

# Effective Medical Writing

Pointers to getting your article published

Peh W C G, Ng K H

## Dealing with returned manuscripts

### ABSTRACT

**It is useful for authors to learn to deal with returned manuscripts with a rejection decision or a request for revision. Common reasons for rejection include contents outside the scope of the journal or inappropriate for the journal, incomplete submission, poor methodology, faulty experimental design, major flaws in the interpretation of results, extremely poor writing, and duplicated or plagiarised work. Authors should use the editor's and reviewers' comments to improve their manuscripts and resubmit elsewhere. Common reasons for revision requests include minor faults in the methodology, minor inaccuracies in data, inconsistencies among different sections of the manuscript, faulty deductions, data that do not support the conclusions, excessive data or text, poor or excessive illustrations, and poor but salvageable writing. A request for revision should be viewed positively, as it means that there is a possibility that the manuscript may still be potentially publishable, provided that all the editor's and reviewers' comments are addressed.**

**Keywords: manuscript rejection, manuscript revision, manuscript submission, medical writing, returned manuscript, scientific paper**

*Singapore Med J 2009;50(11):1050-1053*

### INTRODUCTION

It is very rare for submitted manuscripts to be accepted outright without the need for revision. The vast majority of manuscripts submitted to peer-reviewed journals are either rejected or require revision. Authors will therefore need to be able to deal with returned manuscripts, and the editor's and reviewers' comments, in a dispassionate manner. Rejection rates vary from journal to journal, and are dependent on a variety of factors, such as desired quality

of articles envisioned by the editor/editorial board, balance of published articles, number of manuscripts received and constraints imposed by the size of the journal, particularly the printed version.<sup>(1)</sup>

The communication from the editor is usually in the form of a letter delivering the judgment upon the manuscript. Possible judgments include: rejection without further submission, rejection with an opportunity to resubmit, major revision without a promise of acceptance, minor revision, acceptance subject to minor revision, and outright acceptance. Multiple minor variations exist, specific to individual journals. The reviewers' comments are usually included together with the returned manuscript, either as an attachment to the editor's letter or are directly incorporated into the letter. Ideally, the reviewers' comments should be edited and itemised to facilitate a point-by-point reply from the author. The copyeditor's input may or may not be included at this stage.

### REJECTION

Anyone who has written enough papers would have had their manuscript rejected some time or another. After getting over the initial phase of dejection (this is normal!), it is worthwhile for the author to analyse the reason(s) for the rejection and to make the best of the situation. The most complete form of rejection is when the editor or editorial office has not even sent the submitted manuscript for review. This usually occurs when the subject material is outside of the scope of the journal or is inappropriate for that particular audience. A complete rejection may also happen if the manuscript's contents are very similar to material that has very recently been accepted by that journal or has recently been published in journals of similar genre, if the manuscript is incomplete, or if it does not conform to journal requirements. The latter two reasons for rejection usually apply when the author persists in ignoring the editorial office's repeated appeals for submission of the manuscript in a format specific and acceptable to a particular journal.

Common reasons for rejection following peer review

Singapore Medical Journal,  
2 College Road,  
Singapore 169850

Peh WCG, MD,  
FRCP, FRCR  
Editor

Biomedical Imaging and Interventional Journal,  
c/o Department of Biomedical Imaging, University of Malaya, Kuala Lumpur 50603, Malaysia

Ng KH, PhD,  
MIPEM, DABMP  
Editor

Correspondence to:  
Prof Wilfred CG Peh  
Tel: (65) 6223 1264  
Fax: (65) 6224 7827  
Email: smj.editor@sma.org.sg

include: faulty experimental design, poor methodology, unacceptably flawed interpretation of results and deductions, and extremely poor writing. These flaws are so major that the submitted manuscript is considered unsalvageable by the reviewer and editor. Other grounds for rejection include: no new or worthwhile contribution to knowledge, duplicate submission or plagiarised work. These rejected manuscripts are usually returned with the editor's and reviewers' comments.

**Box 1. Common reasons for rejection:**

- Contents outside scope of the journal or inappropriate.
- Incomplete submission.
- Poor methodology.
- Faulty experimental design.
- Major flaws in interpretation of results.
- Major flaws in deduction.
- Extremely poor writing.
- Duplicated or plagiarised work.

It is usually pointless to challenge the editor's decision for manuscripts that have been rejected outright. It is better to re-examine the manuscript with fresh eyes, and if it is still thought to have value, to do a major rewrite and submit to another journal. The editor's and reviewers' comments are extremely useful as the comments can be used to improve the article. The manuscript can almost always be improved by incorporating changes based on the reviewers' comments, making subsequent acceptance by another journal easier.

**REVISION**

A request for revision should be viewed positively, as it means that there is a possibility that the manuscript may still be published. It is useful for authors to understand the editor's philosophy in this regard. The editor's and reviewers' comments are aimed at making the manuscript better, so that it may eventually conform to the journal's desired standards. Authors should therefore view with optimism a manuscript that has been returned with a list of suggested revisions, as it means that the manuscript has a chance of being accepted, provided that all the queries are satisfactorily addressed.

Reasons for revisions are numerous and include: minor faults in methodology, minor inaccuracies or inconsistencies in data, faulty deductions, data that do not support conclusions, excessive data or text, poor

or excessive illustrations, and poor but salvageable writing.

**Box 2. Common reasons for revision requests:**

- Minor faults in methodology.
- Minor inaccuracies in data.
- Inconsistencies in data.
- Inconsistencies among different sections of the manuscript.
- Faulty deductions.
- Data do not support conclusions.
- Excessive data or text (i.e. manuscript is too long).
- Poor or excessive illustrations.
- Poor but salvageable writing.

Most authors resubmit their revised manuscript to the same journal. This is recommended as the journal has indicated an implied interest in the author's work by asking for revision, and from the author's point of view, this is probably a better option than the alternative of submitting to another journal and hence restarting the whole submission and review process afresh. The manuscript should be revised according to all the editor's and reviewers' comments. Each point must be answered and listed systematically on a separate page. The changes should be clearly annotated in the revised text, using a clearly-understood numbering system. This numbering system should link the answered points on the separate page with the annotations in the revised text. Submitting sets of "clean" and "annotated" revised manuscripts are recommended, and should be done within the editor's suggested time-frame.

While the general rule is that the "editor and reviewers are always right", this may not always be true. On the occasion where the author strongly feels that some of the comments are inaccurate, contentious or unjustified, he can consider rebutting these comments but it is essential that reasons for disagreements are supported by evidence. Even if the author does not agree with the editor or reviewers, he should bear in mind that all communications accompanying the revised manuscript should be objective and emotion-free. For major revisions, the resubmitted manuscript will almost certainly be sent back to the same reviewer/s for another review. Top reviewers are highly valued by editors, so they are highly likely to side with the reviewers in any dispute – unless the authors have made extremely convincing and sound arguments. If the author does not agree with most of the editor's or

reviewers' comments, it is better to consider resubmission to another journal. However, without revision, chances of a successful outcome will probably be very low.

### **SUMMARY**

All journals aim to publish the best possible articles. When faced with a returned manuscript with a reject decision, authors should try to view the editor's and reviewers' comments positively, as they can be used to the author's advantage to improve the manuscript and enhance the chances of subsequent acceptance by another journal. Revisions are requested based on the premise that a submitted manuscript has sufficient potential merit to warrant the effort to raise it to a level that meets the journal's standards. Understanding this philosophy will help authors in dealing with the editor's and reviewers' comments that accompany a returned manuscript.

### **Box 3. Take home points:**

1. The vast majority of manuscripts submitted to peer-reviewed journals are either rejected or require revision.
2. Authors should use the editor's and reviewers' comments to try to improve their manuscript, even if it has been rejected initially.
3. Requests for revision should be viewed positively as it is an indication of sufficient potential merit by the journal.
4. Before submitting a revised manuscript, it is very important to answer every point raised by the editor and reviewers.

### **REFERENCE**

1. Peh WCG, Ng KH. Role of the manuscript reviewer. Singapore Med J 2009; 50:931-4.

**SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME**  
**Multiple Choice Questions (Code SMJ 200911A)**

	True	False
<b>Question 1.</b> The majority of manuscripts submitted to international peer-reviewed journals:		
(a) Are accepted outright by the editor.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are returned with a request for revision or are rejected.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Are not even sent for peer review.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are initially copyedited by the copyeditor prior to review.	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Question 2.</b> Reasons for rejection of a manuscript include:		
(a) Contents are inappropriate for the journal.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Faulty experimental design.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Plagiarised work.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Minor spelling errors.	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Question 3.</b> Common reasons for revision requests include:		
(a) Minor inaccuracies in data.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Excessive text.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Too many illustrations.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Duplicated work.	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Question 4.</b> In dealing with a returned manuscript with a reject decision, the author should:		
(a) Always challenge the editor's decision.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Make use of the reviewers' valuable comments to improve his manuscript.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Always resubmit to the same journal.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Resubmit the manuscript to another journal without making any changes.	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Question 5.</b> In dealing with a returned manuscript with a revision request, the author should:		
(a) View the editor's and reviewers' comments positively.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Select a few comments to respond to and ignore the rest.	<input type="checkbox"/>	<input type="checkbox"/>
(c) List his responses to each comment on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Resubmit the revised manuscript within the editor's suggested time-frame.	<input type="checkbox"/>	<input type="checkbox"/>

**Doctor's particulars:**

Name in full: \_\_\_\_\_

MCR number: \_\_\_\_\_ Specialty: \_\_\_\_\_

Email address: \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

(1) Log on at the SMJ website: <http://www.sma.org.sg/cme/smj> and select the appropriate set of questions. (2) Select your answers and provide your name, email address and MCR number. Click on "Submit answers" to submit.

**RESULTS:**

(1) Answers will be published in the SMJ January 2010 issue. (2) The MCR numbers of successful candidates will be posted online at [www.sma.org.sg/cme/smj](http://www.sma.org.sg/cme/smj) by 15 January 2010. (3) All online submissions will receive an automatic email acknowledgment. (4) Passing mark is 60%. No mark will be deducted for incorrect answers. (5) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council.

**Deadline for submission: (November 2009 SMJ 3B CME programme): 12 noon, 7 January 2010.**