
EDITORIAL

Online presence

With the increasing usage of Internet communication by all, there is an expectation of online presence of institutions by the community. Consumers expect information to be available online and readily accessible by search engines. The younger generation assume that this is the case, with the older generation adopting it slowly. I overheard my 7-year-old telling her friend to simply type ‘www...’ to access an online game and even my 68-year-father has a Facebook page!

The initial frustration of access speed has improved with ADSL and 3G connections, and more recent reduction in bandwidth costs making transfer of large data files (e.g. audiovisual data) ubiquitous.

This is also true of the medical professional. Most have home and office Internet access and many carry smart phones with Internet connectivity options. These tools allow easy connection to online resources. Busy clinical commitments make 24/7 communication via email ideal. Remote radiology review avoids unnecessary visits to the radiology suite and solves the irritation of patients arriving without X-rays or MRIs. Immediate distribution of pathology results via email allow prompt reaction and reduce the piles of printed results being binned or taking up space in folders.

Online medical publications are another huge step forward. I still remember the pain of searching through the Index Medicus during my undergraduate days, where articles were listed in one volume per year. Now this is all offered online, with services such as Pubmed offering abstracts of articles listed by Medline. A quick simple search can provide a literature survey of the required topic in a matter of seconds. Abstracts can be reviewed and even full text downloaded if available.

Often full text article access is limited to subscribers whether these are individual or institutional. Those of us in academic practice have access to many journals subscribed to by the university. Those in private practice have to personally subscribe to the journals; however, this benefit is increasingly recognised by others. Organisations such as AOSpine are now offering full text access of many journals to paid-up members.

As online access becomes more prevalent, those not online tend to be ignored. This is a problem for publications such as *SAOJ* as our readership is geographically localised. This means that our work is not readily available to the international community and is therefore not cited. Thus our valuable contribution to the world's body of literature is lost. This often manifests by those writing about tuberculosis and trauma not including our vast experience.

One way to increase global exposure to our work is to achieve Medline recognition. This is an arduous and slow process with stringent requirements. This creates a catch 22 situation where consistent quality articles are required for acceptance by Medline, but authors are reluctant to submit their work to journals without international exposure for the aforementioned reasons. Another option is to achieve an online presence to allow indexing by the web crawlers such as Google Scholar. Prof Gräbe and his team have been working diligently at this at the bequest of submitting authors. Application for Medline has been undertaken but is a slow process. However, in a parallel process, the *SAOJ* has been accepted by the Academy of Science of South Africa (ASSAF) to become a member of the Scientific Electronic Library Online of South Africa (SciELO SA). This is linked to Google and will open up our journal to the medical world.

According to their website (www.assaf.gov.za), the Scholarly Publishing Unit of SciELO SA takes responsibility for ensuring that Open Access initiatives are promoted to enhance the visibility of all South African research articles and to make them accessible to the entire international research community.

The *South African Medical Journal (SAMJ)* already utilises this service for its electronic access. This should not negatively impact on the hardcopy side of things, as this will still be published, advertising revenue generated and distributed as before.

The advantage is that the full text of all past and future articles will be placed on this site. The site itself allows indexing, searching and viewing of full text articles by topic or author. In addition, they will be indexed by Google. This will allow easier identification and retrieval by globally initiated searches. This is in contrast to the current situation where scanned copies of the articles are stored on the SAOA website making access difficult due to their size and lack of indexing with web crawler (Google) identification unlikely.

Prof Gräbe and his team should be congratulated on this achievement. This will increase the visibility of South African Orthopaedic Surgery research and thus promote increased journal submissions, building an even stronger journal.

Prof RN Dunn
Guest Editor

