

Forty-Five Years of the *CJHP*: Never Closed, Always Renovating

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As a fashion consumer or “clotheshorse”, I have sometimes been disappointed to encounter a sign reading “Closed for Renovation”. As consumers of the *CJHP*, our readers should not be subjected to such an experience. This year, as we celebrate our 45th anniversary of continuous publication, we are preparing for next year’s application to the National Library of Medicine (NLM) for MEDLINE indexing. Through this process, I’ve realized the extent to which *CJHP* provides value to readers in Canada and throughout the world, as part of their individual and institutional self-improvement journeys. Similarly, *CJHP* has made many improvements over the past 10 years (since the Journal last applied to the NLM), some of which are highlighted below.

SCOPE AND COVERAGE

CJHP predominantly covers core biomedical subjects. Its national coverage in 2004 (when available only in print form) has broadened, and the Journal now has international relevance:

- More than 40 organizations and libraries outside Canada subscribe to the print version, and more than 60 manuscripts from 22 countries outside Canada have been submitted since 2007.
- The Journal’s Board now includes 3 Associate Editors (AEs) from outside Canada, one each from the United States (Jim Tisdale), the United Kingdom (Christine Bond), and Australia (Rebekah Moles), who bring an international perspective to the Journal. Cynthia Jackevicius, also from the United States, will join our team in January 2015.

In 2010, the Journal succeeded in its application for archiving in PubMed Central. Since the January–February 2013 issue, Multimed Inc, our online hosting agency, has sent email notification to various users when each online issue is posted: all website readers ($n = 11\,043$ as of mid-November 2014) and all individual subscribers and members of the Canadian Society of Hospital Pharmacists (CSHP) ($n = 5262$).

QUALITY AND TYPES OF CONTENT

Since 2004, manuscript categories have been expanded to reflect a more useful classification of content, particularly in relation to evolving clinical pharmacy practice. The formerly broad category options have recently been

refined to encompass Original Research, Reviews, Innovations in Pharmacy Practice (Clinical Practice, Pharmacy Education, and Social and Administrative Pharmacy), Case Reports, Point Counterpoint, Editorials, Commentaries, Research Letters, Correspondence, and Book and Other Media reviews. We are now formally soliciting systematic reviews and guest editorials from experts in Canada and around the world.

In 2013, submissions fell into categories of original research (31%), reviews (6%), clinical practice (10%), pharmacy education (1%), social and administrative pharmacy (5%), case reports (7%), debate (i.e., Point Counterpoint) (13%), editorials (6%), commentaries (6%), research letters/correspondence (11%), and book reviews (2%). We have focused on increasing scientific and clinical content and minimizing nonscientific content. Linguistic scope has also increased, from a total of 2 French articles published in 2007 to 12 French articles in 2013.

In 2007, we launched the popular Point Counterpoint column, where pharmacists from institutional health care settings discuss practice and therapeutic topics of interest and importance to the profession.

In 2011, the CSHP Council (now its Board) approved *CJHP*’s policy on formal editorial independence. The Journal’s nonscientific content has been reduced to no more than 10% of



published pages. Society News—like items have been moved to the Society's *eBulletin*, and the Report of the Presidential Team has been replaced with a Commentary, which focuses on how CSHP and its activities fit in with contemporary issues in hospital and institutional pharmacy practice.

To promote the research interests of pharmacists and to help build their research capabilities, we initiated a 2-year Research Primer series in 2014. The articles, written by experts on the respective topics and presented in an easy-to-understand format, are aimed at encouraging and supporting novice researchers. The Journal is also planning a series on international pharmacy practice.

Over the years, we have continually updated our Instructions for Authors to ensure they adhere with the NLM's guidelines for published statements on conflict of interest, informed consent, and human and animal rights.

QUALITY OF EDITORIAL WORK

Since 2004, when *CJHP* had 1 Editor and 6 AEs, we have expanded our Editorial Board to 1 Editor and 10 AEs (see also under "Scope and Coverage"). All Editorial Board members are well respected and internationally recognized for their work in scientific, clinical, administrative, and/or educational aspects of pharmacy. Their publication records and scholarly activities are impressive, and they all have substantial experience as reviewers and/or editors.

As of early December 2014, we have 886 reviewers (including 49 French-language reviewers) in our database, 172 of whom are based outside Canada, and new reviewers are continually being added. The reviewers for each manuscript now receive anonymized copies of comments supplied by other reviewers.

Our statistics demonstrate improvements in the average length of time from initial submission of a manuscript to first decision (declining from 76 days in 2007 to 43 days in 2013) and from initial submission to final decision (from 149 days in 2007 to 78 days in 2013). In 2013, the average length of time from initial submission to publication was 3.8 months.

PRODUCTION QUALITY

In 2004, the Journal was published in print form only. In 2007, we launched eJournalPress (eJPress), a Web-based system

for manuscript tracking, submission, and peer review. Then, in 2009, we launched an online hosting platform using the Public Knowledge Project's publishing system, Open Journal Systems, with website design, article uploading, and technical support provided by Multimed Inc.

Also in 2009, we increased publication frequency from 5 to 6 issues per year. Currently, subscribers receive both print and online versions of the Journal, and beginning in 2015, the Journal will be available solely in online format.

Multimed Inc has ascertained that *CJHP* meets all conditions for electronic publications, with deposit of articles in PubMed Central at time of publication, a 6-month embargo on free access, and immediate access to content at the publisher's website under conditions of a qualifying licence.

AUDIENCE

Our audience now consists of clinical pharmacists, educators and preceptors, hospital pharmacy administrators, and researchers within Canada and throughout the world.

I'm glad to report that this audience, the readers and users of *CJHP*, will not be disappointed—after 45 years, the Journal is never closed, yet is always renovating!

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Competing interests: None declared.

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