

Editor's Briefing

The black box of medical journals

Many people will feel that their articles and submissions disappear into the 'black box' of medical journals and the inner workings are something of a mystery. Most people would agree there is a problem with the business model in academic publishing. In summary, the grievance is that free academic labour has been monetised, quite spectacularly, by corporations. Elsevier publish over 17% of the world's scholarly articles. Their revenue for 2023 was over \$3 billion and the adjusted operating profit for 2023 was \$1.2 billion.¹ When the entire board of an academic journal walked out in protest at 'unethical' charges, one of the editors described Elsevier as 'the poster child for evil publishing companies'.²

We are not Elsevier. Although the model looks the same, the financial dynamics of a scholarly societal journal are quite different. The *BJGP* does not make a profit and the Royal College of General Practitioners (RCGP), as a charitable organisation, and loyal to its *scientia cum caritas* motto has, with insight, supported the journal as a vital contribution to the development and dissemination of research in primary care for the past 70 years.

So, we do 'belong' to the RCGP, but there is a critical and, in my view at least, inviolable principle that needs re-stating: we are editorially independent. The views here do not necessarily reflect the views of the RCGP and to read a piece and assume they do is to misunderstand the relationship. This has always been important, if not always fully agreed upon in the past.³ It may never have been more needed given how topics are, in these times, debated with ferocity. Indeed, the word 'debated' implies a civility and willingness to have one's views changed that is often missing from online forums.

The work of the *BJGP* is shared across five GP editors and we have a team of editorial staff who are employed directly by the College. We use some freelance editing expertise but we have largely kept the sub-editing, proof reading, and other work of running an academic journal and monthly print journal in-house. We are thus able to sustain the highest standards without the race-to-the-bottom mentality of publishers who must please the shareholders. It's a testament to the foresight of previous officers of the College, as well as past *BJGP* editors, that we

Issue highlights

How can we improve the health of older people? A systematic review this month looks at the evidence. We also have research around the diagnosis of Parkinson's disease and a couple of papers exploring aspects of dementia. We publish the report on a cluster RCT looking at text messages in bowel cancer screening with an accompanying editorial. We also have editorials on care homes and digital facilitation, as well as clinical practice articles on chronic venous disease and blood testing in people using anabolic steroids. And, if you are tired of unnecessary barriers to care, turn to our Analysis article on 'sludge audits'.

have a robust model for publishing high-quality primary care research. More than that the *BJGP* goes further, aware of the need, as the former editor Graham Buckley wrote in the 1980s, of the 'balance to be struck between the publication of original research, analysis of evidence of good practice, and commentary on the interface between medicine and the sociopolitical context of the day'.³

None of this should be taken for granted. If the turbulence of recent political times has taught us anything it is that we can't assume permanence. And sometimes the magic of black boxes is that they just work and no specialist knowledge is needed — but, for those interested, get in touch. We're open to suggestions.

Euan Lawson
Editor

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