

# Brunei International Medical Journal: Aim and Scope

## Aim and Scope

The Brunei International Medical Journal (*BIMJ*) is an online peer-reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Committee (CRC), Biomedical Research and Ethics Unit (BREU) Ministry of Health, Brunei Darussalam. The *BIMJ* publishes articles ranging from editorials, commentaries, meta-analysis, reviews, original research, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation reports, and letters to the editor. The journal also publishes workshop or conference reports of workshops or conferences conducted in Brunei Darussalam. Basic sciences (unless of relevance to Brunei) and animal studies will not be considered.

Topics of interest include all subjects that relate to clinical practice and research in all branches of healthcare including medicine, surgery, nursing, allied healthcare, laboratory and dentistry. The *BIMJ* welcomes manuscripts from contributors but usually solicits review articles and special reports. Proposals for review papers can be sent to the *BIMJ* directly. Please refer to the contact information of the Editorial Office.

### Submit articles to:

Editor

*Brunei International Medical Journal*

Ministry of Health

Negara Brunei Darussalam

**E-mail:** bimjonline@gmail.com or bimj@moh.gov.bn

**Website:** <https://moh.gov.bn/bimj/>

## INSTRUCTION TO AUTHORS

### *Manuscript submissions*

All manuscripts should be sent to the *BIMJ*, Ministry of Health, Brunei Darussalam. Subsequent correspondence between the *BIMJ* and authors will, as far as possible be conducted via email quoting a reference number.

### *Conditions*

Submission of an article for consideration for publication implies the transfer of the copyright from the authors to the *BIMJ* upon acceptance. The final decision of acceptance rests with the Editor-in-Chief. All accepted papers become the permanent property of *BIMJ*. As *BIMJ* is open access, authors may archive their articles in any repository, including institutional archives, subject-specific repositories, or scholarly networking platform.

The Brunei International Medical Journal (*BIMJ*) is a peer-reviewed official publication of the Ministry of Health and Universiti Brunei Darussalam, under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam. The *BIMJ* publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries, and letters to the Editor. Topics of interest include all subjects related to clinical practice and research in all branches of medicine, both basic and clinical, including topics related to allied health care fields. The *BIMJ* welcomes manuscripts from contributors but usually solicits review articles and special reports. Proposals for review papers can be sent directly to the Managing Editor. Please refer to the contact information of the Editorial Office.

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Basic requirements for articles submitted to the *BIMJ* are:

- Original work.
- Never been published.
- Not under consideration or review for publication anywhere else.
- Approved by all co-authors (if any), as well as by the responsible authorities – either tacitly or explicitly – at the institute where the work was carried out. The *BIMJ* and publisher will not be held legally responsible should there be any claim for compensation. The corresponding author may complete and sign the Copyright Transfer Agreement Form on behalf of all co-authors.

### **Ethics**

Ethical considerations will be required in the assessment of papers (original research) that have experimental investigations of human subjects. Authors should state clearly in the Materials and Methods section of the manuscript whether Institutional Review Board (IRB) or Ethic approval had been sought. If such approval has not been sought, the authors need to state clearly the reasons. Investigators without such review boards or ethic committee should ensure that the principles outlined in the Declaration of Helsinki have been followed. All case reports must have written consent of patients or guardians for publication.

### **Language**

Articles will be published in UK English.

### **Manuscript Categories**

Editorials, commentaries, meta-analysis, reviews, original research, special reports, audits, case reports, images of interest, medical practice papers, education and technical/innovation reports, programme and workshop/conference reports, and letters to the editor.

Manuscript should include a structured format (Refer to Table 1) depending on types of manuscript. Generally, most manuscripts should follow a structure such the IMRaD- Introduction, Methods, Results, and Discussion.

### **Keywords**

Keywords provided for manuscript should be listed in the MeSH database (<https://meshb.nlm.nih.gov/search>).

### **Editorials**

Editorials are invited only. Editorials are usually related to relevant topics or on articles that have been published in the *BIMJ*. Editorial is an avenue for the journal to make announcements or highlight relevant and important development in the healthcare practices.

### **Commentary**

Commentary are commissioned articles that will highlight and discuss important health related matters relevant to Brunei Darussalam. Topics include topical issues that have impact on healthcare delivery services and these include diseases epidemiology, trends, outbreaks, new development to policies.

### **Meta-analysis**

Only meta-analysis which is of relevance especially to medical conditions common in the region will be considered.

### **Review articles**

These are, in general, invited papers, but unsolicited reviews, if of good quality, may be considered. Reviews are systematic critical assessments of literature and data sources on clinical topics, emphasising factors such as cause, diagnosis, prognosis, therapy, or prevention. Reviews articles relevant to the regions or disorders relevant to Brunei will be considered.

### **Original articles**

These include original studies that can improve understanding and decision making in clinical medicines, public health, health care policy, medical education or biomedical research.

### **Special Reports**

This section usually consists of invited reports that have a significant impact on healthcare practice and usually cover disease outbreaks, management guidelines, or policy statement papers.

### ***Audits***

Audits of relevant topics generally follow the same format as the original article and the text should not exceed 1,500 words and references not more than 20.

### ***Case reports***

Case reports should highlight interesting, rare or novel cases or provide good learning points. For case reports that include clinical pictures or illustrations, the pictures must be properly taken. Case reports with images that are blurry and have distortions due to lighting, reflections or camera issues will not be considered.

### ***Education section***

This section includes papers (e.g., how to interpret ECG or chest radiography) with the aim of broadening knowledge or serving as revision material. Papers will usually be invited but well-written papers on relevant topics may be considered.

### ***Workshop/Conference reports***

These papers report on healthcare-related workshops or conferences conducted within the country, including those focused on research and medical writing. Reports on workshops or conferences conducted in other countries will not be accepted.

### ***Images of interest***

These are papers presenting unique clinical encounters that are illustrated by photographs, radiographs, or other figures. The image of interest should be accompanied by a brief description of the case and a discussion of its educational aspects. A maximum of five relevant references should be included. Only images of high quality (minimum 300 dpi) will be accepted. Manuscripts containing blurred images or have distortions will not be considered.

### ***Technical innovations***

This section features papers explore novel or new techniques that have been developed or introduced to the local setting. The text should not exceed 1000 words and should include not more than 10 figures or illustrations. References should be limited to a maximum of 10.

### ***Letters to the Editor***

Letters discussing recent articles published in the BIMJ are welcome and will be reviewed by the Editorial Board.

### ***Others***

This includes Perspectives, Workshop/Conference reports and programme or outreach reports.

### ***Important notice***

The journal with agreement of the authors, reserves the right to move certain parts or sections of the manuscript in the Supplementary Text section, especially if the manuscript is deemed to be too lengthy.

### ***Criteria for manuscripts***

Manuscripts submitted to the *BIMJ* should meet the following criteria: the content is original; the writing is clear; the study methods are appropriate; the data are valid; the conclusions are reasonable and supported by the data; the information is important; and the topic has a general medical interest. Manuscripts will be accepted only if both their contents and style meet the standards required by the *BIMJ*.

### ***Authorship information***

Authors may designate two corresponding authors and provide complete contact details for each including address, telephone number and email. The number of authors per paper should not exceed twelve; if this number is exceeded, a clear justification must be provided. Authors may include a publishable footnote explaining the order of authorship or note equal contributions of first authorship.

### ***Group authorship***

If authorship is attributed to a group (either solely or in addition to one or more individual authors), all group members must meet the full criteria and requirements for authorship described in the following paragraphs. One or more designated authors may take responsibility the group, in this case, the other group members are not considered authors but may be listed in an acknowledgment.

### Authorship requirement

When the *BIMJ* accepts a paper for publication, authors will be asked to provide a statements on (1) financial disclosure, (2) conflict of interest, and (3) copyright transfer. The correspondence author may sign on behalf of co-authors.

### Authorship criteria and responsibility

All authors must meet the following criteria: to have participated sufficiently in the work to take public responsibility for the content; to have made substantial contributions to the conception and design, and the analysis and interpretation of the data (where applicable); to have made substantial contributions to the writing or revision of the manuscript; and to have reviewed the final version of the submitted manuscript and approved it for publication. Authors will be asked to certify that their contribution represents valid work and that neither the manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere, except as described in an attachment. If requested, authors shall provide the data on which the manuscript is based for examination by the editors or their assignees.

### Financial disclosure or conflict of interest

Any affiliation with or involvement in any organisation or entity that has a direct financial interest in the subject matter or materials discussed in the manuscript must be disclosed in a separate attachment. Additionally, any financial or material support should be clearly acknowledged within the manuscript.

### Copyright transfer

By submitting a manuscript to the *BIMJ* for review and editing, the author(s) agree to transfer, assign, or otherwise convey all copyright ownership of the work to the Clinical Research Committee, Ministry of Health,

### Acknowledgments

Only persons who have made substantial contributions but who do not fulfil the authorship criteria should be acknowledged.

### Preparation of tables

#### Tables

Tables should be titled and numbered in Arabic numeral system in the order of their first citation in the text. Table (s) should be included in the main manuscript. Do not use vertical lines between columns. Use horizontal lines above and below the column headings and at the bottom of the table only. Any abbreviations used in the table must be defined in a footnote to the table. Footnotes should be indicated using the following symbols in this order:

\*\*, #.

### Preparing images or illustrations

#### Photos/Images/Charts

Photos/Images/Charts should be numbered sequentially in the order they appear in the text. Personal and identifiable photos must be accompanied written permission. Any previously published images should be properly referenced.

For radiograph films, scans, and other diagnostic images (including pathology specimen, both macro and micro images), digital image directly taken from electronic systems (soft copy) are preferred. Images captured with a camera (including smartphones) must be of high quality—clear, properly taken and without any distortion.

Manuscripts with poorly taken images or illustrations may be rejected at the discretion of the Editor-in-Chief.

**Table I.** Manuscript submission limits for the *BIMJ* by article type

Type	Abstract	Text*	References	Tables/ Figures	Take-Home Message
Special report	Optional	5000	No restriction	No restriction	Not required
Original article	250**	3000	30	7	5 bullet points
Review	250**	3500	50	7	5 bullet points
Brief report	250	2000	15	6	Not required
Case report	150***	1000	15	5	3 bullet points
Image of interest	N/A	500	5	3	Not required
Letter to Editor	N/A	500	3	N/A	N/A
Programme report	Optional	3000	20	6	N/A
Workshop/Conference report	Optional	2500	Optional	6	N/A

## References

References should be formatted according to the Vancouver style and numbered consecutively in the order they first appeared in the text, using reference management tools such as EndNote or Mendeley. Each reference may list up to six authors; if there are more than six, list the first six followed by “et al.”. At least 80% of the references should be from journals articles. References that are published less than 10 years ago should contribute 80% of the total references. In-text citations should be indicated by a number without brackets in superscript, placed at the end of the relevant sentence.

## Examples of References Journal Article

### *References with six or fewer authors*

1. Lim CY, Maboob Khalili MA, Tan J. Impact of chronic kidney disease on healthcare in Brunei Darussalam. *Brunei Int Med J*. 2019;15:27-30.

### *References with more than six authors*

1. Tan J, Maboob Khalili MA, Md Yusof SM, Ahmed D, Chan KG, Chua HB, et al. Kidney transplantation in Brunei Darussalam – Past, present and future. *Brunei Int Med J* 2022;18:12938.

### *An organisation as a source*

WHO. Rubella vaccines: WHO position paper-recommendations. *Vaccines*. 2011; 29:8767–8.

### *Without author*

Role of diagnostic imaging in early diagnosis and stage determination of rheumatoid arthritis. *Clin Calcium*. 2011; 21:949–53.

### *Volume with supplement*

Van Spronsen FJ, Huijbregts SC, Bosch AM, Leuzzi V. Cognitive, neurophysiological, neurological and psychosocial outcomes in early-treated PKU-patients: a start toward standardized outcome measurement across development. *Mol Genet Metab*. 2011;104 (Suppl 1): S45–51.

### *Edition with supplement*

Dietz CA, Nyberg CR. Genital, oral, and anal human papillomavirus infection in men who have sex with men. *J Am Osteopath Assoc*. 2011;111(3 Suppl 2): S19–25.

## Dissertation

Abdullah SN. *Detection of glaucoma using multifocal steady-state visual evoked potentials (MSV)* [PhD thesis on the Internet]. Sydney (AU): University of New South Wales; 2011 [cited 2025 Jun 24]. Available from: <https://doi.org/10.26190/unsworks/14987>.

## Book

Fritz M, Speroff L. Clinical gynecologic endocrinology and infertility. 8th ed. Philadelphia: Wolters Kluwer Lippincott Williams & Wilkins; 2011.

Munro M, Brill A, Parker W. Gynecologic endoscopy. In: Berek J, editor. *Berek & Novak's gynecology*. 14th ed. Philadelphia: Lippincott Williams & Wilkins; 2007. p. 749–804.

## Conference proceeding

Nicolai T. Homeopathy. *Proceedings of the Workshop Alternative Medicines*; 2011 November 30; Brussels. Belgium. Belgium: ENVI; 2011.

## Paper in conference

Tirilly P, Lu K, Mu X. Predicting modality from text queries for medical image retrieval. In: Cao Y, Kalpathy-Cramer J, Unay D, editors. *MM 11. Proceeding of The 2011 International ACM Workshop on Medical Multimedia Analysis and Retrieval*; 2011 Nov 28–Dec 01; Arizona, USA. New York: ACM; 2011. p. 7–12.

## Website

Ministry of Health, Brunei Darussalam. Brunei Darussalam National Cervical Cancer Prevention & Control Guideline 2025. Available from: <https://moh.gov.bn/wpcontent/uploads/2025/01/CERVICAL-CANCER-2025.pdf> (Accessed 6 May 2024).

### **Accepted manuscripts**

Authors will be notified of manuscript acceptances. Accepted manuscripts will be sent for copyediting. During copyediting, some changes may be made to conform to the journal style and format. Attempts will be made to ensure that the overall meaning of the texts is not altered. Authors may be requested to provide raw data, especially those presented in graphs such as bar charts or figures so that presentations can be constructed following the format and style of the journal. Proofs will be sent to authors to review of any errors made during copyediting. Authors are generally given 72 hours to return the corrected proof. Failure to respond within this timeframe will be taken as approval with no further corrections required. Authors are advised to keep corrections to a minimum as extensive changes may delay publication.

Contributors can obtain an electronic reprint from the journal's website: <https://moh.gov.bn/bimj/>

### **Article processing fees**

Currently, *BIMJ* does not charge any submission or publication fees.

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