Editorial Office: 14 Princes Gate, London SW7 1PU (Tel: 020 7581 3232, Fax: 020 7584 6716).
E-mail: Journal@rcgp.org.uk
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January Focus

TWO important ethical matters figure in this month's *Journal*. The leader by Professor Sir Michael Drury on 'Ageing Britain' on page 5 begins with a trenchant attack on discrimination against the older people in the NHS. We have to rid ourselves of the idea that 'a lifetime is lived in separate units of steadily diminishing importance.' The paper by Sheikh *et al* on page 32 questions how investigators should handle difficult or sinister information they come across in the course of research. The question clearly troubled the researchers, but the referees to whom we sent the paper have tried to give an answer in the accompanying commentaries. Don't let such thoughts put anyone off doing research: we need more researchers in primary care, and a suggestion for encouraging collaboration and overcoming isolation is made by John Holden in his 'Requests for help' column on page 75.

Ethical problems are always with us — other problems simply never go away. Debates on the nature of chronic fatigue syndrome continue but seem to have no answer, and the patients reflect impotence back to their doctors. On pages 15 and 19 Ridsdale and colleagues report a well conducted randomised controlled trial comparing two different types of psychological treatment. Neither treatment was clearly more effective or cheaper. Without a control group in the trial the authors have to rely on other evidence to infer any benefits at all, and doctors and patients will have to struggle on much as they do now. Until, of course, one is blessed with those flashes of insight that occasionally illuminate clinical encounters, such as the one experienced by Alan Munro on page 86.

Guidelines continue to appear, despite the weight of evidence that they have little influence on clinical behaviour. A study from the Netherlands will reflect most doctors' views of their own performance, with the doctors appearing to set their threshold for action rather higher than the one recommended in the guideline. In the accompanying editorial, Professor Richard Baker points out that guidelines were originally intended to be used, not as blueprints for minimum standards of practice, but as aids for decision-making between patients and practitioners (page 7). Right now, the prospect of returning to patient-centred decisions, aided rather than controlled by guidelines, seems like a vision of utopia. If guidelines don't help us to be better practitioners then will there be more open reporting of our errors (which also will never go away)? Only, it seems, if we can develop a culture of openness, looking at the systematic reasons for error and not simply finding a victim to blame (Sheikh *et al*, page 57). The poor, as Deuteronomy tells us, are always with us. They are one reason why we should be looking very hard at the results of the PMS pilots, starting with the personal account by Nat Wright on page 78.

There is a rash of writers showing their literary credentials this month. Apart from the Deuteronomy quote, we have Kernick quoting Arnold, Munro quoting Jerome K Jerome (which makes a welcome change from Homer) and, in his Pickles lecture on handling risk, Calman quoting Jefferson and Machiavelli. However, the gem in this collection is Calman's quote from a letter by TH Huxley, itself inscribed in a copy of his book by William Pickles: 'Sit down before fact as a little child …' Such opportunities arise even when reading journals, occasionally. This month there are two such to ponder. On page 39, Luthra *et al* report that those doctors handling more same-day requests find it less stressful than those who handled fewer; just under half of the responders didn't find handling them at all stressful. And on page 25, Thomas *et al* reveal figures that show that up to 39% of practices provide access to complementary medicine, but the numbers of patients referred were estimated to be low. Good thing too, if what they get resembles what is described by Neville Goodman on page 85.

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This month, we launch a new design for the *Journal* which we hope will be clearer and easier on the eye. We are introducing a 'Where this piece fits' feature that will become more widespread over the coming months. The purpose of all this activity is to make the core of the *Journal* more attractive to readers. This is not a marketing man's cynical attempt to provide a worthless product with attractive packaging; we think the content is important and of high quality but we accept that the packaging can help to engage busy readers. Design and packaging apart, it's content that counts. So we present a revised 'Information for Authors and Readers' that will help both parties extract maximum benefit from the *Journal*.

DAVID JEWELL
Editor

ALEC LOGAN
Deputy Editor

INFORMATION FOR AUTHORS AND READERS

These notes supercede those published in January 2000. The information is published in full in each January issue of the Journal with a brief summary published in each issue thereafter. They are also available on the RCGP website at http://www.rcgp.org.uk/rcgp/journal/info/index.asp

Editorial policy

The *British Journal of General Practice* is an international journal that publishes articles of interest to family practitioners worldwide. Priority is given to research articles asking questions of direct relevance to the care of patients. Papers are considered on the basis of this alone; the professional background of the authors (and whether or not they are members of the Royal College of General Practitioners) is of no importance. It is published by the Royal College of General Practitioners, based in the UK, but has complete editorial independence. Opinions expressed in the *Journal* should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

Papers

We consider contributions in a number of categories. Detailed guidance is given below for original articles. Much of this (for instance, length of title, styles of references) applies to all types of contribution and further guidance is given under each heading.

Original articles

Title. The title should be a clear description of the research and should not exceed 12 words. Ideally, it will include both the topic and the method of the study. This will appear on the contents on the front cover of the *Journal*. If it is essential, we are willing to have a longer title for the leading page of the article.

Authors. If you put your name to an article you must fulfil the standard requirements for authorship (see later).

Abstract. All research articles should have a structured abstract of no more than 250 words. This should be set out with the following headings: Background; Aim; Design of study; Setting; Methods; Results; Conclusion; Keywords. (Up to six keywords may be included, which should be MeSH headings as used in *Index Medicus*.)

'Where this piece fits'. Authors are asked to summarise, in no more than four short sentences, what was known or believed on the topic before, and what this piece of research adds.

Main text. Articles should follow the traditional format of introduction, methods, results, and conclusion. The text can be up to 2500 words in length, excluding tables and figures. Generic names of drugs should be used wherever possible. We strongly discourage the use of non-standard abbreviations for medical terms, except where it would otherwise render the text unwieldy.

The **introduction** should be a succinct review of the key articles that have informed the intellectual background to the study. It does not need to be a systematic review but it should avoid obviously selective quotation of the literature.

The **methods** section should include a description of setting, patients, intervention, the time that the study took place, instruments used to measure outcomes, and the statistical tests applied (and software used for analysis). It should also include details of approval from a Research Ethics Committee, and any arrangements for data oversight.

The **results** section should contain all the information required by referees and readers to assess the validity of the conclusions. For quantitative studies, the section should include details of the response rates and numbers lost to follow-up. Further information is given in the section on statistics. Results of statistical tests should be reported with confidence intervals as far as possible in order to provide an estimate of precision. Where probabilities have been calculated, the correct figure should be quoted down to $P = 0.001$; any figure less than this can be quoted as <0.001, i.e. $P = 0.08$ or $P = 0.04$ but not $P = 0.0005$.

Formally structured **conclusions** are not strictly required. However it is probably helpful to think in terms of the following:

- the strengths and the limitations of this study;
- how and why it agrees or disagrees with the existing literature, in particular including any papers published since the study was designed and carried out;
- the implications for future research or clinical practice.

Up to six **tables or figures** are permitted in an article. Close attention should be paid to ensure clear presentation of data to help readers understand with the minimum of effort. This will normally mean keeping the data in each table (and the number of tables) to the minimum possible. The same rule applies to figures. We encourage use of graphical representation of data, if the original data is also included for the purpose of redrafting where necessary. Pie charts are strongly discouraged. All figures and tables must have a caption.

References are presented in Vancouver style, with standard *Index Medicus* abbreviations for journal titles. Authors should try to limit the number of references to no more than 25. References to personal communications in the text should include the date. Please do not use the footnote/endnote facility on word processors to indicate references.

Authors should include an **acknowledgement** of those who have helped with and contributed to the study (including the patients) who are not authors of the paper, as well as the bodies responsible for funding the study. Individuals should only be acknowledged with their express permission.

Specific guidance for original articles. Authors submitting **randomised controlled trials** (RCT)s should follow the revised CONSORT guidelines, including a completed CONSORT checklist and flowchart of participants in the trial. Guidance can be found at http://jama.ama-assn.org/info/auinst_trial.html or *JAMA* 2000; **283:** 131-132. Authors should also note the difficulty outlined in making statements about an intention-to-treat analysis. We acknowledge that this is a difficult area and ask that authors are honest about handling the data of patients lost to follow-up.

Papers describing **qualitative research** should conform to the guidance set out in: Murphy E, R Dingwall, D Greatbatch, *et al*. Qualitative research methods in health technology assessment: an overview. *Health Technology Assessment* 1998; **2(16): 1-13**. Illustrative quotes should be included in the results section of the text where the themes are described. Since the quotes are, in a sense, equivalent to the tables and figures of quantitative papers, they should be excluded from the word count. In other words, the limit of 2500 words applies to the text with the quotes removed.

Brief reports

These are a useful method for reporting circumscribed research where the study or the results may not justify a full report. It does not imply a lower standard for the quality of the work reported. The guidance is the same as for original articles with the following exceptions:

- The summary need not be a structured abstract.
- Authors should limit themselves to no more than six references and one figure or table.
- The word limit for the summary is 80 words and for the main text it is 800 words.

Reviews

These are approximately 4000 words in length. We welcome reviews on areas of interest and importance to primary care workers. They should be written in a style suitable for the *Journal* but should aspire to the quality standards set by the Cochrane Database of Systematic Reviews. Authors may find it helpful to consult the instructions for systematic reviews given on the Cochrane Collaboration website (http://www.update-software.com/ccweb/cochrane/hbook.htm).

Reviews should include a statement of the question that you are attempting to answer and a description of the search strategy used to answer it. Researchers should justify their decisions over whether or not to synthesise results of primary care research either quantitatively or qualitatively.

Discussion papers

These are approximately 4000 words in length.

They need to be a statement of a new idea or controversial matter where the opinion being expressed is at least partly based on published evidence. Unlike reviews, there is no obligation for authors of discussion papers to try to be impartial in citing the available literature.

If you are considering submitting a discussion paper you should be aware that we receive a great many of these submissions and usually only publish one each month. This means that discussion papers may have to wait much longer than other types of paper between acceptance and publication.

Case reports
We are keen to encourage publication of case reports. The purpose is to use everyday experiences to stimulate debate and education. They should describe a patient or patients with common diagnoses where the presentation or management has prompted a question likely to interest the *Journal*'s readership. The format should be a brief description of the problem accompanied by a discussion informed by published literature, citing up to six references. Where possible, the text should follow the evidence-based medicine format (Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based medicine*. Edinburgh: Churchill Livingston, 1997). They should be approximately 800 words in length, excluding references, and may include photos. It is essential to obtain permission from any patients whose story is to be used as the basis for a case report (see http://jama.ama-assn.org/info/auinst_req.html#patients for full requirements of informed consent) and to maintain patient confidentiality.

Editorials
These are statements of informed opinion and not short systematic reviews. Some are commissioned, but we also welcome unsolicited editorials. However, authors considering submitting an editorial should either contact the Editor via the *Journal* office and discuss it or send in an outline so that we can advise you whether it is going to be worth spending time and effort completing the editorial and how it can be fitted in to the publishing schedule. Editorials should be up to 1200 words in length and have no more that 12 references. We are happy to hear from authors who believe that there are topics we should be covering in an editorial.

Letters
Letters can be used to respond to published articles, report original research or raise any other matter of interest to the primary care community. The best letters are brief, lively, and provocative. They may contain data or case reports but in any case should be no longer than 400 words.

Papers that are discouraged
The Editorial Board has decided that the *Journal* should not, in general, publish reports of audits or straightforward reports of postal questionnaires assessing professionals' views. All research papers will be judged by the same criteria, whatever field of primary care they concern.

The Back Pages
Viewpoints
These are short editorials. Some are commissioned, but spontaneous offerings are particularly welcome. We welcome forthright expression of opinion. Articles should be around 600 words and up to five references are permissible. Viewpoints should have an original slant and *must* be topical, though we welcome every standpoint. Do not feel the need to be constrained by the requirements of standard scientific writing. Viewpoints will be peer reviewed, openly, but only to ensure factual accuracy and not to alter the message.

Essays
We welcome expansive essay writing on significant topics. Speculation, hypothesising, and debunking are encouraged. They should be no more than 2000 words long. References should be limited to fewer than 20 in number whenever possible. Submissions will be subject to open peer review. Shorter essays are also welcome; in cases where a 2000-word essay may be inappropriate, 800–1000 words will often suffice.

Personal Views
We welcome unsolicited Personal Views. An ideal length would be approximately 400 words; contributors may include one or two references if appropriate. We especially welcome the eclectic, the international, and the polemical, and will help with translation difficulties whenever possible. We want to ensure that there is a place in the Journal's pages for anecdote-based medicine, reflecting that general practice touches all of life's variety. It is essential to obtain permission from any patients whose story is to be used as a basis for a personal view (see http://jama.ama-assn.org/info/auinst_req.html#patients for full requirements of informed consent).

Columnists
The *Journal* publishes five regular columnists and we rotate these periodically. We shall call for new volunteers periodically.

News
The *Journal* has limited space available for announcements, news, and reports on conferences and meetings. We welcome submissions, but warn contributors that space limitations necessitate brevity. The word limit is normally 200–400 words per item. We encourage contributors to supply URL addresses where interested readers can explore the topic discussed in more detail.

Digest
The *Journal* commissions reviews of books relevant — though often only loosely — to general practice. However, we are very receptive to suggestions from readers and welcome unsolicited reviews. We welcome reviews of almost anything from academe, through art and architecture, to soap opera. The *Journal* will also publish poetry occasionally, and is very keen to promote adventurous photography.

Publishing ethics
The *Journal* supports the ethical principles set out by the Committee on Publication Ethics (COPE) available on their website (http://www.publicationethics.org.uk/). It is important that authors understand the need for the research undertaken to conform to the Helsinki declaration. You will normally have to confirm that the study has been approved by a Research Ethical Committee to be considered for publication. In addition you must ensure that there is no risk of your being charged with duplicate publication. All authors of any kind of article submitted must declare any competing interests by completing a standard form which will be sent to all authors at the conclusion of the peer review process. This should be returned with the revised manuscript. COPE has given guidance on the definition of competing interests: that they may influence the judgement of author, reviewers, and editors; that they may be personal, commercial, political, academic or financial. As a rough guide, they have been described as those which, when revealed later, would make a reasonable reader feel misled or deceived. In addition, all authors must declare that, where relevant, patient consent has been obtained and that all reasonable steps have been taken to maintain patient confidentiality report (see http://jama.ama-assn.org/info/auinst_req.html#patients for full requirements of informed consent).

Submission of manuscripts
We are working towards handling manuscripts entirely by electronic means. We therefore request that all submissions should be sent via e-mail or on a floppy disk in the first instance, provided they meet the submission requirements as set out below. Otherwise, authors should submit four copies of the manuscript together with a formal letter of submission signed by all the authors.

Authorship
The list of authors should include all those who can legitimately claim authorship. We do not require all the authors to state what contribution they have made to the work. However, all those who claim authorship should satisfy the requirements set out in 'Uniform requirements for manuscripts submitted to biomedical journals' (http://www.jama.ama-assn.org/ifo/auinst_req.html or *Med Educ* 1999; **33:** 66-78). They are:

- *Each author should have participated sufficiently in the work to take public responsibility for the content.*
- *Authorship credit should be based only on substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content; and final approval of the version to be published.*

All of the above conditions must be met. Acquisition of funding, the collection of data, or general supervision of the research group by themselves do not justify authorship. We do not require all authors to sign the letter of submission; however, all authors must sign the declaration form sent with the Editor's response at the conclusion of peer review. In addition, at least one author should be designated as the

guarantor for the integrity of the data on which the paper is based. This will normally be the author for correspondence.

Please remember to supply full details of the names, addresses, affiliations, job titles, and academic qualifications for all authors.

Manuscript
An electronic version of the paper on disk should accompany the manuscript for the purpose of electronic peer review, currently under development. The paper should be saved as an MS Word document and/or Rich Text Format (.rtf) document. Please label the disk with the name of the first author as well as the title of the paper.

The manuscript should be double-spaced, with tables and figures on separate sheets. It is not essential that the first submission conform to these instructions in every particular. However, where there are obvious major breaches (for instance, if your paper is much longer than recommended) it may be rejected without being sent out for peer review. Thus, we shall only insist on strict adherence to these instructions in revised manuscripts, and the Editor's letter will give further instructions to help you achieve this. In addition, it is essential that you send us an electronic version of the paper when it has been revised, following the instructions as above. If it is a revision of a previous papers (as opposed to, for instance, a major rewriting of a full article into a brief report) you should also send us a version of the paper showing where alterations have been made. You should also show in the accompanying letter where you have and have not responded to referees' comments. We ask you to give us a word count of the abstract and main text (excluding tables and figures).

Peer review
Almost all the original articles, brief reports, reviews, discussion papers, and case reports are sent to two expert reviewers. Reviewers are currently blinded to authors' identities; however, we are moving towards a system of open peer review. An electronic version of the assessment form which referees are asked to complete is available at http://195.224.175.21/rcgp/journal/assessors/index.asp. Papers are assessed on a number of criteria, including:

- Is it clear what question is being asked and, if so, is it important and interesting?
- Have the authors designed a study that is capable of answering the question (i.e. is the methodology appropriate for the question being asked; is the sample size adequate, etc.)?
- Are the data appropriately reported and analysed?
- Are the findings of the study being discussed in an impartial, critical way?
- Do the findings have any relevance to primary care beyond the local or national setting in which the study was conducted?

Appeal
The Editor's decisions are not infallible. If your paper has been rejected and you feel that a mistake has been made you may appeal. You should write to the Editor setting out where you think the referees' report or the editor's letter is incorrect. You should not, at this stage, make any revisions to take account of the referees' comments. The appeal process will operate if a referee or the Editor could have made a mistake with the technical aspects of a study or if bias could have entered into the referees' comments. The process is less likely to be used where a paper has been rejected on the basis of editorial policy. If the Editor feels that there are grounds for challenging the original decision then the paper will be sent out to a new referee and the Editor will be guided by this referee's report. Referees used in the appeal process will often be members of the Editorial Board.

Editorial standards
You will receive formal acknowledgement of your paper soon after it is received in the editorial office. You should receive a response to the initial manuscript within 13 weeks of its receipt, whether or not the paper is likely to be accepted for publication. Most papers will require some form of revision and we ask you to submit the revised version to the *Journal* office within three months of receiving the Editor's letter. We aim to respond to revised submissions at a standard of one month from receipt. We are also working to decrease the delay from acceptance to publication, and we therefore undertake to publish no more than four months after final acceptance of a paper. Performance figures will be published annually in the *Journal.*

Fast tracking
The *Journal*, because it is a monthly journal, cannot respond with a major degree of urgency to requests to 'fast track' papers. However the Editor has discretion to move papers up the queue if there are good reasons to do so, and get them into print quicker than our routine procedures would allow. The authors must supply compelling arguments to accelerate their paper in the covering letter to the editor and mark the paper 'urgent'.

Publication of articles
All articles and letters are accepted subject to editing, which may be considerable. Proofs are sent to authors, who are asked to check them for errors and return them promptly. However, the exact month of publication can be decided only when all the articles have been returned and collated with other sections of the *Journal.* On request, authors will receive 25 offprints of their article free of charge. Order forms for extra offprints are sent to authors with the proofs and should be returned with them together with payment. Orders received after publication are more expensive.

Principal authors who are not members of the College will be sent a complimentary copy of the *Journal* in which their article appears. Enquiries about the purchase of additional copies of the *Journal* should be made to the Sales Department (tel: 020 7581 3232; fax: 020 7225 0629).

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