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EDITORIAL

Death of the Research Question: Let's Revive It

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The NCAHP Act 2021, NAAC, and the UGC Career Advancement Scheme have done something remarkable: they made research mandatory. Publications are now tied to probation confirmation, promotion, and institutional grades. In principle, this is progress[1-3]. A profession that does not generate its own evidence cannot claim autonomy.

In practice, we have created a high-volume, low-impact ecosystem. We are publishing to be counted, not to be read. The root cause is a structural mismatch. The Academic Performance Indicator (API) rewards "number of papers," not "problems solved." A case report in an obscure journal and a multicentre RCT receive the same points if both are in UGC-CARE[1]. When the metric becomes the target, it ceases to be a good metric. Goodhart's Law is alive in every faculty room[4].

SYMPTOMS OF A PROFESSION DRIFTING

i. Predatory Participation: Faculty, desperate for points, publish in journals that email acceptance in 48 hours. The science is not reviewed; the invoice is. The CV looks complete. But the science is dead on arrival.
ii. The Clinical Disconnect: If one walks into any OPD, the therapist's dilemma is not "what is the prevalence of forward head posture?" It is: "For my stroke patient with severe spasticity and no caregiver, what dose of functional task practice can I achieve in 20 minutes that still facilitates neuroplasticity"? Our literature rarely answers this. We are answering questions no clinician asked, while the questions they ask daily remain unstudied.

RECLAIMING SCHOLARSHIP: FROM 'PUBLISH OR PERISH' TO 'PUBLISH WITH PURPOSE'

The NCAHP Act gives us, for the first time, a statutory mandate to define standards of education and research. We must use it to realign incentives. Scholarship is not just discovery. Ernest Boyer's 1990 model reminds us of four domains: Discovery, Integration, Application, and Teaching. All four are scholarships[5] (Annexure).

THE ROLE OF JOURNALS: GATEKEEPERS OF PURPOSE

As editors, we are complicit if we publish without purpose. To address this issue, this journal is planning to adopt three policies:

i. No Unregistered Trials: Any interventional study must have CTRI registration before first patient recruitment. No exceptions.
ii. Clinical Relevance Statement: Every article must include 3 lines: "How will this change my practice on Monday?" If the authors cannot answer, reviewers will ask why we should publish.
iii. New Section: 'From OPD to Paper': 800-word reports of how a clinical problem became a study, and how the result changed the department's protocol.

This is not about reducing research. It is about increasing relevance. India has the world's highest burden of stroke, COPD, and diabetic foot. Our patients need answers on dose, duration, and delivery in resource-limited settings. That is our unique contribution to global science.

The NCAHP Act gave us the right to call ourselves professionals. Our scholarship must now prove we deserve it.

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No registration = no accountability. Registering forces researchers to define dose, primary outcome, and patient benefit before data collection starts.

ANNEXURE

3 Questions to be Asked before Starting Any Study

If the answer to any question is "No", pause and question should be reframed

1. Which patient in the OPD asked for this answer?

   Research must start with a clinical problem, not a CV gap. If no patient will benefit, it's paperwork, not scholarship.

2. Will the result change department's protocol in 6 months?

   If the answer is "no" or "maybe for a paper" study should be abandoned. If "yes" → a patient in Bed 12 will get better care. That's impact.

3. Can the study be registered in CTRI today with honest outcomes?

   No registration = no accountability. Registering forces researcher to define dose, primary outcome, and patient benefit before data collection starts.