From here to where:
the continued metamorphosis of the NZMJ

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*The measure of intelligence is the ability to change – Albert Einstein*

Most of us are resistant to change as it requires some effort to adjust, and at times it feels uncomfortable. What we are familiar with is predictable and frequently reliable enough. Change challenges us and forces us to reassess what we think of as important. Change, however, is inevitable, and is the only way to see improvement. The New Zealand Medical Association (NZMA) is undergoing unwanted change, and this will affect the New Zealand Medical Journal (NZMJ) as a result, as the NZMA is the owner of the NZMJ. Hopefully what evolves in this metamorphosis will result in some improvement of the Journal.

History reveals that for the NZMA, change has been part of the fabric of the Association. The NZMA held its inaugural meeting in Otago in 1886. Ten years later, the Association became affiliated with the British Medical Association (BMA). It remained a branch of the BMA until 1967, when it became the Medical Association of New Zealand until 1976, when yet again it became known as the New Zealand Medical Association. The earlier leaders of the Medical Association are names familiar to many Otago graduates, as the Medical School buildings are named after them: Jenkins, Hocken, Lindo-Ferguson.

The NZMA received a grant of arms from Her Majesty’s College of Arms in 1977. The shield shows the staff with the single serpent representing the Rod of Aesculapius, the Greek God of Medicine; a fleam, which the medieval physician used to open veins for bloodletting; and the Southern Cross. The Association’s motto has been “*Scientia et Concordia: Knowledge and Accord*”. These traditional items reflect the belief that the search for knowledge and academic rigor are at the heart of medical culture.

However, time has moved on, and the financial realities of the modern world have impacted on the NZMA, as seen with the Association’s recently released public statement that they are heading towards insolvency and must stop trading. So, after 136 years of the NZMA in its various forms, it looks to be coming to an end—or will it? The economic reality of our times means that many doctors are already paying a lot for their college and craft group memberships, and that the work of the NZMA is not being appreciated by the medical profession because much of the medico-political space they once filled is now crowded with other organisations.

As mentioned, the NZMA owns the NZMJ and as such, this decision is a threat to the continuation of the Journal. Like the Association, the NZMJ began in the late 1800s; the first edition being published in September 1887. By 2002, it had been published for 115 years and was unable to continue in the present print format of the time, as the NZMA could not afford to support the ongoing costs of print production. Various options were explored, including combining with the Medical Journal of Australia. Although, this was not well received by the Australians, who correctly pointed out that not much of what was published in the NZMJ had relevance to Australian healthcare, and so was unlikely to ever be published in such a journal. A problem at that time was the increased costs of print publication, and a reduction in advertising revenue due to the impact of PHARMAC. The switch to electronic publishing sustainably reduced production costs, and, despite the merchants of doom at the time, the NZMJ received more submissions and published more articles than ever before, and with a much cheaper production model.

The NZMJ focuses on issues that are specific and often unique to the Aotearoa New Zealand healthcare system. It has been a vehicle for discussion of the politics and effectiveness (or otherwise) on healthcare delivery (e.g., the growth in obesity, the role for a sugar tax, the impact of vaping and smoking in adolescents). We have also encouraged discussion on the impacts of Government policies, and the social determinants of heath (e.g., education, income and employment) on outcomes of Māori and Pacific people within New Zealand. This is a unique role within the New Zealand sphere, and it is not occupied by any other journal in any meaningful way.

While the NZMJ’s national influence is important, its international influence might, arguably,
be seen as even more important, especially in its membership to the International Committee of Medical Journal Editors (ICMJE). The NZMJ has been part of the ICMJE since its inception. The ICMJE developed the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” during a meeting in Vancouver in 1979, and the group was initially called the Vancouver Group. Today, the updated “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” is said to be used by over 5,500 medical journals globally.

The NZMJ has the smallest circulation, budget and staff compared to others in this group of mainly very influential journals. The NZMJ was also the first of the ICMJE to be fully electronic (however, many have moved that way since), and has helped lead the way with rules around electronic publishing. Since I have been involved, the ICMJE have initiated the development of trial registration, which the World Health Organization (WHO) then took on and supported; developed the uniform conflict of interest form which most journals use; but most of all, we have continued the evolution of the guidelines for medical publishing. Since 2002, the ICMJE has become much more international and less Anglo-American, and with such moves it has become focused on more international issues. At the most recent meeting, the NZMJ pushed for medical journals to consider their carbon footprint, to and consider becoming totally electronic as the goal. Medical journals publish a lot on climate change—it is a major health issue—so it is important that medical journals not only talk the talk, but walk the walk. This has yet to be fully accepted by all the journal editors of the ICMJE; however, it is progressing towards an agreement and, as I have seen with other issues worked through with the ICMJE, you need to be there to get change.

The NZMJ has evolved over this period as well with a diverse board including Māori and Pacific Island members to provide guidance in the direction of our publications. In its role, the NZMJ has supported other activities in the wider academic community, such as writing and editing workshops. Overall, the NZMA have been very supportive of our actions, and allowed this wide range of activity and the editorial freedom required of such a journal.

The NZMA are endeavouring to find another home for the NZMJ with another organisation; however, we may also need to change our model of funding from a subscription-based model to an open access model. Time will tell where we end up; however, the journal has a history of change to meet the environment of the time, and it will continue to do so. I hope that this next metamorphosis of the Journal is an improvement, as it is just around the corner.