A new term is starting at Jornal de Pediatria. The Editor in Chief and associate and executive editors have just been reappointed by the Brazilian Society of Pediatrics to serve another four years. The Editorial Board was renewed with the inclusion of Brazilian and international professors and researchers of recognized expertise. In addition, with effect from this issue, the editorial policy of Jornal de Pediatria has changed.

Over recent years, Jornal de Pediatria, the official publication of the Brazilian Society of Pediatrics (Sociedade Brasileira de Pediatria, SBP), has taken several steps with the objective of attaining greater visibility and conformity with international editorial standards.

In March 2001 the www.jped.com.br website was launched, providing free access to its contents after a quick one-time registration. The full text of all articles published since January 2000 is available in both Portuguese and English. Articles published from January 1994 to December 1999 are available in full in Portuguese and their abstracts are also available in English.

Indexing in SciELO (www.scielo.br), which took place in July 2002, increased visibility on a national level, resulting in more Brazilian submissions. SciELO is a database of Latin American journals that also includes Spanish and Portuguese publications.

The reward for the work put in by the Editorial Board of Jornal de Pediatria and by the executive board at the Brazilian Society of Pediatrics was the approval for indexing in MEDLINE/Index Medicus in August 2003. All articles published in Jornal de Pediatria since January 1994 were included in PubMed (www.pubmed.org) and bibliographic searches bring up abstracts with links to the full text versions in Portuguese and English.

Our concern with making Jornal de Pediatria better known to the international scientific community led us to become a member of the Crossref system in May 2005. Crossref employs digital object identifiers (DOI) to link articles and other materials between important international periodicals. All articles published in Jornal de Pediatria, from January 2004 onwards, are accessible on the Crossref system.

These actions have translated into positive results. Six standard issues and two themed supplements are published annually. The number of articles has remained stable since 2002: 60 original and six review articles plus seven case reports per year, in addition to 12 review articles per supplement. The overall number of articles submitted has risen from 140 in 2000 to 390 in 2005, and the number of articles submitted from outside Brazil in 2005 was 15. The average number of visits to the JPED website has reached 60,000. We are currently working on an online manager for the submission and review of articles. The system will offer greater agility and transparency to the management of the submission and review processes, which are currently conducted by e-mail.

It is important to point out that without the constant support of the executive board of the Brazilian Society of Pediatrics Foundation (Fundação Sociedade Brasileira de Pediatria) and the Brazilian Society of Pediatrics these results could not have been achieved.

Still, there is much work yet to be done. The internationalization of Jornal de Pediatria is currently the major goal of the Editorial Board. Even though the full contents of our articles are freely available on the Internet in both English and Portuguese, MEDLINE does not acknowledge the English version since it is not available in print.

In order to resolve this deadlock, with effect from this issue, the official language of publication will be English for the print version of the journal. On the website all articles will be published in both Portuguese and English, and in HTML and PDF. Members of the Brazilian Society of Pediatrics will receive a printed copy of Jornal de Pediatria translated into Portuguese.

With these changes we hope to take one more important step towards improving the quality of Jornal de Pediatria.

* Editor-in-Chief, Jornal de Pediatria and JPED.