Increasing interest in medical education

The increased interest in medical education in the last two decades has been associated with a greater recognition of scholarship in the area and a move to evidence-informed practice (Mennin & McGrew, 2000). The number of papers published on the subject of medical education has increased at a higher rate than in any other field in medicine.

Papers report the results of research studies, describe case studies and personal views, set out frameworks and guidelines for good practice, and present systematic reviews of the literature.

Contributions have been published in the general and specialist journals in the healthcare professions, in education journals, and in medical education journals such as Medical Teacher, Medical Education, Academic Medicine, and Advances in Health Sciences Education.

Issues to be addressed

Two problems relating to the traditional publication process demand attention: 1) a mismatch between papers meriting publication and the space available in established journals and 2) the process whereby papers submitted for publication are reviewed.

Medical Teacher like other journals receives many more articles than it can publish and has a rejection rate of about 85%. This includes many well-written and methodologically sound manuscripts that cannot be published because of constraints of space. The number of publishing opportunities has increased as a result of the creation of new journals and in the case of Medical Teacher, the publication of papers in an online edition of the journal. This has not kept pace, however, with the number of papers written in anticipation that they will be published. As McGaghie (2009) has pointed out, to demonstrate scholarship in their field, teachers are expected to publish regularly on topics relating to their teaching practice and research. This presents a challenge if the publication opportunities available are limited.

The standard practice with peer reviewed journals is for papers to be subjected to scrutiny and review by the journal editorial staff and two or three external reviewers with a special interest in the field related to the article. The reason for such a filtering process is obvious and one cannot fault the aim of ensuring, for the readers of an article, the quality of work published. Such a review process has been considered as a necessary element of good practice.

Some doubts or reservations, however, are now being articulated as to whether the disadvantages of the process may outweigh the advantages and the time may be right for a fresh process to be explored that takes a different approach to quality control. Relying on the journal editors and two or three reviewers to decide what should be and what should not be published imposes a strong element of censorship on the process. Moreover, as any editor knows, the views of the reviewers may differ and contradict one another.
The problem with peer reviews, as pointed out by Richard Smith (1997), former editor of the British Medical Journal, “is that we have good evidence on its deficiencies and poor evidence on its benefits. We know that it is expensive, slow, prone to bias, open to abuse, possibly anti-innovatory, and unable to detect fraud. We also know that the published papers that emerge from the process are grossly deficient”. A study he refers to by Fiona Godlee from the BMJ and two colleagues might also be interpreted as showing that peer review “does not work”. The researchers took a paper about to be published in the BMJ, inserted eight deliberate errors, and sent the paper to 420 potential reviewers: 221 (53%) responded. The median number of errors spotted was two, nobody spotted more than five, and 16% didn’t spot any.

**A fresh approach**

While the traditional review model for papers has been widely supported and may have served us well, the time is right to explore an alternative – an approach where every article that achieves minimum standards of relevance and writing is made public and open for review and critique by the medical education community as a whole. Abbasi (2010), editor of the Journal of the Royal Society of Medicine, argued that the internet has transformed publication and that journal readers can decide for themselves whether an article has value or relevance to them. This issue of online publication with open and post publication review of papers is being discussed at a Peer Review Congress in September 2013 (www.jama-peer.org), at which the issues relating to peer review and biomedicine publication will be explored.

The provision of open access to published work has advantages. As documented by Bell et al (2012) there is a growing body of evidence that articles with open access have improved citation rates. They describe the 12 year study by Harnad et al (2008) who found across disciplines increased citation rates when articles were made open access.

**MedEdWorld open access e-library**

To address these problems and remove some of the restrictions to publication, MedEdWorld includes in its relaunch a new section, MedEdWorld Publish, an e-library of previously unpublished papers in education. All engaged in health professions education are invited to submit papers for publication. If the paper submitted reaches a minimum standards of readability and relevance, it will be published shortly after receipt. This will provide readers with a wider perspective of current work being carried out in medical education research and practice and will inform them as to who is doing what and where. MedEdWorld members are invited to rate the value to them of each publication and where appropriate to comment on the paper. In this way there is the potential to develop conversations and interest around the articles published. The ratings and comments will inform other readers and at the same time provide feedback to the author.

It is apparent from inspection of the data from Medical Teacher that articles that appear in the list of the top 20 most cited articles frequently do not appear in the list of the top 20 most downloaded articles published in the journal. In terms of contributions made or importance it could be argued that articles in the latter category are every bit as valuable as articles in the former. A high user rating for papers published in MedEdWorld may itself be a useful matrix that can be cited to support the value of a publication and the scholarship of the author.

We recognise the potential dangers of a more open publication approach and of featuring ratings by readers. At least, for the present, we do not view this approach as a substitute for a more traditional peer review process in established journals such as Medical Teacher. We do believe, however, that it offers major advantages which merit its implementation in the context of a network or community of users as can be found in MedEdWorld. How the process operates in practice will be kept under review and no doubt will evolve with time and the experience gained. In the meantime we encourage authors to submit their papers and readers to comment and rate the papers published.

**Access to and review of papers**

Papers can be accessed freely on the MedEdWorld website in the MedEdWorld Publish section. Papers appear in order of publication with the most recently published appearing first. Searches can be undertaken using keywords.

Members are encouraged to rate a paper they access and comments on a paper are invited. These can provide a critique of the paper, describe additional viewpoints from the contributor’s perspective or refer to related work or experiences by the contributor or others. To inform the discussion and to safeguard the authors of the paper, comments can be submitted only by MedEdWorld members. Authors are encouraged to respond to comments. They can report to the MedEdWorld Administrator at admin@mededworld.org a comment they consider to be unnecessarily abusive.

A selection of the most highly rated papers will be featured in MedEdWorld News, the MedEdWorld Select email newsletter, and in Medical Teacher. This ensures that the most useful items are widely shared with the wider education community.

**References**


