There is a new tradition in the otolaryngology publishing community that is unique to our specialty, so far as we know. Editors-in-chief of otolaryngology journals in the United States, and intermittently some of our international colleagues such as the Editor of the Journal of Laryngology and Otology (England), sit down together twice a year to discuss topics of mutual interest, maintain lines of communication and friendships, and share perspectives on the evolution of otolaryngology – head and neck surgery and needs that our journals might help address. To establish these collegial, uninhibited, informative and productive meetings, Dr Robert Ruben proposed the idea of a Consortium of Otolaryngology Journal Editors. During the consortium’s formative years, the organisation was solidified and supported by Jonas Johnson who was Editor-in-chief of Laryngoscope from 2003-08 and whose journal funded our meetings. The editors have discussed many topics including standardisation of terminology, duplication and plagiarism, increasing physician interest and involvement in peer review, peer-review education, new publication models and their implications for our colleagues, support for resident presentations at scientific meetings, innovations at individual journals that might prove useful for other journals, increasing international involvement in our journals, predatory journals, and other topics.

Diversity has been discussed periodically over the years not just with the usual focus, but also in other ways that have improved our journals and our field. For example, while many of our journals have had some international representation on their editorial boards, only a few have focused consciously on international representation and have been fairly successful. Dr Robert Ruben founded the International Journal of Pediatric Otolaryngology 40 years ago as the first rigorously peer-reviewed, intensely international journal in the discipline. He is still the editor-in-chief. Thirty-three years ago, Dr Robert
Sataloff founded the *Journal of Voice*, which is not only international but also interdisciplinary. He is still Editor-in-chief of the journal and highlights the fact that nearly half of the members of the editorial board are women. As such topics have been discussed informally among friends, international representation and diversity in other areas have improved gradually in many of our journals.

Standardisation of language is important. Without it, it is extremely difficult to compare data in various articles meaningfully. In some cases, language standardisation is difficult, and there is not always good evidence to guide decisions. Consensus of members of the Consortium of Otolaryngology Journal Editors has solved the problem, at least in some cases. For example, readers might have noticed that all of our journals use the House-Brackman classification to describe facial nerve function. Numerous classifications used to be used creating considerable confusion, until the editors agreed over lunch that all of us would specify use of the House-Brackman classification. Uniformity of reporting was accomplished essentially instantaneously; and our literature on this topic has been better because of this change. The group remains able to address similar problems efficiently after considered discussion leading to consensus for the good of otolaryngology.

Ethical publication should be a central concern for everyone in medicine. Many people believe what they read in journals and editors exert every effort to justify that faith by trying to publish articles that are valid, reliable, useful and original. Publication space is limited and redundant or duplicate publication can be problematic, especially if relevant prior publications are not cited in an article. Identifying such problems has become easier with new computer technology that was not available a decade ago, but a surprising number of abuses still occur. The Consortium of Otolaryngology Journal Editors addressed this concern in a joint editorial on ‘Standards for ethical publication’ that was published approximately simultaneously in 14 of our journals.1 The irony of writing an editorial opposing duplicate publication and then publishing it in multiple journals was not lost on the group. We have seen some extraordinary examples of plagiarism and attempted plagiarism. For instance, articles have been submitted that were translations from original articles published in other languages, in which the only changes were the names of the authors. People who commit such egregious ethical breaches do not hesitate to submit such articles to more than one journal, especially if the articles have been rejected previously. By discussing such issues at our consortium meetings, all of us can be alert to such issues when manuscripts are received.

The publishing business is changing. Changes include models of publication. With nearly any change, there is potential for good, but also potential for harm. While all of us recognise the value and inevitability of the open access model, we also are concerned about its potential abuse, particularly in the form of predatory journals. Physicians are at risk for being misled by invitations to publish in journals which may be indexed but are not legitimate, not properly peer-reviewed, and that may involve substantial publication fees that are purposefully hidden at the time of solicitation. Such predatory journals may flatter young academicians by lauding prior publications and then inviting them to join the editorial board. Upon accepting, our colleagues may discover that they have committed themselves to publishing two or three or four articles a year in the journal and at substantial charges per article. Our concerns led the Consortium to publish another joint editorial called ‘Open access: is there a predator at the door?’, published in 20 of our journals.2

The Editors share concerns about education and have addressed those concerns in several ways. Under the leadership of Dr Michael Stewart, the Consortium developed a two-hour symposium on peer-review held at meetings of the American Academy of Otolaryngology – Head and Neck Surgery for several years. This successful educational event reviewed concepts in peer-review, as well as its history and its various forms. It also educated attendees on how to be good peer-reviewers, how to become involved in the process, and other practical information. While that symposium has not been presented for the last couple of years, Dr Jennifer Shin has proposed a new symposium concept focusing on editors of international journals that should prove fascinating, and that should bring the otolaryngology publishing community worldwide even closer together. Almost a decade and a half ago, *Ear, Nose and Throat Journal* was the first to develop a programme to include resident members on the editorial board. Dr Robert Sataloff was so pleased with the results that he began a similar programme for the *Journal of Voice* a few years later that also involves graduate students, published the outcomes,3,4 and discussed the concept with other journal editors at Consortium meetings. Now, superb resident education programmes have developed in other journals, particularly *Otolaryngology – Head and Neck Surgery*.5 Recognising financial challenges in departments, the consortium also went on record in support of resident involvement at national and other meetings with a joint editorial entitled ‘The value of resident presentations at scientific meetings’ published in 16 of our journals.6

In addition to the public, demonstrable contributions that developed from the Consortium of Otolaryngology Journal Editors, the value of friendship and communication among our specialty editors should not be underestimated. Our meetings have made it easy and natural for us to share information and solicit opinions from each other throughout the year. We have found the Consortium of Otolaryngology Journal Editors thought-provoking, educational and fun. The experience in the world of otolaryngology publishing has demonstrated clearly the value of this model; and we hope that it will be adopted by other specialties.

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