

## Proceedings of Asia-Pacific Association of Medical Journal Editors (APAME) Congress held in Seoul, Korea

Shaukat Ali Jawaid

Asia-Pacific Association of Medical Journal Editors (APAME) organized the First Congress and Fourth Joint meeting of APAME and Western Pacific Regional Index Medicus (WPRIM) at Seoul, Republic of Korea from August 28th to August 31<sup>st</sup> 2011. The conference attracted over hundred delegates from seventeen regional countries. The author represented Eastern Mediterranean Association of Medical Editors (EMAME) in the congress on a special invitation. Apart from WHO Regional Office for the Western Pacific, it was sponsored by Korean Association of Medical Journal Editors (KAMJE), Korean Academy of Medical Sciences, Korean Center for Disease Control and Prevention, Korean Institute of Science and Technology Information, Seoul National University Medical Library and Korea Medical Library Association. National University Seoul was the venue of the meeting.

The objective of the meeting was to promote exchange among editors, authors, researchers, librarians and publishers of academic medical periodicals. The other objectives were to upgrade the quality of scholarly medical journals on medicine and health sciences. The specific topics which were discussed included knowledge production, Research Ethics, Collaborative Networks, Scholarly Writing, Publication and Post Publication works.

### Pre-Congress Workshop on Writing a Scientific Paper

During the pre-congress workshop on medical writing, different aspects of writing a scientific paper were discussed by various speakers. The first session was moderated by Prof. John Arokiasamy President of APAME from Malaysia who was also the first speaker.

**Authorship, Title and Title Page:** Prof. John Arokiasamy discussed authorship, title and title page. He pointed out that all persons designated as authors should qualify for authorship as per ICMJE authorship criteria which means that they should have participated sufficiently in the work to take public responsibility for the contents. They must be able to certify the manuscript represents valid work, validity of data, involved in drafting of the

manuscript, editing and revising it besides approving the submitted manuscript for publication. As regards order of the authors, it should be joint decision of the authors. To avoid any misunderstanding the authors must select and agree on co-authors early besides selecting the lead author, corresponding author and presenting author.

Continuing, Prof. John Arokiasamy who is affiliated with International University Malaysia said that some issues does not justify authorship like data collection alone, supervising does not entitle them to be authors. These days there are many people involved in the group conducting research; hence group name should be mentioned at the end of the manuscript. Decisions about authorship should be taken early when research is planned. One has to deal in a gentle diplomatic way to help authors in making these decisions. Any issue which arises must be resolved at the author level. Prime authors have major input and the authors also have to decide how to use their names for indexing.

There are certain ethical issues involved like administrative heads, directors insisting that their names should be included. At times famous names are incorporated to gain more acceptability to influence the Editor's decision. Some times important authors are left out intentionally to deprive them of authorship status. Title page should include apart from the title, authors initial and names, their degrees, address and corresponding author with his/her address phone, Fax and Cell Number besides the running title of the manuscript. (Some journals also require that number of words, tables and illustrations should also be mentioned on title page) Readers decide whether to read the manuscript or not depending on whether the title interests them. Title should be short, clear, informative, precise and specific. It should provide maximum information with minimum words. It should attract readers with similar interests to read the manuscript. The title should be reviewed after the manuscript being prepared has been completed. He then gave examples of different titles and running titles.

**Abstract:** How to write an abstract was discussed by Prof. Lee Sun-Young. It should be clear, concise summary of a scientific paper. Generally it covers background and aim, methodology, results and conclusions. In original article one tries to answer the question as to why and how you did this study. In the introduction explain why it is interesting, do not repeat the title, and avoid goals stated in the background. Aim should focus on purpose of the study. In methodology describe what techniques you have used but do not give details. In the Results

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section, provide key results in three to four sentences. Conclusions should also consist of two to three sentences wherein explain the implications of your results. The abstract should end with three to four relevant key words for indexing as per MeSH headings. Case report and Reviews are a bit different. Use short sentences, one thought per sentence. Use full name of authors in abstract, there should be no tables and figures in abstract.

**Introduction:** *Dr. Wilfred PEH* from Singapore discussed Introduction. IMRAD, it was stated stands for Introduction, Material and Methods (Methodology), Results, Analysis, Discussion. These are found in all manuscripts except case reports. It is the first part of the paper, hence should state what is going to come next and also state the aim of the study. It should give background information, introduce the topic, what has been done and known, do not miss important previous studies and in the last sentence give objective of the study. The number of references in introduction should be limited, why you are writing this paper, how it relates to the work already done, provide information about hypothesis of current study, objective and purpose of the study.

During the discussion it was stated that at times a case report comes with six to seven authors, medical editors are in a dilemma. They are convinced that not all of them have contributed to qualify as author but what they can do. This issue has been discussed in detail on the WAME Listserve. It was felt that there are many more issues involved and it was not easy to find an answer. Publication of original articles in institution's journals also came under discussion. Some felt that studies from the institutions should be published in the institution's own journal but others had a different view saying it is not essential. Decision regarding number of authors should be taken before its submission or before the manuscript is sent for peer review. Efforts should be made to groom young authors and some of those who have helped in the study can be covered in acknowledgment. Different countries give different credit to the authors listed in the order and usually the first author takes the most credit.

**Material and Methods (Methodology) & Results:** *Dr. Kiyoshi Kitamura* from Japan discussed methodology and Results. Methodology, he said, is used to describe experimental design. Good material and methods will enable the reader to evaluate and replicate the research. Omit explanatory information and background which should be saved for Discussion section. Give details of inclusion, exclusion criteria, how control group was selected, how they relate to the study. Match by gender, ethnicity, and clinical conditions. Include information about analysis and software used. At times reference or citation may be required. Results section guides the reader through the question investigated in the study, set the stage for discussion in next section. He also talked about common errors in results; i.e. avoid inaccurate information and repetition of data. In Results present data collected, include illustrations, tables and at times figures are more important than text. Results section guides the reader to main results and answers the question asked.

**Discussion:** *PEH Wilfred* from Singapore Medical Journal covered Discussion. He said that it should answer research question posed in the introduction. In this section, state major findings, explain new and important aspects of the study, state new hypothesis if any. Relate to the previous work and there is no need to quote every reference, be selective. Only most pertinent references should be quoted. Compare and contrast with other studies especially active groups. Do not annoy those who have worked and could be potential reviewers. Identify contradictory and unexplained findings. Suggest further areas of study, any plan to expand the work and discuss impact on future research. Weaknesses or limitations of the study should be mentioned. Possible problems with methodology should be stated if identified by the authors. However, it should not be too many otherwise the reviewers will reject the study; hence it is important to retain the balance. Conclusions should be precise, separate or last paragraph in discussion section. It is good to have take home messages. Common errors are overlapping, inept discussion, repetition of data from results, failure to identify any weakness, limitations of the study, inappropriate quoting of references and making statements on economic benefits and cost.

**Tables and Figures:** *KIM Jeong-Ho* talked about tables and figures. Different types of figures include statistical graphs, charts, simple diagrams, photographic images etc. Bar graphs are useful in showing comparative data without referring to main text. Tables and Charts should be self explanatory. It should draw attention towards data and not graphs itself. High resolution images (300 DPI) should be provided. Videos can be added on website. JPEG format may be preferred in future. Bar graph or Pie chart not only present the data but can be easily understood without having to refer repeatedly to the main text. Title should be informative for the reader. Keep the tables small as far as possible. Tables can be edited for accuracy, numbers should be justified on right side and be careful of alignment otherwise the tables are confusing for the Editor.

During the discussion it was pointed out that acknowledgment and conflict of interest should also be pointed out. Some journals do not entertain Case Reports with Review of Literature. Maximum length of case reports is about fifteen hundred words. Some journals also limit the number of references to maximum of ten in case reports. Pick the most relevant and valuable references. Authors have the main responsibility for selection of references. Some editors insist on citation from their own journals to improve their Impact Factor. More citations from the region, neighbouring countries should be preferred. Japan, it was stated also recognizes self citation to get high Impact Factor. There was no harm in encouraging authors to cite from your own journals. Some editors felt that we must help each other and all our good papers should be cited. *Mr. Shaukat Ali Jawaid* from Pakistan said that we encourage citation from local,

regional journals. Problems faced in accessibility and availability of local databases was also discussed. It was also stated that soon hundred percent of Japanese journals will be asked to have a conflict of interest section. Korea, it was stated will also ensure that all member journals of KAMJE start a conflict of interest section. Editors from some countries expressed their inability to support local data base due to financial constraints. Representative from WHO Manila office remarked that we request for inclusion of conflict of interest besides overall research ethical clearance so that the countries can monitor their own research.

### Role of Manuscript Editors

In the afternoon session **Jahwa Chang** discussed the role of manuscript editors. This session was moderated by **Lapena JF** from Philippines. Manuscript editors, she stated revise it for consistency and readability by the readers, edit the manuscript as a whole, delete redundant information, asking for clarification of meaning if there is some confusion, reform figures and tables as appropriate and work closely with the authors. They edit the manuscript for clarity, accuracy, precision, readability, do technical editing for structural accuracy and at times they might have to rewrite the copy substantially. They also undertake research for clarification and verification of medical terms, technical terms, drug names, correct units of measure, reference citation, medical product names, correct name of institutons, manufacturers besides performing mathematical conversions to international system of units. They also edit graphs, tables and equations; ensure integrity and clarity of tabular and graphic contents. Create tables from pros, make tables into prose or combine tables as appropriate. They also negotiate approval of edited copy and perform liaison duties between authors, editor, and other editorial and production staff members.

All this can be done right after submission or before the review process starts. Authors can learn the indirect lesson from checking edited manuscripts and the peer reviewers can focus on the content during review process. However, this can also be a waste of time and money. This editing can also be undertaken after the manuscript has been accepted for publication but there can be problems of time constraints to meet deadlines for publication. Peer Reviewers cannot focus on contents during the reviewing process. (Example 04% to 2.1% and not 04-2.1%) They also check the lay out and format of journal size, check consistency, check table of contents. The manuscript editors need realistic editing schedule, timely information and constructive criticism.

**JF Lapena** discussed how to prepare a good manuscript. A good manuscript, he said, should be publishable, able to communicate useful message. At times publication of good scientific material is delayed because of bad preparation of manuscript. The authors must write

concisely, clearly, follow general principles of using short simple sentences, use short words and take care of abbreviations. Try to create visual images with words, move from known to what is not known and one idea should be covered in a paragraph. Unfortunately most often authors do not follow the instructions in the journal they are submitting their manuscripts. Follow the journal check list. It is always better to have a hard copy with yourself in record, send manuscripts by registered post. Submit the manuscript to the right journal. Many journals do not have good copy editors. Read good writing, revise the manuscript and re-read before submission. Decide about the article category (original article, Review, Case Report, Brief Communication etc.) Follow instructions to authors. It is the Editor who decides the fate of the paper. Send the final version for proof reading by the authors. He suggested formation of Regional Journal Selection Committee to restrict the number of journals and uphold, ensure quality of different journals. Peer Review, Mr. Lapena said is a complex and time consuming process.

**Prof. L.M.Looi** from University of Malaya discussed communication between authors, editors and reviewers during the peer review process. She pointed out that once a manuscript is submitted to a journal it goes through different processes. She discussed the role of the authors, editor and reviewers in detail. The Editor takes the final decision on manuscript through editorial judgment, looking at language, scientific contents, and its appeal to the readers. It also ensures that it safeguards ethical standards. Editor has to safeguard the reputation of the journal through good contents and quality of the material accepted for publication, ensure timely publication, competitiveness. In performing all these duties, Editor is assisted by Editorial Board members but he/she has to take the leadership role.

Covering letter, she opined, is important and helpful. In this the authors should point out what is unique about this paper, how it differs from other studies, how it advances research in that particular area. The authors must declare that it is an unpublished material, not under consideration for publication elsewhere, all authors have read and approved the manuscript, describe the role of each individual author, disclose conflict of interest and provide ethical approval of the study. The editors expect from the authors that they have followed the instructions to authors (ICMJE guidelines,) provide authorship, ethical approval. Ensure that the topic is relevant to the scope of the journal and give complete information about the correspondence author.

On the other hand the authors expect that editor will take impartial decision after peer review and editorial judgment, ensures confidentiality and offers timely response. Instructions to authors must clearly state editorial, publication policy, ethical considerations

like clearance from Ethics Committee, Institutional Review Boards and how to submit the manuscript i.e. by registered post, through e mail, direct submission on journal website etc. Reviewers undertake critical assessment of the manuscript. Most often all submitted manuscripts are reviewed by the Editor, manuscripts with insufficient priority for publication, or not relevant to the journal are rejected. Other manuscripts are then sent for peer review to expert consultants in that particular area. Different journals follow different peer review policies i.e. single blind, double blind or open peer review. Authors can also recommend reviewers. Training of reviewers and incentives to reviewers were also discussed. Editors should provide feedback to the reviewers on review quality. Reviewers should be helpful to the authors and suggest improvements even if the paper is rejected. The reviewers should not write in their own style, review should be polite and respectful. Peer Review, she said is cornerstone of modern scientific publishing. It helps editors decide whether the manuscript is suitable for the journal and also improves quality of publications. It also helps in checking soundness of study, credibility of results and conclusions. Peer review has come under more scrutiny over the last two decades and electronic communication has stimulated more discussion on future of peer review. Online review, open peer review, recommendation of reviewers by authors, incentives for reviewers, training of reviewers are some of the new developments in peer review. Though imperfect, peer review, she stated, is here to stay and the editors heavily depend on expert reviews.

The authors are expected to reply point by point to the comments when they resubmit the revised manuscript. Prof. Seo pointed out that online publications promote and enhances the Impact Factor. Lapena opined that editor's role is as mentors. During discussion it was also pointed out that most journals do not have the copy editors and most of these jobs are done by the editors themselves. Specific, objective and clear, polite and respectful, confining to important points and not expecting the authors to rewrite the manuscript in reviewers style, suggestions for improvement and timely review were mentioned as some of the characteristics of good review. Speaking about benefits of reviewing, she mentioned service towards enhancement of quality in scientific publications, enhancement of skills as researcher and author; it promotes clear thinking besides offering recognition in academic world. Reviewers report should conform to journal checklist, recommend acceptance, rejection of manuscript, minor revision, substantial revision and resubmission besides recommending for priority for publication. Reasons for rejection of the manuscript should be mentioned in detail.

#### **Inaugural Session/Welcome Reception**

*APAME and GIN combined meeting:* The formal inauguration and welcome reception of the congress was a combined session with Global International Networking

(GIN). It was pointed out that this was the First GIN conference in Asia which will help improve Evidence Based Medicine in Asia Pacific. GIN, it was further stated, has tried to expand its role globally. Three hundred delegates are attending this meeting from thirty countries and it can be done every where. President APAME **Prof. John Arokiasamy** in his address said that our mission was dissemination of high quality knowledge to improve health in Asia Pacific Region by publishing information in medical journals. We work in close collaboration with WHO Regional Office and other organizations and its development has been very smooth and progressive. We are having this joint meeting with the Regional Index Medicus. We have been helped in many ways by Korean Association of Medical Journal Editors (KAMJE). Other national associations of medical editors are also playing their role. This combined meeting with GIN provides us an opportunity of international networking since GIN is present and recognized in ninety countries for development of Clinical Practice Guidelines. He hoped that GIN and APAME will find ways for networking in future as well.

The GIN conference it was stated has attracted 294 delegates from thirty one countries. The organizers received 214 abstracts. Scientific programme included five plenary session, seven workshops, and 102 scientific papers in twenty six sessions. There were ninety seven posters on display in two poster presentation sessions.

#### **First Joint Plenary Session of APAME and GIN**

It was devoted to linking evidence to practice: guidelines and alternatives. **Dr. Tsuguya Fukui** from Japan pointed out that with Evidence Based Medicine, quality of care gets better. One must recognize actual practices and outcome and then have feedback to improve the practices. There is gap between established evidence and actual clinical practice. It has been established that use of Aspirin reduces mortality in MI. Similarly complications rate of central vein catheter also reduced from eight to just four percent.

**Gillian Leng** from UK discussed how effective are national strategies for getting evidence in practice. The issues involved like lack of time and money, gaining consensus from colleague's treatment in new skills are required. There is also need for new equipment and services. Since 1999 NICE UK has published 693 guidelines of which 35 were on public health. We need to raise awareness, monitor and encourage change. Provide practical support, evaluate impact. We are working for a change. We are also working to improve dissemination of NICE pathways. There is need to motivate and encourage people to use these guidelines. Trusts can avoid litigations. CPD and revalidation of licenses are the other important issues. It was also stated that NHS Litigation Authority contributes to incentives for reducing the number of preventable incidents. Financial incentives are offered to GPs how well they adhere to agreed indications based

on NICE guidelines. NICE has ongoing programme of monitoring data on uptake. Audit of 282 Trusts in UK involved 90,000 NHS staff which showed that 32% had a policy to support the physicians, 15% helped reduce obesity. Bariatric surgery for obesity has seen major increase in selected cases of obesity. Surgeons need to be trained to do that sort of surgery. With the increase in number of trained surgeons, number of patients having surgery is going up. NICE has also produced guidelines on antibiotics prophylaxis suggesting not giving it in routine dental practice. However, reduced funding for healthcare in UK are the future challenges. Change, it was stated, is not made without incentives even from worse to better.

**Dave Davis** from USA talked about the hidden intervention; using an effective educational strategy to ensure the uptake of best evidence in practice. She pointed out that guidelines do not implement themselves. In fact hidden within them are clear implications for education, the delivery an uptake of best evidence messages to patients, policy makers and especially for healthcare professionals. This presentation discussed patient motivated strategies, reminders, web based tools which are much more than class room teaching. Conferences, seminars, symposia, meetings, round lectures are all formal parts of CME. Small group workshops are better. He was of the view that we need to develop an active, interventionist educational programme for guideline implementation.

On Day two of the conference, **Kathy Kwan** from PubMed Central was the first speaker and her presentation was on Public Access Policy and PubMed Central. This was a Video presentation from NLM USA. PubMed Central it was stated is a digital full text archives of the life science journals at US NLM. It started in Year 2000 and has 2.2 million articles in its archives. Here deposit of articles is permanent. Journals can stop depositing new material but cannot withdraw the material already deposited. At present 880 journals deposit complete journal issues. It includes 145 journals from Asia Pacific and most of them are from Korea and China. NIH Public Access Policy, she stated, applies to all peer reviewed manuscripts. Four different submission methods are available. Almost 60% of the articles are deposited by authors or publishers. She pointed out that new exciting developments are taking place in information technology, new software's are being developed which would be helpful to the publishers and authors.

The next presentation was by **Kwon Oh Hoon** who talked about Cross-Publisher Plagiarism screening initiative. It was stated that over twenty thousand manuscripts are checked with CrossCheck each month. It is a deterrence factor since the authors know that their manuscripts are being checked for plagiarism. It uses discussion list, provides cross reference support. Guidelines for best practice are being formed. CrossCheck not only protects the reputation of the journals but also deters the plagiarists.

His next presentation was on how to join CrossCheck wherein KAMJE experience was shared with the

participants. Cross Check is powered by iThenticate which was an initiative started by Cross Ref to help its members actively engage in efforts to prevent scholarly and professional plagiarism. It is non-profit network founded on publisher collaboration. Its objective was to make reference linking throughout online scholarly literature efficient and reliable. This is the only full scale implementation of the Digital Object Identifier (DOI) system to date. CrossRef is not a product for sale, neither an article database nor a direct to end user service. It consists of some big commercial publishers. It offers the benefits of no broken links as DOI link is a persistent link. A single agreement with CrossRef serves as linking agreement with all participating publishers. It adds value to electronic publications with outbound and inbound links. To participate in CrossCheck publishers must first allow their content to be indexed and included in the CrossCheck database. All CrossRef members are encouraged to contribute to the database regardless of whether they decide to check submissions. In order to join CrossCheck one must be a CrossRef member. One has to fill out an application form and sign a license agreement. Korean Journals wishing to join CrossCheck must be KAMJE members. KAMJE is a sponsoring member of CrossRef. It has 197 member journals of which 177 are covered in KoreaMed. It is sponsoring publisher of 96 Synapse, CrossCheck member journals. Thirty five journals have CrossCheck accounts and sixty have ID's as on August 22<sup>nd</sup> 2011.

**Choi In-Hong** discussed dual submission or self plagiarism. eTBLAST, Turnitin and CrossCheck were mentioned as some of the software available for detecting plagiarism. Turnitin covers over ninety thousand journals and books and its use reduces the burden of reviewers and editors. CrossCheck has facilities to exclude references, methodology. It was suggested that even if similarity index is 2%, one must check the text. Similarity in methodology is acceptable to some extent as it either confirms or results are contrary to earlier findings.

In the next session **Tsutani, Kiichiro** spoke on publication ethics focusing on duplicate publication. COPE practices were mentioned as to how to promote integrity in research publications. Practice of duplicate publication was termed as inappropriate and unethical. Authors need to be educated since they are under pressure to publish more due to various reasons.

**Hahm, Chang Kok** former President of KAMJE discussed surveillance programme for publication ethics. His presentation was based on KAMJE experience. KAMJE, it was stated was formed in 1996 and a committee on publication ethics was formed in 2006. Good Research Practice Guidelines for medical Editors was published in 2008. A few sample cases of duplicate publication were also depicted. Out of 9030 published articles 5% were selected randomly and it showed 5.93% were duplicate publications. The main work of the Ethics Committee is to provide consultation.

**Trish Groves** Deputy Editor from BMJ made a video presentation on Research and Publication Ethics. Can

readers trust your journal? She pointed out that authors, publishers and editors have ethical obligations as regards publication of research results. Authors make available results of their research done on human subjects. It is important that every clinical trial must be registered and takes approval from Ethics Committee or Institutional Review Boards. Protect patient's identity, report all above points in their papers. Trial registration matters as it assures accountability. She also referred to the ICMJE requirements on the subject. Speaking about publication ethics, she mentioned about plagiarism, conflict of interest, avoiding guest, ghost authorship. Referring to Editor's role in tackling misconduct she suggested optimizing peer review, enlisting statisticians as peer reviewers. Clear advice to authors will help prevent misconduct.

### Symposia on Research Ethics

**Prof. Lapena JF** from University of Philippines Manila who is also President of Philippines Association of Medical Journal Editors (PAMJE) discussed the role of editors in plagiarism. He presented a case study wherein the study was done by a Resident but the authors included the Head of the Dept. as well. He was of the view that though it was the resident who plagiarized but since all the authors had signed it, they all must equally share the blame. Instead of taking action against the plagiarists, the institutional ethics committee called a meeting and blamed the Editor who had pointed it out for indulging in defaming the professional colleagues. Eventually, the Editor won the case and the resident was punished but all others were acquitted. Why the HOD had become the main author of this study was also unethical, he remarked.

**Prof. Lai Meng Looi** from Malaysia talked about copy right issues. She stated that creative work done by the authors once submitted and published is transferred to the journals. Some journals ask the authors to sign on copy right Form. Acknowledgement is not enough and while using tables or figures, one has to seek permission from the author and publisher to reproduce it in their own articles.

**Prof. Kheng Hock Lee** from Singapore discussed ethics in medical journal review. Ethical peer review it was stated is although widely used is largely untested and its effects are uncertain. Speaking about Evidence Based Medicine, he said, that it is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care or individual patients. The practice of EBM means integrating individual clinical expertise with the best available clinical evidence from systematic research." According to Richard Smith, peer review is "slow, expensive, ineffective, something of a lottery, prone to bias and abuse, and hopeless at spotting errors and fraud". Sometimes the reviewers sit on the manuscripts and later it appears that there is lot of plagiarism or the reviewer may use it to push his/her own study on similar topic and get it printed. Peer Review must be based on competency,

consistency, confidentiality, conflict of interest and collegiality. Reviewer must be expert in that particular field; experienced author in peer reviewed journals, and trained in scientific method having good analytical and critical mind and effective in review writing. They should have no negative result bias, criticism should be meant to improve not to disprove, must have respect for the work of peers. There should be a process of appeal or the journal must have an ombudsperson to look into the complaints and grievances of authors. The reviewer must not breach confidentiality through delegation, seeking help from others, Peer review is subjective and has many deficiencies but there is no other better way. It is still effective and continued study of this process will improve its quality.

### PubMed and PubMed Central

**Charles Raby** from WHO Office Manila moderated the next session wherein **Kathy Kwan** was the first speaker who discussed PubMed and PubMed Central processes in detail. PubMed, it was stated is a free database of over twenty one million citations and abstracts of the sciences literature. Linked as full text to PubMed Central and publisher's website, it is an essential biomedical resource used throughout the world. It has 3.3 million searches per day and 3.5 million abstracts are viewed daily. Currently it covers 5,500 journals in thirty nine languages. About 6% of its source is from countries represented by APAME. Selection committee meets three times in a year and 20-25% of the journals who apply are selected based on their quality of contents and production quality.

**Fang An** from Chinese Academy of Medical Sciences presented highlights regarding Western Pacific Region Index Medicus. It was pointed out that at present it covers 445 journals from ten countries of the region which includes eighty one journals from China and one hundred thirty one journals from Korea. The goal of WPRIM is to create an online index of medical and health journals published in member states of the WHO Western Pacific region which can be accessed on the internet thus ensuring global accessibility of medical and health research done in the region. It aims to create a bibliographic database containing records linked to their full text, to raise the level of journal publishing in member states besides building capacity of participating health institutions. **Prof. Seo** from Korea had played a vital role in initiating this project. WPRIM has been meeting regularly. It has reviewed and adopted a series of documents. Institute of Medical Information at Chinese Academy of Medical Sciences was assigned to develop the WPRIM platform. It was WPRIM which had proposed the establishment of Asia Pacific Association of Medical Editors. New WPRIM database was formally launched in China on May 7<sup>th</sup> 2010. WPRIM is located in Beijing and hosted in the IMICAMS which maintains it and also provides technical support.

**Choon Shil Lee** discussed the KoreaMed, Synapse and KoMCI: the citation Tracking of Korean Medical

Journal Articles. It is a full text database which tracks citations of Korean Medial papers in KoreaMed, Synapse and KoMCI. It covers Korean Medial Journals offering free information through open access. It is included in WorldWideScience.org. KoreaMed is not a citation index, not a full text database but it has linking built into the database. Currently forty three Korean journals are included in PubMed Central and five more are under evaluation. SYNAPSE covers ninety seven journals with full text while KoreaMed covers one hundred seventy seven journals. Citation tracking is available. Web of Sciences covers eight thousand science journals including medical journals while SCOUPS covers nineteen thousand science journals. CrossRef has 24,870 journals including ninety seven Korean journals.

### Symposium on Bibliometrics

**Sun Huh** in his presentation stated that inclusion of a journal in PubMed Central increases its citation frequency. For that journals must be published in English language and added to PubMed Central to be cited by SCIE journals more frequently. **Se-Jeong OH** talked about Korean Medical Citation Index. **Jong-Min Kim** speaking about peer reviews submitted to Korean Journal of Medical Sciences stated that the quality was acceptable. After invitation, there is high rate of decline. It was suggested that feed back should be provided to the reviewers and there must be some education programmes for their training to have good reviewers.

**Van Der Stelt** from Springer publishers highlighted the open access at Springer and BioMed Central. It publishes 215 open access journals. BioMed Central has over ninety thousand open access peer review published articles in its database. At present there are fifty five BioMed Central journals with Impact Factor.

**Prof. Wah-Yun Low** Chief Editor of Asia-Pacific journal of Public Health published from Malaysia spoke about international collaboration in journal publishing. Problems being faced by journals she stated include peer review, finance, journal management, need for proper guidelines in publishing. Hence collaboration, she opined, is the way forward to improve quality, converge and impact. She highlighted the importance of training of editors, reviewers and researchers, journal visibility through internet technology. She opined that there is need to understand the dynamics of international collaborative research to formulate best practices for collaborative work in journal publishing. For capacity building, we need training courses for editors of regional journals both at national and regional level. Exchange of training material on editing and peer review is feasible through facility provided by APAME portal.

On last day of the conference, WPRIM project and development of WPR/Synapse was discussed in the morning session by **Alma and Ms. Lee** while **Prof. Lee** discussed the future plans regarding WPR/Synapse. In the next session **Mr. Fang An** talked about WPRIM data base update and enhancements. It was stated that there

is a need to advertise this service so that others can see it. **Mr. Charles Raby** from WHO Office Manila stated that they will support those journals which cannot ensure regular publication. We will help and encourage them and we will not take them out of WPRIM. **Mr. Raby** also said that it is the national journals selection committee which recommends inclusion of any journal in WPRIM and final decision is based on each country's situation and requirements. The idea is not to discourage but encourage journal publication. WPRIM it was stated, requires XML data, hence the journals must get in first and then ask publishers to provide XML files. SOPs for WPRIM should be prepared and advertised.

This was followed by various country reports on their data contribution to WPRIM by **LY Cheng** from Cambodia, **Dr. Sing** from Laos, **Dr. Badrakh Burmaajav** from Mongolia. **Dr. Loung Chi Thanh** from VietNam said that Vietnam has a population of eighty seven million with life expectancy of seventy five year and per capita income of twelve hundred US dollars. The country spends 6.6% of its GDP on health. There were eighty nine medical journals of which currently twenty nine are being published. VietNam Journal of Medicine was published by VietNam Medical Association in 1954. Second journal was approved in 1955. Currently fourteen medical journals are included in WPRIM project, he added.

Japanese Association of Medical Journal Editors (JAMJE) was founded and now Directory of JAMJE journals is under publication. JAMJE intends to develop editorial guidelines for Editors. Malaysia had thirty one medical journals when Association of Malaysian Medial Journal Editors (AMMJE) was established and all the journals were asked to become members. Malaysia has also established Abstracting and Indexing System which has over five hundred science journals. Most of the articles published in Malaysia have two authors. Philippines Association of Medical Journal Editors (PAMJE) has twenty five regular members, sixty nine associate and thirty three association members. Most articles have one author and most authors are from universities.

In the next session **Margaret Ann Harris** described the WHO experience in growing good guidelines. WHO guidelines, she said, are recommendations intended to assist providers and recipients of health care and other stakeholders to make informed decisions. Recommendations may relate to clinical interventions, public health activities or government policies. These guidelines can be rapid advice, standard focused advice, and comprehensive advice, in the form of text books or joint guidelines. Guidelines Review Committee was established in 2007 to develop, implement procedures to ensure that WHO guidelines are consistent with internationally accepted best practices, are appropriately based on evidence and are transparent. There are various

groups for developing guidelines and they are reviewed and updated periodically.

It is important that it is not the ivory tower sitting specialists which should make decisions. Wider external expert consultation is made to ensure that nothing essential is left out. The committee also determines need for evidence review. Once recommendations are drafted, they are peer reviewed by key opinion leaders and treatment working groups. Then comes publication and dissemination. Conflict of interest must be declared. Those with financial or academic interest cannot become chairpersons.

This was followed by an excellent presentation by Dr. **Manju Rani** from WHO Regional Office Manila. She discussed the potential role of journal editors and publishers in promoting research governance, ensuring transparency and accountability. She pointed out that once research results are submitted, they should be rigorously peer reviewed which will improve research quality. Efforts should be made to prevent duplicate publications and plagiarism. She also referred to the declining public trust and declining confidence of public funders of research. She suggested that a National Health Registry should be established which should be web based. It should involve prospective registration of health research involving human subjects by the researchers. Key metadata should be provided at the time of registration. It should be publically accessible and searchable. Data submitted by researchers are used to take management decisions for priority setting, financial allocations or monitoring research wastage.

Continuing Manju Rani said that the concept of Clinical Trial Register is advocated since mid 1990s. First CTR was established in USA in 2000. National Health

Research Register (NHRR) is already registering Non-Clinical Trial Research., It helps to track down how many research projects got completed and published. ICMJE guidelines make it mandatory that all clinical trials are registered in Public Trial Registry. Hence it is the duty of Editors to ensure its compliance. India has also established a Clinical Trials Registry. Malaysia has established a National Health Register. In future donors and funders, she said, are gong to ask more and more for registration of research to ensure transparency and accountability. Journal editors and publishers also have an important role in ensuring prior ethical review of the research, ensuring systematic archiving of micro data and wider access to data. Public health research data, Manju Rani opined is a valuable scientific resource with long term value. Hence it is important to maximize the full potential of public health research data to generate better health. She concluded her presentation by stating that governance and management of health research in low and middle income countries is highly inadequate and poses unique challenges. Prospective registration and publicly accessible National Health Research Register offers substantial potential. Increased access to research data will ensure transparency, accountability, improve quality and efficiency. Medical Journal Editors have an important role to play to enforce compliance with these initiatives once the governments adopt such policies.

**Mr. Shaukat Ali Jawaid** Secretary General Eastern Mediterranean Association of Medical Editors' (EMAME) in his presentation talked about the establishment of EMAME and its accomplishments, achievements so far. In another presentation he shared his views regarding improving international collaboration among medical journal editors through some personal initiatives which proved quite useful and rewarding.

**NOTE: This PDF was condensed to eight pages and uploaded again on December 14, 2011 - Editor**