

Is there life beyond *Sexually Transmitted Infections*?

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One cold January evening in 2009, I wrote a last-minute application to become Editor in Chief of *Sexually Transmitted Infections* (STI) journal, backstage at an amateur pantomime. My job that evening was to ensure a heavily greasepainted menagerie of little girls (including mine) safely made their way to and from the stage in various guises. Inevitably I reflected that this was not a good moment to be applying for such a responsible role outside my 'day job' let alone the rest of my life—but I know if I didn't, I would always regret it.

An Editor in Chief is the accountable editor for a professional clinical journal, and key to STI is its role as an official journal of the British Association for Sexual Health and HIV, which began life as the Medical Society for the Study of Venereal Diseases. This position offers a unique opportunity to help colleagues shape their field of clinical practice at home, and also to link them to global developments and reflect on a wider picture. The archive of STI, dating back to 1925 as the *British Journal of Venereology*, provides a fascinating history of how our preoccupations have changed.^{1 2} After penicillin, AIDS, human papilloma virus (HPV) vaccination and molecular diagnostics, these early beginnings seem worlds away. Still, even in a decade there have been major developments both in clinical science and the publishing world.

The core purpose of a specialty journal is to provide a critical space for evaluation and reflection. It requires specialist editors and peer reviewers able and willing to offer a critical perspective on real-life practice and health policy, as well as on quality science. How can we achieve this in a 21st century publishing climate? The benefits to society of open-access publishing are clear, particularly for publicly funded research. STI is now surrounded by many successful generalist journals, many operating on a fully open access model and with no affiliation to a professional community. Some of their practices differ from ours—many require open (named) peer review, and

some publish first drafts of submitted manuscripts. While such approaches are increasingly normal and acceptable to our many authors submitting externally funded studies and working in large institutions, we at STI have been mindful of the very different perspectives and needs of clinical authors doing research with little or no dedicated funding, and outside academic institutions. The quality and range of research produced by STI clinical services across the world is exemplary. But 'own account' research needs sympathetic, meticulous and often extensive peer review and editing before it goes public—and clinical authors may not have access to extensive specialist advice. We have also prioritised editorial material focused on policy and practice, along with educational publications addressing grey areas that guidelines cannot reach.

Conversely, the journal of a small specialty risks of isolation and failure to connect with wider changes in policy and practice. How can we stay in touch with the wider world of health systems and policy in a way that both supports and challenges our professional community? Who should we cultivate connections with? On the one hand, we have in common our interest in STIs while on the other, developments in health systems, policy and medical training drive us to new relationships with different partners who have other priorities. In a changing world, how can we reflect both our core interest of STIs, and the expectation that practitioners engage with a broader range of influences and policy drivers. One topical example is the increasing generalism in UK medical training, and the requirement for accreditation of genitourinary medicine trainees in general medicine. How should this influence the content of the journal, given its international reach?

'Digital health' will clearly be an expanding theme for the foreseeable future. Our extensive publications on digital interventions such as support for partner notification, digital risk assessment and digital information processing for the evaluation and improvement of care³ are, so far, mainly stand alone and

STI focused. Will researchers on 'digital sexual health' start to look beyond STI to engage with related syndemics and inter-sectoral vulnerabilities such as mental health, substance use and eating disorders? Without coordination, there is a risk that digital innovation will result in multiple, fragmented portals resulting in disjointed care and inequalities of access.

And as specialists in STI, how can we engage in advocacy for holistic health-care and bring ourselves closer to other professionals? Here too, the digital world presents an opportunity as the growth of social media links journal globally in an unprecedented way. We have well over 4000 Twitter followers on @sti_bmj, and our Facebook page is heavily used and shared. Together with blogs, social media increases the reach of our research and commentary enormously—a number of editorials have begun with a chat on Twitter! Through online communities, journals can be vehicles of influence and advocacy beyond our comfort zones.

So, as I wish Professor Anna-Maria Geretti a rewarding and successful time as Editor in Chief, I must thank many people who have made it possible for me and the journal to flourish. Recalling my time as a 'wet behind the ears' novice, I will be everlastingly grateful to Professors Nicola Low and David Lewis for supporting me from the start as Deputy Editors, sharing their experience and networks, and more recently also to Gwenda Hughes in this role. My multi-talented Editorial Committee of associate editors is outstandingly committed to the journal, currently and in no particular order Gary Brook, Cathy Ison, Jonathan Ross, Khalil Ghanem, Joseph Tucker, Cath Mercer, Katy Turner, Richard De Visser, Jane Hocking, Stefan Baral, Alec Miners, Jo-Ann Passmore, Sarah Hawkes, Sevgi Aral, Adam Bourne and Sarah Woodhall—and I would also like to thank everyone who has contributed over the past decade. Many have moved on to other roles, and we are proud to have trained the editor in chief of a competitor journal. From BASHH, I thank Sarah Edwards (Educational Editor), Daniel Richardson (BASHH columns), Sophie Herbert with Emily Chung for Clinical Roundups and Keith Radcliffe as BASHH Senior Editor. Leslie Goode has supported my editorial work and served as blogmaster, and Dora Goode as social media assistant. Our active Editorial Board provides challenge and direction, contributes immensely to peer review and creates new networks by promoting work of

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early career researchers in the journal. BMJ Publishing provides outstanding support, and I would particularly like to thank publisher Lindsey Fountain, and our untiring Editorial Assistant Joyce Salazar for their support.

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Handling editor Anna Maria Geretti

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