



***American Family Physician* Editor-In-Chief**

The Journal

Editorially focused on clinical reviews, *American Family Physician* is a semimonthly, editorially independent, peer-reviewed journal of the American Academy of Family Physicians. *AFP*'s chief objective is to provide high-quality continuing medical education for more than 180,000 family physicians and other primary care clinicians. The editors prefer original articles from experienced clinicians who write succinct, evidence-based, authoritative clinical reviews that will assist family physicians in patient care.

AFP maintains only the highest editorial standards, consistent with the principles of the International Committee of Medical Journal Editors (ICMJE) and the World Association of Medical Editors (WAME). To avoid bias or the perception of bias, *AFP* does not consider manuscripts sponsored directly or indirectly by a commercial entity, or those written by an author who has a financial relationship with an entity that has a commercial interest in the subject matter.

With a print circulation of more than 180,000 primary care physicians and more than 2.5 million unique website visitors per month, *AFP* is the leading primary care journal in the United States.

The Next Editor-In-Chief

The AAFP seeks an experienced and visionary leader to serve as *American Family Physician*'s next Editor-In-Chief (EIC). The EIC plays a critical role in advancing *AFP*'s preeminent role in providing continuing medical education, developing innovative strategies for dissemination, and advancing evidence-based practice.

The EIC has overall responsibility for the scientific and clinical content of the journal including the development of the journal curriculum; solicitation of authors and articles; acceptance or rejection of manuscripts; recruitment of reviewers; clinical editing; correspondence with authors and reviewers; development of regular columns and departments; and development of blogs, podcasts, videos, and other journal brand extensions. In addition, the EIC is responsible for managing the journal's editorial policies, medical editing procedures, and medical editor budget.

With assistance from a team of assistant and associate editors, the EIC is ultimately responsible for the relevance, accuracy, and depth of information presented in the journal or as an extension of the journal brand, and for maintaining an extensive backlog of articles to permit the production of balanced issues.

The next EIC, a board-certified family physician and member of the American Academy of Family Physicians, will most likely hold an academic appointment at a medical school or residency program and also have direct patient care responsibilities. Roughly half of the EIC's professional time will be devoted to *AFP* work, most likely carried out at the EIC's home institution, with the other half devoted to academic work and/or patient care.

Applications are being accepted through July 7, 2017. See the last page for complete instructions.

Manuscripts

The EIC is ultimately responsible for everything that is published in the journal's name, and for managing the process for solicitation, evaluation, review, and editing.

1. Solicitation: Approximately 90% of scientific articles published in *AFP* are solicited in fulfillment of the EIC's curriculum objectives. In addition to relying on his or her own extensive resources, the EIC frequently calls upon assistant and associate medical editors and faculty colleagues to solicit manuscripts on selected topics in their specialties.
2. Evaluation: The EIC conducts or oversees the evaluation of all manuscripts, including decisions about peer review, revision, and acceptance or rejection. The number of manuscripts submitted ranges from 100 to 125 per year.
3. Review: It is the responsibility of the EIC to ensure that all scientific articles receive adequate peer review by two experts in the topic area and by at least one family physician. Except as may be delegated to an associate editor under the EIC's supervision, the EIC is responsible for the recruitment of and correspondence with reviewers, the subsequent interpretive communication and revision requests with authors, and the notifications of rejection or acceptance of manuscripts.
4. Clinical editing: After peer review and revision (if needed), articles are edited by assistant or associate medical editors under the supervision of the EIC. This editing is focused on the clinical content to ensure that it is clinically accurate, and that the most up-to-date, evidence-based information is included in a manner that is practical and relevant to practicing physicians.
5. Professional editing: Once clinical editing is complete, manuscripts are sent to the *AFP* editorial staff for further editing, focusing on journalistic style, professional tone, accuracy, clarity, and consistency. When this editing step is completed, the manuscript is returned to the author for review; subsequent communication between the author and the *AFP* staff is directed by the executive editor. The medical editors or the executive editor may, as needed, send manuscripts to the journal's art coordinator (currently at Georgetown University) for evaluation as to potential for illustration.
6. Issue content: The executive editor determines which articles will appear in each issue, selecting from the pool of articles in the backlog, in consultation with the EIC if needed.

Departments

In addition to 72 or more clinical articles published each year, *AFP* currently publishes 245-275 department pieces each year (see page 4), many of which are curated from or developed in partnership with other medical organizations. Many of these departments are published only periodically, and may appear in digital outlets only. With few exceptions, these departments also undergo peer review as outlined above, are reviewed by assistant or associate medical editors as assigned by the EIC, and are edited by the medical editors and professional editorial staff.

The EIC is responsible for establishing *AFP*'s departments curriculum, establishing or maintaining partnerships with those medical organizations who contribute department content, establishing the editorial policies for departments, and overseeing the editing process.

Other Responsibilities

1. Additional Content: The EIC is responsible for all content that is published under the journal's name, including blogs, podcasts, videos, tools, books, and other outlets. (New development requested by the EIC is subject to the availability of any budgetary or staff resources that may be required from the AAFP.)

2. Assistant and Associate Medical Editors: The EIC has managerial responsibilities associated with these positions. The EIC selects and appoints these editors (within the established budget), assigns their duties, and oversees their work.
3. Editorial Advisory Board: Advisory Board members serve as liaisons to their specialties and the organizations they represent. It is the contributions of these people, in these varied specialties, that help keep *AFP* up to date on the variety of topics that concern family physicians.
4. Consultation: The EIC consults with the executive editor to ensure the appropriate presentation and contextual relevance of journal content in print, on the website, and in all of its digital channels. The EIC is additionally available to the director of journal media, or to other members of the AAFP staff, to provide advice on issues of a scientific or clinical nature, such as those that may arise with respect to advertising content.
5. AFP Representation at Conferences and Meetings: The EIC attends the annual AAFP Family Medicine Experience (FMX) as a representative of the journal, and may attend or participate in other related conferences (e.g., STFM, CSE) as well.

Relationship to the AAFP

An independent contractor and editorially independent from the AAFP, the EIC is answerable to the AAFP director of journal media only for matters of administration, business, and budgeting. The appointment of assistant and associate medical editors is fully at the discretion of the EIC, within established budget parameters. Decisions regarding the appointment or dismissal of the EIC are made by the Chair of the Board of Directors of the AAFP following the parameters set forth by WAME and ICMJE. The EIC works closely with the executive editor, on staff at the AAFP, who functions as the head of the *AFP* non-medical editorial staff and is responsible for professional editing, copyediting, proofreading, issue makeup, CME compliance, and the timely publication of the journal. The AAFP also provides staff dedicated to the EIC to help administer solicitations, peer review, and medical editing functions using the online submission/review system Editorial Manager.

The EIC stipend will be highly competitive and negotiable based on a variety of factors, including (but not limited to) the actual time commitment the EIC can make.

FOR REFERENCE

AFP Articles and Departments Published

AFP currently publishes a minimum of 72 clinical review articles (3 per issue, which is subject to increase depending on space available) and 245-275 department pieces each year.

Current departments include:

1. *Clinical Evidence Handbook* – This collection is a series of chapters excerpted from *Clinical Evidence Handbook* through an agreement with the BMJ Publishing Group. They offer systematic reviews of evidence supporting key treatment recommendations on important clinical topics.
2. Close-Ups – This department focuses on the personal side of medicine. A patient's story, told in his or her own words, is accompanied by commentary from the patient's physician and resources to help physicians and patients.
3. Cochrane for Clinicians – These are summaries of reviews curated from the Cochrane Library.
4. Curbside Consultation – This department addresses legal, psychological, and ethical issues physicians may encounter in their day-to-day practice. Each article contains a brief case scenario, followed by a commentary section written by a consultant who responds to the particular issue addressed in the scenario.
5. Editorials – These are commentaries on clinical or socioeconomic topics relevant to family medicine and primary care.
6. Editorials: Controversies in Family Medicine – This is a series of editorials presenting different views on current clinical issues in family medicine. Each editorial includes a link to another editorial with the opposing view.
7. FPIN's Clinical Inquiries – Clinical Inquiries curated through an agreement with the Family Physicians Inquiries Network (FPIN) provide short, concise, evidence-based answers to clinical questions common in family medicine.
8. FPIN's Help Desk Answers – Similar to Clinical Inquiries, these are curated through the FPIN agreement and provide brief evidence-based answers to common questions.
9. Graham Center Policy One-Pagers – These reports offer succinct summaries of research and perspectives pertinent to family practice advocacy and are produced by the Robert Graham Center: Policy Studies in Family Medicine and Primary Care in Washington, DC.
10. Implementing AHRQ Effective Health Care Reviews – This department provides concise summaries of the AHRQ's comparative effectiveness reviews, produced by their Effective Health Care Program, including key evidence-based conclusions and practice pointers to put the evidence into clinical perspective.
11. Letters to the Editor – Authors of Letters to the Editor may comment on a previously published article, or present commentary or case studies on an important clinical topic.

12. Medicine by the Numbers – Produced in partnership with The NNT Group, these provide short, concise, evidence-based ratings of therapies, diagnostic tests, and risk assessments commonly used in family medicine.
13. Photo Quiz – Photo Quiz presents readers with a clinical diagnostic challenge based on a photograph and a brief clinical scenario.
14. POEMs – Produced through an agreement with Wiley-Blackwell, POEMs (Patient-Oriented Evidence that Matters) are summaries of research that is relevant to physicians and their patients.
15. Point-of-Care Guides – These guides offer evidence-based tools to assist family physicians in improving their decision-making at the point of care.
16. Practice Guidelines – Practice Guidelines summarize important clinical recommendations from major medical organizations and the federal government.
17. Putting Prevention into Practice – This department offers a series of short reports and quizzes based on guidelines issued by the U.S. Preventive Services Task Force (USPSTF).
18. STEPS – This department includes information about new drugs from the perspective of the five attributes to be considered when weighing the advantages of one drug over another: Safety, Tolerability, Effectiveness, Price, and Simplicity.
19. U.S. Preventive Services Task Force –These are summaries of guidelines issued by the USPSTF.

In addition, *AFP* currently produces a semi-monthly podcast, a Community Blog, a video series on YouTube, and utilizes Facebook and Twitter for audience development.

American Family Physician
Editor-in-Chief Application Instructions and Selection Process Outline

Application Instructions

To apply for the AFP Editor-in-Chief position, send the following by July 7, 2017 to:

Stephanie Hanaway
Publisher and Director of Journal Media
American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211

Send electronic files to shanaway@aafp.org

Include:

- Cover Letter, outlining:
 - Current position(s) and general responsibilities
 - Availability dates (*see tentative timeline below*)
 - Hours per week to devote to the position
 - Brief (150 words or less) description of your current perceptions of *AFP*
 - Brief (150 words or less) description of your vision and goals for the publication in the future
- Curriculum Vitae
- Examples of previously published works (*AFP* or other)
- Any other applicable information

Selection Process

A search committee appointed by the AAFP will oversee the selection process. The final selection will be made by the Chair of the Board of Directors of the AAFP, based on the search committee's recommendation.

All applications will be required to complete the AAFP and *AFP* Conflict of Interest forms, as well as sign non-compete and confidentiality statements.

Following is a general timeline of the process (*subject to change*):

July 7, 2017: Application deadline

July 17-31, 2017: Screening interviews (via phone), if needed

Late July to mid-August 2017: In-person interviews (at AAFP headquarters). Reasonable travel expenses will be reimbursed.

September 1, 2017: Search committee recommendation due; submitted for approval by Board Chair

October 31, 2017 (*negotiable*): Optimum start date, at reduced time commitment, to include transition work with Dr. Jay Siwek, current Editor

February 1, 2018 (*negotiable*): Date for new Editor-in-Chief to formally assume role

Questions?

Contact Stephanie Hanaway at shanaway@aafp.org