

The Role of Printed Clinical Journals

One of the pillars of the philosophy of family practice is the commitment to lifelong learning. This commitment is based on the assumption that to provide timely and high-quality care, the family physician must make decisions based on the best information available. He or she must then be able to apply that information appropriately to improve the health of the patient and family.

Much has been written and said about the information explosion within the profession of medicine. New information and modifications of old information are ubiquitous and becoming more easily accessible. At times, the quality of the information is questionable, but the information age is surely upon us.

These changes, especially the advent of electronic media, have caused publishers of printed scientific and clinical journals to reexamine their products and their commitment to publish and distribute printed journals. Some questions include, "Is this journal really necessary?" "Is there a niche in this specialty field for which this journal is uniquely suited?" "Should this journal be published only on the Internet?" "Should this journal be published both in print and on the Internet?" "Are there innovative ways to offset the costs of publication and distribution?"

Certainly costs are an important element in publishing anything, but they are especially important in medical journals. Some journals are supported very well through advertising by industries that are commercially linked to the readership of the journal. For clinical journals, pharmaceutical advertisements are major sources of income. The ability to attract advertising is based on readership surveys. The surveys include only practicing physicians—not academic physicians—because the advertiser wants to reach the professional who is likely to prescribe the product. There is nothing demonic about this, it is just plain good business.

Other sources of income include classified advertising and subscriptions. These sources are very

useful and important but do not offset expenses to a major degree. Much of the expense of publishing is in fixed costs, such as editorial process, composition, formatting, and preparation for printing. Although there is usually a threshold cost for printing and distribution, these costs are largely variable depending on the number of copies distributed.

Publishing on the Internet might be less expensive in the long run but the initial costs can be substantial. The financing of Internet enterprises is indeed complex and at times risky. Furthermore, there is less assurance that it will meet the needs of the authors and readers.

The American Board of Family Practice owns and publishes *The Journal of the American Board of Family Practice*. Nineteen hundred ninety nine is the twelfth year of continuous publication. This journal started as a quarterly publication, then became bimonthly when Dr. John Geyman assumed the role of editor in the fall of 1990. Currently, *The Journal* is managed by Family Practice Technologies, Inc., a wholly-owned subsidiary of the ABFP.

The editorial policy is developed and maintained by the editor and its editorial board. Policy changes are reviewed and approved by the Board of Directors of the ABFP. Although the format and content of *The Journal* has evolved with time, the basic purposes of *The Journal* have not varied. *The Journal* is intended to provide an opportunity for family physicians to publish original research in a peer-reviewed, indexed journal. Further, it is intended to provide continuing medical education through review articles, case presentations, and special features. *The Journal* also serves as a vehicle for ABFP examination announcements, policy changes, Board news, and classified advertisements.

Initially, the publication process, ie, composition, formatting, printing, and distribution, was done under contract by the Massachusetts Medical Society, the publishers of the *New England Journal of Medicine*. After a few years, MRA Publishing, headed by Brad MacKimm, became the publishing agent. Recently, the publications of MRA were sold to Medical World Communications, located in New Jersey, which has been the agent for publishing for the past year.

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For a variety of business reasons, Family Practice Technologies has chosen to change publishing agents again. Beginning with this September-October issue, Cadmus Journal Services provides composition preprinting, printing, distribution, reprints, and back copy services. *The Journal* will continue on a bimonthly basis and will be distributed to all Diplomates and family practice residents through family practice residency programs.

The editorial staff will remain unchanged. Dr. John Geyman will continue as editor. The manuscripts will continue to be managed at the Seattle office with the assistance of Claire Zimmerman and Virginia Gessner. Electronic transfer of manuscript is likely to be utilized when appropriate and feasible. Direct communication between authors and the editorial staff will remain intact.

The ABFP feels it has a responsibility to the public, the profession, and the specialty to provide opportunities for authors to publish high-quality research and educational articles. There is no intent to compromise quality in any changes that might occur. At the same time, fiscal realities must be recognized.

The intent of the ABFP is to continue to meet its responsibilities without sacrificing quality. We

must also be sensitive to a rapidly changing information system. The Board will try to be on the cutting edge of innovation within its fiscal limitations. For the immediate future *The Journal* will remain essentially unchanged. Careful consideration will be given to utilization of the Internet to make the journal content available to those who might choose to obtain the information through that vehicle. So long as the ABFP remains convinced that *The Journal* serves a legitimate purpose, it will do all it can to provide a place for family physicians to publish articles that are of value to both academic and practicing family physicians.

It is my personal opinion that the specialty of family practice is well into its academic phase. Great contributions of new and useful information can be derived from the experiences of family physicians. There must be available to society a reliable system for assessment and distribution of this information.

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