The Promethean fire
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Most readers will be aware that publishing of medical journals is undergoing a sea change at present. The traditional ‘reader pays’ subscription, with a growing pile of journals neatly filed on the bookshelf, is what most sports medicine practitioners would be most familiar with. The coming tidal wave is of online only journals neatly filed on the bookshelf, which is what most sports medicine practitioners would be most familiar with. The coming tidal wave is of online only journals with free open access using an ‘author pays’ system.

Journals will need to adapt to these new developments. It is either evolve or perish like the dodo. For our journal, the coming year heralds a number of changes, many of which fit into a long term strategy of journal online evolution.

First, the dramatic increase in manuscript submissions means that we need to improve our ability to publish more papers or face unacceptable delay-to-publication times. Over the past twelve months, we have seen a 60% increase in manuscript submissions—far outstripping the growth seen in our ‘competitor’ journals within the field of sports medicine. Over time this will mean an increased number of submissions but, necessarily, this will mean that our rejection rate will also rise. This will no doubt cause some angst from authors; however, ultimately the quality of the journal will improve as the flow on from this development reaches the publication stage.

The increased demands on our reviewers have also been considered. Last year we had over 1300 reviews performed, each of which took time and effort on behalf of the reviewers who gave their time free of charge. To them, I say a big thank you. Peer review is the cornerstone of journal quality and without their efforts our journal would suffer. In our effort to improve quality, we have increased our reviewer database and recruited a far wider selection of reviewers enabling us not to overload individuals excessively. This is one of the reasons why we insist on three reviewer names being sent with any online manuscript submission. We have found that authors have a much wider selection of potential reviewers that can be generated by editorial staff alone. There is currently a randomised controlled trial in progress by the BMJ Publishing Group Ltd to see whether author generated reviewer names are more effective in their reviews than editor selected reviewers. We await the outcome of that study with some interest.

In previous years, we have increased our total page numbers and changed the journal layout, which in turn resulted in a 20% increase in published papers. As the ability to increase page numbers has a direct affect on the financial viability of the journal, this is not an endless process unless subscription rates rise accordingly. Fortunately for our readers, the BASEM executive has discussed a plan to underwrite this process and minimise any impact upon subscriptions in the short term. In the medium to long term, assuming the manuscript submission rates continue to rise, then the journal is looking at a monthly (instead of bimonthly) publication schedule. According to this plan we will definitely include the case reports, short reports, research letters and letters to the editor in the first instance. Reviews and original papers will remain in print for the time being; however, we may offer an online ‘fast track’ publication for newly accepted original papers if authors are willing. Our online ‘Instructions to Authors’ already reflects this development.

From a reader standpoint, all papers, both print and online, will be listed in the table of contents and the online only papers specifically designated. These will be accessed via the journal website. For those authors who are not familiar with such systems, all papers regardless of the mode of publication are cited as per the current citation system and all papers are listed under Medline (and the other citation databases), as is the case at present with the print journal.

Third, the journal is commencing four new sections in the coming year.

1. A journal update service – six evidence based summaries of recent sports medicine citations will be published in each issue. This section will be under the auspices of Professor Martin Schwellnus from Capetown, South Africa. The aim is that readers can be kept abreast of important new published research and hopefully will begin to utilise such summaries in their own Journal Club format.

2. Research Reviews – a series of review articles on epidemiological and statistical methods in sports medicine research will be published, which over time should develop into a comprehensive guide for practitioners. In time, we also hope to include reviews on evidence based medicine and critical appraisal techniques. This section will be sub-edited by Professor Nicola Maffulli from Stoke on Trent, UK.

3. Core Curriculum – a series of state of the art reviews on sports medicine topics that will evolve into a complete sports medicine curriculum. We plan to have these available on the journal website as a specific collection as they are published.

4. Interactive case reports – this is an innovative style of case reports whereby the reader is taken through a carefully structured online case report with question generated learning points and at the end of the completed report, a ‘take home’ PowerPoint presentation. One of our sister journals, Heart, has lead the way with this technological evolution in case report publication and we have simply borrowed from their pioneering approach.

So as can be seen, the journal is slowly and steadily undergoing a digital evolution – more online content, improved manuscript quality, increased ‘value added’ material in the print journal, better reviews, and increased publication space with reduced delays. The sea change is with us. Enjoy surfing.