

## A Year in, Lessons Learned

In February of last year, I was provided with an opportunity to support the legacy of Dr Steven Eckert and the journal I cherish: I was asked to be the editor-in-chief of IJOMI. Over the past year, some things have stayed the same, some things have changed, and some things are . . . changing.

As I mentioned in earlier editorials to the readership, a primary goal of mine is to be fair to both the authors and the readership by accelerating the review process. In the last year, we have moved to a policy of review by the editor-in-chief with the goal of making an initial decision to move to review (or not) within 7 days of submission at a 50% rejection rate of initial submissions. This allows the very best clinical and basic research that is directly applicable to implant therapy to move to review and consideration for publication. This is intended to be fair to authors and readers. Have I made mistakes? Of course. But we are learning.

I want to thank the multitude of authors who submitted excellent works and the vast array of reviewers who have provided insightful, critical, and invaluable scientific opinions on the reviewed papers. This is not an easy process on either end. None the less, we have achieved what I set out to do in February of 2022: to get to an initial review from the editor-in-chief in less than 7 days and an average review time of less than 120 days. My goal is 60 days. Work to be done! This is a big challenge because we need reviewers who can dedicate time, and this is sometimes not realistic, given our busy lives. In the past year, we have reviewed 690 manuscripts, with 328 rejected outright and 202 papers recommended for revision (95 major and 107 minor), with 160 papers accepted following a range of revisions, consternations, and debate. The joy of this journal is seeing the breadth of global expertise in implant-related sciences. Simply amazing! I also appreciate all the authors who have taken comments and advice on various parts of their paper in the holistic way the comments, suggestions, and thoughts are intended. All in the interest of the best for patient care!

Based on some of these observations, we started the biostatistical “primer” series in the December 2022 edition. Please let me know your thoughts on this special series—it is intended to help our readership, our reviewers, and our clinical program directors as a resource of concise information to assist journal reviews. We are continuing the popular abstract review section (thematic reviews) of the journal, and we are in the process of finalizing the articles from the August 2022 AO Summit on implant care addressing three critical questions: the role of flap, flapless, and navigated surgical placement; ceramic implants; and the implant-abutment

junction on clinical outcomes of care. We have moved articles that convey more digital media to the online portal, and we are working with the AO committees on a DocMatter-focused conversation about specific IJOMI articles of interest.

Within the review process, following conversations with the publisher, we have revised and consolidated the review board, evaluated the panel of reviewers and updated the roster, and are evaluating market trends in the field of Continuing Education in implant dentistry. Your journal—our journal—continues to work to be the premier journal in tooth replacement therapy utilizing oral implants.

To that end, I do want to outline an overarching issue in scientific publications. In a recent article in the *Chronicle of Higher Education*, an issue of “peer review” and the work entailed was discussed (<https://www.chronicle.com/article/is-it-time-to-pay-peer-reviewers>). The *Chronicle* is a newspaper focused on issues of higher education. In general, the commentary on peer review is appropriate for the readers of IJOMI. Peer review dates to the 17th century—a long-established agreement between colleagues that we hold each other accountable. It is a privilege to review the work of a colleague before general dissemination, a way to provide mentorship and thought-provoking advancement of thought. However, it still is a privilege to review the work of a peer (as I know they will review my work in turn); a form of mutual accountability. When we review a paper, it goes through an initial review by the editor-in-chief, then it may move to review by an associate editor and at least two reviewers who are not aware of the author(s), affiliations, or other related identifications of the article’s provenance, if possible. This has historically been a voluntary, uncompensated process. Yet, there has always been an unwritten understanding that if you want your work to be published, you must contribute to the review process. The *Chronicle’s* article proposes the following question: should this be a compensated activity for reviewers if, in today’s world, we want serious, time-intensive, and critical reviews? Time and time again, the largest delay for authors is a lack of response from reviewers and long lag times to even get a rejection. Seriously. This is an issue for any scientific journal. There are no easy solutions here, and the *Chronicle’s* article outlines some of the issues. There is also a proliferation (if not a cold war) of journals, with multiple editors sending multiple articles to reviewers.

In the past, reviewers felt a community obligation to convey support and critique of a respected colleague’s work. This was intended to be a deliberate and careful process. With the cold war in the number

of publications, the demand on reviewers' time and energy is not sustainable. The system is starting to creak, if not crack. To make matters worse, some universities use journal "rankings" (eg, "impact factors") in hiring and promotion decisions, leading to the potential for predatory academic behavior. This only adds to the gaming of the system, which loses sight of the patient perspective as to why we are here.

So, today I find it interesting that we rely on a peer-review system of colleagues while some others put materials straight out into any social media portal they choose, skipping prepublication peer review. Is this wise? I'm not sure, but I do see a lesson in being aware of the sources of information we use for clinical decision-making. Should I review an online video of a procedure that proclaims to provide health benefits, then later use this video to support a clinical decision leading to an adverse event? We are back to peer review. In my mind,

what I like about a peer-reviewed journal is that at least a few of my trusted colleagues have made the first review. I still may be confused, confounded, disgruntled, or even unhappy with the results (an example of confirmation bias; see the last issue). The bottom line is that as consumers of research where the outcomes impact the lives of our patients, I cherish the value of my enlightened colleagues. It really is a careful hand on my shoulder from a colleague I trust. Thank you to every reviewer of IJOM! We cannot do this without you!

Cheers,



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