

# **The publishable paper**

## **How does the BMJ decide?**

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# What BMJ does not publish

- pure laboratory based research
- animal research
- case reports (unless presented as lesson of the week or drug point)
- case series with no (or inadequate) control group
- retrospective studies using case notes, charts, and other routinely collected records
- non-randomised comparisons
- intervention studies with no control group

# What BMJ does not publish (2)

- hypotheses
- papers describing interventions and initiatives without evaluating them
- simple prevalence or incidence studies
- cost of illness studies
- surveys of self-reported practice, rather than observed practice
- simple ("open loop") audits without intervention and reaudit
- clinical guidelines based on expert opinion rather than evidence

# For all papers



- Is the paper important?
- Will the paper add enough to existing knowledge?
- Does the paper read well and make sense?
- Originality — does the work add enough to what is already in the published literature?
- If so, what does it add?
- Importance of the work to general readers — does this work matter to clinicians, patients, teachers, or policymakers?
- Is a general journal the right place for it?
- Scientific reliability

# The process

- The BMJ peer reviews all the material it receives
- Half the original articles are rejected after review in house, usually by two medical editors
- Not sufficiently original
- Serious scientific flaws
- No important message for a general medical audience
- Priority to articles that will help doctors to make better decisions –
  - (clinicians, public health doctors, doctors in health policy)

- We may screen a research paper by reading only the structured abstract
- First decision on all manuscripts in 2-3 weeks usually earlier
- We reject about 2/3 all submissions without external peer review
- BMJ uses an open peer review system

# Further screening

- Screening by senior editor
- External peer review

## If generally positive

- Discussed in weekly manuscript meeting
- Assessment by clinical epidemiologist
- Statistician
- External expert
- In house editors
- Final decision in 8-10 weeks of submission

# External reviewers?

- Did the reviewer help us make a decision?
- Courteous and constructive
- Reviewers advise - editors make decisions
- One aim of peer review is to improve the paper
- Maintain confidentiality
- Declare competing interests

# Finding reviewers

- This is more an art than a science!
- You want someone to do quality work for you
- You want that person to be scholarly, honest, punctual, courteous, constructive
- Usually remain anonymous
- Usually work for free

*Where do you find such people?*

# What do we look for?

## Introduction



- ✓ Why did you do the study?
- ✓ What does your work add to existing literature?
- Introductions should be short
- Relevant articles should be systematically reviewed
- Mention the study design you used

# Methods

- What was the study design?
- How were the subjects recruited?
- Why were some excluded?
- What was the power of your study?
- What was done to the subjects?
- How were the data analysed?
- Ethical approval

## Was the sample size estimated? How?

**“We estimated that 150 respondents would allow proportions to be estimated with 95% confidence intervals for proportions of 5% (0 to 10%) ... Assuming a response rate of 66% we estimated that a minimum of 225 GPs...”**

## How was randomisation done?

**“We used random number tables...”**

# What study design was used?

**"We used a randomised cross over design."**

**If the method is complex -**

- **Name the different stages, groups**
- **Use flow diagram?**

**How were the subjects recruited?**

**"We studied the first ejaculates from healthy unpaid sperm donors that were collected in our centre..."**

**Why were some excluded?**

**"We excluded donors aged less than 20 and over 45 as age can affect the characteristics of sperm."**

**What statistical tests were used?**

**“Data were entered and analysed with SPSS, and 95% confidence intervals were calculated with CIA. (11)”**

**Why were they considered to be appropriate?**

# Are the results reproducible?

- Did you get the same result when the same sample was tested twice?
- How did you test for inter and intra observer variations?
- How was the assessor blinded?



# Ethical approval

- Was it a problem to get ethical approval?
- How easy was it to get informed consent?
- How did the patients stand to benefit from your study?



# Results - What did you find?

- Use a mixture of text, figures, and tables.

## Text

- The text should tell a story
- Lead your readers through your results as you would through a story

## Illustrations

- Photograph (written consent)
- statistical conclusions
- Unexpected results?

# Discussion

- **Should discuss the results, not repeat them**
- **Comparison of results with previous work**
- **Limitations of the study?**
- **Is the conclusion clearly stated?**
- **What is the relevance to clinical practice?**
- **Directions for future work?**

# Appeal process

- Authors can appeal if their paper is rejected
- Such appeals are usually looked at by an editor who has not been involved in the editorial process

Thank you