



Scandinavian Journal of Primary Health Care

Editorial Meeting

Thursday 9th September

Palace Hotel, Copenhagen

Present:

Svein Kjosavik

Johan Sigurdsson (representing Nordic Federation of General Practice)

Jørgen Nexøe

Helena Liira

Mikael Ekblad

Hans Thulesius

Pauliina Ilvespakkka (secretary)

1. Pauliina Ilvespakkka was appointed to take minutes of the meeting
2. Overview of the last meeting in zoom 11/2020
3. Journal news and current situation of the editorial work:
Manuscript manager system is going to be replaced by the Taylor & Francis system, decision was preceded with discussions about the matter with other publishers.

Contractual changes:

More than 60 manuscripts per year (not fixed) are going to be published, in the future T&F will take 50% of the income. Publication fees will rise. This is necessary in order to remain on the same income level. There will be more work for the editor in chief and national editors. Editorial assistant will not be needed anymore.



How to achieve growth:

Are more papers from other (European) countries needed? Is there potential for more Scandinavian papers? Is more collaboration with universities needed? So far the income and number of papers published have risen, and also the impact factor has improved.

Hiring a deputy editor, who might later become the editor in chief, was discussed.

Some concerns were raised:

Johan Sigurdsson: Increase in workload for those who do this as a 'hobby'?

Jørgen Nexøe: Are we able to attract more papers while maintaining high quality? Do we currently reject high-quality papers due to lack of space? Can we get more reviewers or increase their workload as finding reviewers can be difficult even now? (currently to get 2 you might have to invite 6-8). Conflict of interest is a limiting factor.

Svein Kjosavik: Finding reviewers is very difficult especially during the summer. Could there be five issues a year instead of 4?

Helena Liira: Instead of issues, accepted papers shall be continuously published in the future. Jørgen Nexøe & Svein Kjosavik: It is necessary to have faster editorial process, especially from acceptance to publication.

More review articles, not just research papers, could be published.

Hans Thulesius: More reviewers could be found using alternative methods (like google scholar, algorithms) and automating certain processes, e.g. anti-plagiarism software.

Johan Sigurdsson: Analytical papers, perspectives and opinions could be published as well.

Svein Kjosavik: Having more manuscripts is acceptable in case the process can be faster and manuscripts are published continuously instead of in issues.

Jørgen Nexøe: The impact factor is the most important when deciding where to publish.

Helena Liira: Publishing editorials will continue 4 times a year even if the manuscripts are published continuously.

Hans Thulesius: Having more editors (from Sweden and also from other countries) →

Helena Liira suggests that we invite a third editor from Sweden, later also additional editors from Denmark and Norway.

Helena Liira: Next phase is to sign the contract. Due to GDPR issues, all reviewers in the database need to be contacted before moving their information to the T&F system. There were many challenges the previous time the information was moved to the T&F system, now after learning from that a new try.

Svein Kjosavik: System should keep track how many reviews has a reviewer done before (the same year) and when they were done. Having themed issues, inviting papers, continuous publication of papers hopefully help in healthy growth.



Editorial practices and processes:

Standard letters will come from T&F in the future

Svein Kjosavik: It is a problem that the system notifies the reviewer that review not needed anymore, should be longer time especially during the summer.

This is a feature of MM and no new development will be carried out anymore.

Päivi Korhonen's workload as National Editor of Finland should be empty, so that Mikael Ekblad can take the duties over immediately.

Any problematic papers?

Helena struggles with the covid-19 papers, there are many and not easy to find reviewers.

4. Paper of the year 2019-2021

3 papers of the year in the Stavanger meeting due to the pandemic. Evaluating is very difficult. Evaluation is based on metrics of the paper; how much each is opened and cited → preselection of 5 papers, one from each issue and one extra.

Number of panel members will be increased to avoid conflicts of interest (15 or 9?) and they will be asked to review five papers, put them into ranking order.

Suggested names will be sent to Helena during September.

Svein Kjosavik will make sure that there is space in the agenda of Stavanger meeting to have a session (15 minutes per paper -> about one hour needed) about papers of the year.

5. Editorial workshops at conferences. Helena will find out if there can be a presentation (by Jelle) in Stavanger (90 minutes).

6. Editorials for 2021 and 2022. Svein Kjosavik: Decision making, Jørgen Nexøe: When to stop taking statins.

7. News from the Nordic editors

Svein Kjosavik / Norway: main problem is the crisis of not having enough GPs, collaboration reform 2012 → more GPs needed (50%) which has not been achieved. More workload for GPs. Biggest risk for specialist health care is a dysfunctional primary health care.

Hans Thulesius / Sweden: Low access to primary care (70% don't have a primary physician) Most visits are by 'rental doctors'. Quality is not uniform, no continuity of care, one doctor for 1700 capita, acute is prioritized, digital doctors.

Jørgen Nexøe / Denmark: Denmark is doing fairly well, payment plans may not be a very good deal for GPs. Capitation for chronically ill (diabetes and chronic pulmonary disease) and



pay per visit for non-chronic patients. Hypertension is not considered chronic illness. Mean age of GPs is rising. Most are self-employed. Big companies are taking some part of the business. One doctor for 1600 capita. Out of hours service has problems, as many do not wish to do that.

Mikael Ekblad / Finland: Social and health care reform: law has been accepted → change due 2023. Current 200 municipalities and cities will be transformed to 20-22 areas to organize the primary health care in the area. More GPs needed. Rental doctors widely used. Using Epic system has reduced efficiency quite dramatically (10 → 6).