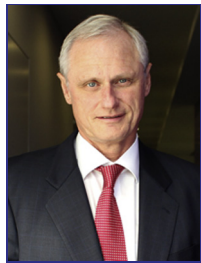


A new look *MJA*

Nicholas J Talley¹



Guest Editor Professor Shane Houston for his valuable insights in this important field.

Your journal is now divided into three distinct sections — blue, red and green. The blue section starts us off and contains important news, perspectives, debates, lessons from practice, clinical snapshots with an image, a new educational series, information on medical law and ethics, historical vignettes, and other articles that are of broad interest to all. For example, in this issue we are proud to launch our new clinical skills series that we hope will be of value not only to doctors in training and medical students but also to experienced clinicians. This year we will also commence a new series in innovations in medical education and a series to demystify research methodology and statistics.

The red section follows, led by editorials usually linked to research articles, original research articles, and short research reports. Based on reader and author feedback, we have dispensed with only publishing summaries of research articles in print; instead we will publish research in full in the red section. A new feature included with original research articles will be a summary box highlighting the *known*, the *new* and the *implications*, to help guide readers to studies that they will want to read in detail. We will also publish excellent systematic reviews, meta-analyses, expert reviews and guidelines in the red section, and we strongly encourage their submission for consideration. A fresh letters to the editor section has been reinstated; the online response section has been retained. We are especially interested in letters that provide insights into research that we have published, as this is a key final part of the peer review process. Finally, the green section wraps up the content with careers and miscellaneous material of general interest.

We welcome your feedback on the new format and other aspects of the Journal.

All articles, including original research, reviews and perspectives, will continue to undergo multiple layers of rigorous review to ensure that we publish the best possible content. Initially, submitted articles are reviewed by an experienced medical editor, who will obtain a second medical editor opinion if needed. If the manuscript passes this stage, formal peer review is obtained and, if relevant, also a statistical review. The manuscript and reviewer comments are then discussed by the entire team of editors including, where applicable, an expert statistician at the manuscript review meeting, held twice weekly. If the manuscript passes

this stage, it is returned to the authors for revision. We are working to streamline our processes so authors receive a more rapid decision while always maintaining our high standards.

I am very pleased to announce that we have new *MJA* editorial advisory group (<https://www.mja.com.au/journal/staff/mja-editorial-advisory-committee>). The members include leading clinicians and academics from multiple fields, and a medical student representative. The advisory group has met with the editorial team twice now, and is providing guidance and input that we deeply value. You will notice that we have included prominent international colleagues from New Zealand, Hong Kong, the United Kingdom and Canada. This is consistent with the Journal's interest in taking Australia's best research to the world and bringing such research here for our readers, and expansion of international membership will be considered.

Guest editors will also appear in the Journal to contribute to the development of themed issues and the teaching series.

As well as doing all we can to look after our readership, we will continue to support our prospective authors in every possible way. We provide as much guidance as we can because we want to improve promising articles. Translation of research into practice is a priority for health and for this reason we will now offer a fast track process for clinical trial manuscripts. We will also streamline the publication of clinical guidelines and consensus statement manuscripts that have already been through a rigorous peer review process.

Thank you to everyone who has published in the *MJA* since my tenure began in December 2015.¹ Your work is deeply valued and I remain impressed by the very high quality of submissions we are seeing every day. We can only publish a fraction of what we receive but there are many advantages to publishing in the *MJA*.² Along with the *MJA* being one of the world's leading general medical journals (ranked among the top 20 globally in 2015), an obvious advantage is that there is no cost to authors but every original research article is immediately made available in full for free. This means that clinicians, policy makers and researchers can read and cite your work as soon as it is published. We believe important research should be widely accessible, with no barriers. By making your research available in this fashion, we are doing our part to support the advancement of medicine here and around the world. Please refer to the updated author guidelines on our website for all the information needed for submission (<https://www.mja.com.au/journal/mja-instructions-authors>).

I would like to personally thank all our authors and readers, peer reviewers, new members of the editorial advisory group, and my team for your contributions to the *MJA*. Your support ensures that the proud tradition of the *MJA* continues. ■

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References are available online at www.mja.com.au.

¹ Editor-in-Chief, *Medical Journal of Australia*. ✉ mja@mja.com.au • doi: 10.5694/mja16.00337

1 Talley NJ. Building on the rich heritage of the *Medical Journal of Australia*. *Med J Aust* 2015; 203: 417-418. <https://www.mja.com.au/journal/2015/203/11/building-rich-heritage-medical-journal-australia>

2 Talley NJ. The changing face of the *MJA*. *Med J Aust* 2016; 204: 283. <https://www.mja.com.au/journal/2016/204/8/changing-face-mja> ■