

## SMJ changes and development

The year 2011 was exceptionally full of events and changes, and while things were changing all around us, the SMJ editorial staff were also busy making changes. We aimed to improve the content's educational value, and to facilitate easy accessibility to information and communication.

All articles published are subject to high selection. The total number of submitted articles for 2011 was 1,318 with a rejection rate of 80%. This reflects the image of SMJ as the main basin for research publications in Saudi Arabia, and in the region. In addition to this, is the change in the look and volume of the Journal, making it more attractive to readers.

In 2012, the journal will be launching its new website, designed for fast and secure e-services and processing. The new website will also feature a new online processing system that will include peer-review, editing, publication, and content management, and will facilitate the global indexing of journal content. The introduction of this new system will be of benefit to authors, reviewers, readers, researchers, and of course, the journal's editorial staff. Although there will be a period of adjustment in the early stages, we are confident that the long-term benefits of speeding up and streamlining the publication process, and increased dissemination and exposure through indexing will soon be evident.

Although the SMJ website has been open to readers since its establishment, unfortunately it lacked a clear definition on the modality of access. Therefore, we decided to follow the lead of major and top medical research journals, adjusting our website to adapt the standardized criteria of an open access (OA) journal. This means that Saudi Medical Journal will not charge the readers, or their institutions for access. From the Budapest Open Access initiative (BOAI) definition of OA, the reader has the right to "read, download, copy, distribute, print, search, or link to the full texts of the article".<sup>1</sup> Making our journal OA, will facilitate indexing in many valuable databases, for example, the Directory of Open Access Journals (DOAJ) in addition to J gate, and Pubmed Central. Consequently, this will increase the usage and visibility of the journal, and improve our impact factor. Moreover, many studies support the idea of OA, and it is said that OA articles are twice as cited as non-OA articles.<sup>2-5</sup> Advocates believe the primary advantage of OA is that the content is available to users everywhere, regardless of affiliation with a subscribing

library.<sup>6,7</sup> This is intended to benefit authors<sup>8</sup> as their papers will be easily read and cited; academic readers and researchers at institutions where the journal is not readily accessible; and regular readers. However, to protect our copyright, and define the relationship between the reader and the content, we will introduce a new Creative Commons license that will stamp our scientific content. Licensing our website under the chosen license CC By-Non Commercial license (CC By-Non Commercial)<sup>9</sup> will let the users know what they are allowed to do with our material, namely, the reader may copy, distribute, display, and perform the work, and make derivative works based on it for noncommercial purposes only, with the proper citation of the original work. An announcement regarding this matter will be highlighted and clearly stated in the new website.

**Annual statistics.** This year, we received 1,318 articles from different categories: 959 Originals, 57 Reviews, 217 Case Reports, 25 Brief Communications, 0 Clinical Notes, 8 Clinical Quizzes, and 50 Correspondence (Figure 1). Out of these, we published 218 (16.5%) articles (Table 1). Our rejection rate is high because it includes articles rejected due to low scientific evidence (such as, Case Reports and Brief Communication) comprising a large bulk of the submissions, in addition to manuscripts either not fulfilling the criteria of the Journal, authors failure to resubmit revised manuscripts by a given deadline, and those missing necessary requirements for publication. As we are eager to

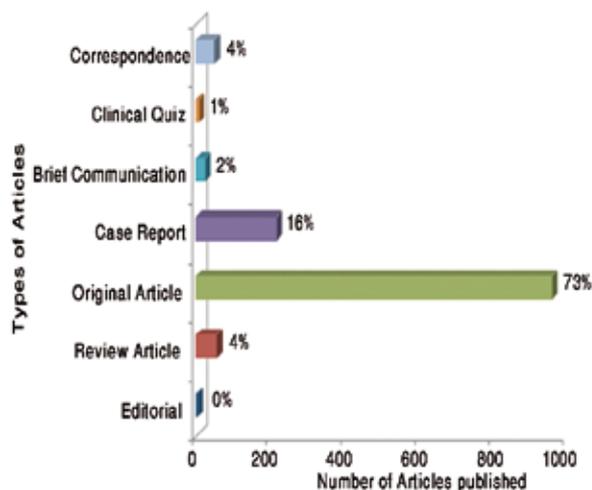


Figure 1 - Type of manuscripts received for the year 2011.

**Table 1** - Origin of "peer-reviewed" articles published in Saudi Medical Journal for the year 2011.

Origin	n	(%)
<i>Kingdom of Saudi Arabia</i>	99	(45.4)
<i>Gulf Countries</i>		
Qatar	2	(0.9)
United Arab Emirates	4	(1.8)
<i>Arab Countries/Eastern Mediterranean Region</i>		
Egypt	5	(2.3)
Iraq	7	(3.2)
Jordan	6	(2.7)
Lebanon	1	(0.5)
Sudan	4	(1.8)
Syria	4	(1.8)
Iran	18	(8.3)
Pakistan	1	(0.5)
Yemen	3	(1.4)
<i>Others</i>		
Turkey	19	(8.7)
Tunisia	1	(0.5)
United Kingdom	2	(0.9)
Korea	1	(0.5)
Italy	2	(0.9)
China	19	(8.7)
India	9	(4.1)
United States of America	1	(0.5)
Italy	2	(0.9)
Yemen	1	(0.5)
Japan	1	(0.5)
New Zealand	1	(0.5)
Taiwan	1	(0.5)
Malaysia	4	(1.8)
<b>Total</b>	<b>218</b>	<b>(100.0)</b>

maintain our publication time frame, we do not keep manuscripts on our files for an extended time.

**Country of origin.** Saudi Medical Journal has always been dedicated to giving a chance to good papers from all over the world to be published, and it is our aim to promote diversity of countries of origin for the published

articles (Table 1). The number of articles include only peer-reviewed articles.

**Editorial Board.** We would like to gratefully thank the members of the Editorial Board who have now completed their term: *Jaffar Tawfiq, Jenaro F. Valencia, Mahmoud El Barbary, Mohamed Harakati, Ulpee Darbar,* and *Sultan Ibrahim Faya.* We have invited new members to join us in the Editorial Board in addition to those who remain, and we hope that this will maintain the progress of the Journal. We would especially like to welcome and thank *Abdulmohsen Alkushi, Mostafa A. Youssef, Mugbil AlHedaihy, Huda Bukharie,* and *Shireen Qureshi* for accepting our invitation to join our Editorial Board.

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