

Lessons learnt from the Asia-Pacific Association of Medical Journal Editors (APAME) Congress

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Participation in the Asia-Pacific Association of Medical Journal Editors (APAME) Congress held in Seoul Korea during August 2011 to represent Eastern Mediterranean Association of Medical Editors (EMAME) was extremely useful and highly informative. It provided a rare opportunity of social networking besides sharing knowledge and experience with colleague medical journal editors from the West Pacific Region. Not only that it also provided an opportunity to compare the working of EMAME and APAME, learn some lessons from their experience and accomplishments and see how we can implement them in improving the working of EMAME at the regional level and Pakistan Association of Medical Editors (PAME) at the national level.

A pre-congress workshop on 'How to Write a Scientific Paper' wherein over a dozen experienced medical editors from various countries made presentations on different aspects highlighted the importance that such a presentation at all the medical conferences organized by different specialty organizations will be extremely helpful to refresh the knowledge of experienced authors and providing useful information to the young researchers. It will also ensure that maximum number of presentations made at these conferences eventually does get published. Since the faculty members are now under pressure to publish for enhancement of their academic career, most often quality of research done and manuscripts written under compulsion leaves much to be desired. As such it is extremely important that all the teaching institutions should have a Medical Education Department which should also organize workshops on medical writing and research methodology on regular basis. They should also employ statisticians

who can help the authors in analysis of the data besides providing them guidance and assistance. The issues which came under discussion at the APAME congress were almost the same i.e. failure of the authors to read and follow instructions, duplicate publication, peer review, plagiarism, authorship issues, increasing visibility of the journals, inclusions of journals in various important databases etc. Solution to these problems was also discussed in detail. It was pointed out that biomedical journals should appoint Ombudsman for their respective journals so that the authors can contact them if they have any complaints for redress of their grievances if any.

WHO Manila Office supports the organization of APAME conferences and their other activities just like WHO EMRO supports the EMAME in its academic activities including holding of conferences and training courses for trainers on medical journal publishing. Usually the WHO works in close collaboration with its member countries in various regions but WHO Manila gives more importance to the National Association of Medical Journal Editors in different countries. Working through these professional bodies ensures smooth, efficient working. Again inclusion of national medical journals in the WHO Regional Database in West Pacific (WPRIM) is done on the recommendations of the National Association of Medical Editors whereas no such system exists for inclusion of biomedical journals in IMEMR Regional Index Medicus maintained by WHO EMRO which covers any journal from the region who applies for indexation. There is no system of evaluation hence many journals which are irregular or have even ceased publication long time ago, still remain included in this Database. WHO IMEMR Current Contents covers about four hundred biomedical journals published from the EMR while WPRIM covers 445 journals from ten countries of the West Pacific Region. It includes eighty one journals from China and one hundred thirty one medical journals from Republic of Korea. The goal of WPRIM is similar to IMEMR Current Contents

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i.e. to create an online index of medical and health journals published in member states of the WHO Western Pacific Region which can be assessed on internet. Institute of Medical Information at Chinese Academy of Medical Sciences (IMICAMS) was assigned to develop the WPRIM platform. It was also WPRIM which proposed the formation of Asia-Pacific Association of Medical Editors. It is the IMICAMS which maintains and provides technical support to WPRIM.¹

Formation of National Association of Medical Editors has made much progress in Western Pacific as compared to WHO EMR where Pakistan and Iran are the only two countries who now have such associations of medical editors i.e. Pakistan Association of Medical Editors (PAME) and Iranian Society of Medical Editors. Similar associations of medical editors should be formed in other countries of the region. On the other hand in the West Pacific Region, this initiative has made significant progress. Korean Association of Medical Journal Editors (KAMJE) which is most active was formed on February 22, 1996. It also formed a committee on Publication Ethics in 2006 besides publishing Good Research Practice Guidelines for Medical Editors in 2008.¹ However, since it is in Korean language, not many can benefit from this. Japanese Association of Medical Journal Editors (JAMJE) was established in February 2008, The Singapore Association of Medical Journal Editors (SAMJE) was formed on October 26, 2010. Philippines Association of Medical Journal Editors (PAMJE) got established on May 5, 2011 while Association of Malaysian Medical Journal Editors (AMMJE) was formed on June 23, 2011. Efforts are under way to establish Vietnamese Association of Medical Journal Editors (VAMJE) and similar efforts are being made in Peoples Republic of China.¹ The EMMJ5 Medical Journals Conference organized by PAME/EMAME at Karachi in December 2010 has also recommended that National Association of Medical Journal Editors should be formed in all the countries if they do not exist to promote the aims and objectives of EMAME.²

Western Pacific Region of WHO which is represented by APAME includes countries some of which are highly developed with enormous resources like Japan, China, Korea and Singapore while on the other extreme are countries like Laos, Vietnam, and Cambodia etc., which are not so developed. Countries like Malaysia come in between the two. What is fascinating to learn is that

the developed countries in the Western Pacific like China, Japan, Korea and Singapore keep on helping those countries which are not so affluent and they also help organize APAME congresses. We need to follow this example in the WHO EMR as well. We in the EMR Region also have some Arab countries which have no financial constraints while some countries in the region have tremendous human resource and talent to organize such academic activities. They should also collaborate with each other. Apart from holding the EMAME Congresses every two years, small meetings, workshops, training courses can be organized by different countries in the region by pooling their human and financial resources. Islamic Republic of Iran and Islamic Republic of Pakistan have been collaborating in this respect for the last couple of years. This needs to be extended to cover other countries. EMAME now plans to have a joint Pakistan- Oman and may be Iran as well to organize some workshop for medical editors besides promoting the art of medical editing, medical writing and Peer Review. An exchange programme of editors between different countries can also be worked out.

KAMJE has made tremendous progress which is evident from the fact that it has now established KoreaMed and Synapse. KoreaMed (equivalent to Medline Abstracts) was established in 1997 whereas SYNAPSE established in 2007 is a full text database with XML files which covers Korean Medical Journals offering free information through open access. KAMJE has also established an XML company with the financial assistance of government and now it provides the facility of XML files of the full text manuscripts to Korean Medical Journals. The result is that currently forty three Korean Medical Journals are covered by PubMed Central which requires XML files and five more Korean medical journals are under evaluation. Government of Iran too has acquired the XML software and provided this facility to all the Iranian Medical Journals helping them to generate XML files and thus get included in the PubMed Central. In view of the financial constraints, it is not feasible for the individual journals to have this XML software, hence government institutions in various countries of EMR should help the medical journal editors by providing this software. In Pakistan, Higher Education Commission which is doing a commendable job of helping the biomedical journals improve their quality can undertake this responsibility.

Plagiarism is yet another important issue and now various software i.e. eTBLast, TURNITIN and Cross Check etc. are available. Government institutions can also extend a helping hand to the biomedical journals by providing this software to the biomedical journals for screening of manuscripts they receive for publication for plagiarism. Previously this screening facility was being provided by the HEC to the journals it has recognized but later it was discontinued. HEC can provide the password and software of TURNITIN to the journals so that they can themselves screen all the manuscripts.

Registration of Clinical Trials also figured prominently at the APAME congress. Registration of all Randomized Clinical Trials (RCTs) Drug Trials etc. is important as it assures accountability. The concept of Clinical Trials Register is being advocated since 1990. First CTR was established in United States in the Year 2000. International Committee of Medical Journal Editors (ICMJE) guidelines also make it mandatory that all clinical trials are registered in Public Trial Registry.³ India is also reported to have established Clinical Trials Registry and Malaysia too has established a National Health Register. Registration of all such RCTs, Clinical Trials and their publicly accessibility ensures transparency, improves quality and efficiency. Medical Journal Editors also have a responsibility to make sure compliance of these initiatives once such policies are adopted by their respective countries.¹ They must also ensure that the clinical trials conform to CONSORT statement.

Editing a quality peer review biomedical journal from the developing countries faced with financial and manpower constraints is a highly stressful and frustrating job.⁴ Though there have been some improvements in the situation but still we have a long way to go. To accomplish all this, there is dire need for active co-operation and collaboration between the medical journal editors, government agencies, institutions and WHO. All this can be achieved and accomplished if all the stake holders are serious and interested to do what they are supposed to do keeping up professional ethics. In the coming days one expects lot of new revolutions in the information technology which might make the job of the Editors a bit easy and more enjoyable.

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NOTE: This PDF was uploaded after correction again on December 27, 2011. - Editor