Why We Say No! A Look Through The Editor’s Eye

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Introduction
Rapidly flourishing health science has provided a ground to perform research works and publish them, thus contribute to the field of science. In India, the medical/dental education governing bodies (DCI/MCI) have linked promotions with publications. This has lead to an increase in number of publications.

Aim: To determine the reasons for rejection of medical and dental manuscripts submitted in JCDR.

Methodology
1000 consecutively submitted manuscripts since 1st August 2014 (medical and dental) were selected

- Data of 2014 (Starting form 1st August)
- 1000 consecutive articles (622 Medical & 378 Dental)

Exclusion: Articles with final decision pending-92
Incomplete submission-6

Inclusion: Articles that reached end point-902

Accepted & Published 348
Rejected 522
Withdrawn 32

Medical 295 (47.4%)
Dental 227 (60.05%)

295 of 622 Total medical articles
227 of 378 Total dental articles

Top 3 Reasons for Rejection

Common
Topic is well studied both by international and national researchers. Information is present in standard textbooks or present no new perspective.

The results have lost their relevance, as techniques described are obsolete or surpassed by better alternatives.

Message- At times authors have noticed an uncommon secondary result, but play it down since they were not sure how to defend it in absence of supportive literature.

If authors bring out this uniqueness in their article themselves, it becomes less likely to face rejection. An editor should point this out, but might also miss at times.

Methodological Issues
- Sample size
- Faulty selection criteria
- Flawed study design
- Weak analysis
- Confounders not accounted
- Methodology not corresponding to aim.

Message- Starting a research without giving a deep thought to all the methodological aspects might invalidate the research work, after completion of the study when errors start to show up. Hence, methodology should be thought through, in consultation with a statistician.

Non Compliance of Author
Once the first feedback has been sent usually 3 week period is given to author to resubmit the revision. Not infrequently, we receive no communication.

This attitude leads to waste of editorial and most importantly peer review time.

Message- At times, if an author does not agree to the reviewer’s suggestions, he can provide reasonings for the same. An author should always aim to carry his manuscript though publication and not abandon it midway because of negative reviewers comments.

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522 articles underwent rejection
- 295 Medical
- 227 Dental

80% of total medical submissions
47% of total medical submissions

Methodological Issues
- Non compliance of author 17.81%
- Medical mismanagement 1.72%
- Incomplete cases 5.69%
- Data fabrication 5.77%
- Poor draft 8.70%

Common
- Case report 24.52%
- Original 20.52%

Plagiarism 11.11%

Case report 94
Original 201

Case report 99
Original 120

This study, conducted with constraints of including only 1000 articles, found that the overall rejection rate of articles submitted to JCDR, was around 52%. It can be concluded that, many of the rejections can be avoided by maintaining adequate author-journal communication.

Introspection
We came across few incidents where the decision taken by our own team was felt to be stern. Also certain breaches were noticed which happened inadvertently. The decisions were largely dependent on peer review system which in itself has weakness. We could roughly estimate our in-house screen value against the peer review reports. Being a young journal we still have a long way to go.