Manuscripts submitted to the Indian Journal of Pharmacology (IJP) routinely undergo initial screening by one of the editors before sending them to external reviewers. Previously this procedure was limited to deciding the scope of the article and checking the format of the contents. Attempts by some authors to submit duplicate/redundant publications made us broaden the scope of screening. The submission of a fully plagiarized manuscript a year back shook us a bit and forced us to elaborate the screening procedure to include assessment of originality. Manuscripts which fail screening are rejected without review by an external peer reviewer. I believe that contributors and the readers of the IJP have a right to know the screening procedure adopted by us and our policies regarding reject without review. This editorial will focus on that issue.

At present, the contributors of new manuscripts are sent a questionnaire at the time of submission and asked to reply the same (see box 1). Meanwhile, the scope of the article is assessed and violations of instructions and/or non-compliance of the prescribed format are marked. Title words or the keywords of the manuscript are used to make a search on the PubMed, Google Scholar and IndMed/MedInd. Similar looking titles are clicked and the abstract (or the full paper if available on the Web) is examined for similarities. The matching/similar abstracts if any and the replies of the contributor to the questionnaire are used to assess the originality.

<table>
<thead>
<tr>
<th>Box 1. Questionnaire for authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is already known about the topic?</td>
</tr>
<tr>
<td>2. What is new (i.e. not already reported) in your work (methodology/results/conclusions)</td>
</tr>
<tr>
<td>3. What does your work add to the existing body of knowledge?</td>
</tr>
</tbody>
</table>

If the topic is out of scope, the manuscript is returned to the authors without review. Authors of the manuscripts which do not conform to journal’s style and writing standards are invariably given a chance for resubmission. However if they have not shown any regard for instructions and are very careless in the preparation (such as too many spelling mistakes), their manuscripts are rejected without review and no resubmission is permitted. Manuscripts reporting ‘repeat study/replication’ (a study which is largely similar but not identical to ones already reported in the literature) are not considered original unless they carry some message that was not reported earlier or there is a strong justification for replication. Redundant/duplicate publications (“publishing or attempting to publish substantially the same work more than once”) and plagiarism are viewed seriously. Explanation from authors is sought if the submitted manuscript is found to be already published in full or part. If no satisfactory reply is received within a month, the manuscript is rejected without review and action is initiated as per the journal’s Standard Operating Procedures.

Similar screening procedures are followed by many journals, though the scope differs from journal to journal depending on the resources available. What the British Medical Journal follows is an almost in-house editorial review to cope with the large number of submissions. Presently, the IJP receives 40-45 new submissions every month. Our criteria for ‘reject without review’ are only three, i.e., ‘out of scope’, ‘poor presentation’ and ‘lack of originality’. Some journals include ‘major flaw(s) in the design’ and ‘lack of relevance’ in addition to the above. We generally leave such issues for our reviewers to assess.

What is the need for screening? Though this year we expect to receive more than 500 manuscripts, the IJP can accommodate only 80-100 research communications in a year (five full papers + ten research letters and correspondences per issue). The screening procedure serves as a good filtering mechanism which weeds out chaff from wheat. Further, it is almost impossible to find 80-90 reviewers every month (every manuscript is sent to two reviewers). By sending an obviously poor quality manuscript we would be wasting the precious time of the reviewers. Earlier, some reviewers for IJP have objected to receiving poorly written manuscripts which could have been, in their opinion easily identified during initial screening and rejected without review. One positive side of screening is that it allows an early decision on the manuscripts so that the authors can submit the rejected article to any other suitable journal without waiting for long.

How effective is the method? Assessing the scope and picking up mistakes in the format may not be a difficult job but judging the originality could prove to be. The procedure we follow effectively picks up manuscripts that lack originality. It reveals how original the work is, even if the authors try their best to project their work as novel by not quoting the important earlier work by others. Internet is a boon in this regard and given the keywords, the search engines and databases list similar works published already with ease. Google Scholar is capable of picking up manuscripts that lack originality. Attempts by some authors to submit duplicate/redundant manuscripts reporting ‘repeat study/replication’ (a study which is largely similar but not identical to ones already reported in the literature) are not considered original unless they carry some message that was not reported earlier or there is a strong justification for replication. Redundant/duplicate publications (“publishing or attempting to publish substantially the same work more than once”) and plagiarism are viewed seriously. Explanation from authors is sought if the submitted manuscript is found to be already published in full or part. If no satisfactory reply is received within a month, the manuscript is rejected without review and action is initiated as per the journal’s Standard Operating Procedures.

Similar screening procedures are followed by many journals, though the scope differs from journal to journal depending on the resources available. What the British Medical Journal follows is an almost in-house editorial review to cope with the large number of submissions. Presently, the IJP receives 40-45 new submissions every month. Our criteria for ‘reject without review’ are only three, i.e., ‘out of scope’, ‘poor presentation’ and ‘lack of originality’. Some journals include ‘major flaw(s) in the design’ and ‘lack of relevance’ in addition to the above. We generally leave such issues for our reviewers to assess.

What is the need for screening? Though this year we expect to receive more than 500 manuscripts, the IJP can accommodate only 80-100 research communications in a year (five full papers + ten research letters and correspondences per issue). The screening procedure serves as a good filtering mechanism which weeds out chaff from wheat. Further, it is almost impossible to find 80-90 reviewers every month (every manuscript is sent to two reviewers). By sending an obviously poor quality manuscript we would be wasting the precious time of the reviewers. Earlier, some reviewers for IJP have objected to receiving poorly written manuscripts which could have been, in their opinion easily identified during initial screening and rejected without review. One positive side of screening is that it allows an early decision on the manuscripts so that the authors can submit the rejected article to any other suitable journal without waiting for long.

How effective is the method? Assessing the scope and picking up mistakes in the format may not be a difficult job but judging the originality could prove to be. The procedure we follow effectively picks up manuscripts that lack originality. It reveals how original the work is, even if the authors try their best to project their work as novel by not quoting the important earlier work by others. Internet is a boon in this regard and given the keywords, the search engines and databases list similar works published already with ease. Google Scholar is capable of picking up manuscripts that lack originality. Attempts by some authors to submit duplicate/redundant manuscripts reporting ‘repeat study/replication’ (a study which is largely similar but not identical to ones already reported in the literature) are not considered original unless they carry some message that was not reported earlier or there is a strong justification for replication. Redundant/duplicate publications (“publishing or attempting to publish substantially the same work more than once”) and plagiarism are viewed seriously. Explanation from authors is sought if the submitted manuscript is found to be already published in full or part. If no satisfactory reply is received within a month, the manuscript is rejected without review and action is initiated as per the journal’s Standard Operating Procedures.

Similar screening procedures are followed by many journals, though the scope differs from journal to journal depending on the resources available. What the British Medical Journal follows is an almost in-house editorial review to cope with the large number of submissions. Presently, the IJP receives 40-45 new submissions every month. Our criteria for ‘reject without review’ are only three, i.e., ‘out of scope’, ‘poor presentation’ and ‘lack of originality’. Some journals include ‘major flaw(s) in the design’ and ‘lack of relevance’ in addition to the above. We generally leave such issues for our reviewers to assess.

What is the need for screening? Though this year we expect to receive more than 500 manuscripts, the IJP can accommodate only 80-100 research communications in a year (five full papers + ten research letters and correspondences per issue). The screening procedure serves as a good filtering mechanism which weeds out chaff from wheat. Further, it is almost impossible to find 80-90 reviewers every month (every manuscript is sent to two reviewers). By sending an obviously poor quality manuscript we would be wasting the precious time of the reviewers. Earlier, some reviewers for IJP have objected to receiving poorly written manuscripts which could have been, in their opinion easily identified during initial screening and rejected without review. One positive side of screening is that it allows an early decision on the manuscripts so that the authors can submit the rejected article to any other suitable journal without waiting for long.

How effective is the method? Assessing the scope and picking up mistakes in the format may not be a difficult job but judging the originality could prove to be. The procedure we follow effectively picks up manuscripts that lack originality. It reveals how original the work is, even if the authors try their best to project their work as novel by not quoting the important earlier work by others. Internet is a boon in this regard and given the keywords, the search engines and databases list similar works published already with ease. Google Scholar is capable of picking up manuscripts that lack originality. Attempts by some authors to submit duplicate/redundant manuscripts reporting ‘repeat study/replication’ (a study which is largely similar but not identical to ones already reported in the literature) are not considered original unless they carry some message that was not reported earlier or there is a strong justification for replication. Redundant/duplicate publications (“publishing or attempting to publish substantially the same work more than once”) and plagiarism are viewed seriously. Explanation from authors is sought if the submitted manuscript is found to be already published in full or part. If no satisfactory reply is received within a month, the manuscript is rejected without review and action is initiated as per the journal’s Standard Operating Procedures.
Scholar search pulled out a full paper from the Turkish Journal of Biology in which a part of the data in a manuscript under screening had been already published. The corresponding author admitted her misconduct when confronted with the copies of the published paper.

Redundant/duplicate publications and plagiarism are unethical and bad for science. Any journal worth its name will try its best to avoid such papers. There is no foolproof mechanism though; but this should not deter journals from devising a method to eliminate such manuscripts well in the beginning of the review process rather than taxing the reviewers. A journal cannot earn a good reputation if it continues to publish articles that lack originality. Getting the journal indexed with PubMed/Index Medicus and entering the league of impact factor journals have a lot to do with publishing communications that are original. This being the case, I believe the IJP is going in the right direction by improving its screening mechanism.

R. Raveendran
Chief Editor, IJP
E-mail: ravee@jipmer.edu

References