

INSTRUCTIONS TO AUTHORS

The “JOURNAL OF POSTGRADUATE MEDICAL INSTITUTE (JPMI)”, is the official journal of Postgraduate Medical Institute (PGMI), Peshawar that started its publication in 1986. It is a quarterly, peer reviewed biomedical journal and follows the uniform requirements for manuscripts (URM) submitted to biomedical journals as approved by the International Committee of Medical Journal Editors (ICMJE) duly revised in 1997 and published in N Eng J Med. 1997;336:309-15. Detailed information about updated URM can be downloaded from www.icmje.org. JPMI is a member of the Committee on Publication Ethics (COPE) and follows the COPE guidelines regarding publication ethics and malpractices.

■ SUBMISSION OF ARTICLE

JPMI provides easy and user friendly ONLINE SUBMISSION OF ARTICLES on its website. Visit www.jpmi.org.pk and REGISTER yourself as AUTHOR by filling a form. Log in with your “username” and “password”. This will open a web portal which will have an icon for NEW SUBMISSION. Follow the following steps for manuscript submission:

Log in > User Home > Author > Submissions > New Submission > step 1 Starting the submission> step 2 Upload submission with supplementary file> step 3 Enter meta-data> step 4 Confirmation.

■ FORMAT/ REQUIREMENTS

While submitting manuscripts, please carefully follow the instructions given below:

Summary of Technical Requirements

- The journal accepts (a) Original research article (b) Review article (c) Case report (d) Special/ Short communication (e) Letter to the Editor (f) Editorials (Invited).
- The manuscript should be typed in single or double space with clear margins on both sides.

- Begin each section or component of the manuscript on a new page.
- Review the sequence: title page, abstract and key words, text (introduction, methodology, results, discussion including conclusion), acknowledgments, references, tables and figures/ illustrations (each on separate page).
- Manuscript should not exceed 20 pages excluding tables and references.
- There should be no more than 40 references in an original article, less than 20 references in a case report and no more than 100 references in a review article.
- Include permission to reproduce previously published material or to use figures/ illustrations that may identify human subjects.
- Approval certificate from Institutional review board (IRB)/ research ethical committee.
- Keep copies of everything submitted to the journal.

■ MATERIAL FOR PUBLICATION

All manuscripts of original research should contain following sections:

□ Title Page

The title page is expected to have

- The title of the article, which should be concise, specific and informative. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
- Full name of each author, with his or her highest academic degree(s) and institutional affiliation.
- The name of the department(s) and institution(s) to which the work should be attributed.
- Disclaimers, if any.
- The name, email and postal address of the author responsible for correspondence about the manuscript.
- Source(s) of support in the form of grants, equipment, drugs, or all of these.

- A short running title of upto 40 characters (count letters and spaces) at the bottom of the title page.

□ Abstract and Key Words

A structured abstract of not more than 250 words should be on the second page. It should state the Objective (purpose of the study or investigation); Methodology (study design, place and duration of study, basic procedures as selection of study subjects or laboratory animals, observational and analytical methods); Results (main findings with specific data and its statistical significance, if possible) and Conclusion (imply the principle conclusion and may emphasize new and important aspects of the study or observations).

Below the abstract, authors should provide 3 to 10 key words that will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used. If suitable MeSH-terms are not yet available for recently introduced terms, present terms may be used.

** The main manuscript of original article is divided into subsections according to “IMRaD” structure, with the headings of Introduction, Methodology, Results, and Discussion.*

□ Introduction

State the purpose of the article and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

□ Methodology

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, gender, and other important characteristics of the subjects. There should be clarity about how and why a study was done in a particular way. For example,

authors should explain why only subjects of certain ages were included or why women were excluded. Authors should avoid terms such as “race,” which lacks precise biological meaning, and use alternative descriptors such as “ethnicity” or “ethnic group” instead. Authors should specify carefully what the descriptors mean, and tell exactly how the data were collected (for example, what terms were used in survey forms, whether the data was self-reported or assigned by others, etc.). Identify the methods, apparatus (give the manufacturer’s name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Reports of randomized clinical trials should present information on all major study elements, including the protocol (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding). Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

□ Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975 (revised in 1983). Do not use patients’ names, initials, or hospital numbers. When reporting experiments on animals, indicate whether the institution’s or a national research council’s guide for, or any national law on, the care and use of laboratory ani-

mals was followed. Submit the copy of the approval certificate from Institutional review board (IRB)/ research ethical committees while submitting the manuscript.

□ Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of p-values, which may fail to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report the complications of treatment, if any. Give numbers of observations and report losses to observation (such as dropouts from a clinical trial). References for the design of the study and statistical methods should be to standard works when possible rather than to papers in which the designs or methods were reported. Specify any computer software used. Put a general description of methods in the Methodology section. When data are summarized in the Results section, specify the statistical methods used to analyze them. Restrict tables and figures/ illustrations to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics.

□ Results

Present your results in logical sequence in the text, tables, and figures/ illustrations. Do not repeat in the text all the data in the tables or figures/ illustrations. Emphasize or summarize only important observations.

□ Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat data or other material given in the Introduction or the Results section in detail. Include the impli-

cations of the findings and their limitations, including implications for future research in the Discussion section. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by the data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analysis. Avoid claiming priority and alluding to work that has not been completed. State new hypothesis when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

□ Acknowledgments

List all contributors who do not meet the criteria for authorship, such as a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as “clinical investigators” or “participating investigators,” and their function or contribution should be described for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.” Because readers may infer their endorsement of the data and conclusions, all persons must have given written permission to be acknowledged.

□ References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and figures/ illustrations by Arabic numerals in parentheses. References cited only in tables or figures/ illustrations should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure/ illustration. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index

Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” or “forthcoming”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication. The references must be verified by the author(s) against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases. Notes have been added where Vancouver style differs from the style now used by NLM.

Articles in Journals

Standard journal article

Upto 6 authors: Irfan M, Abdullah AS, Sethi MR, Saleem U, Zeeshan MF, Haq NU. Assessment of personality disorders in students appearing for medical school entrance examination. *J Pak Med Assoc.* 2018;68(12):1763-8.

More than six authors: List the first six authors followed by et al. Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer.* 1996;73:1006-12.

Organization as author

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust.* 1996;164:282-4.

No author given

Cancer in South Africa [editorial]. *S Afr Med J.* 1994;84:15.

Article not in English

(Note: NLM translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.) Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hostidligere frisk kvinne. *Tidsskr Nor Laegeforen.* 1996;116:41-2.

Volume with supplement

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect.* 1994;102 Suppl 1:275-82.

Issue with supplement

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol.* 1996;23 (1 Suppl 2):89-97.

Volume with part

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem.* 1995;32(Pt 3):303-6.

Issue with part

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J.* 1994;107 (986 Pt 1):377-8.

Issue with no volume

Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop.* 1995;(320):110-4.

No issue or volume

Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. *Curr Opin Gen Surg.* 1993:325-33.

Pagination in Roman numerals

Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. *Hematol Oncol Clin North Am.* 1995 Apr;9(2):xi-xii.

Type of article indicated as needed

Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet*

1996;347:1337. Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. *Kidney Int.* 1992;42:1285.

Article containing retraction

Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise ML, Seyfried TN. *In: Nat Genet* 1994;6:426-31]. *Nat Genet.* 1995;11:104.

Article retracted

Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retracted in *Invest Ophthalmol Vis Sci* 1994; 35: 3127]. *Invest Ophthalmol Vis Sci.* 1994;35:1083-8.

Article with published erratum

Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in *West J Med* 1995;162:278]. *West J Med.* 1995;162:28-31.

Books and Other Monographs

(Note: Previous Vancouver style incorrectly had a comma rather than a semicolon between the publisher and the date.)

Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Editor(s), compiler(s) as author

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

Chapter in a book

(Note: Previous Vancouver style had a colon rather than a p before pagination.) Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and man-

agement. 2nd ed. New York: Raven Press; 1995. p. 465-78.

Conference proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

Conference paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

Scientific or technical report

Issued by funding/sponsoring agency: Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSIGOEI69200860. Issued by performing agency: Field MJ, Tranquada RE, Feasley JC, editors. Health services research: work force and educational issues. Washington: National Academy Press; 1995. Contract No.: AHCPR282942008. Sponsored by the Agency for Health Care Policy and Research.

Dissertation

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.

Patent

Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee. Methods for procedures related to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.

Unpublished Material

In press

(Note: NLM prefers "forthcoming" because not all items will be printed.) Leshner AI. Mo-

lecular mechanisms of cocaine addiction. N Engl J Med. In press 1996.

Electronic Material

Journal article in electronic format

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL: <http://www.cdc.gov/ncidod/EID/eid.htm>

Monograph in electronic format

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego: CMEA; 1995.

Computer file

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

❑ Tables and Figures/ Illustrations

Tables and figures/ illustration should be self-explanatory and numbered in the order of their mention in the text. Provide a brief title for each. Type each double-spaced on a separate page. Abbreviations should be defined in a double-spaced footnote at the end. If any material in a table or figure/ illustration; or a table or figure/ illustration itself has been taken from previously copyrighted material, a double paced footnote must give full credit to the original source and permission of the author and publisher must be obtained. Submit letters of permission to the editor with the manuscript.

❑ Conflict of Interest

Authors should declare any potential conflict of interest and any financial support for the study may be disclosed as well.

At the end of the text, under a subheading "Conflict of interest", all authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of financial conflicts include employment, consultancies, stock ownership, honoraria, paid expert testimony, patents or patent applications, and travel grants,

all within 3 years of beginning the work submitted. Authors should state it clearly if there are no conflicts of interest.

All authors are required to provide a signed statement of their conflicts of interest as part of the author's declaration.

❑ Role of the funding source

All sources of funding should be declared.

At the end of the Methodology section, under a subheading "Role of the funding source", authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication.

If there is no Methodology section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should state that as well.

The corresponding author should confirm that he or she had full access to all the data in the study and had final responsibility for the decision to submit it for publication.

❑ Patients' Consent and Permission to Publish

Studies on patients or volunteers need approval from an ethical committee and should have informed consent from participants. These should be documented in the paper.

If there is an unavoidable risk of breach of privacy, e.g., in a clinical photograph or in case details, the patient's written consent for publication, or that of the next of kin, must be obtained.

To respect patient's privacy, please do not submit the consent form to us. Instead, we require you to submit a statement signed by yourself confirming that you have obtained consent from the patient using consent form.

❑ Permission for Re-Publication

If tables, figures/ 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 will be asked to be authenticated by provision of permission letters from ethical boards or the heads of involved institutes.

❑ Authorship

All persons designated as authors should qualify for authorship. An "author" is generally considered to be someone who has made substantive intellectual contributions to a published study. To qualify as an author, one should:

- 1) have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- 2) has been involved in drafting the manuscript or revising it critically for important intellectual content;
- 3) has given final approval of the version to be published; and
- 4) agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

❑ Systematic Review Article

A systematic review paper should have a structured abstract of no more than 250 words using headlines as Objective, Data Sources, Study Selection, Data Extraction, Data Synthesis and Conclusions and with 3-10 key words for indexing.

Objective: Give precise statement of the primary objective for the review. Define if the review emphasises cause and diagnosis, prognosis, therapy and intervention, or prevention. Define if the review would be highly selective as including only randomized controlled trials (RCT) or have wider inclusion criteria.

Data Sources: Present data sources used, including any time restriction.

Study Selection: Describe criteria to select studies for detailed review. Specify methods used, as blinded review, consensus, multiple reviewers.

Data Extraction: Describe how extraction was made, including assessment of quality and validity.

Data Synthesis: Present the main results of the review and state major identified sources of variation between studies.

Conclusion: Give a clear statement of the conclusions made, its generalisability and limitations.

The Introduction of the paper could be similar to an original report, but without any longer literature survey, only reviewing shortly previous structural reviews and stating the reason and aim of the present review.

The Methodology section may have subheadings corresponding to the Abstract (Data Sources, Study Selection, Data Extraction) and should include clearly defined and reported inclusion and exclusion criteria, and specification of databases and other formal register, conference proceedings, reference lists and trial authors, which are used as sources. The full search strategy should be given so that it is easy to reproduce. If it is considered too long to be published in the article, an electronic document as an Appendix may be the alternative. The stages of selection usually include sever-

al steps, each undertaken by at least two independent researchers (identified in the Methods). There will be an initial selection from titles/abstracts to select the articles to be examined in full. The full articles should be re-screened against the selection criteria. The articles fulfilling the criteria should be subjected to quality assessment. Summarize in a flow chart with the number of articles selected and reasons for rejection at each stage. The quality of the methodology should be assessed having an appropriate tool and also for outcome measures and blinding of outcome assessors. The tool that is most appropriate will depend on the extent and nature of the anticipated research evidence.

The Result section corresponds to Data synthesis in the Abstract and may present tables with long lists of selected articles. Extracted data from trials should, when available, include report of randomization method, study population, intervention methods and delivery, reasons to losses at follow-up, information related to treatment monitoring, post-intervention assessments and follow-up. Report the major outcomes, which were pooled, and include odds ratios or effects sizes. Use when applicable meta-analysis. Numerical values should, when possible, be accompanied with confidence intervals. State the major identified sources of variation between reported studies, as differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates. Tables and figures/ illustrations must be self-explanatory and have appropriate title or caption. The methods for synthesis of evidence should be pre-determined. Sometimes it may not be possible to pool the data, but a synthesis of best evidence ought to be given.

The Discussion section should be structured similar to an original report. The findings should be discussed with respect to the degree of consistency, variation, and generalisability. New contribution to the literature based on the review conducted and where information is insufficient must be stated. Providing the limitations of the review would be helpful. Suggest the need for new studies and future research agenda.

Length of paper: The total length of the text should usually not be more than 5000

words (corresponding to 8-9 printed pages) and in addition tables and the reference list. The reference list should be comprehensive and will therefore often be rather long. However, in the printed version of a review paper normally or more than 100 references will be accepted. If needed and without an upper limit, additional references may be published only electronically with a link to such an Appendix given in the original version of the paper.

□ Narrative Review Article

A narrative (educational) review should have an unstructured Abstract which should not exceed 250 words, summarizing the current status of the knowledge about the topic reviewed followed by 3-10 key words for indexing.

The introduction should provide a background to a review which focuses on relevant literature published over the last few years that has advanced our understanding of the issue under consideration. The headlines in the review have to be chosen according to the need of that particular review.

There is usually no methodology section. However proper Research strategy should be given. Give a detailed strategy for inclusion of article in the review. Details of the database searched and the time period for which it was searched should be stated.

The discussion section could be structured along the lines for an original report. At the end of discussion, limitations of the study and key message may be given.

Conclusions of the article highlighting the problems, or areas for future research may be included.

Word count should be between 2000 and 5000 words with upto 5 tables and upto 3 figures/ illustrations and upto 100 references.

□ Case Reports

Case Reports should be limited to three type: 1) written pages, including an unstructured abstract, 2 a short introduction; and 3) details of the case report followed by discussion and 6 to 10 references. Relevant documentary proof including pictures of the case (with the consent of the patient) or investigations like radiological or histopathological

evidence should be submitted along with the manuscript.

□ Letters to the Editor

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. The letter must be typewritten and double-spaced. Its text, not including reference, must not exceed 250 words if it is in reference to a recent journal article, or 400 words in all other cases (please provide a word count). It must have no more than five references and one figure/ illustration or table. Letters referring to a recent journal article must be received within four weeks of its publication. Please include your complete contact details including full address, telephone number and e-mail address.

■ PUBLICATION MISCONDUCT

- All publication misconducts including plagiarism and others like fabrication (picture as well), falsification, salami slice, duplicate submission, redundant publication, multiple submission, selective and misleading reporting, selective and misleading referencing are liable to strict action, under the guidelines of COPE.
- All articles submitted to JPMI are subjected to plagiarism testing. JPMI follows the standard definition and description of plagiarism (<http://facpub.stjohns.edu/~roigm/plagiarism/Index.html>) and we endorse Committee of Publication Ethics (COPE), ICMJE, Pakistan Association of Medical Editors (PAME), Higher Education Commission (HEC) policies regarding plagiarism available on www.cope.org, www.icmje.org and www.hec.gov.pk
- Intellectual contribution and originality of every article is to be defined by the authors and this is the responsibility of authors to be aware of various forms of plagiarism like plagiarism of ideas, text, paraphrasing, self plagiarism including redundant/duplicate publication, salami slicing (data fragmentation) and text recycling etc. Ignorance regarding plagiarism and its various forms will not be considered as an excuse.
- Any manuscript submitted for publication or a manuscript accepted for publication or even an article that has already been published in the journal is found to be plagiarized, the matter will be dealt with according to COPE guidelines.
- Editorial Board will immediately stop the processing/ publication of the article and will ask for an explanation from the authors. The corresponding author will be required to respond with an explanation within 30 days of receiving the letter from the editor.
- In case an acceptable explanation is provided by the author(s), the JPMI editorial board may recommend appropriate changes after which the review process for the submitted manuscript may commence.
- In case of non response in the stipulated time or unsatisfactory explanation, the JPMI editorial board will decide regarding the fate of the article and authors including
 - Rejection of the manuscript,
 - Withdrawal of already published article (as the case may be)
 - Debarment of the authors(s) from further publication in the JPMI for one year or permanent depending upon the nature of offence.
 - The author will be on watch.
 - Higher Education Commission, Pakistan Medical Commission, Pakistan Association of Medical Editors and author's institute will also be notified for information and possible action.
- In case of multiple submissions, other editors will also be informed. The author(s) will have to provide documentary proof of retraction from publication, if such a defence is pleaded.
- Those claiming intellectual/idea or data theft of an article must provide documentary proof in their claim.

■ CHECKLIST FOR THE AUTHOR

- Manuscripts should be prepared following uniform requirements for man-

- uscripts submitted to Biomedical Journals as approved by the International Committee of Medical Journal Editors.
- All manuscripts must be accompanied by processing charges of PKR 2000 (Non Refundable) via online bank transfer or Bank Draft.
 - The manuscripts should be submitted online with all relevant supplementary files. Figures/ Illustrations may be uploaded as supplementary files. For any details contact on the email: editor@jpmi.org.pk.
 - All original manuscripts should have Abstract in structured format up to 250 words. It should mention Objective, Methodology, Results, Conclusions and appropriate Key Words.
 - Covering letter (should include section for which manuscript is submitted).
 - The manuscript should be accompanied by Letter of Undertaking and Author contribution form signed by all the authors confirming exclusive submissions to JPMI, transfer of all copyrights to JPMI and willingness to pay Publication Charges after acceptance.
 - Title page should contain title of the write-up, Name of the author/co-authors especially corresponding author, their qualifications, designation & institutions they are affiliated with and mailing address for future correspondence, e-mail address, landline and cell phone number besides a short running title of the manuscript. Don't type the name of the author/s on other pages in the manuscript except the title page.
 - Title of article and short title (40 characters or fewer).
 - Text (including Introduction, Methodology, Results and Discussion).
 - References should be marked as 1,2,3 and so on, typed in superscript and as they appear in the text & not by full names of authors. References at the end of the manuscript should also be numbered accordingly. Add DOI number of those references where it is available. Write page number in references as 120-6.
 - Tables (provide brief title for each) should be typed on separate sheets.
 - Figures/ illustrations (provide brief title for each) should be on separate sheets.
 - Permission to reproduce published material in all forms and media.
 - Informed consent to publish patient photographs.
 - All Clinical Trials submitted for publication must be registered in a registry. Provide registration proof.
 - Disclosure regarding source of funding and conflict of interest, if any.
 - Manuscript must be accompanied with certificate of IRB/ Ethics Committee Approval.
 - All the manuscripts should be prepared according to the guidelines mentioned in table 1.

■ MANUSCRIPT EVALUATION

Every new manuscript submitted to JPMI is immediately assessed by an editor for an initial inspection (internal peer/ desk review).

An article with publication potential is sent to two external peer reviewers to evaluate the suitability of the article for publication based on its quality, novelty, and relevance for publication.

A time frame of minimum 4 weeks is given for a reviewer to go through a manuscript and submit his suggestions to the editor, failing which a reminder is generated from the editor with additional 4 weeks time for review to be completed.

If a reviewer is unable to meet the time frame agreed upon or he declines to review the manuscript, the manuscript is sent to another reviewer.

The editor may establish a system for rapid review of especially important manuscripts. This may include review only by editors or asking reviewers to complete their evaluations within a shorter period of time than is allowed routinely. Authors who seek rapid review should explain why their manuscripts merit such review.

Reviewers are advisors to authors and editors. The editor may ask reviewers to make recommendations regarding acceptance or rejection of manuscripts, and is expected to pay attention to the recommendations, but the editor is the one who makes the decisions.

The editor may reject manuscripts during internal peer review, for example, if the subject matter is outside the purview of the journal, a manuscript on the same topic is just about to be published, the quality of the manuscript is poor, or criteria for the submission of manuscripts are not met.

■ DECISION MAKING AND COMMUNICATION TO AUTHORS

The editor makes a decision about the manuscript (accept, invite a revision, or reject) based on a consideration of the reviewer comments, his/her own critique, and other external factors.

The considerations that enter into the decision may include the comments and recommendations of the reviewers, the availability of space, and the judgment of the editor(s) regarding the suitability of the manuscript for the journal and the value and interest of the manuscript to the journal's readers.

The editor may always seek additional review and advice, if required.

Decisions are communicated to authors by the editor. This means that the editor may need to provide explanations for the decision independent of the comments of the reviewers that are to be sent to the authors.

Decisions to reject a manuscript may be based on scientific weakness (poor research design, inappropriate methods of study), lack of originality, lack of importance and interest to readers, or simply lack of space. The editor will explain to authors the reasons for decisions to reject manuscripts. This is particularly important when the editor rejects a manuscript but the tone of the comments of the reviewers that will be sent to the authors is favorable.

The editor should actively encourage revision of manuscripts thought to be potentially acceptable. When an editor seeks revision of a manuscript, he should make clear which revisions are essential, and which are optional. If the comments of the reviewers are contradictory, the editor must decide and tell the authors which comments the authors should follow. Editors may add their own comments and suggestions for revision, and they (or some person in the editorial office

designated by the editor) are responsible for ensuring that manuscripts meet the journal's policies regarding length and style.

In general, manuscripts that are potentially acceptable but need very major revision or additional data should be rejected, but the editor can encourage resubmission. When this is done, the editor should explain precisely what is needed to make the manuscript acceptable. It is a disservice to authors to request revision and then later reject the manuscript. As an alternative, the editor may choose to work closely with the authors to make the manuscript acceptable for publication.

The editor should not make decisions regarding manuscripts about which he may have a conflict of interest, for example manuscripts submitted by members of the editor's own institution or people who have been collaborators of the editor in the past. In this instance, the manuscript should be handled by an assistant editor or preferably a person outside of the editorial office who is given full power to select reviewers and make decisions regarding acceptance or rejection. The same policy should be followed if the editor himself submits a manuscript - other than an editorial - to his journal, which he should do only rarely.

Revised manuscripts should be evaluated by editors, to determine if the revisions are

satisfactory, and not returned to reviewers. An exception might be when the revised manuscript includes changes that may have introduced important new shortcomings about which the editor needs advice from one or more of the original reviewers. Revised manuscripts should not be sent to new reviewers.

Editors should immediately reject a re-submitted manuscript that was previously rejected and has not been revised.

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Table 1: Guidelines for drafting manuscripts of different types of studies

Type of study	Guidelines/ Initiative	Source
Randomized Controlled Trials	CONSORT Guideline/ Statement SPIRIT Checklist	http://www.consort-statement.org https://www.spirit-statement.org/wp-content/uploads/2013/08/SPIRIT-Checklist-download-8Jan13.doc
Studies of Diagnostic Accuracy	STARD	http://www.consort-statement.org/stardstatement.htm
Systematic reviews and meta-analyses	QUOROM PRISMA	https://journals.plos.org/plosntds/article/file?type=supplementary&id=info:doi/10.1371/journal.pntd.0000381.s002 http://prisma-statement.org/documents/PRISMA_2020_checklist.pdf
Observational studies in epidemiology	STROBE	http://www.strobe-statement.org
Meta-analyses of observational study	MOOSE	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf