

Journal of the Royal College of Physicians of Edinburgh

Guidance for Authors

The Journal of the Royal College of Physicians of Edinburgh (*JRCPE*) is an open access peer-reviewed journal with an international circulation of 8,000. We publish four issues a year (March, June, September, December) both in print and online. The *JRCPE* is indexed in Medline, Embase and the DOAJ. Our aim is to publish a range of clinical, educational and historical material of cross-specialty interest to our international readership. We welcome submissions from a wide range of authors (not just Fellows and Members of the College), provided the paper has relevance to a general medical audience. The *JRCPE* prides itself on offering prompt and helpful reviews of submitted manuscripts. The Editorial Board will work with authors (particularly junior doctors and those whose first language is not English) to improve the quality of papers selected for publication.

Editorial Office

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Editorial Policy

- Facilitate medical education through the publication and dissemination of quality original papers
- Promote general medicine and enable physicians to keep up to date with developments in other specialties, particularly those which may impact upon their practice
- Commission thought-provoking editorials
- Publish reports of College Symposia to enable Fellows, Members and others around the world to benefit from events held in the UK
- Publish debates on controversial topics
- Provide opportunities to undertake activities relevant to gaining CME points
- Deliver interesting papers on the history of medicine
- Provide a forum for correspondence

The Editors of the *JRCPE* have endorsed, in principle, the International Committee of Medical Journal Editors'

Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>).

Clinical section

Papers

We will consider submissions based on original clinical research, including pilot studies, research performed by trainee doctors under consultant supervision, and clinical audits where the 'loop has been closed' and a demonstrable clinical benefit has resulted. Any reasonable topic will be considered and the focus can be either clinical or laboratory-based material. Relevance to a general medical audience is all that is required. Sub-specialty material may be considered, but authors are advised that very small activity audits with no independent comparator and no statistical assessment will generally not be considered.

Cases of the Quarter

It is the policy of the editorial team to be selective in the acceptance of case reports on the basis of quality and the message contained for the readership. The Clinical Editor welcomes the submission of case reports on topics of important educational content, significant clinical relevance and interest to the readership. Submissions across the range of internal medicine are encouraged.

The essential criterion governing possible review and/or acceptance for this section is that clinical manuscripts or case series have some defined learning point. This should either be previously unreported (preferred), widely unrecognised (which should be justified) or that any new clinical comment is suitably justified by the observed case management on the basis of the detailed information presented. Ideally all submissions should end with a clear take-home message that adds to the importance of highlighting the clinical case.

Education section

This section of the *JRCPE* contains mostly commissioned material, including:

- Controversies in medicine debates. Papers for this section are normally commissioned from experts in their field and opinion leaders who are invited

- to debate a topic selected by the editorial team
- Continuing Medical Education papers and questions. These are commissioned initially for the College's online CME programme and then republished in the *JRCPE*
- Expert reviews and Rapporteur reports are commissioned from College symposia

History section

We welcome papers on every aspect of Scottish and international medical history – including the social history of medicine, medical humanities, the history of medical practice, the history of the medical sciences, medical biography and medical memoirs.

Letters to the editor

Letters should be submitted within six weeks of receipt of the previous issue of the *JRCPE* in order to be considered for publication in the following issue. Letters may be up to 350 words in length, with no more than five references, and should relate directly to articles published in the *JRCPE* or to issues affecting the College.

Submission Guidelines

1. General

Papers should be submitted by email to editorial@rcpe.ac.uk

2. Plagiarism

All submitted papers are routinely checked for plagiarism. We use an online plagiarism screening service (iThenticate) that verifies the originality of content against millions of published research papers and other web content. The Editors will not accept articles shown to have been substantially compiled from previously published works by the same or other authors. In certain circumstances we reserve the right to report evidence of significant plagiarism as a research governance matter to the relevant authority.

3. Authorship and contributorship

All authors should meet the requirements of authorship as described in the guidelines from the International Committee of Medical Journal Editors (<http://www.icmje.org/icmje-recommendations.pdf>). All authors should have made a substantial contribution to the interpretation and acquisition of data and also have been involved in drafting/revising the manuscript.

4. Structure and word count

Clinical papers should not be more than 5,000 words in length, with accompanying data and images as appropriate. The main text of Cases of the Quarter should be no more than 1,200 words. Submissions to the History section should also normally be up to

5,000 words. Accompanying, relevant images are welcomed for each type of paper provided copyright clearance has been obtained by the authors.

Please write as concisely as possible and include a word count. Appropriate subheadings should be used to divide the text.

The title page should include:

- The title (concise but informative)
- Authors' names, job titles and places of employment
- The name and contact details (address, email, tel. no.) of the corresponding author
- For Clinical papers: a structured abstract of no more than 150 words stating background, method, results and conclusion (giving specific data and their statistical significance, if possible). The abstract should emphasise new and important aspects of the study or observations for clinical practice
- For History papers: an abstract summarising the topic and its historical significance
- Up to six keywords relevant to the article's content

Abstracts and keywords are useful for citation purposes.

5. Images

We welcome high-quality, relevant images to accompany submissions, whether these are photographs, figures or other illustrations.

Quality

Images found on the internet are unlikely to be usable. Photographs should be supplied at a minimum of 300 dots per inch (dpi) at a width of 8 cm; line drawings and other illustrations at 600 dpi. If the images do not meet these minimum requirements, we may be unable to reproduce them with your paper.

Format

Please supply all images as electronic files, preferably in JPEG, TIFF or EPS formats. We cannot accept images embedded in Word or PowerPoint files.

Number each image consecutively according to the order in which it is first cited in the text.

Figure legends

Please provide a legend for each image, explaining its content and crediting the source, as appropriate.

Copyright and permission

If an image has already been published, or is owned by someone else, authors must satisfy the editorial team that they have received permission from the copyright holder to reproduce the material. Due to budget limitations we are unable to pay for permissions

clearance or commercial licences to use images. Copyright for images lasts in the UK until 70 years after the death of the creator.

If photographs of patients are used, they must either be non-identifiable or have permission granted by the individual.

If the images were scanned within a hospital or medical centre using their machines, you must have permission from the hospital or medical centre to reproduce them (an email is acceptable).

6. References

References should appear in the text, tables and legends as numbers within square brackets after punctuation, numbered in order of appearance.

Please do not use the Footnotes/Endnotes tool in Word.

References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first mention in the text of the particular table or figure.

References should give the names of up to three authors, followed by et al. The *JRCPE* uses the Vancouver style of referencing. Examples are shown below.

Standard journal article citation

Parkin DM, Clayton D, Black RJ et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996; 73:1006–12.

Standard book citation

Ringsven MK, Bond D. *Gerontology and Leadership Skills for Nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Chapter in a book

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: Pathophysiology, Diagnosis and Management*. 2nd ed. New York: Raven Press; 1995. pp. 465–78.

Website reference

Scottish Government. *Living and Dying Well: a national action plan for palliative and end of life care in Scotland*. Scottish Government; 2008. <http://www.scotland.gov.uk/resource/doc/239823/0066155.pdf> (accessed 4/11/16).

7. Tables

- Number tables consecutively in the order of their first citation in the text, and supply a brief title for each one. Give each table column a short or abbreviated heading

- Place explanatory matter in table footnotes, not in the heading. Explain in footnotes any non-standard abbreviations that are used in each table
- Identify statistical measures of variation such as standard deviation and standard error of the mean
- If you use data from another published or unpublished source, you must obtain permission from the original publisher or author (an email from the owner is sufficient) and the source must be fully acknowledged

Required forms

Authors are required to complete copyright/licence and conflict of interest forms, depending on the type of paper. It is the responsibility of the named corresponding author to compile the required forms completed by every author listed in the paper. Failure to do so may result in delay to publication. We reserve the right to not publish a paper if we have not received the necessary forms before we go to print.

1. Patient consent

Patient consent is necessary for any case details or images where the specific information about a condition and the patient's age, gender and treating hospital make it impossible to guarantee anonymity. We require patients' written consent for the publication of any potentially identifiable medical information, including all Cases of the Quarter submissions.

If a submitted paper contains any potentially identifiable medical information, authors are required to supply a signed statement that they have obtained the patient's written consent to publish this material. If authors have not obtained this written consent already, the editorial office can supply a patient consent form (for the author's and patient's use only – not to be sent back to the editorial office).

2. Declarations of interest

All participants in the peer-review and publication process must disclose all relationships that could be viewed as potential conflicts of interest. This information is held centrally and can be made available upon request.

All authors are required specifically to declare relevant interests (including potential or actual personal, financial or political interests) and this information is published in the *JRCPE*. The ICMJE developed a uniform disclosure form that we have adopted. It is available here: http://www.icmje.org/coi_disclosure.pdf

3. Copyright transfer form

Authors can choose to assign copyright to the RCPE or grant the RCPE a licence to publish their paper, if they choose to retain copyright. The author will be sent a form to complete, sign and return to the editorial office.

Ethics

The editors of the *JRCPE* view alleged, or suspected medical or biomedical research misconduct (including plagiarism, self-plagiarism and duplicate publication) as a serious offence and will refer suspected cases of misconduct to the appropriate bodies.

Editorial process

1. Peer review

Submitted papers are reviewed by the Editor and the appropriate section Editor. If the paper is deemed to be relevant to the *JRCPE* and its readers and of a high enough quality, it will be sent out for peer review. Once all reviews have been received and considered by the Editorial team, there are several options.

2. Revision

a) The paper can be approved with minimum or no changes. After acceptance, it will then go into our editorial/production process.

b) The paper can be approved with major changes. The referee comments and any additional guidance from the Editors will be sent to the author who will be asked to revise and resubmit the paper taking the feedback into account. There can be several iterations at this stage until the Editors and author is satisfied that the paper has reached a stage where it can go into

the editorial/production process. It is not our policy to re-review papers but the Editors reserve the right to do this if the level of revision requires it.

c) The paper can be rejected. If it is felt that the paper has merit, referee comments and guidance from the Editors will be provided and the authors are free to re-write the paper and re-submit. The paper will then go through the peer review process again.

3. Editorial/Production process

Papers accepted for publication will be edited for language, spelling, clarity and style. If it is felt more substantial editing is required once the paper has been accepted then this will be discussed with the correspondence author. Once any amendments are agreed with the authors, the paper will be typeset.

Proofs will be sent to the corresponding author for review. It is the responsibility of the corresponding author to circulate and collate any amends from the other authors. Authors can make minor corrections at this stage. The final proof is reviewed by the Editor-in-Chief and we retain the right to make any minor changes prior to going to print.

Authors will receive a printed copy of the *JRCPE* when their paper is published. Each article will also be available in free online open access PDF format from <http://www.rcpe.ac.uk/jrcpe>