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Primary Care RESPIRATORY JOURNAL

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Call for papers

- 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 *PCRJ* is a peer-reviewed, primary care journal publishing original research manuscripts, 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 worldwide.
- The *PCRJ* is published quarterly and listed on **PubMed/MEDLINE**, SCOPUS, Embase/Excerpta Medica and the National Library for Health.

All papers accepted for publication will be available free online as downloadable PDFs within 20 days of acceptance

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Submit your article to the *PCRJ*

To submit original research and other items to the *PCRJ* please see guide for authors overleaf or contact Tricia Bryant on email: info@gpiag.org

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Please note — this is a précis of the full authors' guide which can be found at: <http://www.thepcrj.org>

Submission

We require electronic submission of all manuscripts and letters via <http://mc.manuscriptcentral.com/pcrj>.

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 for Artwork at <http://www.thepcrj.org>
6. References must be submitted in Vancouver format and should include DOI references where available - see full authors' guide at <http://www.thepcrj.org>
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>

Preparation of manuscripts (please also refer to general requirements)

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 at <http://www.thepcrj.org>

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.

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The full authors' guide and further information about the *Primary Care Respiratory Journal* is available on the World Wide Web at the following address: <http://www.thepcrj.org>