

“Need for a rethink:” Questions raised by the “clarifications” issued by the Medical Council of India for academic promotions

Dear Editor,

The editorial on the revised guidelines by the Medical Council of India (MCI) for academic promotions by Aggarwal *et al.*^[1] is an eye opener and rightly emphasizes the “*Need for a rethink.*”

Apart from the various valid points raised by the authors, we feel another very important point which has not been addressed at all in the revised guidelines is the role of the corresponding author of the manuscript, who in most of the cases is the one responsible for maximum contribution right from the stage of preparation of the manuscript to its submission, acceptance, and subsequent publication.

The corresponding author takes primary responsibility.^[2] For communicating with the journal/editors/staff during the submission, peer review, and publication process of the article, and ensures that all the necessary formalities, like details of authorship, approval of ethics committee, registration of study, and gathering conflict of interest forms and statements from all the authors are properly and timely completed. She/he should be available throughout the submission and peer review process and even after publication to respond to editorial queries and to comments/queries to the published material in a timely way.^[3,4]

In the revised guidelines by the MCI, no mention has been made about the role of the corresponding author who in many cases may not necessarily be the first two in the list of authors. In our opinion, the contribution of the corresponding author should be recognized regardless of the position in the author list, which again emphasizes the “need to rethink” the point about considering only first two authors, as multiple authorship has now become the norm in most of the quality research conducted. Way back in 1978, Durack^[5] in his article reported that more than 98% of articles published in the Boston Medical and Surgical Journal a century ago were written by a single author, whereas today (i.e. in 1978) fewer than 5% of the papers in the journal’s successor, The New England Journal of Medicine, are written by one person. Similarly, in 1984, Friesinger^[6] found that there was an average of six authors per paper in the “original

articles” category of The New England Journal of Medicine. The situation now, i.e. almost 25 years later can be estimated when the research scenario is continuously moving toward collaborative and multidisciplinary projects conducted by large teams.

The very purpose of including publications as criteria for promotion/academic excellence as an incentive to promote quality research will be defeated by taking into consideration only the first two authors as it is not possible for all the authors to be in the first two lists. It will further decrease the quality of research as well as discourage the multi-disciplinary approach involved and required in research activities as many authors will lose interest in the study if they know beforehand that only the first two authors (senior faculty in most of the cases) will be credited with the work. Instead of working hard as a team they will be more focused on the research/publication in which they can put their names in first two places.

Furthermore, the guideline concerning the type of article is very ambiguous. Original research means work carried out by a researcher/physician which is authentic and has not been duplicated/pasted from somewhere else. As pointed out in the editorial,^[1] many case reports in the form of brief communications and short cases are regarded as original work by various national and international medical journals of repute. The guidelines are also mute regarding the value of review articles which have been always considered as equally important as original research articles as they provide for useful integrated information on a particular subject.^[7]

Furthermore, the value of case reports and series cannot be undermined in any way, particularly where rare conditions are involved. Case reports are regarded as the scientific documentation of a single clinical observation and have a time-honored and rich tradition in the medicine and scientific literature.^[8,9] These represent a relevant, timely, and important study design in advancing medical and scientific knowledge, especially of rare diseases. In the recent past, case reports/series have fallen out of favor largely due to the methodology of case studies in determination of treatment and establishment of new tests and due to the limited number of cases involved, nonetheless, the observation of a single or a few patients can add to our knowledge of etiology, pathogenesis, natural history, and treatment of particularly rare diseases, and to the training of potential upcoming junior investigators.^[10] Case reports or small series have been important throughout the last century in the elucidation of these rare syndromes and are as important today, as they were in the past.

It is sincerely hoped that the points raised here and in the editorial will realize the “need for a rethink” and will the help in removing the ambiguities in the “clarifications” issued by the MCI for academic promotions.

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There are no conflicts of interest.

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