Editorial

What is the value of the conference?

I am writing the editorial for this edition of the *Journal* with difficulty, as it is only a few days since the terrorist attacks on the World Trade Centre and Pentagon. So I hope that you can excuse my downbeat tone. Hopefully, by the time that this editorial is published, the great concerns that we all had will have passed. However, as a direct consequence of the increased tension in the World, I decided, after a lot of soul searching to decline to present a paper at the Japanese Orthodontic Conference. Because I could not attend I sent a copy of my presentation on disc with my voice added. This made me think of the value of 'the conference'.

While I am not being critical of any conference organizer, I think that we should all consider what we get out of our attendance at a meeting, particularly a large international meeting and its required travelling time. When we consider the information that is available from the presentations, a review of past conferences reveals that it is frequently expert opinion based around a few case reports, the early publication of study results (which may change before publication in refereed journals), neither with much hard science. While we may argue that this is useful, are we not being misled by the content of most conferences, bearing in mind the weak level of evidence that is being presented?

What is the solution to this problem? One way forward is to consider whether conference presentations should be refereed. Maybe an extreme viewpoint would be to consider that, instead of going to the conference, we clear our diaries for 3 days and just read the journals, either as hard copy or on the Internet. This would, arguably, be a better educational experience. However, most people may feel that the real value of a conference is the opportunity to mix socially, and exchange professional and other views on life in general, as well as orthodontics. Perhaps a middle way to encourage better academic value alongside social aspects would be the best way of keeping conferences viable and a worthwhile use of time. I realize that this is a controversial view, but I hope that I have given food for thought and perhaps raised issues that could be discussed in the correspondence section of the Journal.

On a more upbeat tone, this is the first edition of the *Journal* that has been produced entirely by the new, slightly changed Editorial Board. The first change is the new cover. When Malcolm Jones decided to change the cover of the *Journal* he suggested that this was the start of a gradual evolution and we hope that the new cover is the final change in the evolution that he set into place. I hope that you find this to be informative and yet attractive, and will encourage people to open the *Journal* to read its contents.

You will also notice that the general layout of the papers has changed. The most striking difference is the use of Vancouver style references. Other changes are the adoption of a slightly larger font, the increased use of colour and a reduction in the length, but not the quality of papers. We have carried out these steps to improve the 'readability' of the papers and, hopefully, we have succeeded.

There are also two new regular sections. The first of these is called 'Evidence-based orthodontics'. This is co-ordinated by Jayne Harrison and she has collected the abstracts of papers published in other journal that report the results of randomized controlled trials. I feel that this is an important initiative, as it will allow readers to be made aware of orthodontic studies that provide high levels of scientific evidence.

The other new section is called 'How to do'. This is co-ordinated by Jonathan Sandy and will consist of a series of papers written by relatively experienced people. Topics covered will be how to do certain aspects of research, preparation of clinical reports, etc. We hope that this will not only provide information to anyone who is wanting to carry out any of these projects, but also inform readers about *how* many research projects are carried out.

Some may feel that these new sections are biased towards research. However, we also feel that the *Journal* should still have its strong clinical base and we have expanded the clinical section. This is co-ordinated by Jon Sandler and we encourage the submission of clinical reports for this section.

Finally, since the Journal office moved to Manchester

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we have encouraged email submissions and refereeing of reports. As a result of this use of new technology, our 'turnround' time from submission to response to authors for 90 per cent of our papers is less than 6 weeks. This has involved great efforts from members of the editorial board and referees, and many authors have appreciated

this achievement. I hope that we can continue this level of performance, and that the *Journal* will continue to grow and publish clinically relevant research that may rival the attention that Conferences seem to attract.

Kevin O'Brien