

## Supplement Policy: *The Primary Care Respiratory Journal* ([www.thepcrj.org](http://www.thepcrj.org))

### 1. Introduction

The GPIAG and the editors of the *Primary Care Respiratory Journal (PCRJ)* are keen to publish supplements to the main journal. This Supplement policy sets out the procedure to be followed by sponsors and authors wishing to submit a manuscript for publication as a *PCRJ* supplement, and sets out the parameters within which the editors, reviewers and the publisher will work in order to publish the supplement. The GPIAG and the editors are very happy to discuss ideas and suggestions regarding *PCRJ* supplements. To contact a member of the team please email [info@gpiag.org](mailto:info@gpiag.org) in the first instance.

### 2. The *Primary Care Respiratory Journal*

The *PCRJ* is the official journal of the UK General Practice Airways Group (GPIAG) and the International Primary Care Respiratory Group (IPCRG). It is the only specialist primary care journal listed on Medline/Index Medicus (PubMed) and is also listed on SCOPUS, EMBASE, and the National Library for Health. Its Editorial Board contains numerous internationally-renowned primary and secondary care clinicians and academics. The *PCRJ* publishes original research, reviews, editorials, short reports, discussion papers, case histories and letters relating to all aspects of common respiratory conditions and allergy. The print version of the *PCRJ* is published quarterly, and is published in-house by GPIAG. All *PCRJ* papers are published on the journal website and are available worldwide, free of charge, at [www.thepcrj.org](http://www.thepcrj.org).

### 3. Copyright and ownership

The *PCRJ* is owned by the GPIAG. The GPIAG therefore owns the copyright of all material published under the *PCRJ* banner, including supplements.

### 4. *PCRJ* Supplements – general points

- 4.1. The GPIAG and the *PCRJ* editors are keen to publish supplements that are relevant and of interest to its readers – particularly those working in primary care with an interest in respiratory disease.
- 4.2. Supplements might take the form of a commercially-sponsored publication on a particular topic relevant to the journal's readership, a guideline supplement, or proceedings of a symposium or clinical meeting.
- 4.3. The editors recognise that supplements are distinct from, and serve a different purpose to, the main journal. Nevertheless, supplement topics must be of importance to readers and must be consistent with the academic and educational mission of the journal.
- 4.4. Supplements will be published under the banner of the *PCRJ* – with the same ISSN number – and are subject to the same double-blind peer review process as articles in the main journal.
- 4.5. In order to avoid any confusion for the reader, *PCRJ* supplements will be clearly indicated as such, and whilst visibly recognisable as the *PCRJ*, a supplement will be distinguished from the main journal through subtle design modifications to the main cover (for example, reversal of colours for the background/*PCRJ* logo, etc).

- 4.6. For commercially-sponsored supplements, an acknowledgement of sponsorship will be given in a prominent position in accordance with the ABPI Code of Practice. The financial relationship between any of the editors, the authors, and the sponsors, will be disclosed and clearly outlined within the Conflicts of Interest declaration, as per Medline/PubMed guidelines (<http://www.nlm.nih.gov/pubs/factsheets/supplements.html>)

## 5. Proposals for PCRJ supplements – including financial arrangements

- 5.1. Proposals for a supplement can be submitted to the Supplements Editor ([paul.stephenson@gp-d83012.nhs.uk](mailto:paul.stephenson@gp-d83012.nhs.uk)) or direct to the GPIAG via [info@gpiag.org](mailto:info@gpiag.org)
- 5.2. **Commercially-sponsored supplements.** The GPIAG should be contacted to determine the cost estimate of the supplement. The GPIAG will wish to know the proposed page length, the use of colour, the number of printed copies required, any special instructions for packaging/shipping, and any other information as required.
- 5.3. The Supplements Editor will liaise with the sponsor company regarding the proposed supplement topic and content, manuscript length, likely typeset page length, and the financial arrangements required. The normal practice is 50% of the agreed sum invoiced at the outset of the project – which includes a non-refundable deposit should the final draft manuscript not meet the editorial and publication standards of the journal – as well as appropriate recompense for work done by the Supplements Editor, Editor-in-Chief, copy-editor, and reviewers.
- 5.4. **Approximate final typeset page estimates** are as follows: first page including names of author(s), Abstract, and list of contents; 800 words per page for pages without any tables or figures; 400-600 words per page for pages which include tables or figures (depending on the size of the tables or figures); and usually two final pages for the conflict of interest declarations, acknowledgements, references etc. Thus, for example, the approximate typeset page length for a 6000-word manuscript with four tables and/or figures would be: first page; plus four pages containing figures/tables at an average of, say, 500 words per page (2000 words); plus five pages at 800 words per page (4000 words); plus two final pages = 12 typeset pages.

## 6. Editorial process

- 6.1. The Editor-in-Chief has full responsibility, authority and accountability for the scientific content of the *PCRJ* and any supplements published under the *PCRJ* banner.
- 6.2. The relationship between the Editor-in-Chief and the journal owner (formerly called 'editorial independence') is based on the recommendations of the World Association of Medical Editors [(WAME) <http://www.wame.org/resources/policies#independence>] and the Council of Science Editors [[http://www.councilscienceeditors.org/services/draft\\_approved.cfm#Paragraphfive](http://www.councilscienceeditors.org/services/draft_approved.cfm#Paragraphfive)]
- 6.3. The Editor-in-Chief is accountable to the Trustees of the GPIAG, and the GPIAG has a framework in place for the management and governance of the *PCRJ*
- 6.4. The Supplements Editor is appointed by, and is directly accountable to, the Editor-in-Chief.
- 6.5. The Supplements Editor will be responsible for liaising with the publisher and sponsors regarding the planned content of a supplement, the academic standards required, and the timelines required for publication. The Supplements Editor is happy to advise sponsors and authors on the standard of scientific writing required for a supplement manuscript to be accepted for publication by the *PCRJ* editors.

- 6.6. The Supplements Editor – usually in consultation with the Editor-in-Chief and, if needed, the Assistant Editors – will make an initial editorial decision regarding the quality of the submitted manuscript, and this may involve constructive feedback to the authors regarding the changes needed to get the manuscript up to publication standard. The Supplements Editor reserves the right to return the submitted manuscript to the author(s) for initial major revision if it is deemed to be of insufficient scientific quality to be sent out to referees.
- 6.7. For submitted manuscripts deemed to be of sufficient quality for peer review, the Supplements Editor – in consultation with the Editor-in-Chief and the Assistant Editors, as required – will send the manuscript to two referees for double-blind review. Suggestions from the authors regarding suitable referees are welcomed.
- 6.8. When the two referees' reports are received, the Supplements Editor – in consultation with the Editor-in-Chief and Assistant Editors, as required – will advise the author(s) of the revisions required in order for the manuscript to be acceptable for publication.
- 6.9. On receipt of the revised manuscript, the Supplements Editor will ensure that the revisions have been made, and will then send the manuscript to the Editor-in-Chief for final review.
- 6.10. The Supplements Editor and the Editor-in-Chief reserve the right to return the manuscript to the author(s) for second revision if the first revisions are deemed inadequate.
- 6.11. For a sponsored publication, the editors accept that the manuscript may need to be reviewed by the sponsor company in order to ensure its factual accuracy on points relating to product characteristics and licence detail. The Supplements Editor will be responsible for liaising with the sponsor company and the publisher regarding the sponsor company's preferred method for, and timing of, manuscript review by the sponsor company.
- 6.12. Final acceptance of a manuscript to be published as a *PCRJ* supplement is dependent on the manuscript satisfying the journal's editorial and peer review process.

## 7. Supplement content

- 7.1. All material – including supplements – published under the banner of the *PCRJ* is submitted to Medline/PubMed. If the supplement meets Medline/PubMed requirements – particularly in terms of its unbiased and comprehensive critical appraisal of the literature – the supplement will be Medline-listed.
- 7.2. In the case of commercially-sponsored supplements, the editors recognise that there is a potential tension between the needs of the sponsor company and the requirement for the *PCRJ* to publish unbiased scientific material of the highest standard as befits a Medline-listed academic journal. However, the editors believe it is in the interests of all parties that the scientific content of any *PCRJ* supplement is comparable to papers published in the main journal.
- 7.3. Manuscript authors must meet and comply with all the criteria as outlined in the *PCRJ* Guide for Authors; this is available online at [www.thepcrj.org](http://www.thepcrj.org) and is attached to this Supplement policy as Appendix 1.
- 7.4. In particular, authors' attention is drawn to the requirement for a clear and transparent declaration of any potential and/or existing Conflicts of Interest in relation to the writing of the manuscript.

## 8. Authorship

The *PCRJ* complies fully with the WAME guidance on author listing and ghost authorship (<http://www.wame.org/resources/policies/>). All authors must be listed, and ghost authorship is not permitted. A minimal amount of editorial assistance can be provided to the author(s) by the sponsor company, but this must be declared.

## 9. Timelines

9.1. Timelines cannot be finalised until an acceptable manuscript has been received by the Supplements Editor.

9.2. Following receipt of the manuscript, approximate timelines are as follows;

- Initial decision by the Supplements Editor whether or not to send the manuscript for peer review ..... 1-2 weeks
- Double-blind peer review by two referees..... 2 weeks
- Editorial review by the Supplements Editor – usually in consultation with the Editor-in-Chief – and incorporating the referees' comments..... 2 weeks
- Revision by authors..... 2- 4 weeks
- Editorial review of revised manuscript..... 2 weeks
- Second revision by authors [if needed].....1-2 weeks
- Final editorial review by Editor-in-Chief.....1-2 weeks
- Review of final manuscript by sponsor company [if needed].....2-4 weeks
- Copy-editing..... 2 weeks
- Typesetting..... 2 weeks
- Final proof-reading by authors and Supplements Editor/copy-editor..... 1 week
- Printing.....2-3 weeks

9.3. Therefore, approximate total timeline from receipt of manuscript to final publication can be as short as 20 weeks (under five months) but may require up to 32 weeks (approximately eight months).

9.4. It can be seen that the time from receipt of manuscript to the date of publication is highly dependent on the quality of the initial submitted manuscript.

**Prepared by Dr Paul Stephenson, Supplements Editor PCRJ, and Dr Mark Levy, Editor-in-Chief PCRJ, October 2007**

**Approved by the GPIAG and the IPCRG, December 2007**

## Appendix 1

### Instructions 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>. See appendix 1A for a guide on 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 should 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
8. 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>

### **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. *Resp 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.

### **Proofs**

The Publisher 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.

## Appendix 1A

### Submitting Online

The Primary Care Respiratory Journal has now joined more than 1,200 leading scientific journals in using Manuscript Central for submission and review of manuscripts. Submitting your manuscript online will cut the time it takes to make a decision on your paper.

What you need:

1. Your files in an electronic format;
2. An internet connection;
3. A user ID and password for the site.

If you are a first-time user, click on “**Create account**”. Enter your name and e-mail information (this is very important). Enter your institution and address information. Enter a user ID and password of your choice. Click “Finish”. You will now be able to log on. You will receive confirmation of your user ID and password via email. If you have an existing account follow the steps below to submit your manuscript.

**LOG ON TO** <http://mc.manuscriptcentral.com/pcrj>

Log on using your **USER ID** and **PASSWORD**. Click “Author Centre” and then “Click here to submit a new manuscript”

#### 1. TYPE, TITLE & ABSTRACT

- Choose your manuscript type from the drop down list.
- Type in the title of your manuscript, running head and abstract.
- Use the “Special Character” button to add Greek and other symbols.
- Click on the “Save and Continue” button to proceed.

#### 2. KEYWORDS

- Type in minimum of 4 keywords, maximum of 8.
- Click on the “Save and Continue” button to proceed.

#### AUTHORS & INSTITUTIONS

- Enter your co-authors’ information in the boxes provided.
- An author may already exist in the journal’s database, enter their e-mail address and click “Find”, if the author is found, their information will be automatically filled out for you. You **MUST** include all authors - see PCRJ policy on Ghost authorship in Guide to Authors.
- Click on the “Save and Continue” button to proceed.

## REVIEWERS & EDITORS

- Enter your preferred reviewer and non-preferred reviewer.
- Please note that the Editors are not obliged to accept your suggestions.
- Click on the “Save and Continue” button to proceed.

## DETAILS & COMMENTS

- You have an option to type or paste your cover letter into the box provided or alternatively attach a file containing your cover letter following the instructions provided.
- Please complete the rest of this section as requested.
- Click on the “Save and Continue” button to proceed.

## FILE UPLOAD

- Upload as many files as needed, these files will be combined into a single PDF document for the peer-review process. Please ensure that no identifiable information is included in the files to be uploaded since PCRJ operates a double-blind peer review process. Please note the instructions provided for submitting an updated or revised manuscript.
- Once you have clicked “Upload” a progress window will appear while the files are uploading. When you have finished, click on the “Save and Continue” button to proceed.

## REVIEW & SUBMIT

- Final stage at which you can review your submission, make any changes, and provide any missing information as indicated.
- You must click on “Submit” to complete your submission.

**You may suspend a submission at any phase and save it to submit later. After submission, you will receive confirmation via e-mail. You can log-on to Manuscript Central any time to check the status of your manuscript. Please don't forget to submit your revisions online too.**

**ANY PROBLEMS DURING THE SUBMISSION PROCESS CLICK “GET HELP NOW”**