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Abstract

This special editorial assessed the recent developments in *Malaysian Journal of Medical Sciences (MJMS)* and examined the characteristics of the submission, peer review, and publication processes for MJMS. This retrospective analysis used information about the manuscripts submitted to MJMS during the one-year period (from 1 June 2010 to 31 May 2010) since the start of current online submission and review system (ScholarOne™ Manuscripts, Thomson Reuters). In addition, we also discussed the future directions of MJMS. Finally, we would like to recommend an annual internal audit for MJMS, which is very useful to monitor the growth of this journal progressively.

Keywords: editorial policies, peer review, publishing, quality control, statistics

The past year has been one of great change for the *Malaysian Journal of Medical Sciences (MJMS)*. We have progressed from a print journal to an electronic journal, from traditional hardcopy submission via postal mail to fully electronic submission and speedy correspondence via emails, and from a monotonous cover and layout to a visually stimulating and impressive appearance.

This major progress primarily stemmed from the “Accelerated Programme of Excellence” (APEX) status awarded to Universiti Sains Malaysia (USM). This award has brought more funding to the journal, which is managed under the Research Management and Creativity Office (RCMO). MJMS is targeted as one of the journals that is most likely to succeed on the international platform. USM Press took over the publication of MJMS from the School of Medical Sciences in January 2009 with the understanding that the School would continue to provide editorial assistance by selecting quality articles in accordance with the MJMS’ objectives, while the USM Press would offer administrative help and would internationalise the journal by increasing exposure through ISI and PubMed. Since this transition, we have been able to utilise more resources, which allowed our recent developments.

Our Guidelines for Authors have been refined. The latest version (updated September 2010) offers more comprehensive guidelines meant to facilitate manuscript preparation and to expedite the subsequent editorial process by avoiding unnecessary hiccups. It is not our intention to lay a burden on authors with these seemingly “stricter” requirements, but rather we are adopting MEDLINE’s requirements for manuscripts in hopes of receiving a positive outcome from the MEDLINE evaluation. To facilitate MEDLINE’s evaluation of MJMS, we sincerely hope that authors will follow the Guidelines as closely as possible.

This special editorial will assess the recent developments in MJMS and examine the characteristics of the submission, peer review, and publication processes for MJMS. This retrospective analysis used information about the manuscripts submitted to MJMS during the one-year period (from 1 June 2010 to 31 May 2010) since the start of current online submission and review system (ScholarOne™ Manuscripts, Thomson Reuters).

The Electronic Evolution

Electronic submission to *MJMS* started in June 2009. We have been accepting manuscripts via ScholarOne™ Manuscripts (formerly Manuscript Central), an online manuscript submission, tracking, and review system. Prior to the adoption of the online submission system, we relied on submission by post, in person (usually from USM), and occasionally by email.

Because we no longer rely on the exchange of hard copies, we do not have to deal with stacks of paper, whose storage requires considerable physical space. This transition also obviated the need to print and file every manuscript submitted via email. This transition from paper dependence to paperless manuscript processing is in line with the sustainable campus philosophy of the USM (1) and with the global mission to save the green resources of the Earth. The paperless handling of data has been adopted and popularised by the majority of journals in the world.

Consequently, the editorial office duties have been greatly reduced—no longer must the staff mail and track hundreds of envelopes each year. With fewer envelopes to manage, the *MJMS* editorial staff can focus more on improving the quality of the journal and on getting the journal indexed in as many relevant databases as possible, importantly PubMed and ISI Web of Science.

In addition to switching to an online submission system, the journal itself has evolved into an electronic journal. Starting in January 2009, *MJMS* has been published electronically on our website, and hardcopies are only printed on demand.

Submission Trends

Our transition from a print journal to an online journal brought about a perceptible increase in our submission rate. Since we implemented the online submission system, on average, 12 manuscripts are submitted to *MJMS* each month (Table 1). This number is double the average number of manuscripts submitted each month before using ScholarOne™ Manuscripts, which was 6 (unpublished data). This increase indicates that switching to electronic submission facilitates submission; it is also possible that *MJMS* is getting more publicity and is more visible in the local and international communities. The types of manuscripts submitted to *MJMS* are illustrated in Figure 1. Original articles constitute the majority (60.2%) of the manuscripts we have received. However, among these, only one-third

Table 1: Submission of manuscripts to *Malaysian Journal of Medical Sciences* via ScholarOne™ Manuscripts in one year June 2009 - May 2010 (unless indicated otherwise)

Submission Month	n
Jun	11
Jul	8
Aug	18
Sep	10
Oct	14
Nov	12
Dec	12
Jan	12
Feb	14
Mar	12
Apr	17
May	10
Total	150

^a One manuscript, in the format of letters to the editors, was sent via email.

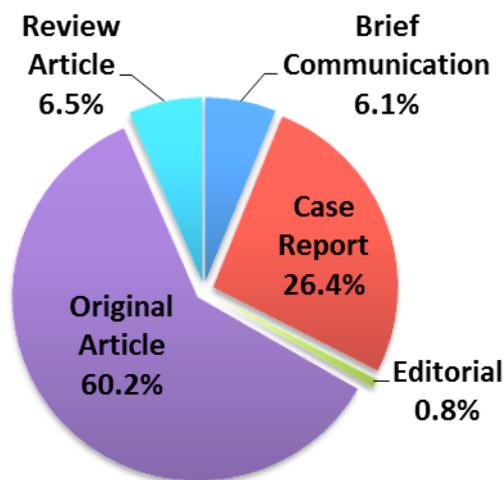


Figure 1: Types of manuscripts submitted to *Malaysian Journal of Medical Sciences* in one year

(33.3%) are laboratory-based research papers, and we are aiming to attract more research papers in the future to balance the abundance of clinical papers, which encompassed two-thirds (66.6%) of original articles.

Most of our submissions come from Asia: Malaysia, unsurprisingly, is the top contributor, followed by India and Iran. Classifying the origin of submissions by region, most of our submission comes from Southeast Asia (60.7%). This is followed by South Asia (14.7%), Middle East (12.0%), Africa (9.3%), Oceania (1.3%), North America (1.3%), and South America (0.7%). The breakdown of submissions by country is shown in Table 2. These data indicate that *MJMS* is successful in attracting authors from developing nations; this trend is in line with the journal's aim, which is to publish and disseminate information on biomedical and health sciences research pertinent to developing nations.

Table 2: Submission of manuscripts to Malaysian Journal of Medical Sciences by country in one year via ScholarOne™ Manuscripts (unless indicated otherwise)

Region	<i>n</i>
South East Asia	
Malaysia	88
Singapore	2
Indonesia	1
South Asia	
India	14
Pakistan	7
Bangladesh	1
Middle East	
Iran	11
Turkey	4
Palestinian Territory, Occupied	11
Saudi Arabia	1
Iraq	1
Africa	
Nigeria	13
Sudan	1
North America	
United States of America	2
South America	
Cuba	1 ^a
Oceania	
Australia	2
Total	150

^a One manuscript, in the format of "letters to the editors", was sent via email.

Peer Review Trends

Accept–reject ratio

On average, *MJMS* rejected half of the manuscripts after peer review (Table 3). The average rejection rate has increased from approximately 20.0% (2) to 51.7% (Table 3). The rejection rates of original articles and review articles are higher than the average rate, at 61.5% and 71.4%, respectively. Review articles have the highest rejection rate; the most common reasons for rejection were the lack of novelty of the review topic and the poor structure of the manuscripts. These high rates of rejection are compensated for by the low rejection rate of editorials and special communications, as these solicited articles are unlikely to be rejected. The average rejection rate is considered high for a small scientific journal like *MJMS*. This situation indicates that although *MJMS* receives many manuscripts, the quality of most manuscripts is unsatisfactory. We sincerely thank all of our reviewers who, by their commendable efforts in reviewing, have contributed to improving the quality of the manuscripts published in *MJMS*.

Only a small proportion (16%) of the average rejection rate is attributed to rejection pre-peer review. Some of the reasons for this early rejection by *MJMS* are as follows: the topic is of low priority for publication due to the lack of new or useful knowledge; major language errors; failure to comply with the Guidelines for Authors; or the topic is not within the scope of *MJMS*, for example, veterinary sciences and agriculture. Screening at the early stages (pre-peer review) should be implemented more rigorously to remove unsuitable manuscripts. A study by Johnston et al. (3) indicated that early screening is favourable, as it lessens the burdens on reviewers and shortened the time taken to reach a final decision. For *MJMS*, the median time taken to reach the final decision to reject a manuscript using the pre-peer review screening is 8 days, which is significantly shorter than the 44 days taken for the post-peer review process.

Publication Trends

Language

We realise that most of the papers sent to *MJMS* are from authors for whom English is their second language. Although language problems should not be the main reason for rejection (4), we have had to reject manuscripts that are so poorly written or presented that they were hard comprehend. We felt that these manuscripts were

Table 3: Malaysian Journal of Medical Sciences acceptance and rejection ratio of different manuscript types^a

Manuscript Type	n	Final decision			
		Accept	Acceptance Ratio (%)	Reject	Rejection Ratio (%)
Brief communication	4	4	100.0	0	0.0
Case report	22	15	62.5	9	37.5
Editorial	2	2	100.0	0	0.0
Original article	52	20	38.5	32	61.5
Review article	7	2	28.6	5	71.4
Total/Average	89	43	48.3	46	51.7

^a Manuscripts with an original submission date from 1 June 2009 to 31 May 2010 and a final decision date of on or before 31 May 2010.

not even understandable and therefore had to be rejected pre-peer review. To ensure that our published articles are well written, we send all accepted articles to a professional English editing service, *American Journal Experts (AJE)*. After the articles are returned by AJE, the accepted articles are refined carefully with respect to format and style by our in-house copyeditors.

Waiting time of publication

The waiting time of publication of an accepted manuscript has been reduced from 6 months (5) to a median of 4 months (Figure 2). The waiting time of articles accepted to *MJMS* depends on (a) the order of acceptance; (b) the type (original articles get higher priority than case reports, and editorial articles are solicited and do not undergo peer review; hence they are almost immediately accepted and published in the next upcoming issue of the journal); and (c) the subject area of the article. The Editor will select articles representing a variety of subject areas for each issue; therefore, if we have an abundance of otorhinolaryngology papers (which did happen!), we would publish these articles in separate issues. Within a particular subject area, articles that are more appealing, that is, offering new knowledge and are informative and exciting, get prioritised.

Future directions

MJMS is still developmental in character, and certainly there is more room for improvement. However, we are content with the current progress; we have made a small start, which is nonetheless important in setting the journal's pace.

We hope that the Editorial Board members will be active contributors to the journal, for example, in helping to screen the growing number of new submissions. We are also in the process of incorporating more medical-based statistics experts on the Board in addition to retaining the members with multidisciplinary areas of expertise to ensure that the published articles are not only of high quality content-wise but are also statistically sound.

At the moment, we are experimenting with the submission of video with manuscripts. Video material and animation sequences can be used to support and enhance scientific or medical research. Videos accompanying a manuscript must be innovative, provide added value, and, most importantly, not merely a rehash of the procedures described in the text. We will welcome the submission of videos (as supplements to manuscripts) starting in early 2011.

We are also striving to increase our worldwide visibility and readership by applying to be indexed in as many relevant databases as possible. *MJMS* is currently indexed in SCOPUS, Bioline International, the British Library, EMBASE, Index Copernicus, DOAJ, and a few more. Currently, we are under evaluation for indexing in PubMed and ISI. As a small journal from a small country, we realise that getting indexed in these databases is a herculean task; however, it is not impossible, as we are breaking slowly from the so-called "vicious cycle of inadequacy" that journals from semi-developed countries face (6). We have published papers on issues that are pertinent to developing countries, for example, articles on the unique experience of a mobile medical team during a major flood (7), the recent developments

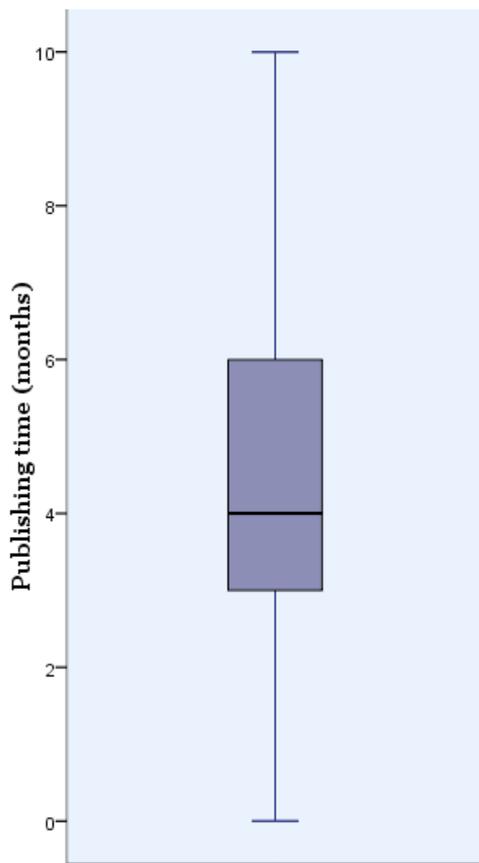


Figure 2: Publishing time of accepted manuscripts in *Malaysian Journal of Medical Sciences*. Data was analysed from 43 accepted manuscripts in the period of one-year. Mean = 4.7 months, median = 4.0 months.

in dengue research (8), and the H1N1 pandemic (9). Therefore, *MJMS* offers a fresh perspective on health and medical issues from the developing world.

Clearly, *MJMS* has grown in many aspects as discussed above. These achievements are the result of the hard work of a team dedicated to the development of *MJMS*. As a final note, we would like to emphasize the importance of an annual internal audit, which we hope will allow the growth of this journal to be monitored progressively.

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References

1. Lee LM, Abidin M, Razak DA. Kampus sejahtera kampus lestari: The genesis for a sustainable campus [Internet]. 2007 [cited 2010 Aug 22]. Available from: <http://healthycampus.usm.my/v4/filesup/KampusSejahtera-Lestari-s.pdf>
2. Abdullah JM. Words from the current editor of *MJMS*. *Malaysian J Med Sci*. 2008;**15**(4):1.
3. Johnston SC, Lowenstein DH, Ferriero DM, Messing RO, Oksenberg JR, Hauser SL. Early editorial manuscript screening versus obligate peer review: A randomized trial. *Ann Neurol*. 2007;**61**(4):A10–A12.
4. Ehara S, Takahashi K. Reasons for rejection of manuscripts submitted to *AJR* by international authors. *AJR Am J Roentgenol*. 2007;**188**(2):W113–W116.
5. Embong M. *MJMS*: The past and future. *Malaysian J Med Sci*. 2008;**15**(4):5–7.
6. Marusic A, Marusic M. Small scientific journals from small countries: Breaking from a vicious circle of inadequacy. *Croatian Med J*. 1999;**40**(4):508–514.
7. Ahmad R, Mohamad Z, Mohd Noh AY, Mohammad N, Che Hamzah MSS, Nik Mohamed NA, et al. Health major incident: The experience of mobile medical team during major flood. *Malaysian J Med Sci*. 2008;**15**(2):47–51.
8. Guzman MG, Vazquez S, Kouri G. Dengue: Where are we today? *Malaysian J Med Sci*. 2009;**16**(3):5–12.
9. Lee CKC. Influenza A / H1N1 pandemic: The scare of 2009. *Malaysian J Med Sci*. 2009;**16**(3):1–4.