

**JOURNAL OF**

**Pharmacy Practice and Research**

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**Journal Overview**

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## INTRODUCTION

The purpose of this document is to describe the structure, function and operations of the *Journal of Pharmacy Practice and Research*, the official journal of the Society of Hospital Pharmacists of Australia (SHPA). It is owned, published by and copyrighted to SHPA. However, the Journal is to some extent unique within SHPA in that it ‘...has complete editorial freedom in terms of content and is not under the direction of the Society or its Council in such matters...’. This statement, originally based on a Role Statement for the Editor-in-Chief 1993, is also based on the definition of ‘editorial independence’ from the World Association of Medical Editors and adopted by the International Committee of Medical Journal Editors.

The Journal is published quarterly (March, June, September, December) and distributed to members of SHPA as well as individual domestic and foreign subscribers.

The Journal was first published as *The Australian Journal of Hospital Pharmacy* in January 1966 with Fred J Boyd as its editor. The first issue reported on the proceedings of the 1965 Federal Conference held in Adelaide. Subsequent issues of the Journal contained articles and material of a more diverse nature and set the scene for the development of hospital pharmacy practice in Australia.

The Journal provides a forum for exchange of knowledge and ideas between pharmacists practising in hospitals and related settings. The Journal has a commitment to science-based articles that assist in the development of the profession and over the last few years has significantly expanded its level of editorial comment. It invites submissions on any aspect of contemporary practice. The primary objective of the Journal is to publish original pharmacy research but it also welcomes review articles on topics of interest or importance to hospital pharmacists. All articles undergo an external peer-review process.

Only original manuscripts are considered and manuscripts accepted for publication have their copyright, including the right to reproduce the article in all forms of the media, assigned exclusively to SHPA.

The Journal complies with the policies outlined in the ‘Uniform requirements for manuscripts submitted to biomedical journals’ developed by the International Committee of Medical Journal Editors <[www.icmje.org](http://www.icmje.org)>.

The Journal is indexed by the Australasian Medical Index, Biological Abstracts, Embase, International Pharmaceutical Abstracts, Iowa Drug Information Service, Meditext and Ulrich’s database. Applications for Medline indexing by the National Library of Medicine, USA have not been successful (October 2007).

## MANAGEMENT STRUCTURE

The Editor (Professor Jo-anne Brien) is responsible for the overall performance of the Journal.

The Managing Editor (Benafsha Khariwala), with assistance from the Administration Assistant, is responsible for the day-to-day management and operation of the Journal, including manuscript management, subscription and financial management, and the

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associated office and secretarial functions. The Managing Editor coordinates the activities of the Associate Editors and is responsible for the overall editing standard, style and consistency of all material published. The Managing Editor liaises with the Advertising Managers regarding advertising matters.

There are two Advertising Managers, Helen Matthews (Vic., SA, WA, Tas.) and Terry Maunsell (NSW, Qld, NT, ACT) who are responsible for all matters relating to advertising within the Journal including its promotion to advertisers and their agencies.

Associate Editors (Rhonda Clifford, Neil Cottrell, Andrew McLachlan) are responsible for the review and editing process.

The DrugScan Editor (Vaughn Eaton) coordinates and edits the DrugScan series of the Journal.

The Journal has an Editorial Advisory Board comprising respected hospital pharmacists and academics with representation from Australia, Canada, USA, UK and Singapore. The Editorial Advisory Board serves as an advisory body and sounding-board for the Journal's initiatives.

Decisions relating to content, style and development are managed through the Editorial Committee which comprises the Editor, Managing Editor, Associate Editors, DrugScan Editor, Advertising Managers and Administrative Assistant. The Chief Executive Officer of SHPA and members of the Editorial Advisory Board are also invited to attend Editorial Committee meetings as observers and provide valuable input.

## **FINANCIAL STRUCTURE**

The Journal functions within a zero-based budget with no formal financial assistance from SHPA, although its operations are underwritten by the parent organisation.

Presently, the Journal is the only major service provided to the SHPA membership at no cost. While SHPA members are charged for conferences, seminars and other SHPA publications, there is no charge levied, either directly or indirectly, for the Journal. It contributes \$10,000 annually to meet general administrative expenses relating to SHPA operations and has provided considerable advertising support for the various initiatives undertaken by SHPA including the Research and Development Grants and Awards Program, publications, seminars and conferences.

The major financial weakness of the Journal is its almost total reliance on advertising for income. In the 1997-98 financial year the income of \$309,649 was made up of advertising (90%), subscriptions (7.2%) and miscellaneous (2.8%). In the 1998-99 financial year, the Journal income declined to \$188,326, due to a marked downturn in advertising revenue, and resulted in a net loss of \$61,661. Advertising revenue remains difficult and losses ranging from \$18,333 in 1999-2000, to \$62,450 in 2005-06 have been sustained. This reliance on advertising and its inherent problems have been recognised by Journal staff for some time. Although a number of attempts have been made to increase subscription-based income or generate other income streams through the development of other subscription-based publications – DrugScan being the obvious example – these efforts to date have been unsuccessful.

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## SUBMISSIONS

Submissions are invited on any aspect of contemporary practice. The following categories are provided by the Journal and although submissions should be directed to one of these categories, the final placement is the decision of the editors.

1. Research – Original research articles up to 2500 words (excluding references, figures and tables).
2. Pharmacy Practice – Articles up to 2500 words describing aspects of contemporary pharmacy practice.
3. Reviews – Articles up to 2500 words.
4. Case Reports – Case histories illustrating new or important therapeutic principles and their application to pharmacy practice.
5. Practice Standards – SHPA practice standards.
6. Letters to the Editor – Brief submissions up to 500 words.

Enforcement of the word limit is important – with few exceptions, major articles can be accommodated within the prescribed 2500-word limit. One of the significant costs of producing the Journal is that of printing, with the size influencing this cost.

Other regular features of the Journal that do not rely on voluntary submissions include:

1. Editorials – guest editorials are sought often from the Editorial Advisory Board members and local and international opinion makers.
2. Geriatric Therapeutics – introduced in 1991 and is managed by the Geriatric Therapeutics Editorial Group under the chairmanship of Associate Professor Michael Woodward, Director, Aged and Residential Care Services, Austin Health. Reprints of Geriatric Therapeutics articles are distributed to members of the Australian Society for Geriatric Medicine, with printing and distribution sponsored by Pfizer.
3. Medication Safety – compiled by Rosemary Burke, Chair, Medication Safety COSP and edited by Penny Thornton. It draws on US experience and includes with permission, material from *ISMP Medication Safety Alert!* as well as Australian reports.
4. DrugScan – edited by Vaughn Eaton, Director of Pharmacy, Flinders Medical Centre, this section summarises the international literature on ten therapeutic areas (cardiovascular, geriatrics, indigenous and population health, infectious diseases, internal medicine, neuropsychiatry, oncology, paediatrics, pharmacy practice, respiratory). Leading pharmacy practitioners scan the international literature on their therapeutic area and present summaries on major trials, pharmacoepidemiology studies and pharmaco-economic research and provide comment from an Australian perspective in their areas of expertise.
5. Book reviews – reviewers are sought by invitation and are allowed to keep the text in return for their efforts.

## EDITORIAL PROCESS

All manuscripts undergo an extensive external peer-review process that requires a significant amount of active management by editorial staff.

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The most demanding and labour-intensive manuscripts are those requiring external review. All major articles are reviewed by two external referees. The manuscript management process is detailed in the attached flow chart 'Manuscript Management Process' (Appendix 1). There are many steps between submission by the author and receipt by the Journal subscriber and the process can be time consuming, particularly if there are delays in receiving the reviewers' comments or the authors' revision.

When a manuscript is received, it is assigned by the Managing Editor to one of three Associate Editors. Together, the Managing Editor and Associate Editor assess general suitability for the Journal and, if deemed suitable, they decide whether external review is required. External review requires the identification of suitable referees who are both willing and able to undertake the review within a given time frame. To avoid bias the review process is anonymous, with all details of author(s) and institution(s) deleted from manuscripts before distribution to referees and Associate Editors. External referees are asked to concentrate on the content of the manuscript and its relevance and validity. Referees are usually busy people so ideally 4 weeks are allowed for review. Peer review can be extremely valuable, particularly for inexperienced authors, and the quality of published articles and the integrity of the Journal is enhanced by this process.

Referees' comments are sent to the Associate Editor and then the real work begins. The Associate Editors are busy pharmacy practitioners who do their Journal work at home in their own time. They are given a two-week turnaround time from receipt of referees' comments.

The Associate Editor assesses the referees' comments and if substantial revision is required, a letter is drafted to the author outlining recommended changes. Editing is not generally carried out at this stage.

The Associate Editor e-mails the draft letter (and edited manuscript if editing has been undertaken) to the Managing Editor who does a final check, restores the author identification details to the edited paper and returns it to the corresponding author for revision. The referees' comments are also usually included (unless Associate Editor advises otherwise).

When the revised article is received back from the author(s) its suitability for publication is checked by the Associate Editor and an edit carried out. If time, a proof copy will be prepared by the Managing Editor using the desktop publishing program PageMaker, providing a further opportunity to check the paper and clarify any remaining queries. The proof is then sent to the author and the Associate Editor for final proofreading. The manuscript is allocated to a specific issue and an e-mail sent to the author advising of acceptance of the manuscript and the likely publication date. A copyright assignment form is also sent to the authors for signing and return. In most cases, a word document is sent back to the author after final edit by the Managing Editor, then a proof prepared closer to the time of publication.

For articles that do not require major revision, a draft proof (or word document) can be prepared from the Associate Editor's edited version. The draft is then returned to the author together with a letter outlining any queries that require clarification.

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Not all manuscripts require external review. Some of the shorter practice-related articles can be dealt with in-house. In such cases, much of the editorial process is handled by an Associate Editor and the time between submission and publication is usually shorter. As with the external review process, a rate-limiting step is at the author revision stage.

Articles for the Geriatric Therapeutics section are handled by a separate Editorial Group. These articles also undergo a rigorous review process. All articles are reviewed by a geriatrician (Associate Professor Michael Woodward), a team of hospital pharmacists (Rohan Elliott, Graeme Vernon, Francine Tanner), a consultant pharmacist (Robyn Saunders) and an external referee who is an expert in the particular field. Administrative support is provided by the Managing Editor. The process is detailed in the flow chart 'Geriatric Therapeutics Manuscript Management Process' (Appendix 2).

## **PUBLICATION PROCESS**

Some of the most significant changes to the Journal over the last decade have been totally transparent to subscribers. These changes relate to the publication process. The Journal has invested in digital technology to streamline the publishing process and realise significant economies of production. The entire contents of the Journal (other than the advertising pages) are now prepared using desktop publishing software and delivered to the printer via e-mail (refer 'Journal Layout, Printing and Distribution' flow chart, Appendix 3).

An imposition is provided by the printer so that the articles and advertisements can be placed by the Managing Editor for the most cost-effective printing. Colour printing is expensive so it saves money if the number of sections containing colour advertising can be kept to a minimum. Premiums are paid by advertisers for placement in certain positions (e.g. inside front cover, opposite editorial). It is the Journal policy to place advertising pages at the beginning or end of an article so that the article is not interrupted. Exceptions are letters and book reviews where, if necessary, advertising can be inserted between pages. No advertising should be placed within the Research section. With the current downturn in advertising, special attention is given to the layout so that printing costs are minimised.

A final version of the text is laser printed, checked, corrected, converted to a PDF file and the file e-mailed to the printer along with the contents page and pages list. Hard copies of the advertisements and discs are usually collected by the printer.

Digital proofs are prepared within 3 days and delivered to the office. The Managing Editor checks and signs off the proofs and marks any errors on the proof for updating. Final changes are incorporated. Correction of errors which are our fault ('author corrections' or 'a/c') incur a fee, based on the time involved for correction. The complete production of the Journal from supply of material to delivery to the mail house should take about ten working days.

The Journal is distributed through the current printing house, which is responsible for printing envelopes for subscribers/members (database file supplied by the Journal), placing inserts, collating and sealing for distribution through the Australia Post Print Post delivery service. This is a cheaper, non-priority postal service so it may take several days for delivery.

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## **FUTURE DEVELOPMENTS**

Developments under consideration are to increase the chances of Medline indexing, to move to an electronic manuscript management process, and to further explore electronic publishing.

It is hoped that the change in title in 2002 may enhance the Journal's chances of Medline indexing. The Journal has been considered for indexing by the US National Library of Medicine four times (in 1989 when our score on a 5-point indexing priority scale was 1; in 1994 when our score improved to 1.5, in 1999 when the score was 2; and in 2006 when the score was 2). A title must receive a score of 4 or more to be selected for indexing. If a journal has been reviewed twice, a minimum of four years is required before that journal will be reconsidered. Journals containing reports of original research are most likely to be indexed and it is in this area that the Journal needs to expand its content to improve its chances of Medline indexing.

In relation to electronic publishing the Journal has done little more than acknowledge its existence and recognise that at some point in the not too distant future planning for an electronic form of the Journal should proceed. However, this is a relatively new development in journal publication and how a small journal such as the Journal with its meagre staff resources would manage such a move is a looming future challenge.

**Professor Jo-anne Brien**  
**Editor**

Revised: Jenny Johnstone, 30 June 2002

Revised: Rosie McKew 20 November 2002, 7 August 2003

Revised: Benafsha Khariwala 5 January 2005, October 2006, January 2008, January 2009