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# *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 8,500. We publish four issues a year (March, June, September, December), in print and online. The *JRCPE* is indexed in MEDLINE, Embase, Emerging Sources Citation Index (ESCI), Directory of Open Access Journals (DOAJ), Scopus, EBSCO and Google Scholar. 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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### Journal aims

- To facilitate medical education through the publication and dissemination of quality original research papers.
- To publish a range of clinical, educational and historical material of cross-specialty interest to our international readership.
- To 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.
- Promote general medicine and enable physicians to keep up to date with developments in other specialties, particularly those which may impact upon their practice.

### Editorial policies

The Editorial Board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at <http://www.icmje.org>.

This Guidance for Authors is revised periodically. Authors should visit [www.rcpe.ac.uk/journal](http://www.rcpe.ac.uk/journal) for the latest version of this guide. Any manuscript not prepared according to this guide may be returned immediately to the author(s) without review.

All papers (including those invited) will be peer reviewed, and accepted papers will be edited to *JRCPE*'s styles.

### Submission declaration and verification

Manuscripts submitted to the *JRCPE* should not have been published previously or be under simultaneous consideration for publication by any other journal. Violation may lead to a retraction of the published paper by the Journal and other actions as deemed necessary by the Editor.

Submission of a paper implies that: the work described has not been published previously, except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint; its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out; and, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright holder.

### Authorship

*JRCPE* follows the authorship criteria defined by the ICMJE. To be listed as an author an individual should have made substantial contributions to all four of the following criteria:

- The conception and design of the study, or acquisition, analysis and interpretation of data; AND
- Drafting the paper or revising it critically for important intellectual content; AND
- Final approval of the version to be submitted; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not meet the full list of criteria should be listed in the Acknowledgements section.

### Changes to authorship

Once a paper is submitted to *JRCPE* changes to authorship requires additional information.

A request to add or remove an author or to rearrange the author list should be submitted to [editorial@rcpe.ac.uk](mailto:editorial@rcpe.ac.uk). The request must include:

- The reasons for the change in authorship; AND
- A letter signed by all authors, including the author to be added or removed, indicating their agreement to the change in authorship.

Publication of the paper will be suspended until authorship has been agreed upon by the Editor-in-Chief.

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Once a paper has been published, either online or in print, no authorship change will be allowed.

### **Corresponding author**

The corresponding author takes primary responsibility for communication with the journal during the submission, peer review and publication process, and typically ensures that all the *JRCPE*'s administrative requirements are properly completed.

They should also be available after publication to respond to critiques of the work and cooperate with any requests from *JRCPE* for data or additional information should questions about the paper arise after publication.

### **Ethical guidelines**

*JRCPE* requires that all authors complete the ICMJE's disclosure form, which can be found here: <http://www.icmje.org/conflicts-of-interest/>. All conflicts of interest and funding sources should be disclosed.

### **Funding**

Authors should clearly identify any sources of funding relevant to the work and publication of their paper. This applies to all types of funding received, including government, private or commercial sources. Any funding sources should be summarised in title page of the paper. If no funding is declared a statement to this effect should be included in the paper.

### **Declaration of conflicts of interest**

Authors must disclose all relationships (including financial) that could be a potential conflicts of interest with the subject matter or materials discussed in their paper. Any conflicts of interest should be summarised in the title page of the paper. If no conflict of interest is declared a statement to this effect should be included in the paper.

Peer reviewers/Editors should disclose any conflicts of interest that could impact their ability to review a paper without bias. Such conflicts should be declared and the paper returned to the Editorial Office for transfer to another reviewer/Editor.

Peer reviewers/Editors should decline the invitation to review a manuscript that is submitted by authors from their institution.

### **Research ethics and patient consent**

*JRCPE* conforms to the ICMJE's Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.

Medical research involving human subjects must be conducted according to the World Medical Association

Declaration of Helsinki. For animal subjects authors should indicate whether institutional and national standards for the care and use of laboratory animals were followed.

All papers that report human or animal studies should clearly state in the Methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. The full name and institution of the review committee should be given. For human subjects, it should also be stated whether patient consent was obtained, along with an explanation of how this was obtained.

### **Clinical trials**

For papers presenting the results of clinical trials the guidelines recommended by CONSORT should be followed (<http://www.consort-statement.org/>). The trial number should be included in the abstract of the paper.

In accordance with ICMJE recommendations *JRCPE* requires registration of clinical trials in a public trials registry at or before the time of first patient enrolment as a condition of consideration for publication.

### **Informed consent**

All efforts should be made by the authors to anonymise patient identifying information, including patient data and images. If there is a possibility that a patient can be identified from details in the paper written informed consent must be obtained from the patient (or a parent or guardian) for publication. Informed consent requires the patient to show the manuscript prior to publication.

Authors should hold patient consent on record.

A statement should be included in the paper that informed consent has been obtained.

### **Publication policies**

#### **Plagiarism**

All papers submitted to *JRCPE* are checked for plagiarism using plagiarism detection software (iThenticate). The Editors will not accept papers 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 to the relevant authority.

#### **Copyright agreement**

Authors can choose to assign copyright to the Royal College of Physicians of Edinburgh (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.

## Permissions

It is the author's responsibility to obtain permission from the copyright holder to reproduce materials, such as figures, illustrations, tables or lengthy quotes.

## Paper processing charges

*JRCPE* does not charge for submission, processing or publication.

## Preparing your manuscript

Papers should be submitted to *JRCPE* using 'Calibri', size 11 font. Please see the 'Paper categories' section below for the formatting requirements for each paper category.

Editorials, review papers and topical reviews are generally commissioned. However, if you are interested in writing one of these send an email to the Editorial Office with the topic and a short summary of contents to be included.

## Paper categories

The following categories are accepted in *JRCPE*; please select the category most appropriate to your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

### Editorial

A short paper that provides an insight into or snapshot of issues of topical importance. The intention is that the paper should offer an expert perspective on a topic of recent interest. They can also be expert pieces written in the context of a paper included in the same issue of the journal. They are usually commissioned.

Format:

- Word limit: 1,000 words (excluding references)
- References: 15 or less
- Tables/Figures: 1–2

### Clinical Opinion

A short summary describing what a selected paper reports on and concludes; the opinion should comment on the validity of the selected paper and its implications for the practicing clinician. They are usually commissioned.

Format:

- Word limit: 1,500 words (excluding references)
- References: 15 or less
- Tables/Figures: 1–2
- Section headings: Summary, Opinion

## Review

A broad overview and update on recent significant advances in research, ongoing challenges and unmet needs. The focus should be on key, defining developments rather than providing a comprehensive literature survey. Reviews should provide balanced coverage of the field and not focus predominantly on the author's own research. They are usually commissioned. Systematic reviews are considered and should conform to the PRISMA guidelines (<http://www.equator-network.org/reporting-guidelines/prisma/>).

Format:

- Word limit: 3,500 words (excluding abstract and references)
- References: 50 or less
- Abstract: 150 words
- Keywords
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

## Topical Review

Topical Reviews provide readers with an update on significant developments in a particular field. Papers referenced therein must have been published online or in print within the past 12 months. The interval between which literature was searched for a particular topical review must be clearly mentioned. References to historic landmark papers published earlier than a year before writing the review must be kept to the minimum. They are usually commissioned.

Format:

- Word limit: 1,500 words (excluding references and abstracts)
- References: 20 or less
- Abstract: 150 words
- Keywords
- Tables/Figures: one is mandatory (up to two) figures/tables, which must be original and not reproduced from other sources
- Key messages: 2–5 short summary bullet points

## Perspective

Similar to review papers, however, a Perspective should be more speculative and future facing. The author can present criticism, address controversy or provide a personal angle on a significant issue. They are usually commissioned.

Format:

- Word limit: 2,500 words (excluding abstract and references)
- References: 50 or less
- Abstract: 150 words
- Keywords
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

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### **Original Research Paper**

Presents results from novel, original clinical research. Any reasonable topic will be considered and the focus can be either clinical or laboratory-based material. Relevance to a general medical audience is required.

Format:

- Word limit: 3,000 words (excluding abstract and references)
- References: 40 or less
- Abstract: 150 words, structured (see 'Abstract' section)
- Keywords
- Tables/Figures: up to 4–5, but data in text should not be repeated extensively in tables or figures
- Section headings: Introduction, Methods, Results, Discussion

### **Brief Research Paper**

A condensed version of original papers reporting scientific work. They also include original papers with a small number of participants or pilot studies.

Format:

- Word limit: 1,500 words (excluding abstract and references)
- References: 15 or less
- Abstract: 150 words, structured (see 'Abstract' section)
- Keywords
- Tables/Figures: 1–2
- Section headings: Introduction, Methods, Results, Discussion

### **Case Report**

A report on topics that have important educational content, significant clinical relevance and interest to the readership. Submissions across the range of internal medicine are encouraged.

Format:

- Word limit: 1,500 words (excluding abstract and references)
- References: 15 or less
- Abstract: 150 words
- Keywords
- Tables/Figures: 1–2
- Sections headings: Introduction, Case Presentation, Discussion, Conclusion

### **Case-Based Review**

These are short discussions of a case or case series with a short review of up-to-date literature on the subject. To be eligible the case in discussion has to describe use of novel techniques or use of equipment, or new information on

diseases of importance, relevant in the context of the case/cases being reported.

Format:

- Word limit: 2,000 words (excluding abstract and references)
- References: 20 or less
- Abstract: 150 words
- Keywords
- Tables/Figures: 1–4, data in text should not be repeated extensively in tables or figures
- Section headings: Introduction, Case Presentation, Discussion, Conclusion

### **Images of the Quarter**

A visual portrayal of a topical issue that has particular educational value. A short description of the images should be included.

Format:

- Word limit: 750 words (excluding references)
- References: 6 or less
- Keywords
- Tables/Figures: no tables, and no more than 2 figures
- No subheadings

### **History and Medical Humanities Paper**

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. Medical humanities are concerned with the construction of meaning in the context of health experience and clinical practice, and they arise from the senses, perceptions, and the effect of that context upon the person. It includes meaning expressed through literature, philosophy, ethics, the visual arts, film, music and popular culture generally.

Format:

- Word limit: 5,000 (excluding abstract and references)
- Abstract: 150 words
- References: 40 or less
- Keywords
- Tables/Figures: 4–5

### **Letter to the Editor**

Letters are welcomed in response to previously published *JRCPE* papers, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other brief technical or clinical notes of general interest. Letters should have a title and no more than four authors. Letters are edited, sometimes extensively, to sharpen their focus. They

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may be sent for peer review at the discretion of *JRCPE* Editors. Letters are selected based on clarity, significance and space.

Format:

- Word limit: 500 words (excluding references)
- References: 6 or less
- Tables/Figures: 1 table or 1 figure
- Begin with “Dear Editor”
- No subheadings

### **Title page**

The following should be included on the manuscript’s title page:

- Title of the paper. Abbreviations should be avoided where possible
- Shortened title. A short running title of no more than 70 characters (including spaces) in length
- Author names and affiliations. These should appear in full and include each author’s job title
- Corresponding author. Include their full correspondence details including address and email
- Financial and competing interests disclosure
- Keywords
- Word count (excluding abstract and references)

### **Abstract**

An abstract should be a short summary of the paper, and be no more than 150 words in length. No references should be included in the abstract.

For Original Research Papers and Brief Research Papers, structured abstracts are required using the following headings:

- Background
- Methods
- Results
- Discussion

Editorials, Clinical Opinions and Image of the Quarter papers do not require an abstract.

For History and Medical Humanities papers the abstract should summarise the topic and the historical significance.

### **Keywords**

Up to six key words should be provided for each paper. These should be key terms used in the paper and will aid search engine results.

### **Tables**

Tables should be numbered consecutively using Arabic numerals in the order of their first citation in the text. A

brief title should be provided for each one. Explanatory matter should be included in table footnotes and not in the heading. All abbreviations used in the table should be defined in the table footnote. Tables should be supplied at the end of the main manuscript in an editable format and not as a separate file.

If data from another source is used the author is responsible for obtaining permission and the source should be fully acknowledged.

### **Figures**

Images should be supplied at a minimum resolution of 300 dpi (dots per inch), with line drawings supplied at a minimum of 600 dpi. Images should be submitted as separate files in either JPEG, TIFF, PNG or EPS formats. We cannot accept images embedded in Word or Powerpoint files.

Images should be numbered consecutively using Arabic numerals in the order of their first citation in the text.

If the image has been previously published the author is responsible for obtaining permission and the source should be fully acknowledged within the caption.

### **Figure caption**

A caption should be provided for each figure. Captions should include a brief description of the figure and definitions of any abbreviations within the figure. Captions should be provided separately from the image within the manuscript.

### **References**

References should follow the Vancouver format.

It is the author’s responsibility to ensure the accuracy of the references.

References should appear in the text, tables and figure captions as numbers within square brackets after punctuation in order of appearance. All references must appear in the both the text and reference list. A reference cited in a table or figure caption counts as being cited at the end of the main text. The reference list should be included at the end of the manuscript.

The titles of journals should be abbreviated according to the style used for MEDLINE: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.

### **Journal citation**

List all authors when three or less, where there are four or more authors, list only the first three and add ‘et al’.

Example citations:

#### 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 JR 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

Scottish Government. Living and Dying Well: a national action plan for palliative and end of life care in Scotland. 2008. <http://www.scotland.gov.uk/resource> (accessed 23/07/18).

#### Acknowledgements

Where relevant, acknowledgements should appear at the end of the manuscript, and include author acknowledgements, as well as details of individuals who contributed to the paper, but who did not fulfil the criteria to be listed as authors (see 'Authorship' section).

#### Appendices and Supplementary material

Appendices and supplementary materials are published online and are intended to add value to the paper but are not essential to the understanding of the work. These should be provided as separate files.

Supplementary material will be edited at the Editor's discretion. It is the author's responsibility to ensure that information is correct and up-to-date.

#### Units

All measurements must be in metric units, temperatures should be given in degrees Celsius and blood pressures in millimetres of mercury.

#### Reviewer suggestions

If you know of any suitable reviewers for your paper please provide us with the contacts details of up to two potential referees.

#### Revised submissions

Revised papers should be submitted with a point-by-point response to each of the issues raised by the reviewers. Changes to the manuscript should be clearly identified with highlighted text.

## Editorial process

### Editorial review

All papers submitted to *JRCPE* are assessed by the Editorial Board, papers that are outside of the journal's scope, not relevant to *JRCPE*'s readership, or are not novel or scientifically valid will be returned to the author without peer review. Papers which are suitable will undergo peer review. Papers that are not supplied in *JRCPE* format may be returned to the author for revision.

An Editor, who is either author of a manuscript or belongs to the same institution as any of the authors, is not assigned that manuscript and is not involved in decision-making regarding its publication.

### Peer review

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. The *JRCPE* follows single-blind peer review process. Once all reviews have been received and considered by the Editorial team, there are several options:

- The paper can be approved with minimum or no changes. After acceptance, it will then go into our production process.
- 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 authors are satisfied that the paper has reached a stage where it can go into the 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.
- The paper can be rejected outright.

### Production process

Papers accepted for publication will be edited for language, spelling, clarity and style. Proofs (PDF file) will be sent to the corresponding author for review. It is the responsibility of the corresponding author to circulate and collate any amendments 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 publication.

### Publication

*JRCPE* is published in print and online at: <https://www.rcpe.ac.uk/college/journal>

**All papers should be submitted to: [editorial@rcpe.ac.uk](mailto:editorial@rcpe.ac.uk)**  
**Please direct all queries to the Editorial Office:**  
**[editorial@rcpe.ac.uk](mailto:editorial@rcpe.ac.uk)**