Dear Editor,

We read with interest the editorial, ‘The revised guidelines of the Medical Council of India for academic promotions: Need for a rethink’. The Medical Council of India (MCI) has taken a regressive step by making research publications an essential requirement/mandatory for promotions/academic advancement of the medical teachers. The pertinent issues have been brought to the light in this editorial and must have initiated some debates.

The editorial rightly elaborates on the issues of authorship. Research is essential to carry science forward, but the pressure of publication, restricting the due credit to only first two authors, that too only of an original paper is too much to ask for, especially the budding medical teachers. Such approach of publish or perish actually encourages the teaching faculty to indulge in research misconduct and authorship exploitation. It is felt that the pressure to publish might take teachers away from teaching and clinical duties. This particularly is true for the institutes located in the geographically remote areas where lack of research resources as well as trained teaching staff continues to be a major concern. To fulfil the criteria mentioned by the MCI, the faculty spends most of their time in manipulating and fudging the research data, to manufacture the needed manuscripts. Such practice surely discredits the research integrity and is tarnishing the image of Indian research. The growing number of flawed papers has been causing tremendous anxiety to journal editors the world over.

Restricting the credit to only first two authors in the byline may further complicate the situation. This will discredit and discourage the multidisciplinary, multicentric or collaborative research. Manuscripts from such research have multiple authors, with each of them making important contribution, and it should be ensured that credit is given to all. There is enough evidence supporting the importance and credibility of collaborative research, and the best example is the recent outbreak of Ebola in West Africa which was dealt effectively and efficiently only with the help of multidisciplinary and collaborative approach. Moreover, the junior researchers may be compelled to accept or assign first two authorships to their supervisors or seniors seeking academic advancement, who wield substantial power over the future carrier of younger researchers. Thesis of postgraduate students provides tempting material for publication, and a thought which often crosses the supervisor’s mind is ‘Can his research become my publication?’ A junior researcher many a time finds his name somewhere down the list of authors or does not finds it at all, which leads to frustration and demotivation.

Awarding credits only to the original research articles is also a regressive approach to assess the performance of medical teachers. The clause undermines the contribution of systemic reviews and meta-analysis which involve a lot of diligent work and are often used for formulating important consensus guidelines or to take up a research plan. Most of the journals have sections such as editorials, commentaries and letters to editor which are forum for intellectual debates on important issues. Brief communication, short reports and case reports are some other sections of the journals, which are important components of evidence-based medicine and informed practice. However, as per the current MCI guidelines, all such contributions will be dishonoured for a teacher and will dishearten and demotivate the medical teachers to write on such issues. With current norms, Watson and Crick who published a one-page article on the DNA structure may not be promoted!

Misconduct in the scientific research has already crept in, and the current MCI guidelines will further flare the fire. It is time to seriously consider restoring the academic integrity. We hope that MCI will take note of the issues mentioned and reconsider and refine its circular.

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Conflicts of interest

There are no conflicts of interest.

References

Dear Editor,

Increasing multi-drug resistance (MDR) in Gram-negative pathogens has caused considerable therapeutic challenges in clinical practice. This has resulted in an increase in the use of polymyxins in treating MDR infections. However, chromosomal or plasmid-mediated (mcr-1 and mcr-2) polymyxin resistance are being increasingly reported worldwide. Molecular methods are not always effective in detecting chromosomally-encoded polymyxin resistance. For polymyxin susceptibility testing, conventional methods such as disc diffusion and E-test are not reliable, while the standard reference technique of broth microdilution (BMD) is time-consuming (24 h). Moreover, rapid and reliable methods for testing colistin or polymyxin B in the clinical settings are essential for timely and effective patient management. Recently, a rapid polymyxin Nordmann/Poirel (NP) test was developed for detection of polymyxin resistance in Enterobacteriaceae.

We sought to evaluate the performance of the rapid polymyxin NP test in detecting polymyxin resistance.

A total of 232 non-duplicate Enterobacteriaceae isolates recovered from bloodstream infection during 2014–2015 were randomly selected and included in this study. This collection included carbapenem-resistant Klebsiella sp., (n = 122) and Enterobacter sp., (n = 50) and intrinsically polymyxin-resistant Proteus mirabilis (n = 30), Morganella morganii (n = 15) and Serratia marcescens (n = 15) as an internal control. Minimum inhibitory concentration (MIC) of colistin and polymyxin B against Enterobacteriaceae isolates (Klebsiella sp., and Enterobacter sp.,) was determined using the BMD method according to the Clinical Polymyxin Nordmann/Poirel test for rapid detection of polymyxin resistance in Enterobacteriaceae: Indian experience.

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