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Photo: Einar Nilsen

The 2016 Annual Representative Meeting of the Norwegian Medical Association adopted amendments to its statutes that placed even further emphasis on the editorial integrity of the Journal of the Norwegian Medical Association. This will serve the journal, the association and Norwegian doctors in general.

## Better and clearer

An important step for the role of the Journal of the Norwegian Medical Association as a media actor was taken in 1996, when the Norwegian Medical Association incorporated in its statutes the provision that the journal should be edited in compliance with the Rights and Duties of the Editor. This code of ethics, which is adhered to by all professional Norwegian media, stipulates that the editor «is entitled to a free and independent leadership of the editorial department and editorial work, and full freedom to shape the opinions of the paper, even if they in single matters are not shared by the publisher or the board» (1).

Another important step was taken in 2015, when the Annual Representative Meeting of the Norwegian Medical Association appointed a commission to clarify the relationship between the journal and the association that owns it (2). Stripped of all legal niceties, the commission's assignment was really a quite simple one: What kind of organisational structure could best ensure that the Journal of the Norwegian Medical Association could even more clearly fulfil the requirements set out in the Rights and Duties of the Editor and the recommendations of the International Committee of Medical Journal Editors, the so-called Vancouver Declaration (3)?

Ensuring editorial integrity is essential for any professional media owner. There must be no doubt whatsoever that the owner will refrain from interfering in editorial decisions. Medical associations that own medical journals have tried widely varying solutions to this issue. Some, such as the Australian Medical Association, have sought to extend the distance between the owner and the journal by establishing independent holding companies in a limited company. This has ended in editors being dismissed and accusations of improper interference by the owners being voiced (4). Others, such as the Canadian Medical Association, have chosen a model involving tighter structural bonds, but with mechanisms to ensure better conflict management. This has also ended in editors being dismissed and accusations of improper interference by owners being voiced (5). Finally, in some journals the ties between the owner and the journal are even closer. One example is the *Annals of Internal Medicine*, in which the editor is also senior vice president of the owner organisation (6).

The question of an ideal ownership structure thus has no simple answer, and the committee appointed by the Annual Representative Meeting had to leave no stone unturned. The committee consisted of Cecilie Risøe, leader of the medical specialty associations (FaMe); Cecilie Alfsen, member of the Central Board; Gunnar Ramstad, head

of the committee of decisors; Ola Dale, head of the editorial committee; Merete Kile Holtermann, employee representative and managing editor; Torben Kitaj, editor-in-chief of the Danish *Ugeskrift for Læger*; and myself as editor-in-chief. In addition to the committee meetings, we have met with the chief executive officer of the Norwegian Specialized Press Association and the general secretary of the Association of Norwegian Editors. We have sought input and advice from the editors of *JAMA*, *The Lancet* and *New England Journal of Medicine*, and we have identified ownership structures and organisational models of comparable journals in Norway and abroad.

This spring, the commission's proposals were sent on a consultation round to all segments of the Norwegian Medical Association before they were unanimously adopted by the Annual Representative Meeting on 26 May 2016. The adoption results in a continuation of the current model, although with some important adjustments. First, a new body will be established – the Journal Oversight Committee, which will include the serving head of the editorial committee, head of the specialty associations and head of the committee of decisors respectively. In addition, the Norwegian Specialized Press Association and the Association of Norwegian Editors will be invited to appoint one member each. The Journal Council will have three roles: to submit a recommendation when a new editor-in-chief is to be appointed, to mediate in any conflicts that may occur between the owner and the editor-in-chief, and to evaluate the editor-in-chief on an annual basis in accordance with pre-defined criteria. A similar model has been chosen by a number of journals. Its purpose is to protect the editor against interference by the owner in editorial matters, while also ensuring a form of routine evaluation of how the journal is doing.

At the same time, emphasis is placed on the role of the editorial committee as the advisers of the editor-in-chief, since the authority to appoint the committee is shifted from the Central Board to the editor-in-chief. The owner should not advise the editor in editorial matters. For this reason, the general secretary and a representative of the Central Board will no longer have seats on the committee.

So that next time an editor-in-chief is appointed, this will be the prerogative of the Central Board, not the Annual Representative Meeting, as it is today. Should a dismissal be called for, it requires a two-thirds majority vote and the Journal Oversight Committee must first have attempted to mediate and submitted a recommendation. These amendments are opportune. Both the appointment and dismissal of an editor-in-chief ought to be undertaken as a thorough and professional process. It can hardly be undertaken by an assem-

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bly of 145 people who meet once annually. Moreover, amendments have been made to the statutes of the Norwegian Medical Association to codify the current practice. For example, it is stipulated that the editor-in-chief is entitled to free and independent leadership of the editorial board and cannot be overruled in editorial matters, even though he or she is subordinate to the general secretary in financial and administrative matters.

No organisational structures can replace a good relationship of trust between a journal and its owner, as the examples from Canada and Australia make abundantly clear (4, 5). The amendments adopted at this year's Annual Representative Meeting show that the Norwegian Medical Association wants to remain a professional owner. This bodes well for a relationship of trust also in the future, so that Norwegian doctors can remain proud of a journal that enjoys the confidence of audiences in Norway as well as internationally. The rest is up to you, who can contribute to the Journal of the Norwegian Medical Association in the roles of author and peer reviewer, and not least, up to us in the editorial office. We will do our utmost.

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