

1. We have not overlooked issues such as patient consent. The article submission process includes the step to upload a patient consent form. Our articles do not currently have DOIs but in future it is our aim to get it. There is a cost involved in this and somebody will have to bear that cost.
2. Articles are not indexed by pubmed but that is mainly because pubmed and other databases insist on the content being peer reviewed. It is our hope that in near future we will be able to persuade organisations to index some if not all articles on WebmedCentral.
3. Hodgkinson found licensing details confusing. We have since updated our copyright policies. We now adhere to Creative commons license.
4. The term “open access” is open to interpretation. However there is a broad consensus as on http://en.wikipedia.org/wiki/Open_access. Since all content on WebmedCentral is free for readers/visitors to the site, it is fair to call it “open access”.
5. Generating a debate around their article and obtaining reviews is authors’ responsibility. In near future, our faculty team will help in this task. Our admin team will periodically invite reviewers for articles as and when we feel the need to reinforce post publication peer review.
6. It is our aim that all the versions of the articles will be interlinked. Please point out any technical flaws to our technical team and they will be happy to resolve the matter as soon as they can.
7. Some of the remarks made here, dare I say with due respect, are judgemental. We do not pretend to judge the importance of a manuscript or even technical accuracy. We publish everything that users submit to us as long as the content is scientific. History is replete with instances when the true value of an observation becomes obvious only much later.
8. Plagiarised content will be removed as soon as it is brought to our attention and authors asked to explain. We will maintain a record of these authors and such authors will be barred from further submissions to our portal. In near future, we hope to use technology to minimise such occurrences.
9. In future, users will be able to see reviews carried out by a single reviewer by clicking on his/her profile.
10. The quality of reviews on WebmedCentral will improve with the quality of reviewers. We are currently working to create a team of faculty who will be helping with the review work. This is an ongoing work and one that we pay a lot of attention to as our portal relies on post publication peer review. Generating a post publication debate is WebmedCentral’s priority. We are working on mechanisms to reinforce it further. In future, we will have a mechanism of rewarding authors who can get some good reviews and then modify their manuscripts by moving them to a higher level of website. This would be WebmedCentral indicator of article quality. However we do not intend to move away from our central philosophy of publishing without peer review just because some authors are not taking it seriously.
11. Yes a lot of our users are from India and we will not apologise for the fact that a country with more than a billion people wants to participate in academic discussions. However Hodgkinson ignores the fact that we have articles and users from all over the globe. A look at our recently formed advisory board and faculty team (both in development) will confirm that fact. Moreover our portal routinely gets maximum hits from USA.
12. Open reviews can be less critical but closed reviews can be overcritical and judgemental. Reviewing is a powerful act and with power comes always the responsibility to use it adequately. One should not use closed peer review as a veil to hide behind. Transparency in communications is surely a good thing and WebmedCentral believes in it. We are confident that when serious scientific issues will be debated, scientists will not confirm for the sake of doing it. To accuse a whole culture and race of sycophancy on the basis of isolated comments is arrogant and disrespectful.

13. Though we encourage authors to respond to reviews and modify their manuscripts accordingly, they are never worthless. They always provide readers with an additional insight into the work in question. Pre publication peer reviewers force authors into agreeing with them. Post publication peer review lets authors retain their independence and they ignore any negative review at their own peril.
14. We are developing new search functionalities when a user will be able to select articles with a certain reviewer rating etc.
15. Featured Articles are decided by our management team as articles most likely to generate interest. In near future, faculty team will own up this task as they will be responsible for leading the agenda of each speciality page.
16. We did not initially think that WebmedCentral was about us but there was a demand from some scientists to find out who was behind this venture even though such information is always available freely from company house. Hence we have now publicly declared ourselves on our web portal and also on social media circles.
17. Finally one should not overlook what we provide. We provide any biomedical scientist with an ability to say what he/she wants to say without any cost, without any significant delay (48 hours at the most), without any bias, and without any fear of being drowned by opposing scientific views.