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The Journal in 2020

Editorial

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COVID-19.

I wondered for a time if that was all I had to write to summarise 2020 for you. There has been more than that though for the *Internal Medicine Journal*, much more. Despite the challenges we all faced, authors continued to submit great work, social media stayed abuzz with our activities, editors and reviewers went the extra kilometre to ensure the ongoing wheels of academic publication continued unabated. Alongside all this activity, much changed in relation to the look and feel of our publication. The shutdown of print publication by our publishers, because of the difficulties caused by the pandemic, was followed by a final decision by the Royal Australasian College of Physicians to cease print publication for this and our sister journal, the Journal of Paediatrics and Child Health, something that was previewed in my editorial last year. I recognise that many among you still would prefer a print copy to hold and read in all sorts of locations so if this change has caused you disquiet, please make your views known to us here or directly to the College office. The last print issue of IMJ that you would have received if you are a subscriber was the December 2020 supplement issue on Lysosomal Storage Diseases.[1]

In 2020 we published 12 full issues of over 1500 pages plus five supplements (two of meeting abstracts and three special issues devoted to clinical issues including the use of inhaled bronchodilators, treatable lysosomal storage disease and the management of HIV). We remain the first destination for publication of scientific matters relevant to physicians in Australia and New Zealand as evidenced by the pattern of submissions we have received. I repeatedly thank the Editorial Board and management team and do so again this year, perhaps more than most. There has been considerable change in the editorial Board makeup as people move on and are replaced by well-qualified and usually younger experts. I will detail those changes for 2020 below. Each editor as well as the editorial office team of Virginia Savickis and Aparna Avasarala work incessantly and apparently for more hours per day than exist in nature to produce this journal and their efforts makes my task a pleasure.

COVID-19 submissions permeated the Journal for most of the year. Many journals chose to pre-publish articles related to COVID-19 prior to peer review in the interest of rapid dissemination of knowledge in this global emergency. We decided not to opt in to this COVID-19 preprint offer to authors and to maintain our peer review policy and I am pleased that we took this decision. There was more than a little poor science published in otherwise excellent journals using this approach. What we did do was to adopt the Early View site of our publisher to allow speedier access to accepted COVID-19 papers that had successfully negotiated the usual peer-review processes. COVID-19 submissions initially centred on Respiratory Medicine and Infectious diseases subspecialties, however with the evolving understanding that multiple organ systems are affected by SARS-CoV2 infection, COVID-19 papers were assigned to many different editors, each of whom found a way to assess these papers without impacting on the usual flow of submissions. We produced a virtual COVID-19 special online issue to aggregate these papers together and you can reach this easily from the Journal homepage.

The Twitter account of IMJ continues to be active and engaged by the community @The_IMJ is the handle to follow where you can see announced, with the publication of each issue, articles highlighted which then become freely available for a limited time. The Twitter feed is also seen on the Journal homepage in the right column. By the end of 2020, we had increased our direct followers by 40 percent and increasing these followers even further. This will be up to you to achieve and will go a long way to expanding our influence. If you have concerns about social media and how not to get into trouble using it, it may be worth looking at the letter published in the November 2020 volume by Sun et al[3] in which some guidelines of what not to do are clearly stated. Again, may I remind you that the Editor's Choice article, clearly highlighted in each issue, remains freely available, even to non-subscribers, forever.

As I indicated previously, 2020 saw many changes, resignations from and appointments to the Editorial Board, some planned, a few unexpected and one or two

more anticipated. David Blacker resigned as Editor for Neurology after 7 years on the Board and was replaced by Karl Ng from Royal North Shore Hospital in Sydney. Nigel McArdle had a short but active stay with us in the newly formed Sleep Medicine portfolio and was replaced by Brendon Yee from Royal Prince Alfred Hospital. Helen Barrett joined us as Endocrinology editor in 2018 but resigned due to the workload resulting from her appointment as President of the Society of Obstetric Medicine of Australia and New Zealand her successor will be decided in early 2021. Fortunately, our other Endocrinology editor Mark Cooper remains with us. Andrew McGavigan has been with us as Cardiology editor since 2008 and as the workload expanded, he served as Cardiology editor for arrhythmias since 2014. His successor will also be announced this year.

Our two-year Impact Factor by Clarivate for 2019 was 1.677 down a little from the 2019 factor of 1.767. (The 5-year impact factor was 1.886). The Impact Factor is defined as the ratio of citations received in 2019 to “citable items” published in the preceding 2 years (in this case, 2018 and 2017). This places the Journal 86/165 in the category of Medicine, General & Internal. It is encouraging that the largest number of citations to papers in Internal Medicine Journal was in the prestigious New England Journal of Medicine and the third most from The Lancet. The largest numbers of citations were for Position Papers and Clinical Perspectives, underlining the influence we have on clinical practice. The top cited paper in 2019 again was the paper by Tang published in 2017 on food allergy[4] closely followed by the paper by Powell from 2018 on non-alcoholic hepatic steatosis.[5] As we consider alternative methods of assessing our true impact in the reading community, the Altimetrics score, described in previous editorials, is a measure of media exposure gained by our published articles. Each article is given a score based on the quantity and quality of the attention it receives through social media, blog posts, in newspapers and magazines. The Altmetric score is displayed alongside the published article on Wiley Online Library and in the IMJ Twitter feed. I have previously mentioned Peter Gates’

paper entitled: The rule of 4 of the brainstem: a simplified method for understanding brainstem anatomy and brainstem vascular syndromes for the non-neurologist.[6] This paper has been downloaded a staggering 94,512 times since its publication and over 23,000 times in 2019 alone. We are very proud of this paper from a former Editorial Board member and is a further reflection of the multiple ways we can measure the impact that IMJ is having. The most downloaded paper in 2019 was that by Beresford and Gosbell on pyrexia of unknown origin.[7] It was downloaded more than 31,000 times.

We remind all readers that since 2017, this journal has been integrated with Publons and so can give reviewers official and automatic recognition for their contributions. As well, reviewers can also freely opt into Publons to track and verify their reviews. Those kind experts who reviewed for us in the pandemic year are listed after this editorial with my sincere thanks to each and every one for their unpaid and invaluable service to science. There are five reviewers who went above and beyond in reviewing duties and I wish to acknowledge them individually and by name: Andrew Buckle, Eric Richman, Paul Pavli, Finlay Macrae and Miles Sparrow.

I remind you once again to subscribe to the electronic table of contents which will automatically include alerts to newly published papers. You can sign up at Wiley Online Library at http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1445-5994 and click on the “Get New Contents” alert tab in the upper left corner or for Fellows of the RACP, via the publications link at http://www.racp.edu.au. Please explore this function if you have not done so already.

Despite a tumultuous year of change I remain optimistic about the *Internal Medicine Journal.* Submit your best papers and we will move from strength to strength. I wish everyone a safe, happy and productive 2021 which I sincerely hope will be largely boring in all matters other than those academic.

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