Some 8 yr ago, my predecessor as an editor-in-chief (EIC) of the British Journal of Anaesthesia (BJA), Jennie Hunter, wrote an editorial entitled ‘A fond farewell’ in the final issue she was involved in preparing and the following month, I wrote one entitled ‘Changes and challenges’ marking my first solo issue. The time has now come for me to take my fond farewell and to continue the theme it may be appropriate to look at some of the changes and challenges that I faced during my 8 yr as EIC.

A number of changes were introduced during my tenure as EIC and I am pleased that many of them have been successful. The use of section headings has been well received and illustrates the broad range of clinical and research interests in anaesthesia. The introduction of articles in each issue which have specific CME content and have online CME questions linked to the Royal College of Anaesthetists matrix has been a useful and popular development and I am grateful to Jon Hardman for leading on this for the editorial team. The use of the electronic system ‘e-letters’ for handling correspondence related to published articles has worked well. This facility has improved the ability of readers to establish a much quicker dialogue with authors and has provided useful feedback and commentary on recent publications. I have reduced the number of case reports that are published as full articles. However, a good number of the most useful case reports are now published in the monthly correspondence section. I would argue that for most case reports, the format of a letter of 500–600 words is entirely appropriate. Many of the case reports submitted are so padded out with additional material to make a ‘mini-review’ (authors’ term, not mine!) that their primary clinical message is lost.

We have seen a significant increase of more than 60% in the number of new manuscripts submitted to the journal each year. This reflects the increasingly international profile of the BJA and we receive manuscripts from more than 50 different counties each year. The international aspect comes not only from the manuscripts received but from the membership of the editorial team and Editorial Board. The editorial team now has editors based not only in the UK, but also elsewhere in Europe, the USA, and Australia. In 2009, we initiated a joint venture with the New York State Society of Anesthesiologists to produce a supplement of eight review article-based lectures given at the annual NYSSA postgraduate assembly (PGA). A hardcopy of the supplement is given to all registrants at the meeting and is available online to all subscribers. This successful venture has continued on an annual basis and I am grateful to Hugh Hemmings from the editorial team and Rebecca Twersky and Andrew Rosenberg of the NYSSA PGA for their ongoing support and development of this project.

Of course, not all has been plain sailing. One of the major challenges has been the uncovering of the major research fraud conducted by Joachim Boldt which resulted in the retraction, in 2011, of 11 papers in the BJA and a total of 88 in all anaesthesia journals. This has been followed this year by the case of Yoshikata Fujii which is likely to result in the retraction of around 180 papers in anaesthesia and pharmacology journals, including up to 12 in the BJA. One of the low points of my time as EIC came a couple of years ago when questions were again raised about the Fujii data. Having printed off the Fujii articles published in the BJA, I realized that the patient characteristics in eight groups from three separate studies of granisetron published over a 2 yr period were virtually identical. This gut feeling that things were wrong was subsequently confirmed in the excellent analysis by Carlisle.
These cases produced a huge amount of work for the editors of the journals concerned. I am most grateful to my colleague Steve Shafer of Anesthesia and Analgesia who led the joint EICs investigation and responses to both these events superbly. A very positive development from this major crisis was the development of a formal network of the EICs of the major anaesthesia journals. This network has been invaluable in coordinating the management of such cases and has subsequently provided a useful forum for discussing problems of common interest.

A further challenge in relation to research probity was addressed by the introduction, in 2010, of plagiarism screening for all new manuscripts submitted to the journal. This has been a useful move which limits the risk of duplicate publication and of wilful ‘cut and paste’, particularly in the Discussion sections. A deliberate attempt to pass off a previously published manuscript as new is, in my experience, quite rare. However, I did have one with a plagiarism score of 96% (excluding bibliography). More common, unfortunately, is the problem that occurs, particularly in narrative reviews, of an author using significant sections of text from previous reviews they have written on the same subject. This is not acceptable.

My editorial from 8 yr ago also focused on the challenges facing anaesthesia research and, on re-reading, had quite a pessimistic tone in places. I am using the word anaesthesia in this context to cover all aspects of clinical and basic science research that we as anaesthetists are involved in. Indeed, the wide range of involvement is reflected in our monthly contents lists which cover subjects ranging from evaluation of clinical practice and new equipment through to molecular mechanisms in pain and sepsis. The challenges facing research in anaesthesia, critical care and pain are still the same, but there is still a healthy core of developments making its survival and expansion more likely. In the UK, the setting up of the National Institute of Academic Anaesthesia (NIAA) has been of great benefit. The recent re-allocation of academic anaesthesia research priority setting exercise is a good example of the collaborative approach to the challenges. The flow of manuscripts we receive from around the world suggests to me that other countries have made similar responses to that in the UK. I therefore feel that I can sign off with a much more positive view of the future of anaesthesia-related research.

The journal has been successful and this is a result of a team effort. I wish to thank the Directors of the BJA, in particular, the Chairs Jennie Hunter and Nigel Webster, who have supported all the changes I have introduced. The hard work of putting these developments into practice has fallen on my editorial team and they have done so superbly. Their input of ideas for developments for the journal and improvements to the system has been invaluable. I therefore wish to express my great thanks to the editors who have worked with me over the past 8 yr; Dave Rowbotham, Dave Lambert, Phil Hopkins, Ravi Mahajan, Donat Spahn, Jon Thompson, Simon Howell, Michel Struys, Helen Galley, Hugh Hemmings, Jon Hardman, Lesley Colvin, Antony Absalom, and Paul Myles.

I wish also to thank our publishers, Oxford University Press, for their support and in particular Hilary Lamb, the Senior Production Editor, whose patience and calm efficiency has resulted in seamless production of the journal despite my occasional delay and belated changes. Her work is really appreciated by the editorial team and the authors.

My time as EIC of the BJA has probably been the most demanding job I have done in my near 30 yr as an academic anaesthetist. However, it has also been one of the most rewarding. The pleasure of seeing developments coming to fruition and the increasing high standard of research manuscripts being submitted to the journal is great. However, publication of journals is a process which is continuously evolving and it is time for someone else to lead the process for the BJA. I am therefore very pleased to be handing this on to my colleague Professor Ravi Mahajan. I know that he and his team will make a great success of it and that he has a number of exciting developments planned for the next few months. I wish him every success.

I will take my fond farewell and thank everyone for the honour of leading this great journal for the past 8 yr.

**Declaration of interest**

None declared.

**References**

5 Carlisle JB. Analysis of 168 randomised controlled trials to test data integrity. Anaesthesia 2012; 67: 521–37