



Change of Editor in the New Zealand Medical Journal

Frank A Frizelle, Editor.

The editorship of the New Zealand Medical Journal is about to change. Gary Nicholls and his team have performed a superb job over the last three years. I am sure Gary will be glad to return to his research and clinical work. The Journal has published many world class articles in the last three years and the editorial board has been innovative, proactive and provocative in expanding the medical-political dimension of the Journal, and making many of us think more about the larger world.

The end of Gary's term as editor coincides with the Journal going web based with the eNZMJ. While I have reservations about the Journal going totally electronic, it is not my decision but that of the management committee. The decision to go totally electronic has not been taken lightly by the management committee. The decision is due to financial restraint. I am told the Journal has been losing \$300 000 per annum. This sort of loss is unsustainable for the NZMA.

In the ideal world we would have both an e-journal and a paper journal. No doubt the totally electronic format will mean that we will lose some readers (this I am very disappointed about and sorry); however the only other alternative is that the Journal would disappear. An exclusively electronic journal may discourage some authors publishing in the Journal, however I hope this is not the case. A review of the last twelve months publications in the Journal suggests that much of what is published is essentially about New Zealand health issues and as such it is the best medium to disperse the information.

The Journal will not be free to all on the Internet but will only be available to members of the NZMA and subscribers. The Journal is seen as an important member benefit by the NZMA.

I assume responsibility as editor of The New Zealand Medical Journal on the 19th of July 2002. The change of editorship will be associated with structural changes to the Editorial Board which will have a more diverse national membership. Members of the Editorial Board are: Professor Tim Buckenham (Christchurch), Associate Professor Roger Mulder (Christchurch), Professor Murray Tilyard (Dunedin), Professor Richard Beasley (Wellington), and Professor Rod Jackson (Auckland). There will be an advisory body of 12-15 to assist the Editorial Board. The editorial office will be in the Department of Surgery, Christchurch Hospital. There will be an almost full time editorial assistant (Ms Sarah Webb).

I am keen for papers to be submitted electronically. I hope to speed up the review process by performing it electronically. We intend to publish some comments from reviewers or experts in that field at the end of some papers so as to put an article in perspective for readers. It is also planned to have more than one editorial in each edition mostly relating to published articles in the Journal, but also maintaining an active interest in the larger picture of medical and health related issues. At present the Editorial Board have published under the title of "The Editors", which is a style used

by some well known journals however the new Editorial Board will publish under their individual names.

From January 2003 there will be one edition a month as opposed to the present twice monthly except December and January, when monthly. We intend to publish on the first Friday of the month. We hope to be able to include the table of contents in other medical publications and we would like to distribute the table of contents by e-mail flyers.

We intend to develop new sections within the Journal, including hopefully a regular section on anaesthesia and pain, sections on medical imaging, the Journal 100 years ago and a selection of case reports. Many journals are heading away from case reports. With the advent of evidence based medicine they are no longer seen as politically correct and usually don't help a journal's impact factor. I believe, however, that as most of us treat patients, we find good case reports fun and relevant to read. We will publish case reports that are clear, brief, well written and that have a relevant take home message. Case reports are an important avenue for younger doctors developing their writing skills and learning how to get published.

The Journal has come a long way from its first edition in 1887. There have no doubt been many difficulties in the past and the Journal will have overcome many hurdles to reach its current position. If the Journal is to survive we have to make the transition to the electronic medium. While this change will be a struggle for some, it allows us to develop and removes many of the restrictions of the printed version.

I am looking forward to the next three years editing the Journal, and working with the new Editorial Board and editorial advisory group. I feel that if we grasp the opportunity this could prove to be a very exciting time and be a significant step forward for the Journal.

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