Author Guidelines

About the journal and scope

The Bhutan Health Journal (BHJ) is the official publication of the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB). It publishes concise, rigorous articles from all fields of medical and health sciences, and follows the recommendations of the International Committee of Medical Journal Editors (ICMJE) and the Committee on Publication Ethics (COPE).

Accepted articles are published online throughout the year, and print issues appear twice a year. Submissions are made at www.bhj.com.bt (print ISSN 2413-2993; online ISSN 2415-1114).

Scope. BHJ accepts work in medical sciences, medical education, public health, health policy, hospital and healthcare management, allied health sciences, nursing, and research and publication ethics.

Article categories.

- Original article
- Review article
- Methods and protocols
- Case report or case series
- Clinical audit and quality improvement article
- Perspective
- Commentary
- Images in medicine
- Medical education
- Editorial
- Letter to the Editor

Sl. No	Article type	Manuscript structure	Word limit
1	**Original Article**	Reports of original and scientifically sound research or conceptual analyses, including clinical trials, observational studies, diagnostic accuracy studies, cost-effectiveness analyses, and qualitative research, structured in IMRaD format and adhering to relevant EQUATOR reporting guidelines (e.g., CONSORT, STROBE).	2000-4000 words
2	**Systematic Review**	Synthesizes multiple sources of information using explicit and reproducible methods to search and critically appraise the literature. May or may not include meta-analyses.	4000-5000 words
3	**Methods and Protocols**	Detailed description of the hypothesis, objectives, and methodology of a planned study, or new and/or improvements to existing methods, evaluating new developments in comparison with conventional	2500-3500 words

		techniques where possible, and demonstrating their practical applications.	
4	**Case Report or Case Series**	Reports unusual, rare, or novel clinical presentations, diagnostic challenges, or unexpected therapeutic outcomes in 1–3 patients (Case Report) or ≥4 patients (Case Series), structured according to CARE guidelines with written patient informed consent (max 15 references; 1–3 figures).	1000-1500 words
5	**Clinical Audit and Quality Improvement Article**	Introduction (Problem description, Available knowledge, Rationale, Specific aims); Methods (Context, Interventions/PDSA cycles, Measures, Analysis, Ethical considerations); Results (with tables and figures); Discussion; Conclusions and Sustainability; Acknowledgement; References; Declarations; Supplementary files (SQUIRE 2.0 checklist)	2000-3000 words
6	**Perspective**	Authoritative and expert opinion pieces involving areas of broad interest, addressing virtually any important topic in medicine and health sciences by putting forward the authors' perspective on a specific subject (should not be used as a short review article).	1500-3000 words
7	**Commentary**	A short article presenting an informed opinion or perspective on a topic relevant to Health Science, including current issues, emerging developments, policies, practices, or areas of debate. Commentaries should provide a clear, evidence-informed argument and do not need to relate to a previously published article.	1000-1500 words
8	**Images in Medicine**	Presents striking, high-resolution clinical, radiological, endoscopic, or pathological images illustrating classic or rare medical presentations with brief educational commentary and key diagnostic takeaways (no abstract; max 1–2 figures and 5 references; requires written informed consent).	300-500 words
9	**Medical Education**	Reports original research, curriculum innovations, pedagogical strategies, or assessment methods in undergraduate, postgraduate, or continuing health professions education, demonstrating measurable learning outcomes and practical transferability.	2000-3000 words
10	**Editorial**	By invitation only. Title; Unstructured main text (or topic-specific headings); References (max 15); Conflict of interest declaration	1000-2000 words
11	**Letter to the Editor**	A letter, or a response to a letter, that provides constructive scientific and scholarly commentary on a paper previously published in *Bhutan Health Journal* within the past six months of the previous calendar year.	500-1000 words

Manuscripts must be original, must not have been published before, and must not be under consideration elsewhere. Acceptance depends on significance, originality, clarity and compliance with these guidelines. The Editor-in-Chief makes the final decision on every manuscript.

Ethics and publication integrity

Research ethics. Studies involving people must follow the Declaration of Helsinki (1964, revised 2013). The Methods section must state that an appropriate ethics committee approved the study and give the approval number and date. Foreign authors must also upload a copy of the ethical clearance for research articles and case reports. If approval was not required, state the reason.

Consent and permissions. Obtain written consent from patients or their families before publishing photographs or details that could identify them. Obtain written permission to reproduce any table, figure or other material from another source.

Authorship. Every author must have made a substantial contribution, approved the final version and accept responsibility for the work. List each author's contribution in the manuscript. Authors must declare that the manuscript is original and is not under consideration elsewhere.

Conflicts of interest and funding. Declare all financial and non-financial conflicts of interest. Name every funder and grant number, or state that the study received no specific funding.

Data availability. All research manuscripts must include a Data Availability Statement saying whether and how the supporting data can be accessed.

Use of artificial intelligence (AI).

- Disclose any AI-assisted tool (such as a large language model, chatbot or image generator) at submission, in both the cover letter and the relevant manuscript sections. State the tool, its purpose and the extent of its contribution.
- AI tools cannot be listed as authors. Authors remain fully responsible for accuracy, originality and validity.
- Check all AI-assisted content for errors, fabricated information, unsupported claims, bias and copyright problems, and verify every reference against the original source.
- Undisclosed AI use, fabricated references or manipulated images may lead to rejection, correction or retraction.

Similarity screening. BHJ screens every submission with similarity-detection software (Drillbit). Author names, affiliations and references are excluded from the check.

Similarity score	Action
Below 20%	Proceeds to editorial assessment
20% to 30%	Revise and resubmit within 7 days
Above 30%	Declined at submission

The score alone does not decide acceptance or rejection.

Submitting your manuscript

Submit online at www.bhj.com.bt. New users register first, then choose "Make a New Submission", select the article type, confirm the submission checklist, accept the privacy consent, and upload the files below.

Required files

1. **Cover letter** addressed to the Editor-in-Chief.
2. **Title page** with all author details.
3. **Anonymized manuscript** with continuous line numbers and no author-identifying details.
4. **Supplementary files**, if any.

The cover letter must state

- The manuscript title and article type, and a short note on its significance for health sciences, clinical practice, public health, health policy or healthcare delivery;
- That the manuscript is original, is not published or under consideration elsewhere, and that all authors approved the final version;
- Ethical approval (committee, approval number and date) and consent, or why approval was not applicable;
- Funding, conflicts of interest and AI use (write "No AI tools were used" if none);
- Anything else the editor should know, such as prior presentation or related manuscripts.

During submission you will also add contributor details, funding and ethics details, and the names of suggested peer reviewers. Check the copyright, originality and author-approval statements before pressing "Submit".

Copyright. On acceptance, copyright passes to BHJ. No part of the paper may be published elsewhere without written permission from BHJ.

Contact. Editor-in-Chief, Bhutan Health Journal, Khesar Gyalpo University of Medical Sciences of Bhutan, Thimphu, Bhutan. Tel: +975-02-339319 / 328999 / 328990. Email: editor@bhj.com.bt or bhjsecretariat@kgumsb.edu.bt.

Preparing your manuscript

General format

Item	Requirement
Font	Times New Roman
Spacing and margins	Double-spaced, justified, 2.5 cm on all sides
Title	14 points

Item	Requirement
Headings	12 point, bold, uppercase
Subheadings	12-point, bold, initial capital only
Numbering	Continuous line numbers and page numbers throughout
Language	British English; use a hyphen for compound words
Style	Follow the BHJ Style Sheet and the NMJI style sheet

Keep sentences short (18 to 22 words is a good target, including the title). Write numbers one to nine in words and use numerals for 10 and above, and always for patients, years and months. Never begin a sentence or paragraph with a numeral. Spell out each abbreviation at first use, except standard units and widely known acronyms (for example WHO, HIV/AIDS, CT, MRI), and avoid abbreviations in the abstract. Use generic drug names in lower case; a proprietary name may follow in brackets with an initial capital.

Title page (uploaded as a separate file)

- Article title in sentence case, with time, place and population where possible, and a short running title.
- All authors in order, without degrees or titles, with superscript numbers linking to department and institution.
- Where the study was carried out.
- Corresponding author: name, address, telephone number and email.
- Email address and ORCID iD for every author.
- Author contributions, conflict of interest and funding statements.
- Number of tables, number of figures and abstract word count.

Abstract

- Original articles: structured abstract of up to 250 words under Introduction (including objectives), Methods (including statistical analysis), Results (salient data) and Conclusions.
- Review articles, case reports and other categories: unstructured abstract of up to 150 words.
- No author names, tables, figures, footnotes or references, and no conclusions stronger than those in the paper.

Keywords. Give three to five Medical Subject Headings (MeSH) terms in alphabetical order, each with an initial capital, separated by a semicolon and one space, and ending with a full stop.

Structure by article type

Original article (IMRAD). Use these headings in this order: Abstract, Introduction, Methods, Results, Discussion, Conclusions, Acknowledgement, References, then declarations (author contributions, conflicts of interest, funding, data availability), supplementary files and legends.

- **Introduction.** State the problem and why it matters, summarise the relevant literature with citations, identify the knowledge gap, and give the objectives or hypothesis in one or two short paragraphs.
- **Methods.** Give the study design, place and period; the variables; participants, selection criteria and grouping; the ethical approval number; procedures, equipment and drugs; any loss to follow-up; and enough statistical detail for a knowledgeable reader to verify the results.
- **Results.** Present findings in logical order, most important first, without comment. Use the text to highlight key points from tables and figures, and do not repeat their data.
- **Discussion.** Lead with the main finding. Explain how it adds to current knowledge, compare it with published studies, state the limitations and the implications for future research, and end with a brief summary.
- **Conclusions.** Base them only on the results.

Review article. Unstructured abstract and keywords, an introduction, then headings that suit the topic, followed by acknowledgement and references.

Case report or case series. Unstructured abstract and keywords, introduction, then the case under these sub-headings: patient information, clinical findings, diagnostic assessment, therapeutic intervention, and follow-up. Finish with a discussion, acknowledgement and references. Cases should describe a previously undocumented condition, an unreported manifestation or treatment of a known disease, an unreported complication, or a case that generates a new hypothesis. Obtain written consent from the patient or family.

Perspective and other categories. Unstructured abstract and keywords, introduction, then headings that suit the argument, followed by acknowledgement and references.

Statistics, units, tables and figures

Statistics

- Describe the methods used to summarise and analyse data (for example mean and standard deviation, percentages) and the tests used.
- Report exact p-values and, where appropriate, confidence intervals.
- Name the statistical software and its version.
- Identify measures of variation, such as standard deviation or standard error of the mean.

Units. Use SI units. For common laboratory values such as cholesterol, glucose, urea and creatinine, give SI units with traditional units in brackets. Express temperature in degrees Celsius and blood pressure in mmHg. Italicise scientific names. Do not put a full stop after units (kg, cm, mmHg), but use L for litre.

Tables and figures

- Use no more than seven tables and figures combined (five to seven is usual). Use only those that are needed.
- Number tables and figures separately in Arabic numerals in order of first citation, and cite every one in the text.
- Give each a short, self-explanatory title that says what, where, who, when and how many. Keep each legend to 40 words or fewer.

- Put table titles above the table and figure legends below the figure.
- Do not use internal horizontal or vertical lines in tables.
- Put explanatory notes in footnotes, not in headings. Explain all non-standard abbreviations, and mark footnotes in this order: *, †, ‡, §, ||, ¶, **, ††, ‡‡.
- For every graph, make sure it carries a clear message and that the legend explains all labels and abbreviations, so it can be read without the text.
- Photographs and micrographs: JPEG or TIFF, 300 dpi, 640 × 480 to 800 × 600 pixels. For micrographs, state the stain, internal scale and magnification. Use contrasting arrows or letters to mark features.
- Do not duplicate in the text data already shown in a table or figure.

References

BHJ uses the Vancouver (ICMJE) style. Authors are fully responsible for the accuracy of every reference, and errors can lead to rejection.

- Number references in the order they are first cited in the text, tables or legends, using superscript Arabic numerals. Place the number before the punctuation mark.
- Cite sources in tables and figure legends in the sequence set by the first mention of that table or figure in the text.
- Abbreviate journal titles as in Index Medicus (NLM style).
- List up to six authors, then add "et al." if there are more.
- Include the DOI. Add hyperlinks labelled [PubMed], [Full Text] and [DOI]; where only the abstract is on PubMed, still link it.
- Keep at least 80% of references within the last five years, unless they are landmark studies.
- Do not cite abstracts, and avoid predatory, cloned or hijacked journals.
- Do not put personal communications in the reference list. If essential, cite them in the text with name and date, with written permission.
- Cite accepted but unpublished work as "in press", and unaccepted work as "unpublished observations", with written permission.

Examples

Journal article

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med. 1996;124(7):980-3.

More than six authors

Parkin DM, Clayton D, Black RJ, Masuyer E, Fried HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. Br J Cancer. 1996;73:1006-12.

Organisation as author

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust. 1996;164:282-4.

Book

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Chapter in a book

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: Pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

Online article

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [Internet]. 1995 Jan-Mar [cited 2024 Mar 5];1(1):[24 screens]. Available from: www.cdc.gov/ncidod/EID/eid.htm

Thesis

Kempner JL. Aching heads, making medicine: gender and legitimacy in headache [dissertation]. [Philadelphia]: University of Pennsylvania; 2004.

After submission

1. **Acknowledgement and format check.** The Secretariat acknowledges your submission and checks completeness, word limits, structure, keywords, tables and figures, referencing, line numbering, AI disclosure and similarity. If anything is missing or non-compliant, you will be asked to correct it and resubmit within seven working days.
2. **Scope assessment.** The Editor-in-Chief or Managing Editor checks that the work fits BHJ's scope. Out-of-scope manuscripts may be declined without peer review. Accepted submissions receive a manuscript code in the form BHJ/OA1/V01 (journal, article type and sequence number, version).
3. **Double-blind peer review.** A Section Editor with no conflict of interest assigns at least two independent external reviewers. Authors and reviewers do not know each other's identities. Reviewers are asked to return their assessments within 14 working days. If their recommendations conflict, a third reviewer is added.
4. **Decision.** The Editor-in-Chief decides after considering the reviews and the editors' recommendations. The decision is one of accept, minor revision, major revision or reject. Rejected manuscripts are not returned, but reviewer comments are shared where relevant.
5. **Revision.** Resubmit within the deadline in your decision letter, with a point-by-point response to every reviewer and editor comment, a marked copy showing changes (tracked or highlighted), and a clean anonymised copy. Late revisions may be treated as new submissions, so ask the Editorial Office for an extension if you need one. A revised manuscript may go back to the reviewers.
6. **Copyediting and proofreading.** Accepted manuscripts are copyedited to BHJ style and checked for references and formatting. The Secretariat may contact you to confirm changes.
7. **Publication.** Accepted articles are published online on a continuous basis. The Editorial Board decides which articles go into each print issue.

For queries about a decision or your manuscript, contact the Editorial Office at bhjsecretariat@kgumsb.edu.bt.

Pre-submission checklist

☐ Article type is one BHJ accepts, and the topic is within scope

☐ Cover letter includes ethics, funding, conflicts of interest and AI-use statements

☐ Title page has all authors, affiliations, emails, ORCID iDs and the corresponding author's details

☐ Manuscript is anonymised, with continuous line and page numbers

☐ Times New Roman, double-spaced, justified, 2.5 cm margins; title 14 point, headings 12 point

☐ Abstract is within 250 words (structured) or 150 words (unstructured), with no references or abbreviations

☐ Three to five MeSH keywords, alphabetical, in the correct punctuation

☐ Sections follow the right structure for the article type

☐ Ethical approval number and consent are stated in the Methods

☐ Statistics section gives exact p-values, confidence intervals and software version

☐ SI units used; generic drug names used

☐ No more than seven tables and figures combined, each cited, titled and within the 40-word legend limit

☐ References are in Vancouver style, numbered in order of citation, with DOIs, and at least 80% from the last five years

☐ Author contributions, conflicts of interest, funding and Data Availability Statement are included

☐ AI use is disclosed, and all AI-assisted content and references are verified

☐ Similarity score is below 20% (excluding authors, affiliations and references)

☐ Written permissions and patient consent are on file for any reproduced material or identifiable images