

# Authorship criteria in medical journals: a review of guidance

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## Results

### Authorship guidance

Among the 60 IAs reviewed for authorship criteria, 33 journals declared they followed ICMJE guidelines for manuscript preparation (22/30 T and 11/30 B).<sup>4</sup> Of the remaining 27 journals, 20 gave no guidance for authorship criteria in their IAs (5 T and 15 B); the remaining 7 gave proprietary criteria, 3 of which (B) were ICMJE-compliant.

### Additional instructions

Of the journals that claimed to follow ICMJE criteria, 6 had additional information in their IAs relating to affirmations of authorship to be made on manuscript submission. These were generally to do with contributorship statements, or requirements to state that all authors had read the final manuscript before submission (i.e. ICMJE criterion 3). One particular statement in a journal claiming to follow ICMJE criteria prioritised one ICMJE criterion (criterion 2) over and above the others:

**Anyone who made major contributions to the writing of the manuscript should be listed as an author (e.g. "ghost writing" is prohibited by the Journal).**

<sup>4</sup>Between the initial review (December 2011) and the time of writing (April 2012), there were some changes to IAs, or previously undisclosed detail was found, which slightly change the results reported in the abstract.

## Background

The ICMJE authorship criteria offer guidance to potential authors of biomedical manuscripts as to what contributions to the development of a manuscript warrant authorship on a paper.<sup>1</sup> Despite this, there seems to be no universally accepted definition of what constitutes authorship, and even among journals that claim to be guided by ICMJE criteria, there is significant variation and adaptation of authorship requirements.<sup>2</sup> Previous surveys on the quality and completeness of guidance provided by biomedical journals only highlight that there is confusion and inconsistency surrounding the subject of authorship criteria.<sup>3,4</sup> Clarity of authorship criteria has been the subject of recent debate, and it has been suggested that the pharmaceutical industry deliberately uses the ICMJE authorship criteria to avoid crediting employees and/or professional medical writers with authorship.<sup>5</sup>

During the course of their daily work, medical writers become aware of the vagaries of journal authorship requirements and spend a significant amount of time ensuring that authorship requirements are met by the investigators and pharmaceutical industry scientists with whom they work. To assess the breadth and clarity of authorship definition, we surveyed a number of journals in different therapy areas and at opposite ends of the ranking scales.

## ABSTRACT

### Objective

Professional medical writers do not qualify as authors under current guidelines issued by the International Council of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals. We conducted a survey of instructions for authors (IAs) to determine how widely ICMJE criteria were cited and what guidance was offered in the absence of ICMJE criteria, among journals with high and low impact factors and in a range of therapeutic areas.

### Research design and methods

We selected the top (T) and bottom (B) five journals as ranked by impact factor from PubS-Hub Journals and Congresses database, in six different journal categories. If a journal appeared in more than one category, the lower ranked appearance was discarded and replaced with the next highest or lowest ranked journal in the category. Journal selection criteria were acceptance of unsolicited original research articles and availability of IAs online and in English.

### Results

IAs from 60 journals were reviewed for authorship criteria. 28 journals declared they followed ICMJE guidelines for manuscript preparation (19/30 T and 9/30 B). Of the remaining 32 journals, 20 gave no guidance for authorship criteria in their IAs (5 T and 15 B). Only 12 IAs (11 T and 1 B) provided guidance on disclosing the role of medical writers.


### Conclusion

Clarity of authorship criteria has been the subject of recent debate. This survey reveals a lack of consideration of authorship guidelines in IAs among journals in different categories.

## Research design and methods

The six different journal categories were:

- General medicine
- Internal medicine
- Cardiology
- Oncology
- Psychiatry
- Endocrinology and metabolism

 The full journal list is available online.  
Use your smartphone to scan this link for instant access.

The author guidelines link from the PubS-Hub record was followed to access the IAs. If no link was present or if links were broken, journal websites were accessed and a manual search for the IAs was conducted.

IAs were reviewed for citation of adherence to ICMJE criteria, any specific instructions relating to authorship criteria and any specific instruction related to the contributions of professional medical writers.

## Results

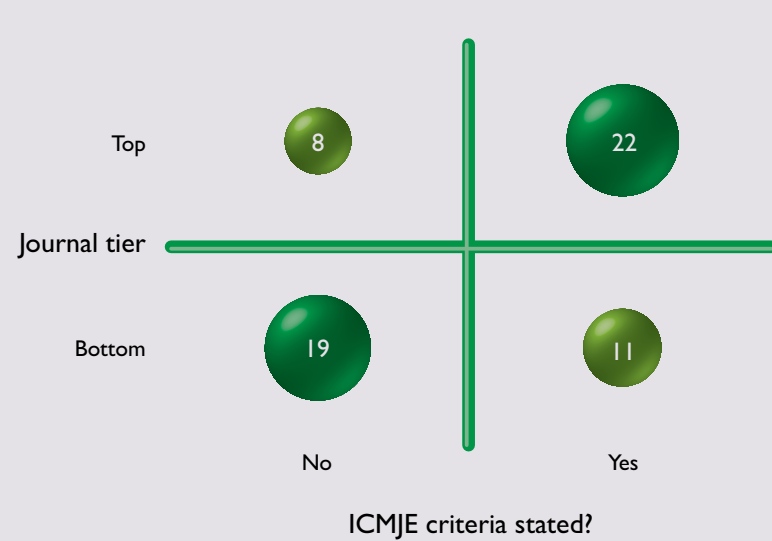
### Medical writing assistance

Only 13 IAs (11 T and 2 B) provided guidance on disclosing the role of medical writers. For those journals with specific guidance on medical writing assistance, 9/13 stated that this must be included in the acknowledgements; 2/9 referred the authors to Good Publication Practice 2 (GPP2) and/or European Medical Writers Association (EMWA) guidelines. Of the remaining four journals, three stated that writing assistance should be declared but did not specify if this would appear in the published manuscript and one stated writing assistance should be disclosed in the Notes section. Two journals (same publisher) required that the corresponding author declare information about a medical writer/editor's funding (but not role) and the medical writer/editor had to consent to their acknowledgement.

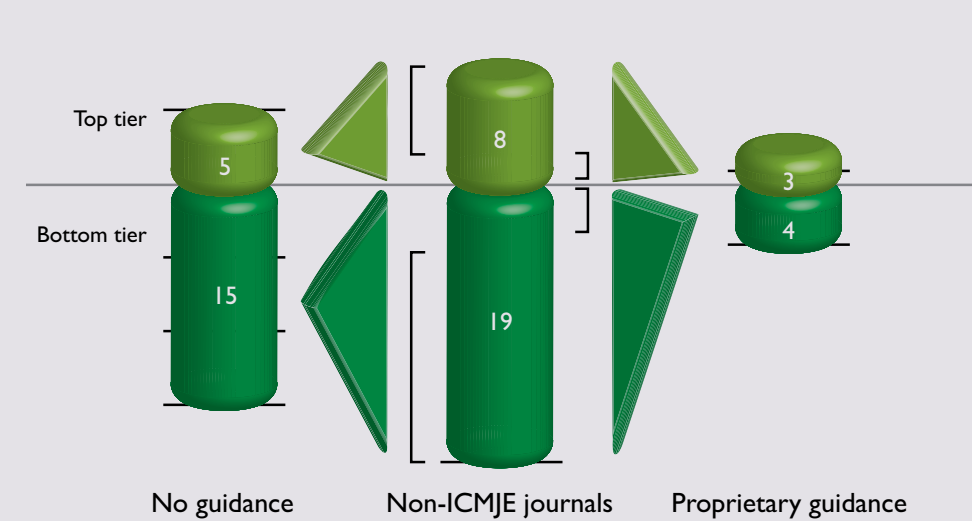
### Journal categories

The mean (standard deviation) impact factor of the two tiers of journals were 16.52 (10.51) (T) and 0.45 (0.16) (B). When considering journal categories, general medicine and internal medicine consistently ranked highly for clarity on authorship criteria than the specialist journals; 6/10 journals within the internal medicine category provided guidance on the disclosure of the role of medical writers. Journal categories consistently providing the least guidance on authorship and disclosure of writing assistance were cardiology and psychiatry.

## What proportion of journals claim to adhere to ICMJE criteria?



## If not ICMJE, then what?



## Conclusions

- The proportion of journals stating adherence to ICMJE guidelines was higher than previously reported (55% vs 29%).<sup>2</sup>
- One third of journals surveyed failed to provide any guidance on criteria for authorship, though this is a lower proportion than previously reported.<sup>3</sup>
- Less than a quarter of journals provided guidance for declaring assistance from medical writers.
- Although there appear to have been improvements over the last 5 years in the adoption of ICMJE criteria and a reduction in the number of journals offering no guidance as to authorship, this survey reveals a continuing lack of consideration of authorship guidelines in IAs across all journal categories surveyed.

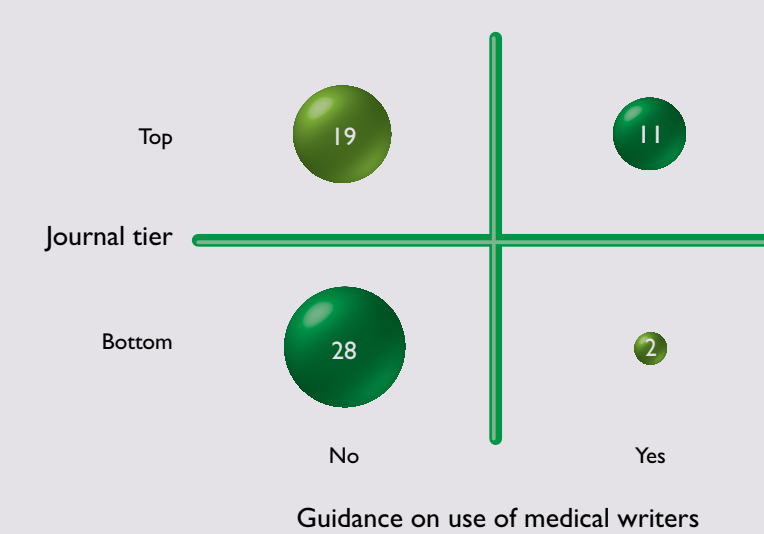
### Conflict of interest

All authors are employees of Caudex Medical (Complete Medical Group Worldwide Ltd). JMM and AB are professional medical writers who provide medical writing services to authors, paid for by the pharmaceutical industry. CK is a professional medical editor who provides editorial services to authors, paid for by the pharmaceutical industry.

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## What proportion of journals give guidance on the use of medical writers?



## Are some journal categories more helpful than others?

