

WORKSHOP ON WRITING FOR PEER REVIEWED JOURNALS



**Southern African Regional Network on Equity in
Health (EQUINET)
in co-operation with
The University of New South Wales, Sydney, Australia**

**Durban, South Africa,
June 4-7 2004**

**with support from IDRC (Canada) & SIDA (SWEDEN)
REPORT Produced By: TARSC, Zimbabwe**

1. Background

The Southern African Regional Network on Equity in Health (EQUINET) was launched by southern Africans after a 1997 seminar on 'Equity in Health' in Kasane, Botswana. EQUINET is a network of professionals, civil society members and policy makers who have come together as an equity catalyst, to promote policies for equity in health in the Southern African Development Community (SADC) region. Since late 1998 Equinet has built a programme of research, analysis, training, publication, advocacy and policy dialogue on determinants of health equity across political, macro-economic, trade, public policy and provisioning, governance and health rights issues. Institutions in Equinet have built a programme of research and analysis that has been used to build skills, inform policy and engage with key stakeholders, including parliament and civil society (See www.equinet africa.org).

EQUINET's programme of work

- ◆ Strengthens research and analysis, the production of evidence and implementation of monitoring to build knowledge, analysis, policy debate and practice around critical equity constraints or potentials
- ◆ Disseminates knowledge and stimulate awareness and analysis oriented towards social justice and equity values within the range of communities that shape southern African health systems
- ◆ Draws political attention and policy debate and support public action and service competencies around the inputs necessary for health equity
- ◆ Strengthens the functioning and responsiveness to social justice and equity values of governance mechanisms relevant to health
- ◆ Builds capabilities and analysis and facilitate networking on options for dealing with and confronting international challenges to health equity, and
- ◆ Supports, focuses and networks institutional resources within civil, academic, state and community sectors in southern Africa towards this work, and links these to relevant international resources and programmes

The capacity building: skills workshop writing for peer reviewed journals workshop was hosted by the Southern African Regional Network on Equity in Health (EQUINET) in co-operation with The University of New South Wales, Sydney. The workshop was run from 4-7th June at the Tropicana Hotel, Durban, South Africa. It was timed to take place before the ISeQH and Southern African Conference on Equity on Health to enable participants to also attend these two important scientific events. It was hoped that the skills built in this workshop would be used to prepare papers for scientific publication with international peer reviewed journals on equity in health.

Objectives of the workshop on writing for peer reviewed

The workshop was one of a series of capacity building activities in EQUINET and aims to

- build skills for writing in peer reviewed journals .
- understand how the peer review process works and to gain some experience of peer review on own writing and facilitate peer review and feedback on equity-focused papers prepared by workshop participants (southern African researchers and practitioners).

The Prerequisites for participation were:

- ◆ Participants were selected from those who had submitted a draft paper dealing with equity, health and southern Africa
- ◆ A selection committee identified the 15 papers with greatest interest and potential and these were sent to an independent peer reviewer for comments. The drafts were returned to authors with comments and a decision about whether they had been invited to participate in the Writers Workshop.
- ◆ Authors were expected to prepare a further draft, taking account of the reviewers' comments prior to the Workshop.
- ◆ Authors were requested to bring with them a laptop computer plus the 15 references upon which they had or intended to draw on most heavily in writing their paper. Primary data e.g. transcripts of interviews or summary data tables was also brought to the workshop for referral purposes.

The resource person was Anthony Zwi a Professor and Head of the School of Public Health and Community Medicine at The University of New South Wales, Sydney. He is originally from South Africa and was the Health Policy editor for Social Science and Medicine 1995-2001. He is currently on the Editorial Board of the British Medical Journal and is an advisory editor for Social Science and Medicine.

This workshop was proposed to support capabilities for effective dissemination of the significant body of research results coming from EQUINET activities through scientific journals and publications. It was planned as a response to specific demand from EQUINET researchers for this area of skills building.

Participants were drawn from EQUINET research programmes. The programme is in Appendix 1 and the delegates list in Appendix 2. The meeting was supported by IDRC (Canada) and SIDA (Sweden). The report outlines the main issues presented and arising in the workshop. Rapporteurship at the meeting was through EQUINET and the report has been compiled by Godfrey Musuka and Rene Loewenson (TARSC). We would like to acknowledge the resource person, Prof Anthony Zwi.

2.0 Southern African Regional Network on Equity in Health (EQUINET)

Dr. Rene Loewenson programme Manager for EQUINET explained the formation of the network. The Southern African Regional Network in Health (EQUINET) was launched by southern Africans after a 1997 seminar on 'Equity in Health' in Kasane, Botswana. EQUINET is a network of professionals, civil society members and policy makers who have come together as an equity catalyst, to promote policies for equity in health in the Southern African Development Community (SADC) region. See www.equinet africa.org

She noted that EQUINET networks including equity actors across government, civil society, academic institutions, parliament and others and formally liaises with SADC. EQUINET commissions, fund and carry out research and gather policy relevant evidence on health equity issues, exposes policy / decision makers to health equity issues and options and convenes forums for debate and review of issues. EQUINET publishes and disseminates information, analysis and debate and news through its newsletter and website. The network provides training, mobilizes resources for health equity work and builds facilitate and service alliances around specific policies and campaigns.

EQUINET is a flexible network in Southern and east Africa. It is governed by a steering committee and has theme, process and country co-ordinators. EQUINET activities are co-ordinated and managed through a secretariat at Training and Research Support Centre in Zimbabwe. She outlined the themes and processes in EQUINET (see www.equinet africa.org)

3.0. Workshop proceedings

Prof Zwi gave a brief introduction to the participants. Participants identified key skills they expected to develop from the workshop. These are listed below;

- to produce readable and concise work
- to be able to support colleagues,
- conceptualise ideas clearly,
- deal with sweeping statements
- better able to use language
- critically review papers
- write logically
- brevity (avoiding long sentences)
- appropriate use of references

3.1 Introductory issues: titles, selection of where to publish, the process

Prof Zwi explained that titles need to be short, concise, focused and catch attention. What the paper is about also needs to come out of the title. For example the following title "The failure of the detection of, and compensation for, asbestos-related disease: social exclusion"

in Sekhukuneland, South Africa is too long, complex and covers multiple issues. It can better be expressed as,

- ◆ Failures in detection and compensation for asbestos-related disease in South Africa
- ◆ Victims or companies: in whose interest does asbestos compensation system operate?
- ◆ Asbestos social exclusion: Failures of the South African compensation system
- ◆ Structuring systems for social exclusion: Compensation for asbestos-related disease in South Africa

Delegates reviewed the titles of their papers in terms of the key words communicating information on the paper and revised the titles accordingly.

The participants discussed choice of where to publish their work. One needs to consider the following issues when deciding on whether to submit an article to a journal or to publish in a book;

Book	Journal
<ol style="list-style-type: none"> 1. Cross-cutting analysis and review 2. Series of related studies 3. Comprehensive ... captures range of experience 4. Discuss range of approaches 5. Multiple cuts on same issue – methods, concepts 6. You control the process 7. More substantive 	<ol style="list-style-type: none"> 1. Journal 2. Controlled by the editor 3. Peer reviewed 4. ?higher academic credibility 5. May have special issue – but less comprehensive – and some pieces may have to be sacrificed

If a journal is chosen it was noted that one needs to critically look into the following issues before submission of an article to a journal. What type of article is this, what is its focus and structure compared to that of the journal and what are the referencing requirements and length. Prof Zwi stated that wrong referencing would result in an article being rejected outright without being closely looked by the editors. Other factors to consider are the reputation of journal, status, credibility; quality of articles, impact factor, distribution, likelihood of being published, the audience and philosophy.

Process of submission

One needs to know how to write the letter that accompanies the paper to the editors, this gives valuable information to the editor, such as whether the article has been published, submitted elsewhere, confirmation that this represents your own work and the roles of the different authors. A writers checklist for the British Medical Journal is included in Appendix 3.

Peer review process

Authors need to be aware of the peer review process, how long it might take for the article to be reviewed as well as what is expected of them by editors. It is useful to know what areas editors are interested in and the focus of the journal. An important start would be to get your article reviewed by a colleague.

Authorship

Prof Zwi explained that for one to be considered to have authored a paper one needs to have at least contributed in at least two of the following activities, sourcing for funding, done field work, analysis, conceptualized the work, planned the study and wrote the manuscript. Other forms of contributions other than the ones described above needs just to be acknowledged and does not constitute authorship. He stated that those individuals that contributed the most to the work including the writing should be first authors.

Copyright/ plagiarism

He explained that work that has come out in reports should not be considered published. Published work constitutes that which has undergone the peer-review process and the copyright now rests with the journal.

Other areas that were covered were;

- ◆ What are editors interested in/ what do we mean by ‘current’ materials?
 - ◆ How to communicate with journals/contacts
 - ◆ How to transform a report to a peer-reviewed paper
 - ◆ Authorship-order/criteria
- Electronic publishing

3.2 Review of individual papers

During the workshop Prof Zwi spent time with individual authors and discussed ways of improving the quality of the papers. Table 1 below shows summary information of the papers brought to the workshop

Name	Description of paper
Richard Odoi Adome (UGANDA)	The paper describes Community involvement in the running of health facilities: It is a feedback <u>audit</u> of a rural health unit in Eastern Uganda. The storyline inquires whether communities (Health Unit Mgm't C'ttee) take on new roles in relation to decentralised systems? Does training assist them to do so? It is directed to an audience of policy makers to give feedback on the value of empowering communities. It is aimed for publication in Health Policy and Planning. It has 2 co-authors who are the field researchers.
Wendy Hall (SOUTH AFRICA)	This paper describes Decentralisation Of Health Services in South Africa. The key issue it addresses is How effective is decentralization in South Africa?. It is aimed for publication in Health Policy and Planning and has one author.
Natalie Leon (SOUTH AFRICA)	This paper describes the function of District Health Expenditure Reviews (DHER), District Health Planning and Equity In The Rural Western Cape. Its key research questions are, Do people have equitable access to services? are resources allocated effectively? And are are resources used efficiently? Audience: Policy makers. It is aimed for publication in Health Policy and Planning and has one author.

R Loewenson (ZIMBABWE)	The title of this paper is The impact of health centre committees on health_outcomes in Zimbabwe. It expose the impact of community participation on planning and use of health resources. It also describes the role of health centres committees in revitalising and making an impact on services. Its target audience includes communities and committees and national authorities. It's aimed for publication in Health Policy and Planning.
Mubiana Macwan'gi & Alasford Ngwengwe (ZAMBIA)	This paper describes the role of district health boards in health planning and decision-making in Zambia. It raises the question Do health boards reflect the voice of the community?.The authors have not yet decided on any particular journal for submission. Its audience is policy makers.
Siphelo Mapolisa (SOUTH AFRICA)	This paper describes labour response to HIV/AIDS in South Africa. It raises the following questions. What are the preventive policies taken by workplaces? And What is the perceived impact of HIV/AIDS amongst the workers? Its targeted at policy makers and workers in general.
Nomafrench Mbombo (SOUTH AFRICA)	This paper describes maternity services in a northern urban area of Cape Town, South Africa. It raises the questions Why do maternity women delay seeking care? And why do maternity women fail to, or infrequently attend, maternity care. Its aimed for publication in Health Policy and Planning.
T J Ngulube (ZAMBIA)	This paper describes how health center committees influence equity in health in Zambia. It also describes the impact of community participation on health and access to health care. Its directed at policy makers, and committees themselves. Its aimed for publication in Health Policy and Planning.
Joseph Njau (TANZANIA)	This paper describes the effect of Socioeconomic status, om treatment seeking for malaria/ fever. It poses the question What influences accessibility and prompt treatment of malaria in rural Tanzania. Its aimed for publication in Health Policy and Planning.
Chosani Alick Njobvu (ZAMBIA)	This paper describes the impact of health center committees on equity in health in Zambia. Its audience is Policy makers and planners. It's aimed for publication in Social Science & Medicine
Amos M Odhacha (KENYA)	This paper describes The effects of user fees on Health service utilization in Bondo District, Western Kenya. It describes the pattern of outpatient service utilization in rural health facilities after the introduction of user fees policy at health centers. It is aimed for publication in Social Science & Medicine.
Jaine Roberts (SOUTH AFRICA)	This paper describes the Compensation for asbestos-related disease in South Africa. Its intended audience

	is health system and services and the Compensation system.
I Rusike (ZIMBABWE)	This paper describes the factors affecting the performance of health centre committees in Zimbabwe. It poses the question Do health centre committees provide a mechanism for community participation in Zimbabwe. It hopes to engage policymakers. The authors have not yet decided on the journal.

Table 2 below summarises various comments made in the process of input on the specific papers:

Table 2: Comments made on papers

Area	comments
Introduction structure	<ul style="list-style-type: none"> • contextualise the work • give background information • give the rationale of study • outline concepts and provide definitions • give the objectives of the study
Abstract structure should include	<ul style="list-style-type: none"> • background & rationale • objectives • methods • results • discussion & conclusion
Methods: Outline	<ul style="list-style-type: none"> • qualitative/quantitative <ul style="list-style-type: none"> -types of study designs -appropriateness to questions seeking answers • Approach to analysis <ul style="list-style-type: none"> -software used/ which version
Results	<ul style="list-style-type: none"> • Need to be organized • Answer objectives • Tables should be clear and accurate • Graphs should be <ul style="list-style-type: none"> -informative -well labeled and have subtopics
Discussion	<ul style="list-style-type: none"> • Contextualise • Interpret the findings • Be clear

3.3 Writing for change

Dr Firoze Manji, Director of FAHAMU UK presented one of their key products “Writing for change”. The CD is useful for Researchers, campaigners, scientists, fundraisers, project managers, social activists and people who train writers. The CDROM covers the following areas, Effective writing: core skills, Writing for science and Writing for advocacy.

Effective writing: core skills are the basic skills you need for all kinds of effective writing, these include, deciding on what you want to say and to whom, assembling the evidence and organising your ideas into an outline, writing the first draft using a simple structure, editing the document to make it clear and using straightforward sentences and simple words.

Building on the core writing skills, Writing for science covers additional specialised skills such as, choosing the most appropriate journal, following the conventions for presenting scientific information, responding to the comments of referees and correcting proofs.

Writing for advocacy involves persuading people to take the action you want. This includes sections on, adapting your core writing skills for lobbying or campaigning documents and producing articles, leaflets, newsletters, pamphlets, press releases and posters.

Writing for change is full of practical examples and exercises that you can apply to your own working experience. Writing for change contains examples from the field of international development and practical exercises that can be used by people who train writers. A resource centre contains training materials and links to related websites. Site maps and a printed users’ guide make it easy to follow. Put together by a team of experienced trainers, the CDROM can be used by

- individuals working on their own
- with a group in a training workshop;
- as a handy reference tool.

3.4 Editors comment- from World Development

Prof Karen Molgaard Editor of the multi-disciplinary monthly journal of development studies World Development spoke to the participants. She stated that the focus of her journal is to explore ways of improving standards of living, and the human condition generally, by examining potential solutions to problems such as: poverty, unemployment, malnutrition, disease, lack of shelter, environmental degradation, inadequate scientific and technological resources, trade and payments imbalances, international debt, gender and ethnic discrimination, militarism and civil conflict, and lack of popular participation in economic and political life. Their main audience are development practitioners, scholars and researchers in the field of development studies, including those in such disciplines as economics, political science, sociology, geography, anthropology, engineering and science policy, management and administration, agronomy, urban and regional planning. She discussed the type of material they seek, how they respond to submissions from authors, and what she looks for as an editor.

4.0 Follow up and Evaluation

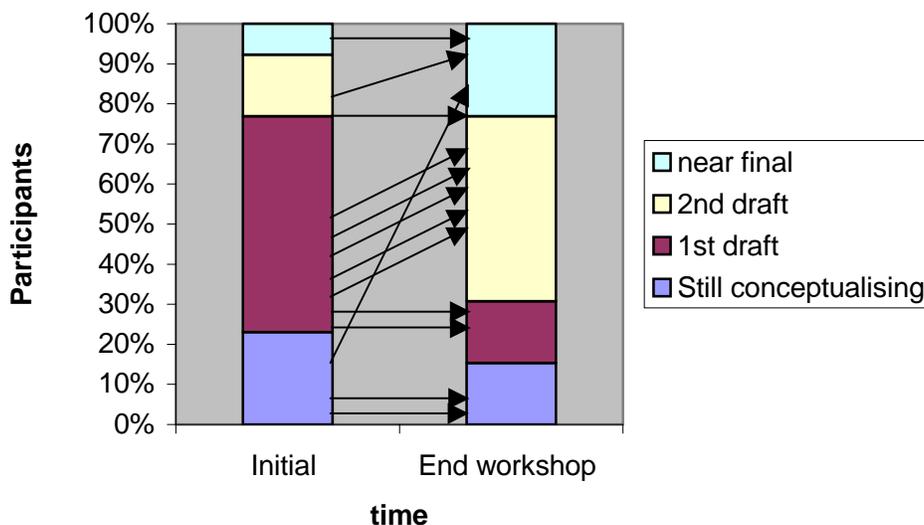
Anthony Zwi urged delegates to sustain the commitment shown during the workshop to produce a high quality papers. It was proposed that the papers be finalised and that authors send them for peer review to each other (and identify partners for this in the workshop). Prof Zwi noted that he would have limited time to give such follow up support.

A more general discussion was held on what sort of follow up activities could be implemented by EQUINET. Delegates indicated that they found the workshop useful and would want to run these at national level (eg Uganda) with technical resource support from EQUINET. It was proposed that EQUIWRITE host similar workshops in 2005-2006. It would also be important to follow up with material development to provide materials to support writing for peer reviewed journals. The development of a toolkit will enable the workshop to be replicated throughout the region. It was also noted that EQUINET should support skills workshops on other areas of writing, such as writing for change and advocacy.

Participants were asked to complete a self-administered questionnaire as well as contribute to a general discussion on the workshop. Details of the workshop evaluation by participants are presented in Appendix 3. The assessment shows that there was high level of satisfaction with the workshop. The announcement and travel arrangements were highly satisfactory, but there were some difficulties, such as with access to printing and photocopying facilities at the venue..

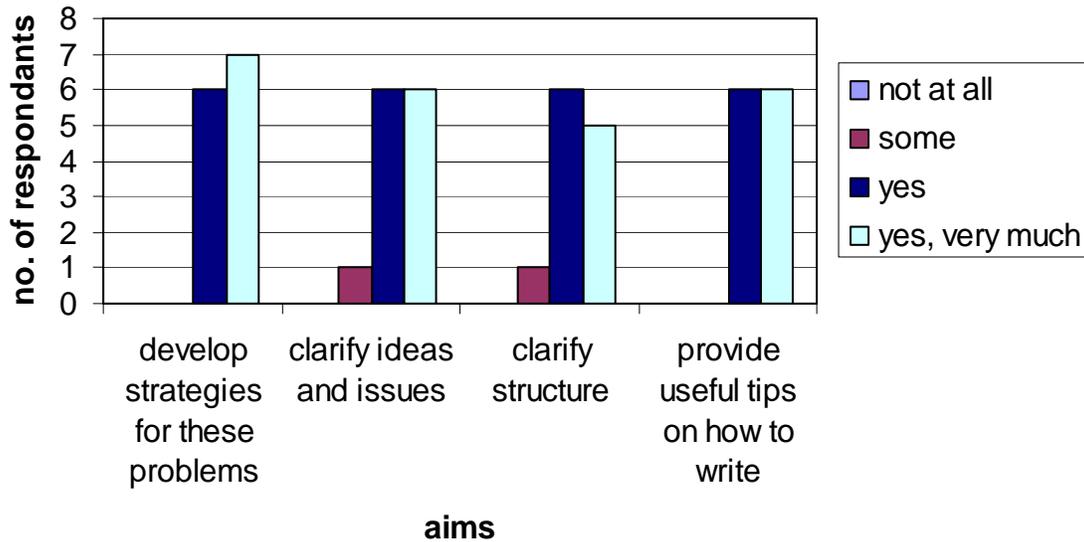
Some progress was made on papers: At the beginning of workshop a majority of participants were at early stages of paper (still conceptualising or 1st draft) and by the end of the workshop 9/13 had papers at 2nd draft or near final. (See below)

Paper development



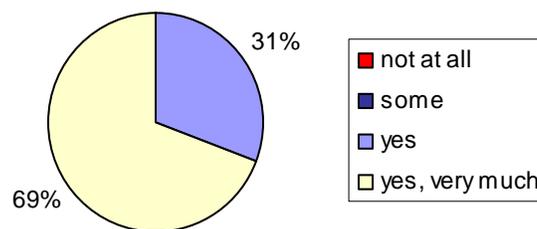
Most people noted they had problems in conceptualising and organizing their inputs for papers, and that the workshop did help with this, as well as with other aspects of writing.

Workshop aims. Did the workshop help you...?



They noted that writing is a process and needs ongoing mentoring and peer review. Generally they felt the workshop had provided support to their future work in writing for peer reviewed journals.

Will the workshop help you in the future?



They also appreciated the role of EQUINET as a supportive network and called for future support, review workshops, research grant support and mentoring.

Appendix 1: Workshop Programme

Day 1 June 4 (9am – 5pm)

- Introductions (who we are and why we're here)
- Identification of key issues which participants would like the workshop to address
- Why read? & Why write?
- Why Equiwrite has been supported (a word from our sponsors)
- Current challenges facing participants in writing up their work
- Outline of papers prepared by group members (each participant to bring a powerpoint of no more than 8 slides with no more than 8 lines per slide with no more than 8 words per line)
- Agreement on working groups; how we'll work during the week
- Discussion of options for publication : book, peer reviewed articles, special issue of a journal.

Day 2 – June 5 (9am – 5pm)

- Experience of writing: positive and negative experiences
- Reviewing papers: what are we looking for when we read?
- Common problems in material submitted for publication
- Reviewing papers: structuring the review and Time to write and think

Day 3 – June 6 (9am – 5pm)

- Focusing on different parts of the paper
 - Title
 - Abstract
 - Background / Introduction
 - Conceptual framework / Theoretical underpinnings
 - Methods & Results
 - Discussion & Conclusion
 - References & Acknowledgements
- Time to write and review & Mid-way evaluation : issues not yet addressed

Day 4 – June 7 (9am – 1pm)

- Time to write and think
- Difficulties faced by group members: challenges in preparing latest draft and responding to comments of peers
- Responding to reviewers – next steps
- Contentious issues:
 - Authorship
 - Managing the review process
 - Selecting the journal for publication
 - Other forms of dissemination
- Plans for each paper – deadlines and next steps
- Something fun to do together

**Appendix 2: WORKSHOP ON WRITING FOR PEER REVIEWED JOURNALS
Delegates List**

Name	Institution and address	Email address	Phone and Fax number (show fax with (f) and give country and area code please)
Richard Odoi Adome	Department of Pharmacy, Faculty of Medicine, Makerere University, Kampala, Uganda, 7072	shurik@lotus.co.ug /rodoi@med.mak.ac.ug	Tel : 256-77-401693 Fax : 256-41-258503
Wendy Hall	HST 135 Morcom Road Prestbury Pietermaritzburg 3201	hstwendy@sai.co.za	Tel : +27 33 394 3363 Fax : +27 33 394 3363
Natalie Leon	1 st Floor, Riverside Building, C/O Main @ Belmont Rd Rondebosch, 7925 Capetown	natalie@hst.org.za	Tel : +27 021 689 3325 Fax : +27 021 698 3329
R Loewenson	TARSC 47 Van Praagh Avenue Milton Park Harare Zimbabwe	rene@tarsc.org	263-4-705108 263-4-737220
Mubiana Macwan'gi	Institute of Economic & Social Research, The Univ. of Zambia P O Box 30900 Lusaka 10101 Zambia	mubianam@zamnet.zm	Tel : 0026 01 294 131 Fax : 0026 01 294 291
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Joseph Njau	IFAKARA HEALTH RESEARCH & DEVELOPMENT CENTRE(IHRDC) P O Box 78373 DAR ES SALAAM Tanzania 0255	njau_j@yahoo.com injau@ifakara.mimcom.net	Tel : +255 222 136 689 Fax : 255 222 136 687
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Jaine Roberts	Health Systems Trust P O Box 808, Durban 4000 South Africa	jaine@hst.org.za	Tel : +2731-307 2954 Fax : +2731-304 0775
I Rusike	CWGH 114 McChlery Avenue Eastlea Harare Zimbabwe	cwgh@mweb.co.zw	263-4-776989 263-4-788134 (f)
Anthony Zwi	School of Public Health & Community Medicine, Univ of New South Wales, Sydney, Australia UNSW NSW 2052 Sydney Australia	a.zwi@unsw.edu.au	Tel : +612 938 53811 Fax : +612 931 36185

Appendix 3

Checklists: British Medical Journal (www.bmj.com)

<http://bmj.bmjournals.com/advice/checklists.shtml>

Editors' checklists

The BMJ's editors don't routinely use checklists for critical appraisal, but these are the kind of questions we ask ourselves when reading papers:

Critical appraisal questions

- What is the paper about?
- Why was the study done?
- What type of study was done?
- Was it primary research (experiment, RCT, cohort, case-control, cross-sectional, longitudinal, case report/series)?
- Was it secondary research (overview, systematic review, meta-analysis, decision analysis, guidelines development, economic analysis)?
- Was the design appropriate (for study on treatment, diagnosis, screening, prognosis, or causation)?
- Was the study ethical?
- Is the design right (see table below)?

Does this treatment work?	systematic review, RCT
How good is a diagnostic test?	(prospective) cohort study
Should we screen?	RCT
What causes this disease?	RCT, prospective cohort study, case control study (rare diseases)
What did people think or do?	cohort study, cross-sectional survey, qualitative study

Qualitative research checklist

These are the questions that BMJ editors should consider when appraising papers presenting original qualitative research (although we don't routinely use a checklist for this):

- Was the research question clearly defined?
- Overall, did the researcher make explicit in the account the theoretical framework and methods used at every stage of the research?
- Was the context clearly described?
- Was the sampling strategy clearly described and justified?
- Was the sampling strategy theoretically comprehensive to ensure the generalisability of the conceptual analysis (diverse range of individuals and settings, for example)?
- How was the fieldwork undertaken? Was it described in detail?
- Could the evidence (fieldwork notes, interview transcripts, recordings, documentary analysis, etc) could be inspected independently by others: if relevant, could the process of transcription be independently inspected?
- Were the procedures for data analysis clearly described and theoretically justified? Did they relate to the original research questions? How were themes and concepts identified from the data?

- Was the analysis repeated by more than one researcher to ensure reliability?
- Did the investigator make use of quantitative evidence to test qualitative conclusions where appropriate?
- Did the investigator give evidence of seeking out observations that might have contradicted or modified the analysis?
- Was sufficient of the original evidence presented systematically in the written account to satisfy the sceptical reader of the relation between the interpretation and the evidence (for example, were quotations numbered and sources given)?

Rejection checklist

About half of the papers we receive are rejected by one or more BMJ editors. We send authors this checklist:

We receive many more papers than we can publish. This means that we have to reject most of them without external peer review, usually for a combination of the reasons listed below. An editor who has read your paper has ticked those that we believe apply most closely to your paper. Wherever possible we also give some reasons why we liked your paper. We are sorry that we have not been able to write you a personal letter, but we hope that you will find this checklist helpful. Please contact us if you feel we have been unfair in our judgment.

Why we liked your paper:

- it covers an important subject
- the message is original
- it is relevant to general readers
- we were impressed by the careful methods
- some of the material is fascinating
- it is well presented
- it is an interesting read
- it covers a topical subject
- it covers a neglected area

Why did we reject your paper?

INTEREST, ORIGINALITY, AND IMPORTANCE

- on balance, your paper is not sufficiently interesting for general readers (relative to other papers)
- the message is not new enough
- the topic is interesting but the paper does not cover it in enough depth
- the paper adds a small amount of new information but not enough to warrant space in the BMJ
- the message is not useful enough in practice
- the message is too complex for general readers
- the message is too narrow for general readers
- the result is too unsurprising to interest and educate general readers
- the effect is small; we are not confident of the validity of the message
- the main message is weakened because it depends on a subgroup analysis
- the topic has not been covered before in the BMJ, and we doubt that it would interest our readers enough
- you have studied a highly selected sample; the findings are difficult to generalise to other groups
- the message is too narrow for our international readership

CLINICAL USEFULNESS

- the message is not useful enough to clinical practice or public health
- the paper deals with a rare condition
- this lesson of the week is not sufficiently useful

METHODS

- the research question is not stated clearly
- the methods are not described clearly enough
- we feel that your study did not use the best methods to answer the research question
- we are worried about methodological weaknesses such as confounding, bias, or insufficient statistical power
- the response rate was too low; there may be non-response bias
- we think you used the wrong control group
- you used an unvalidated research instrument
- your search for evidence did not use an acceptable strategy
- you pooled studies that were too heterogeneous
- the paper is not sufficiently evidence based
- your conclusions may not be justified by the data presented
- the study is too small

YOUR PAPER IS OF A TYPE WE DO NOT GENERALLY PUBLISH (because of design weaknesses or lack of relevance/importance to general readers)

- untested hypotheses
- pure laboratory based research
- animal research
- physiological or pharmacological studies on normal volunteers
- clinical studies using volunteers eg people recruited through advertisements
- case reports (unless presented as lesson of the week or drug point)
- case series with no (or inadequate) control group
- retrospective studies using casenotes, charts, and other routinely collected records
- non-randomised comparisons
- intervention studies with no control group
- papers describing interventions and initiatives without evaluating them
- simple prevalence studies
- cost of illness studies
- surveys of self-reported practice, rather than observed practice
- simple ("open loop") audits without intervention and reaudit
- predictive models which have not been retested in a second population
- clinical guidelines based on expert opinion rather than evidence
- we do not think this work is suitable for publication as a paper, but we hope you will send a summary of it to our website (<http://www.bmj.com>) as a rapid response

Peer reviewers' checklists

BMJ peer reviewers do not have to fill in standard appraisal forms. But we do ask all of them to consider this general guidance:

General guidance for BMJ peer reviewers

The manuscript is a confidential document. Please do not discuss this even with the author.

The BMJ now has a system of open peer review. This means that you will be asked to sign your report on any paper we send you. It does not mean that authors should contact you directly; we will continue to ask them to direct any queries through us. Openness also means that we ask reviewers and authors to declare any competing interest that might relate to papers considered by the BMJ.

As a reviewer you will be advising the editors, who make the final decision (aided by an editorial "hanging committee" for some papers). We will let you know our decision. We will pass on your signed report to the author; please do not make any comments that you do not wish the author to see. Even if we do not accept a paper we would like to pass on constructive comments that might help the author to improve it.

Please give detailed comments (with references, whenever possible) that will both help the editors to make a decision on the paper and the authors to improve it.

For all papers:

Is the paper important? Will the paper add enough to existing knowledge? Does the paper read well and make sense?

For research papers please comment on:

- Originality — does the work add enough to what is already in the published literature? If so, what does it add? If not, please cite relevant references.
- Importance of the work to general readers — does this work matter to clinicians, patients, teachers, or policymakers? Is a general journal the right place for it?
- Scientific reliability
 - Research question — clearly defined and appropriately answered?
 - Overall design of study — adequate?
 - Participants studied — adequately described and their conditions defined?
 - Methods — adequately described? For randomised trials: CONSORT style? Ethical?
 - Results — answer the research question? Credible? Well presented?
 - Interpretation and conclusions — warranted by and sufficiently derived from/focused on the data? Message clear?
 - References — up to date and relevant? Any glaring omissions?
 - Abstract/summary/key messages/This Week in BMJ — reflect accurately what the paper says.

Not all of these points will be relevant for non-research papers. Please use your discretion about the above list when reporting on other types of paper.

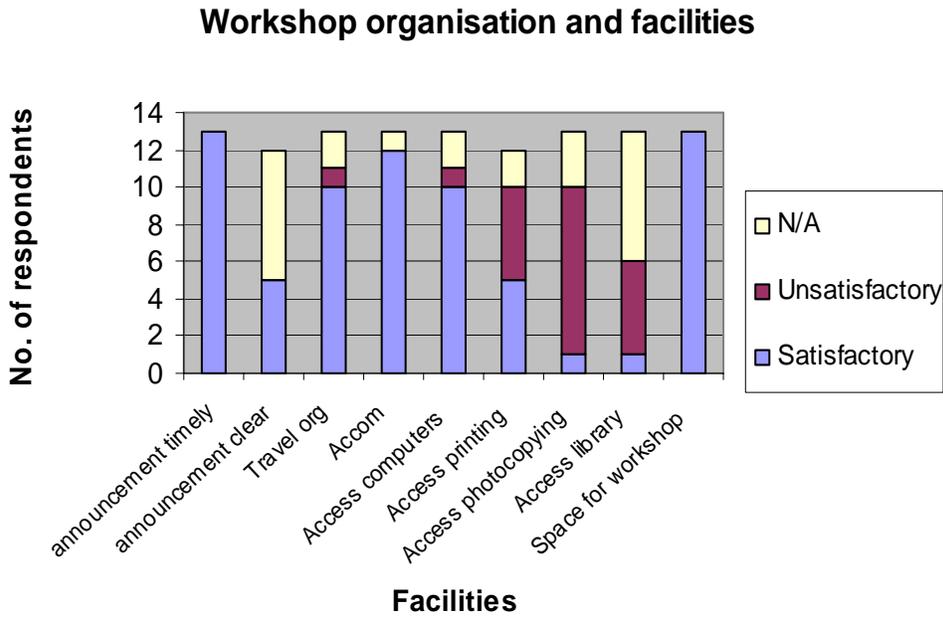
Some types of paper need more specific appraisal, and we may ask reviewers to use one or more of these special checklists :

- general statistical checklist
- checklist for statistical assessment of randomised controlled trials
- checklists for health economics papers
- checklist for appraising clinical management guidelines
- checklist for lessons of the week

checklist for drug points

Appendix 4: EQUINET Workshop Evaluation

Organisation and Facilities (Q1-8)



Summary

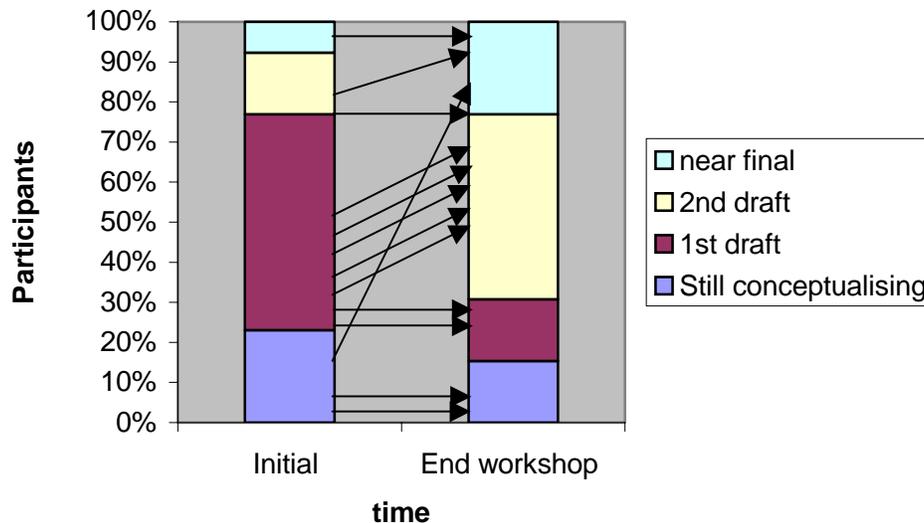
- High level of satisfaction regarding venue, travel and accommodation “good food; excellent setting; good view; just right”.
- Access to printing was difficult for some participants “ would consider bringing own printer; only one printer available” although others thought the printing arrangements were satisfactory, “unusual for all participants to be able to access printing facilities”.
- Many respondents indicated photocopying was not available and one commented on the expense.
- Most respondents believed access to the library was not available.

Content and organisation of workshop (Q9-12)

Paper development;

- Beginning of workshop majority (10/13) participants were at early stages of paper (still conceptualising or 1st draft)
- At end of workshop 9/13 had papers at 2nd draft or near final
- 7 participants indicated progression of paper (eg. from conceptualisation to 1st draft, from 1st to second draft)

Paper development



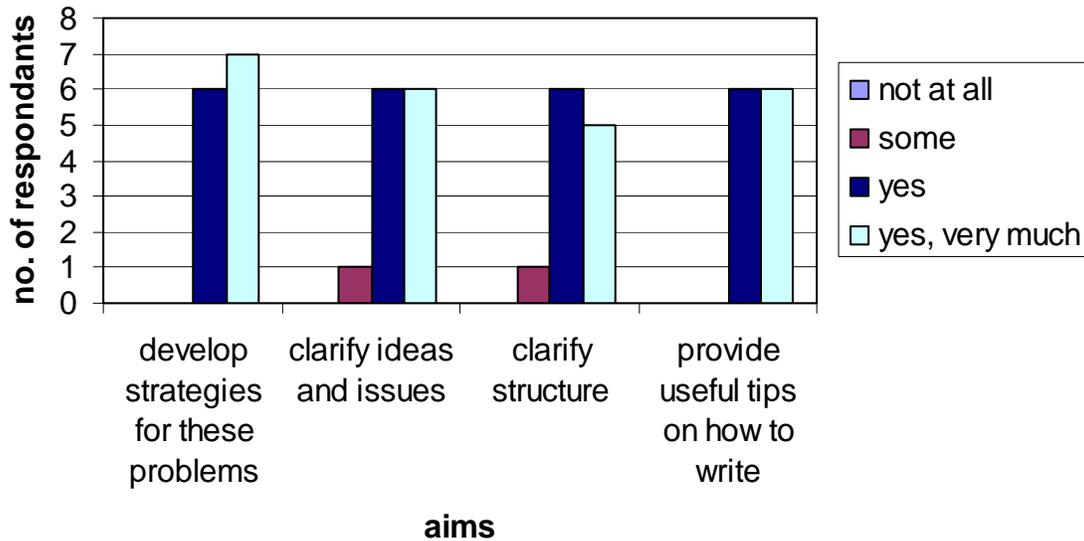
Q 11. *Participatory Nature*: All respondents (100%) indicated the highest level of participation “Considerably participatory”.

Q12. *Main problems in writing and reflecting (brackets indicate stage of paper on arrival)*

- “**Conceptualising** a key message and **organising ideas** within this main message. **Method** – key area for development in actual research- which methods appropriate for which questions.” (1st draft)
- “**Defining focus**, crystallising thoughts. I frequently want to cover every angle at once.” (Conceptualising)
- “Still grappling with making the **paper make sense**” (1st draft)
- “Time was too compact – needed more **time for reflection**” (1st draft)
- “Putting my **thinking on paper**” (1st draft)
- “Language – **academic writing**. Focus for purpose of writing for journal” (2nd draft)
- “Making good **use of the data/material** I have to convey my message/ story” (Near Final)
- “**Time and space**” (Conceptualising)
- “**Time** and information plus **erosion of skills** over time. The other things have been rectified while pressure on time’s eased’ (Conceptualising)
- “This has been useful workshop as it provided adequate insights, **thinking through the paper**” (2nd draft)
- “Writing according to the **expectations of journals** – a particular form of discourse” (1st draft)
- “**Conceptualising** on what direction of the paper and **how long it should be**” (1st draft)
- “Selecting what to include in order to keep the paper modest in **length** as well as explain the detail” (1st draft)

Q13-16 Workshop aims

Workshop aims. Did the workshop help you...?



Q17 Describe unmet needs;

- 5 indicated no unmet needs
- Others responded;

“Creative writing”

“Writing angle”

“Conclusions was not done”

“Reference and literature search as well as determining their relevance”

“Using the right language, finding the right prose”

“I was anxious about time management – unsure if we were going to cover and meet all the needs. I should have spent more time writing but I needed to clarify the type of paper first before being comfortable to move further.”

“The language used for publications”

Q18. Outline most important lessons learnt;

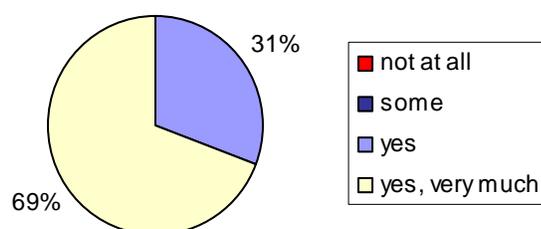
Summary (Full list of comments available)

- Critiquing own and others work (3x)
- Conceptualising ideas (4x)
- Focus and brevity (2x)
- Structure (1x)
- Knowing audience and engaging editors etc (4X)
- Abstracts (2x)

Other more general comments regarding the writing process “Writing is a skill that is acquired by practice”; “...I am not alone in finding writing difficult.”; “Writing needs concentration and is a process”.

Q19-20

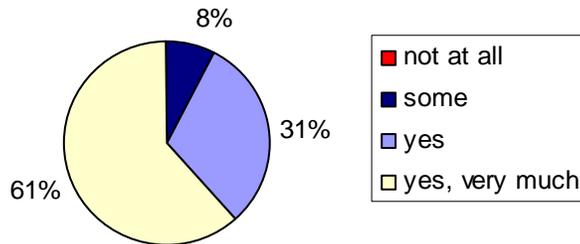
Will the workshop help you in the future?



Comments

- “For further comments regarding my paper”
- “The ‘big barrier’ – submitting to a peer-reviewed journal- has been broken down! Seems much more feasible now!”
- “Platform for my future publications as I have learnt a lot”
- “Have a checklist of kinds of things to think through now”
- “The skills received give me a sense of confidence to attempt writing”
- “Improved how to do a review and write”
- “Will have to use the wisdom and knowledge of Anthony and participants”
- “Materials will forever be with me for reference. The network developed is important”
- “More focus on organisation of article and focussing on the reader as well as the journals for publication.”
- “Able to review own work from an editor’s perspective”
- “To be disciplined and focussed”

Was the workshop an effective and efficient use of your time?



technical inputs from

with so many diverse

ne. Perhaps structure

time slots 1/2hr per person”

- “Very professional and high quality assistance. Excellent advice.”
- “These were basically adequate”
- “PATIENCE”
- “He is a very patient person and attends to the detail and accommodates people’s views”
- “He was available, helpful and considerate. He accommodated needs as they sprung up.”
- “Very good”
- “He was great – very engaging”
- “Allocated everyone time for consultation.”
- “Good”
- “He made it easy to understand the flow in the paper.”

Q22.. Please comment on what EQUINET could do to further support people like you in helping enhance prospects of publication.

- “**Reading** material and **support** in writing”
- “**Review workshop** to exchange experiences and how problems solved”
- “We need **more forums of this nature** and could also give support to other aspiring writers”
- “How to follow this (up)”
- “Develop **small grant and short term research projects** that will generate data leading to publication”
- “Continue”
- “**Accessible tool kit** for reference purposes”
- “Keep us in the **network** and organise **other workshops**”
- “**Support networking** with colleagues working on similar subjects and **experts** like Anthony and others to **review and offer advice**”
- “Refer to Power Point **mind map** Anthony did”

- “**Newsletter** available by email”
- “Run **more writing workshops** perhaps in conjunction with ??? for other kinds of writing”

Q23. *Other comments/ what to do differently?*

- “Would spend a bit **more time on** actual work on **paper**”
- “**Size of workshop – good** – small enough for interaction; large enough to get diversity of experience and opinion”
- “Thank-you very much for a very **valuable opportunity**. I felt privileged to be a part of it.”
- “Very good use of resources and time”
- “Let us keep learning”
- “AZ you are great!”
- “This was **time well-spent**, educative”
- “The **program was too tight**”
- “Support to continue and extend for others”
- “I **would recommend it** for aspiring writers”
- “Could have been more beneficial if it was **much longer**, at least 7 days”