

South African Medical Journal

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What price and what kind of journals?

An important characteristic of being a professional is keeping up to date with one's professional practice requirements – its knowledge, skills and application. This was usually done voluntarily, and regulatory authorities have only recently imposed mandatory continuing professional development (CPD) requirements. The industry spawned by CPD has provided programmes that range from the ridiculous (e.g. luxury boat cruises or golfing holidays with a few window-dressing lectures thrown in) to the sublime (e.g. intensive full-time courses to learn new surgical techniques). In modern times, as in the past, professional journals have typically been the main provider enabling professionals to stay abreast with developments.

However, the world of publishing is rapidly changing and the traditional journals now compete with increasing numbers of journals and their increasing specialisation. The market is also flooded by purely commercial products, often providing glossy 'canned' material, that compete for reader attention and for the traditional mainstay of journal funding, namely advertising. The electronic and Internet revolution is shaking the foundations of the traditional printed journals. Globally the print media is losing out to the explosive growth in electronic dissemination of information. It is not surprising that the biggest growth of journals in the world today is in the online-only journals.

The first *South African Medical Journal* (SAMJ), published in 1884 and edited by Dr Darley-Hartley in East London, was a private venture. It was soon replaced by a journal owned by the newly formed South African Medical Association, and for much of its existence the SAMJ had little true competition. Since then, 'Most publications in the world and their editors steer a precarious path between the demands of their owners and the need to maintain editorial independence, which is essential for the credibility of their journals. The SAMJ has previously reflected on the damaging interference of the Medical Association in usurping the authority of the editor by determining what could be published about matters of political significance, such as the death in detention of Steve Biko.'¹

Two general medical journals, *Medical Proceedings* (in the 1950s) and *Geneeskunde*, which intended to compete with the SAMJ, have long since disappeared. At that time the publishing division of the Medical Association functioned as one of its sub-committees. For a while the SAMJ published specialist supplements before hiving them off as specialist journals in their own right. There are now 12 peer-reviewed medical journals in our stable. In addition to the general medical journal, SAMJ, and the premier medical education journal, CME, they cover the following specialised areas: surgery (SAJS), obstetrics and gynaecology (SAJOG), psychiatry (SAJP), radiology (SAJR), paediatric disciplines (SAJCH), critical care (SAJCC), sports medicine (SAJSM), HIV/AIDS (SA *Journal of HIV Medicine*), bioethics and law (SAJBL) and health professions education (AJHPE).

Financial difficulties of the publications division caused by internal and external factors resulted in the establishment of an independent publishing company in 2005, the Health and Medical Publishing Group (HMPG), wholly owned by the Medical Association but with its own board of directors. The group had insufficient critical mass to compete effectively in the modern world of publishing and

a partnership was formed with Cape Media, a successful publishing group with a similar ethos.

General medical journals, such as the SAMJ, are likely always to play an important role. However, burgeoning knowledge and increasing specialisation result in journals catering for such specialised needs. Competition from these and the ever-increasing number of non-peer-reviewed journals for the finite pool of advertising support will increase. In this highly competitive environment the HMPG has made considerable progress by improving all key indicators, namely: *much improved finances, increased services* (more journals, the largest CPD programme in the country, and all journals now also fully online), *improved quality, and increasing international recognition* (impact factor improved from a pedestrian 0.461 in 2000 to a respectable 1.676 in 2010, and the receipt of many more manuscripts from outside South Africa).

While it is not possible to plan years ahead in the present state of turmoil in the publishing industry, the HMPG has set its sights clearly on several short- to medium-term goals. Rationalisation of the distribution of printed journals has been identified by the HMPG as a first priority, but awaits the upgrading of the IT capacity of SAMA and its database. The second has already been achieved, namely the free and full online accessibility of all our journals (SAJBL and AJHPE are published online only). Thirdly there has been good progress in developing an appropriate database for the *South African Medicines Formulary* (SAMF) to make it accessible electronically (including in due course from cell phones). Fourthly the world is rapidly moving to more portable devices, 'tablets', such as the iPad and its equivalents. The HMPG sees this as a most important strategic development and with our publishing partners are poised to make our major journals available in this format from early 2012. This publishing medium offers a much more realistic reading experience and can provide educational (and advertising) video clips of procedures, etc. We aim to sell this revolution as 'You can now take your medical journals in tablet form!'

From print to multi-media, the HMPG publishing enterprise is therefore at the forefront of the latest developments. By any measure SAMA owns an outstanding enterprise that provides good products at very reasonable cost. Medical journals are expensive, and the days of free lunches are long past. As elsewhere in the world, the journals will require increasing support to remain competitive in the modern world. The alternative choice is slow starvation and eventual irrelevance.

J P de V van Niekerk
Managing Editor



1. Van Niekerk JP de V. SAMJ: A journal in transition. S Afr Med J 2005;95(9):619.