

## Brain or GQ? A delicate balance

Many professional journals try to attract both busy practitioners and academic researchers. *CPJ* asked John Hoey, MD, editor of the *Canadian Medical Association Journal*, how he appeals to these different audiences.

**Polly Thompson:** The *Canadian Pharmacists Journal* is in a real transition right now, and we were wondering what the *Canadian Medical Association Journal's* biggest challenge is in the next three years. Is it increasing revenue, or reaching the busy practitioner?

**John Hoey:** It's both of those things. Being the editor of *CMAJ* is such a fabulous job. I've been lucky and had a lot of good jobs, but this one is really great! It's hard to pick out a specific challenge because there's always something new and unexpected.

Our strategic goal for our next three years (as for the past two years) is to really work on the print journal. For one year it's been in a redesign process that will launch in the fall, so the print journal will look hugely different. That's our attempt to really capture the print journal reader's attention and to work at separating even more the electronic and print journals.

On the electronic side we will much more aggressively go after the bigger papers. We're working at trying to capture some of the randomized trial research that we don't get a lot of. So far, it's been successful and we're going to do more.

**Ross Tsuyuki:** Like *CMAJ*, we're a peer-reviewed journal affiliated with a national professional advocacy body. We've borrowed some ideas from what you and other journals have done.

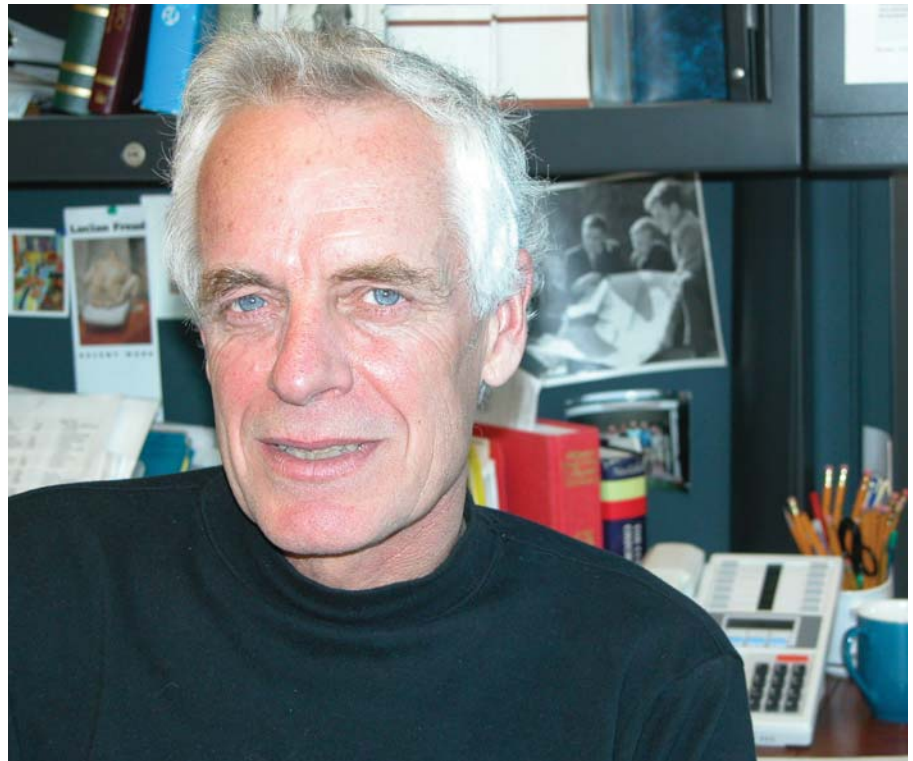
**JH:** Indexing in PubMed is the main thing.

**RT:** Yes, that's our goal. [*CPJ* is currently indexed in EMBASE, the electronic version of *Excerpta Medica*, but not PubMed. — Ed.] ... John, since you took over at *CMAJ*, it's really taken off. What would you say are the main steps to the position *CMAJ* occupies now as the leading Canadian medical journal?

**JH:** It's hard to choose any one fact, and I'm not sure if any of this is actually true. But one of the things that helped us gain profile and visibility was the decision that we made in July 1999 to put the full text online, and to maintain it as a free-access journal with no registration. Our objective was to increase the profile of the journal internationally.

We see a truly exponential rise of traffic to the website. I think that that traffic is greater than the growth in Internet use. It's making *CMAJ* more visible, and that has brought in more authors and more manuscripts. When I began in 1997, we were getting 400 manuscripts a year, and we're up to about 1200 or higher. We've just added an easy online submission process.

*Interview continued on page 68*



**Dr. John Hoey, editor of the *Canadian Medical Association Journal*.**

Continued from page 70

Authors have more and more choices and Internet journals [to submit to], so it's extremely competitive — much more than I had imagined when I was an academic! There isn't any such thing as "Canadian medicine" really. It's the same medicine as in much of the Western world, so you're competing internationally for interesting articles — and making people aware that the journal exists.

## Summary

The needs of practitioners and researchers are very different. Many readers are busy practitioners who may prefer short formats, but researchers need to publish their full-length articles in journals that are indexed in PubMed. One solution is "Electronic Long, Print Short" — this necessitates a fully searchable online journal as well as a print journal. *CMAJ's* online journal is indexed, the print version is not, but advertising revenue comes from the print journal. *CMAJ's* advice to *CPJ*: develop an online journal and get it indexed. Solicit more research articles and articles from community pharmacists. Accept online submissions. Develop short forms for the print version. Sustain and support your print version because it generates most advertising revenues.

Also, in about 2000 we sat down and said "We really have to deal with our impact factor [a formula for attributing influence to the number of citations that an article generates — Ed.]" I first became aware of impact factor about two years after I started here. To some extent, authors are choosing where to send their papers based on impact factor. We did two things. One was to raise the standard for acceptance of a research article, so we automatically cut the number of research articles per issue from four to two. That could have turned authors off, but the number of submissions keeps going up. We can pick better research articles, which are more likely to be cited, which improves the impact factor.... If we get the numbers up to 3000 or 4000 research submissions a year, we may go back to publishing four per issue.

Also, we discovered that the Institute for Scientific Information (ISI) was miscounting some articles in the impact factor ratio. The impact factor is a ratio roughly of the number of citations to the journal in any year divided by the number of articles published in that journal in the previous two years. It has a numerator and a denominator, and if you can reduce the denominator the impact factor goes up, and obviously if the number of citations goes up the impact factor goes up. With ISI we cleaned out errors, which made the impact factor jump from 1.6 to 3.2 — or doubled it. This year we expect about 5.5, which is very nice. The *British Medical Journal* is about 7.3, and *New England Medical Journal* is about 32; there's a huge gap. With your journal, it's really important to get it indexed. Make a plan and then you can tell authors, "We're going to get it indexed, so submit your articles."

PT: How do you juggle the different needs of the busy general practitioner who doesn't want to read that long article, versus the academic who needs to get that long article published?

JH: That's a really good question. Just to add to the complexity, our revenue base is derived almost exclusively from the print journal, and that is almost exclusively pharmaceutical advertising. We have a large classified ad section that brings in about 40% of revenue, and 40% of revenue are from subscriptions and fees from electronic aggregators like Ovid.

Because so much revenue is based on the print journal, we have tried increasingly to separate it from the online journal. Three years ago we just declared that the online *CMAJ* was the journal of record — and it's now indexed in PubMed. The online journal contains the complete contents of the print journal but is more extensive. We are just beginning to emulate the *BMJ*, which has this idea "Electronic Long, Print Short." My

sense is that we would boil a six-page article down to two or three pages for the print journal.

What we're trying to do is make the print journal something that would be a benefit of membership (in *CMA*), and hopefully a large proportion of readers would open it and find something of interest no matter what their specialty. That kind of reading would help retain the interest of advertisers and the income stream — and there's almost no income from the online journal.

Richard Smith (former editor of the *British Medical Journal*) described the tension in the editorial office as one faction that wanted to make the *BMJ* look more like *Brain* and the other part who wanted to make it look like *GQ* magazine. I think we're going in the direction of *GQ* — slowly.

PT: Does the impact factor service the academics, but not necessarily the readers?

RT: It really doesn't service the academics either, but students think that impact factor is the only thing to look at.

JH: I don't think there's a better automated system that's come up. But the bloody universities promote academics on the basis of number of publications (and they just count them up — they don't look at them) and the impact factor of the journals, and the same with the Canadian Health Research granting committees. The poor trainees are caught in this.

RT: There's this other impact factor: what about colleagues that

you've trained with or you see at an annual meeting? I find that if I publish something in the *Canadian Journal of Cardiology* or in *CMAJ*, that has more impact than anything else, and they don't see it in *Archives of Internal Medicine* or *Circulation* (although I rarely get in there!). That's impact factor too.

**PT:** That's exactly where the challenge is for *CPJ*. When it comes to "knowledge into practice" transition, the pure research formats often don't work well for practitioners. Is *CMAJ* serving the needs of busy practitioners?

**JH:** We don't really know, to be truthful. What we've tried to do is appoint part-time editors who spend most of their lives in the practice setting, and to ask them to decide what's going in the journal, other than the research articles. So that's how we're doing it. We hope that we're getting the content roughly right. We tried to have a readers' advisory panel, but it's not usually very helpful. So the question is a tough one.

If you look at the *New England Journal of Medicine* (and *Science* and *Nature*) — what they do that we are going to do is to separate the journal into sections so there is a clear research section, which we don't expect the print readers — practicing physicians — to read. Physicians are trained not to make decisions based on a single research article but to go to guidelines and consensus documents and systematic reviews. So they shouldn't actually be reading original research.

**Our strategic plan for the next three years is to separate the print and electronic journals even more**

Then we want to publish systematic reviews and stuff for them. What we're also doing is publishing one-page summaries of key things written by experts, say 1000 words with no more than three references. This isn't a scholarly thing, it's "describe what's happening in this field, why it's important, what's going on." Then you get really important people writing in your journal and you get visibility. Those articles will not count in your impact factor so you can publish as many of those as you like, and I think readers like them. They're short. We don't peer review those because we want them to get them in quickly. We rely on the authority of the person writing them.

You can also launch special sections.

**PT:** Talk about being timely, how do you feel about the scrutiny that *CMAJ* gets from consumer media these days?

**JH:** There are about three or four full-time health reporters, and they scan the journals to look for stuff. I make myself very available to them. The health reporters are very good and they tend to get their stories right. With every issue we do issue a press release to bona fide journalists that are registered with us. I'm not sure we get a lot of US pick-up other than as spinoff from *The Globe and Mail* or CBC.

Physicians are seeing something about *CMAJ* on CBC or in *The Globe* and they think, "I'll look for that article." When I was in practice I would not take time to read the *NEJM*, but I'd hear [items] on the radio. So I think media are a very valuable source of information, and I think the journalists generally get it right.

**RT:** Our mission is: "To enhance patient care through the advancement of pharmacy practice with professional development, peer-reviewed research, and advocacy." We want to influence patient care, but we can't do that until we influence practice and improve pharmacy practice. We've got an audience who are primarily generalists on the front line, they're busy, and they're not researchers. Do you have any other advice for us?

**JH:** The challenge is to keep the print reader happy and reading it because that eventually draws in revenue [from advertisers]. The more revenue you can get, the more editorial resources you can get, and the better the quality can be. Just soliciting articles takes a lot of time, and then editing them and rewriting them so that they're readable to the busy pharmacist.

The other thing you can do is use your editorial board. Our editorial board gets stronger and stronger and more committed to the journal. It generates ideas, it can be relied upon to write 1000 words on something, and just generally help. They are purely advisory, they don't see the content. We ask them to peer review a couple of articles a year just to keep an eye on the quality of what they're getting. We meet once a year to spend a day and evening together, and usually have an issue that we want them to address as a group. It's more the informal contacts that are important and between the editorial board members.

The quality of the editorial board is what will help you immensely in getting into MEDLINE. They'll see what their academic backgrounds are. You want to have as academically strong an editorial board as you can get for that process (you can change them later). So if you have a serious strong editorial board, and if you can deliver the content electronically to them, that will make it easier.

Good luck, and let me know if I can help.

Ross Tsuyuki, PharmD, MSc, FCHP, is chair of the CPJ Editorial Board. Polly Thompson is the editor of CPJ.