

INSTRUCTIONS TO AUTHORS

The JCPSP agrees to accept manuscripts prepared in accordance with the "Uniform Requirements submitted to the Biomedical Journals" published in the British Medical Journal 1991; 302:334-41, printed in the JCPSP, Vol. 3 No. 2, April-June, 1993, updated and reprinted in July, 2003, Vol. 13 (7) and updated in the issue of December 2007, Vol. 17 (12) and again in Decemebr 2008, Vol. 18 (12).

INSTRUCTIONS TO AUTHORS

All material submitted for publication should be sent exclusively to the Journal of the College of Physicians and Surgeons, Pakistan. Work that has already been reported in a published paper or is described in a paper sent or accepted elsewhere for publication should not be submitted. Multiple or duplicate submission of the same work to other journal should be avoided as this fall into the category of publication fraud and are liable for disciplinary consequences, including reporting to Pakistan Medical & Dental Council and Higher Education Commission. A complete report following publication of a preliminary report, usually in the form of an abstract, or a paper that has been presented at a scientific meeting, if not published in full in a proceedings or similar publication, may be submitted. Press reports of meetings will not be considered as breach of this rule, but additional data or copies of tables and illustrations should not amplify such reports. In case of doubt, a copy of the published material should be included with a manuscript to help the editors decide, how to deal with the matter.

Authors can submit their articles by post or by E-mail to the Managing Editor, Journal of the College of Physicians and Surgeons Pakistan. Whole articles should be submitted on a Compact Disc (CD) with three hard copies (laser copies or inkjet, photocopies are not accepted), if sent by post. Articles submitted by E-mail do not require any hard copy or CD.

GENERAL ARCHIVAL AND LINGUISTIC INSTRUCTIONS

The author should submit the manuscript typed in MS Word. Manuscripts should be written in English in British or American style/format (same style should be followed throughout the whole text), in past tense and third person form of address. Sentences should not start with a number or figure. Any illustrations or photographs should also be sent in duplicate. Components of manuscript should be in the following sequence: a title page (containing names of authors, their postal and E-mail addresses, fax and phone numbers, including mobile phone number of the corresponding author), abstract, key words, text, references, tables (each table, complete with title and footnotes) and legends for illustrations and photographs. Each component should

begin on a new page. The manuscript should be typed in double spacing as a single column on A4 (8-1/2" X 11" or 21.5 cm X 28.0 cm), white bond paper with one-inch (2.5 cm) margin on one side.

MATERIAL FOR PUBLICATION

The material submitted for publication may be in the form of an Original research (Randomised controlled trial - RCT, Meta-analysis of RCT, Quasi experimental study, Case Control study, Cohort study, Observational Study with statistical support etc), a Review Article, Commentary, a Case Report, Recent Advances, New techniques, Debates, Adverse Drug Reports, Current Practices, Clinical Practice Article, Short Article, KAP (Knowledge, Attitudes, Practices) study, An Audit Report, Evidence Based Report, Short Communication or a Letter to the Editor. Ideas and Innovations can be reported as changes made by the authors to an existing technique or development of a new technique or instrument. A mere description of a technique without any practical experience or innovation will be considered as an update and not an original article. Any study ending five years prior to date of submission is judged by Editorial Board for its suitability as many changes take place over the period of time, subject to area of the study. Studies more than five years old are not entertained.

Original articles should normally report original research of relevance to clinical medicine. The original paper should be of about 2000 words excluding abstract and references. It should contain a structured abstract of about 250 words. There should be no more than three tables or illustrations. The data should be supported with 20 to 25 references, which should include local as well as international references. Most of the references should be from last five years from the date of submission.

Clinical Practice Article is a category under which all simple observational case series are entertained. The length of such article should be around 1500 - 1600 words with 15 - 20 references. The rest of the format should be that of an original article. KAP studies, Audit reports, Current Practices, Survey reports and Short Articles are also written on the format of Clinical Practice Article. Evidence based reports must have at least 10 cases and word count of 1000-1200 words,

with upto 10-12 references and not more than 2 tables or illustrations. It should contain a non structured abstract of about 150 words. Short communications should be of about 1000 words, having non structured abstract of about 150 words with one table or illustration and not more than five references. Clinical case reports must be of academic and educational value and provide relevance of the disease being reported as unusual. Brief or negative research findings may appear in this section. It should have a non structured abstract of about 100 words (case specific) with maximum of 10 references.

Review article should consist of critical overview/analysis of some relatively narrow topic providing background and the recent development with the reference of original literature. It should incorporate author's original work on same subject. The length of the article should be of 2000 to 3000 words with minimum of 40 and maximum of 60 references. An author can write a review article only if he/she has written a minimum of three original research articles and some case reports on the same topic.

Letters should normally not exceed 400 words, have not more than 05 references, and be signed by all the authors. Preference is given to those that take up points made in contributions published recently in the journal. Letters may be published with a response from the author of the article being discussed. Discussions beyond the initial letter and response will not be entertained for publication. Letters to the editor may be sent for peer review if they report a scientific data. Editorials are written by invitation.

Between 3 to 10 keywords should be given for an original article as per MeSH (Medical Subject Headings).

DISSERTATION/THESIS BASED ARTICLE

An article, based on dissertation, approved by RTMC, submitted as part of the requirement for a Fellowship examination of the CPSP, can be sent for publication. Approval of RTMC is not required for an article submitted for second fellowship examination in lieu of dissertation. The main difference between an article and a dissertation is the length of the manuscript, word count, illustrations and reference numbers. Dissertation based article should be re-written in accordance with the journal's instructions to the author guidelines. Such articles, if approved, will be published under the category of Dissertation based article.

ETHICAL CONSIDERATIONS

If tables, illustrations or photographs, which have already been published, are included, a letter of permission for re-publication should be obtained from author (s) as well as the editor of the journal where it

was previously published. Written permission to reproduce photographs of patients, whose identity is not disguised, should be sent with the manuscript; otherwise the eyes will be blackened out. If a medicine is used, generic name should be used. The commercial name may, however, be mentioned only within brackets, only if necessary. In case of medicine or device or any material indicated in text, a declaration by author/s should be submitted that no monetary benefit has been taken from manufacturer/importer of that product by any author. In case of experimental interventions, permission from ethical committee of the hospital should be taken beforehand. Any other conflict of interest must be disclosed. All interventional studies submitted for publication should carry Institutional Ethical & Research Committee approval letter.

Ethical consideration regarding the intervention, added cost of test, and particularly the management of control in case-control comparisons of trials should be addressed: multi-centric authors' affiliation may be asked to be authenticated by provision of permission letters from ethical boards or the heads of involved institutes.

TABLES AND ILLUSTRATIONS

Legends to illustrations should be typed on the same sheet. Tables should be simple, and should supplement rather than duplicate information in the text; tables repeating information will be omitted. Each table should have a title and be typed in double space without horizontal and vertical lines on an 8-1/2" X 11" (21.5 X 28.0 centimeters) paper. Tables should be numbered consecutively with Roman numerals in the order they are mentioned in the text. Page number should be in the upper right corner. If abbreviations are used, they should be explained in footnotes. When Graphs, scattergrams, or histograms are submitted, the numerical data on which they are based should be supplied. All graphs should be made with MS Excel and other Windows/Macintosh compatible software such as SAS and be sent as a separate Excel file, even if merged in the manuscript.

S.I. UNITS

System International (S.I) Unit measurement should be used. Imperial measurement units like inches, feet etc are not acceptable.

FIGURES AND PHOTOGRAPHS

Photographs, X-rays, CT scans, MRI and photomicrographs should be sent in digital format with a minimum resolution of 3.2 mega pixels in JPEG compression. Photographs must be sharply focused. Most photographs taken with a mobile phone camera do not fulfill

the necessary requirements and, therefore, not acceptable for printing. The background of photographs must be neutral and preferably white. The photographs submitted must be those originally taken as such by a camera without manipulating them digitally. The hard copy of the photographs if sent, must be unmounted, glossy prints, 5" X 7" (12.7 X 17.3 centimeters) in size. They may be in black and white or in color. Negatives, transparencies, and X-ray films should not be submitted. Numerical number of the figure and the name of the article should be written on the back of each figure/ photograph. Scanned photographs must have 300 or more dpi resolution. The author must identify the top of the figure. These figures and photographs must be cited in the text in consecutive order. Legends for photomicrographs should indicate the magnification, internal scale and the method of staining. Photographs of published articles will not be returned.

REFERENCES

References should be numbered in the order in which they are cited in the text. At the end of the article, the full list of references should give the names and initials of all authors (if there are more than six, only the first six should be given followed by et al). The authors' names are followed by the title of the article; title of the journal, abbreviated according to the style of the Index Medicus (see "List of Journals Indexed," printed yearly in the January issue of Index Medicus); year, volume and page number; e.g.: Hall, RR. The healing of tissues by CO₂ laser. *Br J. Surg*: 1971; 58:222-225 (Vancouver style). Reference to books should give the names of editors, place of publication, publisher, year and page numbers. The author must verify the references against the original documents before submitting the article. The Editorial Board may ask authors to submit either soft or hard copy (full length) of all the articles cited in the reference part of the manuscript.

PEER REVIEW

Every paper will be read by at least two staff editors of the Editorial Board. The papers selected will then be sent to usually two external reviewers. If statistical analysis is included, further examination by a staff statistician will be carried out. The staff Bibliographer also examines and authenticates the references.

ABSTRACT

Abstract of an original article should be in structured format with the following subheadings:

i. Objective. ii. Design. iii. Place & duration of study. iv. Patients & Methods. v. Results. vi. Conclusion. Four elements should be addressed: why was the study started, what was done, what was found, and what did it mean? Why was the study started is the objective.

What was done constitutes the methodology and should include patients or other participants, interventions, and outcome measures. What was found is the results, and what did it mean constitutes the conclusion. Label each section clearly with the appropriate subheadings. Background is not needed in an abstract. Key words should be written at the end of abstract.

A non structured abstract should be written as case specific statement.

INTRODUCTION

This section should include the purpose of the article after giving brief literature review strictly related to objective of the study. The rationale for the study or observation should be summarized. Only strictly pertinent references should be cited and the subject should not be extensively reviewed. It is preferable not to cite more than 10 references in this segment. Pertinent use of reference to augment support from literature is warranted which means, not more than 2 to 3 references be used for an observation. Data, methodology or conclusion from the work being reported should not be presented in this section. It should end with a statement of the study objective.

METHODS

Study design and sampling methods should be mentioned. Obsolete terms such as retrospective studies should not be used. The selection of the observational or experimental subjects (patients or experimental animals, including controls) should be described clearly. The methods and the apparatus used should be identified (with the manufacturer's name and address in parentheses), and procedures be described in sufficient detail to allow other workers to reproduce the results. References to established methods should be given, including statistical methods. References and brief descriptions for methods that have been published but are not well-known should be provided; only new or substantially modified methods should be described in detail, giving reasons for using them, and evaluating their limitations. All drugs and chemicals used should be identified precisely, including generic name (s), dose(s), and route(s) of administration. For statistical analysis, the specific test used should be named, preferably with reference for an uncommon test. Exact p-values and 95% confidence interval (CI) limits must be mentioned instead of only stating greater or less than level of significance. All percentages must be accompanied with actual numbers.

RESULTS

These should be presented in a logical sequence in the text, tables, and illustrations. All the data in the tables or

illustrations should not be repeated in the text; only important observations should be emphasized or summarized with due statement of demographic details. No opinion should be given in this part of the text.

DISCUSSION

This section should include author's comment on the results, supported with contemporary references, including arguments and analysis of identical work done by other workers. Study limitations should also be mentioned. A summary is not required. JCPSP does not publish any acknowledgement to the work done. Any conflict of interest however must be mentioned at the end of discussion in a separate heading.

CONCLUSION

Conclusion should be provided under separate heading and highlight new aspects arising from the study. It should be in accordance with the objectives. No recommendations are needed under this heading.

AUTHORSHIP CRITERIA

JCPSP strongly discourages gift authorship. Only those are granted authorship rights who contributed to conceptualization of study, study design, collection of data, analysis of results, critical appraisal of findings with literature search and actual write up of manuscript. Such amounts to intellectual contribution to a study. Mere supervision, collection of data, statistical analysis and language correction do not grant authorship rights. Ideally all authors should belong to same department of an institute, except for multi-centre and multi-specialty studies.

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how plagiarism is defined and how it can be avoided. The act of plagiarism is considered an intellectual dishonesty and falls into category of misconduct. In order to avoid such thing from happening authors should double check before manuscript is submitted for publication ensuring they are not reproducing someone else's work as theirs. Appropriate quotations, references and citations are provided where applicable to the text taken from other sources. A caution should also be exercised when paraphrasing to avoid inadvertent plagiarism. Any author found involved in such an act is liable to disciplinary action including reporting to PMDC and the head of the institutes.

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