

Taking stock

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Published online: 8 August 2014
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A few issues back, I wrote a slightly tongue in cheek article (Norman 2014) that identified the serious problem in the field that, while many articles are submitted to journals in health sciences education, few are accepted. And of those rejected by a first journal, relatively few are ever published. The bulk of the editorial was devoted to describing the various ways that authors ensure that their paper will not be published.

As we examine the trends in publication in health science education, some paradoxical issues emerge. On the one hand, it seems that every journal's Impact Factor is inching upwards. So more and more articles are being cited. Similarly, the number of journals, both open access and mainstream is constantly growing. But acceptance rates are gradually falling. Thus, while there are more downloads, more citations, etc. in fact the number of submissions is growing at a far faster rate than the number of acceptances. For AHSE, this is dramatically illustrated in the two accompanying figures.

We can see a dramatic increase in the total number of submissions. This has tripled in the 5 years from 2008–2009, from about 200/year to more than 600/year this year. In fact, after a period of relative stability, submissions have increased by 30 % this year, catching us all by surprise. However the acceptance rate has not kept pace, and has actually fallen from about 25 % in 2008–2009 to about 12–14 % now (Figs. 1, 2).

Both of these factors—increased submissions but reduced acceptances—have increased pressure on the journals in a number of ways. And this created a “perfect storm” at AHSE that we were only dimly aware of in January, but we soon felt the impact over the past few months of this year.

First of all, increased submissions. The most obvious effect of this was that the review process became overloaded. We must confess that, to our intense disappointment, the average time to review a manuscript has increased from 83 days last year to 111 days this year, for those manuscripts that are sent out for review. Similar proportional increases have

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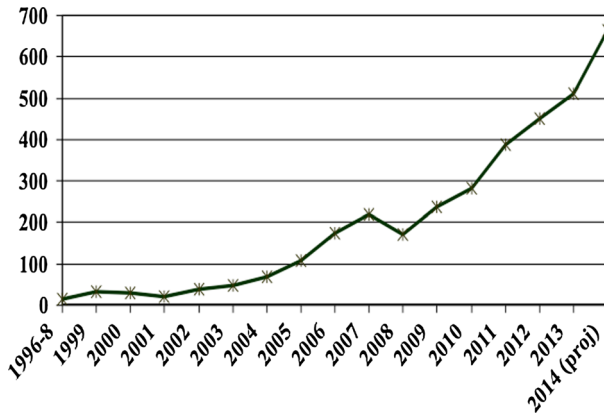


Fig. 1 Number of submissions per year for AHSE

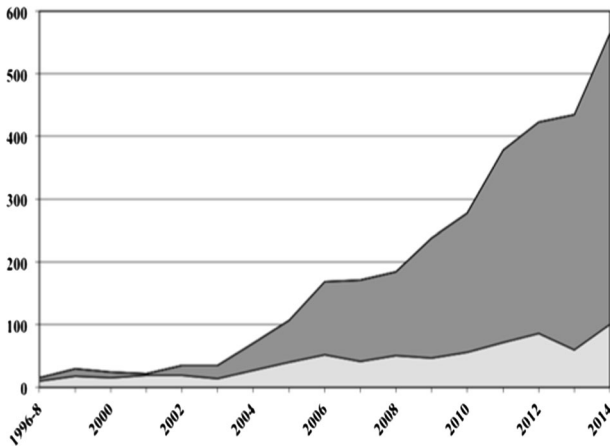


Fig. 2 Accepted and rejected manuscripts by year

arisen with the 60+ % of submissions that are rejected without formal peer review. The underlying cause is not easy to judge, but certainly part of it is that more and more reviewers are declining invitations and this then initiates a whole second cycle where the clock is reset to zero for the new reviewer.

We have also come to realize that the increase in submissions, combined with reduced acceptances, appears to have increased the pressure on authors. We seem to have had an epidemic of “Salami-slicing” this year, where we have intercepted multiple submissions from the same study. It is difficult to create hard and fast rules to decide when a paper is too redundant with a prior publication to warrant publication. But at least we can strive for better disclosure so that a reviewer or editor can judge the extent to which the submission represents an independent contribution.

Finally, we remain concerned about the issues raised in my previous editorial. The fact that acceptance rates in mainstream medical education journals appear to be about 15 %, and in first line journals like JAMA and BMJ, are closer to 5 %, means that many studies

never see the light of day. This squanders a huge investment of research talent. We believe that one potential long term solution is to explicitly indicate to authors as precisely as possible what characteristics and features must be present to increase the probability of acceptance. If we can make these criteria explicit, it may encourage authors to ensure from the outset that their studies do measure up. At minimum, they can make an informed choice about their likelihood of success, so may be persuaded to try elsewhere.

We have now taken a number of steps to weather this perfect storm.

1. For some time now, we have had “Online First” electronic publication, so that articles are now available and can be cited within a few weeks of final acceptance, even though the time to eventual publication is several months.
2. Springer has established a policy that delays to publication should not exceed 1 year. If this arises, we publish larger issues, as we did last year in AHSE 18:4 and 18:5.
3. To deal with multiple publications (salami-slicing) we now ask authors to disclose other publications arising from the same study and research program so we can judge overlap.
4. We now have a third editor to handle initial submissions, Rachel Ellaway. She will do initial screening on qualitative research papers.
5. We have created a document available to authors that describes comprehensively and explicitly what kinds of problems can lead to rejection of a manuscript.
6. We have shortened time allowed reviewers from 7 to 5 weeks, so if nothing has happened in that time we will seek another reviewer.
7. Finally, we have implemented a “100 day rule”. If a manuscript has been in the review process for more than 100 days, a decision will be made promptly, even if this involves decisions by the associate editor who is managing the review and the editor in chief, with no input from peer reviewers.

Hopefully these steps will make the process of publication more efficient and effective for all concerned.

Reference

- Norman, G. (2014). Data dredging, salami-slicing, and other successful strategies to ensure rejection: Twelve tips on how to not get your paper published. *Advances in Health Sciences Education*, 19(1), 1–5.