Visibility of Medical Journals: Is indexation in Medline crucial?

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Background

Medline is an excellent source of published data and it is recognized all over the world to be so. It has listed around 4000 biomedical journals from all continents. However, the representation of the journals from the developing countries indexed in Medline is no more than 2% at any given time. Medline has certain criteria for enlisting the journals and justifiably so, the most important ones being quality and the regularity of the publication amongst others.

Numerous journal editors keep trying for indexing and continuously send their copies for the consideration of indexation; however, the results are usually disappointing. Understandably not all journals come up to the required standards and therefore deserve to be rejected. However some journals, in spite of meeting all the apparent criteria laid out for acceptance, get repeatedly rejected. Interestingly no specific reasons for non-acceptance are spelled out.

Non-acceptance after repeated attempts has its own negative consequences. Not to mention the frustration on the part of the editors, a major consequence is poor visibility of a journal. Poor visibility has its further negative off shoots in that it has poor attraction for the authors to submit their manuscripts and good quality articles get diverted elsewhere. Poor visibility and poor circulation may lead to economic losses, irregular publication and even closure of the journal.

How can the visibility be increased?

In the absence of Medline indexing, the visibility of a journal can be improved through alternative indexing services which may accept a journal for indexing.

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In Eastern Mediterranean Region of WHO, a very useful service is provided by Index Medicus for the WHO Eastern Mediterranean Region. It has an online service as well as the publication of IMEMR Current Contents, a quarterly publication, providing the abstracts of the articles contained in the journals enlisted with them. (www.emro.who.int/HIS/VHSL/Imemr.htm).

Science Citation Index Expanded (SCIE) by Thompson/ISI USA and EMBASE/ Excerpta Medica Netherlands are prestigious indexing services. Index Copernicus Poland, SCOPUS, INIS database are other useful indexing bodies. Directory of Open Access Journals (DOAJ) which provides free pdfs is an excellent source of good visibility of the journals enlisted with them. (www. doaj.org/home). Biology Browser (www.biologybrowser.org) and Scirus (www.scirus.com) are other good and comprehensive sources and so are Pubmed Central and Google Scholar. The later two provide the luxury of full text articles. There are several other sources to achieve the objective of visibility but the linchpin of the exercise of increased visibility is that possibly all the journals should be on the net and should have their own website.

Going on the net

To create a journal's own website has become an essential tool of survival in the life of any journal. There are of course barriers to the creation of the website especially for smaller journals with relatively limited circulation. These barriers include initial and running cost of the website, need of the additional manpower and staying on the toes to keep it up-dated. However, none of these hurdles is serious enough and can be overcome with relative ease even by the smaller specialty journals with limited circulation of hard copies. With each passing day more and more agencies are willing to create the website at competitive rates and even assist in maintaining it and updating it.

Once the website is created, editors should announce it loudly, solicit manuscripts and post the published articles, preferably full text, even before the hard copy gets published. Interestingly, even before any indexing by indexing service, the journal visibility sours to new heights. Search engines start showing the contents of the journal to a searcher who searches through key words. Manuscripts can be invited online and edited online. Enormous amount of processing time can be saved through online communication with authors, reviewers and referees. Above all going online is a great source of manuscripts.²

Experience at Pakistan Journal of Medical Sciences

Pakistan Journal of Medical Sciences (www.pjms.com.pk) went online in the last quarter of 2003. Since going online there has been a gratifying impact of the increased visibility. Table-I and II show the total number of manuscripts received from 2003 to 2006. The number has increased significantly not only from within Pakistan but also overseas. Overall there has been an increase of over 250% in 4 years. This enables us to be select better quality manuscripts which are eventually published. The number of online submissions also shows a continued upward trend.

| Table-I: Total manuscripts received | | | | |
|-------------------------------------|--------------------|--|--|--|
| (since going online in 2003) | | | | |
| Year | No. of manuscripts | | | |
| 2003 | 114 | | | |
| 2004 | 140 | | | |
| 2005 | 209 | | | |
| 2006 | 268 | | | |

| Table-II: Total manuscripts received (comparative data) | | | | | |
|----------------------------------------------------------|----------|------|---------------------|--|--|
| Year | Pakistan | Iran | Total from overseas | | |
| 2003 | 77 | 13 | 37 | | |
| 2004 | 78 | 21 | 62 | | |
| 2005 | 76 | 74 | 133 | | |
| 2006 | 90 | 90 | 178 | | |

The number of countries from where the manuscripts have been received has steadily increased from 11 in 2003 to 30 in 2006 and geographical spread has also increased to four continents, the major share being that of Asian countries including Middle East. (Table-III)

Will Medline become irrelevant?

Some experts are beginning to think in terms of irrelevance of Medline in time to come. Professor Laporte states "..... with online availability of full text medical journals, indexing in Medline is going to become irrelevant".³

| Table-III: Geographical Spread | | | | | | |
|--------------------------------|----------|-------------|---------------|--|--|--|
| Asia | Africa | Europe | North America | | | |
| Bangladesh | Cameroon | Ireland | Canada | | | |
| China | Nigeria | Netherlands | USA | | | |
| Egypt | Tunisia | Poland | | | | |
| India | | Russia | | | | |
| Nepal | | UK | | | | |
| Iran | | | | | | |
| Iraq | | | | | | |
| Jordan | | | | | | |
| Kuwait | | | | | | |
| Lebanon | | | | | | |
| Malaysia | | | | | | |
| Palestine | | | | | | |
| Qatar | | | | | | |
| S. Arabia | | | | | | |
| Turkey | | | | | | |
| UAE | | | | | | |

However, it seems to be an extreme view. Medline is a symbol of established quality of a journal included in their indexing service and the balanced view is that Medline will certainly not be irrelevant and for that matter this also goes for any indexing service. These services will stay as authentic sources of data for the times to come.

What needs to be done?

Editors should look for alternate sources of increased visibility of their journals while striving to go online preferably with full text articles. One should cast away the frustration of lack of inclusion of a journal in Medline, and instead make a continued and concerted effort to improve the standard of the journals. Indexation in Medline, while it is certainly worthwhile, but should not be an obsession and an end-all game.

References

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