

## Journal of the RAMC – Instructions to Authors, June 2011

### Amended instructions are highlighted

#### Ethos

The Journal of the Royal Army Medical Corps aims to publish high quality original research, reviews and case reports, as well as other invited articles, which pertain to the practice of military medicine in its broadest sense. It publishes material **from all ranks, services and corps within the Defence Medical Services (DMS), both Regular and Reserve**, but also welcomes submissions from beyond the Services. It is intended not only to propagate current knowledge and expertise but also to act as an institutional memory for the practice of medicine within the military **and as a vehicle for members of the DMS to publish their work.**

#### General Information & Editorial Policy

**The Editorial Board understand that the requirements of the Journal's readership differ across specialities and settings and this guides the Boards judgements as to whether submitted manuscripts are accepted or not. The aim is to provide a broad mix of articles that will be of educational value and interest to all members of the DMS.**

All submitted material is peer reviewed and it is assumed that submission has been made solely to this journal. **Submission of work that has previously been presented at a meeting or published as an abstract is acceptable but details of prior presentation/abstract publication should be declared when submitting the full manuscript to J R Army Med Corps.** The Editor reserves the right to edit submissions into house style without further discussion with the author(s). The Editor cannot enter into correspondence about papers rejected for publication, and the Editors decision in these matters is final. All material published in the J R Army Med Corps becomes the property of the Journal Committee and subject to Crown Copyright. Copyright powers are exercised by the Editor on behalf of the Journal Committee.

#### Types of Paper

The journal publishes a variety of article types some of which, such as contributions to defined 'series' areas or Editorials, are generally invited submissions from the Editorial Board. Suggestions for possible topics and authors are welcome. Authors who feel they could contribute an article to an ongoing series are asked to contact the editor.

***Personal Views:*** seek to examine potentially controversial areas of military medicine and stimulate debate; they should be approximately 2000 words.

***Original articles:*** detailing original research should normally be less than 3000 words. Ethics committee approval should be included.

***Review articles:*** providing concise in-depth reviews of established and new areas relevant to the practice of Military Medicine may be up to 5000 words. **Both original articles and reviews have no particular limit on the number of references or figures that can be included, as long as all are essential to the message of the manuscript.**

**Case reports:** should seek to educate rather than just fascinate. There is no particular word limit but it is unusual to need more than 1200 words and 15 references. It should contain an unstructured abstract, a pertinent literature review and have a demonstrable educational value. A high quality image to illustrate the case is recommended. No more than two tables or figures should be included. Case reports written by junior doctors are particularly welcomed. Reporting of identifiable cases, either by descriptive text or images, should be accompanied by a signed consent form (Download Consent form here).

**Letters:** are welcomed by the editor and can pass comment on a published article in which case the original authors will be asked to respond or on a new topic of interest. They should usually not exceed 3-500 words or contain more than 3 references. Letters should be typed doublespaced with wide margins.

**Footnotes and Endpieces:** One high quality image illustrating an interesting clinical or military medical phenomenon, historical vignette or subject of interest should be submitted with an accompanying legend of up to 1000 words .

## Preparation of Manuscripts

### Authorship

Gift authorship is not acceptable and all named authors should be able to comply with guidance of the International Committee of Medical Journal Editors (commonly referred to as the Vancouver guidelines) available at [http://www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html) As a guide it is unusual for a case report to require more than three authors and an original report more than six. If the number of authors seems excessive the corresponding author will be asked to confirm the contribution of each author to the construction of the manuscript. Being the doctor in charge of a particular case or the Head of Department does not justify inclusion as an author without further contribution to manuscript construction.

The language of the Journal is English(UK), for example, colour, centre, stabilisation, oesophagus, anaesthetic. Non-native English speakers are encouraged to have their manuscript checked by a fluent English speaker prior to submission.

Inexperienced or junior authors are welcome to contact the editor ([editor.jramc@googlemail.com](mailto:editor.jramc@googlemail.com)) to discuss potential articles and for advice on manuscript construction.

Manuscripts should be typed using MS Word in double spacing with adequate margins all round. Each table should be numbered in Arabic numerals and appear on a separate page. Titles and legends for tables should appear on a separate sheet after the reference list. Use Times New Roman font in 12 pitch. Headings should be limited wherever possible to 3 levels as follows:

**Level A    Bold**

**Level B    Bold italic**

Level C    Italic

Manuscripts should conform to the Journal's style. Abbreviations should be kept to a minimum and must always be explained on first appearance. Drugs should be referred to by their approved name.

**Title Page:** This should include the full title of the article and a running title (of less than 45 characters including spaces) for page headings. The initials, names and affiliations of all authors should be included. Identify the corresponding author (to whom all correspondence and page proofs will be sent) and their address, telephone and fax numbers and email address which will be published. Submissions will not be accepted without a current email address. An example of the expected format of the Title Page is downloadable ([download the sample title page](#)). A second title should contain only the title of the manuscript, a word count (excluding abstract and references) and two suggested reviewers for the article. **These may or may not be used at the editors discretion.** These two reviewer suggestions should include their current rank (if applicable), job title and contact details including an email address.

**Abstract:** all articles, except letters, should begin with a structured abstract of no more than 300 words using the headings: objectives, methods, results, and conclusions. The results section should include important numerical or statistical values. For review articles and case reports the abstract can be unstructured and may be briefer.

**Main Text:** should be arranged into at least four sections.

## **Introduction**

This should outline the background to the topic under discussion and explain the rationale of the paper.

## **Methods**

The methods section should contain sufficient detail of the experimental design to allow the reader to replicate the study. Statistical methods should be described and may be included in a separate subsection. **Review articles should include a description of the process of literature retrieval and appraisal.**

## **Results**

These should be concise, without repetition of detail from the methods section nor replication of data within tables and figures (and vice versa). SI units should be used throughout (except that blood pressure should continue to be expressed in millimetres of mercury). **Percentages should not be used when the sample size is less than 50.**

## **Discussion**

This should address the current literature on the topic and a critical appraisal of results against that literature undertaken. Authors should make clear which comments are deductions from the study and which are informed speculation. **It should include confounding factors, limitations of the study and potential sources of bias.**

## **Conclusions**

A separate conclusions or summary section may be included if desired. New information or references should not normally appear in the conclusion section.

### **Educational Points**

All authors submitting reviews, original articles and case reports should provide a list of 3-6 educational points raised by the article ie the 'take home messages'; these are separate and in addition to the abstract and introduction.

### **Acknowledgements**

These should be given where appropriate and included after the main body of the text.

It is recognised that these subsections may not be entirely applicable to every article, particularly review articles, and a common sense approach should be adopted in such cases.

### **References**

The format of Journal references is straightforward and must be adhered to. References in the incorrect format will delay peer review as the article will be returned for correction **before** review takes place. The Footnotes and Endnotes feature in MS Word **must not be used** to construct reference lists as this causes difficulties in the editing and production phases of processing.

References in Vancouver style should be cited in the text as an Arabic numeral in square brackets [1]; all other parentheses in the text should be ordinary round brackets. If more than 2 successive references are highlighted then use the format [1-6] rather than [1,2,3,4,5,6]. The references quoted should be listed in numerical order of citation at the end of the text; if a specific reference is referred to more than once it retains the number of its original citation - the same reference should not be given more than one reference number.

Personal communications and unpublished data should be list in parentheses in the text and not listed in the reference list. Reference to Abstracts should be avoided whenever possible; if necessary the citation should contain (Abstract) after the title.

The correct format of the reference list must also be adopted. Please pay careful attention to when punctuation marks are and are not used. References are listed in number order with a full stop after the citation number, not brackets. The authors are then listed by surname followed by initials without punctuation between letters. Each author is separated from the next by a comma. A full stop appears after the final author. If there are six or fewer authors list all authors. If there are more than six then list the first three separated by commas followed by et al and a full stop. List the article title in full followed by a full stop. List the journal title in correct Index Medicus abbreviated format in italics without full stops and the year of publication followed by a semi colon. Then list the volume number with edition number in round brackets if known followed by a colon and the page numbers.

For a journal article this looks as follows:

1. Allen MJ, Barnes MR. Exercise pain in the lower leg. *J Bone Joint Surg* 1986; 68: 818-23

On line citations should list the web address for the article and the date last accessed.

Chapters in a book are listed in a similar manner by listing the authors of the chapter followed by the chapter title. The book is then listed by editors and title (including edition), place of publication: publisher year of publication; chapter number or page listings as shown below:

2. Davies ML, Garner JP. Abdominal trauma. In Greaves I, Porter K, Garner JP (eds) Trauma Care Manual 2<sup>nd</sup> Edn. London: Hodder Arnold 2009; Chapter 13

References that do not easily fit these guidelines should be listed in the closest appropriate format.

### **Figures, Illustrations and Tables**

The Journal publishes in full colour and authors are encouraged to make full use of this resource. Illustrations however should complement the text and be directly relevant to it. All illustrations should be referred to as Figures, listed numerically in order in Arabic numerals and be provided with a legend which explains the figure without prior reference to the main body of the text. Authors should strive to produce the highest quality figures possible and should consider using professional illustration services if necessary. If graphics packages are used to generate graphs and charts then these should be presented without outside frames or borders and without a title or legend embedded in the graphic. Colour keys for graphics may be embedded if absolutely necessary but are better supplied separately to allow editing. Images should be submitted electronically in .TIF or .GIF formats, although high quality .JPEG files of at least 300dpi are permissible. Images should be sent as individual files titled by figure number and not embedded in the text.

Tables should be double spaced without vertical lines and numbered sequentially and appear at the end of the manuscript. All figures, illustrations and tables must be referred to in the text. Legends for figures, illustrations and tables should appear on a separate page after the reference list and should contain enough information to allow the figure or table to be comprehensible without reference to the text.

### **Supplementary Material**

The journal website is able to host supplementary data such as in depth methodological descriptions or short video clips. Please contact the editor for details of how to access this facility.

### **Reproduction of Copyright Material**

If authors wish to reproduce substantial portions of text (more than 250 words) or illustrations from published work then it is their responsibility to obtain written or electronic permission for reproduction from the copyright holder, which should accompany submission.

### **Electronic submission**

For all material intended for publication, submission must be in electronic format using MS Word software. There is no longer a requirement to provide paper copies of the manuscript or illustrations. Submissions will only be accepted by email to the Editorial Assistant at [ramcjournal@hotmail.co.uk](mailto:ramcjournal@hotmail.co.uk) and should be copied to the editor at the time of submission on [editor.jramc@googlemail.com](mailto:editor.jramc@googlemail.com). Limit individual file sizes to 5Mb and send no more than 10Mb in any one email. If large submissions are being made in a series of emails, describe the expected number and contents of emails to ensure receipt of all material.

### **Peer Review**

All submitted articles are subject to peer review and the Journal office strives to ensure that the reviews appear in a timely fashion. This is helped if authors comply with the instructions to authors and provide the details of two suitable potential referees. If your article relates to a specialised area of medical or military practice it may take longer than anticipated to achieve fair peer review and I would ask that authors remain patient.

### **Security Clearance**

Army authors may submit direct to the Journal and on acceptance of an article the Journal will arrange all necessary security clearances for publication. Authors from the Royal Navy or Royal Air Force may need to arrange single service clearance prior to submission to comply with the relevant policy letters.

### **Proofs**

The corresponding author of each paper accepted for publication will receive page proofs prior to publication and it is the author's responsibility to check and correct them. Only minor corrections can be made at this stage, and corrections other than printing errors and very minor alterations may be charged to the author. Authors who do not correct their proofs in the allotted time will be assumed to have abrogated their responsibility for corrections and additionally will risk delay in publication. Proof corrections should be returned to the Editorial Assistant, Headquarters Army Medical Services, FASC, Slim Road, Camberley, Surrey, GU15 4NP, preferably by email. The corresponding author will be sent a .pdf file of the article 6–8 weeks after publication in lieu of reprints, and it is their responsibility to distribute the file to any co-authors.