



## Instructions for authors

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### Is my article suitable for the journal?

#### Scope of the journal

The *Future Healthcare Journal* focuses on the improvement of patient care and management through process and system change. Topics encompassed under this scope include:

- medical education and training
- workforce planning
- healthcare infrastructure
- quality improvement
- quality regulation
- economic analysis
- healthcare technology
- leadership within healthcare
- integrated care
- patient-centred care.

Articles should be of interest and understandable to a broad audience of physicians, other clinicians and healthcare managers who may be potentially involved in making system changes in their own organisation.



## Types of article we publish

**Original research:** Papers reporting and analysing original data derived from systematised research methods with the aim of testing a hypothesis. Articles should not usually exceed 3,000 words (excluding tables, figure legends and references) and 40 references, with figures and tables as required.

**Research letters:** Shorter pieces of original research, not of sufficient substance to be published as full papers, but which nonetheless have merit and are of interest and use to the readership. Articles should not usually exceed 1,500 words (excluding tables, figure legends and references) and 15 references, with figures and tables as required.

**Reviews:** Papers synthesising the results and conclusions of previously published research. Articles should not usually exceed 3,000 words (excluding tables, figure legends and references) and 80 references, with figures and tables as required.

**Opinion:** Papers in which a topic of interest is discussed from a particular viewpoint, or in which avenues for future research are suggested. Articles should not usually exceed 2,000 words (excluding tables, figure legends and references) and 10 references, with figures and tables as required.

**Case studies:** Papers describing examples of innovative practice and their outcomes. Articles should not usually exceed 1,500 words (excluding tables, figure legends and references) and 15 references, with figures and tables as required.

**Letters to the editor:** Readers who disagree with or would like to expand on published articles are encouraged to submit a letter to the editor. Letters should not usually exceed 350 words in length.

If word count is likely to significantly exceed the guidelines given above, please contact the editorial office ([FHJ@rcplondon.ac.uk](mailto:FHJ@rcplondon.ac.uk)) for advice prior to submission.

## How should I prepare and submit my article?

### How to structure your article

#### *Original research, meta-analysis and case studies*

Please refer to the following standard reporting guidelines for different types of study design:

- Randomised controlled trials: [CONSORT](#)
- Observational studies (cohort/case control): [STROBE](#)
- Qualitative research: [COREQ](#)
- Quality improvement papers: [SQUIRE 2.0](#)
- Economic evaluations: [CHEERS](#)
- Systematic reviews and meta-analysis: [PRISMA](#)



Case studies should follow the following structure:

- Introduction (around 200 words): details of the context (eg hospital size and type, type of service, patient demographics) and the specific challenge faced.
- Solution/methodology (around 300 words): a concise summary of the innovation being trialled, including staffing details, funding, partner organisations involved, and study design where relevant.
- Outcome (around 300 words and up to two graphs/tables): where possible, this should include quantitative results.
- Conclusion and next steps (around 300 words): a critical discussion of the success of the trial and next steps (such as further testing or extension).

### ***Reviews and opinion articles***

Please use subheadings to divide up the manuscript for the ease of the reader and ensure that these provide useful signposting for a reader scanning the article. Most articles should include a background/introduction section and a conclusions section.

### **How to format your article**

#### ***General points***

All submissions must be written in English (using British English spelling), submitted as MS Word files (.doc or .docx). All main manuscript files should be anonymised and contain no author information.

An abstract of no more than 150 words and at least three keywords must be included for all submissions.

Jargon should be avoided where possible and all abbreviations (apart from universally recognised terms such as GP or NHS) should be defined at the first instance.

#### ***Figures***

The author is responsible for obtaining written permission to reproduce figures previously published elsewhere; please contact the editorial office if you require assistance with this process.

The following figure formats are accepted: TIFF, EPS, JPEG.

All figures must be referred to in the text and legends should be brief and listed at the bottom of the main text. Where necessary, figures should be labelled clearly using lowercase letters and separately described in the figure legend.

#### ***Tables/boxes***



The author is responsible for obtaining written permission to reproduce tables and/or boxes previously published elsewhere; please contact the editorial office if you require assistance with this process.

Tables should include a short, one-line title in bold text.

Essential descriptive material should be briefly listed below the table/box, followed by the definition of all abbreviations used in the table in alphabetical order in the following format:

ADH = additional duty hours; BPT = best practice tariff; EQ-5D = EuroQol 5-dimensional outcomes questionnaire; FT = foundation trust; RMC = referral management centre.

### **References**

Please refer to the article types listed above for restrictions on the number of references.

References should appear in the text as superscript numbers, set after the punctuation, and numbered in order of appearance. Do not duplicate references; if the same reference is used multiple times, the same reference number should be utilised. Please remove linked fields such as those produced by EndNote prior to submission. Only articles published or submitted to a named journal should be included; communications or papers in preparation should be referred to in the text only.

In the reference list, authors should be listed surname first followed by the initials of given names. List the names of up to five authors; where there are more than five authors, list the first three only, followed by *et al.* Journal titles should be abbreviated to the style of Index Medicus ([www.nlm.nih.gov](http://www.nlm.nih.gov)). Some examples are given below:

1. Walters L, Greenhill J, Richards J *et al.* Outcomes of longitudinal integrated clinical placements for students, clinicians and society. *Med Educ* 2012;46:1028–41.
2. Horton R. *Second Opinion: Doctors, diseases and decisions in modern medicine*. London: Granta Books, 2003.
3. Greenaway D (chair). *Securing the future of excellent patient care: Final report of the independent review*. London: GMC, 2013.
4. McDonald J. Shared decision making. In: Wheeler D, Wong H, Shaley T (eds), *Future patient care, 2nd edn*. London: Springer, 2014:467–81.

The accuracy of the references is the responsibility of the author.

### **Online appendices**

It is possible to publish appendices (such as lengthy tables and full datasets) as online-only supplementary material. The main printed article should still have coherence without the supplementary material.



## How to submit your article

Manuscripts (apart from letters to the editor) must be submitted via the journal's online submission system at <https://mc04.manuscriptcentral.com/futurehosp>. Once you have read the guidance above and are confident that your manuscript is in the correct format, please register as a new user, and follow the on-screen instructions to submit your manuscript.

A cover sheet should be submitted separately from the main document (to ensure the peer review process is double-blind, it is not sent to the peer reviewers) and must include:

- full name, job title and affiliations for all authors
- corresponding author details (address and email)
- a word count (excluding the references, tables and figure legends)
- a statement of any conflicts of interests
- details of individual author contributions
- acknowledgements (if any).

Letters to the editor must be submitted to [FHJ@rcplondon.ac.uk](mailto:FHJ@rcplondon.ac.uk) within twelve weeks of receipt of an issue's publication date. Receipt of letters will be acknowledged but only letters will only be published at the editor-in-chief's discretion.

Please contact the editorial office ([FHJ@rcplondon.ac.uk](mailto:FHJ@rcplondon.ac.uk)) if you have any queries during submission.

## What are the journal's policies and processes?

### Peer review

Manuscripts submitted to the *Future Healthcare Journal* are all subject to peer review. After an initial screening for general suitability, the editor-in-chief (assisted by the editorial board) will assign submissions to experts (usually two per manuscript) for peer review. The peer review process assesses manuscripts for originality, validity and significance. Our peer review process is double blind (authors and reviewers are not aware of each other's identities). During the online submission process, authors are requested to supply names, affiliations and contact details of two potential reviewers; these reviewers may not be selected by the editors.

Following peer review, a decision will be made on your manuscript (accept, minor revision, major revision or reject) and communicated to you by email. If revisions are requested, the decision email will give instructions on how to submit your revised manuscript.

Appeals or other complaints regarding peer review will be carefully considered and referred to COPE (see below) if unresolved.



### Editorial processes

All accepted submissions are copyedited by our in-house editors to ensure language is clear and precise, to apply house style and to adjust article length where necessary. Any major queries will be sent to the author to resolve prior to typesetting; however, the majority of author queries are included at the proof stage. We recommend that all authors check and correct the proof, but request that a single set of corrections and copyright release form are returned and coordinated by one author. Please check the accuracy of all content, in particular the names and affiliations of authors, and the data displayed in figures and tables.

### Authorship

All authors listed must meet **all four** of the following criteria recommended by the ICMJE:

- substantial contributions to the conception or design of the work or to the acquisition, analysis, or interpretation of data for the work;
- drafting the work or revising it critically for important intellectual content;
- final approval of the version to be published;
- 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.

Where all criteria are not met, but an individual has made a significant contribution to the article, they should be acknowledged in an acknowledgements section at the end of the main text.

### Copyright

Submission of an article to the journal is taken to imply that it represents original work, not previously published and not under consideration for publication elsewhere. Authors will be asked to sign a form transferring the copyright of their articles to the publishers. Copyright covers the distribution of the material in all forms, including but not limited to figures, tables, reprints, photographic reproductions and photocopies.

### Protection of research participants

If a study reports human data, the cover sheet should state whether the authors have approval from their local research ethics committee or otherwise conforms to the World Medical Association's [Helsinki Declaration](#).

If possible, individual patients should not be identifiable and non-essential identifying details should be omitted. If a patient is identifiable, informed written consent to publish must be obtained from the patient or from their next of kin if they are not able to consent themselves.

Further guidance on the issue of patient identifiability may be found [here](#).



### **Conflicts of interest**

Potential conflicts of interest must be declared on the cover sheet. These include relevant financial, personal, political or intellectual interests. The ICMJE provides a [form](#) which can be used to generate your conflict of interest statement.

### **Corrections and disagreements**

Corrections to any printed errors or misleading statements are published in an appropriate position in the journal and online. The views of readers who disagree with or would like to expand on published statements can express their opinions as a letter to the editor.

### **Research misconduct**

Research misconduct includes but is not limited to fabrication of results (making up data), falsification of results (manipulating, changing or omitting data so that the research is not accurately represented in the published article) and plagiarism (appropriating somebody's ideas, data or words without giving appropriate credit).

If the editor-in-chief of the journal suspects research misconduct relating to a submitted or published article or is made aware that others have concerns, they will initiate an investigation. Depending on the outcome of this investigation, the article may be retracted and the authors' institutions and/or medical registration bodies may be informed.

### **Council on Publication Ethics (COPE)**

*Future Healthcare Journal* subscribes to the standards published by COPE. Please visit the [COPE website](#).