EDITORIAL

What is takes to have a good journal

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It is as complex to define what makes for a good journal, as it is to compare two vastly different painting masterpieces such as Leonardo da Vinci's Mona Lisa (Louvre, Paris) with Pablo Picasso's Weeping Woman (Tate Gallery, London).

If 'good' relates to printed circulation numbers, glossy magazines far exceed and out-sell most biomedical journals. If 'good' relates to online circulation and downloads, popular Google' sites receive millions more hits than any biomedical journal site. If 'good' relates to instantly accessible information, then most newspapers' front page headlines would instantly convey far more than the average journal article's first page.

Thus a 'good' biomedical journal must be judged by what it wishes to achieve within its peer group of journals. Even this is not as straightforward as it sounds, as aiming to be a refined academic journal publishing the highest quality of original research including double-blinded, placebo controlled trials or systematic meta-analyses will lead to few papers and an initially thin journal. This is compared to accepting a varied mix of papers of lower quality that showcase local research endeavours such as they are, which would lead to a far greater number of submissions and more substantial journal page numbers.

A new journal starting out must begin by setting its academic barriers low enough to receive significant numbers of articles, and then gradually raise the bar on academic quality as the journal processes and procedures settle in. Journal processes and procedures include refining the editorial process, as well as refining the publishing process.

The aim of the editorial process is to clearly value-add by selecting and producing readable, high-quality research papers[1]. The editorial process must initially establish clear guidelines usually in its *Instructions for Authors on the need for Ethics Committee* approval in original research, and written patient informed consent with an assurance of anonymity for all publications of investigations on human subjects. There should also be a requirement for a statement on authorship contribution, and a request for a declaration on Competing Interest for every paper. Using the term 'Competing Interest' rather than 'Conflict of Interest' may reduce the sense of wrong doing, and improve the likelihood of disclosure[2].

Next, the editorial process is enormously facilitated by adopting an online Web-based editorial office system allowing electronic manuscript submission, online peer review, administration and tracking of submitted articles, enabling users to submit, review, annotate and format technical manuscripts online. *Manuscript Central*™ by *Scholar One*™ (Charlottesville, VA, USA) and *Bench>Press*™ (Stanford University HighWire Press, Ca, USA) are good examples.

Peer review, once dubbed *"still the least worst system"*[3] is fundamental to the scientific credibility of any biomedical journal, and technical in-house editing to the readability of the papers. Although there is little good research on the effects of either of these processes, and what opinions there are may be conflicting, a recent Cochrane Collaboration® review suggested they do positively impact on the accessibility and quality of papers to improve them[4]. It is also important to recognise the limitations of peer review as it does not necessarily recognize scientific error, nor misconduct in study reporting, nor outright fraud[5].

Finally, the editorial process must be open and transparent, able to track the papers' progress against predetermined benchmark performance indicators, and also able to handle fairly challen-

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ges, complaints and queries from its submitting authors, as well as general readers.

Meanwhile the publishing process focuses on excellence in marketing, production quality and timeliness, with journal distribution both in print and online, ideally offering early electronic publication of original research and review papers with their own unique digital object identifier (DOI) number, as well as an attractive and easily searched full online electronic version of the journal[1].

Once a journal's mission and readership aims have been decided and targeted, and its editorial and publishing process implemented and refined, it is then a matter of time and patience to watch the acorn grow into a small tree. This is not a passive process, but will have constantly changing goals from acquiring Medline™ listing, to SciSearch® and Journal Citation Reports® inclusion for an impact factor, to improving submissions and more importantly increasing paper downloads and citations in general. The 'good' journal puts in place processes for all the above aims.

Ultimately, any journal is really about what you, the readers, make of it: how you contribute, what you enjoy, what you cite, and above all, what you learn that actually influences or changes how you practise medicine, or at least makes you question your knowledge and challenge your established care processes. A good journal is just as much about developing the good reader in a creative, symbiotic relationship. Journal quality assumes that the journal delivers what the readers want, presuming that both the editorial staff and readership know what that is, and are then able to measure success in achieving it[6]. Qualitatively, success is met when a reader looks forwards expectantly to the next issue of the journal, takes pleasure in reading it, and derives an increasing sense of academic security with its content.

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