To the Editor,

I read with great interest the article titled “A Comprehensive Evaluation of National Cardiology Congresses Abstracts on the Basis of the 2016 Academic Criteria” by Güner et al.¹ In their detailed and meticulous statistical analysis, Güner et al. compared the publication rates of abstracts presented at National Cardiology Congresses over the last 13 years in scientific journals, following the new academic criteria set forth in 2016 by the Head of the Inter-University Council. They observed a significant decrease in the publication rates of these abstracts as articles in scientific journals beginning in 2017, concurrent with the implementation of the new academic criteria.² While the scoring system of the new academic criteria is cited as a principal factor in this decline, there are additional points worth discussing.

Participation in national congresses holds great importance for most clinicians, especially those at the beginning of their careers. These congresses play a pivotal role in the dissemination of scientific knowledge and the fostering of interaction among peers. They serve as platforms to share the findings of our research and to introduce information considered novel in clinical practice. Each scientific activity in which we participate, whether as clinicians or researchers, adds value and should contribute to our advancement in academia. Unfortunately, the current academic criteria, in use for approximately the last seven years, place researchers in a difficult position at times. The oral exam for associate professorship, a critical step in advancing academically and securing an academic title until 2017, is no longer conducted. Consequently, the process of earning the title of associate professor has been reduced to merely completing a scorecard. In the process of filling out this scorecard, priority is given to quantity rather than quality. Consequently, the quality has declined, leading to a decreased rate of publishing research articles in internationally respected scientific journals, as Güner et al. have mentioned. Moreover, the academic criteria used by the Inter-University Council for academic advancement encourage clinicians to undertake superficial research with limited scientific value and to present it in abstract form at congresses to satisfy the ‘oral presentation’ subsection of the scorecard. The Inter-University Council’s policy of awarding additional points to researchers who present their clinical studies as abstracts at congresses and subsequently publish these abstracts as research articles in scientific journals may lead to an increase in the publication rate of abstracts.

The Inter-University Council has recently revised the criteria for academic advancement.³ A significant change is the inclusion of the quartile ranking in calculating the clinical research score. Awarding higher scores to publications in higher-quartile journals (Q1 & Q2) may motivate clinicians to aim for publication in these journals. Taking quartile rankings into account for the associate professorship exam can enhance the focus on the quality of papers rather than their quantity. However, nearly all journals with a high quartile ranking require an article processing charge (APC) at the time of manuscript submission. APCs can pose a significant barrier for young cardiologists at the very beginning of their academic careers, often acting as a rate-limiting factor.

It should also be noted that most universities, when conferring the title of full professorship, award separate points for an abstract presented at a congress and for the same study published in a scientific journal. Considering that the eligibility period for receiving the title of professor for those entitled to the rank of associate professor after 2017 is now beginning to end, it is possible that we will see an increase in the publication rate of abstracts presented between 2017 and 2021 in the coming years.

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