Strategic Regional Partnerships: Growing MJA as an international journal

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A time of change and disruption

“Every day the clock resets. Your wins don’t matter. Your failures don’t matter. Don’t stress on what was, fight for what could be.” -Sean Higgins
MJA a great success and on the rise…but all Journals no longer immune to failure

• The MJA celebrated its centenary in 2014
• The most important medical journal in the Southern Hemisphere
• High impact in Australia
• Trusted, membership backed…
• Distinguished history, e.g.
  ➢ published Barry Marshall’s famous self-ingestion *H. pylori* experiment that paved the way to the Nobel prize
  ➢ antibiotics for peptic ulcer
  ➢ discovery of Q fever
  ➢ folate deficiency and neural tube defects
  ➢ rubella and foetal damage
  ➢ health care can harm you
In health and medical research, choosing where best to publish a paper involves so much more than just the prestige (or impact factor) of the journal. In clinical and public health sciences, authors will want the right audience to read the article.

When published in a surgical journal, for instance, the findings of surgical research will influence the thinking of more people, and more of those who should read the research, than when published in a more general journal, even if the latter had a higher impact factor. Similarly, public health researchers want to publish where public health policymakers and officials will read the article”.

“A single paper in the wide-reaching Medical Journal of Australia – which could change health policy and practice affecting thousands of Australians – may be of greater impact than a paper in a high-impact journal that very few people read”.

Published in the Conversation By Warwick Anderson Professor & former Chief Executive Officer, National Health and Medical Research Council, September 2013
Defining what is a high impact journal

- What is high impact?
- High readership
- MJA Insight - high press interest every issue
- The MJA influences government policy – health departments (Federal and States) subscribe and read the Journal, Ministers (or at least their minders) pay attention

Need new ways to measure Journal impact
Impact measures
The MJA achieving impact in relation to doctors health, indigenous health, medicine and public health

• The MJA has had a longstanding commitment to improving doctors health

• Over the past 5 years the MJA and MJA InSight have published widely on doctors health and the unacceptably high suicide rates of young doctors in Australia and been a vehicle for doctors to speak out

• Much of that has been adapted for the mainstream media
The Medical Journal of Australia Impact Factor 1997-2018 (announced the following year)
MJA Impact Factor 2019

- Medical Journal of Australia’s Impact Factor (IF) announced in June 2019 has risen to 5.332
- Global Ranking has risen from 19th to 16th in the world
- Top 10% of general medical journals globally
**MJA** is a proudly independent voice

- It is at times controversial, intentionally and unintentionally and this is a strategy to drive awareness and influence debate…..
A time of change and disruption

December 2018
The MJA Lancet Countdown on health and climate change: Australian policy inaction threatens lives
Australia joins a global initiative to track progress on health and climate change

https://climate.nasa.gov/effects/
• Australia’s share of total world health and medical research output (bibliometric analysis):
  • 2.5% in 2002
  • 3.8% in 2012
  • growth rate of Australian publications averages 10.2% per year (global comparator 5.6%)
• Australia’s representation in top-tier journals (% of publications):
  • 0.9% in 2000
  • 0.5% in 2015
• **Impact**: on the rise - increase in impact factor last 3 years
• **Attraction**: 10% of original research submissions accepted for publication
• **Efficiency**: time to initial decision 5 days
• **Digital transition**: online first, Insight, social media
• **Media**: increased influence in lay media and in policy
• **Independence**: complete editorial control
• **Partnerships**: meaningful relationships with Lancet
• **Leadership**: high quality editorial team and strong publishing support
• **Global reach**: Wiley partnership
BUILDING A TOP-TIER JOURNAL what's next?

- **Increased capacity, diversity**: Open Access hybrid publishing model
- **Reviewer quality**: increased international reviewer pool
- **Funding**: budgetary capacity to support expansion
- **Regional expansion**: Asia-Pacific strategy

**Attracting more international submissions:**
- already achieved for non-research – best international and national authors write Perspectives, guideline reviews, Editorials, narrative reviews e.g. transgender position statement (Lancet), planetary health (Lancet), medical education series, adolescent mental health
The role and importance of an editorial advisory committee

- Critical to MJA success
- National and international
- Critical layer of medical expertise
- Guide content direction and strategy
- Draw on networks for authorship
- Promote globalisation
- Promote collaboration
- Guest Edit themed issues
- Develop themed issues

We live in a global world — we welcome international contributions
Building relationships with Wiley Journals

Prof. Joseph Sung

- Editor in Chief, JGH
- Member of the MJA EAG
- AI in medicine collaboration
What is the role of a general medical journal?

“The New England Journal of Medicine has persisted, and it’s history provides a window on the changing functions of both medical journals and the medical profession. Journals don’t simply disseminate new knowledge about medical theory and practice. They also define the scope of medical concerns and articulate norms for physicians’, professional and social roles. Simultaneously, they work to preserve their reputation, financial stability, and editorial independence in a constantly changing publishing environment and an avalanche of medical information.”

Scott H. Podolsky MD., Jeremy A Greene, M.D., Ph.D., and David S. Jones, M.D., Ph.D.
"Prediction is very difficult, especially if it's about the future."

Nils Bohr, Nobel laureate in Physics

"This is the first age that's ever paid much attention to the future, which is a little ironic since we may not have one."

Arthur C. Clarke

I never think of the future, it comes soon enough. " Albert Einstein

The future of the subscription/membership journals - *Medical Journal of Australia* and others just like it?
Disruptors

• Principle: research must be *freely* available to read/share

• Rise and rise of predatory journals, and legitimate journals

• Peer review quality

• Open Science (Plan S)
  • European Competitive Council recommendation that all publicly funded research be made freely available by 2020

• Sci-Hub
  • By-passes paywalls, ignores copyright, 69 million articles, free

• No need for journals in the internet age, publication of non-reproducible results, failure to translate fast enough…

Sci-Hub created by [Alexandra Elbakyan](http://example.com), from Kazakhstan, speaking at Harvard (source: Wikipedia)
The BIG disruptor –
Open access publishing models
Open access: MJA a stand out hybrid journal

• AMPCo Board and AMA support the current hybrid MJA model
• MJA a “hybrid journal” – research ALL open access at www.mja.com.au (at no charge to authors albeit no Creative Commons licence), rest closed (aside from indigenous): “public good model”
• Reject 90% research submitted to MJA now
• Publication space is increasingly constrained as submissions to the Journal expand
• Funding body and research community increasingly require unrestricted access to published research
• Plan S impact (hybrid journals, subscription journals excluded)?
Death of print

• Print newspapers and magazines on a steep decline – dire predictions of the death of news journalism and fact checking, with high risks to democracy

• Cohort effect – impacts print readership preferences e.g. MJA 1/3 → ¼ prefer print

• A paradox – as print interest declines globally, its costs decline too, making a switch for print journals to pure digital a minimal cost saving slowing the transition…but the transition is inevitable

“The Internet has shifted the balance of power from publishers to advertisers, who can reach their customers far more efficiently than they could by taking a shot in the dark on expensive print ads.” Dan Kennedy WGBH News 2016.
MJA - moving away from print the plan, but not yet

**Print model costly and dated**
- Print and distribution costly
- Labour intensive, adds a lag time to publication
- Many never open the plastic wrapper

**BUT**
- Print publication = integrity in an age of predatory OA journals
- Many authors/reviewers still like to see “their” paper in print
- Subscription, supplement and advertising models currently linked to print in Australia (advertising on decline globally)
- MJA serves practitioners, multiple “cohort effects” (>1/3 want digital only, 1/4 want print, 1/3 want both)
- Print costs are FALLING as competition increases – in transition period savings are not great
Richard Smith (former editor BMJ) predicts

“death of national medical Journals”

- “Authors have become obsessed with impact factors of journals—because they are measured by the impact factor of the journals in which they publish.
- Harder and harder for small national journals to attract the best studies - their impact factors go down and down.
- “Mega-journals” like PLoS One, BMJ Open, and many others have appeared - authors can get their studies published rapidly and easily (because these journals don’t select for importance and originality). IF PLoS One falling…
- Mega-journals increasingly have higher impact factors than the local, national journals.”

- You must ensure value add & financial viability – and look for new income streams
Stables of journals to compete
Predatory journals

• Senior researchers and academics can be duped
• “Open access”
• Predatory publishers: 18 in 2011 to 693 in 2015
• Number of articles in predatory journals: 420,000 in 2014 and rising
• Unlikely to be listed on Scopus, DOAJ, or have an impact factor

Jeffery Beall’s list
University Colorado
https://beallslist.weebly.com
Scholarly journals: Is peer review really a value add?

- Definition of a peer? Often a direct competitor (who has a conflict of interest)?
- What is acceptable peer review? How much detail? How many? What if one says yes and one no? Do what the 3rd reviewer says?
- Level of agreement between reviewers on whether a paper should be published little better than chance
- How many Journals ask for the reviewer to look at the raw data, re-analyze the data? Few!
- Subjective, inconsistent process
- Blinding reviewers failed to improve improved the quality of reviews in an RCT
- Opening up peer review or training peer reviewers – no clear benefit

Open peer review trial in Australia 1996-1997

- First open peer review trial - Medical Journal of Australia and University of Sydney Library: March 1996 to June 1997
- 60 (81%) of 74 authors agreed to take part in the study, together with 150 (92%) of 162 reviewers
- Of 56 papers, 28 received 52 comments from 42 readers (2% of readers submitted comments)
- Most readers' comments were short and specific
- 7 articles were changed by the authors in response
- No significant difference in the performance of commissioned reviewers before vs. during the study
- Reviewers less likely to be critical if their review will be published

“Despite enthusiasm for the concept, open peer review was not widely popular, either among authors or by scientists invited to comment”

- Sent out a total of 1,369 papers for review during the trial period
- Authors of 71 (or 5%) of these agreed to their papers being displayed for open comment
- Of the displayed papers, 33 received no comments
- 38 (54%) received a total of 92 technical comments
- The trial received a healthy volume of online traffic: an average of 5,600 html page views per week but reader interest did not convert into comments
Who’s afraid of peer review?

- John Bohannon submitted fake scientific papers to 304 open access journals: 167 from the DOAJ, 121 from Beall's list, and 16 on both lists. *Science*. 2013; 342: 60–65
- 157 of the journals accepted the paper, 98 rejected it
- Beall's list: 82% accepted the fake paper (note 1 in 5 rejected)
- DOAJ: 45% accepted the fake paper
- *PLoS* and *PLoS One* undertook rigorous review (and rejected)
- Raises many issues – rise of predatory journals, weak editorial processes even in many non-predatory journals, correctly listing predatory journals, flaws in peer review, making peer review more transparent, tightening up quality standards for listing

➤ Ultimately we risk falling community confidence in science
Peer review system at risk

• 2012-2014 peer-review rigging: “researchers exploited vulnerabilities in the publishers' computerized systems to dupe editors into accepting manuscripts, often by doing their own reviews”

Nature 515 480–482 (27 November 2014)
Positive but wrong (often): the scourge of incorrect or un reproducible results

Lies, Damned Lies, and Medical Science

“Much of what medical researchers conclude in their studies is misleading, exaggerated, or flat-out wrong. So why are doctors—to a striking extent—still drawing upon misinformation in their everyday practice? Dr. John Ioannidis has spent his career challenging his peers by exposing their bad science”.

David Freedman. *The Atlantic*

Rigorous editorial processes and double-blind peer review

- Rigorous peer review at the MJA
- Peer review is double blinded – reviewers do not know who the authors are until the paper is published
- All original research, reviews and perspectives peer-reviewed
- All original research undergoes formal statistical review
- All articles after peer review reviewed by the Journal editors, including a statistical editor, in a conference meeting format, twice/week (“hanging committee”)
- 90% rejection rate for original research
Science is about self correction

- Science is permanently about self-correction and testing the evidence – and Editors (and readers/reviewers) have a key role here
- Yes any study can and is often wrong despite the best possible peer review – but it is the accumulation and synthesis of knowledge that we proudly contribute to disseminating
- We are failing to help translate new knowledge quickly enough – and here we must do better

How long does it take from publication to implementation?

- Often stated it takes 17 years to translate research into practice but this is highly variable and excellent data are unavailable (*plus our interest is post publication*)
- Most guidelines are ignored in practice
  - In its 2014 Annual Report on Australian *Clinical Practice Guidelines*, the NHMRC found there were “ongoing serious and systemic problems…”
- Our interest should be in knowing: is our Journal promoting translation? (*because funders, governments and the public do now want to know about this*)!

- MJA/MDA 2017 Prize for Research Excellence – translation within 1 year of publication (discharge medication errors: RCT pharmacist completion vs. status quo)
The MJA – a great success in 2019

• Better on ALL metrics, highest impact factor ever but can’t be complacent – we are very ambitious

• We are in the middle of the internet and free information revolution – no Journal is “safe”

• All medical journals need to define their value add (and not assume peer review and citations alone equals quality) – what makes your Journal unique and too important to fail?

• General medical journals play a fundamental role in presenting and explaining research, making research and data accessible, educating, translating, engaging the public and shaping health policy

• We aim to become a more international Journal in an inter-connected world
Medical journals
The future is bright
We make the future –
it’s in our hands

“The best way to predict the future is to create it.” - Peter Drucker