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There are no schools for medical editors

There are no schools for medical editors. So warned Dan Ncayiyana, editor emeritus of the *SAMJ*. He is correct. Editorship is learned on the job. I have been fortunate to be the mentee of the retiring, but not-yet-retired, managing editor, J P van Niekerk, as I proudly assume the role of editor of this journal. And there is a plethora of writings on the subject, a distillation of which is offered here.

Richard Smith, editor of the *BMJ* for 13 years, is said to have expressed the hope that his journal would resemble *Cosmopolitan* more closely than *Brain*.¹ Surely readers would agree that the *SAMJ* is a leader among other generalist journals for attractiveness ... striking banners, beautiful covers currently featuring South African coastal scenes and sea creatures, quality paper, print and layout.

Aesthetics aside, the journal is nothing if it fails to attract and sustain its readership. The journal is the 'glue' that binds the South African community of medical practitioners and medical students and combines medicine, science and journalism.

In the words of Godlee, editor of the *BMJ*, her journal exists not just to inform but also to entertain and provoke.² 'Entertainment' encompasses commentary – not for nothing are our *Izindaba* pages, dealing with matters of national (and sometimes international) importance, often the first to be flipped to – and correspondence and obituaries, art, book reviews and items of South African medical history, with the aim of ensuring that the journal is read and enjoyed.

The younger by 40-odd years, the *SAMJ* is modelled on the *BMJ*, the mission of which is to publish work that is scientifically sound and clinically relevant, to inform the practitioner and benefit patient care and public health, and to be a good fit for the journal's generalist ethos.

Acknowledging that doctors can only spend an hour or two each week on professional reading, and that their survival strategy is to 'snack' on information ('to ignore much, skim some and read little of the content'), the editor's first loyalty is to readers. Scientific articles must be easy to understand and a pleasure to read. New readers, graduating from our medical schools as I write this, are born digital and prefer their reading 'lite', especially when accessing it on the Web via a mobile platform such as the iPhone.

The editor's second loyalty is to the authors – the scientists, clinicians and clinician-scientists, who submit the fruits of their research work or other academic endeavours – and to contributors of editorials, reviews and correspondence. The editor is the 'bridge' between writer and reader, to ensure that the talent of the author(s) is conveyed. Much like the best teachers, the editor must strive to bring out the best in the writer – and shepherd the researchers of the future, for whom the journal is a good place for their early publications.

Initially, the editor, assisted by a small committee, determines what might be a good fit for the journal. At first pass, it is decided whether a paper might be directly accepted (excessively rare), rejected outright (common), or sent for review. While it is accepted that this system of seeking the opinions of reviewers, selected for their expertise and insight, has its potential flaws – 'slow, expensive, largely a lottery, poor at detecting error, ineffective at

diagnosing fraud, biased, and prone to abuse'³ – the quality of the published work in the *SAMJ* depends crucially upon it.

Herein lies any journal's Achilles heel. The editor is reliant on the generosity and goodwill of reviewers, who, in twos and threes and sometimes more, are asked to undertake the review. As an extension of their scientific and academic work, colleagues must carve 1 - 2 hours⁴ out of their busy clinical, research and teaching lives to weigh the merits of a submission and return an opinion within a month.

The system of peer review at the *SAMJ* is 'closed', meaning that authors(s) do not learn who the reviewer(s) of their submissions are. This contrasts with 'open' systems such as at the *BMJ*,⁴ which probably would not work in our small South African/African community. Since reviewers rarely approve a paper without calling for changes, an additional value of review lies in peer education. It may be helpful to release the name(s) of reviewers and enlist them in offering assistance to the author in crafting the work into publishable shape ... the formative process that lends itself to 'bringing the best out of the writer(s)'.

The journal also relies on its reviewers to alert the editor to possible research fraud, which includes plagiarism and self-plagiarism. There are some breath-taking examples, such as Pearce,⁵ who published 'Term delivery after intrauterine relocation of an ectopic pregnancy' in the *British Journal of Obstetrics and Gynaecology*, which he served as assistant editor, and Fugii the anaesthetist,⁶ accused of fabricating data in over 170 scientific papers and holding the record for retracted papers by a single author. Because attaining academic advancement depends on research publication, plagiarism or self-plagiarism is common. Smith,⁷ with typical British phlegmatism, maintains that all human activity is associated with misconduct and that scientific research that operates on a system of trust is especially vulnerable.

The *SAMJ* boasts a steadily rising impact factor (IF), testament to the excellence of its stewardship over the years. Does the IF, conceived in the 1970s, remain important?⁸ The answer is both yes and no. Yes, because it serves to rank the journal among its peers, the *SAMJ* being placed in the top third of the world's medical journals (in the company of its Australian and Canadian counterparts). No, because of defects and perverse effects⁹ and because many of the articles that the *SAMJ* chooses to publish have a purposefully local, regional or continental reach and relevance and may not be repeatedly cited. Going forward, I see the journal as desirous of publishing the work of young South African clinician-scientists¹⁰ and of seeking an African reach through publishing work from the rest of Africa.¹¹

Moreover, the IF can be manipulated by editors who, by commissioning an editorial and requiring citation of previously published articles, can raise the IF in the space of just one year! Indeed, Thomson-Reuters, who administer the indexed list, annually ban journals for doing just that. Increasingly, alternative metrics that 'measure the dissemination and reach of published research articles'¹² are gaining favour.

As readers will know, the *SAMJ* is open access (OA), as indeed are all the journals in the HMPG stable, and an App has been

developed to permit colleagues access on their iPads (Apps for other hand-held computers are in the works). Increasingly OA is the name of the game. Original research is free on publication (e.g. via <http://www.bmj.com>), while some journals have an embargo period of 6 - 12 months to allow publishers to sell their content. E-journal articles are much easier to find than their printmates, provided that the publisher enables them to be fully indexed by all the major search engines. They are free to read and can be used without permission (of authors or publishers), for non-commercial gain. Because readers of research articles rarely look in detail at the results and discussion and prefer to look at the abstract, then at the conclusions and illustrations, increasingly only a pico version¹³ or abstract is published in print, the full research article being found online. The expected (r)evolution is that paper versions will become a by-product of the online publication.

The trend is for research repositories (the best known of which is PubMed Central, <http://www.pubmedcentral.nih.gov>) to be established in cyberspace. Gone are the days, which many may recall, of toiling through volumes of *Index Medicus*, each several kilograms in weight! Plus, major research funders such as Wellcome now mandate all their researchers to make their published work available through online repositories.

Editors, it is said, are loved by only their blood relatives and lack friends.¹ On the occasion of his retirement, one editor described his relationship with authors as one of 'mutual dependence, distrust and, on occasions, frank loathing'.¹⁴ Translated, editors must follow a policy of 'no friend, no favour'. My brief experience of editorship informs me that kind and respectful communication with contributors must be the rule. Demanding major refinements of an author, in compliance with combined reviewers' requests, seldom alters the integrity of the work and, given that the aim is to encourage the 'best' of the author, it is advisable to let heat give way to light and await re-submission.

Editors get the sack! There is a surprising history of editors of prestigious journals (Lundberg of *JAMA*, Kassirer and Angell of *NEJM*, Hoey and Todkill of the *CMJ*) being fired by disgruntled publishers or owners.¹⁵ Who does the editor serve? And how political should a medical journal be? Many editors have weighed in with the answers ... editors serve the public, the readers, the authors and the owners,¹ which represents a 'minefield of potential tension and conflict',¹⁵ the negotiation of which requires an independent stance in an age of 'concerted attempts by groups to influence, or even abort, publication of articles and of manipulation facilitated by modern social media'.¹⁶

The viability of a journal depends on editorial independence, defined neatly by Smith as 'a space in editors' heads - a complex function of personality, courage, power, and the pressures they feel from owners, business people, and others'.¹⁷

Accepting that the South African (political) context is complex, editorial independence sacrosanct, and fearlessness on the part of the editor a necessary personality ingredient. I am fortunate to be following in the footsteps of two uncowed and unbowed predecessors. This journal will continue its proud record of covering social, political, and economic factors, as these affect health.

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