



Guidelines for Organization of the Next Editorial Office of A&R

1. The workload for the editorial office of A&R is substantial: currently approximately 1,900 submissions per year. It is the Editor's responsibility to provide the discipline necessary to ensure publication of manuscripts in a timely manner and to be conscious of maintaining an acceptance rate that is not excessively high. The decision-making process has had to increasingly involve consideration of the relative priority for publication based on the importance and novelty of the work. The journal receives manuscripts in a wide variety of scientific areas of clinical and basic research, and experts in each of these areas are needed to suggest reviewers and make recommendations regarding decisions. Because the submission and review process are entirely electronic, it is not necessary for the Co-Editors and Associate Editors (or equivalent [see below]) to be at the same institution as the Editor.

2. The Editor should have expertise in both basic and clinical research in the field of rheumatology. If the Editor's expertise in one of these areas (basic or clinical) is less substantial, s/he should plan to have a Deputy Editor with substantial expertise in this area. The Editor must be prepared to devote ~50 hours a month to the journal.

- 3a. The current model for the Editorial Board is described below, and throughout, the terms "Deputy Editor," "Co-Editors," and "Associate Editors" are used for convenience. However, the Editor has flexibility in selecting the Editorial Board, and the next Editor is not required to structure his/her Editorial Board according to the present model. Past Editors, for example, have had no Deputy Editor, or have had two Deputy Editors and a group of Associate Editors without the group of Co-Editors as in the current Editorship. Potential candidates are encouraged to consider various models, and the model proposed may be either similar or dissimilar to the current one. The current group of Associate Editors has significant international representation, and it is recommended that this be continued. Regardless of the model proposed, candidates must name one Editorial Board member who would be designated to assume the responsibilities of Editor should the Editor become temporarily or permanently unable to fulfill these responsibilities.

- 3b. Currently the journal has three Deputy Editors and three Co-Editors (plus a clinical trial advisor) who serve in two capacities: 1) as an advisory board to the Editor; and 2) as Associate Editors. In addition to the Co-Editors, there are currently 27 Associate Editors, one of whom is a statistician. The Editor assigns manuscripts to any of the Co-/Associate Editors who, in turn, select reviewers and then recommend a decision to the Editor after reviews are completed. Among the Co-/Associate Editors, the following diseases and disciplines are covered: RA-clinical/epidemiology; RA-translational; OA-clinical/epidemiology; OA-translational; SLE + Sjögren's-clinical/epidemiology; SLE

+ Sjögren's—translational; cartilage biology; bone biology and osteoporosis; orthopedic issues and biomechanics; pediatric rheumatology; vasculitis; pain and fibromyalgia; crystal and autoinflammatory disease; scleroderma and myositis; spondyloarthritis; genetics; genomics and other 'omics' technology; radiology; methodology/statistics for bioinformatics, epidemiology, clinical trials, etc. These categories are only suggestions, and it is recommended that the Editor organize the way s/he feels best fits the science. The new Editor may also want to consider the volume of papers in each topical area as a guide to the number of editors needed in each topical area. The current Editor will be happy to provide some estimates in this regard.

- 3c. It is imperative that the Editorial Board include at least one individual with documented expertise in biostatistics, including methodologies for GWAS, bioinformatics research, epidemiology, and clinical cohort/clinical trial data analysis.
- 3d. Consultative help should be available to the Editor in other subspecialties of internal medicine for which manuscript submission is not frequent enough to warrant an Associate Editor, e.g., dermatology, nephrology, cardiology, neurology. Individuals in these areas will be asked to suggest names of potential reviewers as well as to review manuscripts themselves.
- 3e. Co-Editors and Associate Editors will be appointed for a 2.5-year term, which will be renewable to allow the individual to serve throughout the Editor's complete 5-year term if agreed upon by the Editor and the Co-/Associate Editor.
- 3f. In addition, the Editor will appoint approximately 10 Advisory Editors each year. Advisory Editors will serve for a 3-year term (total of approximately 30 Advisory Editors, with approximately one-third rotating off each year in staggered 3-year terms). Advisory Editors will be chosen based on their scientific expertise and, in many cases, also because of their having established a record of providing thorough and timely manuscript reviews for *A&R*. The outgoing Editor will provide the incoming Editor with a list of potential nominees who have served as exemplary reviewers, for consideration as Advisory Editors. Advisory Editors will be asked to review more manuscripts than the usual reviewer and may be asked to contribute a review article.
4. The Editor is responsible for maintaining acceptance numbers at a highly selective rate (currently approximately 15%), provided that this number of manuscripts meets quality standards. The target acceptance rate may be reassessed periodically by the Committee on Journal Publications. The peer review process is completely electronic. After the receipt of submissions, the Editor will either list potential reviewers or assign the manuscript to a Co- or Associate Editor who will prepare a list of six or more potential reviewers. All solicitation of reviewers will be conducted by the journal's Assistant Editors (full-time staff who do not currently work at the physical location of the Editor's institution [see below]).

5. All reviewer comments and ranking of manuscripts are received first by the assigned Co- or Associate Editor who, in turn, will make a recommendation for decision to the Editor. The Editor may ask the Co-/Associate Editor to solicit a third reviewer or serve as reviewer him/herself if the first two reviewers disagree, if one of the reviews is inadequate, or if additional expertise is needed. The Editor is responsible for these day-to-day decisions. In all cases, the Editor makes the final decision. The Editor may or may not seek opinion on clinical images. Opinion on letters to the Editor is not sought.
6. Review articles and commentaries, whether solicited or unsolicited, are subject to outside review in the usual manner. The Editor solicits editorials to accompany articles deemed of high interest and impact and are reviewed only by the Editor and the Co-/Associate Editor assigned to the editorialized article.
7. For each issue of the journal, the Editor is responsible for selection of the cover art, for determining the order of the articles and table of contents section headings, and for selecting articles to highlight in the In This Issue and Clinical Connections sections. The Editor also selects articles for press release and approves content of these as well as for the In This Issue and Clinical Connections sections.
8. The Editor, Deputy Editor, Co-Editors, and Associate Editors must agree to adhere to the ACR Journal Conflict of Interest Guidelines.
- 9a. The Editor serves as an ex-officio member of the Committee on Journal Publications and, as such, attends 2-3 meetings per year (either face-to-face or teleconferences). The Editor also holds an annual face-to-face meeting with the Deputy/Co-/Associate Editors during the ACR annual meeting.
- 9b. Financial considerations are described below. Candidates should be aware that, although budgetary amounts are fixed as described, there is the potential for flexibility regarding the specific model of interaction between the Editor's institution and the ACR.
- 9c. The Editor and Co-/Associate Editors receive an honorarium from the American College of Rheumatology. Currently the annual honorarium amounts are \$98,000 for the Editor and a total of \$120,000 for the group of Deputy, Co-, and Associate Editors (allocated as decided by the Editor, based on workload); these honorarium amounts will be reevaluated midway through the term of the next Editor. For the Editor, if required by his/her institution, this may be paid in some form other than an honorarium, such as salary/compensation for time, but the total amount paid by the American College of Rheumatology will not exceed the amount previously determined for the honorarium.

- 9d. The ACR pays for contracted editorial office staff (not at the Editor/s institution/location) to manage manuscript trafficking, record-keeping and reporting, correspondence with authors, reviewers, and other administrative/clerical functions.
- 9e. The ACR pays the Editor's institution for expenses related to the Editor responsibilities, e.g., travel, supplies, administrative assistant time, and indirect costs if required. The maximum total payment to the institution is currently \$60,000 annually.
10. The following functions (managed electronically via ScholarOne ManuscriptCentral) will be the responsibility of the Assistant Editors (list not all-inclusive):
 - a. Check each submitted manuscript to ensure adherence with journal guidelines before sending on to Editor.
 - b. Contact suggested reviewers.
 - c. Monitor and address late reviews.
 - d. Notify Editor after reviews have been received and Co-Editor has made recommendations.
 - e. Send decision letters to authors.
 - f. Collect author disclosure of interest forms for accepted manuscripts.
 - g. Request and monitor invited review articles, editorials, and other solicited material.
 - h. Monitor numbers of submissions and acceptances and generate annual reports.
11. The following functions will be the responsibility of the Senior Publishing Director and Director, Quality and Production's offices and/or the Journal Publisher (list not all-inclusive):
 - a. Develop instructions to authors in consultation with the Editor.
 - b. Manage the design and layout of the journal including covers, text style and typeface, placement of table of contents, and placement of advertising.
 - c. Track accepted manuscripts received from Editor.
 - d. Collect and maintain author copyright forms for accepted manuscripts.
 - d. Copy-edit manuscripts.
 - e. Proof pages and correspond with authors concerning proof corrections.
 - f. Order and invoice author reprints.
 - g. Invoice page charges and Author Processing Charges (APCs), as warranted.
 - h. Handle requests for permission to reprint and/or translate articles or parts of articles.
 - i. Convert accepted/published data to electronic formats for use in online or other electronic products and maintain journal website.
 - j. Manage subscriptions and promote subscription sales.
 - k. Select and contract with an advertising agency to sell advertising for the journal.
 - l. Prepare budget for publications operation with input from Editor on editorial office expenses.