

## CCR has impact

Rinaldo Bellomo

Fourteen years ago, Lindsay (Tub) Worthley began publishing *Critical Care and Resuscitation* (CCR) with essentially no resources and only a kitchen table, extraordinary enthusiasm, commitment and persistence. Many doubted that the enterprise would succeed in the long run. However, in what is, in many ways, yet another Down Under success story, Tub did not give up and CCR survived and slowly but persistently prospered. The Australian and New Zealand intensive care community began to see itself in its pages and began to be just a little bit proud (without showing it too much) that it too had its own journal. Australasian critical care had for a long time been proud of its clinical training and expertise, but as the vibrancy, reach and worldwide importance of its research grew, so did the journal. Over an extraordinary decade, the specialty saw the arrival of the Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group, the expansion of the national database, the development of the ANZICS Centre for Outcome and Resource Evaluation (CORE) and the formation of the College of Intensive Care Medicine of Australia and New Zealand. Australian and New Zealand critical care moved from being a small international player to being the envy of similar groups in other countries and, arguably, to being the number one intensive care group for productivity, clinical research, data evaluation and large-scale clinical observations and trials in the world.

It was inevitable that such an “overactive” community of doctors, nurses and allied health practitioners would want to see its journal thrive in parallel with the success of the specialty elsewhere. Peter (Vernon) van Heerden was the right person to make this happen. He became editor after Tub’s retirement and took the journal to Medline and PubMed indexation. This was a key step forward. Our abstracts and our voices and thoughts were finally available to the world’s search engines. It was in this successful and rapidly evolving situation that Vernon kindly asked me to take over as editor. With the formation of the College in 2010, one of the first orders of business was to make CCR the official journal of the new College. It is hard to believe this was 4 years ago. I saw my task as twofold. First, I had to continue to produce a journal that reflected what we do and what we think in Australia and New Zealand, a vehicle for our perspective on intensive care and its evolution here and in the world. Second, I had to take the reputation and reach of CCR one step further by obtaining an impact factor (IF). The IF of each journal is assigned every year by

the Institute for Scientific Information (ISI) and published annually in the *Journal Citation Reports*. It is to journals what the Association of Tennis Professionals world tour rankings are to tennis players. It is only allocated to a journal that the ISI believes has international value and credibility as assessed by a variety of criteria, and it is calculated over 2 years. The IF for 2011 is the number of times articles from a journal published in 2009 and 2010 were cited in 2011, divided by the number of articles published in that journal in 2009 and 2010. As of 1 July 2012, CCR has its first IF: 1.67. As editor I am proud to say this is a great start. We are already ahead of several European journals and anaesthesia journals (including *Anaesthesia and Intensive Care* and the *Journal of Cardiot-horacic and Vascular Anesthesia*) that have been around for decades. We also do well on other bibliometric markers like the immediacy index, cited half-life, Eigenfactor score and article influence score.

So, in 14 years we have made great progress. Two reasonable questions must inevitably follow: what does this mean for CCR? Where to next? The meaning of an IF for CCR is provided by the world’s response: I had my first congratulations message within 9 hours of the ISI release and several within the next 48 hours. The world watches what ISI publishes. The journal then received four submissions within 48 hours, for a submission rate which is already 43% greater than in 2011. We now matter more. The answer to the second question is complex. My task as editor becomes harder as I handle more submissions; receive more overseas submissions; have to reject more; have to keep true to the mission of reflecting our community and, at the same time, continue to grow CCR’s impact factor. Whether all of these potentially competing aspects can be handled fairly, reasonably and efficiently remains to be seen. Until such judgements can be made I remain grateful to all those who support and have supported CCR by submitting, reviewing, or citing our work, or doing all three. This is our journal and we should be a little bit prouder today.

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