

Editorial

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DJOG's first issue

There are more than 160 journals within our specialty indexed in Medline/PubMed. So is there really a need for a new gynecological and obstetrics journal?

We believe so. Several factors may hinder researchers from publishing their studies, especially younger or non-established researchers. To our knowledge, the publishers behind all of the above journals are for-profit and as such, are limited by either not being open access journals or those that are open access, follow the pay-to-publish model. The fees for publishing are often so high that independent researchers cannot pay out of their own pocket and it can be difficult to obtain funding for article processing charges.

Novelty is a criterion most journals ask their peer-reviewers to assess when reviewing submitted manuscripts. This means that reproduction studies and negative findings are more difficult to publish, even though they are the very backbone of the scientific method. Researchers may be hesitant to publish such studies for a hefty fee when they know they are rarely cited, which is why publication bias is a common finding in meta-analyses.

Case reports, protocols, and descriptive studies often have difficulty in finding a suitable journal. Currently, only randomized studies are required to have a protocol registered prior to inclusion of patients. However, it is a good practice for observational studies to do so as well, as there is an inherent penchant for researchers to adjust their aims when they have access to the data. Case reports are often the type of articles less experienced colleagues first try their hands at and can be their stepping-stone into the research world.

Finally, even though the Danish Journal of Obstetrics and Gynaecology is an international journal exclusively publishing articles in English, we believe that having a journal that is mainly read by clinicians from Denmark may help the publishing of Danish guideline résumés and articles specific to a Danish clinical setting. Having such articles regarding changes in clinical practice published for posterity will make it easier for future clinicians to evaluate and account for the effects of such changes. The ability to cite guideline résumés through CrossRef is also encouraging for those participating in producing them and makes it easier to our non-Danish speaking colleagues

in the rest of the world to read what the clinical practice is in Denmark.

The motivation to do research often comes from the sense of a reward, especially in the form of a published article. Hopefully, the volunteers that contribute to the operation and maintenance of DJOG either by being a part of the secretariat, the editorial board, or by performing peer-review, find that their efforts are appreciated by their colleagues doing the research. DJOG has also been generously supported economically by FYGO – the Federation of Younger Gynecologists and Obstetricians – and by DSOG – the Danish Society of Obstetricians and Gynecologists. Without all of your support, the operation of the journal would not be possible.

The future of gynecological-obstetric research in Denmark is dependent on nurturing younger colleagues' interest in the area from an early stage and providing them with a favorable research environment. We are already doing much to make it attractive to do research as a medical student, but we can always do more. Besides finding the topic interesting, the availability of funding is probably the single most relevant predictor of whether medical students want to commit to doing a full research year. Already planning for the salary of a medical student or two within the budget of a PhD project is a fairly attainable solution. Preferably, the clinical departments themselves should consider setting aside funding for a scholarship or two. We can also encourage medical students to write their final year thesis in the format of an article so that they can submit them for publication.

The number of new scientific papers published each year increases by 8-9%, which makes it increasingly difficult to find experienced peer-reviewers. It is probably not realistic to expect that the current model for peer-review is sustainable globally in the long run. Senior researchers are not being compensated for their time in a meaningful way, and

perhaps the universities and clinical departments need to be involved in finding a solution where doing peer-review is recognized and merited as part of the job as a researcher. Until then, suggesting one's PhD students as peer-reviewers when you, as a senior researcher, are unavailable acquaints them with the process and provides them with the opportunity for reflection when they receive the other peer-reviewers' comments. But time needs to be set aside in the researchers schedule for this exercise and of course as journal editors we need to be aware of the limitations to junior researchers' expertise. In our experience so far, we have found that teaming a junior peer-reviewer with a more senior one works really well, balancing the meticulousness of junior researchers with the insights of those more senior.

In 2019 the Consortium for Danish Multicenter Studies within Gynecology and Obstetrics was formed, with the support of DSOG. The aim of the consortium was to aid principal investigators in setting up and executing studies that can answer clinically relevant questions within our specialty. One of the barriers for multicenter studies has been the differences in how study approvals are handled in each region of Denmark, but thankfully the Danish Regions have now produced joint data processing agreements that only have to be approved once for each study. The clinical guidelines produced by DSOG can help identify areas where evidence is lacking, as well as offer the opportunity to follow clinical outcomes after changes in guideline recommendations. A novel and pragmatic method to study causality in lieu of traditional randomized clinical trials, is the stepped wedge cluster randomization where departments would change their practice at different points in time from one another. These type of studies could be established with a concerted effort by DSOG, the clinical departments, and the Danish Regions.

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Denmark is already recognized as being on the forefront of observational research due to the powerful registers we as clinicians help feed with data. If the data was incomplete or incorrect, the registers would become less useful to all of us. That is why we need to keep focus on correct coding of procedures and diagnoses, but this can be challenging with the implementation of new software for electronic patient records and with healthcare workers being overextended with increasing amount of work in the same allotted time. Access to these data should be free to researchers in the public sector, but right now the price for access through Statistics Denmark has more than tripled in the last decade. As researchers we should assert pressure on policy makers to make the data more easily available to us.

We are grateful for the support and encouraging words we have received from our colleagues in the founding of DJOG and especially to the authors who have submitted their papers, the reviewers and editorial board who provided relevant feedback, and to FYGO and DSOG. Our ambition is to establish DJOG as a legitimate and respected journal and of course become indexed in PubMed within the next few years. We are proud to be able to present you with the first issue and we hope you enjoy the read.

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