

Changes ahead for *CJS*

A number of significant changes are ahead for the *Canadian Journal of Surgery (CJS)*. These changes involve sponsorship, the financial model of support and editorial leadership. With respect to sponsoring societies, the Canadian Orthopedic Association has ceased its financial support for *CJS*. As a result, the Canadian Association of General Surgeons (CAGS) is now the journal's main sponsoring society. Discussion between the CAGS executive committee and the director and publisher of Canadian Medical Association publications has reconfirmed a steadfast, continuing support for *CJS* by CAGS. Unfortunately, the loss of COA sponsorship has substantially reduced revenue for the journal.

The financial model of support for *CJS* requires renewed scrutiny. Since 2008, display advertising revenue has decreased remarkably, and this challenge is not unique to *CJS* in this era of financial austerity. To help address this loss of revenue, costs for printing and distribution of the journal will be eliminated as *CJS* transitions during the forthcoming year to a digital format for members of sponsoring societies. This transition may be attractive to reduce costs; however, caution must be maintained to ensure that it does not make the journal less attractive to display advertisers. To support the journal's processing costs, publication charges for accepted manuscripts will need to be implemented. Authors will become responsible for identifying a budget for processing fees when their original research is accepted for publication in *CJS*, which is already a common practice for other journals. While new partnership models with industry can and will be sought, it is clear that these types of financial models are no longer sustainable in the long term.

Finally, editorial leadership for the journal is due for change. My second term as coeditor in chief concludes at the end of this year. As I assume a new role as President of CAGS, the association will make recommendations to the journal's publisher for a successor to join Dr. Ed Harvey as coeditor in chief. In addition, as the journal matches the needs of its readers with the expertise of the associate editors who make up the editorial board, a review of the board's membership is imminent.

During the transition ahead, it is highly desirable that *CJS* maintain a continuous record of publishing and indexing to preserve its name and identity, as well as important measurements of quality. Preserving these factors is far more desirable than initiating a new Canadian surgery journal and the associated disadvantages of the significant amount of time required to establish an editorial board and review policies, call for papers, establish a peer review process, and design and edit a new journal. The *CJS* will maintain its commitment to publish manuscripts that have already been accepted and to continue processing manuscripts that have been submitted for peer review.

As *CJS* nears the end of its 55th year, it continues to fulfill a vital link for communication among Canadian surgeons, surgical trainees and policy-makers. Original articles identify surgical innovation that appeals to specialists in both community and referral surgical centres alike. The journal's content during the past decade has addressed the topics of resource allocation, professionalism, quality and safety, history of Canadian surgery, international surgery, online health information, operating room design and other issues that are vital to surgical trainees. These themes weave together a fabric that unites all surgical subspecialties in Canada. For this reason, Canadian surgeons require and deserve this country's only indexed surgical journal. What other international journal would be appropriate to serve as a voice for key issues that affect surgery in Canada? The *CJS* deserves our undivided support "to contribute to the effective continuing medical education of Canadian surgical specialists, using innovative techniques when feasible, and to provide surgeons with an effective vehicle for the dissemination of observations in the areas of clinical and basic science research."

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