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EDITOR'S CHOICE

MJA in 2026: New Processes and a New Look

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2026 marks an inflection point for the *MJA* in a number of ways. During 2025, we spent time considering how best to position the journal for the future.

Some of this work relates to how the journal will look, and some of this relates to how we will manage our processes going forward. In doing this work, we had to balance several priorities, keeping in mind our primary purpose to publish high-quality research and commentary that will inform health policy and influence medical practice in Australia. Like all journals, our priorities and values are not neutral but are set by the editorial team: journals are a human endeavour.

Our challenge, as for all journals, is to balance our capacities with our values and priorities in order to produce a journal that week by week publishes a diverse range of content that will be of interest to as wide a range of practitioners, researchers and policymakers as possible across the Australian health system.

We recognise that in our role as journal editors, we have a great deal of power over what gets published, and we also know that because of that, what we do directly impacts the lives and careers of authors. We aim therefore to provide authors with a constructive, collaborative process during peer review and publication. Even for papers that we do not send for review, we aim to be as fast as possible in our decision-making and, where we can, to provide feedback.

But the mathematics of journals can make it hard to balance speed with detailed processes.

In the 3 years that I have been Editor-in-Chief, submissions have risen from 1413 in 2023 to 1619 in 2025. Submissions from Australia have increased slightly—from 1020 to 1087. Submissions from the rest of the world have risen from 393 to 532 and now represent almost 33% of submissions. The overall challenge that we face, along with all journals that have to be selective in what they publish, is that in order to publish high-quality papers, we need to focus on papers that closely fit our scope and spend as little time as possible on papers that we will not publish.

In my experience, the papers we receive largely fall into one of four groups, as follows.

The first group is those we would never publish regardless of their quality, as they simply do not report on an issue that we can see has relevance to Australian health care, either because of the non-Australian study population or setting, health topic, or because they are too pre-clinical. Some of these papers now bear obvious hallmarks of being the product of paper mills. I would urge authors whose papers fit into this category to consider carefully the value of submitting their papers to the *MJA*. We will never publish them, and processing these papers takes up the finite time of editors and authors.

The second group is of papers that may have relevance to an aspect of Australian health care but do not fit in our qualitative criteria as a high priority. These criteria are outlined in our guidance for authors and reviewers and can be summarised as follows: relating to a high burden of disease in Australia; of high public health interest; Aboriginal and Torres Strait Islander-led research or commentary; or on a topic that is likely to have an immediate impact on clinical practice or policy in Australia.

Third are the papers that fit into our qualitative criteria, but which have something in the design or write up that signals to us that there is a fundamental issue that the authors either cannot resolve, or which would require excessive input from the journal to address. Some of these issues might include an assessment that a research study may lack rigour or produce findings that are difficult to interpret because of inappropriate design or analyses, ethical or governance issues, poor reporting (e.g., with no reporting guideline used) or lack of access to underlying data. For non-research manuscripts, a common limitation is that they are not well-grounded in previous work. It goes without saying that this group of papers may be the hardest to assess.

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Lastly, there are the papers which do fit into our criteria, and which, on an initial read, are well-reported or written, and no obvious issues are identified by the editorial team that would preclude publication. These are the papers we send for peer review, and, provided no substantial issues are identified, we will eventually publish.

How does this all relate to the strategy work that we have been doing in 2025? Essentially, understanding how we need to work has been key to planning how we manage processes efficiently at the journal going forward.

The first change is that we have reorganised our team. Beginning in 2026, the *MJA* in-house team that makes decisions on manuscripts is comprised of the Editor-in-Chief, Deputy Editor, two Senior Editors, and, in a new approach for us, five part-time Associate Editors who will work for us 1 day per week in addition to their external clinical or academic work. By recruiting these Associate Editors, we intend to expand our reach into the research and health care communities in Australia and, at the same time, build capacity in editorial processes. Our intention is that, over the years, we will build a substantial cohort of clinicians and medical academics who will also have experience as editors. As a result, one change that we will be making is to be more selective about which papers we send for external peer review. We hope that this will resonate with those whom we ask to review. We recognise reviewers' time is precious, and we know that despite its limitations, peer review does provide important feedback for authors. We recognise that reviewers are a critical part of the *MJA* community, and we hope that by sending reviewers fewer papers, they will be better able to support colleagues in the reviews that they do. For those papers we reject without peer review, we intend to make that decision quickly.

We have also made changes to the processes whereby we handle papers after review and around the time of acceptance. Again, we have reorganised our team to comprise a Managing Editor and a Publishing Project Editor. Although we will continue to edit papers to check for typos or obvious inconsistencies, we will not be doing large reorganisations or structural editing of papers after acceptance. What we will be doing is working more closely with authors pre-acceptance, so once papers are accepted, minimal changes will be required after that. Practically, for authors, this will mean that, once accepted, papers will appear online much more quickly than before.

And finally, we will be making changes to what individual journal articles and what the journal overall looks like, and the cadence of publishing. This change has already begun with a new PDF format—first seen here: https://onlinelibrary.wiley.com/doi/epdf/10.5694/mja2.70115. Articles are now being published continuously instead of tied to the timing of specific issues, and compiled issues will appear at the end of each month rather than 22 times a year—starting with the first issue of 2026. In addition, in the middle of 2026, our website will undergo a complete redesign to allow better display and functionality.

All these changes have been carefully planned, and we hope that for authors and readers the only effects seen will be positive, but, as always, we welcome feedback. Together, we look forward through our publishing to continue our mission of providing high-quality evidence and insights to support advances in Australian health care and health equity.

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