

GUIDE FOR AUTHORS

This updated guidance, published online on September 7th 2011, with further minor revisions on 20th October 2011, 29th June 2012 and December 2012, supersedes all previous guidance. The Editors respectfully request that all authors adhere completely to the following instructions as closely as possible. Failure to do so will mean that manuscripts are returned immediately to authors for correction.

Aims and scope

The *Primary Care Respiratory Journal (PCRJ)* is an open access, fully-indexed, international academic journal relevant to anyone with an interest in the primary care management of respiratory and respiratory-related allergic diseases. It is the official journal of the Primary Care Respiratory Society UK (PCRS-UK) and the International Primary Care Respiratory Group (IPCRG). The Journal publishes research papers, clinical reviews, discussion papers, editorials, letters and correspondence relating to all aspects of respiratory and respiratory-related allergic conditions. It also publishes news and articles concerning the policies and activities of the PCRS-UK, IPCRG, and related organisations worldwide.

The Journal is listed on [Medline/PubMed](#), [EBSCO Medline with Full Text](#), [Thomson Reuters Web-of-Science](#), [SCOPUS](#), [EMBASE](#), [SCImago](#), and the [National Library for Health](#).

The *PCRJ* is published quarterly online on the *PCRJ* website (www.thepcrj.org) and also as a hard copy version. The online publication is the definitive PubMed/Medline version, and contains full text articles including online appendices and supplementary material.

Types of articles

1. **Editorials** should be between 800-1000 words with up to 15 references. These are usually commissioned, but unsolicited editorial submissions are considered for publication.
2. **Research papers** should be a maximum of 3000 words (preferably less than 2500). The main paper should have no more than 60 references – any additional references should be submitted as a supplementary file for online-only publication.

Title. The study design should be clearly stated in the title, in the form of a full explanatory clause separated from the main title by a colon. For example:

Association of dietary soy genistein intake with lung function and asthma control: a post-hoc analysis of patients enrolled in a prospective multicentre clinical trial

Body mass index and obstructive sleep apnoea in the UK: a cross-sectional study of the over-50s

Fluticasone furoate nasal spray reduces symptoms of uncomplicated acute rhinosinusitis: a randomised placebo-controlled study

Strategies for living with the risk of anaphylaxis in adolescence: qualitative study of young people and their parents

Research papers should have a **structured abstract** of maximum 250 words with headings as follows: **Background, Aims, Methods, Results, Conclusions**, followed by a list of 3-6 appropriate keywords.

Papers should cover research on aspects relating to any respiratory condition – including respiratory-related allergic diseases – of relevance to primary care.

As a general rule, there should be no more than 5 tables and 5 figures to be included in the main paper.

Authors are welcome to submit supplementary text, tables, references and figures, as well as supplementary material such as questionnaires, to be published as online-only appendices.

Please ensure that the study design is clearly stated in the title and keywords.

Please also ensure that, where relevant, **the appropriate reporting guidance checklist** (e.g. CONSORT for randomised controlled trials, PRISMA for systematic reviews, and STROBE for cohort, case-control and cross-sectional studies) has been completed and submitted as a supplementary file. These can be obtained from <http://www.equator-network.org/index.aspx?o=1032>. If the appropriate checklist is not provided, the manuscript will be returned to the author(s) immediately.

The main text should be divided into the following sections: **Introduction, Methods, Results and Discussion**. The Discussion should be further divided into the following sub-sections:

- Main findings
- Strengths and limitations of this study
- Interpretation of findings in relation to previously published work
- Implications for future research, policy and practice
- Conclusions

3. **Clinical reviews** should be a maximum of 3000 words on a topic obviously relevant to primary care respiratory medicine or respiratory-related allergic disease. A summary abstract of up to 250 words should be provided followed by a list of 3-6 appropriate keywords.

There should be an initial Introduction, which should include either a section of text or a Box outlining the **methodology and search strategy used** to compile the literature incorporated in the review. This should be followed by the main text with appropriate sub-headings to highlight the content of different sections, and there should be a short final Conclusions section.

The main paper should have no more than 100 references – any additional references should be submitted as a supplementary file for online-only publication.

4. **Discussion papers** on any aspect of primary care respiratory medicine or respiratory-related allergic disease are welcomed. These should be a maximum of 2000 words. There should be a summary abstract of up to 250 words followed by a list of 3-6 appropriate keywords. The text should include an Introduction highlighting the issues to be discussed, clear section headings, and a Conclusions section at the end.

The main paper should have no more than 80 references – any additional references should be submitted as a supplementary file for online-only publication.

5. **Letters** should be no more than 800 words with a maximum of 10 references, one table and/or one figure. These will usually be short reports of interim work or final reports of research that do not warrant a full research paper publication.
6. **Correspondence.** We welcome correspondence relating to any articles published in the Journal. Letters should ideally be submitted within 8 weeks following publication of the article on which the authors wish to comment, and should be no more than 600 words with up to 5 references.
7. **“Case-based learning” articles.** We welcome submission of articles on respiratory or respiratory-related cases which might be encountered in primary care and which emphasise the educational nature of the case. The case(s) might highlight guideline-defined management and/or substantially advance thinking on primary care management. The article should be a maximum of 1500 words with a short 100-word Summary at the beginning, followed by a list of 3-6 appropriate keywords. There should be a short Introduction followed by a presentation of the salient points of the case(s), and then a Discussion section highlighting the educational nature of the case(s) being presented.
8. **Evidence into practices articles.** We welcome submission of patient-oriented evidence-based articles. These should be a maximum of 2000 words with a maximum of 60 references and an abstract of 3-400 words followed by a list of 3-6 appropriate keywords. The content should demonstrate how evidence from research can lead to changes in clinical practice that are effective and relevant for primary care patients; it ought to be appropriate for the practising primary care clinician, and should summarise the key research findings in a field obviously relevant to primary care respiratory medicine and/or respiratory-related allergic disease. There should be an Introduction, sub-headings in the main text, and a Conclusions section at the end.
9. **Perspectives** should be up to 1000 words with up to 15 references, and should provide an evidence-based opinion on a particular article or subject. These are usually commissioned by the editors of the Education section (education@pcrj), but unsolicited submissions are considered for publication.

Submissions should include patient consent for publication if appropriate (see [Patient/Next of Kin Consent for Case Histories](#) in the [Instructions for authors](#) list).

Please summarise the specific learning points in a Box, maximum 10 lines of text.

Illustrations and figures should conform to our requirements (see [Submitting Artwork](#) in the [Instructions for authors](#) list).

Submission

We require electronic submission of all manuscripts via <http://mc.manuscriptcentral.com/pcrj>. Click [here](#) to download a guide to the use of our online submission system.

General requirements for submitted papers:

1. All items submitted must be typed in Arial font, 12point size with a minimum 1.5 line space.
2. The *PCRJ* operates single-blind peer review. However, reviewers are encouraged to declare themselves to authors if they so wish. Therefore, only one version of the manuscript needs to be submitted. The manuscript needs to include:
 - a) a title page, with authors' names (first name, further initials if required, and surname) in publication order, together with affiliation details and full corresponding author details (title, full postal address, telephone and fax numbers, and e-mail address).
 - b) An abstract or summary if required for that type of article
 - c) The list of keywords if required
 - d) At the end of the main text, we require the following declaration sections:
 - **Acknowledgements** (if appropriate)
 - **Conflicts of interest** (compulsory – see point 4 below)
 - **Author contributorship** (compulsory – see point 5 below)
 - **Funding** (compulsory)
 Any manuscript not containing the three compulsory declaration sections will be returned to the author(s) immediately.
3. Author(s) must answer all required information on the Manuscript Central request fields before the paper is submitted.
4. We require full and detailed declarations of any **Conflicts of interest**. Where there are none, please use the following declaration: “The authors declare that they have no conflicts of interest in relation to this article”.
5. **Author contributorship.** All author details must be included in the relevant fields when submitting a manuscript. **For research manuscripts, one or more of the authors should be identified as the guarantor.**

Only those who have made substantial contributions to the study and/or preparation of the manuscript should be acknowledged as authors and named in full. The *PCRJ* agrees with and implements the International Committee of Medical Journal Editors (ICMJE) criteria pertaining to authorship (see http://www.icmje.org/ethical_1author.html). In addition, the *PCRJ* agrees with and will implement the policy of the World Association of Medical Editors (WAME) on Ghost Authorship (see the WAME policy statement on this subject at <http://www.wame.org/resources/policies#definition>).

The exact role(s) of each author should be included in the ‘Contributorship’ declaration.
6. Where any **editorial assistance** has been provided in the preparation of the manuscript, this needs to be declared fully in the Acknowledgement declaration, including the exact nature of the assistance, the names of the persons involved, the company employing them, their contact details, and the reasons why the person providing the editorial assistance does NOT warrant inclusion as an author. 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.
7. All artwork uploaded must comply with the instructions laid out in [Submitting Artwork](#) in the [Instructions for authors](#) list.
8. References must be submitted in Vancouver format as outlined below and must include DOI references where available.
9. Authors are encouraged to recommend potential referees for the manuscript. The *PCRJ* reserves the right not to use these recommendations.
10. Authors are requested to provide a covering letter with their submission, and 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 the manuscript 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.

11. 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 ICMJE website: <http://www.icmje.org/>).

Text

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.

Papers should be written concisely and clearly. Abbreviations and jargon are discouraged. Acronyms such as FEV₁, 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.

Statistical analysis

Please refer to the new [Statistical guidelines](#) in the Instructions for authors

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>

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.**

DOI citation information **must be included** as a full DOI URL by prepending <http://dx.doi.org/> to any DOI reference. To identify a DOI reference please visit CROSSREF at <http://www.crossref.org/guestquery/> and enter in the reference information in the box provided to locate the DOI where available. Including DOI information will enable readers of the online paper to trace referenced papers more easily.

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. <http://dx.doi.org/10.1053/rmed.2000.0861>
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.

If there are six authors or less, then all authors should be named. If there are seven or more authors, then list the first three and add *et al.* For example:

Frith P, Crocket A, Beilby J *et al.* Simplified COPD screening: validation of the PiKo-6 in primary care. *Prim Care Respir J* 2011;**20**(2):190-98. <http://dx.doi.org/10.4104/pcrj.2011.00040>

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

All papers are reviewed within two weeks of submission by the Editors (and typically within a week). Authors will be notified immediately of the initial editorial decision. Approximately 40% of papers are rejected immediately and the authors notified. Authors of those papers sent out for peer review will also be notified.

Publication

Authors of those papers accepted for publication will be required to sign a declaration of consent to publish. Papers accepted for publication become the copyright of PCRS-UK. Any reasonable request by an author for permission to reproduce a contribution will not be refused.

Following acceptance, articles are published online in the Articles in Press section of the website (www.thepcrj.org/journ/aop.php) prior to being assigned to an issue. These articles can be cited using their DOI number.

Author proofs

Author proofs will be sent to the corresponding author usually within four weeks of acceptance. Author queries should be addressed in full please. The Publisher reserves the right to proceed with publication if corrections are not communicated within seven 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>

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