

Tall Towers Are Built on Strong Foundations

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hen I was appointed the editor-in-chief of *Plastic and Reconstructive Surgery – Global Open* (*PRS Global Open*), I developed a 57-page list of ideas to implement. I was, am—and can't foresee a time when I won't be—entirely invested in the success of this publication. Right as I was about to begin the 58th page, however, a thought struck me: Success particularly that of a world-renowned medical journal—is never the result of one person's ideas, but the collective wisdom of the group that designs and propels the vision forward.

To this end, one of my initial ideas was to break out of the traditional mold the Society had established for a coeditor. With the support of the Publications Committee of the American Society of Plastic Surgeons-and for the first time ever for any American Society of Plastic Surgeons journal-two co-editors were appointed instead of just one. I doubt that many would find fault with the traditional editor/co-editor pairing that has made both PRS and PRS Global Open so successful for so long, but the fact of the matter is that we have an opportunity to bring more voices, perspectives, diversity, and experience to the table, and with the speed at which our specialty evolves (not to mention the world of publications), that additional input is invaluable. It is my distinct privilege to have Amanda Gosman, MD, and Bert Losken, MD-two experienced visionaries and accomplished surgeons-on board to help lead the way.

Next on the list was to install section editors another first for *PRS Global Open*. This was done to supplement our already strong editorial board, composed of regional, contributing, consulting, and associate editors. We want to not only categorize existing submissions into a more robust infrastructural framework, but also determine what kind of submissions we want in the future and encourage that development. Of course, some of these sections are traditional (breast, craniofacial/pediatric, cosmetic, hand/peripheral nerve, and reconstructive), but others either carry different names or are completely new—making *PRS*

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Global Open more contemporary and reflective of the ever-expanding landscape of plastic surgery. These sections include the business of plastic surgery, education, global health, research (a broader term than the previously used "experimental"), gender surgery, technology (which will cover technological advances affecting the field, including the digital sphere, physical hardware, robotics, big data, social media, and more), residency/fellowship, case reports, and wellness. These sections are designed to make absolutely clear to our readership (that is, the entire world) exactly the type of high-quality articles that we aim to distribute (Fig. 1). (See Document, Supplemental Digital Content 1, which provides a thorough listing of the subject areas within each PRS Global Open topical section, http://links.lww.com/PRSGO/B661.) For our future authors, it also establishes a welcoming, clear and visible home for their content. When authors consider to which journal they intend to submit their work, our organizational system of sections lays out what we prioritize.

With the new vision of PRS Global Open, we intend to stand upon the two pillars of quality and speed. Every submission will undergo the robust scrutiny of peer review. We have more than 3800 peer reviewers to call upon throughout the world, representing diversity of experience, expertise, and perspective-all of which will help strengthen each and every article published by PRS Global Open. Our editorial board will provide constructive feedback to authors so that every accepted submission is in the best shape possible by the time of publication. Concurrent with that due diligence, we already have best-in-class turnaround times-a distinction we not only intend to maintain, but improve upon. The journal's average turnaround time between submission and first decision in 2020 was 15.2 days, and the targeted time between acceptance and publication is 35 business days. Those timetables are already fast by industry standards-and far superior to what can be expected in any subscription-based journal that is not open access—but our plan is to make that even faster. Now, more than ever, we need to disseminate high-quality information and do it quickly. However, that cannot be done by compromising the integrity of the process

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Breast	Business	Cosmetic	Craniofacial/ Pediatric	Education	Gender- Affirming Surgery
 ALCL ADM Autologous Fat Grafting BII Breast Recon. Congenital Breast Deformities Gynecomastia Nipple Recon. Oncoplastic Reduction 	 Economics Health Policy Legislation Physician- Patient Communication Practice Management Private Practice 	 Abdominoplasty Augmentation Mastopexy Blepharoplasty Body Contouring Breast Augmentation Facelift Fillers Keloids Lasers Liposuction Rhinoplasty 	 Calvarial Recon. Cleft Lip/Palate Congenital Deformities Craniofacial Distraction Facial Re- animation Mandible Fractures Maxillofacial Pediatric trauma & disorders 	 Academic Medicine Coaching & Mentoring Education Equity Humanism 	 Gender- Affirming: Breast Augmentation Facial Surgery Mastectomy Phalloplasty Vaginoplasty Transgender Equity
Global Health	Hand/ Peripheral Nerve	Reconstructive	Research	Technology	Wellness
 Bi-directional Innovation Collaborative Quality & Outcomes Global Surgery Education Global Surgery Ethics 	 Arthritis Bone/Joint Pathology Dupuytren's Migraine Nerve Entrapment Syndromes Nerve Surgery Neuroma Pediatric Hand Upper Extremity Microsurgery 	 Burns Chest Wall Hernia Repair Lymphedema Military Medicine Oculo-plastic Pressure Sores Skin Cancer Sleep Apnea Tissue Expansion Transplantation Wound Healing 	 Biomaterials Bone Biology CTA Gene Therapy Immunology Inflammation Ischemia/ Reperfusion Muscle Physiology Stem Cell Biology Regenerative Medicine 	 Big Data Digital Technology Internet-based Observations Machine Learning Robotics Social Media Surgical Technology 	 Individual/ Personal Self Society & Culture Organizational/ Institutional Non-Clinical Requirements Practice Environment

Fig. 1. An overview of the new line-up of PRS Global Open Sections, including the distribution of plastic surgery topics therein and the updated color coding for the journal.

or the quality of the result. We have established a strong reputation in the specialty and the world at large for the content we publish. By cementing the quality of that content and improving the speed at which it reaches our readers, that reputation will only be fortified. This is what *PRS Global Open* will be known for. The future is *open*!

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