

General articles

This article category covers topics of broad concern to medical regulation. Generally, such articles in JMR address topics directly and practically relevant to medical regulation, such as licensing, discipline, health policy, medical education, demographics, medico-legal issues, peer review, quality assurance, public safety, etc. In all instances, it is imperative that the author make explicit the intersection of the topic with medical regulation. These articles generally run between 3,000-5,000 words. Examples include the following:

- Examining an issues and/or trend (e.g., telemedicine) impacting the medical regulatory community as a whole;
- Evaluating changes or new developments in clinical practice and how these intersect with medical regulation (e.g., opioid prescribing);
- Sharing one board's practices or actions to address a specific issue (e.g., development of informed consent guidelines)
- Assessing scope of practice and issues impacting medical regulation across multiple health professions medicine, e.g., physician assistants, nursing, pharmacy
- Describing health policy matters with systemic implications for medical regulation (e.g., recent Federal Trade Commission decisions relative to state-based licensure; the impact of the Affordable Care Act on physician scope of practice).

These articles may combine elements of research and description, particularly when the research may be insufficiently robust or central to the article to constitute a full-fledged research article. An example of a general article is [“The Role of Medical Boards in Physicians’ Participation in Executions.”](#)

Research articles

These reflect original research on any aspect of medical regulation. These articles generally run 3,000-5,000 words. The articles may be original data-driven pieces or meta-analyses of existing research.

- Data-driven (e.g., demographic analysis, survey results) articles address a serious challenge facing the medical regulation community or a solution to that challenge. Such a piece may apply a comparative focus to the different ways that boards have addressed a specific challenge. A example of this category can be seen in this article on [examinee misconduct on the medical licensing examination](#).
- The article may critically review the scholarly literature (i.e., a meta-analysis). While a systematic or chronological review may be considered, priority will be given to critical reviews that advance the understanding of a specific topic or problem. Comprehensive parameters are defined and followed in searching the literature, and findings are interpreted appropriately and put into context. While not a true meta-analysis, a recent example of such a piece can be seen in the review of [evidence supporting maintenance of licensure](#).

Perspective articles

These articles present a considered view about a specific issue relevant to medical regulation. Often these articles will propose and support a new hypothesis, or theorize the implications of a policy change. Perspectives must be scholarly and arguments must be well-supported, but these articles can function as opinion pieces. Perspective articles are generally less than 3,000 words. An example can be seen in this assessment of the value of [criminal background checks](#).

State Board Practices

JMR welcomes articles (generally 2,000-3,000 words) that spotlight a particular board's practice or approach to a specific issue or problem. While these articles are specific to a jurisdiction or topic and may even be somewhat operational or administrative in their focus, they should still be framed in an appropriately broad regional or national context. A recent example of this article type addressed medical boards' need to acquire a [minimal data set](#) on its physician licensees as a part of license renewal.

Commentary

These are opinion pieces that comment on or set the context for an article or articles that have been accepted for publication. Generally, these are solicited articles. Commentaries have few references and rely heavily on the author's perspective and experience to support the argument. They should be less than 2,000 words and generally have few tables and figures, if any. Commentary pieces may be used to accompany FSMB reports published in their entirety or in excerpt. An example of a recent commentary piece is "[Pill Mills are not Pain Clinics.](#)"

Letter to the Editor

Letters discussing a recent *JMR* article should be submitted within six weeks of the article's publication in print. Letters should not exceed 400 words of text and four references, one of which should be to the recent *JMR* article. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters being considered for publication ordinarily will be sent to the authors of the *JMR* article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content.

Letter in Reply

Replies by authors should not exceed 400 words of text and 5 references.