

**Coeditors  
Corédacteurs**

Garth L. Warnock, MD, *Vancouver*  
tel 604 875-4136  
fax 604 875-4036  
gwarnock@interchange.ubc.ca

Edward J. Harvey, MD, *Montréal*  
tel 514 934-1934  
fax 514 934-8394  
edward.harvey@muhc.mcgill.ca

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## Novel initiatives from the Editorial Board

At the last *Canadian Journal of Surgery (CJS)* Editorial Board meeting, discussion focused on the continuous improvement in service for authors and readers. As this editorial goes to press, it is timely to update readers on the discussion.

We are pleased with a much improved editorial processing time with the implementation of Manuscript Central in mid-2008. Although this has dramatically reduced turnaround times and expedited communication, there remains considerable delay from the time of submission to publication. The Editorial Board shares this frustration with authors and readers but has taken some further steps to address this delay.

The first recommendation is to increase the focus on original scientific contributions, which has brought our practice of accepting case notes under scrutiny. Case notes consume considerable time from the editorial staff, associate editors and coeditors. The board agreed that eliminating these reports will allow greater effort to be placed on the assessment of original research with rigorous scientific design of interest to *CJS* readers. This effort will likely result in tougher peer reviews and the acceptance of fewer articles for publication. The benefit to the journal is that its impact factor will likely increase and greater numbers of high-quality articles will be published in a more timely way.

A second recommendation is to expand the expertise of the Editorial Board by identifying associate editors who will play a bigger role in the review process. These editors will represent the areas of expertise of the journal's sponsoring societies as well

as epidemiology, health policy, basic science, surgical biology and diagnostic imaging. They will be invited to share, with the coeditors-in-chief, the responsibility of seeking reviewers and contributing to the review process. This should greatly enhance the quality of the peer review process and meet the high standards expected for subspecialty review. In addition, associate editors will raise novel topics of interest for discussion at board meetings. This will necessitate a growth of the membership of the Editorial Board. As before, the selection of associate editors for the board will be made in close consultation with the specialty societies who sponsor the journal.

Finally, the journal will establish an Editorial Review Board of up to 100 people, each of whom will contribute up to 1 review monthly to the peer-review process. As such, we will increase our number of expert reviewers throughout the next year. This will further enhance the quality of our peer review process and provide timely results.

In summary, as the *CJS* strives to fulfill its mission of contributing to the effective continuing medical education of Canadian surgical specialists, some fundamental changes in the selection of high-impact articles and in the composition and roles of the Editorial Board are ahead. It is our hope that this will enhance the journal's high impact with timely publication and better meet the high standards of quality demanded by our readers.

**Garth L. Warnock, MD**

Coeditor, *Canadian Journal of Surgery*

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