Editorial

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In his book ‘The Trouble with Medical publishing’ Richard Smith, one time editor of the British Medical Journal outlined many of the problems with medical publishing now reiterated by Shankar in this edition of the journal.1,2 In this editorial we seek to respond to some of those observations and comments. The challenges in serving contributing authors with a relatively new journal in our region include the following:

Monetary: Building, maintaining and hosting the Journal’s website; registering and maintaining the AMJ domain name; acquiring and listing Digital Object Identifier (DOI) numbers; setting up a recognised company, registering a trademark and paying for accounting, technical, copyediting and design expertise.

Time: The AMJ does not employ any staff, and reviewers, editors and administrative staff are volunteers contributing a great deal of their personal time to the journal. For a journal that publishes monthly, we have to ensure that the manuscripts scheduled for publication are ready on time, that copyediting is completed, proofs have been approved by all contributing authors, and the necessary artwork has been prepared and acknowledged. Our team of volunteers maintain regular contact with our correspondents and field enquiries, concerns and occasionally complaints, almost always within 24 hours. Ultimately the buck stops with the Editor-in-chief who must ensure that the journal is delivering on its promises.

Marketing: An open access journal needs a strong web presence and, at the very least, a team to ensure that the journal maintains a Facebook and Twitter presence. The journal furthermore needs to maintain the various databases (i.e. PubMed, MEDLINE, Elsevier, etc.) on which its publications have been listed with the aim of disseminating its authors’ work via driving additional traffic to the individual articles and promoting journal brand awareness. In addition, online journals often employ experts to improve Search Engine Optimization (SEO) to ensure that articles are readily found on Google Scholar. Some even employ business managers to advise on long-term sustainability.

Whilst we acknowledge Shankar’s proposals for possible sources of funding, we believe anyone, or any organisation, which invests in medical publishing will expect a handsome return – investing which may not feature the wider goal of improving the quality of published science, with profit and influence being the usual motives. One option is for journals to charge contributors for review or publication. This is usual practice with open access journals. Here we agree with Shankar: the authors who pay for a service may expect preferential treatment. Peer review is unlike booking a seat on an aeroplane – the purpose of review is to advise authors that their work could be improved or indeed that their work is not worthy of publication. If the authors have parted with hard-earned cash, they may not appreciate the advice that is offered, even if it entirely appropriate. Secondly, the quality of even the best papers in journals that charge for publication may be regarded with suspicion. An alternative option is to charge readers for access to full papers and we would welcome readers’ views on this point.

The AMJ receives many submissions per week: some are excellent, others can be improved and a few are awful. A review of submissions to the journal will be presented in a
future submission. In summary, however, we can report that in 2010 we accepted more than 80% of submissions, whilst in 2011 we accepted 54%. Peer review is a less than perfect process – we rely on reviewers to do a painstaking assessment of all submissions using a pro-forma. Some reviewers are excellent; others have limited skills, and a few should not be offering to review science. However, the most unhelpful response is from reviewers who do not respond to our invitation, having agreed to review papers for the journal. In most cases a review is reassigned after two weeks if a reviewer has not responded. When this occurs more than once on the same paper, it wastes a great deal of time, causes avoidable delay and burdens senior editors who are then required to step in to maintain the timelines. To press, we have not taken to naming and shaming the worst offenders, suggesting politely that those reviewers might prefer to review for another journal with different expectations. To date, the AMJ continues to publish material more or less within two months of submission other than on occasions when reviewers – or authors – have not responded in timely fashion. More recently we have introduced a new system of review to further refine the review process: senior editors are now authorised to decline a paper before it is submitted for peer review if it is deemed that the science or language is beyond major revision.

We also appreciate that there is very little of immediate benefit to reviewers. Although we name our reviewers on the site, we do not pay for reviews as we do not levy any charges. Some reviewers wish to be named on material they have reviewed. However, this sets them up for unwanted attention from researchers or readers who may either disagree with their review, or wish to curry favour on papers on the same topic that they intend to submit in future – these are trends we do not wish to encourage. The AMJ does not have the facility to publish reviews on site. In many cases papers are reviewed using track changes to original manuscripts and this makes the presentation of a coherent review history challenging and time consuming for the volunteers who maintain the site. We welcome readers’ comments which we have undertaken to publish as soon as possible.

In conclusion, we do not believe that these issues are unique to publishing in this region. Many researchers in the so-called developed world have experienced similar issues. The authors are the most important group served by the AMJ and we continue to strive for excellence.

References

PEER REVIEW
Not commissioned. Not externally peer reviewed.

CONFLICTS OF INTEREST
The authors are the senior team working at the AMJ.