

Proceedings of APAME Congress 2012 held at Kuala Lumpur Malaysia (August 31st to September 2nd 2012)

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Kuala Lumpur (Malaysia): Asia Pacific Association of Medical Editors (APAME) held its second congress here at Kuala Lumpur from August 31st to September 2nd 2012. The congress was organized by Association of Malaysian Medical Journal Editors (AMMJE) in collaboration with WPRIM, hosted by University of Malaya and theme of the meeting was "New Horizons in scientific writing and publishing". It attracted over

to suit their requirements. We need to promote networking among the regional associations of Medical Editors and cooperate with each other to promote the standard and quality of our journals.

He further stated that we need to publish journals to disseminate reliable and valid knowledge to promote health and health standards in journals. Medical journals are the major channel of communication but unfortunately 90% of the



APAME held its Executive Committee/General Body Meeting on August 31st preceding APAME Congress 2012. Group photograph taken on the occasion shows the participants along with some foreign delegates.

one hundred fifty delegates and participants from the West Pacific and SEARO region besides a few delegates from Pakistan and Saudi Arabia as well.

Dr. Farrokh Habibzadeh President of World Association of Medical Editors (WAME) gave a plenary talk in the inaugural session. The topic of his presentation was "Networking for quality in Education and Publication". He was of the view that Medical Journal editors in developing countries should not accept all the rules set by international organizations but they should customize them

relevant information is published in 10% of the journals. Almost 80% of the population lives in the developing countries, 25% of the world scientists are here but only just 2% of the contributions to science are from this region. A question is often asked do the world need medical journals from the developing world? Some eminent editors feel that developing countries need to concentrate on immunization and nutrition rather than focusing on high quality research. That should be their priority rather than getting advice on medical editing.

Developed countries, Dr. Farrokh Habibzadeh said, are faced with the problem of non-communicable diseases like diabetes, cardiovascular diseases and cancer but the developing world faces problems like infectious and communicable diseases. A high quality journal published from

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a developing country can be extremely useful because the practice of medicine in these countries is different due to different cultural and religious beliefs. These journals should publish research on locally prevalent diseases instead of covering more advanced subjects of molecular biology. We can fill the knowledge gap by publishing work on infectious diseases. We can increase visibility, quality of our journals through networking. We need to set minimum standards. We as editors, Dr. Farrokh Habibzadeh opined are responsible to our readers, authors and public. We must follow certain rules, ethics, and standards and prepare XML files for provision to various databases. WAME and COPE have formulated different guidelines and code of ethics for publications which can be a useful source for us as Editors. We need to know about indexing systems, trial registration to reduce the influence of Pharma industry. We need to develop some system of monitoring. Talking about the Impact Factor, he said, it is often misused. Though it can reflect about the standard of the journal to some extent, it does not judge the authors and research institutions. We should know about H.Index, G.Index and author IF as there is lot of debate on these. We need our editors to receive minimum level of training. We can benefit from WAME, European Association of Science Editors and Council of Scientific Editors. There are various regional association of medical editors like EMAME, FAME and APAME in the developing countries. We should have more interaction between these regional associations of medical editors and learn from each other's experience.

Speaking about WAME, Dr. Farrokh Habibzadeh said it was established in 1995. It is a leading educational resource which is being further developed. Now e publishing is gaining importance. Open Journal System (OJS) can help in increasing visibility of journals. If you can prepare XML files it can help save the data in different databases. Data can also be saved in LOTS. He then referred to social media like Tweeter and Face Book. Sometimes it is said that the title of the manuscript should be short but studies have reported that lengthy title was associated with high citation rate. Hence there is need to reassure that short title is not necessarily better. Study by Justice AC (published in JAMA 1998(298):237-240) also showed that masking the reviewers or authors identity does not affect quality of reviews as there was no improvement nor it worsened. Sometimes name and fame is appreciated in reviews in our region but we must

follow evidence based practice. He reiterated his suggestion of networking among the regional association of medical editors. The problems that we the editors in the developing world face are the same i.e. non-availability of good reviewers, lack of quality manuscripts, problems with printing and publications, editorial freedom, ethics of research and publications besides plagiarism. These problems are different from the problems faced by medical editors in the developed world in North America and Europe. Hence it will be much more useful and beneficial if we cooperate with each other. Let us have more academic activity, help each other rather than looking for monitoring from outside the region.

Prof. John Arokiasamy the outgoing President of Asia Pacific Association of Medical Editors in his address said that they value the help and guidance which they received from WHO and EMAME which helped us form APAME. We look forward towards increased support from the WHO Regional office and increased collaboration with SEARO region countries India, Bangladesh and Nepal. We see expanded and enhanced role of APAME in medical journal publishing. Our objective is to promote healthcare through dissemination of high quality information on medicine through medical journals. We wish to upgrade the quality of medical journals particularly helping the less known ones. APAME today has a dynamic role despite being the youngest association which is due to the efforts of various bodies like Korean Association of Medical Journal Editors in particular which was in existence even before APAME was formed. Later on association of medical editors were formed in different countries. APAME will help promote networking among authors, librarians, reviewers and researchers and also help upgrade our journals, he remarked.

Prof. Awang Bulgiba Awang Mahmud Deputy Vice Chancellor for Research and Innovations at University of Malaya in his opening address commended the working of KAMJE and JAMJE in this field. In Malaysia, he said, we have about thirty journals being published in the field of medicine and health sciences. We wish to promote scientific publishing in the country. We have established Malaysian Citation Center for collaboration between regional and international databases. We wish to improve the quality of our journals and it is my job to encourage high quality research. He also disclosed that last year two thousand four hundred articles were published by Malaysian research

scientists of which two thousand one hundred were in Impact Factor journals.

Earlier **Prof. Saw Aik** chairman of the organizing committee of APAME Convention 2012 welcomed the delegates and participants to the convention. Biennial General Assembly of the members of APAME was held on August 31st where election of new office bearers was also announced. Prof. Kiyoshi Kitamura from Japan was elected as the new President of APAME while Prof. Jose Florencio Lapena Jr from Philippines was re-elected as Secretary General for another term. Association of Malaysian Medical Journal Editors also held its meeting soon after the concluding session of APAME.

Development of WPRIM

In the first session **Dr. Chang F** in his presentation talked about development of WPRIM. The first meeting to develop WPRIM, he said, was held in Beijing in 2008 and later in Singapore in 2009. An international committee for selection of journals was formed which included one delegate from each country. Journals are displayed at the meeting. From 2007 to 2011, 473 biomedical journals were included in which about four hundred are from China and Korea. After approval of new journals now the number of journals covered in WPRIM in 2012 is 496. The first workshop on Medical Writing was held in 2009 and second meeting of WPRIM was organized in Singapore in 2009. The third meeting took place in Hanoi in 2010.

First APAME congress was organized in Seoul South Korea in 2011 and the second meeting is now taking place in Malaysia in 2012. WPRO, he said, covers thirty seven countries including Australia and New Zealand, Mongolia, Vietnam and Laos. We are working on promoting participation from the SEARO countries. Our objectives are to promote medical writing, and peer review workshops are needed to promote quality of journals. KAMJE, he said, was established in 1996, MAMJE (Mangolia) in 2008, JAMJE in 2010, PAMJE in 2011, SAMJE in 2011 and VAMJE in 2011. He also talked about the past history and future programmes of APAME.

Dr. Fang An gave an update on WPRIM and said that it was developed by Institute of Medical Information, Chinese Academy of Medical Sciences. Its main objective was to raise level of journal publishing. The project started in May 2005 and the selection criteria were finalized in 2007 and in May 2010 it was officially launched. At present out of thirty seven countries in this region, fifteen are

participating. With the approval of twenty seven new journals, the number of biomedical journals covered by WPRIM has now increased to 496. WIPRIM database now has 4, 13,074 articles in its database. Most contributions are from China and Korea.

Development of Editorial Guidelines by JAMJE

Prof. Kiyoshi Kitamura from Japan said that Japanese Association of Medical Journal Editors (JAMJE) was established on August 1st 2008. Its objectives included to protect freedom of editorship, raise level of journal publishing, improve medical writing, editing and publishing. At present one hundred twelve societies, sixty English and eighty five Japanese journals are its members. Japanese Association of Medical Sciences has 112 members. We wanted to discuss the specific situation faced by Editors in Japan and prepare a document which should serve as training manual for Editors.

He then gave results of a survey conducted between April 2011 and May 2012 among one hundred twelve member societies to formulate and modify guidelines which should suite Japanese situation. We asked the members as to what topics should be included in guidelines. Hence editorial policy, independence of editors, peer review process were highlighted which should be covered in the manual. Most papers, he said, are submitted to English language journals. The role of Japanese Journals was also discussed. Thirty one societies publish journals in both English as well as Japanese languages. We also discussed how to support policies of their respective societies. As the journals change their status, they cover more people. Working of these journals is influenced by their Societies and it is being looked into. We face some difficulty in finding good reviewers in certain fields. JAMJE guidelines for Editors, he remarked will be published in the first quarter of 2013.

Malaysian Citation Index (MyCite)

Ms Abrizah Abdullah a teacher in library sciences talked about coverage of Malaysian Medical Journals in the Malaysian Citation Index. She pointed out that they do not have enough articles to publish. We do not know whether people can easily access to journals, how to get journal indexed, Impact Factor in Malaysia and to promote best publishing practices. This is a database of 464 journals published in Malaysia which includes ten medical journals. MyCite is a Malaysian abstracting, indexing system. She also referred to performance

of Malaysian Medical Journals in Web of Sciences. MyCite is a national initiative which gives details of total articles published and total citations. It requires two years of regular publication to get into MyCite. It has full text and citation report can be generated.

Wong Woei Fuh talked about impact of world class publications. The ISI-Thompson Web of Sciences, he said covers journals, books as well as proceedings. One can recall all articles covered in Web of Sciences. We cover over five thousand journals. Impact Factor, he said, was a journal indicator. We review more than two thousand journals every year of which ten percent are selected. English abstract is a must for inclusion in ISI-Thompson Web of Sciences. Journals with other languages are also covered and we issue Journal Citation Report (JCR) every year. His conclusions were that one should compare apple with apple and comparison in some specialties can be manipulated statistically. Participating in the discussion Dr. Farrokh Habibzadeh said that Islamic Scientific Citation is a data base which has been developed in Shiraz in Islamic Republic of Iran.

Mr. Shaukat Ali Jawaid from Pakistan pointed out that Impact Factor at times is also misused and manipulated. At times the Impact Factor decreased despite the fact that there have been increase in the number of citations but since more manuscripts were published in the year, it adversely affects the IF. Hence, sometimes one is tempted to reject a manuscript which is though good but has no chance of citations which is not fair to the authors.

In the next session **Deborah Kahn** from BioMed Central talked about the benefits of Open Access publishing for Asian Medical Journals. She pointed out that open access publishing is growing fast. Biomed Central started in 2000 and last year we published twenty thousand articles. Open Access will help improve journal's visibility, help in indexing, and increase in submissions and improvement in quality. We publish electronically after the manuscripts have been peer reviewed. There is no limit on size, number of colours, figures and one can also upload video films. Open Access Scholarly Publishing Association has been established. It has strict criteria for new members. They must behave like proper journals and practice peer review. At present BioMed Central publishes two hundred forty journals. We publish one lac thirty thousand peer reviewed articles and more than ten million articles are downloaded from BioMed Central every month.

Kwan Hoong's presentation was on the evolving landscape of scholarly publishing. **Thijs van Vlijmen** talked about Book Publishing at Springer SBM-More than a print book behind an electronic cover. **Teng Cheong Lieng** discussed visibility of journals of Asia Pacific Countries in PubMed, Scopus and Web of Sciences. It was pointed out that 482 journals are covered by PubMed, 821 by Web of Sciences and 756 by Scopus and many of these journals are not biomedical. The total number of journals published in Asia Pacific Region is 1509 of which ninety six are covered by all the three, 119 by Web of Sciences, and 421 by Scopus. It is all linked with investment in science and technology, number of PhDs, research grants, scientific culture, and use of English language. Journal publishing has now developed into an industry, he remarked.

Journal Management

Hong Sung-Tae Vice President of KAMJE and Editor of Korean Journal of Medical Sciences discussed role of Editor and Editorial Team. He talked about quality of peer review, editorial policy, publishers, editors, Evidence Based Peer Review, authors and readers. It was pointed out that SCIE journals have Impact Factor and they have more citations. Hence write and publish good quality articles to have more citations. Editors are sensitive for Impact Factor. They encourage self citation from the last two years articles. Some consider it unethical. Journals should have internal review before sending manuscripts for external peer review to filter out the manuscripts. This is a rapid process and the authors of rejected articles do not have to wait for months. Experience shows that young reviewers are better and more efficient and one should continuously strive to upgrade the journal by good editing.

Wilfred Peh talked about how to grow good reviewers. Singapore Medical Journal, he said, has a large group of good reviewers. We have an inclusion and exclusion criteria and we solicit potential reviewers. We have national, regional and international reviewers. The reviewers are selected from the authors, directory of associations, congress speakers. The prospective reviewers must have minimum professional qualification, minimum academic aptitude excluding seniority. Young reviewers are good and they do job more efficiently. Unreliable and nasty comments from the reviewers should be eliminated and we send an e mail to such reviewers. It is a challenge to retain good reviewers hence their services must be recognized and refrain from over burdening the good reviewers. Make

sure that the topic is of their interest. Have some CME credits; look at different ways of rewarding reviewers. Financial rewards do not work all the time. Some of the reviewers can be appointed to the Editorial Board and one can also send appreciation certificates to the Reviewers. All efforts should be made to retain and reward good reviewers.

Teo Eng Kiong gave details of how they manage the manuscripts at Singapore Medical Journal. He opined that one must ensure that there is steady flow of manuscripts for publication. Many journals do not entertain case reports fearing that it will adversely affect their Impact Factor. When you have an increase in submissions it allows you to choose the best, he added.

Prof. Low Wah Yun highlighted the need for international collaboration in journal publishing and gave details of development and progress of Asia Pacific Journal of Public Health. She was of the view that international collaboration helps in increase in citations as compared to solely national authors. Giving the example of their journal she said that they had 23.9% increases in international collaboration and high Impact Factor journals publish good quality manuscripts which come through international collaboration. She concluded her presentation by stating that international collaboration for research is the way forward in journal publishing.

In the last session of the first day of the congress which was moderated by **Seojeong-Wook, Choon Lee** from Korea gave an update on the launch of apamedcentral.org which contains full text articles in this database. This job is accomplished by the young students of library sciences who were present not only at APAME congress in Malaysia but also at Seoul last year which can be termed as the Orange Brigade of Young Korean Girls. They have been doing a commendable job. They prepared SYNAPSE-I & II of Korean Medical Journals. Now they are helping in APAMEDCENTRAL. This database covers journals published by APAME member countries in West Pacific Region as well as SEARO region countries. It has now been formally launched and it offers free open access. Its website is www.apamedcentral.org **Ms. Alma** from WHO West Pacific Regional Office at Manila in Philippines who has been helping in the development of apamedcentral.org also briefly spoke on the occasion.

Committee on Publication Ethics (COPE)

On Day two of the congress September 2nd 2012 **Chris Gral** from COPE talked about the history,

aims and objectives of Committee on Publication Ethics which is a registered charity in UK. People, he said, had interest in ethics but did not know how to solve their problems. Publication ethics means ensuring integrity of science. It is a part of research ethics. Medicine has often driven medical ethics but no field is immune from it. At times there is selective biased reporting, falsification and fabrication of results. Publication ethics is about trust of science and medicine while bad papers harm the profession. Speaking about public trust in research he pointed out that in the year 2011 there were five hundred retractions in Medline and many of these papers still continue to be cited. There were few genuine mistakes which were admitted by the authors and there can be good, bad and ugly ethics.

Continuing **Chris Gral** said that these days there is pressure to publish. COPE began in 1997 by few editors of scholarly journals. Now in 2012 COPE has 7645 members from eighty countries. It is an excellent learning source for members. It offers sample letters for retraction, retraction guidelines and presentations. COPE members can take part in the discussions through teleconferencing and seek guidance on change in authors, duplicate publications, plagiarism, fabricated data. Unethical research is the most common cases which are discussed and 25% of all cases debated at COPE conferences relate to authorship. Holding papers back, publishing their own research again and again, editors misconduct for which there are whistle blowers who point out abuse of power by the Editors.

Ethical issues in Publishing

Joseph Lapena Jr Secretary General of APAME from Manila Philippines talked about ethics in publishing, contents, controversies and challenges. **Prof. Looi Lai Meng's** presentation was on research and authorship responsibilities. She pointed out that research publications enterprise is based on trust. Inculcation of responsible conduct among young researchers and authors should be the key concern for academic mentors and editors. A breach of trust has far reaching negative impact on scientific community. Society trusts scientific research. There is a high public regard for science and medicine. For a long time it has enjoyed immunity from accountability. Now we see blemished image of biomedical research. We need to have a code of professional conduct for clinical practice. In biomedical research Ethics Committees and Institutional Review Board have a vital role to play. Fabrication means making up of data or results

while Falsification means manipulating research material, equipment or process. Authorship is associated with many advantages like academic advancement, social prestige besides financial advantages. Unjustified authorship includes political authors who say here I am in charge hence no manuscripts without me can be included as author. Exclusion of valid authors and workers was also discussed. In case of multiple authorship, the role to be reported, order of authorship should be a joint decision, he stated.

Colin Binns from Australia discussed ghost authorship. He termed the reviewers and medical editors as White Ghosts, professional contributors as Grey Ghosts while medical writers were mentioned as Black Ghosts. White Ghosts which includes reviewers and medical editors can influence final shape of the contents. Grey Ghosts could be working on dietary guidelines covering meat, dairy products, sugar, coffee, meat industry. They will come up with a Meta analysis that meat do not result in cancer. They work in public relations organizations as authors. They report industry sponsored studies where outcome is most often favorable. The Black Ghosts could be authors like the one who promoted Vioxx for three years claiming it was a wonderful drug. Translation Ghosts is a particular risk in the region. He emphasized the importance of having courses for editors in Ethics. Every journal should have an authorship policy and let us send the Ghost packing, he remarked.

Chong Vui Heng spoke about tools and mechanism for detecting plagiarism. Plagiarism is not illegal but scientific misconduct. It is a global problem not restricted to academia with beginners as well as seasoned researchers.

Speaking about mitigating ethical misconduct in publishing **Chris Graf** referred to preventing, detecting and responding to misconduct. He opined that every journal should have a system. Sometimes reviewers can also detect plagiarism. Many forms of misconduct are detected after publication. Editors can request for investigations. Listen to whistle blowers or blow the whistle yourself. As regards funding sources, conflict of interest and authorship, the editors should have critical analysis.

Institutional Repositories and Libraries

Prof. **Seo Jeong-Wook** from South Korea speaking on Libraries and Archives: Today and tomorrow pointed out that India, Korea, Brazil and China are making rapid progress. Iran is also growing very rapidly. Many articles published in local journals

are not covered by Web of Sciences. Archives are useful for future but how to achieve this and who will archive your journal is important. Regional archives like apamedcentral at the moment covers ten journals. By 2013 we hope to have about hundred journals in this database.

Nahrizul Adib Kadri discussed the ABC of XMLs the journal publishing for digital age and beyond. XML stands for extensible markup language designed for web use to overcome limitations of HML. It is also known as Document Type Definition (DTD) and it has well defined XML files. One must get an example file first and then modify it to suit your contents. XML is the data format of choice, hence leave it to the professionals, he remarked.

Dr. Manju Rani Senior Technical Officer Health Research Policy at WHO Regional Office for Western Pacific Manila Philippines made a presentation on "Prospective registration of all clinical trials". She pointed out that it is essential to prevent fraud and manipulation of data in intervention health research. International Clinical Trial Registry Platform (ICTRP), she stated, is a global initiative which aims to make information about all clinical trials involving human beings publicly available. Medical Journal publishers can play a vital role in enforcing compliance as regards registration of these trials.

Registration of these clinical trials, she further stated, should be in a web-based registry which is publicly accessible and searchable. The researchers are required to provide the key metadata at the time of registration. Publication bias has to be looked into because it is often influenced by the direction or strength of the trials results. It is also important to prevent selective reporting, incomplete reporting of trial outcomes associated with statistical significance. She then referred to the legal action taken against GSK recently for its alleged failure to disclose important safety and efficacy information concerning the use of its antidepressant preparation Paxil in North America.

There has been a major change in the place where now most of the trials are taking place. It is estimated that now almost 40% of clinical trials are conducted in Asia, Eastern Europe, Central and South America. Many countries in Asia like India and Malaysia are competing to attract investment in overseas companies as a means of economic development but many of these countries may not be ready to deal with this sudden boom in clinical trials. While developed countries Dr. Manju Rani opined, have strong regulatory infrastructure to regulate and monitor clinical trials, it may

be something new to developing countries. It is felt that these clinical trials are not conducted in ethical manner. It is the responsibility of regulatory authorities to assess whether research proposals meet the ethical and other requirements besides oversight of research infrastructure in developing countries where it takes place. Many of these trials are even published in journals from the developed world.

Indian Council of Medical Research Dr. Manju Rani stated has reported that Research Ethics Committees are inadequately equipped to fulfill this task putting the safety and rights of research subjects at risk. There is a concern for lack of attention being paid to trials relevance for the research population, protection of vulnerable study population and transparency in registration authorities' procedures. Scientific community in India was now calling for public disclosure of complete data for review to ensure independent evaluation. There are many other reasons why clinical trials should be registered which include increased participation, increase in efficiency of research process i.e. ethical review, contribution to systematic reviews, speedy access to results, enhanced transparency and accountability, increase in effectiveness of research funding, improve access to research information, improve equality and ownership and facilitating policy development.

Speaking about the aims of ICTRP she mentioned significant reduction in the gap between what we do and do not know about clinical trials particularly those conducted in developing countries, more countries should establish their own clinical trial registries meeting WHO standards or ensuring that clinical trials are registered in a WHO Primary Registry which will help improve the quality of registered data. ICTRP is a country led initiative. The primary registries should meet specific criteria for contents, quality and validity, accessibility, unique identification, technical capacity, governance and administration. It should be managed by a not for profit agency and must have the government support within the country to act as the primary registry for the country or region. It must also meet the requirements of International Committee of Medical Journal Editors (ICMJE). At present Primary Registries have been established in Australia, New Zealand, Brazil, China, Korea, Germany, India, Cuba, Iran, Japan, Netherlands, Pan Africa and Sri Lanka. The volume of registered clinical trials is increasing. In China, 1453 clinical studies were registered of which 48% were

sponsored by government foundations, 32% were self funded and 15% were funded by pharmaceutical industry. It included 562 prospective registrations. Approximately thirty to fifty thousand studies involving human being are published in Chinese Medical Journals but less than one percent of these studies were registered. It is time that all countries Dr. Manju Rani remarked, should make registration of clinical trials a legal or mandatory requirement.

Registration of clinical trials, Dr. Manju Rani further stated was a part of good research practice and it is also an ethical requirement. ICMJE guidelines mention registration a precondition of publication. It further states that member journals will require as a condition of consideration for publication registration in a public trials registry. Trials must be registered at or before the onset of patient enrolment. But journals in Asia, she said, were not enforcing this despite rapid increase in trials being conducted in Asia. APAME and other similar bodies of medical journal editors, she felt should adopt and endorse clinical trial registration as a precondition for publication and membership. She also referred to the Malaysia National Medical Register. Prospective registration of intervention research also includes observational studies to ensure accountability in health research and reduce misconduct, she added.

Communicating to the Public

This was yet another interesting session during the congress. **Mr. Tea Shiao Eek** was the first speaker who talked about why and how to work with the media. He pointed out that the researchers should be prepared to face media accountability. In the past their work was scrutinized by their colleagues and peers. Today the scientists and researchers are accountable to public. There is a thrust to be in the limelight through the media. Remember public reaction can be rapid, irrational and uncontrollable. You should either engage media or risk being ignored.

Today public is aware and educated. Information is easily accessible. Everyone has to make sincere efforts. Scientists are responsible for the bitter medicine. You must ask yourself is your research necessary for humanity? Is it worthy of money or will it cause serious consequences. Speaking about scientist's media tension he said that scientists fear of being misquoted. He also referred to dealing with sensationalism, meeting unrealistic expectations, media face scientific barriers and it has to maintain objectivity. Media has to work as

gate keeper, watchdog, and translator. It should know what research is worth highlighting, what is relevant and significant, look for Impact Factor, provide critical analysis, control story and gain public feedback on controversial issues. Public Hospitals and universities should have public relations departments or they should outsource this service to an outside agency. Know your media, its readership, pitch a story and not research topic. Educate and do not self promote. Maintain good relations with media. Establish yourself as a media source. Provide three to five key messages and do not be de-railed. Be prepared for provocative questions, provide extra reading material, and be honest if results are inconclusive. Do not be defensive when questioned about risk, side effects. Do not be over exposed to media promoting yourself as the only expert on marketing your own work. Your credibility may be at risk. He then referred to social media i.e. Blogs, Twitter accounts for scientists, digital stories, virtual collaboration and peer discussion. You should have a communication strategy for engaging media instead of doing it on adhoc basis or on Fire Fighter basis.

Francis Ng made a presentation on making science intelligible and discussed in detail primary reporting in science journals. She emphasized the importance of repackaging highlights for popular consumption; credibility of primary literature is in question. She pointed out that out of forty five highly cited studies; seven were contradicted by subsequent studies. In seven studies claims were exaggerated which were not supported by later studies, twenty were replicated and eleven were unchallenged. Nature in 2012 reported 53 landmark studies of which 47 could not be replicated later. When transparency was separated from science research became a salaried profession. There is a decline in transparency, scientists hide or disguise important details in publications. Research has become expensive, complicated and difficult. It is time universities start hiring statisticians to teach experimental designs. Editors should start rejecting papers with problems in statistical analysis and doctors must seek relevant training and collaborate with good statisticians.

Dr. Ahmad Ibrahim spoke about writing for the public in the print media. He pointed out that do not use jargons, use small sentences, intro should be interesting and the write-up should be small not lengthy and it should also be of public interest. One should take up important issues and then relate it to science. **Zaid Ali Alsagoff** talked about using social

media for research. Millions of people, he said, use social media like Face Book, Twitter, Blogs etc., and it was a very useful medium of communication and sharing knowledge.

Participating in the discussion **Mr. Shaukat Ali Jawaid** from Pakistan Secretary General of EMAME said that the media has three different roles i.e. to Inform, Educate and Guide. While the first one was quite easy the other two functions can only be performed if the media personnel are themselves knowledgeable and competent. An ignorant journalist can be considered a weapon for mass destruction. Continued Professional Development is essential for every professional and journalists were no exception. As pointed out by one of the speakers, while talking to the media one should not be derailed and remain confined to the subject under discussion. In case you are driven to some other important issue which is not related to the topic under discussion, tell them it is an important issue which can be discussed at some other time but let us for the time being concentrate on the issue under discussion. He further suggested that since media houses both print as well as electronic most often do not acquire the services of professionals who have some core knowledge of medicine and health services, it is the duty of the professional specialty organizations, medical institutions to organize some orientation courses for the media personnel so that the success stories in medicine are appropriately highlighted.

Are Journals meeting their objectives?

Dr. Farrokh Habibzadeh was the last speaker in this session who talked about "Are Journals meeting their objectives?" He was of the view that registration of clinical trials has its own problems. There was no harm in asking to get the trials register once they have been performed. If we insist on getting prior registration it will be against the policy that all trials should be published. During career promotion many problems arise. Dengue and Malaria should be our priorities and we should publish research work on these diseases in our journals. It will not solve your problems if you try to solve problems of the West through our research. We must work and report on problems which we face in the developing world. We should not misuse our budget on studying problems of the West. Pressure to publish **Dr. Farrokh Habibzadeh** stated leads to fabrication and falsification. There are too many journals with low quality articles which have unreliable and invalid data. He also referred to

lack of public trust in data which was wastage of limited resources. There is fraud and misconduct as well as manipulation of scientrometrics. The solution to these problems he suggested was that instead of insisting on Impact Factor, we should insist on quality and it will improve the standard of your journal. We should also learn to share our resources. The deliberations during the APAME Congress must have opened your minds and it was not necessary that you agree with every speaker Dr.Farokh Habibzadeh concluded.

Kuala Lumpur Declaration

A special announcement was also made in the concluding session which was named as the Kaula Lumpur Declaration on promotion of scholarly writing skills and standards in the Asia Pacific Region. It stated that Scholarly scientific and technical health promotion is an invaluable resource for universal health promotion and policy development, disease prevention, diagnosis and treatment, habilitation and rehabilitation support besides palliation. Health information must be reliable, comprehensible and available to healthcare providers and beneficiaries within the Asia Pacific Region. The declaration further noted that the Western Pacific and South East Asian Region of WHO represent 50% of the global population which generates and need enormous amount of health information. The participants committed themselves to promoting quality scholarly writing skills and standards that will ensure greater access to publication by authors and researchers especially for developing countries elevating loco-regional research and publishing. The meeting also resolved its commitment to continuing education of researchers, authors, reviewers and editors, to empower them to write, review and edit scholarly manuscripts for publications and dissemination

thereby promoting health and well-being in the region and world.

The delegates also confirmed their commitment to collaboration with academic societies, universities, government and non-government organizations to promote research and publication to support evidence-based polices for the betterment of health and societal development in the region and globally. They further committed themselves to improving scholarly writing skills and standards, setting the example for peers, authors, reviewers, editors and libraries in the region. APAME will build further networks, convening conferences and organizing events to educate and empower editors, peer reviewers and authors to achieve and maintain internationally acceptable, but regionally appropriate scholarly skills and standards.

Post conference workshops

Post conference workshops were organized on September 3rd 2012 on Keeping High Standards- the art of being a good reviewer conducted by Colin Binns from Curtin University Australia, How to run a successful Journal which was conducted by Deborah Kahn from BioMed Central. Koh Ai Peng from University of Malaya was the facilitator for workshop on evaluating journal performance and Shamsiah Abu-Bakr conducted workshop on how to organize references.

Third APAME Congress

The third APAME Congress will be held in Tokyo from August 2-4th 2013. It will be a joint session of WPRIM/APAME/JAMJE. This was announced by Prof. Kitamura who took over as the new President of APAME while addressing the convention delegates and participants in the concluding session.