



Dispatched from the Editor in Chief: does the impact factor have any real relevance to our military health journal?

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Johno Breeze^{1,2}

Table 1 Impact factor between 2011 and 2018 of the only two military medical journals listed in the Journal Citations Reports published by Clarivate Analytics

Impact factor by year	2011	2012	2013	2014	2015	2016	2017	2018
<i>Journal of the Royal Army Medical Corps</i>	–	–	0.811	0.549	0.662	0.769	0.883	0.994
<i>Military Medicine</i>	0.924	0.771	0.733	0.911	0.969	0.906	0.782	0.853
Ranking	2011	2012	2013	2014	2015	2016	2017	2018
<i>Journal of the Royal Army Medical Corps</i>	–	–	102/156	121/154	112/155	111/154	110/154	111/160
<i>Military Medicine</i>	89/159	99/159	107/156	100/154	91/155	106/154	120/154	120/160

Ranking is in the 'medicine, general and internal' category.

Welcome to the fifth issue of 2019 of the *Journal of the Royal Army Medical Corps* (JRMC). I am writing these dispatches during my deployment to the US-led Role 3 Craig Joint Theater Hospital at Bagram Airfield, Afghanistan. Running the journal remotely is challenging, and I continue to be indebted to Major Piers Page as Deputy Editor and Mrs Claire Langford at the BMJ for helping me at times when I cannot access the internet. This current issue of the JRMC covers a broad range of topical subjects including research from our Australian colleagues on alcohol disorders in service personnel,¹ which I have made my highlights, and the worsening of mental health in military spouses when their partners are deployed.² I would also commend you to read Lieutenant Colonel Andy Johnston's editorial about deskilling and return to practice on low-tempo contingency operations,³ which I feel is particularly pertinent during my current deployment.

As I was about to get on the plane to Afghanistan in June, the impact factor (IF) of JRMC for 2018 was announced as 0.99. This is a further increase from 0.88 in 2017 and a massive achievement (Table 1), although I was hoping very much to have breached the big 1.0 this time. I would like to thank the members of the JRMC Editorial Board and the BMJ for enabling this, as well as a cohort of authors that continue to submit and support the journal, often when it would be easier or more desirable to publish elsewhere. That brand loyalty

will be essential to the journal's success as we hopefully transition to our new guise in 2020. However, how relevant to our readers and potential submitting authors is our IF? It is certainly perceived as being relevant among BMJ Editors in Chief, as IF continues to dominate discussions during the yearly Editors Retreats.

The impact factor (IF) or journal impact factor of an academic journal is

a scientometric index which reflects the yearly average number of citations to recent articles published in that journal.⁴ It is frequently used as a proxy for the relative importance of a journal within its field; journals with higher IFs are often deemed to be more important than those with lower ones. The IF was devised by Eugene Garfield, the founder of the Institute for Scientific Information. IFs

Table 2 Articles believed to count and not count as denominators for the impact factor in the *Journal of the Royal Army Medical Corps*

Count	Do not count
Original paper	Footnotes and endpieces
Invited review	Dispatches from the editor
Systematic review	Personal view
Case report	Images in clinical practice
Consensus statement	Editorials
	Letter to the editor*

*Signifies that variations in this article type may occur.

Table 3 Simple potential methods to alter a journal's impact factor (IF)

Potential to increase IF	Potential to reduce IF
Article types: guidelines, systematic reviews, consensus statements	Article types: case reports
Pertinent keywords in title	Long titles
Highly cited areas	
Highly cited authors	

Table 4 Top five journals citing papers published in the *Journal of the Royal Army Medical Corps* between 2016 and 2018

Journal	Citations
<i>Journal of the Royal Army Medical Corps</i>	44
<i>Journal of Trauma and Acute Care Surgery</i>	6
<i>Military Medicine</i>	6
<i>Trauma (England)</i>	5
<i>Injury</i>	4

¹Royal Centre for Defence Medicine, Birmingham, UK

²Department of Maxillofacial Surgery, Queen Elizabeth Hospital Birmingham, Birmingham, UK

Correspondence to LtCol Johno Breeze, Royal Centre for Defence Medicine, Birmingham B15 2SQ, UK; editor.jramc@bmj.com

Table 5 Top 10 cited articles published in the *Journal of the Royal Army Medical Corps* between 2016 and 2018 that do not count for impact factor

Title	Type	Citations
TBI-the most complex disease in the most complex organ: the CENTER-TBI trial	Commentary	5
Formulating and improving care while mitigating risk in a military Ebola virus disease treatment unit	Personal view	4
Maintaining surgical skills for military general surgery: the potential role for multivisceral organ retrieval in military general surgery training and practice	Personal view	3
General Duties Medical Officer Role 1 remote supervision in the era of Army Contingency Operations	Personal view	3
UK support services for families of wounded, injured or sick Service personnel: the need for evaluation	Personal view	2
Parachute group O LOw titre (POLO) Program	Commentary	1
Diagnosis of arrhythmias in athletes wearing heart rate monitors	Images in clinical practice	1
Dispatches from the Editor in Chief: is the end of the print military medical journal inevitable?	Dispatches	1
Ethics surrounding the medical evacuation of catastrophically injured individuals from an operational theatre of war	Personal view	1

Table 6 Twenty most cited papers, including article type, published in the *Journal of the Royal Army Medical Corps* between 2016 and 2018

Title	Type	Citations
Died of wounds: a mortality review	Review	17
The French Advanced Course for Deployment Surgery (ACDS) called Cours Avance de Chirurgie en Mission Exterieur (CACHIRMEX): history of its development and future prospects	Original	12
Biomarkers in traumatic brain injury: a review	Review	10
Operation GRITROCK: the Defence Medical Services' story and emerging lessons from supporting the UK response to the Ebola crisis	Original	10
Tactical damage control resuscitation in austere military environments	Review	10
Freedom from frozen: the first British military use of lyophilised plasma in forward resuscitation	Original	10
Open abdomen and VAC((R)) in severe diffuse peritonitis	Original	9
Surgery in the time of Ebola: how events impacted on a single surgical institution in Sierra Leone	Original	8
A 2-year review of the general internal medicine admissions to the British Role 3 Hospital in Camp Bastion, Afghanistan	Original	8
Stem cells for therapy in TBI	Review	8
A case of a chlorine inhalation injury in an Ebola treatment unit	Original	6
The impact of sleep deprivation in military surgical teams: a systematic review	Review	6
Transfusion support by a UK Role 1 medical team: a 2-year experience from Afghanistan	Original	6
Combat casualties from two current conflicts with the Seventh French Forward Surgical Team in Mali and Central African Republic in 2014	Original	5
Is behind armour blunt trauma a real threat to users of body armour? A systematic review	Review	5
The future of resuscitative endovascular balloon occlusion in combat operations	Original	5
An evaluation of the burden placed on the General Internal Medicine team at the Role 3 Hospital in Camp Bastion by UK Armed Forces personnel presenting with symptoms resulting from previously identified disease	Original	5
Daily oscillations of skin temperature in military personnel using thermography	Original	5
The use of creatine supplements in the military	Review	5

are calculated yearly starting from 1975 for journals listed in the Journal Citation Reports (JCR). JCR in turn is an annual publication by Clarivate Analytics (previously the intellectual property of Thomson Reuters). A journal's IF is based on dividing the numerator by the denominator. The numerator is the number of citations, received in that year, of articles published in that journal during the two preceding years.⁴ Part of the challenge has been a lack of clarity in which articles determine the denominator and are thereby 'citable' for the IF. Letters in particular are difficult to predict, with short letters containing only a few references unlikely

to count (Table 2). IF rankings are also highly misleading and disheartening. For example, *JRAMC* is ranked within a group of journals classed as 'medicine, general and internal', meaning that a highly specialised journal such as ours will often rank near the bottom. In my opinion those journals we should be measuring ourselves against are other military medical journals (at last count over 20), of which only *JRAMC* and *Military Medicine* are listed in JCR and therefore have an IF (Table 1).

In the never-ending quest to raise IF, many editorial boards have made overt decisions to stop publishing articles or article types which are highly unlikely to be cited, such as case reports (Table 3). Such cynicism can lead to the production of papers in which only those

articles published in your own journal are reviewed,⁵ or editors actively encourage authors to cite articles in their own journal.⁶ However, this has the potential to increase the journal's self-citation rate, which can lead to unwanted attention. This year (IF year 2018), Clarivate Analytics suppressed 20 journals, 14 for high levels of self-citation and six for citation stacking.⁶ Although suppression from the JCR lasts 1 year, it has been shown to drastically reduce levels of self-citation following reintroduction. However, threshold levels are set so high that one particular journal that increased its IF by nearly fivefold (3.089 in 2014 to 8.145 in 2015), and moved to first place among its subject category, still managed to escape suppression.⁷ Some care must be taken

Table 7 Citations in the *Journal of the Royal Army Medical Corps* between 2016 and 2018 by country of citing author institution

Rank	Country	Count
1	England	208
2	USA	31
3	France	15
4	Scotland	14
5	Canada	9
6	Turkey	8
7	China	7
8	Israel	6
9	South Korea	6
10	The Netherlands	6

when analysing this self-citation rate though, as when you publish in specialist areas such as *Military Medicine*, it is likely that a large proportion of your citations will be published in your own journal anyway (Table 4).

Certainly care has to be taken when introducing new article types as to whether they will have a negative effect on IF. For example the *JRAMC* introduced the 'personal view' article type to enhance debate and enable the promulgation of ideas that do not fit discretely into more traditional article types. This article type however was excluded from determining the IF, meaning we did lose a small number of highly cited articles (Table 5). There is also currently a desire to invite authors to write commentaries on papers that they have published in other larger journals to signpost readers; however, it

is unclear as whether these would be used as denominators should a new article type be chosen as these do not fit neatly into personal views.

So the question remains will we as a journal overtly chase the IF, and to what lengths do we do it? I feel the ethics behind overt self-citation preclude this from a military journal and I will not actively undertake this, despite the obvious temptation. However we will be taking the line of increasing the number of reviews, which will ideally be systematic in nature, and use those previously highest cited articles as guidance (Table 6). We continually increase the number of countries that submit to the journal,⁸ and this I believe is reflected in the countries of authors citing articles published in *JRAMC* (Table 7). This increased visibility will increase the potential for article citation. Readers will have noticed that I have heavily pushed the number of special issues in a year, from one of six issues during my predecessors' tenure, to up to three of six issues in my tenure. I also hope that topical subjects such as emergency preparedness and women in ground close combat will engage the readership and increase downloads and subsequent citations. We are now the most cited and influential military health journal in the world, and I thank you all for supporting us in the journey so far and that to come.

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