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MANUSCRIPTS CATEGORIZATION AND THEIR ACCREDITATION

Jamshed Akhtar and Saba Sohail*

Research is defined as a study that discovers new facts or reveals new information. In JCPSP major chunk of articles received belongs to clinical sciences while those pertaining to basic subjects also get published infrequently. In bio-medical journals the distinction between research and non research articles is difficult to establish while in scientific journals the difference is clear. The term used by Pakistan Medical and Dental Council (PMDC) for the original article in itself does not help to distinguish between different categories of articles that we are receiving on daily basis. Almost all the contributors write their articles with the sole aim of getting promotion to higher clinical posts as per requirement of promotion rules. The accreditation is given only to those articles that are entertained under the category of original article. This practice, on the one hand, encourages the clinicians to contribute and share the important data related to their clinical practice in the form of publication but, on the other hand, it narrows the horizon of thinking the contributors as none of the

other important observations made during their life time get any importance because they are not acknowledged by PMDC. So the clinicians are only trained to write either the so-called original article or case reports. As category of original article is not described/practiced in a uniform way by bio-medical journals of Pakistan many articles at JCPSP are either rejected or sent back to the authors on initial assessment so as to change its format to be accommodated under some other category. In an effort to define other categories, Editorial Board of JCPSP has tried to define a policy and intends to implement it in the year 2005 and, at the same time, pursue the matter with PMDC to bring changes into the recognition system of contributions of authors in bio-medical journals of the country. In an effort to pursue new policy, Editorial Board of JCPSP is also trying not to harm the interest of its contributors so the term original article is retained but is sub categorized to accommodate in various categories of articles (Table I).

Table I: Categories of articles.

Type	Description	Words	Format	References
A. Original article				
Research Article	Clinical trials, interventional studies, comparative studies etc. All data should be supported by statistical tests, applied appropriately.	1800-2000	Abstract (structured), Introduction, Patients & Methods, Results, Discussion and Conclusion.	15 - 25
Clinical Practice Article	Simple descriptive studies (review of record), Observational studies, Long-term follow-up, Outcome of clinical importance etc. may or may not be supported by statistical tests.	1200-1500	Abstract (structured), Introduction, Patients & Methods, Results, Discussion and Conclusion.	15 - 20
Survey/Audit Report/ Questionnaire-based Report	Results may be in simple descriptive form or supported by statistical tests.	1200-1500	Abstract (structured), Introduction, Methods, Results, Discussion and Conclusion.	10 - 15
Medical Education	Topics related to curriculum/ evaluation/assessment techniques/ teaching tools/teaching modes etc.	1200-1500	Abstract (non-structured), Introduction, Methods, Result, Discussion.	10 - 15

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Type	Description	Words	Format	References
B. Other categories				
Review Article	Important clinical condition that merits review to up-date readers.	Upto 3000	Abstract (non-structured), Introduction, Actual review (critical) supported by one's own personal clinical data. Conclusion should give future direction as well.	25 – 40 (findings of these references should be critically discussed).
Case Report/ Evidence-based Report	Description based upon unusual presentation, unusual outcome, new/ rare association, some observation of interest to be shared, management of cases < 10 in number etc.	Upto 1000	Abstract (non-structured) upto 250 words, Introduction (brief, pertinent to case managed 100 –150 words), Case report, Discussion (highlighting important observation in the background of literature and may suggest some thing for future. Only one photo and one table or two photos to be included.	Maximum 10
Short Communication/ View point/update	Any clinical observation / result that does not fulfill criteria of clinical practice article. Preliminary report of any ongoing study comes under this heading,	Upto 800	Introduction (giving background upto 100 words), Actual communication upto 500 words, Outcome / future direction. upto 200 words.	Upto 5
Debate	Ethical / social / legal / educational etc. issues	Upto 800	Start with actual issue (upto 400 words), followed by critical discussion of all relevant aspects and suggestions/ future direction, supported by literature. It should be extremely focused on single aspect only.	5 - 10
Images	Any interesting clinical condition with no specific outcome but important to be reported so that future direction in terms of research could be facilitated	Upto 500	Case description followed by discussion, supported by 3 – 4 photographs.	Upto 5
Letters to the Editor	Pertaining to article published in JCPSP	Upto 500	Point out deficiencies/any conflict of interest/ may support article by one's own observation/ management of such case etc.	Upto 5
Medical Student Corner	Any topic prepared by students/ residents and presented in their institutes, of clinical interest	Upto 500	In a form of a story divided under various headings.	Upto 5

C. Miscellaneous group

The format and type of the manuscripts not falling into any of the categories mentioned above will be decided by Editorial Board.

The intent of these changes is to facilitate publication of various categories of articles and at the same time making it easier for the reader to search for article of his interest by looking at its type. The EB of JCPSP is planning to approach PMDC to assign significance level of numbers to each type of article published

in recognized periodicals so that authors should get credit of their hard work they put in preparation of the manuscripts. Every data that gets published provides insight into the disease pattern and helps in formulating future research, thus merits appropriate recognition.

