Challenges and changes

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This issue of the journal draws together several articles on the practice of emergency medicine in developing countries

The *EMJ* has recently changed its system for manuscript submission and handling. In the past this was a "paper" based system, which is reliable but often slow. Bench>Press is an electronic manuscript system that allows authors to submit their work electronically. This is then sent to editors and reviewers by email and reviewers and editors comments can then be sent collated by email. It also allows authors to check on the progress of their paper through the system. Early evidence from other journals using the system is that it can greatly reduce the time to a decision on publication. We hope that this will be the case with the *EMJ*. Any authors wishing to submit electronically please read the new instructions to authors or visit www.emjonline.com and use the link to new submissions system.

The *EMJ* has always tried to increase the international use of the journal. The journal via [emjonline](http://emjonline.com) has been very successful in reaching other countries. Electronic manuscript handing should make it quicker and easier for non-UK authors to send us papers. It will also be

easier and quicker for us to send papers to non-UK reviewers. We greatly appreciate the help from our current overseas reviewers but would very much like to increase the numbers of non-UK reviewers. If any one is interested please email us.

The editorials by Molyneux and Robertson¹ and Zia² highlight some of the shortcomings of the *EMJ* and its accessibility and relevance to many countries. Access should no longer be a problem for anyone with an internet connection. The [emjonline](http://emjonline.com) is free to over a 100 of the world's poorest countries. However, we recognise that much of our content is difficult to apply in health systems starved of resources. Equally some diseases are very different. However, as Molyneux and Robertson point out there is much that we can learn from each other. The similarities in the practice of emergency medicine probably far outweigh the differences. We encourage contributions from overseas. The for example should be a process that can be carried out for any clinical problem. Instructions on how to prepare a BET

and how to submit this for publication can be found on the web site (www.best-bets.org).

We would also like to improve the readability and relevance of the *EMJ*. We encourage clear English, precise articles, and less padding. Space is becoming a premium and we hope to introduce "electronic long/print short" (ELPS) articles. These will have a short summary in the printed journal and a longer version online. Some case reports will appear only online.

A final request we would like you to consider. Imagine that you are the editor. What changes would you make to the journal content? What articles would you commission? How can the journal be more interactive? The journal exists for the readers. The *EMJ* has changed a great deal in the past 18 months. We continue to evolve and grow. Like all journals we face a great number of challenges and threats but this is no excuse from facing our most important challenge; making the *EMJ* accessible, readable, and relevant to our readers.

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REFERENCES

- 1 Molyneux E, Robertson A. Emergency medicine in differently resourced settings: what can we offer each other? *Emerg Med J* 2002;19:378-9.
- 2 Zia H, Razzak JA. Information exchange is two way. *Emerg Med J* 2002;19:380.