

EDITORIAL

BJA Open: a new open access journal for anaesthesiology, critical care, and pain medicine

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Summary

BJA Open is a new open access journal to complement *British Journal of Anaesthesia*. This editorial describes the rationale for the journal and the breadth of content it is seeking to attract. As with other BJA titles, *BJA Open* conforms to the highest standards of editorial and publication practice, and it aims to provide sector-leading author experience combined with reliable peer-reviewed content for the reader.

Keywords: anaesthesiology; critical care; databases, bibliographic; journals as topic; open access; pain medicine; publication ethics

Welcome to *BJA Open*, the gold open access sister journal to the *British Journal of Anaesthesia* and the third member of the BJA journals group (the other being *BJA Education*). In recent years, there has been worldwide debate concerning the relative merits of different publishing models, mostly involving academic institutions, academic societies, funders of research, and publishers.^{1–6} A gold open access journal is one where all content is immediately freely accessible without cost to the reader, the costs of publication being met through an article publication charge paid by the authors, their institution, or the funder of the research. This is in contrast to the more traditional subscription model, where the costs of publication are paid by subscribers (personal or institutional) rather than by authors; only subscribers have immediate access to the majority of journal content. There are merits and downsides to both publication models.¹ My purpose here is not to rehearse the contrasting arguments but rather to state that there is a need for both models if we are to meet the requirements of all authors who wish to publish work in the fields of anaesthesiology, critical care, pain, and perioperative medicine. Similarly, the BJA journals group would wish to publish all of the best articles in the field, and this may not be possible in the future without offering a gold open access option.

There are other open access journals in these fields, but *BJA Open* uniquely brings to a gold open access journal all the hallmarks of *British Journal of Anaesthesia*. This means that authors can expect timely handling of their manuscripts and rigorous but fair and constructive peer review intended to improve the quality of the published article. Readers of *BJA Open* articles can be similarly reassured about the quality and reliability of the published material.

The alternative publishing model is, however, not the only benefit to authors and the BJA journals group arising from the launch of *BJA Open*. One of the constraints on a traditional journal formatted for monthly distribution to subscribers, even though this will soon be almost completely electronic distribution, is that there is a finite journal capacity. With increasing success of *British Journal of Anaesthesia* has come a seemingly endless increase in numbers of manuscripts submitted for consideration, to the extent that approximately 85% of articles submitted to the journal cannot be accepted for publication. Many of these articles are eminently publishable, but they are competing with other high-quality submissions for limited journal space. In this respect, *BJA Open* will change the landscape. The entirely electronic format and the way publication costs are met mean that *BJA Open* can accept any article within the scope of the journal that is, after peer review, judged to be of suitable quality by the Editor.

There will be many authors for whom a journal's publication model is not a factor determining their choice of journal.⁷ For example, an increasing number of authors will have the article publication charge for *BJA Open* funded by their institution or the funder of the research or even through national consortia agreements with the publisher (details at <https://www.elsevier.com/open-access/agreements>). Where all author groups are based in countries or regions eligible for the Research4Life programme (<https://www.research4life.org/access/eligibility/>), the article publication charge is either waived or subject to a discount. We have therefore enabled for authors of manuscripts submitted to *BJA* that do not reach priority for publication but which are potentially publishable in *BJA Open* to be offered for their manuscript to be transferred to *BJA Open*. This avoids the author having to reformat their article and resubmit it. Where the article was peer reviewed by *BJA*, the reviewers' comments will be transferred to the *BJA Open* system along with the manuscript, enabling the *BJA Open* Editor to reach a rapid decision.

The aims and scope of *BJA Open* reflect those of *British Journal of Anaesthesia*, but *BJA Open* (<https://www.bjaopen.org/content/aims>) highlights some types of articles that are published infrequently in *British Journal of Anaesthesia*. These include pilot studies and clinical trial protocols. I have taken on the editorship of *BJA Open* with a commitment to promote research and publication transparency.⁸ Publication of a clinical trial protocol enables greater detail of the planned study to be available on the public record than is possible within a trial registry repository and provides for reviewers and ultimately readers of the clinical trial report to compare what was done with what was planned. One of the reasons why clinical trials can fail to answer the intended research question or even fail to be completed is because a pilot study has not been done. The most common reasons for needing a pilot study are to obtain information required for the sample size calculation for a full-scale study, to assess the feasibility of a proposed study protocol, or both of these. Publication of valid pilot studies (as opposed to inadequately powered studies retrospectively labelled as pilot studies)⁹ again provides an evidence trail for full-scale trial protocols and final reports, providing a source of data for other researchers. Alternatively, a pilot study may reveal or quantify challenges associated with attempting research in a particular field; publishing such information extends the value of the pilot study to others interested in that field of research.

Quality improvement studies and case reports are other types of article that infrequently achieve sufficient priority to be published in *British Journal of Anaesthesia*, but which I would be keen to receive for consideration in *BJA Open*. The science of quality improvement has evolved significantly over recent years, and we will require submissions of this type to follow the consensus Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 reporting guidelines.¹⁰ We will be looking to publish quality improvement studies that are likely to be generalisable, but I am particularly interested in those studies that seek to demonstrate patient outcome and system improvements through implementation of knowledge acquired as empirical evidence through clinical trials. Case reports remain a valuable medium for sharing experience of uncommon conditions or clinical situations. The level of evidence that they generate is low, but they can be useful for forming hypotheses and for their educational value.

Whilst I have emphasised certain article types that are less prominent in *British Journal of Anaesthesia*, the mainstay

of unsolicited content in *BJA Open* is likely to be original clinical and laboratory scientific articles and reviews, just as it is in *British Journal of Anaesthesia*. Narrative reviews are frequently widely read and highly cited, whereas systematic reviews and meta-analyses can generate high-level evidence. However, meta-analyses frequently expose our lack of knowledge about an intervention rather than consolidating a settled position based on combining high-quality evidence. Inconclusive systematic reviews with meta-analysis may struggle to achieve priority for publication in *British Journal of Anaesthesia*, but they may be valuable to have in the public domain through publication in *BJA Open*. Indeed, some research funders require a systematic review of the proposed research question to be presented as part of a funding application: to be able to refer to a systematic review published in a respected peer-reviewed journal should strengthen any such application.

I would now like to return to my commitment to promoting research and publication transparency through *BJA Open*. From the outset I have enshrined within *BJA Open* journal and editorial policies, the principles and recommendations of the Committee on Publication Ethics (COPE; <https://publicationethics.org/>) and the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org/>), as is indeed the case with other *BJA* titles. I am particularly keen to progress data transparency and interpretation by enabling, wherever possible, the reader to access raw data generated in the conduct of original clinical and laboratory investigations.⁸ Smaller data sets can be included as Supplementary Information, which *BJA Open* will publish alongside the main article. Larger data sets may be deposited in data repositories and accessed through data links that provide a permanent association between the article and the data.

One of the concerns that authors may have when publishing in a new journal is the profile of their article and the journal. An advantage of an open access online journal is that articles can be published rapidly in their final form after approval of proofs and will then be immediately and freely accessible. Publication of articles will be announced through the *BJA* journals social media channels (Twitter, Facebook, and YouTube). Article-level metrics^{11,12} will be available alongside the article through PlumX metrics (<https://plumanalytics.com/learn/about-metrics/>).

What no new journal can achieve from the outset, however, is inclusion in abstracting and indexing databases. Although the use of journal-level metrics to evaluate the quality and impact of individual articles is flawed, their use has gained traction in many institutions around the world.^{13,14} Whilst editorial decisions by *BJA Open* will be driven primarily by judgement of an article's contribution to the body of knowledge and value to the clinical and scientific communities, we are optimistic about journal metrics. Inclusion criteria for relevant databases variously depend on credibility of the editorial board, journal and editorial policies consistent with ethical and quality standards, quantity of articles published, and evaluation of the quality of published articles; *BJA Open* already meets the first two criteria. We envisage meeting the remaining criteria to enable listing in the Directory of Open Access Journals by the end of June 2022, inclusion in PubMed Central for all content by January 2023 (research funded by the National Institutes of Health will be included from launch of the journal), inclusion in Clarivate Emerging Sources Citation Index, and eligibility for the Impact Factor Database by July 2023. Additional good news is that the impact factor of *BJA*

Open is likely to benefit from having a parent journal that itself has a high impact factor.

In summary, I hope you share my excitement about the potential for *BJA Open* to expand publishing opportunities through the *BJA* journals. Please feel free to contact me if you wish to discuss a potential manuscript or if you have any suggestions for how we can further improve the author or reader experience. In the meantime, I look forward to the privilege of considering your work for publication in *BJA Open*.

Author's contribution

PMH was solely responsible for conceiving, drafting, and finalising the article.

Declaration of interest

PMH is editor-in-chief of *BJA Open*.

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