

Selection of Good Medical Journals for Publication - An Innovative Approach

Madhusudan M**Department of Community Medicine, DM Wayanad Institute of Medical Sciences, India***Article Information**

Received date: Jun 19, 2018

Accepted date: Jul 26, 2018

Published date: Jul 31, 2018

***Corresponding author**

Madhusudan M, Department of Community Medicine, DM Wayanad Institute of Medical Sciences, Kerala, India, Tel: 7892680415; Email: madhusudan_kims12@rediffmail.com

Distributed under Creative Commons CC-BY 4.0

The Medical Council of India, the apex body for regulating medical education in India came out with the criteria of research publications for the promotions to the posts Associate Professor and above (2 publications for Associate Professor and 4 for Professor on a cumulative basis) for the first time in 2009 with the intention of promoting and encouraging research among faculties of Medical Colleges. However, the requirement of publications was only desirable and not mandatory for a transitory period of 5 years from 24th July 2009 and mandatory after that date. In 2010, it further refined the criteria of requirement of publications as “2 Research papers in indexed/national journal as first/second author for Associate Professor and 4 for Professor on a cumulative basis” This was followed by a mad rush among academia to publish leading to a pandemic of publications. However, the MCI had not given the details as to which indexing sites the journal should be indexed with [1,2]. This gave rise to the genesis as well as mushrooming of predatory journals from 2010 onwards which started exploiting the situation to make money and began publishing anything and everything the researchers sent without proper review leading to a “garbage in garbage out situation”.

Taking note of this situation the MCI in September 2015, further made the criteria of publications more stringent as follows.

1. It gave the list of 6 indexing sites where the journals had to be indexed
2. The author had to publish in a journal of his/her respective speciality only (Many authors used to give guest/ghost authorship to their kin in other specialities. So, to curb this practice the above criterion was brought)
3. And journals only with print versions were to be considered (because most of the predatory journals were not having print versions) [3].

In spite of these amendments, still the predatory journals not only thrived but continued to mushroom, making good profits. This was because one of the indexing sites listed by the MCI was a very liberal one. Any journals including the pure in-house type and those which publish non academic articles also could get easily get indexed with this site on payment of money [1].

The MCI further amended the criteria of publications in June 2017, and said that only publications as 1st author/corresponding author would be taken into account (earlier criteria was 1st author/2nd author), thinking that at least the 1st author/corresponding authors would have contributed to some extent at least to the research work [2]. But in spite of all these amendments, most of the research work in Medical Colleges today are going to the predatory journals.

The MCI in its PG committee meeting in January 2018, made the following observations.

1. There has been a mushroom growth of journals, purely as business venture which publish substandard articles and there were complaints that such publications were done for monetary considerations.
2. MCI had become an indirect promoter of their business interests by making publications compulsory for promotion.
3. It was noticed that 3-4 articles by same author had been published in same issue of the journal and at times, the author was not able to tell even the title of the article published under his name.
4. And hence the very purpose with which certain number of publications were made compulsory for promotions stood defeated.

The MCI decided to constitute a Committee of three experts in each subject which will draw a list of standard journals by name (not by indexing or impact factor) and articles published only in those journals shall be accepted as research articles for the purpose of benefit in promotions [4].

In this context the article makes an attempt to select good/standard journals based on a scoresheet. The scoresheet consists of 8 questions, each with 3 responses and each response is assigned a score. The scores of all questions will have to added up to get the final score of the journal.

Scoresheet

1. In publication for how many years?

a) >15=2 b) 10-15= 1 c) <10=0

(During the said period the journal should be in continuous publication with minimum 1 issue/year

This is an attempt to exclude predatory journals because most of the predatory journals started in or after 2009-10).

2. Frequency of publication per year?

a) 4 or 6= 2 b) 2=1 c) 12=0

(This is because most of the predatory journals have monthly issues, and the more the number of issues in a year, the quality of peer review done is likely to be compromised).

3. Peer review

a) Good=2 b) some peer review=1 c) no peer review=0

For assessing the peer review, data may be procured related to the following for at least previous 1 year

- Number of articles submitted
- Number of articles accepted
- Corrections suggested in accepted articles
- Number of articles rejected with reasons for rejection
- Details of peer reviewers for each article.

4. Number of articles / volume

a) 18-30=2 b) 31-42=1 c) <18 and >43=0

(The more the number of articles per issue the quality of the article as well as peer review is likely to be poor; also, if the number of articles published in a year is less than 18, the journal is likely to be irregular).

5. Indexing in MCI listed sites (Scopus, PubMed, Medline, Embase/ Excerpta Medica, index medicus and index Copernicus).

a) Any 1=0 b) at least 2=1 c) > 3=2

6. Publication/processing fees charged

a) >Rs5000=0 b) <Rs5000=1 c) no publication/processing fees=2

(This is at the current price level. This may be revised every year depending on the Consumer Price Index or arbitrarily increased by 5% every year).

7. Citations/ article

a) >1=2 b) 0.1-1=1 c) <0.1=0

8. The journal website

a) Provides all the information pertaining to the journal, which includes manuscript submission guidelines, details of indexing sites, contact addresses of editor(s), office and all the information are genuine= 2.

b) Provides some/incomplete information or the genuineness of information cannot be verified=1.

c) Provides very minimal information or journal does not have a website=0.

Maximum possible score=16.

Cut off for a good journal may be kept at 35% i.e., 5.6.

Illustration

We have made an attempt to assess few popular journals using the above scoresheet.

*While Ind J Med Res and Natl J Res Comm Med qualify the Natl J of Comm Med does not.

Sl no	Journal Name	Scores obtained in individual questions								Total score
		Qn 1	Qn 2	Qn 3	Qn 4	Qn 5	Qn 6	Qn 7	Qn 8	
1	Ind J Med Res	2	0	2	0	2	2	2	2	12
2	Natl J Com Med	0	0	1	0	1	0	0	1	3
3	Natl J Res Com Med	0	2	1	0	0	1	0	2	6

References

1. Kumar P, Saxena D. Pandemic of publications and predatory journals: Another nail in the coffin of academics. Ind J Comm Med. 2016; 41: 169-171.
2. Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998. New Delhi: Medical Council of India. 1998.
3. Minutes of the meeting of the Executive Committee held on 5th August, 2015. New Delhi: Medical Council of India. 2015.
4. Minutes of the meeting of the Postgraduate Medical Education Committee held on 9th January, 2018. New Delhi: Medical Council of India. 2018.