

# Open Access Policy for *GCEJ*

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# 1. Overview

The *Global Clinical Engineering Journal (GCEJ)* is an Open Access journal that publishes high-quality, timely, double-blind peer-reviewed manuscripts about the intersection of technology, engineering, and informatics related to health, wellness, disease management, and patient-care outcomes around the world. In line with the principles of Open Access publishing, the Journal aims to ensure that all papers published are freely available to researchers, practitioners, and the public, without financial, legal, or technical barriers, and without delay (No embargo period and no requirement for users to register to read content). Following [the Committee on Publication Ethics \(COPE\)](#), the [Directory of Open Access Journals \(DOAJ\)](#), [the Open Access Scholarly Publishing Association \(OASPA\)](#), and [the World Association of Medical Editors \(WAME\)](#) and the [Budapest Open Access Initiative \(BOAI\)](#) definition, **GCEJ** declares that we strictly comply with the [PRINCIPLES OF TRANSPARENCY AND BEST PRACTICE IN SCHOLARLY PUBLISHING \(POT\)](#), and this Open Access policy promises that we allow for immediate free access to the work and permits any user to read, download, copy, distribute, print, search, or link to the full texts of articles, crawl them for indexing, pass them as data to software, or use them for any other lawful purpose, without asking prior permission from the publisher or the author.

With the increasing volume of submissions to the Journal, we've recruited additional editorial staff to maintain the speedy and high-quality review of the submissions. However, our sponsorship is not sufficient to cover the increased operating costs, therefore the **Editorial Office** has decided to change the recognition of Diamond OA to Gold OA, which will be started at the beginning of 2025.

## 2. GCEJ's New Gold OA Policy

After changing from Diamond to Gold OA, the *Global Clinical Engineering Journal* will continue to provide high-quality peer review and editorial services to ensure manuscripts' fair and quick review decisions. Furthermore, this new model will enable us to remain sustainable and aim to further enhance the Journal's Open Access services and promote academic exchange and collaboration.

### 2.1 The New Model Will Include

- A Gold OA policy that will involve corresponding adjustments to authors' Article Processing Charges (APCs). Please pay attention to the latest [Submission Guidelines and Instructions for Authors](#).
- Continuing the current practice, readers will still be able to access the content of published papers without charge.
- The Journal will still provide financial support for authors and waive all APCs for submissions before 31 December 2026. Meanwhile, we will continuously support those

authors in need, especially from the low- and middle-income countries. We aim to become the unique journal that concentrates solely on the field of clinical engineering and provides the best publication services to all authors, including the majority of clinical engineers, doctors, and basic researchers worldwide. Many of the authors may not have enough sponsorship from their institutions and considering this fact, the Journal deems it appropriate to give a helping hand and remove the financial barrier when publishing high-quality papers to accelerate the academic exchange in the circle.

## 2.2 Impact on Readers and Authors

This change in OA type will not affect all published papers, nor incur any additional charges for authors who already submitted manuscripts before 2025.

## 3. What Is Open Access?

Open Access (OA) is a publishing model that allows scholarly research to be made freely available online to anyone, anywhere in the world, without subscription or access fees. Under Open Access, papers are published with licenses that permit free access, use, and redistribution of the work, if the original authors are properly credited. Open Access removes the conventional paywall barriers that restrict access to academic content, with the goal of ensuring research is available to a wider audience.

## 4. Advantages of Open Access

1. **Wider Dissemination of Research:** Open Access removes subscription barriers, guaranteeing that research is accessible to all individuals, regardless of location. This enhances the visibility and influence of published papers, reaching a broader and more varied audience, including researchers, policymakers, practitioners, and the general public.
2. **Enhanced Citation and Impact:** It has been demonstrated that open-access papers receive more citations compared to traditional ones behind subscription paywalls. The increased accessibility leads to higher visibility and recognition within the academic community and beyond.
3. **Accelerated Knowledge Sharing:** Through the provision of unrestricted access to research, Open Access speeds up the exchange of ideas and promotes collaboration among researchers, healthcare professionals, and institutions. For *GCEJ*, the policy of Open Access promotes interdisciplinary research and speeds up innovation, especially in the field of clinical engineering.
4. **Increased Public Engagement:** Open Access guarantees that scientific discoveries are accessible not only to experts but also to the general public, encouraging increased involvement with science and technology. This is particularly important for fields like

clinical engineering and healthcare, where knowledge can guide decisions that influence health policies, treatments, and patient outcomes.

5. **Long-term Accessibility:** Open Access guarantees the enduring availability of research. By utilizing institutional and public repositories, papers can be archived and retrieved over the long term, independent of commercial publisher agendas.

## 5. Open Access License

All papers published in *GCEJ* will be freely accessible online immediately upon publication. The journal follows a **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, which allows readers to freely access, share, and adapt the content if appropriate credit is given to the original authors and the source of publication.

## 6. Publication Fees

*GCEJ* does not charge any submission fees in 2026. However, authors are required to pay an Article Processing Charge (APC) upon acceptance for publication at the start of 2027. The APC helps cover the costs of the publication process, including peer review, editing, and archiving. The invoice details will be provided to authors upon acceptance of their papers.

## 7. Archiving and Distribution

Published papers will be deposited in Open Access repositories and can be freely accessed through the *GCEJ* website. Authors are encouraged to disseminate their work through institutional repositories, personal websites, and other platforms that facilitate broad distribution. We accept the utilization of preprints and advocate for authors to submit their manuscripts to established preprint servers before undergoing formal peer review.

## 8. Copyright and Licensing

Upon paper acceptance, authors grant *GCEJ* the right to publish their work under the Creative Commons Attribution 4.0 International License. Authors retain the full copyright of their work and meanwhile agree to allow *GCEJ* to distribute and publicly display their work according to the terms of the license.

## 9. Reusability and Reproduction

Under the CC BY 4.0 license, articles can be reproduced, redistributed, and reused in different formats and for diverse purposes, *e.g.*, in educational materials, commercial contexts, and other

academic works, provided appropriate credit is attributed to the original work. Authors and users are encouraged to share, remix, and build upon the published content.

## 10. Funding and Support for Open Access

*GCEJ* is committed to the open dissemination of scientific knowledge and recognizes the importance of making research publicly accessible. We encourage institutions, funding bodies, and authors to endorse the Journal's Open Access approach.

## 11. Self-Archiving

Authors are allowed to archive their accepted manuscripts (preprints, postprints, or final published versions) in institutional repositories or on personal websites, provided they comply with the licensing terms outlined above.

## 12. Accessibility and Equity

We are committed to making research freely available to everyone, regardless of geographical location, economic status, or institutional affiliation. Our goal is to ensure that the latest developments in clinical engineering are accessible to engineers, researchers, healthcare providers, and the global CE community.

For any inquiries regarding the Open Access Policy or to discuss potential financial support for APCs, please contact our **Editorial Office**.