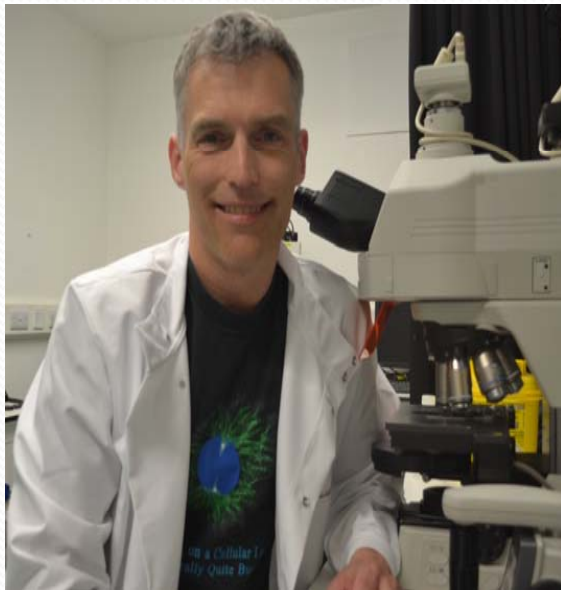


The Thorax Editorial Process

ORIGINALITY, RIGOUR AND EXCELLENCE IN RESPIRATORY MEDICINE

The Thorax Editors-in-Chief



Gisli Jenkins



Nick Hart



Alan Smyth

Originality, Rigour and Excellence in Respiratory Medicine



Who we are

- **Nicholas Hart (Guy's & St Thomas' Foundation Trust)**
 - Clinical and Academic Director St Thomas' Hospital Lane Fox Respiratory Service
 - King's College London Clinical Reader in Respiratory and Critical Care Medicine
 - King's Health Partners Clinical Respiratory Physiology Programme Lead
- **Gisli Jenkins (University of Nottingham)**
 - Respiratory Clinician Scientist focusing on biology of fibrosis
 - Clinical and Academic lead Nottingham Interstitial Lung Disease Service
 - Basic Science Focus with numerous international links
- **Alan Smyth (University of Nottingham)**
 - Professor of Child Health
 - Co-ordinating Editor Cochrane Cystic Fibrosis & Genetic Disorders Group
 - Expertise in cystic fibrosis, clinical trials, systematic reviews & guidelines

Originality, Rigour and Excellence in Respiratory Medicine

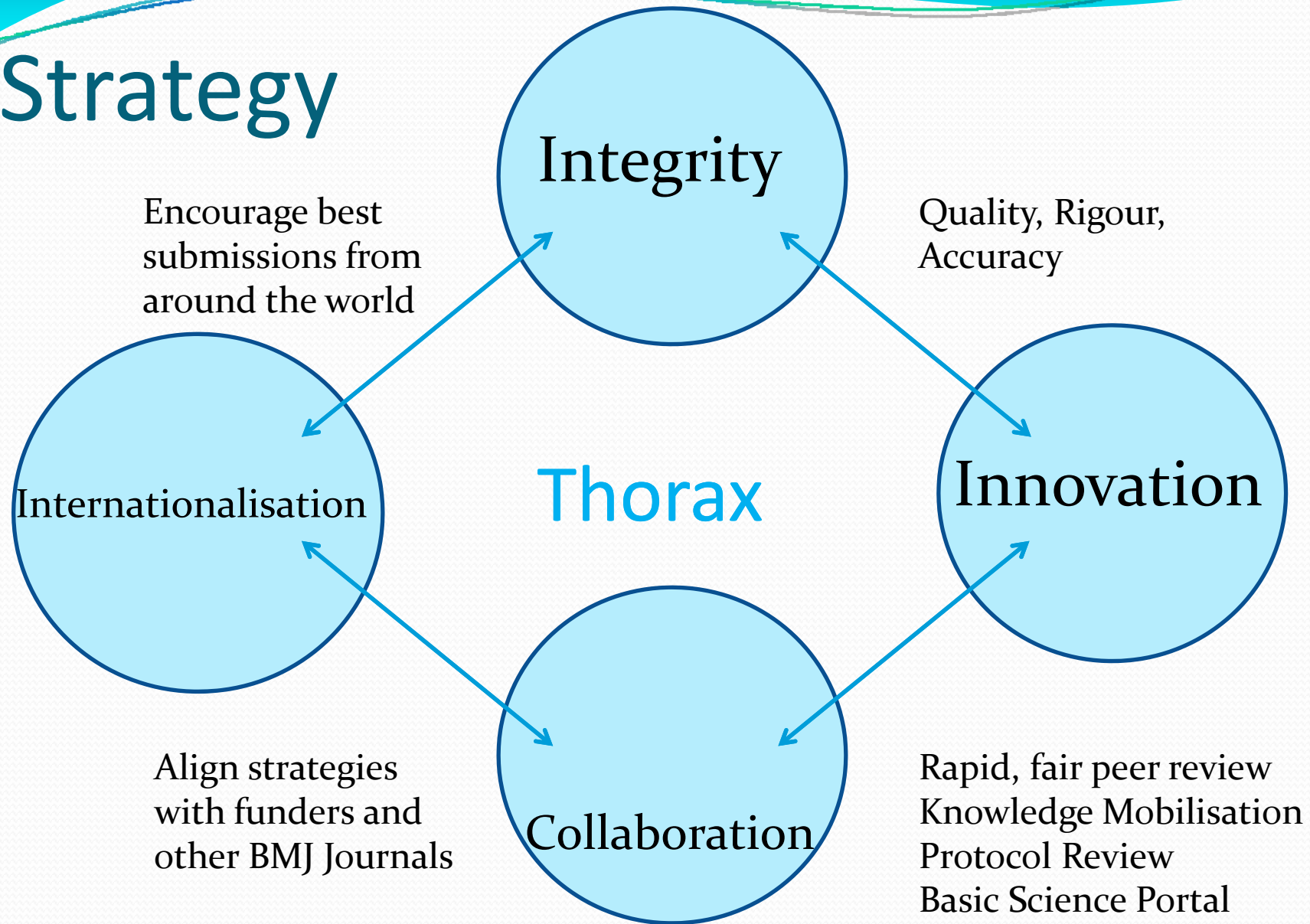


What is Our Vision

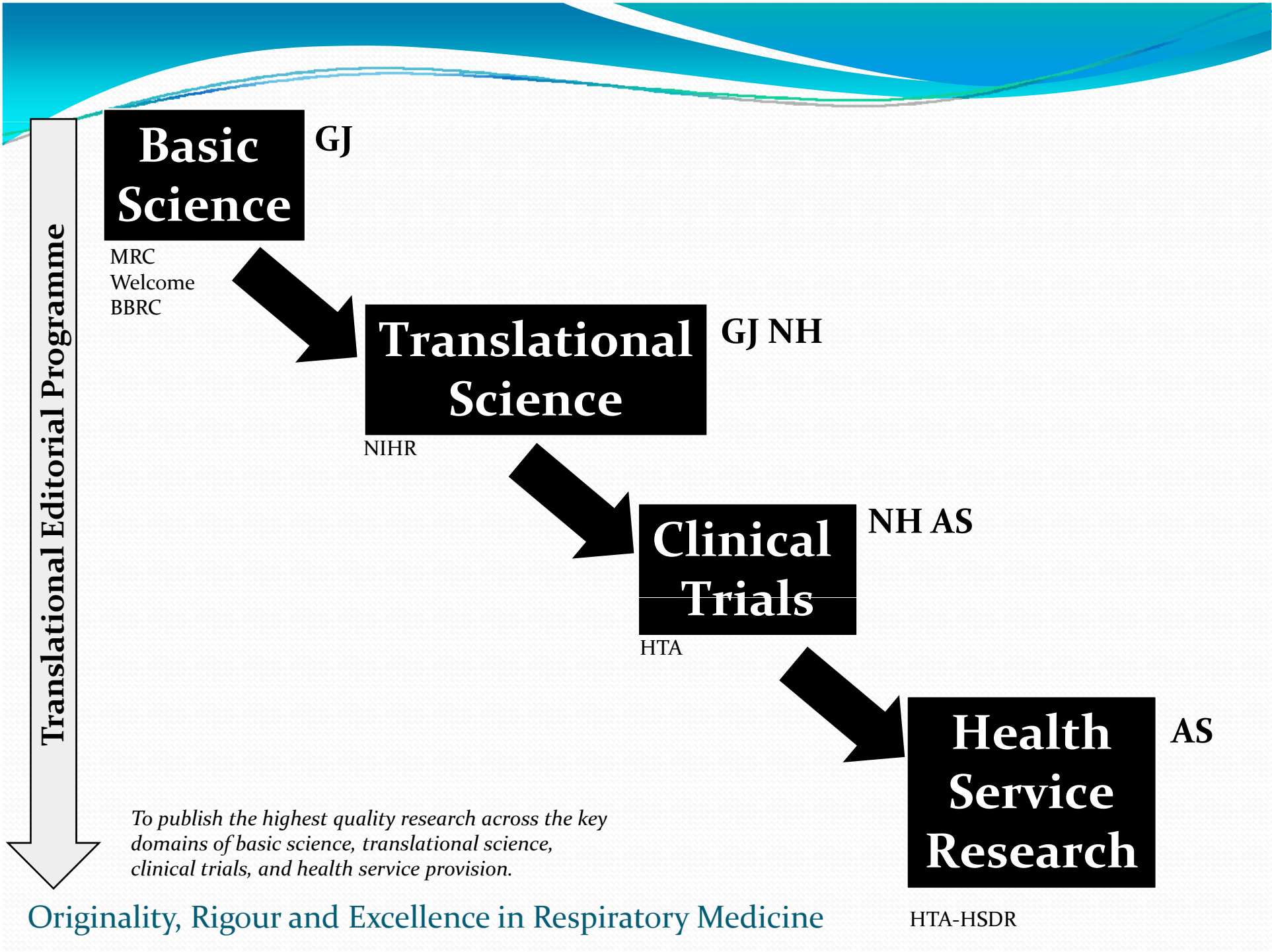
- To be the leading journal of translational respiratory medicine reflecting the eclectic excellence of the respiratory research community to the world
- To target and serve the wide range of respiratory clinicians and scientists including senior respiratory physicians, scientists, respiratory trainees, specialist nurses, physiotherapists and technicians from paediatrics to adults

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Strategy



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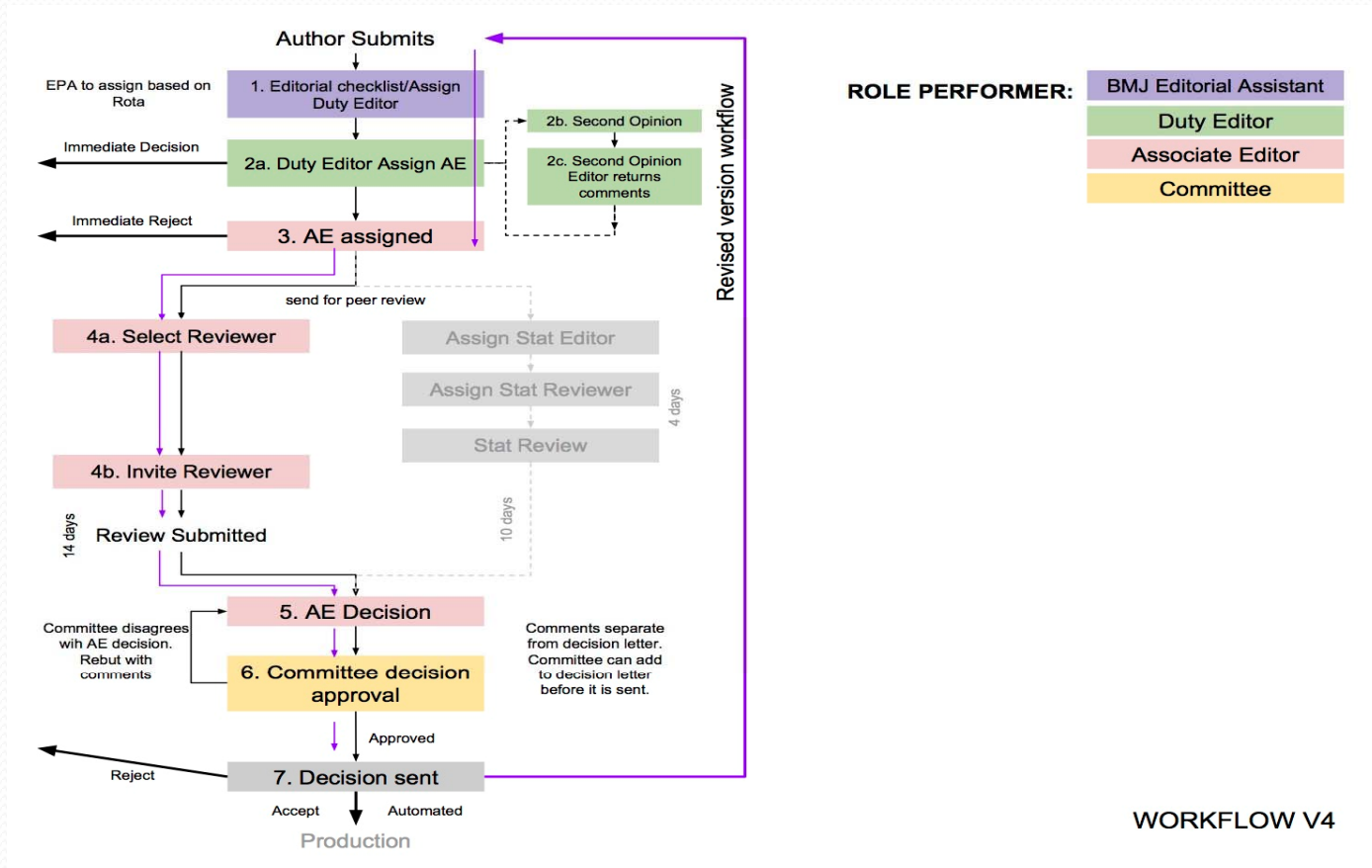




Types of Manuscript

1. Original Research – direct submission
2. Research Letters – direct submission
3. Case Base Discussions/Images – direct submission
4. Narrative Reviews – invited/direct submission
5. Editorials - invited
6. Educational content - invited

Direct submission procedure



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Editor-in-Chief Triage

- Editor-in-Chief reads all submitted manuscript and assesses based on:
 - Scope
 - Originality
 - Rigor
 - Excellence
- 60% of manuscripts will be rejected by EIC

Associate Editor

- Will review manuscripts that the EIC thinks may be of importance and likely to make it through peer review.
- AE triage based on their expertise in a particular area.
- AE will reject 50% manuscripts they receive and process for peer review the remaining 50%



Invited Manuscripts

- All Invited manuscripts are reviewed
- Editorials may not have full peer review
- Narrative reviews all have external peer review



Peer Review

- All direct submissions will have at least 3 reviews
- Minimum 2 content reviewers
 - The content reviewers assess in detail the topic originality, the experimental design excellence and the methodological rigor.
 - Content reviewers may be suggested by the authors however they may not be approached, especially if the reviewer is not known to the AE, does not have a “pubmed” presence or an ORCID ID.
- Statistical Editor review
 - The statistical reviewer will ensure that the statistics performed are appropriate to answer the questions posed.



Reviews Returned

- Associate Editor assesses the reviews and makes decision.
- Decision based on quality of reviews and quality of the manuscript
- Decisions are not based on quality of English
 - Although if English quality poor understanding the science may be difficult and lead to rejection.
- Poor quality reviews will be disregarded and further reviews may be invited.
- Decisions made.



Good Quality Reviews

- A good quality review will be valuable to the authors regardless of the outcome.
- 1 short summary of the main findings of the manuscript and its context (is it new, does it build on other work etc).
- 2 strengths of the manuscript.
- 3 major weakness of the manuscript with clear evidence why.
- 4 minor weaknesses include textual changes that can be easily modified.
- Does not describe/contradict their decision in the manuscript.

Poor quality reviews

- Have no benefit to authors or editors
 - “This manuscript is great and should be published”
- Express opinion without evidence
 - “These data are not novel”
- Inform the decision to the authors
 - “this manuscript should be accepted”
 - “This interesting and original manuscript” – but recommended rejection.
- Short



The Editorial Committee Meeting

- All manuscripts that have been reviewed are assessed at the ECM
- ECM has three Editors-in-Chief and two Deputy Editors
- The manuscript and all reviews are considered.
- Usually we will approve the AE decision, BUT not always.



Invited re-submissions

- Invited re-submission does not guarantee acceptance.
- All reviewers need to be satisfied that changes are sufficient.
- The statistical reviewers comments are particularly important.
- If changes are minor we will consider multiple rounds of revisions until it is correct.



Rejected Manuscripts

- All offered the opportunity to be assessed by our sister journal BMJ Open Respiratory Research.



Accepted Manuscripts

- Press Release for Topical and Important manuscripts
- Editorials for the best 50% of manuscripts
- Cover Images



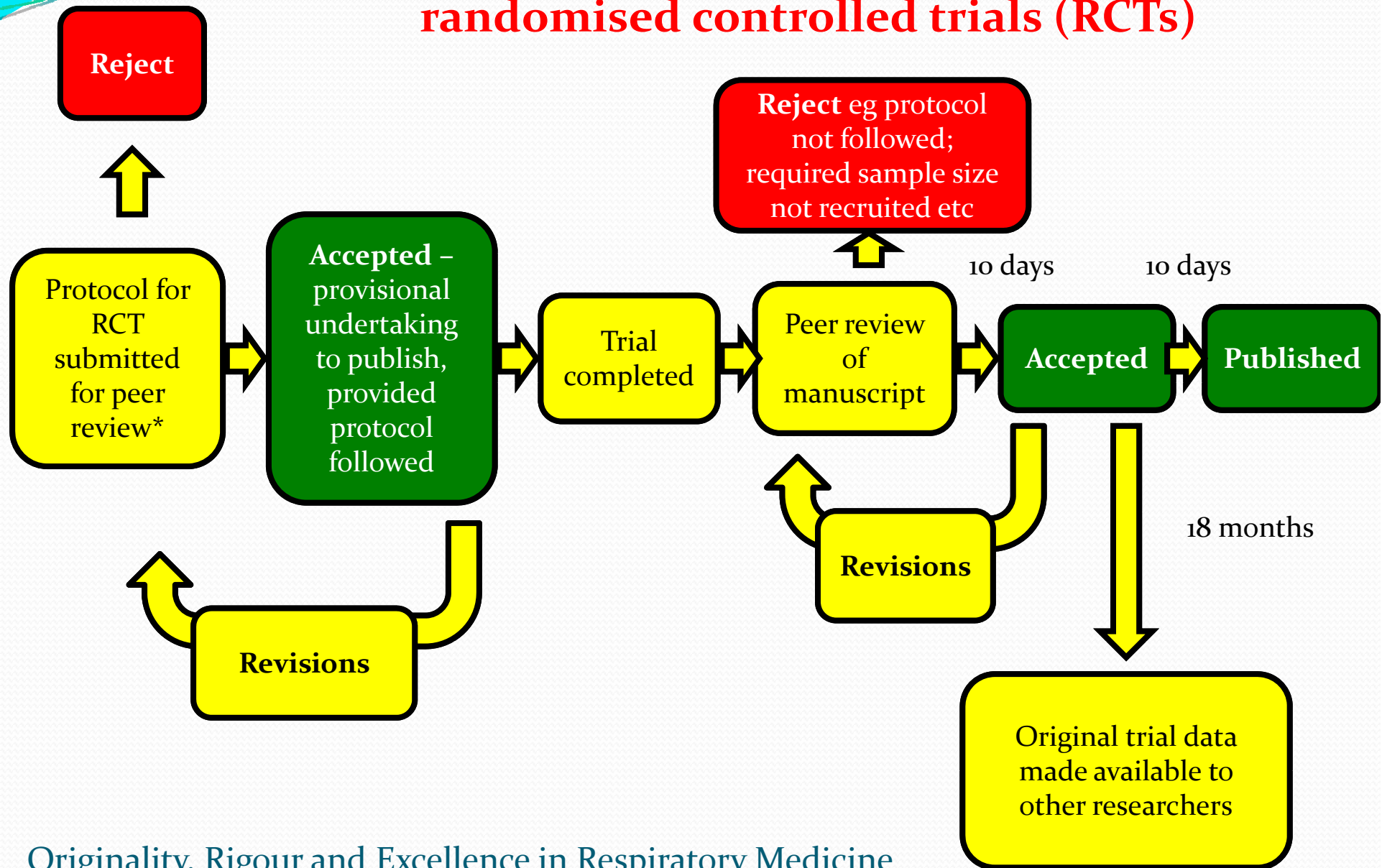
Impact and Implementation

- Knowledge Mobilisation
- Protocol Review
- Drivers for Change

Knowledge Mobilisation (How we judge success)

- Impact Factor is important – however a short term metric
- Citations per year
- Downloads
- Altmetrics
- Practice Changes
- Submission Rates

The pipeline from protocol review to publication randomised controlled trials (RCTs)



Drivers for change

- **Preventing Bias**
 - Comparing the manuscript to the original protocol reduces selective outcome reporting, changing this study hypothesis etc
- **Establish Trust**
 - Provisional agreement to publish between *Thorax* and the investigators enhances collaboration, and may take good RCTs away from the lure of *the Lancet*
- **Scientific integrity**
 - Impartial review is central to this and may be enhanced by double blind peer review
- **Data sharing**
 - Fundamental to good science – allows replication of analysis & systematic reviews

Competitor Landscape

- Lancet Respiratory Medicine
 - IF 15.328
- Blue Journal
 - IF 13.118,
- Thorax
 - IF 8.121
- European Respiratory Journal
 - IF 8.332
- Chest
 - IF 5.940
- AJP Lung
 - IF 4.721
- Red Journal
 - IF 4.082

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Thorax advantages

- Broad Scope
 - Full range of Translational Respiratory Medicine
- Society Journal with Outstanding Reputation
 - British Thoracic Society
- Responsive Editorial Team
 - Reflects the scope of the journal
- High Instant Reject Rate
 - Avoids delay in publication regardless of outcome
- Aim to publish reviewed manuscripts where possible
 - Work with authors
- Focus on Originality, Rigour and Excellence
 - Clear Instructions to Authors, all manuscript get statistical review

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BMJ China



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BMJ旗下不仅拥有著名的综合医学期刊《英国医学杂志》同时也出版一系列在各领域最具影响力的专科期刊，为临床医生和研究人员提供高质量的内容。



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Thankyou

- Questions