

KUST MEDICAL JOURNAL

EDITORIAL POLICY

A. PUBLICATION DETAILS

- Name:
KMJ: KUST MEDICAL JOURNAL
- The "KMJ: KUST MEDICAL JOURNAL" will be the official journal of INSTITUTE OF MEDICAL SCIENCES, KOHAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (KUST), NWFP, Pakistan.
- This will be PEER REVIEWED journal and will follow the *uniform requirements for Manuscripts submitted to Biomedical journals*, updated on www.icmje.org
- Frequency: BIENNIAL (SIX-MONTHLY)
- Average no. of copies per year=1000
- Subscription -40%.
- Complimentary copies -50%.
- Copies in stock Library – 10%
- SUBSCRIPTION
Rs. 500-00 PER COPY
Rs. 1000 per annum
USD 80 abroad
- Timelines – Fixed publication dates.
- Technical quality – Good paper/print/format.

B: EDITORIAL BOARD

- **PATRON: VICE CHANCELLOR KUST**
- **CHIEF EDITOR: PRINCIPAL KIMS**
- **MANAGING EDITOR:**
(To be appointed by Vice Chancellor)
- **EDITORS**
 - **NATIONAL 50%**
 - **INTERNATIONAL 50%**
- **MEMBERS REVIEW PANEL**
 - **NATIONAL 50%**
 - **INTERNATIONAL 50%**
- **STATISTICIAN**
- **BIBLIOGRAPHER**
- **EPIDEMIOLOGIST**

C: AIMS AND OBJECTIVES

- To publish original, important, well-documented, peer-reviewed clinical and laboratory articles on a diverse range of medical topics.
- To provide physicians with continuing education in basic and clinical sciences to support informed clinical decisions.
- To enable physicians to remain informed in multiple areas of medicine, including developments in fields other than their own.
- To improve public health internationally by elevating the quality of medical care, disease prevention, and research provided by an informed readership.
- To foster responsible and balanced debate on controversial issues that affect medicine and health care.
- To forecast important issues and trends in medicine and health care.
- To inform readers about non-clinical aspects of medicine and public health, including the political, philosophic, ethical, legal, environmental, economic, historical and cultural.
- To recognize that, in addition to these specific objectives, the journal has a social responsibility to improve the total human condition and to promote the integrity of science.
- To achieve the highest level of ethical medical journalism and to produce a publication that is timely, credible, and enjoyable to read.

D: CONTENTS

We will publish

1. Reports of original medical research including observational and analytical studies in all basic and clinical subjects
2. Original clinical observations accompanied by analysis and discussion
3. Studies related to philosophical, ethical, or social aspects of the health professions or biomedical sciences
4. Critical reviews including systematic review and meta-analysis
5. Descriptions of evaluation of diagnostic and therapeutic methods or procedures
6. Epidemiological studies, case reports, special communications, short communications, letters to

editors, News etc having positive impact on our national health care provision.

7. Special coverage of locally conducted research highlighting the local problems with due contribution of local data to the available international figures, specially regarding diseases most prevalent in developing countries.

E: INSTRUCTIONS TO AUTHORS

The "KMJ: KUST MEDICAL JOURNAL" is a biannual, peer reviewed journal and follows the uniform requirements for Manuscripts submitted to Biomedical journals as approved by the *International Committee of Medical Journal Editors* as revised in 1997 published in N Eng J Med 1997; 336:309-15. The *International Committee of Medical Journal Editors (ICMJE)* has produced and updated the "Uniform Requirements for Manuscripts (URM) Submitted to Biomedical Journals". Detailed information can be downloaded from www.icmje.org.

1: Submission of article:

Manuscripts may be submitted via post and overseas authors can also submit through email. Two hard copies and a soft copy typed in MS word on rewritable CD should be submitted.

All submitted manuscripts should be accompanied by a covering letter from the author responsible for correspondence regarding the manuscript. The covering letter should contain the following copyright disclosure statement, duly signed by all contributing authors.

We, the undersigned co-authors of the article

for publication in KMJ: KUST MEDICAL JOURNAL, have contributed significantly to and share in the responsibility for above. The undersigned stipulate that the material submitted to KMJ is new, original and has not been submitted to another publication for concurrent consideration. Upon acceptance by KMJ, all copyright ownership for the article is transferred to KMJ. It is attested that all human and/or animal studies undertaken as a part of the research are in compliance with regulation of our institution(s) and with generally accepted guidelines governing such work. It is hereby submitted that the manuscript has been seen and approved by all authors

Any conflict of Interest: Yes / No

If Yes give details

If there has been any prior publication of any part of the work, this should be acknowledgement and appropriate written permission included.

2: FORMAT REQUIREMENTS

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

Summary of Technical Requirements

- The journal will accept:-
 - (a) Original research articles (b) Review articles (c) Case reports (d) Letter to the Editor (e) Editorials (f) Special communication and (g) Short communications.
- It should be typed in double space on one side of the A-4 size paper with clear margins on both sides.
- Begin each section or component on a new page.
- Review the sequence: title page, abstract and key words, text, acknowledgments, references, tables (each on separate page), legends.
- Illustrations, unmounted prints, should not be larger than 203 × 254 mm (8 × 10 inches).
- Manuscript should not exceed 20 pages excluding tables and references.
- There should be no more than 40 references in original article and no more than 60 references in a review article.
- Include permission to reproduce previously published material or to use illustrations that may identify human subjects.
- Two hard copies and a soft copy typed in MS word on rewritable CD should be submitted.
- Keep copies of everything submitted.

Summary of Manuscripts on Disks/CD

We require authors to provide a copy in electronic form on rewritable (RW) CD; we accept a variety of word-processing formats or text (ASCII) files. When submitting CD, authors should:

1. Be certain to include a printout of the version of the article that is on the CD
2. Put only the latest version of the manuscript on the CD
3. Name the file clearly
4. Label the disk with the format of the file and the file name
5. Provide information on the hardware and software used.

3: MATERIAL FOR PUBLICATION

All manuscripts of original research should contain following sections:-

a) Title Page

The title page should carry

- 1) 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.

- 2) Full name of each author, with his or her highest academic degree(s) and institutional affiliation.
- 3) The name of the department(s) and institution(s) to which the work should be attributed.
- 4) Disclaimers, if any.
- 5) The name and address of the author responsible for correspondence about the manuscript.
- 6) The name and address of the author to whom requests for reprints should be addressed, source(s) of support in the form of grants, equipment, drugs, or all of these.
- 7) A short running head or footline of no more than 40 characters (count letters and spaces) at the foot of the title page.

b) Abstract and Key Words

The second page should carry structured abstract of not more than 250 words.

The abstract should state the **objective**: purposes of the study or investigation; **material and methods**: study design, place and duration of study, basic procedures as selection of study subjects or laboratory animals, observational and analytical methods; **results**: main findings giving specific data and their statistical significance, if possible and **conclusion**: the principal conclusions. It should emphasize new and important aspects of the study or observations.

Below the abstract authors should provide, and identify as such, 3 to 10 **key words** or short phrases 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 **Introduction, Methods, Results and Discussion**.

c) 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.

d) Material and Methods

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Because the relevance of such variables as age, sex, and ethnicity to

the object of research is not always clear, authors should explicitly justify them when they are included in a study report. The guiding principle 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 were 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.

e) 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, as revised in 1983. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. 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 animals was followed.

f) 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 fails to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and suc-

cess of any blinding of observations. Report complications of treatment. Give numbers of observations. 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 (with pages stated) rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used. Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyze them. Restrict tables and figures 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, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample." Define statistical terms, abbreviations, and most symbols.

g) Results

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

h) Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. 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 analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

i) 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.

j) References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. 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. The list can also be obtained through the library's web site. 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

1. **Standard journal article:** List the first six authors followed by et al. Khan WA, Pervez K, Shah KA. Doppler patterns in cardiac tamponade. *JPMI* 1998;11: 153- More than six authors: 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.
2. **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.
3. **No author given:** Cancer in South Africa [editorial]. *S Afr Med J* 1994; 84:15.
4. 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.

5. **Issue with no volume:** Turan I, Wredmark T, Fellan-der-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995; (320):110-4.
6. **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: 325-33.7. 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.
7. **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.
8. **Books and Other Monographs.**
9. **Personal authors:** Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
10. **Editor(s), compiler(s) as author:** Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
11. **Organization as author and publisher:** Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.
12. **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 management. 2nd ed. New York: Raven Press; 1995. p. 465-78.
13. **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; 1996.14. 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.

k) Illustrations and legends

Submit 2 hard copies on high-quality laser printer paper or bond paper. For best possible reproduction, avoid using shading or dotted patterns; if unavoidable, submit this type of illustration in the form of a glossy photograph for best results. Use thick, solid lines and bold, solid type. Place lettering on a white background; avoid reverse type (white lettering on a dark background). Illustrations (three complete sets of glossy prints) should be numbered in the order of their mention in the text and should be marked lightly on the back with the first author's last name and an arrow to indicate the top edge. Special charges will be made by the publisher for publishing figures in color. Before publication the corresponding author will be sent a cost estimate; at that time he or she may decide to pay the costs or print the illustration in black and white. Only good photographic prints of original drawings should be supplied. All lettering must be done professionally. Do not send original artwork, x-ray films, or ECG tracings. Glossy photographs are preferred; good black-and-white contrast is essential. Preferred size for submitted illustrations is 5 x 7 inches. Suitable figure legends should be typewritten double spaced on a separate sheet of paper and included at the end of the manuscript. If a figure has been taken from previously copyrighted material, the legend must give full credit to the original source and letters of permission must be submitted with the manuscript. Articles appear in both the print and online versions of the Journal, and wording of the letter should specify permission in all forms and media. Failure to get electronic permission rights may result in the images not appearing in the online version. Illustrations cannot be returned by the publisher. Figures may be submitted in electronic format. All images should be at least 5 inches wide. Images should be provided on CD or floppy. Graphics software such as Photoshop and Illustrator, not presentation software such as PowerPoint, CorelDraw, or Harvard Graphics, should be used in the creation of the art. Color images need to be CMYK, at least 300 DPI, and be accompanied by a digital color proof, not a color laser print or color photocopy. Please include hardware and software information, in addition to the file names, with the disk. Three hard copies of illustrations are still required.

l) Tables

Tables should be self-explanatory and numbered in Roman numerals 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 of the table. If any material in a table or a table itself has been taken from previously copyrighted material, a double-spaced footnote must give full credit to the original source and permission of the author and publisher must be obtained. Send letters of permission to the Editor with the manuscript.

m) Conflict of Interest Notification Page

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

n) Short Reports

Short Reports should be limited to three type written pages on current research, a short introduction, material and methods and results should be written under the same heading followed by brief comments and six to ten reference.

o) 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

Authors should take help from following guidelines in writing manuscripts

Initiative	Type of study	Source
Consort	randomized controlled trials	http://www.consort-statement.org
Stard	studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
Quorum	systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
Strobe	observational studies in epidemiology	http://www.strobe-statement.org
Moose	meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

and one figure or table. Letters referring to a recent journal article must be received within four weeks of its publication. Please include your full address, telephone number, fax number an e-mail address.

p): Guidelines**5. CHECKLIST FOR THE AUTHOR**

- Covering letter (should include section for which manuscript is submitted)
- Copyright transfer statement signed by all authors
- Original and two photocopies of the article (double-spaced)

- Diskette
- Title page
- Section of Journal to be published in (or note if a review article)
- Title of article and short title (40 characters or fewer)
- Authors, academic degrees, and affiliations
- Author to whom correspondence and reprint requests are to be sent, including address, business phone and fax numbers, and e-mail address
- Structured abstract, 250-word maximum
- Text (including Methods, Results, Discussion)
- References
- Illustrations, properly labeled (3 glossy sets)
- Legends
- Tables (provide brief title for each), typed on separate sheets
- Permission to reproduce published material in all forms and media
- Informed consent to publish patient photographs

6) 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) have been involved in drafting the manuscript or revising it critically for important intellectual content; and 3) have given final approval of the version to be published. 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.

F: MANUSCRIPT EVALUATION

- Every new manuscript submitted to KMJ is immediately assessed by an editor for an initial inspection (internal peer 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 will be given for a reviewer to go through a manuscript and send his suggestions to the editor. Failing which will generate a reminder 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 will be 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 should pay attention to the recommendations, but the editor must be the one who makes the decisions.
- The editor may reject manuscripts without outside 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.

G: RESPONSIBILITIES OF EDITORS:

KMJ will follow the WAME (World Association of Medical Editors) guidelines for the roles and responsibilities of the editors.

1. Editors are responsible to readers, and should learn about their needs and interests.
2. Editors are responsible for safeguarding the rights of study subjects and animals.
3. Editors are responsible for the editorial content of the journal; that is, the subject matter and types of articles and the actual content of the articles that are published in the journal.
4. Editors are responsible for establishing the policies for authorship and submission of manuscripts to the journal.
5. Editors are responsible for establishing and maintaining a process for the constructive, prompt evaluation of manuscripts, whether accepted for publication or not.
6. Editors are responsible to authors for maintaining the integrity and confidentiality of the authors' work while that work is being evaluated for publication.
7. Editors must be willing to make decisions and stand behind them, but be willing to reconsider their decisions when appropriate.
8. Editors should work to improve not only the quality of manuscripts but also the quality of research in the field.
9. Editors must be prepared to deal with error and allegations of misbehavior.
10. Editors should maintain editorial independence and work to ensure that authors have editorial freedom.
11. Editors must not have personal, financial, or other relationships linked in any way to any of their responsibilities as an editor.
12. Editors should plan for the future of their journals.
13. The editor should know the publisher's policies about advertising. The editorial process should be conducted independently of the procurement of advertisements. The editorial content of the journal should be separated from the advertising content to the greatest extent possible in the published journal, whether printed or electronic.

H: REVIEWERS: THEIR RESPONSIBILITIES, SELECTION, AND REWARDS

KMJ is aiming to set a panel of peer-reviewers with diversity in knowledge, viewpoint and expertise in relevant specialties with extensive experience as faculty members, researchers, and published authors.

• RESPONSIBILITIES OF REVIEWERS

- I. The first responsibility of reviewers is to evaluate manuscripts critically but constructively and to prepare detailed comments about the research and the manuscript to help authors improve their work. The reviewers have to assess the manuscript according to the reviewers proforma sent to each reviewer along with the manuscript. The evaluation should include
 - assessments of the originality and importance of the research;
 - the design of the study;
 - the methods of study, including analytic and statistical methods;
 - the presentation of the results;
 - possible confounding; the strength of the conclusions; and
 - the overall quality of the manuscript.
- II. The second responsibility is to make recommendations to the editor regarding the suitability of the manuscript for publication in that journal. Reviewers may be asked to write some narrative comments about the manuscript that support their recommendation to the editor regarding acceptance or rejection. They also can be asked to grade some characteristics of the manuscript, such as originality, quality, accuracy, readability and interest to readers, or to complete detailed questionnaires about these qualities and even assign a priority score.

- III. Reviewers should declare to the editor any potential conflicts of interest with respect to the authors or the content of a manuscript they are asked to review, and in most instances when such conflicts exist should decline to review the manuscript.
 - IV. Other responsibilities of reviewers include treating the manuscript as a confidential document and completing the review promptly. Reviewers should not show the manuscript to anyone else without the express consent of the editor.
 - V. Reviewers should not make derogatory comments about the manuscript in their comments for the authors. If reviewers do make such comments, the editor may choose to edit the comments or even withhold all the reviewer's comments from the authors.
 - VI. Reviewers must not make any use of the work described in the manuscript.
 - VII. Reviewers should not communicate directly with authors or even identify themselves to authors, except by signing their reviews.
 - VIII. The editor should provide guidance to the reviewers, particularly new reviewers, regarding how the editor wishes the reviewers to evaluate the manuscript and how the reviewers should meet their dual responsibility of providing constructive comments for the author and advice to the editor.
 - VIII. Reviewers should meet the agreed-upon deadline (usually 4 weeks) for manuscript review and should respond to the reminders if sent any.
- **IDENTIFICATION AND EVALUATION OF REVIEWERS**
 - I. The editor will establish a reviewer database that includes information about the expertise of each reviewer as well as addresses and other contact information.
 - II. Fifty percent of reviewers will be from Pakistan and 50% will be selected from abroad.
 - III. The editor may identify potential reviewers on the basis of personal knowledge of the topic or from among the authors of references in the manuscript, the membership of the society that publishes the journal, or computer searches of databases such as PubMed, Medline or by asking for names from reviewers who decline to review the manuscript (see below).
 - IV. Authors may suggest reviewers for their manuscript, whether invited to do so by the editor or not. The editor may choose to use one or more of these reviewers, but are under no obligation to do so. (Authors may ask that certain people not be asked to review their manuscript, but editors are not obligated to accept these requests either.)
 - V. The editor should ask reviewers, by telephone, fax or e-mail, if they are willing to review a particular manuscript, and give them a date that the review is due at the editorial office (usually 3 to 4 weeks), rather than simply sending the manuscript to the reviewer. As the same time, the editor can ask for the names of others who might review the manuscript should the person initially contacted decline.
 - VI. The editor is responsible for keeping track of reviewers, and taking steps to make sure reviews are completed in a timely manner. Each peer review is rated by the editor assigned to the manuscript and stored with the reviewer's profile in the Rapid Review reviewer database. This rating becomes part of the reviewing history of each peer reviewer, and can be viewed by the editors as they select potential reviewers for future manuscripts. The reviewer database also contains information on the reviewers' areas of expertise; the number of previous invitations to review and number accepted; dates of submitted reviews, and days taken to produce reviews. Reviewers who consistently decline invitations or who write brief unhelpful reviews are eventually removed from the database.
 - VII. To avoid overworking reviewers, each reviewer will be asked to evaluate no more than one manuscript per month.
 - VIII. If a reviewer does not complete a review on a timely basis, the editor should proceed with evaluation of the manuscript. He can make a decision to accept or reject the manuscript based on the comments and recommendations of another reviewer(s) or his own evaluation of the manuscript, or by seeking additional review.
- **REWARDING REVIEWERS.**
 - Each reviewer may be rewarded by being publicly thanked for reviewing in the journal each year and will be given free copies of journal.

I: 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 all the reviewer comments, his own critique, and other external factors.

- What considerations should enter into the decision? These may include the comments and recommendations of the reviewers, the availability of space, and—most important—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.
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Publication Office:

KUST MEDICAL JOURNAL,
KUST INSTITUTE OF MEDICAL SCIENCES,
DHQH, KDA KOHAT NWFP PAKISTAN
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