

CORRESPONDENCE

Publications by Doctoral Candidates at Charité University Hospital, Berlin, from 1998–2008

by Esther Ziemann, Prof. Dr. med. Jörg-Wilhelm Oestmann
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Imbalances of the Impact Factor

Ziemann and Oestmann showed that the impact factor of medical publications resulting from doctoral theses at the Charité University Hospital rose by 50% over a decade (4). Moreover, the number of publications per doctoral candidate rose from 0.8 to 1.4. These data have to be appreciated. Nevertheless, they should also prompt a discussion about the validity of the impact factor in comparison within faculties.

- Submitted manuscripts are carefully reviewed by editors/publishers and peer reviewers in order to determine a priority for publication. As a rule, suggestions are implemented aiming for improving the quality of the presentation and thus citations of the publication (1). In view of the current discussions on plagiarism, these hidden “external services” by reviewers that have not been involved in the study are not trivial.
- The impact factor of medical journals correlates with the number of journals publishing in this domain and the size of the audience; this results in differences in cross-sectional fields, organ specialties, and subspecialties (2). This is facilitated by modern technologies and several scientific on-line services. Furthermore, formal rules are relevant for citation numbers (1).
- In general, excellent studies with a presumed scientific and medical impact are preferably published in top journals that do not belong to any particular medical specialty. As a result, the impact factor of journals publishing in a specific domain does not necessarily reflect the scientific potential of that specialty. This statement can be illustrated by current experience in pediatric oncology and hematology. In 2012, five researchers recently received prizes and honors, while their corresponding publications were all published in non-pediatric journals (3).

The allocation by specialty for each individual publication is hardly able to abolish such imbalances (2) and appears unrealistic. However, a score that assigns points for the quartile-ranking of a journal within a discipline-specific list is easy to perform and should be considered. If such a score were used across disciplines to compare scientific achievements, the top journal still

would retain their influence – however outside of discipline specific lists. Formal biases could be marginalized and disciplines that are currently at a disadvantage could win. This would then enable a valid comparison both within medical faculties and between faculties with different profiles. DOI: 10.3238/arztebl.2012.0753a

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Less Efficient, Rather Than More So

The question arises whether the Charité University Hospital is aiming to abolish first-class medical research. Its new regulations for doctoral degrees (from summer 2012) stipulate the publication-based doctorate, meaning that the doctoral candidate should be listed as the first author in an international journal with as high an impact factor as possible (which is rather dubious for individual researchers [2]). Doctoral candidates are academic beginners, and beginners’ work is not going to be first-class. Only when the doctoral candidate has a very good supervisor, usually a PD (“Privatdozent”, a university lecturer in German-speaking countries) or “almost PD,” first-class academic work might be the outcome. The problem is that people in such positions also require first authorships for a professorship or a PD (3, 4). If the first authorships will as a rule go to such supervisors’ doctoral candidates, then supervision won’t be possible, and the academic theses will as a result always come from unsupervised beginners. Instead of leading to greater efficiency, the Berlin approach will mean less efficiency.

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Publication-based Doctorate Is Problematic as a Standard Procedure

Ziemann and Oestmann in their article point out an interesting new approach to gaining a doctoral degree. It aims at higher quality while “the motivation to embark on research” in students is taken for granted. However, for the overwhelming majority of students, their university education serves to provide them with the professional training needed to work in a practical, curative professional environment. This is based on a scientific understanding of evidence and information processing that needs to be taught during the undergraduate degree course, in addition to the facts. For this, and for efficiency review, a bachelor’s or master’s thesis may be sufficient.

A doctoral thesis that does justice to the demands and challenges of research should be reserved for colleagues aiming at making a career in that area. I therefore think it is problematic to make publication-based doctoral degrees the standard procedure. In addition the presented numbers of publications per doctoral candidate do not appear to present sufficient evidence of an improvement in quality. The authors themselves associate impact factors only to a limited extent with the publications. Some question marks therefore remain.

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In Reply:

Göbel and Gortner have focused on the aspect of comments and suggestions for improvements from pub-

lishers and peer reviewers, which can be interpreted as external services if the authors follow them. This is a surprising, but conclusive, perspective on the topic of peer reviews, whose purpose is quality assurance. Should the peer reviews also be published and the reviewers named? How transparent should the peer review process be? Plagiarized copy is not a central problem in the life sciences, but plagiarized ideas are. This is also true for the other direction—from author to peer reviewer.

The various problems associated with the impact factor are obvious—until further notice, decisions on the value of publications will not be able to be made on the basis of individual parameters, but only according to individual assessment by committees with vast scientific experience, such as doctoral committees. Their decisions will not always be unflawed either. Developing better instruments for comparing quality is an urgent task in which we would very much like to support both colleagues.

Stief’s comments relate to the role of first authorship. We cannot agree with the assumption that publications by doctoral candidates cannot be first-class because they were written by “beginners”; this is proved incorrect every day. Excellent tuition is essential. At the Charité University Hospital the responsible supervisor always has at least obtained a habilitation or is the head of a junior research group. At the Charité the conflict about first authorship between doctoral and professorial candidates (as second supervisors) has found a solution in that for the habilitation thesis, last authorship is equal to first authorship.

We share Seidenstücker’s view that for a large proportion of medical students, research is not at the center. However, we believe that an early decision against research and in favor of the MD of US provenance would deprive the life sciences of enormous potential. A scientific involvement with medicine, however, proves more and more necessary. We would therefore like to further develop the robust basic concept of the medical doctoral degree. This process certainly throws up new questions continuously. Furthermore, at the Charité, the monography is still an option for medical and dental candidates.

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