

Editorial policy

I have recently had occasion to think hard about the editorial policy of the *South African Medical Journal*. We accept around 20% of submissions, an acceptance rate that is comparable to international journals such as the *British Medical Journal* or the *New England Journal of Medicine*, journals with which I am sure most of our readers are familiar, even though many of their articles are behind a pay wall.

The scope and purpose of the *SAMJ* on our website reads: 'The *SAMJ* will no longer limit the articles accepted to those that have "general medical content", but is intending to capture the spectrum of medical and health sciences, grouped by relevance to the country's burdens of disease. This content will include research in the social sciences and economics that is relevant to the medical issues around our burden of disease.' This is a pretty broad reach, but still refers to the country's burden of disease – the aim being to provide research articles, editorials, 'In Practice' articles and so on that are of relevance not only to those in clinical practice, but to our policy makers and administrators as well.

However, broad as the scope may appear to be, most of the articles submitted are rejected. First, many readers may not realise that every week the newly submitted articles are first scanned by myself and then sent on to an editorial committee – listed on the masthead of the journal – to decide whether to reject outright or send for further review. I receive the comments from members of the committee, who cover a range of specialties and include past, highly experienced editors such as JP van Niekerk and Dan Ncayiyana, and then make my final decision. I will overrule if I feel that an article is worth reviewing when members of the committee have rejected it, but we are usually in broad agreement. This results in all submissions receiving a decision within about 7 days, allowing people to submit elsewhere if rejected by us.

A second issue is, sadly, the quality of many of the submissions, and here I am calling on the universities and major medical institutions to heed my comments. With the introduction of a postgraduate degree

as a requirement for specialisation, many universities require their candidates to have published papers as part of this degree, hence a flood of submissions of articles outlining small research projects, of necessity from single centres and frequently little more than audits. These may be of real interest to the centres concerned, but are seldom generalisable and are usually retrospective studies, which always have major limitations in their conclusions in any case. A few of these stand up to review and are published. The vast majority do not even make it to further review.

We were criticised some years back by the Academy of Science of South Africa for not sending all submissions for full review. Clearly this would be impossible. It is hard enough to find willing reviewers for those articles that are sent for review. To send poor-quality articles for review would unnecessarily burden our already busy reviewers and probably result in even fewer people willing to take part in the review process. Our pre-review process therefore needs to be rigorous.

The *SAMJ* strives to provide high-quality, focused articles that are of use to the broader medical community, specifically in South Africa but sometimes outside our borders as well. We carefully consider every submission and maintain a high standard in what we do publish, and have an impact factor (for what this is worth) of 2.16, which for a medical journal published at the southern tip of Africa is something to be proud of. So I am starting the year thanking our authors, our reviewers and our publishing team for a good job. Long may it continue.

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