Peer Review Guidelines

Bhutan Health Journal (BHJ) Published by Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) *Aligned with Committee on Publication Ethics (COPE) and International Committee of Medical Journal Editors (ICMJE) standards*

1. Purpose and Review Model

Peer review is how BHJ safeguards the quality of what it publishes. Independent experts assess each manuscript for scientific validity, relevance to clinical or public health practice, ethical compliance and originality.

- **Double-anonymous review.** Authors and reviewers do not know each other's identities at any stage.
- **Independent assessment.** Manuscripts that pass format and similarity screening are sent by an editor to at least two independent reviewers.

2. Invitations and Timelines

- **Respond within 7 working days.** The invitation includes the manuscript title and abstract. If you decline, suggesting qualified alternative reviewers is appreciated.
- **Check your competence.** Accept an invitation only if your expertise matches the manuscript. If you can assess only part of it, tell the editor which parts when you respond.
- **Submit your report within 14 working days** of receiving the anonymised, line-numbered manuscript and the BHJ Peer Review Form. If you need more time, tell the Section Editor or Managing Editor promptly.
- **Check your scope.** You may be asked to review the whole manuscript or one aspect, such as statistics, study design or clinical applicability. If it is unclear why you were chosen or what to prioritise, contact the BHJ Editorial Office before you begin.

3. Ethics, Confidentiality and AI

- **Confidentiality.** Manuscripts, data, tables, figures and review reports are the confidential property of BHJ. Do not share, discuss, cite or exploit unpublished material for personal or professional gain. This obligation continues after your review ends.
- **Conflicts of interest.** Before accepting, declare any actual, potential or perceived financial, institutional, personal, academic or political conflict, such as recent collaboration with the authors or affiliation with the study team. If a conflict exists, decline. Having reviewed an earlier version of the same manuscript for another journal is not necessarily a conflict, but please tell the editor so they can decide. Do not reuse confidential material or comments from that review.
- **Maintaining anonymity.** If you identify the authors, or believe you may know who they are, tell the handling editor. If this creates a conflict of interest, decline or withdraw.
- **No contact with authors.** Do not contact the authors directly, including to seek clarification or to identify them. Direct all queries through the BHJ Editorial Office.

- **No delegation.** Do not pass the manuscript to a colleague or trainee. If you would like a junior colleague to help, ask the handling editor for permission first, and ensure they are acknowledged.
- **Deleting materials.** After submitting your report, delete or destroy all copies of the manuscript and any supplementary files, unless the editor asks you to keep them for a resubmission.
- **No generative AI uploads.** Peer review is a human responsibility. Never upload any part of a manuscript (text, abstract, tables, figures or supplementary files) to a generative AI tool or public chatbot, as this breaches confidentiality, data privacy and copyright. You may use AI only to polish the grammar or clarity of review comments you have drafted yourself, and you must disclose this to the handling editor when you submit.
- **Suspected misconduct.** Report concerns about plagiarism, duplicate or "salami" publication, data fabrication or falsification, image manipulation, ethical violations or coercive citation through the Confidential Comments to the Editor.

4. How to Evaluate a Manuscript

Step 1: Overall impression

Read the entire manuscript, taking line-numbered notes, and judge whether it is publishable in principle.

- **Scope and value.** Does it fit BHJ's scope (medical sciences, medical education, public health, health policy, hospital and healthcare management, allied health sciences, nursing, research and publication ethics) and benefit clinicians, researchers or policymakers?
- **Logic.** Are the aims clear, and do the conclusions answer them without contradicting the study's own data?
- **Fatal flaws.** Look for non-replicable methods, missing controls, inadequate sampling or absent ethics approval.

Even if you find flaws serious enough to warrant rejection, read to the end so that your feedback is fair, balanced and constructive.

Step 2: Section-by-section review

Title, abstract and keywords

- The title accurately reflects the study.
- Original Articles have a structured abstract (Introduction, Methods, Results, Conclusions; up to 250 words). Other article types have an unstructured abstract of up to 150 words. Neither contains citations or undefined abbreviations.
- There are 3–5 alphabetically ordered keywords, using MeSH terms where applicable.

Introduction

- Recent, authoritative literature establishes the background and knowledge gap, justifies the study's novelty and leads to explicit objectives.

Materials and methods

- *Replicability.* Design, setting, sampling, inclusion and exclusion criteria, instruments and statistical tests are described in enough detail for the study to be repeated.
- *Reporting standards.* The relevant EQUATOR Network guideline is followed (for example CONSORT for randomised trials, STROBE for observational studies, CARE for case reports, ARRIVE for animal studies and SAGER for sex and gender reporting).
- *Ethics and registration.* Prospective approval from a recognised ethics committee, such as Bhutan's Research Ethics Board of Health (REBH), is documented with an approval number, along with informed consent procedures. Clinical trials must be registered before enrolment in a WHO-recommended registry (for example ClinicalTrials.gov or WHO ICTRP).
- *Data availability and protocols.* A data availability statement is included. For trials and other prospective studies, the protocol or registry entry matches the outcomes reported. Flag any outcomes that were changed or added without explanation.

Results and discussion

- Findings appear in logical order, without repeating the same figures in text and tables.
- Statistical measures (SD, SEM, confidence intervals, exact p-values) are appropriate and correctly interpreted.
- The discussion compares findings with existing literature, addresses unexpected or contradictory results, and states limitations and future directions candidly.

Conclusions

- They are concise, evidence-based and not generalised beyond the study population or data.

Tables, figures and rich media

- There are no more than 7 tables and figures combined, each cited consecutively in the text, with a clear, self-explanatory legend of 40 words or fewer and footnotes explaining non-standard abbreviations.
- Watch for unexplained image manipulation or cropping.
- Any audio or video should make one clear, relevant point, include an accurate English legend or transcript, and suit BHJ's readership (note if a content warning is needed). The BHJ Secretariat checks technical specifications and copyright permissions.

Declarations

- Authors have declared funding, competing interests and author contributions, and have disclosed any use of AI tools in preparing the manuscript.

References

- Citations follow ICMJE (Vancouver) style and are numbered consecutively in superscript. They should be balanced, accurate, current and free of excessive self-citation.

Originality and similarity

- If you notice substantial overlap with published work, including the authors' own, report it in your confidential comments.

Language

- BHJ uses British English. Concentrate on scientific substance, since copyediting happens after acceptance. Raise language problems only where they obscure meaning.

5. Clinical Articles and Case Reports

For clinical papers and for case reports or series, use the BHJ Peer Review Form for Case Reports where applicable.

- **Clinical utility.** Does the manuscript address a real clinical problem in clear, practical language that busy practitioners can apply to patient care?
- **Novelty of case reports.** The case should show a previously undocumented disease process, an unreported manifestation, treatment or complication, or a novel hypothesis or pathophysiological insight.
- **Anonymity and consent.** Only essential clinical details should appear, with all patient and family identifiers removed. Masking eyes in photographs is not enough, and explicit written consent for publication must be confirmed.

6. Writing Your Report

Complete the relevant BHJ Peer Review Form (for Research or Review Articles, or for Case Reports) and accompany it with a structured narrative.

Part A: Comments to the authors

1. **Summary (1–2 paragraphs).** Give a neutral overview of the aims, methods and main findings, followed by the study's strengths, novelty and contribution to health sciences.
2. **Major issues.** Number each point and cite page and line numbers. Explain methodological, analytical, ethical or structural problems that must be resolved before the paper can proceed.
3. **Minor issues.** Number each point, with page and line numbers, covering ambiguities, missing or inaccurate references, unit or numerical inconsistencies, and improvements to tables and figures.

Keep a polite, objective and constructive tone, and critique the research rather than the authors. Support criticisms with reasoning or references, and distinguish clearly between essential changes and suggestions.

Do not state your recommendation (Accept, Revision Required or Reject) in comments to the authors. The Editor-in-Chief makes the final decision after weighing all reviewer reports and Section Editor assessments.

Part B: Confidential comments to the editor

- Give the reasons for your recommendation and raise any sensitive concerns about ethics, plagiarism, conflicts of interest or data integrity that should not go to the authors.
- State any areas (for example, advanced statistics) that you were not able to assess.
- Keep these remarks consistent with your comments to the authors, so that a decision, especially rejection, does not conflict with the feedback the authors receive.

7. Recommendations and Revised Manuscripts

Choose one recommendation on the submission portal or form:

- **Accept:** scientifically sound and ready for copyediting, needing no changes or only cosmetic ones.
- **Revision Required (Minor or Major):** needs specific clarifications, re-analyses or textual changes within the revision window.
- **Reject:** has fundamental methodological, ethical or originality flaws, or falls outside BHJ's scope. Even then, give constructive feedback to help the authors strengthen future work.

Differences between decision and recommendation. If the editor's decision differs from your recommendation, this is normal, as the decision reflects all reports. You may be sent the other reviewers' comments for your information.

Reviewing resubmissions. After major revision, BHJ usually asks the original reviewers to reassess the manuscript. Use the original decision letter, the authors' point-by-point response and the tracked-changes manuscript to check that every concern has been properly addressed and that no new errors have been introduced.

8. Reviewer Feedback and Concerns

Reviewers who have concerns about the review process, or who believe a review has been misused, may contact the Managing Editor or raise the matter under COPE procedures.

9. Reviewer Recognition

BHJ recognises the vital contribution of its peer reviewers.

- **Certificates.** On timely completion of a review, the BHJ Secretariat issues a signed Certificate of Peer Review Recognition, usable for academic promotion, appraisal and Continuing Medical Education (CME) portfolios.
- **ORCID and Web of Science.** You may record verified review activity on your ORCID iD and Web of Science Reviewer Recognition profile while preserving double-anonymous review.