

Editorial

A change in the table of contents

H Bauchner, J Henderson, L Hughes, P Carlidge, B Stenson

Readers will find a change in the table of contents beginning in this issue. In some regards, *ADC* is returning to a more traditional layout of articles. Up until now, the organisation of articles was based on the work venue (community vs acute/hospital). From hereon, the content will be organised by type of work—original research, perspectives, leading and review articles, and so on. This structure will prevail in the table of contents on the website and online, and in the print issues of *ADC* and *ADC Fetal and Neonatal* edition.

Why the change? After much discussion, the associate and section editors agreed on the importance of emphasising original research by presenting it in a stand alone section. Our ability to solicit commissioned work, including perspectives, reviews, and leading articles, depends on the quality of the original research we publish. In addition, the distinction between the community and acute/hospital sections has

grown increasingly arbitrary; about a third of our articles fit into either category and others do not belong in either one. We want to reassure you that we will continue to provide content that appeals to all of our readers, including members of the College. Qualitative, epidemiologic, and health services research is important; and community oriented research continues to have a home in *ADC*.

We hope that many of the changes that we have instituted in the recent years—perspectives, the *Education and Practice* edition, BackChat, Journal Watch abstracts, the international health section, coverage of guidelines, more book reviews, as well as shorter papers—has broadened the appeal of *ADC*. In the coming months, you will find us delving into more controversial areas, including ethical and legal issues, genetic screening, and diagnostic testing.

What we publish and the need for new and innovative sections is under

constant review. We recently compared the amount of "value added" material that appears in *ADC* with that in other journals. During the first four months of 2005, about 60% of articles published in *ADC* were original research and the rest of the content was solicited material. How does this compare with some other journals?

Pediatrics, *Journal of Pediatrics*, and *US Archives* published 80%, 56%, and 70% original research, respectively. In sharp contrast, *JAMA*, *BMJ*, and *NEJM* published 52%, 52%, and 28% original research, respectively and the remaining papers were "value added" material. Does *ADC* have the correct balance? It is very hard to know. Do you look forward to receiving *ADC* each month? Do you thumb through your copy or take a peek at the online table of contents? Do you find papers you want to read? We hope so. If not, we need to change and improve the content. An unread journal is of little use. We welcome your views. We will be conducting a detailed survey through the College or you can contact us directly. We are constantly critiquing ourselves, reviewing what we do, and hoping to improve all aspects of *ADC*.

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