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For Authors

The *Journal of Medical Regulation* (JMR), a publication of the Federation of State Medical Boards, publishes scholarly articles supporting evidence-based regulation in the United States and international medical regulatory communities, with the goal of promoting best practices, critical thinking, and collaboration among medical boards. We welcome all contributions that enhance the understanding and advancement of medical regulation.

Published quarterly, all *JMR* content is made freely available to all readers upon publication with no article processing or publication fees levied upon authors and no subscription fees levied on readers.

Any questions or concerns about these instructions or other issues related to *JMR* should be directed to editor@fsmb.org.

Article Types

JMR welcomes manuscript submissions on an ongoing basis in these categories: Original Research Articles, General Scholarly Articles/Policy Perspectives, State/International Medical Board Practices, Commentaries, and Letters to the Editor.

Please see also the Manuscript Preparation section of this document for submission instructions and additional information.

Original Research

These articles report the findings of original research on any aspect of medical regulation and run between 3000 to 5000 words including a structured abstract of up to 200 words formatted using the Background, Objective, Methods, Results, and Conclusions (BOMRC) format (please do not include references or footnotes in the abstract). References are not included in the word count. General parameters are as follows:

- The article is heavily data-driven to address an emerging trend or serious challenge facing the medical regulatory community and sheds light upon or offers a solution to that trend or challenge.
- The article critically reviews scholarly literature (ie, a meta-analysis). While systematic or chronological reviews may be considered, priority will be given to critical reviews that advance the understanding of a specific topic or problem. Comprehensive parameters are defined and followed in searching the literature, and findings are interpreted appropriately and put into context.

General Scholarly Articles/Policy Perspectives

This category of articles addresses topics directly and practically relevant to medical regulation, such as licensing, discipline, health policy, medical education, demographics, medico-legal issues, peer review, quality assurance, and patient safety. In all instances, it is imperative that the article makes explicit the intersection of the topic with medical regulation. These articles run from 3000 to 5000 words including an abstract of up to 200 words (please do not include references or footnotes in the abstract). References are not included in the word count.

Examples include:

- Examining an issue and/or trend (eg, telemedicine) impacting the medical regulatory community.
- Evaluating changes or new developments in clinical practice and how these intersect with medical regulation (eg, opioid prescribing).

- Assessing issues impacting medical regulation across multiple health professions, such as medicine, physician assistants, nursing, pharmacy (eg, prescription monitoring programs).
- Describing health policy matters with systemic implications for medical regulation (eg, recent Federal Trade Commission decisions relative to state-based licensure).

State/International Medical Board Practices

These articles spotlight innovative practices or approaches by one or more medical boards to solve a specific issue or problem in their jurisdiction that advanced public protection. While these articles are usually specific to a specific medical board or topic and may be operational or administrative in focus, they should still be framed in an appropriately broad regional or national context. These articles run between 2000 to 3000 words including an abstract of up to 200 words (please do not include references or footnotes in the abstract).

Commentary

These are opinion pieces that comment on or set the context for an article or articles that have been accepted for publication or they can be standalone manuscripts written as calls to action on major challenges in medical regulation. Commentaries have few references and rely heavily on the author's perspective and experience to support the argument. They should be between 2000-3000 words and generally have few tables and figures, if any.

Letters to the Editor

The Journal welcomes letters discussing recently published *JMR* articles. Letters should not exceed 400 words of text and 4 references, 1 of which should be to the recent *JMR* article. Letters being considered for publication will be shared with the author(s) of the published material that is referenced, and the author(s) will be given the opportunity to reply. Normally the letter and reply will publish in the same issue of *JMR*. Replies by authors should not exceed 400 words of text and 4 references. Letters should include the writer's address and phone number. Letters may be edited and shortened for space.

Editorial Policies

Artificial Intelligence (AI)

Authors must disclose the use of AI in *JMR* manuscripts. This includes artificial intelligence tools and machine learning tools such as ChatGPT, Chatbots, and Large Language Models (LLM). Disclosure is not required for accepted tools such as spelling and/or grammar checking tools.

The use of AI tools should be disclosed in the manuscript cover letter as well as the methods section of the manuscript itself, as appropriate, with a description of which tools and how the tools were used, in language understandable by most readers. In non-research articles, disclosure of AI should appear where it will be

most helpful to readers. It is the authors' responsibility to ensure the integrity of all AI output.

AI tools cannot be listed as authors.

The use of AI by *JMR* editors and reviewers for peer review (either in the review of the manuscript or the writing of the review) is prohibited other than accepted tools such as spelling and/or grammar checking tools.

The *JMR* editorial team recognizes that the use of AI in scholarly publishing is evolving. Therefore, its' AI policies will be reviewed annually and updated as appropriate to ensure that the policies are keeping up with recognized scholarly publishing standards.

Authorship

JMR follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, of the [International Committee of Medical Journal Editors](#) (ICMJE) for determining authorship.

The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data, AND
2. Drafting the article or revising it critically for important content, AND
3. Final approval of the version to be published, AND
4. Agreement to be accountable for all aspects of the work by ensuring that questions related to the accuracy or integrity of any part of the work are

appropriately investigated and resolved.

Only 1 author may be listed as the corresponding author. The corresponding author will be the point of contact for the submitted manuscript and, in the event of manuscript acceptance, for the published article. Contributors who do not meet the 4 authorship criteria may be listed in the Acknowledgments (eg: individuals who aided with data collection or editing).

All authors will be asked to affirm, in writing, their substantial contribution to each of these 4 criteria. All persons designated as authors should qualify for authorship, and all those who qualify should be listed; honorary or ghost authors, or AI tools, cannot be listed as authors.

Authors should reach consensus on who is an author before submitting the manuscript. All authors must approve, in writing, any changes made to the initially listed authors after the manuscript is submitted and explain the rationale for the changes to *JMR*. This includes additions, changes in order, or removal of authors.

Conflict of Interest Statement/Funding Statement

All authors are required to disclose all affiliations, funding sources, and financial or management relationships that might bias or could be perceived as potential sources of bias. All editorial staff as well as the journal's editors and reviewers are also required to disclose any potential conflicts of interest related to the manuscripts under review. *JMR* requires all authors to complete and submit

the [International Committee of Medical Journal Editors \(ICJME\) form](#) for disclosure of potential conflicts of interest.

Authors should state how the research described in their article was funded, including grant numbers, if applicable. For the initial submission, this information should be included in the cover letter. For those manuscripts accepted for publication, the authors will be asked to add this information to the title page.

Correcting the Literature

Significant errors after publication of an article will be noted via a correction notice in the journal. Such errors include only those that affect a reader's interpretation of the manuscript value, quality, or findings. The correction will be published in the next available issue of the journal, and a link to the published correction will be added to the online version of the original article. Minor changes, such as word misspellings or other minor typographical errors, do not merit a correction.

Published articles found to have falsified information, analysis, interpretation, or other issues of integrity or ethics, will be reviewed by the editor-in-chief and potentially other journal stakeholders. These articles will be retracted. A retraction notice will be published in the next available issue of the journal, and a link to the retraction notice will be added to the online article so that readers become aware that the article has been retracted.

Ethical Approval of Studies/Informed Consent

Authors of manuscripts that describe experimental studies on either humans or animals must supply to the editor-in-chief a statement that the study was approved by an institutional review committee or ethics committee and that the subjects gave informed consent. Because the *JMR* review process is double-anonymous (see Peer Review Process section of this document for more information), for the initial submission, such approval should be included in the cover letter. For those manuscripts accepted for publication, the authors will be asked to add this information to the title page as well as described in the methods section of the manuscript. Additionally, for studies conducted with human subjects, the method by which informed consent was obtained from the participants (ie, verbal or written) also needs to be stated in the cover letter for original submissions and in the methods section of the paper for published articles.

Specifically, requirements are:

1. Patient consent, the type of consent, consent exempt statements to be mentioned consistently in all articles.
2. Institutional Review Board (IRB) approval number/ID to be mentioned consistently in all articles.

In those situations where a formal IRB process is not available, the authors must indicate that the principles outlined in the Declaration of Helsinki have been followed. More information regarding the Declaration of Helsinki can be found at: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

When reporting experiments on animals, authors should indicate whether institutional and national standards for the care and use of laboratory animals were followed. (Further guidance on animal research ethics is available from the [International Association of Veterinary Editors' Consensus Author Guidelines on Animal Ethics and Welfare](#).)

Peer Review Process

All submitted manuscripts undergo an initial screening to ensure suitability for JMR's audience. Manuscripts passing initial screening are sent to the editor-in-chief for assignment to members of the reviewer panel. Reviewers must declare any conflicts of interest that would bias their opinions of the manuscript.

JMR uses a double-anonymous peer review process, meaning that both authors' and reviewers' identities are anonymous. Reviewers provide the editor-in-chief with recommendations to accept, reconsider with revisions, or reject manuscripts, along with specific input for the authors' consideration. The final decision is made by editor-in-chief. Decisions are made, on average, within 8 weeks of receipt of the manuscript. The corresponding author will receive the decision letter and comments via e-mail.

At the editor-in-chief's discretion, revised submissions may be sent back to the original reviewers for their feedback.

Manuscript Decision Appeals

Appeals of any editorial decision, for all article types, are considered by the editor-in-chief, with consultation from other members of the editorial team as appropriate. Authors must submit their appeal in writing to the editorial office (editor@fsmb.org) and must include their rationale for the appeal.

Post-acceptance

Corresponding authors of accepted manuscripts will receive (via e-mail) a PDF page proof to check the copyedited and typeset article before publication. The e-mail will also include instructions, including a due date for return. It is the corresponding author's responsibility to ensure that there are no errors in the proof. Changes that have been made to conform to journal style will stand if they do not alter the authors' meaning. Only the most critical changes to the accuracy of the content will be made. Changes that are stylistic or are a reworking of previously accepted material will be disallowed. The journal reserves the right to deny any changes that do not affect the accuracy of the content.

Manuscript Preparation Guidelines

Authors should submit their manuscripts via e-mail to editor@fsmb.org. Regardless of manuscript type, all new submissions must include a cover letter that addresses the significance of the work.

All submitted manuscripts must be original contributions, not previously published (except as an abstract or meeting poster), and not under consideration for publication elsewhere.

Authors must include any closely related manuscripts (published, in press, or under review) as part of the submission. Results from related manuscripts should be discussed in the submitted manuscript, providing readers with a synthesis of findings.

Original (initial) submissions should include the following items:

- A cover letter that describes the purpose of the article, the main finding(s) and conclusions
 - An anonymized Word version of the manuscript that includes the following:
 - Double-spacing, 11–12-point font, page numbering, and line numbering
 - A title page containing only the manuscript title and word count
 - Abstract (see Article Types section of this document for abstract formatting instructions and word counts)
 - Text (see Article Types section of this document for further information on required sections)
 - Figures/tables/legends (if applicable)
- References. The references should be listed in order of appearance in the manuscript and should conform to the *AMA Manual of Style*.

Reference examples:

- Henzel TR, Ciccone A, Cain F, Clothier CA, Hawkins RE. Implementing assessment of practicing physicians:

The development and benefits of a collaborative model.
JMLD. 2007;99(4):16-24. doi: 10.1234/0987654321

- Centers for Medicare & Medicaid Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act. Published December 1, 2022. Accessed January 31, 2023.<http://www.cms.gov/apps/media/press>
 - McPhee SJ, Winker MA, Rabow MW, Pantilat SZ, Markowitz AJ, eds. *Care at the Close of Life: Evidence and Experience*. New York, NY: McGraw Hill Medical; 2011.
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- An additional Word document containing a separate list of all authors including the following information
 - Full names
 - Degrees
 - Titles
 - Affiliations
 - Full contact information including postal mailing address and e-mail address (corresponding author only; for all other authors an e-mail address is sufficient)
 - Author contributions (eg: study concept and design; acquisition of data; analysis and interpretation of data; drafting of the manuscript; and critical revision of the manuscript for important intellectual content).
 - Funding statement (if the study was not supported by funding, please state this on the title page)

- Conflict of interest disclosure for all authors (funding sources, and financial or management relationships that might bias or could be perceived as potential sources of bias). If there are no conflicts to declare, please state this on the title page. Please note that if a manuscript is invited back for a revision, all authors will be required to complete an ICMJE disclosure form.
- Acknowledgements (if applicable). The purpose of acknowledgements is to thank individuals who helped with the research but do not qualify for authorship.
- 3-6 keywords that represent the content of the manuscript.

Authors can find helpful guidelines for presenting systematic review or meta-analysis ([PRISMA](#)), presentation of statistical data ([SAMPL](#)) and presentation of interviews and/or focus group qualitative data ([COREQ](#)).

Revised submissions should include the following items:

An anonymized cover letter that includes a point-by-point response to the reviewers' comments

- An anonymized Word version of the manuscript that shows track changes and/or highlighting to indicate where in the manuscript changes were made to address the reviewers' comments. This Word document should also include:
 - Double-spacing, 11–12-point font, page numbering, and line numbering
 - A title page containing only the manuscript title and word count

- Abstract (see Article Types section of this document for abstract formatting instructions and word counts)
- Text (see Article Types section of this document for further information on sections required)
- Figures/tables/legends (if applicable)
- References. The references should be listed in order of appearance in the manuscript and should conform to the *AMA Manual of Style*.

Reference examples:

- Henzel TR, Ciccone A, Cain F, Clothier CA, Hawkins RE. Implementing assessment of practicing physicians: The development and benefits of a collaborative model. *JMLD*. 2007;99(4):16-24. doi: 10.1234/0987654321
- Centers for Medicare & Medicaid Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act. Published December 1, 2022. Accessed January 31, 2023.
<http://www.cms.gov/apps/media/press>
- McPhee SJ, Winker MA, Rabow MW, Pantilat SZ, Markowitz AJ, eds. *Care at the Close of Life: Evidence and Experience*. New York, NY: McGraw Hill Medical; 2011.

A “clean” version of the revised manuscript in Word format that includes the following information:

- Double-spacing, 11–12-point font, page numbering, and line numbering
- A title page that includes the following elements:

- Manuscript title
- Author full names
- Author degrees
- Author titles
- Author affiliations
- Full contact information including postal mailing address and e-mail address (corresponding author only; for all other authors an e-mail address is sufficient)
- Author contributions (eg: study concept and design; acquisition of data; analysis and interpretation of data; drafting of the manuscript; and critical revision of the manuscript for important intellectual content).
- Funding statement (if the study was not supported by funding, please state this on the title page)
- Conflict of interest disclosure for all authors (funding sources, and financial or management relationships that might bias or could be perceived as potential sources of bias).
- Acknowledgements (if applicable). The purpose of acknowledgements is to thank individuals who helped with the research but do not qualify for authorship.
- 3-6 keywords that represent the content of the manuscript.
- Abstract (see Article Types section of this document for abstract formatting instructions and word counts)
- Text (see Article Types section of this document for further information on sections required)
- Figures/tables/legends (if applicable)

- References. The references should be listed in order of appearance in the manuscript and should conform to the *AMA Manual of Style*.

Reference examples:

- Henzel TR, Ciccone A, Cain F, Clothier CA, Hawkins RE. Implementing assessment of practicing physicians: The development and benefits of a collaborative model. *JMLD*. 2007;99(4):16-24. doi: 10.1234/0987654321
- Centers for Medicare & Medicaid Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act. Published December 1, 2022. Accessed January 31, 2023. <http://www.cms.gov/apps/media/press>
- McPhee SJ, Winker MA, Rabow MW, Pantilat SZ, Markowitz AJ, eds. *Care at the Close of Life: Evidence and Experience*. New York, NY: McGraw Hill Medical; 2011.

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