



**FIG.1** MRI Brain and MRI Spinal cord showing lesions consistent with multiple sclerosis.

pediatric cases. Its incidence is reported to be about 5.68/100000 per year, and the pediatric population accounts for about 2% to 5% of all MS cases [3]. Intravenous methyl prednisone is the preferred therapy in freshly

diagnosed cases. Currently available first-line disease modifying therapies for adults, including interferon  $\alpha$  and glatiramer acetate, have not been approved by the US FDA for the treatment of children with MS.

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## Faculty Promotion Guidelines: Authorship and Indexing Issues Need More Deliberations

The recent editorial in *Indian Pediatrics* [1] is very timely, and attracted the attention of medical professionals across the globe, particularly from India. Very rarely such a vast circulation of any editorial in various online medical professionals groups and social media has been observed in recent times. All the five criteria notified by Medical Council of India (MCI) for faculty promotion were critically commented upon by the authors. Although the concerns listed in the editorial in question seems to be raised logically and are rational, but in our opinion concerns raised about indexing and authorship criteria needs further deliberations.

As far as indexing issue is concerned, indeed the suggestions by the authors in editorial are worth consideration and as suggested by them Science Citation Index and IndMEd should replace Index Copernicus. We would like to add further that list of indexing agencies should be increased from the current six to about ten, and it should be made mandatory that any publication must have at least two out of the ten indexing. This will definitely help in curtailing the wings of predatory journals that now run their business mostly by listing

themselves on “Index Copernicus” or by obtaining a single indexing as per MCI requirements. The introduction of a minimum requirement of any two indexings for promotion purpose will force them to raise their publication standard, and side-by-side this step will automatically take care of quality of research by faculty.

There is no doubt that the contribution of all authors is equally important and cannot be ignored, but the motive behind MCI guideline cannot be brushed aside. Gift authorship is a reality, and should be tackled. And there are more reasons to defend the MCI guideline in this regard. In a study based on international assessment of authorship position, significant differences existed between the understandings of appropriate roles for first versus last listed authors. First-listed authors were at least seven times more likely to be involved in study conception and conduct, manuscript writing, had a major study contribution and performed the majority of the work involved. Lastly listed authors were at least seven times more likely to be viewed as having a minor or no contribution to the study, provide funding, be a laboratory head/mentor, hold a senior position, and supervise/oversee the study [2]. Moreover, the way of referencing reduces the visibility of all authors apart from the first few [3]. According to a recent study [4], only 15.6% clearly declared contributions from all three International Committee of Medical Journal Editors (ICMJE) categories and the responses of 166 (13.0%) authors

could not be matched to ICMJE criteria. Interestingly, among these 13%, about 56.3% stated that they made a significant contribution, without listing what that contribution was!! [4].

It may not be appropriate to be very flexible in criteria for promotion in India where most of the original and substantial research is limited to only few medical colleges /institutions and rest are just doing “re-search” in the name of research. A recent study in India observed that about 60% of the medical colleges here did not have a single publication in past ten years [5]. With the maximum number of predatory journals being contributed from India, 42% of fake single-journal publishers are based in India, and where money is the only criteria for publication, it is not hard to imagine how a single publication could be misused for promotion if every author is allowed to take credit of it for promotion purpose [6].

The authors in the editorial have written that it may even encourage the practice of denying first authorship, and credit, to junior researchers whose contribution is often the maximum and it is not uncommon to find the senior-most author as the first author (even in case reports) due to the premium placed on this position [1]. But the current MCI criteria's are for the promotion of faculty members and not the post graduate students who could easily have been side lined by their Head of the Departments or thesis guide. When the junior most aspirant aspiring for promotion as per new MCI guidelines, in this case an Assistant professor, knows that he must publish two paper with first or second authorship to get promotion, it's hard to believe that he/she will easily give away his/her precious research and first authorship to his seniors, at least for two papers.

Dear Editors, It's a matter of just four papers in a total span of seven years – right from starting the faculty career as Assistant Professor to Professor. MCI is not asking too much of research – just one paper in two years on an average. And if the faculty members are genuinely interested in research, what stops them to conduct several more studies with multiple researchers, and then publish papers by giving equal credit to all. After all, every faculty member should have an opportunity to see his name as first or second author (at least in four research papers) and feel proud, when down the lane, at the time of their retirement; they look back at their career.

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## AUTHORS' REPLY

We thank the authors of this communication for their insightful comments on our editorial [1]. The use of indexing in journal databases as a surrogate marker for quality of journals has its own pitfalls, as was acknowledged in our editorial. We agree with the suggestion that the list of databases should be expanded, but suggestion of a specific number of databases is arbitrary. Any index or database that is widely recognized for its quality, should be welcome.

Similarly, we are not sure why they insist on inclusion of a journal in two databases as a specific criterion. There is no doubt that increasing the number of databases to qualify would increase the likelihood of 'acceptable quality' but then why not 3 or 4? The objective is not to make it difficult for good journals to qualify but to try and weed out low-quality or 'predatory' journals. If the included databases are chosen carefully for their quality, inclusion of a journal in one database should be as good as inclusion in two or more. After all, most databases share the criteria they use to evaluate journals for inclusion. These criteria are often based on principles of transparency and best practice that distinguish legitimate journals and publishers from the non-legitimate ones, such as those jointly identified by the Committee on Publication Ethics, the Directory of Open Access Journals, the Open Access Scholarly Publishers Association, and the World Association of Medical Editors [2].

With respect to the limitation on number of authors,