Commentary

Streamlined manuscript submission guidelines: Beyond overdue

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With "high impact" medical journals having acceptance rates ranging between 5 and 11% we are all very familiar with emails similar to the one above. Such responses do not generally reflect the quality of the authors' manuscript, but have more to do with a journals focus, load and target audience. Considering that there are currently 5153 medical journals indexed in the National Library of Medicine's (NLM) Medline [1], authors quickly resubmit their manuscript to other journals. Although medical journals serve as the vehicle to communicate cutting edge science; a level of inertia confounds their manuscript submission processes.

The International Committee of Medical Journal Editors (ICMJE) has outlined guidelines on the general structure and reporting of medical research [2], however each journal has a specific set of requirements specifying the manuscript formatting. Researchers submitting manuscripts have to spend several hours reformatting author names, affiliations, fonts, line spacing, page and line numbering, reference styles, figure legends, tables, etc. prior to submission to a subsequent journal. Subsequent requirements include submission of conflict of interest disclosure statements and copyright transfer forms (which require physical signatures from all authors, some of whom may not be present at the same institution). The submitting (corresponding) author must then create an account with the specific journal's submission system, input the information on redundant forms and upload files for review. This whole process may require 3–4 hours of an academic's otherwise productive time. Nearly 440,000 medical articles are published annually in Medline indexed journals [3]. If one assumes that each article was rejected once prior to acceptance, and that 3 hours were required to reformat the paper for each submission; the process could account for a cumulative 2.6 million hours of academic "work" per year.

If the requisite formatting was utilized as the published "end product" the investment of time and effort could be considered worthwhile, however, that task falls to a production team; thus one wonders why each journal has unique formatting requirements. It should be adequate to submit manuscripts as legible typed documents that are readable by the editors and reviewers? This suggestion has been made by others [4] and we share their concerns.

The ICMJE and NLM are perfectly suited to advocate for a system;

similar to the Electronic Residency Application System (ERAS) utilized for residency/fellowship applications, wherein authors could upload their manuscript accompanied by a universal copyright transfer form. The system should facilitate the identification of journals appropriate for the topical content of the manuscript, followed by the ability to submit to the selected journal. If the manuscript is rejected by the first journal, the authors would be able select another journal for submission of the manuscript. The only caveat with regard to immediate submission is that the authors may wish/need to incorporate changes suggested in the rejecting reviewers' comments. The system could also maintain author profiles, link previous publications, and updated affiliation information, contact data, and conflict of interest disclosures. Authors may also choose to submit comments by previous reviewers accompanied by edits and responses to critiques to the subsequent journal which could conserve peer review resources, currently offered as an option by certain journals [5].

Such a system would require time for development and implementation. Thus we suggest that a streamlined format be developed (with input from editors of major medical journals) which would accepted as a "universal" manuscript format for submission to participating journals. If professional organizations such as the ICMJE and NLM advocate for this standard, it could serve as the initial step in development of a universal submission process.

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ZS conceived the topic. All authors contributed to and approved the final version of the manuscript.

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