

EDITORIAL**REFLECTIONS OF CERTIFICATION IN MEDICAL EDITING**

Participation in the first ever course in Medical Editing conducted at the University of Health Sciences (UHS) in Lahore was highly inspirational, informative and historic. The course content covered a broad range of tremendously exciting learning developments in Medical editing that stimulated the learning process. The endeavors of the organiser of the course were highlighted and appreciated. It provided an opportunity of networking with many stalwarts in medical journalism in Pakistan as well as to learn from their experience that led to many sessions of enlightened peer to peer interaction.

The adherence and compliance by all medical editors to the International Committee of Medical Journal Editors (ICMJE) guidelines¹ is a reverberating call to action that was reinforced which would ultimately determine the success of the journal and the improve its impact factor in the long run. The upgradation of guidelines, adaptation, revision and adherence to ICMJE guidelines is a continuous practice that must be routinely adapted by the editorial team. A good journal requires a good interface and a variety of manuscripts such as original research article, meta-analysis, systematic review and case reports to enhance the credibility. Formats as diverse as blog writing to conference proceedings should routinely be inclusive in the content of a medical journal and the editorial team must practice this diversity and the means to incorporate such content. The inclusion of Digital Object Identifier (DOI) with special emphasis on the process of registration with the metadata deposits was particularly stressed.

Barriers to enhancement of quality of journals such as in failure of the authors to read and comply with journal instructions, increasing trend of duplicate publication, plagiarism, measures to increase the visibility of the journals, and ways of inclusions of journals in various important databases were discussed. Solution to these problems were pondered on and reflections of the facilitators were insightful. The essential com-

ponents such as the introduction, methodology, results, analysis and discussion and conclusion are routinely not adhered in the routine submissions to Medical Journals. In addition the submitted articles have incomprehensible texts and grammatical errors. It was reinforced that the pertinent themes of rejection of scientific articles center around 'inadequate introduction', 'poor literature search', 'too old references', all of which have close affiliations with lack of knowledge of research methodology. Adherence to the core components of the content and drafting with special emphasis on quality of Editor's triage and initial screening was reinforced². There was emphasis to revise the content of medical writing workshops as a matter of priority to ensure that the facets pertaining to sentence construction as well as use of tools to aid grammar and comprehension should also be introduced with the technical facets of research methodology.

The method of selection of peer reviewers by the Journal Editors is a practice that needs to be changed as the quality of a medical writing in a journal is achieved by taking the "peer review" process more seriously. The current practice of selection of peer reviewer through association and networking has been observed in many journals. An interesting practice that should be routinely applied is the entry of the MESH words so that reviewers can be identified promptly based on the area of interest. This has already been a common practice by high impact medical journals. Although due to the extensive association and the apprenticeship even if a data base of reviewers has already been established but it needs to be continuously updated as a continuous activity by periodically demanding curriculum vitae (CV) from the reviewers.

The impact factor criteria for tenure track and promotion formality for authors in academic institutions has been recognized as augmenting unethical practices such as salami publication and gift authorship among the authors. It was shared that at times while accepting manuscripts for

publication the Editors are in a constant dilemma because on one hand in order to increase their Impact Factor, manuscripts which have higher chances of citation are routinely processed at a fast track to ensure early publication. On the other hand journals in Pakistan are under a constant unremitting pressure to publish more manuscripts after going through the peer review. The unethical practices such as gift authorship adopted by some authors highlights the challenges faced by the editorial team in this domain. It consequently leads to direct extensive efforts in this matter, particularly towards encouraging the revision of procedures and practices in the Journal and to screen the authors in this regard. There was emphasis to adherence to guide lines of publication ethics such as COPE (the Committee on Publication Ethics) that serves as a valuable resource for promoting integrity in research publications, offering advice, and a code of conduct³.

In the use of modern techniques, such as Open Journal System (OJS) that aids submission, review, copy editing and publishing procedures was elaborated with a hands on practice. Participating in the exercise with relative ease reduces the hassles of manual editing and condenses the extensive paper work. There is a need to combine this ongoing effort and train our researchers, peer reviewers and support staff who are most receptive to adopt good practices. An understanding of this can help drive a cultural change and have a ripple effect that works from the support staff to the editorial board.

Another important facet in this regard is the use of electronic and print media to the advantage of the medical fraternity. It was stressed that the editorial staff must utilize its effectiveness in enhancing health literacy, publishing the case studies of innovation and contextual interventions in the Medical Journals.

Evidence was eluded to that being a part of the Editorial team in peer review biomedical journal from a low and-middle Income settings with less human resource and financial constraints is a highly stressful and frustrating job. However there is a need for continuous capacity building, ensuring editorial independence and tangible criteria of performance among the staff. The practices of professionalism, neutrality, conducting honest and balanced overview and adherence to ethical norms in all of the above parameters is to be among the important lessons to be inculcated.

In conclusion the extensive efforts in the above mentioned dimensions and encouraging a culture shift through certification in Medical editing in those empowered to revise the procedures in a medical Journal will lead to revolutionize the future of medical editing in the country.

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Dr Shamaila Mohsin

Assistant Editor, PAFMJ
Community Medicine Department
Army Medical College/National University of
Medical Sciences (NUMS)
Rawalpindi, Pakistan

Shaukat Ali Jawaid

Chief Editor
Pakistan Journal of Medical Sciences
Secretary,
Eastern Mediterranean Association of Medical
Editors (EMAME)