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# An Audit of Editorial Processing at JCPSP: Issues and Compliance

Saba Sohail

With the present issue, JCPSP begins the 19<sup>th</sup> year of its publication. The time is ripe to communicate some observations and discuss certain grey areas and plan for the year ahead.

To have a bird's eye-view of the articles turnover and processing, the number of submission received till the time of writing these lines i.e. mid December 2008 was 648 articles. Out of which, 26 articles have been published during the same year, 70 non-qualifiers for publication have been regretted, while the rest are in various stages of processing. The largest numbers (130) are with authors for redressing of shortcomings identified during in-house assessment and 86 for revision as per reviewers' comments. Another large number (119 manuscripts) are with reviewers for technical assessment. Again, 160 articles, submitted in 2007, are with authors pending for either revision or initial redressing and some 30 odd manuscripts submitted in 2006 are still with authors who have been issued final notices of closure. Handling this number of articles, which is certainly large, leads to certain observations and issues, some of which were a continuum of the old experiences, while a few were new. It would be prudent that the readers should also share these.

The major factors responsible for rejection were linguistic – an old complaint from the editors' desk; weak study design and statistical analysis and technical inadequacy, as pointed out by the subject experts, being other factors. While CPSP and large teaching/training institutes regularly conduct research workshops for all levels of trainers and trainees, the linguistic aspect remains unaddressed. The editors are addressing this issue and highlighting its importance,<sup>1,2</sup> but the problem remains steadily there. Given that the medium of instruction for the medical under and post-graduates is English, this deficiency in written English often undershines the brilliancy of some really good work. When syntax and phraseology errors render a sentence/statement entirely incomprehensible then

such articles can neither be recommended by reviewers nor improvised by editors in editing. It is, therefore, imperative that authors must make a conscious effort to improve their English writing skills to complement their research communication. Perhaps this is also time to incorporate English writing skills for medical communications as an optional module in our undergraduate curricula as practiced in some business and engineering studies. This is the concept behind linguistic uses for specific purposes.<sup>3</sup>

Authors must carefully read and understand the implications when signing the authorship certificate. Signing implies a permission to incorporate editorial changes in submitted manuscripts to rectify language, format of text and title in editing. Another important point is the undertaking of the script being submitted exclusively to JCPSP and denial of reproduction of others' or self reported previous work. Both these issues i.e. multiple/duplicate submissions and plagiarism remained a major concern of the editors. More cases of this practice were unearthed than in any previous year. The Pakistan Medical Journalists' Association initiated a series of workshops to update and apprise the editors of these and other issues. There is a greater co-ordination and cross-linkage between the local biomedical and specialty oriented journals with immediate intimation of such cases to other editors.

Another issue is the ethical aspect of multicentric studies. While there is no such practical limitation as patency of data, there is an increasing submission of scripts where the primary authors belong to a high-resource private hospital and data is collected from under-resourced tertiary care public hospitals. While a few names from the latter are thrown in as co-authors; there is no input of data from the institute of the primary authors and no mention of any permission from the public hospitals' ethical committees, research departments or even hospital administration to conduct such studies. This is not an issue of rights of research but of morality and ethics that should preferably be practiced.

There is another trend of case reports emphasizing management done at so-called 'small/peripheral' hospitals. A rare disease, an uncommon variant or a new phenomenon of medical interest can be identified anywhere by an intelligent, learned mind. Novelty of a

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case has nothing to do with the size and location of the health care establishment. Performing dedicated management to save life in an under-resourced/under-equipped setting is very admirable and indeed one of the reasons for this profession being considered noble, rising above the primary basic needs of survival and security. But academics require more. Insisting on publishing case reports which are infrequently seen or reported at a small hospital but make-up a routine for tertiary level teaching hospitals, is not justified. An internationally indexed journal intended for post-graduates, consultants and academicians requires more ingredients for academic interest to maintain a certain standard. We certainly do not discourage authors from reporting what they consider reportable. However, a thorough search on local medical data bases before embarking upon writing/reporting can avoid the consequent disappointment upon rejection.

Keeping this observation in view, the instructions to authors guidelines have been revised. Ethical aspects have been stated in greater detail. The journal's plagiarism policy is separately stated. New categories have been added to cover a wider range of reportable research. Systematic reviews, following but not copying those of the Cochrane systematic review pattern, would be welcome.

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