

## GUIDE FOR AUTHORS

The *Primary Care Respiratory Journal (PCRJ)* is the official journal of the General Practice Airways Group (GPIAG), and the International Primary Care Respiratory Group (IPCRG). The Journal publishes original research papers, short preliminary reports, reviews, discussion papers, editorials, personal opinions, case histories and letters relating to all aspects of common respiratory conditions and allergy. The Journal also publishes news and articles concerning the policies and activities of the GPIAG, IPCRG, and related organisations world wide.

The Journal is listed on PUBMED, Medline/Index Medicus and Embase/Excerpta Medica and SCOPUS.

### Submission

We require electronic submission of all manuscripts and letters via <http://mc.manuscriptcentral.com/pcrj>. Click here to download a guide for the use of our online submission system

### General requirements for submitted papers:

All items submitted must be typed in Arial font, 12point size with a minimum 1.5 line space. All items submitted must include the following:

1. A structured abstract
2. All manuscripts submitted must **NOT** include identifiable information about the author(s) within the manuscript, since *PCRJ* operates a double-blind peer review process
3. Author(s) must answer all required information fields before the paper is submitted, these include conflicts of interest and previous publication information
4. All author(s) details must be included in the relevant fields when submitting a manuscript – see section on ghost authorship below
5. All artwork uploaded must comply with the instructions laid out below
6. References must be submitted in Vancouver format as outlined below and **must include DOI references** where available
7. Authors are encouraged to recommend potential referees for the manuscript. *PCRJ* reserves the right not to use these recommendations

We require confirmation i) that manuscripts submitted to the *PCRJ* have not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), ii) that it is not under consideration for publication elsewhere, iii) that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and iv) that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, without the written consent of the Publisher. We particularly draw authors' attention to the definition of "redundant or duplicate publication" which is "publication of a paper that overlaps substantially with one already published..." as detailed in the document

'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication' on the International Committee of Medical Journal Editors website: <http://www.icmje.org/>

### Ghost authorship

The *PCRJ* agrees with and will implement the policy of the World Association of Medical Editors (WAME) on Ghost Authorship. "Ghost authorship exists when someone has made substantial contributions to writing a manuscript and this role is not mentioned in the manuscript itself. WAME considers ghost authorship dishonest and unacceptable." See World Association of Medical Editors policy statement on the subject <http://www.wame.org/resources/policies#definition>

Authors are required to include statements in an accompanying letter when submitting manuscripts, detailing the exact role(s) of each author and any person(s) providing 'editorial assistance'. Where any editorial assistance has been provided in the preparation of the manuscript, please include the exact nature of the assistance, the names of the persons involved, the company employing them and their contact details. If payment was received for this role, the source needs to be clearly stipulated. The editors will decide what if any of this information will be included in the final manuscript.

### Preparation of manuscripts (please also refer to general requirements above)

The Editors request that papers submitted for publication should be written concisely and clearly. Manuscripts should be written in English. Authors whose native language is not English are strongly advised to have their manuscripts checked by an English-speaking colleague prior to submission. Either the Concise Oxford Dictionary or Webster's New International Dictionary may be used as a standard for English spelling.

*Original research papers* should be a maximum of 3000 words (excluding references and an abstract of up to 150 words structured according to Aims, Methods, Results, Conclusions and Keywords). Papers should cover research or any other topics relevant to common respiratory conditions, including respiratory allergic problems. Copies of questionnaires used in the research should also be included. The text should be divided into sections headed Introduction, Methods, Results and Discussion. The Discussion should address the following issues, and it would be helpful if these are also summarised in the form of a box, 10 lines of text maximum, at the end of the document:

- a) Difficulties encountered during this study;
- b) Alternative methodologies that would have been helpful in answering the research question;
- c) New questions arising from the study;
- d) Lessons for clinical practice as a result of the study.

*Review articles* should be a maximum of 3,000 words (excluding references and a summary of up to 100 words) with subheadings in the text to highlight the content of different sections. An index of Contents showing the subheadings should be provided after the Abstract.

Abstracts should be no more than 200 words. Suggestions for review articles are also welcomed.

*Short papers* should not exceed 1000 words (excluding references and a summary of no more than 50 words) and may be a preliminary report of work completed, a final report or an observation not requiring a lengthy write-up.

*Editorials* should not exceed 800 words (excluding up to 20 references). Unsolicited editorials are considered for publication.

*Discussion papers* up to 1000 words (excluding references) on any aspect of asthma management or treatment are welcomed.

*Letters to the Editor* should be no more than 400 words with a maximum of five references and one illustration or table.

*Case histories* on respiratory problems that might be encountered in primary care are also welcomed. These should be up to 1500 words, detailing specific learning points for clinicians. Please also summarise these in a Box, maximum 6 lines of text. Illustrations must please conform to our requirements - see Instructions for Artwork on <http://www.thepcrj.org>

### Text

The text should be clear and concise; abbreviations and jargon are discouraged. Acronyms such as FVC and CFC must be given in full on first mention in the text. Drugs should be referred to by their generic names, although trade names may follow in parentheses. The use of SI units is preferred and only these can be abbreviated throughout. Suppliers of specific instruments and compounds should be noted in parentheses, including both the company name and city.

### Tables and illustrations

Each table should be typed double-spaced on a separate sheet and numbered (using Arabic, not Roman numerals) in the order of appearance in the text with a short explanatory caption. Each table column should have a short heading. Abbreviations may be used, but must be explained in full as footnotes. Units of measure must be clearly indicated. Data reported in tables should not be repeated in the text.

Illustrations should be professionally prepared, with lettering/ numbering that is sufficiently large as to ensure legibility after reduction for publication. If the subjects of photographs are identifiable, their eyes should be masked or their written permission obtained to use the photograph submitted with the manuscript. All illustrations must be provided as high resolution JPEG files (at least 300dpi). Illustrations may be reduced, cropped or deleted at the discretion of the Editor.

Please see the detailed guide on electronic artwork at <http://www.thepcrj.org>

### Colour reproduction

Please see the detailed artwork instructions here. Submit colour illustrations as original photographs, high-quality computer prints or transparencies, close to the size expected in publication. Polaroid colour

prints are not suitable. If, together with your accepted article, you submit usable colour figures then we will try to use these and print them in colour at no cost to the author, alternatively they will be reproduced in black and white.

### Review process, acknowledgements and conflicts of interest

All papers will be acknowledged and sent for peer review. All authors will be required to sign a declaration of consent to publish, sources of funding and conflicts of interest. The Editor will decide whether to publish the conflict of interest details.

If a manuscript (or part) has been previously presented at a meeting, this must be stated with the name, location and date of the meeting. Only those who have made substantial contributions to the study and/or preparation of the manuscript should be acknowledged and named in full. Papers accepted for publication become the copyright of GPIAG Ltd. Any reasonable request by an author for permission to reproduce a contribution will not be refused.

### References

The author(s) is/are responsible for the accuracy and completeness of the references, which should be identified in the text by superscript Arabic numerals in the order of first citation and listed in numerical order at the end of the text. Wherever possible, please include doi citation information, which will enable readers of the online documentation to easily trace referenced materials. **References must be formatted in Vancouver format**, for example:

1. Levy ML, Robb M, Allen J, Doherty C, Bland M, Winter RJD. A randomised controlled evaluation of specialist nurse education following Accident and Emergency Department attendance for acute asthma. *Respir Med* 2000;**94**(9):900-08.
2. Halpin MG. COPD Rapid Reference. Harcourt Publishers Ltd, 2001. p.1-136.
3. Jones K. The organisation of services for children with asthma. In: Silverman M, ed. Childhood asthma and other wheezing disorders. London: Chapman & Hall, 1995. p.435-64.

### Electronic publication

Full text of all papers, as well as supplementary material, is published online at <http://www.thepcrj.org>. Authors additionally benefit from Sherborne Gibbs 'Articles in Press' service, allowing accepted articles to appear online in advance of print publication. Usually, when assigned to a particular issue, an abridged version of the paper will appear in print, with the full version still available online.

### Proofs

The GPIAG reserves the right to proceed with publication if corrections are not communicated within 2 working days following request. Please note that only one set of corrections will be accepted. Should there be no corrections, please confirm this.

Information about the *Primary Care Respiratory Journal* is available on the World Wide Web at the following address: <http://www.thepcrj.org>