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Change of guard at the Indian Journal of Anaesthesia

Three years ago, as I took over as the Editor-in-Chief of the *Indian Journal of Anaesthesia*, my predecessor Dr. S. Balabhaskar wrote his farewell editorial titled ‘The timeline never ceases’.^[1] Within days, I soon realised the full impact of those words. The past 3 years have been taxing, demanding and challenging, and yet intellectually stimulating and professionally satisfying. I was privileged to work with a team of amazingly dedicated and talented Associate Editors (G. Umesh, Rakesh Garg, Sudheesh Kannan, Zulfiqar Ali, Sukhminder Jit Singh Bajwa, Aloka Samataray, S. Parthasarathy, Sandhya Yaddanapudi and J. Edward Johnson), Section Editors (S. Balabhaskar, Airway; SS Harsoor, Obstetric anaesthesia; Anila Malde, Paediatric anaesthesia; R. Gopinath, Cardiac anaesthesia; HH Dash, Neuroanaesthesia, J. Balavenkat Subramanian, Regional anaesthesia), Assistant Editors (Priyam Saikia, Jeson R. Doctor, Sohan Lal Solanki, Pradeep Dongare, Kiran Chand, Manjula M, Balakrishna Achar, Swapnil Parab, Devangi Parikh, Nishant Kumar and Vanita Ahuja), members of the editorial board and reviewers. Their hard work and support made it possible to maintain high standards and meet deadlines. As it is time for me to bid farewell, it is also time to take stock of the performance of the IJA over these years.

A major aim was to publish high-quality articles that would be cited, leading to a Thomson Reuters impact factor (IF).^[2] We recognised that to get researchers and authors to submit their best works to the IJA rather than to other higher IF journals, it was essential to restore confidence in the IJA by a robust and efficient review process. The number of articles submitted increased by 23% from 730 in 2016 to 896 in 2018 and is expected to exceed 950 this year. While the load of submissions increased by 23%, our editorial team was able to decrease the time to first acceptance by 38%,

from 142 days (in the year 2016) to 88 days (in 2019). Thus authors can now expect their articles to be accepted in under 3 months (for articles that are found acceptable after peer-review) and published in just over 4 months [Figure 1]. The acceptance rate for original articles is 14%, and 20% for Letters to the Editor. The number of citations increased between 2017 and 2018, but this was not sufficient to make an application for the IF. While this was a disappointment, in terms of the SCImago Journal and Country Rank (SJR) metrics, the IJA improved its ranking from 60 in 2016 to 56 in 2017 and 2018.^[3] The number of citations per article also increased [Table 1].

I believe that just as the IJA continues to make efforts to improve the speed and quality of publication, authors and researchers must continue to improve the quality of research in anaesthesiology in India. While a large number of randomised controlled trials are being reported, most of them are small (usually ranging from 30 to 60 patients), single-centre studies, with ‘me too’

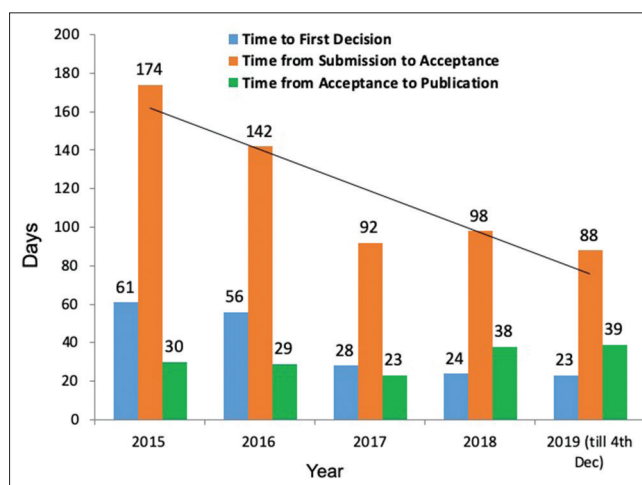


Figure 1: Timelines for first decision, article acceptance and publication in the *Indian Journal of Anaesthesia* over 5 years

Table 1: SCImago Journal and Country Rank metrics

	2015	2016	2017	2018
SJR	0.321	0.426	0.478	0.436
H-index	22	22	22	22
Total cites (3 years)	343	378	473	460
Cites/document	0.94	1.03	1.09	1.31
Rank	63	60	56	56

SJR – SCImago Journal Rank – average number of weighted citations received in that year by the documents published in that year; H-index – Number of articles (h) that have received at least h citations over the whole period

topics that are unlikely to make a change to clinical practice or thought. In these 3 years, no multi-centre trial was submitted to the IJA. Having said that, there have been many interesting and novel studies that have been published, but even these have not been cited. Several eminent international experts have published narrative reviews in the past 3 years,^[4-9] and some more are expected over the following year. I urge all authors to search for relevant articles published in the IJA in the last 2 or 3 years and cite them in their manuscripts. After all, authors should be happy to cite an article from a journal in which they intend to publish their work! Perhaps we need to improve the international visibility of the journal. Aggressive social media presence, especially on Twitter, may be one of the ways to do so. Indian speakers at international (and national) meetings should quote relevant articles from the IJA in their lectures and presentations.

This issue of the IJA contains a thought-provoking article on safe and accessible anaesthesia care all over the world,^[10] along with an editorial by Dr. Mukul Kapoor on the challenges to provide safe anaesthesia care in India.^[11] Both articles address an important public health problem.^[12] The various solutions offered can be discussed, perhaps as Letters to the Editor in future issues of the IJA, but workable solutions must be found and implemented.

It has been a privilege to serve as the Editor-in-Chief of the IJA. The baton now passes to the able hands of the new Editor-in-Chief, Dr. Lalit Mehdiratta, who is well-equipped to take on the current challenges of the IJA, and also to implement his own thoughts and ideas

for the further progress of the IJA. I wish him and his editorial team all the very best.

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