JICS information for Editor-in-Chief applicants

Aims and Scope:

The Journal of the Intensive Care Society (JICS) strives to disseminate clinically and scientifically relevant research, evaluation, experience and opinion to all staff working in the field of intensive care medicine. Our aim is to inform clinicians on the provision of best practice and provide direction for innovative scientific research in what is one of the broadest and most multi-disciplinary healthcare specialties. While original articles and systematic reviews lie at the heart of the Journal, we also value and recognise the need for opinion articles, case reports and correspondence to guide clinically and scientifically important areas in which conclusive evidence is lacking. The style of the Journal is based on its founding mission statement to 'instruct, inform and entertain by encompassing the best aspects of both tabloid and broadsheet'.

Strategy:

JICS has a broad clinical readership and it is vital that the future direction of the Journal maintains core clinical relevance. The immediate goal for the Journal is to attain PubMed indexing; however, we currently publish articles that simply wouldn't be published in other medical journals but provide important information for intensive care clinicians and are highly cited and accessed.

Our aim is to attract more scientific publications if possible (which we will only achieve with PubMed indexing) in order to represent better our intensive care academic colleagues; however these articles must be readable and clinically relevant or be accompanied by editorials or commentaries that highlight their potential clinical relevance/impact.

There are a number of intensive care journals in the ether that publish high level scientific papers but are rarely read cover to cover. JICS does **not** strive to be like these journals. Indeed the BMJ model of providing a range of scientific, clinical and opinion articles (plus the odd entertainment piece!) has always been the goal of JICS.

JICS is extremely well read by UK intensive care staff and the international readership is increasing every year. The challenge therefore is to achieve PubMed indexing while remaining true to our current readership. This should be possible, but whether it is achieved remains to be seen. Following my recent appeal, the National Library are re-assessing the Journal for PubMed indexing and a decision is expected within the coming weeks.

The J.M.Handy guide to how JICS works:

- Submitted manuscripts go through the administrator (John Jones) to the Editor-in-Chief (EiC).
- The EiC reviews them and assigns them to an Associate Editor.
- The Associate Editor then reviews the manuscript and decides whether further review is needed (very rarely submitted manuscripts are so flawed that further review cannot be justified), or (more normally) what level of review is required. Generally all manuscripts need two reviewers, though whether they are external (i.e. not on the Board or core editorial team) or internal (Board or editorial team) depends on the level of expertise needed. If an editor is involved in the manuscript (i.e. an author) then two external reviews are needed. Associate Editors can either act as an internal reviewer or simply coordinate the external reviews - much depends on how well the topic fits within individual expertise and how easy it will be to get reviewers (which is getting harder!). I frequently review the manuscript myself along with another editor if I really can't find a reviewer to help out. That said, I am keen to involve senior trainees as we are not the Lancet and reviewing is a great way into editing; we need to nurture and grow the Journal's editors of the future!
- Once the reviewers are allocated, then it's a wait until the reviews come in.
- Once the reviews are in – the Associate Editor reviews the comments and recommends a verdict (accept, minor amendment, major amendment or reject).
- It then comes back to mthe EiC who decides upon the final verdict and emails the authors accordingly.
- Most manuscripts will require some amendments - in which case the revised manuscript will go back to the original Associate Editor to read and decide whether the amendments have been made adequately. Another recommendation is then made by the Assoc Ed which goes back to the EiC - and so on until we have completion.

The whole process is now automated via ScholarOne which allows much greater speed and flexibility when ‘handling’ manuscripts. Finding reviewers can be a challenge but has become easier as the number of JICS editors (and thus our net) has broadened. All existing reviewers are automatically included in the ScholarOne system so it is easy to see whether they were asked recently (to avoid different Associate Editors allocating different manuscripts to the same reviewer, or overloading a reviewer).

The EiC currently handles some manuscripts through the whole process either to ease the workload (if there are a lot going through the system) or because they are invited manuscripts, editorials or letters. For the former, an Associate or Assistant Editor is often consulted to ensure publication is appropriate; if there is any doubt a further review can be sought. Generally speaking the EiC will have been working with the authors during the evolution of invited manuscripts, so further review isn’t always undertaken for such articles - it is a bit embarrassing if it gets rejected!

In terms of other commitments, the core Editors aim to meet twice a year to discuss strategy - once at a strategy meeting (usually in June), the other is the Board meeting at the State of the Art (SOA).

About half of the EiC's commitments are in handling manuscript; the other half lies with strategy – inviting articles, engaging with key 'stake-holders' (e.g. ICM academics and innovators, our publisher SAGE, the ICS) and expanding our digital/social media footprint (we have a small but very active group of 'digital editors').

It is stressful when it's busy but it is also great fun. JICS opens doors for our trainees and clinicians who normally wouldn't publish and it is incredibly rewarding (it also ticks loads of CME boxes!).

The overall ethos is one of 'doors open' rather than 'doors closed' and if we can't publish we will still try to help. This is **not** the norm for most medical journals (as many of you will be aware).

I hope the above is of help. If you have any questions, please let me know.

Jonathan