Online Appendix

Report to *CMAJ* Oversight Committee

John Hoey, Anne Marie Todkill

November 26, 2002

Our report is as follows:

1. An overview of the Journal and its staff.
2. A description of the place of *CMAJ* in the wider world of general medical journals.
3. A description of the specific objectives of the Journal.
4. A review of some performance indicators relative to those objectives.
5. A review of the issue of editorial independence.
6. Some comments on the mandate of the *CMAJ* Oversight Committee.
7. References and background reading.

We look forward to meeting you on the 26th.

1. Overview of *CMAJ*

The Journal has been published since 1911. John Hoey has been editor since September 1996. Anne Marie Todkill, who joined the Journal in September 1994, became Senior Deputy Editor in 2001.

1.1 *CMAJ* is organized into 8 sections as follows.

Lead editorial. Signed '*CMAJ,*' the lead editorial, similar in many ways to editorials in newspapers and in several peer-reviewed journals such as *The Lancet* and *Science*, raises issues that are relevant to medicine and health. They are written mainly by John Hoey and Anne Marie Todkill. We have recently commented on their content.[1] (appended).

Letters to the editor. We receive about 300 letters by mail each year in addition to a growing number of letters submitted to *eCMAJ*. All letters are considered for publication in the print journal. They are reviewed by a committee of 6 editors, and about 30% are published. Over half the letters selected for publication require a reply, which is published in the same issue of the Journal.

Original research. We publish about 75 original research papers each year, selected from approximately 800 papers received. A description of our process for selecting scientific manuscripts is below (see Box). In selecting manuscripts for publication the editors' overriding criterion is the importance of the research for medical science and medical practice.

The peer review process at *CMAJ*

1. Each original research submission is reviewed by an editor shortly after receipt to determine whether it is of potential interest.
2. If the editor deems it to be of potential interest, it is sent for peer review; if not, it is referred to a second editor for independent assessment.
3. If the second editor agrees with the first, the manuscript is returned to the author (usually within 5 days of receipt). (This is called an "intercept.") Otherwise, it is sent to peer review.
4. Two to three peer reviewers are selected.
5. On completion of peer review the manuscript and the comments submitted by the peer reviewers are sent to 5 editors, Nick Barrowman (our biostatistician) and John Hoey.
6. The editors meet weekly for about 3 hours to review manuscripts and jointly decide on acceptance, rejection, or the need for revision of manuscripts.
7. Authors may appeal our decisions (about 15% do so). Manuscripts that are appealed are returned to all editors and are reviewed again at the weekly meeting.

Commentaries give authors an opportunity to express an opinion or briefly review a subject of interest to readers and policy-makers. Most are solicited by the editors, and we welcome suggestions for topics. Unsolicited commentaries are evaluated by the editors and, if judged to be of interest, are sent for peer review. We publish about 75 commentaries a year.

Review articles attempt to provide a comprehensive yet readable overview of a particular topic of clinical relevance. Almost all are solicited. They are written by authorities in the field and are extensively edited to make them accessible to a wider readership. The criteria for acceptance are the clinical relevance of the topic, the expertise of the author and readability. We publish about 30 each year.

Practice. This 6–8 page section contains brief articles of relevance to practising physicians in a wide range of fields. Launched in January 2002, the Practice section has

been gaining the attention of readers and potential contributors. Most submissions are peer reviewed. Some of the material is written by our editorial staff. The section is edited by Dr. Eric Wooltorton, a family physician who was *CMAJ*'s Editorial Fellow for 2001–2002.

The Left Atrium. This 4-page section launched in January 1999 provides an opportunity to explore the "art of medicine." Edited by Anne Marie Todkill, the section includes book reviews, arts features and creative writing that focuses on "the experience of illness, the material on which both patients and physicians work, and against which they measure and, in times of crisis, redefine themselves."[2] (appended)

News. The news section provides brief updates on issues and events relevant to health care. Edited by Pat Sullivan, this section provides information relevant to physicians and interprets health-related news in the context of medical practice. About half the articles are written by professional health news writers; the remainder, mainly longer investigational pieces (such as the report on Canadian medical students studying in Australia)[3] (appended) are written by our in-house news team.

1.2 The Masthead

John Hoey has been editor of *CMAJ* since September 1996. His background is internal medicine and epidemiology.

Anne Marie Todkill, Senior Deputy Editor, has a Master's degree in English literature from Queen's University. She has worked as an editor in health sciences since 1989.

Jennifer Thomas, Deputy Editor has an MSc in Neurophysiology and worked on publications of the National Research Council for several years. Her primary responsibility is managing and editing scientific papers submitted to the Journal.

Associate Editors

The associate editors, based in Ottawa, Montreal and Vancouver, work part-time for the Journal in addition to pursuing their clinical and research careers. They help select manuscripts for publication and take responsibility for negotiating revisions with authors as their manuscripts move toward final acceptance. They are :

Tom Elmslie: a family physician, Dr. Elmslie is Professor in the Department of Family Medicine, University of Ottawa, and CEO of the Foundation for Medical Practice Education.

Ken Flegel: an internist, Dr. Flegel is service chief at the Royal Victoria Hospital in Montreal, Professor in the Department of Medicine and Associate Member of the Department of Epidemiology & Biostatistics, McGill University.

Anita Palepu: an internist and researcher at the Centre for Health Evaluation and Outcome Sciences, St. Paul's Hospital, Vancouver, and Assistant Professor of Medicine at the University of British Columbia, Dr. Palepu is also a CIHR New Investigator.

Erica Weir: a family physician in the 5th year of a community medicine residency at McMaster University, Dr. Weir began with *CMAJ* as our second Editorial Fellow in 1999–2000. She writes the Public Health column in the Journal.

Eric Wooltorton is a Family Physician in Ottawa and a lecturer in the Department of Family Medicine at Ottawa University. Dr. Wooltorton was *CMAJ*'s Editorial Fellow last year. He is currently responsible for editing the Practice section of *CMAJ* and writes our Health and Drug Alerts.

Nick Barrowman. A biostatistician at the Children's Hospital of Eastern Ontario, Dr. Barrowman participates in all editorial decisions on scientific papers and offers specific advice on the analysis and presentation of scientific data.

James Maskalyk. Dr. Maskalyk, our current Editorial Fellow, will return to the University of Toronto in June to complete his 5th year as a resident in Emergency Medicine. He is developing a new section of the Journal on global health that we expect publish quarterly, beginning in the spring of 2003.

1.3 Readership

CMAJ is a benefit of membership in the CMA, which at present has more than 54,000 members. Libraries, institutions and individuals also subscribe. The Journal is purchased by several indexing, abstracting and document retrieval services (such as OVID) and resold to institutions and the public.

eCMAJ. The electronic version of the Journal, available in full text without access barriers, has increased the international presence of *CMAJ.* Our most recent *eCMAJ* readership survey shows that, while most readers of the electronic journal are, like the readers of the print journal, from fields related to health care, more than half (54%) are from outside of Canada. In addition the Journal is

available full text through the US National Library of Medicine/NIH server at PubMed Central www .pubmedcentral.nih.gov

1.4 Contributors

Like most general medical journals, *CMAJ* relies on the good will of authors and their interest in publishing their scientific articles, without remuneration, in *CMAJ*. Attracting good authors is one of the most important roles of the editor and senior editors. We compete with other general medical journals for high-quality material. Although most of our contributors reside in Canada, the proportion of international authors is increasing, probably as a result of our greater visibility through *eCMAJ*. Some of the increase in volume of manuscripts (and we think quality, see below) is a result of our decision to make the full text of *CMAJ* available without charge or barrier to access on the Web. Many authors support the concept of unlimited access to their work.

1.5 Roles and responsibilities

1.5.1 Editors

We understand our primary role to be that of connecting authors to readers. We endeavour to select material that is relevant and important to medical practitioners and others in the health care field. We strive to achieve a balanced mix that is responsive to the diversity of interests of our print and electronic readers and that reflects the diversity of our contributors. The Journal holds a mirror up to Canadian medicine and medical research, as well as offering a window onto the international scene. Maintaining *CMAJ*'s standing as Canada's national medical journal — one with a long and distinguished history — is itself an important responsibility. We also recognize that, in our increasingly competitive and interconnected world, the Journal's reputation cannot be maintained by taking a parochial approach to content selection. To attract the best authors and to satisfy our readership, we must meet an international standard of excellence.

At the same time, *CMAJ* has an important presence in our national media, where it is viewed as an authoritive source of information. Media coverage of articles published in *CMAJ* is continually increasing, as are mentions in Hansard. We are cognizant of this role and the responsibility this places on the editors.

1.5.2 Editorial Board

The Editorial Board was formed in 1997 as an advisory body to the editors. Members are chosen for their expertise in medicine and in health-related fields and their interest in the challenges presented by medical publishing. They are appointed for 3-year, unpaid, renewable terms and are expected to provide advice on a continuous basis and to attend an annual 2-day meeting. They also review a limited number of manuscripts and are encouraged to contribute at least 2 papers annually to the Journal.

1.5.3 Ombudsman

The position of ombudsman was created in 2002[4] (appended). Dr. John Dossetor, the highly regarded ethicist, clinician and researcher, agreed to serve as *CMAJ*'s first ever ombudsman. The Ombudman's role is to act on behalf of anyone who has unresolved complaints about our editorial process or their treatment by editors or other *CMAJ* staff. The Ombudsman acts independently of the editors and will publish an annual report in *CMAJ*. (Dr. Dossetor also acts as our primary consultant on all matters relating to the ethics of publishing and research misconduct.)

1.5.4 Readers' Advisory Panel

Earlier this year *CMAJ* established a 20-member Readers' Advisory Panel. Panelists were chosen from among all those who wrote a published letter to the editor in 2001 and who were members of the CMA. We selected from among this pool relatively young physicians in rural areas working outside of the university setting. The role of the Readers' Advisory Panel is to critically evaluate recent issues of *CMAJ* and to advise the editors on what sort of material they would like to see in future issues. We interact with the panel via email and at intervals send them a questionnaire to complete. About 5 panel members, in rotation, will attend the annual Editorial Board meeting. Jennifer Thomas has primary responsibility for liaison with panel members.

2 The National and International role of *CMAJ* and its editors

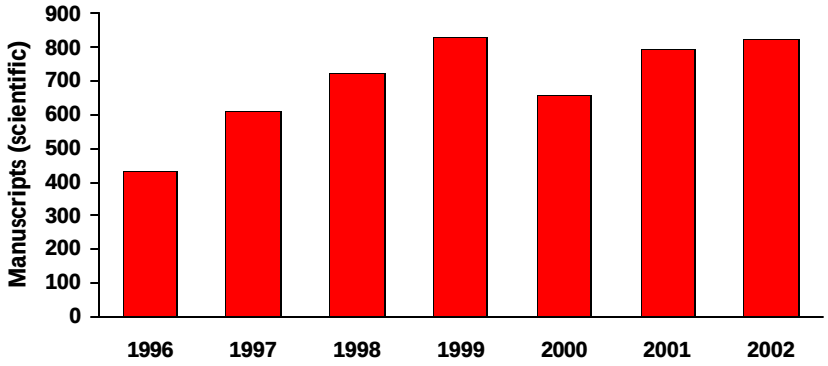
2.1 National

CMAJ editors are frequently asked to speak at national conferences and to address issues that relate to health and medicine in the media.

Recently, *CMAJ* collaborated with the Canadian Institutes for Health Research in holding a 2-day inaugural meeting that led to the creation of a permanent committee on publication ethics and research ethics co-chaired by John Dossetor and Anne Marie Todkill (see www.cmaj.ca/misc/ethics/publicationethics.shtml).

2.2 International

CMAJ is a founding member of the Vancouver Group, formally known as the International Committee of Medical Journal Editors (ICMJE). Other members of this group are the editors and senior deputy editors of the *Annals of Internal Medicine*, the *New England Journal of Medicine*, the *Journal of the American Medical Association*, *The Lancet* and the Australian, New Zealand, Dutch, Danish and Norwegian medical journals. The group meets annually on a formal basis and informally on a more frequent basis. John Hoey and Anne Marie Todkill attend these meetings and regularly contribute to recommendations made by the ICMJE. See www.icmje.org



The Vancouver Group has developed a set of standards for medical journal editing and publishing that is endorsed and followed by *CMAJ.* A copy of the ICMJE statements is appended to this report.

We also are members, as editors, of the World Association of Medical Editors (WAME), of which *CMAJ* was a founding member under the editorship of Dr. Bruce Squires. This group meets every 3 years and holds a national conference in conjunction with the Peer Review Congress.

Members of the editorial group at CMAJ are also members of the Council of Science Editors. Jennifer Thomas is a member of the programme committee and John Hoey chairs their Committee on Editorial Policy.

3 The objectives of *CMAJ*

Our central objective at *CMAJ* is to foster excellence in the science and art of medicine, to uphold the ideals of the medical profession and to promote the health and well-being of the public. In this spirit we strive to meet the following specific objectives:

3.1 To provide accurate and up-to-date scientific and clinical information for physicians and others on the promotion of health and the treatment of disease.

3.2 To help readers interpret the significance of scientific findings.

3.3 To provide insight and analysis on the determinants of health, including the environmental, economic, social, ethical, legal and political dimensions of health and health care.

3.4 To keep readers abreast of trends and events that affect health and the delivery of health care in Canada and abroad.

3.5 To foster debate on current issues relevant to health and health care.

3.6 To provide a window on health issues and humanitarian concerns around the world.

3.7 To provide a creative outlet for physicians to reflect on their professional lives and on the physician–patient relationship.

To sustain and strengthen the Journal we also work toward the following strategic goals:

3.8 To improve the quality of scientific content by competing with other top general medical journals for high-quality research and other contributions.

3.9 To maintain the Journal in a sound fiscal state

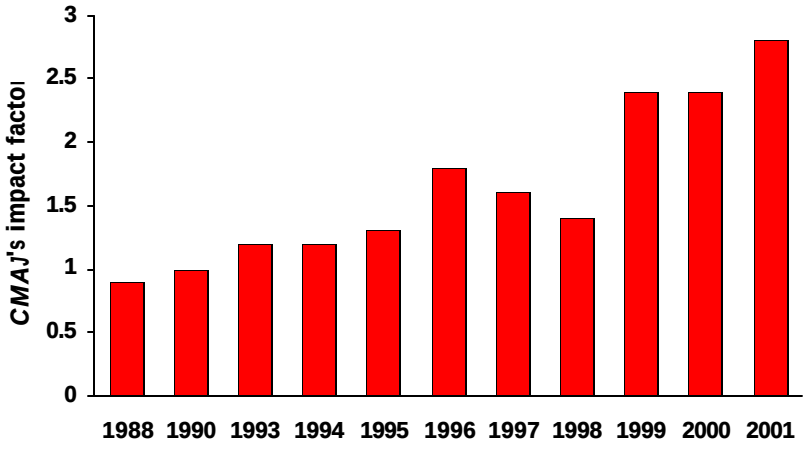
We pursue these objectives in accordance with Vancouver Group guidelines and following ethical principles outlined in the Nuremberg code, Helsinki agreement, and the Canadian Tri-council guidelines.

4. Performance indicators

We try to evaluate our progress in meeting our general and specific objectives on an annual basis. Not all aspects of what we do are easily measured; the following describes some of the indicators that we do have.

4.1 Improving the scientific content of *CMAJ*

We try to do this by increasing the volume of submissions and by increasing the stringency of our selection criteria. Although the volume of submissions should be easy to measure, we operate with a rather primitive manuscript tracking system from which it is difficult to extract unambiguous data. The figures we do have indicate that in 1996 we received 432 scientific manuscripts, 1175 other submissions (such as news stories and letters to the editor). In 2001 we received 797 scientific manuscripts and 1004 other submissions. Figures to the end of October 2002 suggest that we will modestly surpass last year's count (see graph).



We also monitor Impact Factor, a measure of how often scientific articles published in a particular journal are cited in other journals. *CMAJ* currently ranks 5th in the world among general medical journals. Rankings for 2001 (the most recent available) are given below. These figures rate articles published in 1999 and 2000 and cited in 2001.

New England Journal of Medicine	29.1
JAMA	17.6
The Lancet	13.3
British Medical Journal	6.6
CMAJ	2.8

We are currently in discussion with the rating service (ISI) with respect to errors we have detected in their calculations. We expect the corrected 2001 Impact Factor for *CMAJ* to be approximately 3.1.

Over time our Impact Factor has increased from about 1.4 in the period up to 1996, to the current level (see graph).

4.2 The presence of *CMAJ* in the media

From Nov. 18, 2001, to Nov. 18, 2002, *CMAJ* had 415 mentions in the Dow–Jones database of major media outlets such as the *Globe and Mail*, *Toronto Star*, *National Post* and Broadcast News. This number does not include appearances in Southam papers such as the *Citizen* and the *Vancouver Sun*.

We are unable to track mentions of *CMAJ* in Hansard, but know that the Journal is cited from time to time in the House of Commons. An exchange between Ms. Alexa McDonough and Hon. Anne McLellan on May 28 of this year is illustrative[5] (appended)

4.3 Readability

There are no firm measures of readability, although comments from readers indicate that changes in the content and layout of the Journal in recent years have been well received. In the past two years we have added the services of professional medical illustrators, particularly for Review and Practice articles. We are also using colour to a much greater extent. This, along with

our continuing efforts to enhance ease of reading through extensive editing, has produced a more inviting Journal.

In Canada, reader preference for journals is measured by the Print Measurement Bureau. In their Medical Media Study for July 2002, 58% of approximately 3000 physicians surveyed said they regularly read *CMAJ*. This was the highest score among all the surveyed journals. *CMAJ* ranked first among specialists in family medicine, pediatrics, internal medicine and cardiology, second among specialists in obstetrics–gynecology and surgery and third among psychiatrists. The response rate in this survey is about 55%.

The CMA at intervals conducts a comprehensive survey of its members. The response rate is about 30%. About 50% of CMA members surveyed in 2002 cite receiving *CMAJ* as a reason for joining CMA. This figure has not changed since 1998. CMA members under 35 years of age are more likely than members aged 55 to 64 to list receiving *CMAJ* as a reason for joining (61% vs. 43 %), as are women (53%) compared to men (48%). Among the 120 students included in the survey, 77% listed receiving *CMAJ* as a reason for joining CMA. When asked about their satisfaction with *CMAJ,* 20% of survey respondants said they were dissatisfied, 46% were neutral and 65% said they were satisfied.

4.4 Sound financial state

The Journal operates with a budget of about $7 million a year. Operating expenses include printing and postage of about $2.2 million. The remainder is editorial costs.

Revenue is derived from advertising by pharmaceutical firms (about $4 million), classified advertising (about $1.5 million), miscellaneous categories including government grants (about $0.5 million) and by transfers of part of CMA membership fees (about $ 0.5 million). The latter is offset by an identical charge-back by CMA for overhead.

CMAJ editorial staff have no direct control over advertising revenues or transfers in either direction to the CMA. Advertising by pharmaceutical firms and classified advertisers is driven, however, by readership and thus to some extent is under the control of the editors. Nonetheless, year-to-year fluctuations are highly dependent on new-product launches by pharmaceutical companies. However, we have always met our targets for expeditures as set annually by the CMA.

5 Editorial Independence

Much has been written in recent years on the editorial independence of medical journals. Of interest perhaps to the Oversight Committee are statements on editorial freedom by the International Committee of Medical Journal Editors and by the World Association of Medical Editors. Both are reproduced on the following page.

WAME statement on editorial independence

Editors-in-chief and the owners of their journals both want the journals to succeed, but they have different roles. The primary responsibilities of the editors-in-chief are to inform and educate readers, with attention to the accuracy and importance of journal articles, and to protect and strengthen the integrity and quality of the journal and its processes. Owners are ultimately responsible for all aspects of publishing the journal, including its staff, budget, and business policies. The relationship between owners and editors-in-chief should be based on mutual respect and trust, and recognition of each other's authority and responsibilities, because conflicts can damage the intellectual integrity and reputation of the journal and its financial success.

The following are guidelines for protecting the responsibility and authority of editors-in-chief and owners:

- The conditions of the editors-in-chief's employment, including authority, responsibilities, term of appointment, and mechanisms for resolving conflict, should be explicitly stated and approved by both editor and owners before the editor is appointed.
- Editors-in-chief should have full authority over the editorial content of the journal, generally referred to as "editorial independence." Owners should not interfere in the evaluation, selection, or editing of individual articles, either directly or by creating an environment in which editorial decisions are strongly influenced.
- Editorial decisions should be based mainly on the validity of the work and its importance to readers, not the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of retribution, even if these views might conflict with the commercial goals of the publisher. To maintain this position, editors should seek input from a broad array of advisors, such as reviewers, editorial staff, an editorial board, and readers.
- Editors-in-chief should establish procedures that guard against the influence of commercial and personal self-interest on editorial decisions.
- Owners have the right to hire and fire editors-in-chief, but they should dismiss them only for substantial reasons, such as a pattern of bad editorial decisions, disagreement with the long-term editorial direction of the journal, or personal behavior (such as criminal acts), that are incompatible with a position of trust.
- Editors-in-chief should report to the highest governing body of the owning organization, not its administrative officers. Major decisions regarding the editor's employment should be made by this body with open discussion and time to hear from all interested parties. Some owners have found it useful to appoint an independent board to advise them on major decisions regarding their editor and journal.
- Editors should resist any actions that might compromise these principles in their journals, even if it places their own position at stake. If major transgressions do occur, editors should participate in drawing them to the attention of the international medical community.

Posted June 17, 2000 at www.wame.org/wamestmt.htm#independence

ICMJE statement on Editorial Freedom and Integrity

Owners and editors of medical journals have a common endeavor: the publication of a reliable and readable journal, produced with due respect for the stated aims of the journal and for costs. The functions of owners and editors, however, are different. Owners have the right to appoint and dismiss editors and to make important business decisions in which editors should be involved to the fullest extent possible. Editors must have full authority for determining the editorial content of the journal. This concept of editorial freedom should be resolutely defended by editors even to the extent of their placing their positions at stake. To secure this freedom in practice, the editor should have direct access to the highest level of ownership, not only to a delegated manager.

Editors of medical journals should have a contract that clearly states the editor's rights and duties in addition to the general terms of the appointment and that defines mechanisms for resolving conflict.
An independent editorial advisory board may be useful in helping the editor establish and maintain editorial policy.

All editors and editors' organizations have the obligation to support the concept of editorial freedom and to draw major transgressions of such freedom to the attention of the international medical community.

International Committee of Medical Journal Editors www.icmje.org

We also include articles authored by ourselves and others commenting on recent controversies relating to editorial independence at medical journals.[6-8]

6 Mandate of the Oversight Committee and relationships between the CMA Board of Directors and *CMAJ*

The *CMAJ* Journal Oversight Committee was established based on the model used at *JAMA*. It is worth remembering that the *JAMA* model was developed after the editor of *JAMA* was fired because the Board of Directors of the AMA disagreed with an editorial decision.[6]

There are, however, some potentially important differences between the mandate of the *JAMA* Oversight Committee and that of the *CMAJ* Oversight Committee. We wish to draw these to the attention of the committee.

6.1 Terms of Reference (a)

The *CMAJ* Oversight Committee is mandated to

evaluate the content of the journal by monitoring the content on an **ongoing** basis and assessing it in light of the strategic goals of *CMAJ*.

Our comments: This should probably read "By monitoring … on an **annual** basis … ." Monitoring on an ongoing basis would be impractical and would directly infringe on editorial independence.

6.2 Terms of Reference (b)

The *CMAJ* Oversight Committee is mandated:

To serve as an intermediary between the Editor-in-Chief and CMA management and elected officials on issues related to the content of the journal:

By considering specific concerns about the content of *CMAJ* expressed by CMA elected officials. Written reports on the outcomes of these deliberation will be made to the CMA Board.

Our comments: The notion that CMA management or elected officials could request that the Oversight Committee review "issues related to the content of the journal" raised by CMA elected officials appears to be a violation of editorial independence and to conflict with the role of the Oversight Committee in monitoring the content of *CMAJ* in relation to its specific objectives.

6.3 There are two statements (Items 9 and 10) in the *JAMA* Editorial Governance Plan that do not appear in the mandate of the OC committee, as follows:

Item 9 in *JAMA* document (abbreviated):

The Editor-in-Chief will not report to management for any aspect of the editorial content of *JAMA* … . Editorial independence of the Editor-in-Chief will be absolutely protected and respected by AMA management.

Item 10 in JAMA document (abbreviated):

The Editor-in-Chief will have total responsibility for the editorial content of JAMA … . AMA management recognizes and fully accepts the necessity of editorial independence for the Editor-inChief at all times.

We believe that similar guidelines should be added to the mandate of the Terms of Reference of the *CMAJ* Oversight Committee.

6.4. Lastly, we asked Cathy DeAngelis, Editor of *JAMA* to comment on the Terms of Reference of the *CMAJ* Oversight Committee. Her response indicates that consideration should be given to the terms for appointing *CMAJ* Oversight Committee members. She also comments that reporting of the editor on matters of editorial content must only be to the Oversight Committee.

Text of email from Cathy DeAngelis, Editor of *JAMA:*

I've read the proposal of the CMA to assure editorial independence of the editor of the *CMAJ.* I have a question and a comment that might be helpful:

1. Who chooses the JOC? It must be a non-CMA committee that makes the recommendations to the CMA ... and no member can be selected unless selected by that original impartial committee. Thereafter, all nominees must come from the JOC. Otherwise, the JOC might be construed as a puppet group of the CMA (whether or not this is the case).

2. The editor must report only to the JOC for all editorial matters, otherwise the JOC is only a facade. The editor reports to the Exec Dir for administrative matters, and cannot be dismissed for any editorial matter without the accent of the JOC .

There are other issues that might come into play, but the ones I've outlined are the major ones.

Cathy DeAngelis November 10, 2002.

We respectfully submit these points for consideration by the Oversight Committee, and hope that this report has been helpful.

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