



Changes at *Pediatric Nephrology* for 2024 and beyond

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As at any journal, here at *Pediatric Nephrology*, we are constantly evaluating potential changes to the journal to better serve the needs of our readers and contributors, as well as our parent society, the International Pediatric Nephrology Association (IPNA). Along with our partners at Springer, the journal's publisher, we keep abreast of the current trends in publishing and take those into account as well in our plans for the journal. Finally, we also continuously evaluate the journal's impact factor and standing among other journals in the field to ensure that *Pediatric Nephrology* is the optimal platform for dissemination of the latest scientific developments in the care of children with kidney diseases. What follows is a brief summary of what we have decided to change—or keep—as we head into the new year.

Changes to article types

The biggest change, which has already been implemented, is retirement of the Clinical Quizzes and Brief Reports. While popular among some readers, feedback on these from the Editorial Board at our last full meeting during the IPNA Congress in Calgary was less supportive, and we have decided that these have run their course. We feel that the educational mission of the journal is better served by the Reviews and Educational Reviews than by the Clinical Quizzes and will redouble our efforts to publish a greater number of useful reviews going forward. We are also planning to

focus on broader topics for some of these reviews, including topics that have been covered in past years but not recently updated, in order to provide the journal's readership with contemporary summaries of cutting-edge science and advancements in clinical care. We welcome suggestions for review topics from our readers and are open to submissions from a broad range of contributors. If you have an idea for a review, please reach out to one of the managing editors or Editors-in-Chief so that we can ensure that duplication is avoided.

We acknowledge that the Clinical Quizzes and Brief Reports often served as a venue for young nephrologists to publish case reports and have therefore created a new article type called Clinical Insights. These are intended to be short articles, two journal pages in length, that highlight novel presentations of known diseases affecting the kidneys and urinary tract or that report diagnoses previously unknown in the literature. After assessment by the Editors-in-Chief for novelty, these will undergo peer review by experts in the field to ensure scientific accuracy. We hope that this new article format will prove to be a valuable resource for the pediatric nephrology community.

Our specifications for Letters to the Editor have also been changed. On occasion, these had been getting quite long, with a greater number of authors and more content than we felt were appropriate for a letter. Standard letters to the editor will now be limited to 250 words, may have no more than 3 authors, and must be written in response to a paper published in *Pediatric Nephrology*. They may have no more than three references (one of which must be the paper that the letter is written in response to) and may not contain a table or figure. If accepted, these regular letters will be sent to the authors of the paper in question for a response.

Finally, we have also instituted a new Research Letter article type, which should present new data in a novel or expanding research field and do not have to be written in response to a published paper (although that is allowable). These can be up to 500 words in length, may have up to 3 authors and 5 references, and can contain a table or figure, but no online supplemental material. We think this will give

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emerging investigators a platform for presenting new data or the results of pilot studies that may stimulate further investigation in that particular area.

What is staying the same

A rapidly growing trend in journal publishing over the past decade has been the explosion of Open Access and online-only journals. Open Access in particular has grown exponentially, with over 50% of all articles in the field of nephrology as a whole now published in some form of Open Access. While Open Access publishing does offer some advantages, most notably faster access to the entire scientific community [1], the trade-off is high article processing charges (APC), which are often out of reach for junior investigators or authors from lower- and middle-income countries. At present, *Pediatric Nephrology* does offer Open Access publication, but just under 20% of papers published by us are Open Access. While we do foresee a gradual increase in this percentage over the years ahead, we will not be moving to an Open Access-only publication model. We know that many members of IPNA, particularly those from Africa, Latin America, and Asia, do not have the financial resources to afford even the modest APC (€ 3290/US\$ 3990) charged by Springer for Open Access publication in *Pediatric Nephrology*. We know that maintenance of the “subscription publication” option is important to our readership [2] and therefore will remain what is called a “hybrid journal.”

We did experience a decrease in our impact factor for 2022 to 3.0 from approximately 3.6 in 2021. This was the result of a variety of factors, most notably an increase in the number of citable published papers without a corresponding increase in the number of items cited. We were not alone—many other journals, including several higher-ranked journals in the field of—also experienced decreases in their impact factor for 2022. We are hopeful that some of the changes in article types discussed earlier will lead

to a decrease in the number of citable papers and a greater number of citations, thereby leading to a “rebound” in the impact factor in the future.

Many other things at *Pediatric Nephrology* will remain the same, including our commitment to rapid evaluation of manuscripts and robust but supportive peer review [3]. Unlike many other journals, we also have superb editorial and production support that produce what we feel is one of the highest-quality journals in the field. We are also deeply committed to publishing data relevant to the care of children with kidney disease from across the globe, including giving extra consideration when appropriate to submissions from regions of the world that are less well-represented in the scientific literature. We feel fortunate to provide an important service to the global pediatric nephrology community and look forward to continuing to serve the IPNA membership and our other readers in 2024 and beyond.

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Declarations

Conflict of interest The authors declare no competing interests.

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