we do so.

Canadian Family Physician encourages family medicine researchers to continue to submit their best and most impactful research so we can sustain our efforts to raise CFP's impact factor, build on the successes of family medicine research, and help change and enhance family medicine. 

Competing interests

None declared

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The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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