

Editorial

The globalisation of *Quality in Primary Care*

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Quality improvement in health care is a global enterprise, a fact which has been reflected in the pages of *Quality in Primary Care* over the past 12 months. The impact of globalisation has been increasingly evident in international markets over recent months but health care is also being seen in a global context.¹ This has led to initiatives such as international studies to understand strategies for quality improvement,² consensus conferences to develop health indicators³ and consultations to create a common language for patient safety.⁴ In parallel with this, there is a growing scepticism towards the quality improvement industry, a call for scientific rigour⁵ and an awareness of the ethical issues of quality improvement.⁶ *Quality in Primary Care* has continued to provide a channel for quality improvement research and international consensus through publication of position papers^{7–9} and international exchange articles.^{10,11}

Reflecting this global trend we have seen a year-on-year increase in international submissions over the past five years. Altogether we have received 87 submissions over the past year and although many submissions were from the United Kingdom (40), this year for the first time more than half of our submitted papers came from authors in Australia (17), mainland Europe (16), the USA (7), the Middle East and Asia (5) and South America (2).

Themed issues have featured in previous years and in 2009 we had a further special issue from Australasia on 'Ideas, innovation and advances in Australasia' (guest editor Moyez Jiwa). Next year further special issues are planned on 'Advancing the quality agenda in Australasia' (guest editor Moyez Jiwa) and the 'UK Quality and Outcomes Framework' (guest editor Stephen Gillam).

The majority of articles submitted in 2009 were research papers or short reports (43). Other formats including editorials or guest editorials (13), discussion papers (3), and articles on quality improvement in action (8), international exchange (7) and patient perspective (3) continued to feature. We have also had regular features such as quality digest (6) and have restarted the 'Knowledgeshare' articles (1).

There have been some notable changes in our editorial board over the past year. Professor Mayur

Lakani has stepped down as editor-in-chief. Dr Keith Stevenson stepped down as associate editor following his move to work in Trinidad. I would like to thank them both for their valuable support and advice over the past four years. I would also like to warmly welcome Dr Sarah Redsell, our new associate editor, and to thank the members of the editorial board for contributing their valuable advice and expertise to the journal.

Despite the increase in papers submitted, for articles submitted in 2009, the average time (for the 64 articles published) from submission to publication was 118 days, with the time for acknowledgement seven days, initial decision 50 days and from submission to final decision 69 days. We initially reject around 50% of unsolicited papers, although some of these are published following extensive revision and resubmission. Of resubmitted papers around 80% were accepted or accepted subject to revision. These figures are due in no small part to the work of our peer reviewers who I would like to personally acknowledge for their work and commitment over the past year. We select reviewers on the basis of international expertise in their field and are indebted to them for the speed and quality of their reviews. A full list of peer reviewers is included below. The role of editorial assistant and the work of the publisher are also crucial and I would like to thank Natalie Pickles and Andrea Hargreaves for their excellent work over the past year.

We look forward to your ongoing contributions, reviews and support in 2010. I would like to take this opportunity to wish you, our readers and contributors, every success for the next year.

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Reviewers in 2009

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 Craig Dobson
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