



ICMJE recommendations update: What's new?

Editorial

Dear readers,

I'm excited to start my new role as editor of this newly named section, Publications, formerly known as Manuscript Writing. EMWA Editor Emeritus Phil Leventhal has led the section for over a decade and written numerous informative, educational, and entertaining articles. Phil has passed the mantle onto me, and since publications are an important part of EMWA, I am pleased to take it.

As editor, I plan to share the interesting things I've learned about publication writing and strategy, which I hope you will find useful. Contributions to this section from other writers are also welcome. In this instalment, I discuss the latest updates from the International Committee of Medical Journal Editors.

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In January 2024, the International Committee of Medical Journal Editors (ICMJE) updated their "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals."¹ The updates relate to authorship, artificial intelligence (AI), environmental sustainability, funding, ethics, and referencing. The following italicised quotes are all taken from the ICMJE recommendations.

Why authorship matters

- "Editors should be aware of the practice of excluding local researchers from low-income and middle-income countries (LMICs) from authorship when data are from LMICs. Inclusion of local authors adds to fairness, context, and implications of the research. Lack of inclusion of local investigators as authors



should prompt questioning and may lead to rejection."¹

Before I read this, I hadn't heard of the practice of excluding local researchers. Conducting primary research in another country and publishing it without recognising local researchers and infrastructure is apparently known as "parachute", "parasitic", or "helicopter" research.²⁻⁴ It typically occurs in LMICs,^{3,5} defined as countries with a gross national income per capita of \$13,845 or less in 2022.⁶ For example, one review found that 20% of African COVID-19 publications had no African authors.⁷

Individuals who meet all four ICMJE criteria for authorship should be identified as authors.⁸ Excluding local researchers from authorship is unethical and unacceptable. Do medical writers also have a responsibility to question authors about this practice? Perhaps we could check if there is local representation on applicable manuscripts and ask authors whether local researchers have been given the opportunity to meet the ICMJE authorship criteria. We can remind authors that not including local researchers may cause the manuscript to be rejected. The focus should be on promoting

equity in research collaborations and avoiding "tokenism", defined as the practice of making perfunctory or symbolic efforts to engage communities.⁹⁻¹¹

How work conducted with the assistance of AI technology should be acknowledged

- "Use of AI for writing assistance should be reported in the acknowledgment section."¹
- "For example, if AI was used for writing assistance, describe this in the acknowledgment section. If AI was used for data collection, analysis, or figure generation, authors should describe this use in the methods."¹
- "Authors who used AI technology to conduct the study should describe its use in the methods section in sufficient detail to enable replication of the approach, including the tool used, version, and prompts where applicable."¹

The ICMJE doesn't clarify how AI for writing assistance should be reported in the acknowledgment section. Currently, the recommended description relates to how AI is used for study conduct rather than writing. Most publishers favour transparency. Check the publisher's AI

policy. For example, the AI policy of the *British Medical Journal* states that “transparent declaration includes a description of what AI technology was used (the name of the technology), why this AI technology was used (the reason for its use), and how the AI technology was used (what the task of the technology was). Consider including a summary of the input, output, and the way in which the AI output was reviewed on the part of the authors as supplementary files or additional information for the editor to review.”¹²

Use of AI in the review process

- “Editors should be aware that using AI technology in the processing of manuscripts may violate confidentiality.”¹
- “Instructions to reviewers should include guidance about AI use.”¹
- “Reviewers must request permission from the journal prior to using AI technology to facilitate their review.”¹

AI can help journal editors identify reviewers or perform initial quality control for submitted manuscripts.¹³ However, the value of AI in peer review is currently less clear.¹³ Peer review is intended to maintain scientific integrity.¹⁴ Peer reviewers must evaluate the quality, clarity, originality, and importance of manuscripts submitted for publication. I’m not aware of any journals that have gone as far as banning the use of AI tools for peer reviews of manuscripts. However, one research funder, the US National Institutes of Health, banned the use of AI tools for peer reviews of grant applications.¹⁵

This update left me with lots of unanswered questions.

1. Why might a peer reviewer use AI technology? They are invited to review a manuscript specifically for their expertise and opinion. Peer reviewing is voluntary, and individuals can decline invitations if they don’t have time. Perhaps AI tools could help peer reviewers to write more punctual, readable, and (in some cases!) respectful reviews.
2. Can we trust the quality of AI-facilitated reviews? We should be careful as using AI tools can lead to errors, biases, and breaches of confidentiality.¹⁶
3. In which circumstances might an editor grant permission to use an AI tool or not?
4. Would it also be important for editors to get permission from the authors of the manuscript?

Excluding local researchers from authorship is unethical and unacceptable.

Medical publishing and carbon emissions

- “Medical publishing contributes to carbon emissions that exacerbate climate change, which is an urgent threat to human well-being and planetary health. Editors, publishers, journal owners, and other stakeholders should work together to develop immediate strategies to reduce carbon emissions, with a goal toward achieving net zero carbon emissions.”¹

Improving environmental sustainability is an important goal, and we all have a role to play. However, the ICMJE doesn’t suggest how to achieve this. The obvious strategy that springs to mind is reducing journal printing and distribution. According to one estimate, printing 50,000 journal copies equals approximately 450 felled trees, 17.25t of CO₂ emissions during paper production, 6.560t of CO₂ emissions during print production, and 1.995t of CO₂ emissions during distribution if copies were mailed 500km by truck.¹⁷

To reduce waste, some publishers and journals have changed their models for print journals. For example, the Royal College of Psychiatrists and EMWA follow an “opt in” model; print copies are only sent to subscribers who want them.^{18,19} Some publishers have gone further by moving selected journals to online only.¹⁷

Acknowledgement of funding support

- “Disclosure of potential conflicts of interest is distinct and extends beyond direct support for this work. Within a manuscript, the funding statement should include only direct support of the work described. Support for an individual’s contribution for the work should be reported as such. General institutional support for an author’s time on the work should be distinguished from direct overall funding of the work. An appropriate funding statement might be: “This study was funded by A; Dr F’s time on the work was supported by B’.”¹
- “A medical journal should explicitly state its governance and relationship to a journal owner (e.g., a sponsoring society).”¹

These updates relate to transparency. The first point reminds us that funding and conflicts-of-interest statements are different. Within the funding statement, funding for the research (direct support) and funding for the researcher (indirect support) should be distinguished.

The second point is important because the publisher and sponsoring society of a journal can affect its reputation, and therefore an author’s decision to submit a manuscript to that journal.²⁰

Protection of research participants

- “All authors should seek approval to conduct research from an independent local, regional, or national review body (e.g., ethics committee, institutional review board) and be prepared to provide documentation when requested by editors.”¹

Which documents might be requested and when? Looking at publishers’ guidelines, the ICMJE may be referring to submitted ethics application forms, approval letters, and copies of informed consent forms.^{21,22} These documents might be requested if the editor suspects an ethical or legal issue with the research, or doubts the authenticity of the ethics approval statement in the submitted manuscript.^{21,22}

What can medical writers do to help? We can at least ensure that ethics approval and consent statements are complete. For example, reporting the name of the ethics committee, the date and reference number of the ethics approval, and the type of consent obtained from participants.

Reference citations

- “References should be made to published articles rather than to abstracts whenever possible.”¹

The final update probably isn’t news to most of us. Citing a published article is preferable to citing a conference abstract because the published article has been peer reviewed, includes more information, and reports final rather than preliminary results.²³

Conclusions

In summary, the key ICMJE updates relate to how AI tools are used and reported, why inclusive authorship matters, and why publishing should be more environmentally friendly. I welcome these updates, which aim to make publications more transparent, ethical, and sustainable.

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The opinions expressed in this article are the author’s own and not necessarily shared by her employer or EMWA.



Disclosures and conflicts of interest

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