The impact and reach of the *MJA* in a year of living dangerously

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Our journal remains a source of trusted information in a world awash with wild beliefs and untrustworthy advice

One hundred years ago — after the Spanish influenza pandemic and just a few years after the founding of the *Medical Journal of Australia* — the roaring twenties saw a new period of prosperity, technological advances, and social change that only ended with the Wall Street crash of 1929. In 2020, we are experiencing yet another period of enormous disruption and change driven by a new pandemic, coronavirus disease 2019 (COVID-19).[1] While the health impact of COVID-19 in Australia has been limited by prompt public health interventions, its social and economic costs have been enormous, the death rate continues to climb overseas, and the long term consequences remain unclear. With the bushfires and now COVID-19, Australia has certainly been living through some interesting times in 2020.

The international health and medical community has stepped up magnificently during this crisis, providing excellent frontline care at some risk to themselves, as well as driving the delivery of desperately needed new knowledge to combat COVID-19. However, we are now drowning in data: the number of published articles related to the pandemic is astonishing (currently more than 23 000) and growing daily.[2] Many of these papers appear on pre-print servers, where authors can place un-refereed manuscripts in the public domain before they have been accepted by a peer-reviewed journal, and the popularity of this approach has been facilitated by Twitter, even though some of these pre-prints never (or should never) progress to journal publication because of serious flaws.[3] All journals, including the *MJA*, have been affected by this acceleration of data sharing.

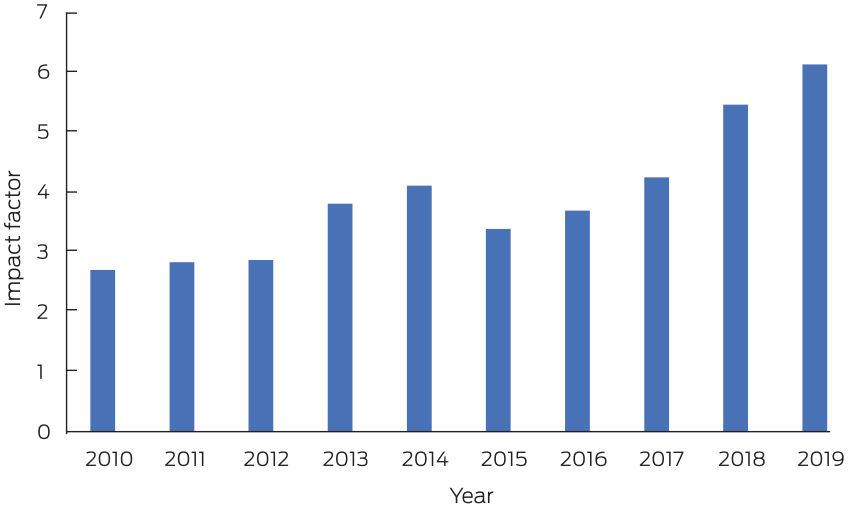
We have been incredibly busy at the *MJA* and have rapidly adapted to the new environment. Local data and guidelines are potentially vital for frontline health care workers and policy makers. In March, we introduced rapid review of COVID-19-related manuscripts and established a new pre-print facility on the *MJA* website for articles that, after internal (and sometimes rapid external) review, are deemed likely to progress to publication in the Journal.[4]

We recognise that rapid pre-print publication is not without risk, and this is why we undertake more due diligence than most pre-print services. *The Lancet* and *The New England Journal of Medicine* were recently required to retract two peer-reviewed COVID-19 articles because a health care analytics company declined to make the underlying data available for independent audit.[5] This has emphasised how relevant rigorous peer and editorial review are for eliminating major errors and, albeit with greater difficulty, for detecting fraud.

All our COVID-19 and SARS-CoV-2 preprints and published articles are freely available for all to read on mja.com.au, as are all research articles published in the *MJA*. A number of our COVID-19 papers — such as the consensus statement on airway management[6] and modelling of intensive care bed capacity[7,8] — have been highly influential, receiving widespread attention in the traditional and social media, highlighting the public health relevance of a high quality national journal. Our new review processes have also reduced average decision times across all manuscripts, despite the dramatic increase in submission numbers.

Medical and scientific journals play key roles in advancing and communicating knowledge, as shown by the current crisis. But the traditional journal model was facing mounting disruptions even before the COVID-19 pandemic. As more and more studies are published every year in each specialty, clinicians are swamped with new information and do not have the time to critically evaluate every paper in their field. More disturbingly, it has been pointed out that many studies providing definitive results cannot be replicated.[9] Systematic reviews can help, but they can be rendered out of date by new findings and cannot provide guidance if evidence relevant to a problem is lacking. Predatory journals — publications that provide, at best, only inadequate peer review and poor editorial checks and balances — continue to conduct business around the world,[10] damaging

The *Medical Journal of Australia*: journal impact factor, by year



Source: Clarivate Analytics, 2020. ◆

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the reputation of all and imperilling the standing of those who carelessly publish or associate themselves with them.[11,12]

For these reasons, and despite arguments to the contrary, journals that meticulously curate content and commission expert editorials, review articles and perspectives that place new findings in context continue to be influential and highly regarded. According to all major metrics, the *MJA* is one of these premier journals.

Of the many measures of journal standing, global prestige (ranking), reach (readership and article downloads), and impact (on practice and policy) are arguably the ones that matter most. In terms of prestige, the *MJA* is pleased to report that Clarivate has recently announced that our Journal Impact Factor has again increased, climbing from 5.44 for 2018 to 6.11 for 2019, placing our Journal among the top 16 general medical journals globally (Box). The mja.com.au readership has markedly increased in 2020. During the first five months there were 2.5 million page views, with visitors from almost every country, compared with 1.7 million for the equivalent period in 2019: an increase of nearly 50%. In terms of impact, the number of submissions to the Journal continues to rise, as does media interest in our articles. Almost twice as many manuscripts were submitted during the first half of 2020 as during the same period last year, with about one-third COVID-19-related. As space in the pages of the *MJA* remains limited, we focus on excellence and must regrettably decline many worthy articles.

The *MJA* is a source of trusted and valuable information in a world awash with wild beliefs and unscientific and untrustworthy advice, often irresponsibly promoted via social media. We will continue to apply rigorous editorial appraisal and double blind peer review, and to work closely with the authors of all accepted articles to ensure that information is presented clearly and accurately. The *MJA* thanks our dedicated peer reviewers and readers, and congratulates all our authors. We look forward to continuing to work with you during 2020 and beyond.

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