Progress and change

Progress and change at Occupational and Environmental Medicine

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An introduction by the new editorial team

Regular readers will have noticed that the front cover of OEM changed in January—timed to brighten the New Year and to herald in a new Editor-in-Chief and a fresh chapter in the Journal’s long and fruitful history.

After 10 years in post Anne Cockroft demitted office recently to spend more time on her research in developing countries. Her legacy is a valuable one. During her tenure as editor, OEM has grown both in size and in stature. It now publishes more peer reviewed research, features more educational articles, and presents a greater variety of content (editorials, miscellanea, workplace reports, and the like) than at any earlier period; it has a burgeoning website on which yet more primary research (electronic pages), supplementary data, research correspondence, and CPD quizzes are posted; and it currently boasts the highest impact factor of any international specialist journal in its field. Moreover, it attracts research submissions from all over the globe (fig 1) and in ever increasing numbers, particularly following the introduction of the BenchPress on-line submission system (fig 2). In 2003, almost 500 articles were received, representing a 60% increase on 2001.

This is a position of good health, and a cheery one for those who feel that good research in the field of occupational and environmental medicine benefits the public health. It is one that the new editorial team intends to uphold. Indeed, we are committed, where possible, to adding value to the high quality primary research that we publish by supporting it with interesting commentaries, discussion, and debate. We also wish to encourage an even greater international balance of contributions, and we plan to develop the website further. As a mark of this commitment we have already appointed an American Associate Editor and an Associate Web Editor, and are making several changes to the balance of the Editorial Board, with more appointments planned from North America and Western Europe, including Scandinavia.

But success also presents some challenges. It is clear, for example, that the recent growth in submissions cannot be mirrored by a growth in the number of printed articles, however much we would like this. Such a move would cause a substantial rise in editorial, production, and distribution costs of the paper journal; it would encroach even more on the time generously donated by those who review for us; for successful authors, there is a danger it would prolong the time from initial submission to final publication (whereas we plan to shorten it); and no one would wish OEM to move from a periodical to a monthly encyclopaedia of occupational and environmental medicine (EOEM)!

If it is unsustainable to publish more, we will have to reject more. During the past three years OEM has accepted about 40% of the peer review articles it has received; but from now on a target of 30% seems more appropriate. This will force hard choices on the editorial team: although submissions are growing in number they have not been falling in quality, so different standards for acceptance will need to be set. The focus will

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**Figure 1** Geographical distribution of submissions to OEM and acceptances during 2001–03.

**Figure 2** Annual number of submissions received by OEM during 1995–2003. *As estimated in November 2003.*
shift from mere technical excellence of submissions to their originality, interest, importance, and potential impact on future research, practice, and policy. And a system of triage will be established within the editorial team that renders quicker decisions to unsuccessful authors. If all of this can be managed effectively, then the journal’s content will be strengthened to the benefit of readers, and for successful authors the achievement of publishing in it will become even more significant.

Clinical Evidence — Call for contributors

Clinical Evidence is a regularly updated evidence based journal available worldwide both as a paper version and on the internet. Clinical Evidence needs to recruit a number of new contributors. Contributors are health care professionals or epidemiologists with experience in evidence based medicine and the ability to write in a concise and structured way.

Currently, we are interested in finding contributors with an interest in the following clinical areas:
- Altitude sickness
- Autism
- Basal cell carcinoma
- Breast feeding
- Carbon monoxide poisoning
- Cervical cancer
- Cystic fibrosis
- Ecotopic pregnancy
- Grief/bereavement
- Halitosis
- Hodgkins disease
- Infectious mononucleosis (glandular fever)
- Kidney stones
- Malignant melanoma (metastatic)
- Mesothelioma
- Myeloma
- Ovarian cyst
- Pancreatitis (acute)
- Pancreatitis (chronic)
- Polymyalgia rheumatica
- Post-partum haemorrhage
- Pulmonary embolism
- Recurrent miscarriage
- Repetitive strain injury
- Scoliosis
- Seasonal affective disorder
- Squint
- Systemic lupus erythematosus
- Testicular cancer
- Viral meningitis
- Vitiligo

However, we are always looking for others, so do not let this list discourage you.

Being a contributor involves:
- Appraising the results of literature searches (performed by our Information Specialists) to identify high quality evidence for inclusion in the journal.
- Writing to a highly structured template (about 2000–3000 words), using evidence from selected studies, within 6–8 weeks of receiving the literature search results.
- Working with Clinical Evidence Editors to ensure that the text meets rigorous epidemiological and style standards.
- Updating the text every eight months to incorporate new evidence.
- Expanding the topic to include new questions once every 12-18 months.

If you would like to become a contributor for Clinical Evidence or require more information about what this involves please send your contact details and a copy of your CV, clearly stating the clinical area you are interested in, to Claire Folkes (cfolkes@bmjgroup.com).

Call for peer reviewers

Clinical Evidence also needs to recruit a number of new peer reviewers specifically with an interest in the clinical areas stated above, and also others related to general practice. Peer reviewers are health care professionals or epidemiologists with experience in evidence based medicine. As a peer reviewer you would be asked for your views on the clinical relevance, validity, and accessibility of specific topics within the journal, and their usefulness to the intended audience (international generalists and health care professionals, possibly with limited statistical knowledge). Topics are usually 2000–3000 words in length and we would ask you to review between 2–5 topics per year. The peer review process takes place throughout the year, and our turnaround time for each review is ideally 10–14 days.

If you are interested in becoming a peer reviewer for Clinical Evidence, please complete the peer review questionnaire at www.clinicalevidence.com or contact Claire Folkes (cfolkes@bmjgroup.com).
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*Occup Environ Med* 2004 61: 191-192
doi: 10.1136/oem.2004.marcheditorial

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