Why publish?

What the regulations actually require, what they quietly exclude, and the reasons that outlast any regulation. A short guide for postgraduates, faculty and heads of department.

The expensive part is already done

Publishing is not an extra project bolted onto clinical work. By the time anyone thinks about writing, almost all of the cost has been paid — by the patient who consented and was investigated, by the institution that paid for the scans and the staff, and by you, over the two years of a thesis or the decade of a case series. What is left is two to four weeks of writing.

> Work that is never written up is not neutral. It consumed a patient's consent and a hospital's money, and returned nothing to either.

What happens when research is never published

A group runs a careful study in 2,000 participants. The intervention produces no meaningful improvement in the primary outcome. They are disappointed — they had expected a positive result — and decide not to publish. Other groups, unaware of the study, investigate the same question; some obtain positive findings, and those are the ones that appear. The published literature now looks more favourable towards the intervention than the totality of the evidence supports, and someone treats a patient on that basis.

Nobody in that story behaved dishonestly. They were disappointed and busy, which is how almost all publication bias happens.

> The scientific record becomes distorted when the evidence that enters it is systematically different from the evidence that was generated. A negative result withheld is not a neutral act.

What the rules require

IF YOU ARE A POSTGRADUATE

Under the Postgraduate Medical Education Regulations 2023, a broad- or super-speciality student must do **at least one** of the following to be eligible for the final examination:

- a **poster presentation** at a national, zonal or state conference of the speciality; or
- a **podium presentation** at a national, zonal or state conference of the speciality; or
- one **research paper published or accepted** in a journal of the speciality, **as first author**.

The thesis is separate and compulsory, and carries 5% of the marks for the clinical, practical and viva examination, assessed by an external examiner from outside the state. NMC confirmed in August 2024 that a student cannot be barred from the final examination for want of the head of department's approval on the dissertation.

A poster satisfies the rule and leaves nothing behind. A paper satisfies the same rule and is permanent, citable and countable later. The thesis work is already done either way.

IF YOU ARE FACULTY

PROMOTION	PUBLICATIONS	CONDITION
To Associate Professor	**2**	Earned while serving as Assistant Professor.
To Professor	**2 more**	Earned while serving as Associate Professor — four across the two grades.
Authorship position	**First 3**	Since the notification of 30 June 2025, only the first three authors may count a paper. Earlier rules allowed first or corresponding author.

These must be earned *in the grade you currently hold*. A paper published before your appointment as Assistant Professor does not count towards Associate Professor. The clock starts on the day you are appointed.

What counts, and what does not

Since February 2020 the qualifying list for faculty promotion has had four entries. The single case report is not among them — the case *series* is. This is the detail that most often costs a promotion cycle.

COUNTS FOR PROMOTION

- Original research paper
- Meta-analysis
- Systematic review
- Case series

DOES NOT COUNT

- Single case report
- Narrative review
- Letter, editorial, opinion piece
- Conference abstract or e-poster

None of this makes the case report worthless. It satisfies the postgraduate requirement, it is how most people learn to write, and it is how new diseases and adverse effects enter the literature. It simply will not move you up a grade — so decide which job it is doing before you write it. Three similar cases written as one series take slightly more work and produce something that counts.

The journal must be indexed, or none of it counts

A qualifying paper must appear in a journal indexed in one of these:

MEDLINE · PubMed Central · Science Citation Index Expanded · Embase · Scopus · DOAJ

How the money is lost. An unsolicited invitation, warm praise for work the sender has not read, review promised in 72 hours, no named editorial board, and a fee that appears only after acceptance. The paper is then published somewhere that counts for nothing, cannot be withdrawn, and cannot be submitted anywhere else.

Three free checks, ten minutes. Search the journal name in PubMed itself. Look it up in the DOAJ. Run it through thinkchecksubmit.org. Then ask a senior colleague to name two journals in your speciality they would be glad to see your paper in, and keep that list. Do this *before* you write — the journal decides the word limit and the structure.

Four reasons that outlast the rules

- **Whose patients were the guidelines built on?** Every threshold and risk score you apply was calibrated on a population somebody else studied. If nobody from your setting publishes, that population never includes your patients — who differ in age at presentation, nutritional status, comorbidity, stage at presentation and the treatments actually available.
- **Writing is how you find the mistake.** You can hold a muddled idea in your head indefinitely; you cannot write it in a form a stranger can follow. Numbers stop agreeing, undocumented inclusion criteria surface, and a conclusion that felt obvious turns out to rest on four patients with no comparison group. Peer review then does it again, for free.
- **A paper is the only part that travels.** The conference talk is remembered by the room that afternoon; the thesis is bound and shelved. A publication is citable, permanently identified, findable in thirty years, and survives changing jobs, cities and heads of department.
- **For a department, it compounds.** Every internal promotion depends on qualifying papers, every postgraduate needs a presentation or a paper to sit finals, and rankings and accreditation count output. The cheapest intervention a head of department can make is a standing rule that every thesis is submitted somewhere within six months of the viva, with a named supervisor responsible.

Publication is not the same as impact

A paper can be published and influence nothing. Another can be cited hundreds of times and change no clinical decision. A third may never be highly cited and still supply the evidence a guideline needed. Publication, citation, visibility and impact are related but distinct, so do not let a single metric decide what your work was worth — the impact factor is a property of the journal, not of your paper.

A paper is meaningful if it answers a question that was genuinely open, corrects a misconception, validates a measurement or diagnostic tool, identifies a safety concern, **shows that an intervention does not work**, provides evidence in an understudied population, establishes a method others can reuse, or supplies a dataset someone else can build on. Negative and inconclusive findings qualify on that list.

The wrong reasons

A requirement expressed as a number invites people to produce numbers. These are recognised, and they cost more than they return:

- Splitting one study into three papers to make the count.
- Adding names that did not contribute, or omitting someone who did.
- Publishing anywhere that will accept quickly because a deadline is near.
- Reporting only the comparisons that reached significance.
- Claiming more than the design supports — an association written up as a cause.
- Writing with no reader in mind. If you cannot say who should change what, there is no paper yet.

The regulation is a floor, not a reason. Two honest papers that someone actually uses are worth more than six that exist to be counted — and they count exactly the same.

Start with what is already in your records

Nobody needs to begin a new study to publish this year. Four things are almost certainly already in your department:

1. **A finished thesis.** Data collected, analysed and examined. It needs reshaping into a paper, not new work. Do it within six months, while the student is still reachable.
2. **Three or more similar cases.** Written as a series rather than separate reports, this is one publication that counts for promotion.
3. **An audit you already did.** If it changed anything, or revealed a gap worth other departments knowing about, it is publishable with a proper methods section.
4. **Your own case volume.** A retrospective review of how a condition presents and is managed in your setting — with ethics approval, which a records review needs.

Four objections, answered

- **“My result was negative.”** That is one of the most useful kinds of paper there is. A negative result withheld is how the literature comes to overstate what works. Report it with the effect size and the confidence interval, and say plainly what the study could and could not rule out.
- **“I don’t have time.”** The time has already been spent — on the thesis, the cases, the audit. What is left is two to four weeks of writing, and most of that is Methods, which is a record of what happened and the easiest section to draft.
- **“My English isn’t good enough.”** Editors are not rejecting non-native English. They reject sentences whose meaning cannot be recovered. Clear structure and plain sentences matter far more than elegant ones, and language is the one part of this that can be fixed by someone else.
- **“My numbers are too small.”** Then write what small numbers can support — a case series, a descriptive study, a hypothesis for someone else to test. The error is not a small study; it is a small study reported as though it were a large one.

Not sure whether there is a paper in it? KR Publication Support offers manuscript assessment, editing, manuscript development and reviewer-response support for clinicians and researchers. Bring a thesis, a set of cases or an audit and I will tell you honestly whether there is a publication in it and roughly where it could go. Prices are on the website, so nobody has to ask.

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