

EDITORIAL

ARCHIVES OF IRANIAN MEDICINE: CHALLENGES OF BECOMING INDEXED

Archives of Iranian Medicine (AIM) is one of the few Iranian medical journals which has been accepted for indexing in one of the most recognized international indexing systems. From January 2002, four Iranian biomedical publications, namely *Archives of Iranian Medicine*, *Iranian Journal of Medical Sciences*, *Iranian Biomedical Journal* and *Daru* were indexed in Excerpta Medica Database (EMBASE), which is considered generally as the European equivalent of Index Medicus. The services of this database which (<http://www.embase.com>) is not for free and individuals, libraries and academic institutes must subscribe for using it. Before the Islamic revolution of Iran in 1979, four Iranian journals were indexed in Index Medicus but their indexing were soon discontinued, presumably because of the publication delays or closing of the editorial offices. The same pattern was evident in other countries of the region and many journals were indexed in the late 70s but they were excluded soon after from the database. Now, after 23 years of under-representation in the global medical forum, becoming indexed in top indexing systems is a great challenge for journals in developing countries. There are no definite criteria for ensuring the acceptance of a journal in an indexing system and it is generally relied upon the decision of Literature Selection Technical Review Committee (LSTRC). There is a fact sheet in the National Library of Medicine website (http://www.nlm.nih.gov/pubs/factsheets/j_sel_faq.html) that tells the editors about the conditions for journals to apply for indexing in Index Medicus but they are generally ambiguous and journal editors must create their own strategies for this big step. One of our major goals at *AIM* is to become indexed in as many international indexing systems as possible. Being indexed in Index Medicus which makes our abstracts retrievable from PubMed to a worldwide audience is especially one of our top priorities. To achieve this, we developed a strategy which, in our opinion, paves our road to become indexed. The highlights of these strategic guidelines are as follows:

1. **Timeliness:** Perhaps one the most important factors that ensures indexing is to publish the journal on time. This might seems a very simple task at first look; but actually, especially in developing countries, on time publication of a high quality journal is a major task for the editor. Timeliness requires experienced, well-motivated and deadline oriented personnel. Having a clear and detailed work schedule also is very helpful in processing the manuscripts in the assembly line. An effective correspondence with the authors (like express mails, faxing and e-mails) would accelerate the process of editing manuscripts, especially those which undergo extensive editing and rewriting. *AIM* has been a relatively successful journal in terms of timeliness. Although, there are some delays in publication of some issues, but we plan that all issues of 2002 would be published by October and we could be ahead of the calendar in year 2003.
2. **Having a definite scope of the journal:** Those journals which publish everything from everywhere do not have much chance of becoming indexed. We assume that Index Medicus would find two categories of journals from developing countries appropriate for indexing: one is the journals which focus on the regional aspects of general topics in medicine and the others are those with a subspecialty focus of the subjects. An example of an article in the first category would be an article about the situation of substance abuse in Iran (which we would expect to publish in our next issue), while specialty and subspecialty journals like the *Iranian Journal of Maxillofacial Surgery* (although there isn't yet such a journal) do have a good chance basically for being indexed. The reason is that the narrow scope and the specialty nature of the content would make it readable for its specialist target audience worldwide. *AIM* is considered to be in the first category; therefore, we welcome manuscripts having a message from Iran or the Middle East region for the world. Those articles that are considered to be a re-exportation of knowledge from Iran to the developed countries are subject to in-house rejection, although they might have a sound methodology and interesting results. Epidemiologic studies, endemic disease studies and phytomedicine are among subjects that the editorial board would favor on behalf of them. History of medicine, like the one that we started from this issue on, is also in our priority list. Authors should notice that *AIM* is a general medical journal and its content should satisfy generalists and specially those who are outside the region but interested in the situation of health and medicine inside. So far, the editorial board has worked so hard to accept and publish the articles that fulfill this criterion, but there are definitely some articles which do not satisfy this criterion and in future we must aim to reject all manuscripts which do not convey a message

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about Iran or this region to the world. This kind of rejection which is based on the scope and not the methodology of the work is called in-house rejection, because there is no need for referral to an external reviewer and the editorial office reviewers and the editorial board of *AIM* could make that decision.

- 3. Having a reliable internal and external reviewing system:** Another important factor is to have a reliable reviewing system which could verify the originality and validity of the submission to the editorial office of *AIM*. As our peer-reviewers do not exceed 300 in number, and we cannot exhaust them by sending too many manuscripts for review, we have developed an internal reviewing system which verifies initially the validity and reliability of the submitted manuscripts. Those reviewers evaluate the articles from statistical, methodological and bibliographical perspectives and verify the originality, innovativeness and grammatical and compositional values of the article. If the editors candidate an article for peer-review (external review), they would designate two to three reviewers for the article and ask for their opinions. The process of peer-review is a very time-consuming process and might take as much as 6 months before a final conclusion could be made. Although our internal reviewing system has proved to be efficient in filtering inappropriate articles, but not all external reviewers reply in detail for the articles which is most needed for promoting the quality of the articles and to make conclusive decisions about the acceptance or rejection of the manuscripts. In near future, several section editors would be assigned to take responsibility of different sections of the journal and to compensate the problems and delays in our external reviewing system.
- 4. Temporarily consulting with entities who could help us promoting the quality of the journal:** We have signed a contract with Excerpta Medica Asia Ltd. to receive some consultative assistance to promote the style, fluency and consistency of the journal. The editors of Excerpta Medica Asia edit and review the articles in two stages and mark some parts to be clarified or completed by the authors. Our experience has been quite positive and we believe that journals in developing countries which are planning critically for becoming indexed, must seek the advice of international experts in this regard. In this issue, all articles except for the Report section and the Excerpts from Persian Medical Literature have been reviewed twice by Excerpta Medica's editors. The Report and the Excerpts have been edited once. *AIM* would be more than happy to hear about your opinion on the changes evident in this issue compared with the previous issues of the journal.

Now we receive more than one manuscript per day. Our rejection rate is about 80%. As a result, we are in a position to keep on promoting the quality of the published articles. We hope that with the four strategies mentioned above, we could apply soon for becoming indexed in Index Medicus and other important indexing systems worldwide. Your comments and suggestions for the improvement of the journal are most welcomed by the editorial board members of the *AIM*.

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