

## **The Digital Impact: Dr Panna Choudhury as Editor-In-Chief (2002-2007)**

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**I**n this continuing saga of the journey of your journal, let us take you through the times of Dr Panna Choudhury, who took over as editor-in-chief from his friend and colleague Dr HPS Sachdev. The new millennium had kicked in just a year back, world wide web was making its presence felt, and the medical world as usual was in a continuous state of flux. On that new year day of 2002, *Indian Pediatrics* was 38 years old, younger than other established medical journals, with a new editor at helm who had come with a dream: '*Indian Pediatrics should be a reference model of a scientific professional societal journal in this part of the world*' [1]. How this dynamic editor, along with his team, negotiated the trials and tribulations of managing a journal, and fulfilled his dream, is the story we are going to share with you.

### **THE BEGINNING**

Having been associated with the journal for 20 years, Dr Choudhury was well aware of the onerous task he had undertaken. He understood that '*Within the larger medical context, the core of the journal is to make quality information and research readily available. This focus on high quality articles and easy accessibility is the foundation for our innovations and our achievements*' [1].

This is amply evident even in his first editorial [2] where he promised to cater to the needs of all readers, comprising postgraduate students, specialists and academicians in institutions, and private practitioners in various settings. He desired that the various sections of the journals should be constantly reviewed and modified to ensure that readers have something substantial to look forward to in each issue [2].

He could foresee the need and importance of indexing, being a free access journal, and having an 'impact factor' for *Indian Pediatrics*. He went on to say [2] '*The internet will be central to global visibility of the journal. The free full text online version of Indian Pediatrics is also providing rapid connection to the indexing service, Medline. In future, some good articles submitted to the journal may have to be accommodated*

*only in the electronic version. This could also facilitate rapid reader responses on issues needing urgent attention....The journal committee intends to rely on innovative strategies to overcome such constraints and resist commercial pressure. ...The journal needs to continue to follow international indexing norms stringently. There is already an indication that the 'impact factor' of the journal, a figure that reflects the use of papers published by the journal by academicians across the world, is rising.* His prophecies turned out to be true.

### **SUBTLE CHANGES**

Though the focus of the journal was on publishing original research articles, over the years many innovative sections were introduced. Another area of focus was public health issues. The journal published many consensus statements/guidelines/recommendations of the task forces/chapters of the Indian Academy of Pediatrics, pertaining to management of diseases directly concerning under-five child survival relevant to achievement of Millennium Development Goals [3]. During these years, *Indian Pediatrics* also collaborated with Urban Health Resource Center (UHRC) to bring out a series of well-researched papers highlighting important issues on urban child health.

Stringent quality control was maintained throughout; one of these fields being a strict peer review process. Being a societal journal, the editorial board used to be under a lot of pressure to publish articles (including award winning papers) that had not cleared the peer review process. Dr Choudhury writes that '*the editorial board took up the challenge and educated the society members on the importance of peer review process and the norms of a high quality scientific journal*' [1]. This issue is, however, never ending and has to be faced by nearly all editorial boards of society journals.

Due to advent and spread of the internet, there was a need to digitize the journal and make its full text available freely online. Accordingly, the past issues were digitized and uploaded on the website of the journal hosted on

servers provided by National Informatics Center (NIC), a Government of India enterprise. The journal was also put on Indian Medlars centre, which provided another portal for online access to full-text of Indian biomedical periodicals. *Indian Pediatrics* was one of initial few journals to do so. Documenting the success, the editor notes: 'Our website had extraordinary page hits, running at almost three quarter of a million per month. Alexa (Web traffic trackers) frequently rated the journal number one in its class. Maintaining a dynamic website was not an easy task those early days with need to hire server space and have dependable consultants. The team solved this to both administrative and financial gain, by training one of its staffs in technology and web maintenance' [1].

A scientific journal without Impact factor is not considered worth its mantle. In February 2006, the editors reported [4] "We are happy to inform our readers that *Indian Pediatrics* has been selected for coverage in *Current Contents/Clinical Medicine and the Science Citation Index Expanded (SCIE)*, starting from the January issue of Vol. 42 (2005). Yes it would also be added to JCR. " *Indian Pediatrics* was successful in its first application; only drawback was that the official impact factor was available only in 2008, a year after Dr Choudhury's term as the editor-in-chief had ended.

*Indian Pediatrics* published a major revision of 'Instructions to Authors' in January 2003 [5]. This revised document was based on 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals'. Authors were also expected to submit a detailed declaration on authorship criteria and responsibility, financial disclosure, acknowledgement, and copyright transfer. In order to reduce gift authorship, the number of authors were limited to 5, 4 and 2 for *brief reports*, *case reports* and *letter to editor*, respectively. This policy obviously led to much criticism and heartburn but being logical and much needed, was continued. Policy guidelines on what constitutes 'competing interests' was also published in the same issue [6]. The Editors note: 'With this publication, *Indian Pediatrics* now joins several prominent journals that have declared and clarified their policy on competing/conflict of interests'.

The free-access revenue model of the journal, coupled with rising costs of paper, printing and publishing strained the infrastructure, manpower and financial resources even further. Infant Milk Substitute (IMS) Act had kicked in and consequently the advertisement revenue from many major pharmaceutical companies had started dwindling. Academy was also facing a budget deficit. The journal office was in a

dilapidated state and there was a massive space crunch. However, just in the nick of time, a favorable court judgment on a long-standing litigation resulted in some financial compensation for the journal. With that amount, an office space was acquired and *Indian Pediatrics* moved to its new registered office, from where it functions even today.

#### IN THE JOURNAL PAGES

Many of the journal contents in those years were portend of the changes to come. In one of the editorials, the readers are informed that based on recommendations of IAP, the Government of India had established a National Technical Advisory Group on Immunization (NTAGI) with a purpose to advise on policies, practices, and implementation of National Immunization Programs [7]. NTAGI gained center stage during the polio eradication campaign over the years.

The viewpoint on 'Pharma industry and sponsorship of delegates for national conferences' [8] was well before its time in the sense that the concerns have only recently been addressed to by the Medical Council of India. In a piece on primary education in India, DR MKC Nair, then IAP president, recommended age and other criteria for admission to Nursery/Lower KG classes of schools in the year 2004 [9]; the issues got the government and courts going only in 2005.

Finally in the last editorial of the year 2002, the editors talk about 'Handling Scientific Misconduct' [10] and state 'The Editorial Board does not wish to act as policemen. We shall continue to rely on the honesty and judgment of authors. We would also expect authors to acquaint themselves with the current good practices of research and publication. From now onwards, editors would take all allegations and suspicion of misconduct seriously, that may even result in certain sanctions as outlined in the recent guidelines'.

An important feature noticed in many of the issues during Dr Choudhury's tenure was that original articles were few in number whereas the *letters to editor* and *brief reports* were more. In the January 2005 issue alone, 12 letters to editors with their replies were published indicating the popularity of this section, and highlighting the importance of having a constant dialogue with readers.

A larger, bigger (in size and hence in content) journal was in one's hand in 2007, albeit with certain changes. The editors welcomed the reader with these words: 'We hope that the outer shell is more pleasing to the eye and infuses a whiff of fresh air. We have also changed the journal format in accordance with the international standards. We

are also publishing a major modification of our 'Author Information' in this issue. We are doing away with the distinction between Original Articles and Brief Reports; henceforth, all studies will be published as 'Research Papers' and 'Short Communications'. 'Letters to Editor' section is now being rechristened as "Correspondence" [11]. Obviously, bigger seems to be better.

#### OLD WINE IN THE NEW BOTTLE

We would conclude our journey for today by quoting Dr Piyush Gupta and Dr Panna Choudhury from their aforesaid editorial [11]. *'The journal format, contents, and editorial policy will continue to change dynamically keeping the needs of the pediatricians in this part of the world and the global advances in medical science. We invite you to become a part of this dynamic decision making process. Henry Ford said: "Coming together is a beginning. Keeping together is progress. Working together is success". We eagerly look forward to working together'*.

Dr Panna Choudhury handed over the proverbial baton of editor-in-chief to the present incumbent, Dr. Piyush Gupta. Dr Choudhury then reinvented himself and went on to become the National President of IAP; but that is another story.

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