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Correspondence

Last December, I wrote to members of the Editorial Board concerning the difficulties in getting timely reviews. The following is my response to one of the responders:

Thanks for your thoughtful note and concern about the editorial and peer-review process. Let me tell you that I would gladly settle for a four-week turnaround. That is not the problem. Nor is the problem the week or two lost when you or others are away nor the time lost in the mail. I would gladly settle for a five-week turnaround response. I do not think lengthening the requested response time would help at all. I have found that *JNM* articles get an overall better response if I allow three weeks in comparison to four. Why not just assume that you have three weeks from whenever you get the manuscript?

The problem, I am sad to say, is the three-month and longer delay in responding on the part of some reviewers despite repeated reminders and requests for a response by fax, or the absolute refusal to review manuscripts from others who are among the foremost authorities in the field. While, at times, I am willing to make a decision without input from this or that expert, their advice can be quite helpful to the author during revision and makes for an overall better manuscript. I think we (the *JNM*) owe that to the contributors. I guess if there was an easy solution, I might have figured it out by now. Nevertheless, thanks for your timely response.

On the same day, I wrote two other letters...

Letter 1 (with minor modifications):

I am writing in response to your most recent refusal to review the manuscript that was sent to you over two months ago before I had learned that Prof. XXX collaborates with you regularly even though you are not at the same institution or even in the same city. Perhaps the two of you are, indeed, too closely involved for you to serve as a reviewer, but I would have respected your action more if you had responded earlier.

The review was due over a month ago. Moreover, the protocol would usually call for you to indicate to me your concern for the potential or the "appearance of a conflict." Obviously, there is only a small pool of authorities on this subject from which to choose and they all know each other. You might have designated another potential reviewer earlier in the course of the review process.

You might, however, have also reviewed the article anyway, making suggestions for Prof. XXX just as you might for someone working down the hall—only this time, it would be done anonymously. Of course, you would have to indicate in your "Comments to the Editor" the potential for appearance of conflict, indicate that you believe that you have done your best to respond appropriately and professionally and leave it to the Editor to decide if he wanted to accept your review in terms of accepting or rejecting the manuscript. As it is, you have squandered two months of the review process. You have not helped Prof. XXX or the editorial review process of *JNM*.

I am sorry to begin the year by reprimanding you this way. I feel obligated, however, to let you know how frustrating it is when the people who can make a difference appear to be indifferent to the overall mission of *JNM*.

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Annual Meeting in June, the Practice Management Committee hopes to have developed the initial phase of a comprehensive program which has been named the SNM Physician Evaluation Program. The committee wants the first phase of the program to duplicate, as much as possible, what a nuclear medicine physician does in daily practice.

AMAP Aggravations

With all the advantages that AMAP could offer, it could also cause a few troubles: namely, an infringement on some freedoms that doctors have come to expect. Some physicians may cringe at the thought of having a patient mail in a survey grading their bedside manner or whether they return a patient's phone calls promptly.

Even more troubling, for specialists, is the self-assessment program which will test them on all areas of their field—not just on what they practice. One striking example is in the field of surgery: Hand surgeons will be tested on the latest techniques in heart, colorectal and breast surgery, even though they may not have performed such procedures since their residencies. By the same token, a pediatric nuclear physician will be expected to diagnose adult and geriatric patients even if he never sees such patients. "The decision of whether a specialist will need to maintain competence in all aspects of their field will be left up to the specialty boards," said Jessee.

Specialty boards may decide that maintaining a broad competency is unrealistic and unnecessary for many subspecialists, but Strauss, for one, does not think this applies to nuclear medicine. "Nuclear physicians tend to see particular subsets of patients not a broad spectrum from all areas," he explained. "It's important for us to stay current in all aspects of the field so that we can treat all patients to the best of our ability." Moreover, with managed care demanding that physicians become less specialized, the self-assessment programs could help them catch up in areas of their field that they may not have dealt with in years.

No one knows if AMAP will run smoothly from the outset or sputter to a slow start in the first few years. The sources who spoke with *Newsline*, how-

Overview of Hospital Accreditation

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 16,000 health care organizations in the U.S. Accreditation is recognized as a nationwide "seal of approval," which indicates that an organization meets certain performance standards. To earn and maintain accreditation, an organization must undergo an on-site survey by a JCAHO survey team at least every three years. The American Medical Association (AMA) Program for Physician Accreditation (AMAP) will likely follow in JCAHO's footsteps, starting slowly over the first few years until it gains full physician participation. The JCAHO was a revolutionary concept: it took 80 years to evolve into what it is today. Here is a dateline highlighting its important strides:

1917—The American College of Surgeons (ACS) develops the Minimum Standards for Hospitals. Requirements fill one page and state that a hospital must have a staff of trained doctors (with medical school diplomas) and nurses, must keep patient records, must hold monthly staff meetings and must conduct staff reviews. The ACS begins on-site inspections a year later with only 89 of 692 hospitals meeting the requirement of the Minimum Standard. None were closed.

1950—The standard of care improves with more than 3200 hospitals achieving approval.

1951—The American College of Physicians, American Hospital Association, AMA and the Canadian Medical Association join with the ACS to create the Joint Commission on Accreditation of Hospitals. The Joint Commission publishes the Standards of Accreditation and begins accrediting hospitals in 1953.

1965—Congress passes the Medicare Act with a provision that hospitals accredited by the Joint Commission are deemed to be in compliance with the Act and are thus eligible to participate in Medicare and Medicaid.

1970—Standards are recast to represent optimal achievable levels of quality instead of minimum essential levels of quality. A 152-page manual was published detailing state-of-the-art standards to be met by all specialties within the hospital.

1987—The organization changes its name to the JCAHO to reflect an expanded scope of activities, including accreditation of long-term care facilities.

1996—The 1996 Accreditation Manuals are published, reflecting the shift to performance-focused standards organized around functions important to patient care.

Source—JAMA 1987; August 21:937-940 and JCAHO.

ever, all agreed with the concept of physician accreditation. "While the whole idea of someone looking over your shoulder is an anathema to physicians," said Pierson, "we've accepted the idea that the public has a right to know if their doctor is up to date."

—Deborah Kotz

Scatter (Continued from page 3A)

Letter 2:

I'm sorry to learn that you are unable to review manuscript #12345, entitled ".....". Perhaps you can find a moment to let me know what to do when you submit a manuscript to *JNM* and other reviewers are too busy to review your article.

Ah! The pleasures of editing a peer-reviewed journal.

Stanley J. Goldsmith, MD
 Editor-in-Chief, *The Journal of Nuclear Medicine*
 May 1997