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Editorial

Your comments and our response: the results of the readership survey

You may remember receiving a copy of the questionnaire for our readership survey. The forms were sent out with your copy of the *International Journal of Paediatric Dentistry* for last November and were also available online. We have now had a chance to consider your response.

The feedback was not as great as we would have wished (we had a total of 84 replies) and, therefore, all our findings certainly need to be considered with caution, but the response was truly international and gave the management team food for thought. Most respondents were academics and/or specialists in paediatric dentistry. Not unexpectedly, the main interest of the great majority of respondents was clinical paediatric dentistry.

Most people felt that the academic level and the frequency of appearance of the journal were about right, and there were a lot of positive comments. Scientific papers and case reports were the most valued parts of the journal. Book reviews were also popular, as were items about clinical treatment. Less popular were the leaders and the 'News and Views' section.

The journal is now available both in a hard copy version and online. For many people, online access to information is critical and life without the Internet now seems unthinkable. Therefore, it was disappointing that, even allowing for the small numbers involved, few of the respondents had even accessed the journal website, let alone used it regularly.

The *International Journal of Paediatric Dentistry* is one of relatively few journals which include translated abstracts. Elsewhere in this issue (p. 468), you will see particular thanks going to our translators, who regularly translate more than 60 items for us each year. It was good to see that their work is clearly valued by readers, with well over half of the respondents saying that they read and use these translations.

Many people would like to read more items about clinical treatment, and several respondents said they would like to see more illustrations, particularly illustrations in colour. This was seen as an important factor for people submitting papers and is also likely to be critical if we are to publish more items about clinical care. The editorial team is now working on finding a way forward on this issue, but it has strong cost implications both in terms of the direct cost of colour production and the cost of the type of paper likely to be needed if colour reproduction is to be of high quality.

Respondents would also like to see more educational material, which could be used as part of continuing professional development. This has also been a priority for the editorial team, but it is proving a difficult nut to crack. Perhaps as a beginning, this issue includes a paper reporting an evaluation of a new undergraduate curriculum (p. 402).

It is clear that our priorities for the future of the journal need to include increasing our content about clinical treatment and education, and it is important to readers that scientific papers and case reports take priority over other material.

Two final points: First, you will have seen from the last issue that journal administration has now moved in-house to our publishers. The second is that I shall be retiring as Editor in Chief during 2005. Both of these changes provide great potential for the development and growth of the journal, the first providing space and time for editorial work, and the second offering new ideas and strengths. The results of our readership survey may be regarded as especially timely in informing the process of change.

RD HOLT
Editor in Chief

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