

Exploring the Coordinates in the Road to Success

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“The relevance of a biomedical journal depends on how efficiently it culls and assimilates the happenings of practical significance from around the world in its discipline and provides undistorted information to its readers” [1]. This is true for any specialty journal, but for the one that is essentially multidisciplinary, to attempt to achieve this feat should be a herculean task. For any such journal that has survived for more than a decade with an influx of submissions across all medical disciplines that refuses to wane with time, it ought to be said that it has displayed a convincing act of commitment to the methodology of scientific publication, especially in a resource-poor country like India. In fact, the Journal of Clinical and Diagnostic Research (JCDR) is the only multidisciplinary journal in India, and perhaps in the world as well, that has its contents clearly classified according to specialties. It therefore presents an open and holistic mindset, being sincere to all the medical and surgical subspecialties, and providing break-through opportunities for young authors and ground level doctors and researchers.

One of the major risks a multidisciplinary journal has to face today is to suffer from an identity crisis among many other similar journals. And the dangerous fallout of getting lost within the crowd is to be stamped as a predator journal. This is because most journals we know of being predators are open access, non-indexed, demand article-processing charge (APC), and send unsolicited bulk emails. And, they are mostly multidisciplinary; the fictitious publication houses come out with separate journals for disciplines that cover almost all branches of material science, [2] and are money-churners in true sense.

JCDR has firmly stood its ground and has been able to convince the scientific community that it is has a separate identity and dignity of its own. It upholds the true intention of the concept of open access, that of unconditional, free distribution of its contents among the readers, thus providing easy access to updated knowledge in the respective disciplines [3]. In fact, it introduced the online-first facility in the Indian subcontinent [4]. Here, it needs to be understood that most of the world's leading journals today are funded by academic associations, societies, organisations, or universities; in cases when they are not, advertisements are invited for their web-pages and print issues to cover the production costs (the “controlled circulation” model). Most of these journals are concerned with single discipline. Even with a secure fund, many major journal houses cannot afford to offer open access option without charging APCs from the authors, although such facilities are generally kept optional. In recent times, some large publication houses have come up with open access sister journals that bear the name, legend, and aura of the parent journals. However, they charge a huge amount as APC that is impossible to provide unless the authors are backed by institutional or scholarship funds—a proposition almost improbable in the Indian medical schools. Also, being new, such journals are not indexed with important indexing databases. JCDR has come out of this tangle of production hurdles, and although never out of the need of constant and secure funding, it has adopted a simple publication model. It has a publication house of its own, hence enjoys freedom from the administrative command of big production houses. It charges APCs that is essentially nominal compared to the industry standards, thereby reinforcing the trust that it is not here to prioritise business and pecuniary benefits. Most importantly, it is indexed with most major databases in the world, including SCOPUS, EBSCOhost, Embase, and Directory of

Open Access Journals (DOAJ). It has now a stable journal metrics with updated Cite Score and Scimago Journal and Country Rank (SJR). The articles published in JCDR are contemporary and of acceptable standards that lacks redundancy, and most importantly, monotony—a property inherent to an ideal multidisciplinary journal. The way it has evolved in the past decade to seize national reckoning should be a lesson for all in how one should henceforth be looking at multidisciplinary journals without being skeptic.

There are other, more pressing reasons for this. The editorial workflow of JCDR is admirably professional for a house that is not backed by professional production platforms of global repute. The submission portal is completely online and digital (no e-mail submissions). Reviews are quicker than average, with shorter acceptance-to-publication intervals. This is not easy considering the huge number of submissions across disciplines. True, the journal has dedicated Editorial Board members and reviewer-pool, but coordinating the manpower and utilising it optimally is something the editorial office should be credited with. Innovative ideas like “get article for review” provide practical solutions in managing the submissions suiting the reviewers' interest, expertise, discipline and available time to dispense. It comes out with a classified and detailed electronic table of contents (eTOC), with online-first articles for early and rapid dissemination of scientific information. The journal maintains a personalised reach to its followers by sending email alerts of new issues and eTOC with an inspirational “Quote of the Day”, and maintaining an interactive, well-responding editorial staff. With all these nuances of mature publishing, it unflinchingly continues to publish its articles regularly that has been uninterrupted and consistent since its inception.

Above all, I have seldom seen a journal website so informative and classified as in JCDR. The journal's performance graphs throughout the past years speak for its commitment to a productive house activity [5,6]. The submission to JCDR has increased by four-fold from the year 2011 to 2017, and the acceptance rate has correspondingly decreased from 43% in 2011 to 34% in 2017 [5]. Although manuscripts in dentistry consistently constitute well above 40% of the overall submissions, the journal tries to keep this influx under control by a relatively lower acceptance rate of ~24% (against 38.5% in medicine) [data in 2017], [5] and temporarily halting the submission (also in some other disciplines with relatively higher submission rates). This ensures a relatively proportionate and unbiased distribution of disciplines in the content. However, the quality of submissions is not compromised with, as evident from the fact that ~60% of the published articles are original research papers, and their distribution between medicine and dentistry are comparable (56.5% and 59.4%, respectively; 2017 data) [5]. Another important aspect that deserves to be stated is the growing popularity of JCDR outside India. International submissions in JCDR have increased from 6.5% in 2014 to 15.6% in 2017; however, being true to the policy of quality control, the acceptance rate has not increased proportionally (24.1% in 2014; 24.4% in 2017) [6].

However, in the fast-changing scenario of editorial science and medical documentation, there is still much to achieve. Accordingly, there are several scopes of improvement for JCDR so that it can maintain its relevance as a reliable publishing platform, survive

through the ever-growing competition among fellow journals, and most importantly, sustain the interest and faith of the medical professionals and researchers. First and foremost, it needs to get back within the PubMed/MEDLINE under the purview of the United States National Library of Medicine (NLM). Other major indexing systems like Embase, EBSCOhost, Ovid etc. use information from the MEDLINE on lease provided by the NLM. I am not emphasising on having a journal impact factor (JIF) at this moment; its imitations are well-known, and many PubMed/MEDLINE-indexed journals are opting for alternative metrics [like CiteScore, SJR, Source Normalised Impact per Paper (SNIP), etc.]. However, recognition by the world's most trusted indexing authority will heighten the journal's acceptability among its national and international followers.

Further, from my experience of reviewing 60 manuscripts in the last 4.5 years, I believe there are at least two areas where JCDR needs to better itself. First, it should ensure an effective pre-review editing of the manuscripts. The preliminary checking points carried out by the editorial office should be more diligent and ensure that manuscripts strictly adhere to the journal house style and technical accuracy, especially the references. Second, the journal's online submission/review portal (JCDR Pre-publishing) needs to be technically improved. The major problem with it is that it is impossible to access earlier review records (the web-page does not list more than nine) and even the review reports (and final editorial decisions) of those that are displayed. Within the scope of available technical resources, the journal administration should take due care to address this and similar issues.

Finally, with an already varied and heterogeneous content that is characteristic of a multidisciplinary journal, JCDR should think how it can be made more interesting and generalised. I can suggest adding a regular column on "Guest Editorial", and another one on "Perspectives", where the Editors, and the leading personas from India and abroad from different disciplines of medical science can be invited to contribute their articles, sharing their thoughts on contemporary medical issues of universal interest, and discuss important contexts and problems relevant to the health-care system, medical education, literature, and medical fraternity in our country. Along with this, the Editors should consider well-structured, informative review articles. Systematic, narrative or state-of-the-art reviews could be either commissioned or submitted by experts uninvited. This would not only add weightage of updated information to the overall contents, but would also vouch for the journal's commitment to the paramourcy of evidence-based medical literature. Critical reviews on newly launched books could also be welcomed. In the scope of widening the journal's coverage for newer and innovative articles from a multiplicity of medical streams, one should simultaneously be cautious for redundant, duplicate and poor quality submissions. This is especially relevant in context with the "publish or perish" attitude of many faculties in the medical education system worldwide in their pursuit of career advancement, with the problem potentially swirling into a major concern in our country in the perspective of the recent directives issued by the Medical Council of India regarding criteria for promotion of the

faculties [7]. A vigilant and stringent Editorial and peer review system can sieve out unoriginal submissions that often results from such attitude of compulsion, and the JCDR team should consider this situation as a caveat.

JCDR has traversed a long way since its inception, and has occupied its well-deserved position as a prominent national mouthpiece of medical science across disciplines, serving as an archived repository of contemporary data in the country's health system. In 2015 the coveted Time Magazine cited one of JCDR's articles on Yoga [8]. Many of its Editors are associated with WAME (World Association of Medical Editors). The JCDR team presented six abstracts at the WAME conference in 2015. One of them was judged as best [9] and later published [10] in European Science Editing Journal titled "Google versus other text similarity tools in detection of plagiarism: a pilot study in the Journal of Clinical and Diagnostic Research". The Editorial published a paper on student-guide conflicts, based on its own experience titled- "The Changing Teacher-Disciple (Guru-Shishya) Equation in Modern Times" [11]. It is recognised by the Publons (www.publons.com) where its editors/reviewers get the merits they deserve after reviewing articles, and also by ResearchGate (www.researchgate.net)–the most widely used social networking platform for researchers and science authors [12]. Most importantly—a crucial factor in shaping the future of Indian medical research and clinical science—it provides an unconditional platform for young medical professionals and researchers to publish their works, introducing them to the world of biomedical literature, and also encourages both ground-level and established non-institutionalised clinicians to come up with their experiences and individual patient data.

There are, still, miles to go. Self-introspection, analysis, and the continuous effort at self-development should be the parameters to determine the coordinates in its road to success and also the virtues that would keep it going. We all wish JCDR the very best in its journey ahead.

REFERENCES

- [1] Dutta M. ENT Journal at the crossroads: Personal perspectives from an editorial board member. *Ear Nose Throat J* 2018; 97(8): e46-7.
- [2] <https://www.aje.com/en/arc/8-ways-identify-questionable-open-access-journal/> (accessed: October 22, 2018).
- [3] <https://www.springer.com/gp/authors-editors/authorandreviewertutorials/open-access/what-is-open-access/10286522> (accessed: October 22, 2018).
- [4] <https://www.scimagojr.com/journalsearch.php?q=16400154778&tip=sid&clean=0> (accessed: October 22, 2018).
- [5] https://www.jcdr.net/Jcdr_Performance.asp (accessed: October 1, 2018).
- [6] <https://www.jcdr.net/Jcdrgrowth.asp> (accessed: October 1, 2018).
- [7] Bandewar SVS, Aggarwal A, Kumar R, Aggarwal R, Sahni P, Pai SA. Medical Council of India's amended qualifications for Indian medical teachers: Well intended, yet half-hearted. *Indian J Urol* 2018; 34(1): 3-6.
- [8] <https://www.jcdr.net/Jcdrcitation.asp>
- [9] <https://www.jcdr.net/Assets/Poster%209.pdf>
- [10] http://europeanscienceediting.eu/wp-content/uploads/2016/11/ESENov16_origart.pdf
- [11] [https://www.jcdr.net/articles/PDF/10797/13051_F\(AP\)_PF1\(EKAP\)_PFA\(EKAP\).pdf](https://www.jcdr.net/articles/PDF/10797/13051_F(AP)_PF1(EKAP)_PFA(EKAP).pdf)
- [12] <https://www.timeshighereducation.com/features/do-academic-social-networks-share-academics-interests> (Accesses: October 22, 2018)

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