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Editorial: Waiting time for publication reduced

The BJO and similar scientific journals differ from most other types of publication in that they are written almost entirely by their own readers. If readers want the quality of papers to improve, they must encourage their colleagues and themselves to submit high quality papers.

It might be thought from this preamble that I am about to complain of a shortage of papers, but this is not the case. My problem, paradoxically, has been an excess of papers which has led in its turn to a problem which has never occurred, at any rate in a serious form, to the BJO in its previous history. The waiting time for publication has got out of control.

I stand to be corrected but I do not believe my predecessors in this seat had any particular worries about an excess of papers or an unacceptable publication delay. It was good enough to have the papers refereed in the usual way, accept papers of a sufficiently high standard, and let the publication time take care of itself. Indeed the journal has at certain times in the past even been short of papers.

Over the past three or four years this changed. Papers received by the journal increased in numbers dramatically, with the result that a publication delay, at its worst 13 months on average, built up. As soon as the trend became apparent urgent corrective action was taken in the form of much more stringent acceptance criteria, but it has to be realised that, once established, a long publication delay takes quite a long time to be shortened again.

I am happy to say that this has now been achieved, so that at the time of writing, namely the beginning of March, half the probable papers for the issue of October have been accepted and a new system for controlling the publication delay has been devised.

The present delay of seven to eight months will be reduced rapidly to six months, and it is possible that an even faster turnround will be possible. In addition it is intended to run certain papers on a ‘fast track’ basis. Such papers will be limited to 2000 words and two figures and will be given priority. It will be up to authors to request fast track status, but the final decision whether it should be granted will be at the discretion of the editorial committee.

In controlling the acceptance-publication interval a ‘diary’ system rather than a waiting list will be used. This has been found to work extremely well in managing surgical waiting lists and I anticipate that it will be even better for this problem. Papers will be accepted provisionally for publication in a certain month ahead. Whether they are published then will depend on the authors’ revising their papers to an acceptable standard in time for publication in the month provisionally allotted. Papers not ready in time will be deferred for publication at a later date. It must be emphasised that the monthly selection may exclude some meritorious papers. Thus the filling of the monthly quota will be on a competitive basis, although exceptionally a particularly meritorious paper for which there is simply not room may be deferred for a month. Papers which we cannot fit in from the word go—not that there is necessarily anything wrong with them—will of course be rejected outright in the usual way.

To summarise, therefore: we have reduced the waiting time to seven to eight months and will soon have it down to six and will keep it strictly controlled. And a ‘fast track’ facility will be instituted.

RJHS
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