

# Me, the Editor-In-Chief and the Puzzle Work

## Eu, o Editor-Chefe e as Peças do Puzzle



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**Portugal** is located in Southwestern Europe and has a population of around 10.5 million people. Only four Portuguese medical scientific journals are indexed with PubMed and assigned with an Impact Factor (IF) by the Journal Citation Reports: *Revista Portuguesa de Pneumologia*, *Revista Portuguesa de Cardiologia*, *Acta Reumatológica Portuguesa* and *Acta Médica Portuguesa* (AMP). I have been the Editor-in-Chief of AMP for the last six years. AMP is the scientific journal of the Portuguese Medical Association (representing around 48 000 physicians), was indexed with PubMed/Medline in 1979 - the first Portuguese medical journal to achieve it (Fig. 1), and covers the scientific work of around 50 medical specialties.

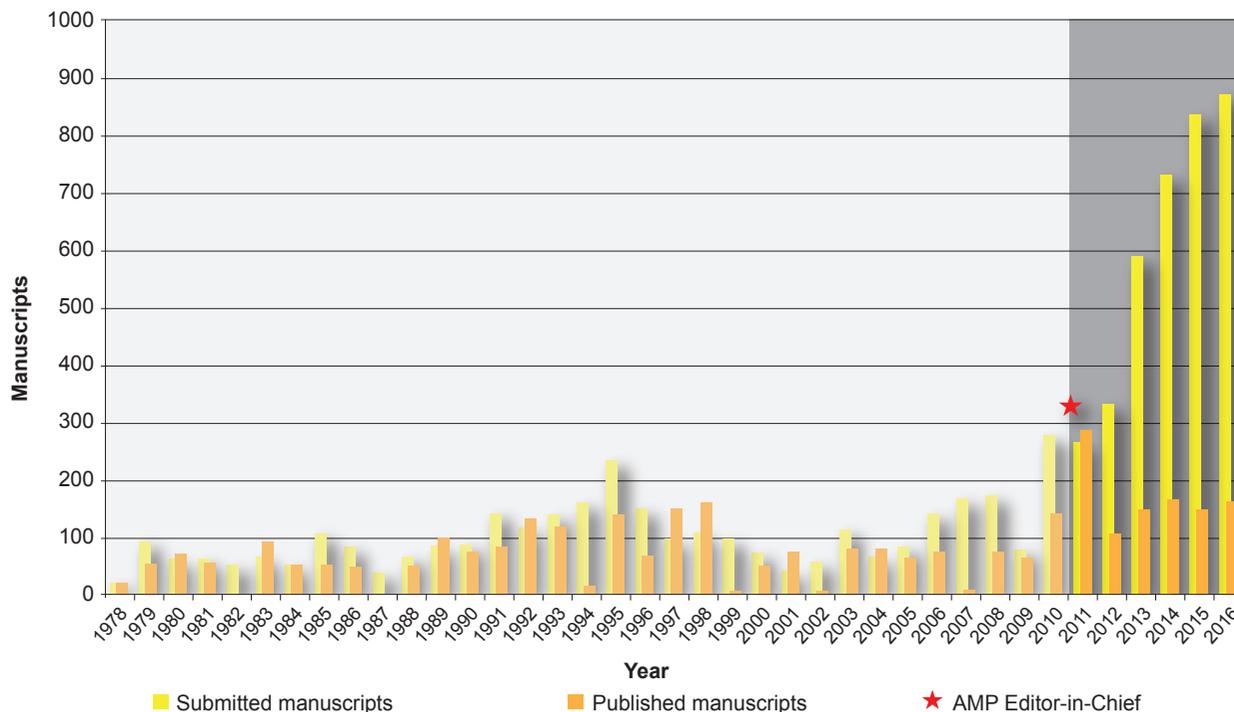
with peer review, indexed with PubMed and an Impact Factor granted by Thomson-Reuters.

### First international division

We are included in the category of Medicine, General & Internal, ranked at 132/151. Our companions are champions such as New England Journal of Medicine (NEJM), British Medical Journal (BMJ), etc. Smaller when compared to the best, like a player in the 100<sup>th</sup> position in the ATP tennis ranking, we had to set up some basic operations. In the list of 11 989 scientific journals indexed in Journal Citation Reports, we can be found in the 11 092<sup>nd</sup> position, with around 900 journals coming below in the list. Our impact factor is low, but exists. Anyway, the journals with IF 1 and 2 can be found in positions 7424 and 3820, respectively.

### Why to publish in AMP?

It is a completely free journal, available in open access,



**Figure 1** – Our core: submitted and published manuscripts throughout the 37-year lifetime of Acta Médica Portuguesa. The performance of the journal upon the appointment of a real Editor-in-Chief may clearly be observed.

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**More information on the international side**

AMP joined COPE (Committee On Publication Ethics), ICMJE (International Committee of Medical Journal Editors), and got a DOI (Digital Object Identifier) for each article.

**The Editor**

AMP management took me 8 - 10 hours per week and this had to be achieved on top of my clinical work as a gastroenterologist and hepatologist, in addition to research work, teaching, writing and publishing, organizing meetings, etc. It has been far from doing a double task. Editor's work should be professionalized, should have an employment contract and get paid for it, in money as in working time. Such a crucial issue should not be ignored!

**Editor's aim**

The Editor aims to obtain the best papers, the best authors and to improve journal's Impact Factor, as well as "helping doctors make better decisions".

**AMP owner and the boss**

AMP is owned by the Portuguese Medical Association and the boss is his President even though both do not interfere with the editorial work. They are only responsible for the journal's economic organization and logistics.

**The past**

In 2011, when I took this job, 300 manuscripts stood waiting for publication. Some remained in the waiting list for up to 2.5 years. The journal had no real editor-in-chief for more than 12 years. AMP could be an excellent case-study in medical editing, as regards the fact that its task force was able to revive the journal.

**Training for the job**

'A not-to-be missed event', this is how the Medical Editors Short Course, organized by Pippa Smart, in Oxford (United Kingdom), should be defined. I realised for the first time that I was not alone! I have also learnt a lot from interacting with some Portuguese professionals such as Tiago Villanueva from BMJ and Daniel Müller from NEJM, who allowed me to visit their offices in London and in Boston. Another major source of knowledge was the seminal book by Richard Smith, "The Trouble with Medical Journals" (2006). Thank you Richard! All the continuous learning, together with my team and colleagues, from dealing with real situations of the amazing world of medical publishing should also be mentioned. The editor is only a captain at the cockpit of the airplane.

**Travelling around as a Medical Editor**

During these last six years acting as Editor-in-Chief, with the objective of raising awareness to medical editing, I ended up being invited to speak at 35 meetings and conferences.

**Network**

The role of Editor-in-Chief gave me the opportunity to improve networking: I met with BMJ, NEJM, Nigel Crisp, National Institute for Health and Care Excellence (NICE), Cochrane and different Portuguese institutions including Medical Schools, Universities, the Portuguese Parliament, Medical and non-Medical Journals, colleagues from different specialties, the Portuguese airline company (TAP Portugal) and many more.

**Building a team**

Any scientific medical journal needs a staff. Currently, a team of 15 people with specific skills and expertise is responsible for publishing AMP, including an office-based team involving the editorial coordinator, the designer and the editorial assistant, a manager for the Open Journal System and PubMed indexing, a web designer, a translator responsible for the English version of published original manuscripts, a social media manager for Facebook and Twitter communication, as well as a team of medical students. We always counted with the cooperation of the President of the Portuguese Medical Association.

**Organizing meetings**

Five meetings involving 15 Portuguese medical journals and Editors-in-Chief were organized by AMP, in order to promote medical editing and publishing within the Portuguese reality, as well as to develop a national and international network. These five meetings had the contribution of representatives from BMJ, NEJM, Cochrane, Springer, among others and gave the opportunity to learn from about 80 communications.

**Publishing about medical editing**

Different papers on specific subjects associated to medical editing were published (how to write a title, how to search, the peer-review process, a think tank about medical publications and many more).<sup>2</sup>

**Social media**

Facebook has been a major communication channel in order to promote our authors and published manuscripts, with daily updates and a steadily growing target: AMP reached 12 000 pages 'likes', with some of the posts reaching 120 000 'likes'. AMP is also present in Twitter, which is not so popular in Portugal.

**Press**

Some of them appeared in the most important Portuguese general newspapers.

**Image**

AMP's layout has been updated and new standards for graphics, figures and all image-related matters have been established. This is an ongoing work, done by a full-time professional designer.

### The Brand

Marketing items - pens, leaflets, cardboard and plastic folders, roll-ups - were produced in order to reinforce visibility of the AMP brand.

### Manuscript rejection

Eighty five percent of submitted papers were rejected – with the usual often angry flow of claims and complaints. There is no other way to move onwards, though: the rate of rejection is related to quality.

### Soccer referee

This is how I often feel like. Referees are always needed, as well as people with the ability of dealing with a position under the spotlight. The show must go on!

### Going monthly

This was a particularly big challenge. It meant more papers, more work, etc.; this is the way forward!

### English versus Portuguese

Even though Portuguese language is spoken by almost 300 million people, English is the universal language in medical publishing. I personally prefer publishing English written scientific medical contents. The option for publishing in English allows improving the journal's Impact Factor.

### The Juniors

AMP-Student was launched in 2015 and aimed at helping medical students taking a step forward, early in their career. It is about time to recognize that many students have been doing a great job within very demanding research groups.

### Fraud, unethical behavior

More than I would have expected.

### Peer review

We have registered a total of 5986 users in the new AMP system. They are still not enough – selecting and having it done, this is a tough issue.<sup>3</sup>

### Increasing submissions

Annual submissions have increased from 200 to 850. Approximately 3500 manuscripts have been submitted over the last five years – which is very relevant in this reality.

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### The Oldies

AMP started its activity in 1979. Currently, 3440 papers are fully available at PubMed in open and easy access through the link-out system allowing direct full-text access. In 2004, 2350 articles published over the first 25 years of AMP were scanned and made available online. A special heartfelt thank you to Vanessa Manduluca in Angola and to Fernando Fernandez-Llimos in Spain.

### The Impact Factor

We always get back to the Impact Factor. Assignment was achieved in 2011 and improved. An IF of 0.304 was reached in 2015 and the main question remains: how can we improve it? AMP needs to attract the best papers, and the best authors. Work flow and operations must be improved. Stronger advantage needs to be taken from the iPad app, the website and Facebook. This is a never-ending work.

### Quoting Richard Smith:

“There is no description for the work of the Editor-in-Chief. They work days and nights. We are quick and brutal with many of our rejections. Media coverage – increase citations to your journal. Peer review is at the heart of the system (> 2 hours). Editing is becoming more and more complex. It is a desirable end to reach the public.”

**A quote** by Theodore Roosevelt, 26th President of United States: “Do what you can, With what you have, Where you are”

**It has been a great honour,  
That's it!**

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