



## Instructions for authors

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## Online submission

Manuscripts must be submitted via *Clinical Medicine's* online submission system at <http://mc04.manuscriptcentral.com/clinmed>

Once you have read the guidance below and are confident that your manuscript is in the correct format, please access the link above to register as a new user, and follow the on-screen instructions to submit.

## Peer review

Manuscripts submitted to *Clinical Medicine* are all subject to double-blind peer review. Authors are requested to supply names, affiliations and contact details of two potential reviewers.

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

## Editorial process

All accepted submissions are edited 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 eproof, 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 duplication of data.

## Authorship

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

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; 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.

More information can be accessed [here](#). An author contributions section stating what each author did should be included on the cover sheet.

Where all criteria are not met, but individuals have made a significant contribution (for example, providing images or making a significant contribution to the diagnosis presented in a case study), they should (with their permission) 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 under consideration for publication elsewhere. Authors will be asked to transfer 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.

## Corrections and disagreements

Corrections to any printed errors or misleading statements are published in an appropriate position in *Clinical Medicine*. 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 (see below).

## Council on Publication Ethics (COPE)

*Clinical Medicine* subscribes to the standards published by COPE. Please visit the COPE website at <http://publicationethics.org/>

## General presentation

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 as *Clinical Medicine* operates double-blind peer review.

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

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](#)

## Cover sheet

A cover sheet should be submitted with the main document in a separate file and must include:

- all author information (title, full name, job title and affiliations)
- corresponding author details (address and email)
- a word count (excluding the references, tables and figure legends)
- Conflicts of interests
- Author contributions
- Acknowledgements (if any)

## Main text

The main manuscript file should be anonymised and contain no author information.

## Abstract

An abstract of no more than **150 words** must be submitted for all submissions unless otherwise stated.

## Keywords

5–8 keywords must be submitted for all submissions unless otherwise stated.

## 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.
- Figures should be supplied in a separate file and not embedded in a Word file.
- The following formats are accepted: TIFF, EPS, JPEG.
- Figures saved in PowerPoint files will not be accepted.
- Where necessary, figures should be labelled clearly using lowercase letters, ie a, b, c, and separately described in the figure legend.
- All figures must be referred to in the text and legends should be brief and listed at the bottom of the main text.



## 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 each be presented on a separate page and 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:
  - CK = creatine kinase; CTPA = computerised tomography pulmonary angiogram; FBC = full blood count; Hb = haemoglobin; PE = pulmonary embolism; WBC = white blood cells.

## References

- The formatting and accuracy of the references is the **responsibility of the author**.
  - References should appear in the text as **superscript** numbers, set **after the punctuation**, and numbered in order of appearance.
  - Do not use linked fields such as those produced by EndNote. EndNote codes should be removed prior to submission.
  - Do not duplicate references; if the same reference is used multiple times, the same reference number should be utilised.
  - Refer to article-specific instructions below for restrictions on the number of references.
  - 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.
  - 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)).
  - Follow the style of the examples below
1. Health Select Committee. *The influence of the pharmaceutical industry*. Fourth report. London: Stationery Office, 2005. Available online at [www.publications.parliament.uk/pa/cm200405/cmselect/cmhealth/42/4202.htm](http://www.publications.parliament.uk/pa/cm200405/cmselect/cmhealth/42/4202.htm) [Accessed 2 April 2013].
  2. Abbasi K, Smith R. No more free lunches. *BMJ* 2003;326:1155–6.
  3. Talwalkar JA, Souto E, Jorgensen RA *et al*. Natural history of pruritus in primary biliary cirrhosis. *Clin Gastroenterol Hepatol* 2003;1:297–302.
  4. McBride M. Inflammatory disease of the heart. In: Wheeler D, Wong H, Shaley T (eds), *Paediatric critical care medicine*, 2nd edn. London: Springer, 2014:467–81.



## 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.

## Formats for *Clinical Medicine* contributions

### Original articles

Original articles should not exceed **2,500 words** (excluding tables, figure legends and references) and **30 references**, with up to **4 figures/tables** where necessary. Subheadings must be used to divide the text, and should include an introduction, a brief methods section, results, discussion and concluding remarks.

Notification of approval from the **local research ethics committee** and a statement on **informed consent** must be included in the methods section for all clinical research.

### Reviews

Critical reviews of the literature published in a particular subject area are considered for publication in *Clinical Medicine*. Submissions should not exceed **2,500 words** (excluding tables, figure legends and references) and **50 references**, with up to **4 figures/tables** where necessary. Subheadings should be used to divide the text.

### Acute medical care (AMC)

Submissions to acute medical care must focus on management of acute medical patients in the emergency department and beyond, using a 'case-based discussion' format. Submissions should be based on real cases encountered in the emergency department, and should have some degree of complexity, perhaps due to diagnostic uncertainty, multiple comorbidities or ethical dilemmas.

AMC submissions must not exceed **1,000 words** (excluding tables, figure legends and references), **5 key references** and **1 figure/table**. Submissions must include the following:

1. **Case presentation:** outline the case history of the patient presenting acutely to the emergency department, including any history available from the patient, witnesses and paramedics, initial observations, examination findings, immediate blood investigations, ECG and radiology findings.
2. **Diagnosis:** outline the problem list, differential diagnosis and likelihood of each.
3. **Initial management and prognosis:** outline the evidence-based initial management plan for the patient, with reference to the literature or guidelines if relevant. Include plans for relevant investigations, and discuss any problems or comorbidities which may affect presentation and impact treatment. A likely prognosis should be suggested.
4. **Case progression and outcome:** outline case progression and describe results of subsequent investigations and how they altered management. The outcome of the case should be discussed.
5. **Discussion:** include previous cases, current guidelines for management of such patients and lack of knowledge or evidence in the field. Discuss how ethical dilemmas may have added to the complexity of the case.



6. Summarise 4–6 key learning points from the case.

Written consent must be obtained by the author from patients if there is any risk, however minimal, of identification. You may use the [Clinical Medicine patient consent form](#) (or a hospital consent form). A statement explaining whether or not consent to publish was obtained must appear at the end of the main text.

### Lectures

Lecture transcripts must not exceed **2,500 words** (excluding tables, figure legends and references) and **30 references**. This may call for some selection or shortening of the topics covered in a typical 45–50 minute lecture. Figures/tables may be included where necessary. Subheadings should be used to divide the text.

### Conference reports

Reports should concentrate on the main themes emerging from the conference, and be written for practising clinicians. The report should not be a blow-by-blow account of the contents of each talk; a copy of the full programme will be published separately. Articles should not exceed **1,500 words** (excluding tables, figure legends and references) and **20 references**. Figures/tables may be included where necessary. Subheadings should be used to divide the text.

### CME and SAQ

The CME section is designed to keep physicians up to date with advances in the understanding, diagnosis and treatment of conditions they may encounter in general medicine. Most articles will emphasise current views, while some will examine recent advances in knowledge. The evidence for recommendations should be presented. The target readership is physicians and higher trainees, particularly those who have acute medical duties, as well as MRCP candidates. Inclusion of a **co-author(s)** is encouraged.

Submissions should not exceed **1,500 words** (excluding tables, figure legends and references) and **20 references**, with up to **4 figures/tables** where necessary. In addition, **5 take-home messages** should also be submitted as a series of bullet points in a box marked 'key points', as well as **5–8 keywords**.

Please note, CME articles are commissioned specially and we do not consider speculative submissions.

### Self-assessment questionnaire

At the end of the CME section, a self-assessment questionnaire of ten questions is published. Please submit **three questions** for inclusion at the end of the CME section. Questions must follow a **best-of-five format** in a similar style to that of the MRCP(UK) Part 1 exam. Questions must be written in the **past tense**, with **reference ranges and thresholds** provided where necessary, and the five answers must be listed in **alphabetical order**. The **correct answer should be indicated** in the document with a **brief explanation** of why the answer is correct, and why the alternative answers are not.



Please note, questions should not have negative lead-ins – for example *Which of the following statements regarding acute kidney injury is not correct?* – a better question would be *Which of the following statements regarding acute kidney injury is correct?*

## Lessons of the month

Submission of noteworthy clinical cases with interesting and useful learning points are considered for publication as lessons of the month. Lessons of the month should not exceed **1,000 words** (excluding tables, figure legends and references) and **10 references**, with up to **4 figures/tables** where necessary. Subheadings should be used to divide the text.

Written consent must be obtained by the author from patients if there is any risk, however minimal, of identification. You may use the *Clinical Medicine* patient consent form (or a hospital consent form). A statement explaining whether or not consent to publish was obtained must appear at the end of the main text.

## Image of the month

Submission of any noteworthy clinical image (**photograph, scan or histological image**) or group of images, accompanied by a maximum of **350 words of explanatory text** (excluding tables, figure legends and references), will be considered for image of the month. **References (2–5)** may be included where necessary. An abstract and keywords are not required.

Written consent must be obtained by the author from patients if there is any risk, however minimal, of identification. You may use the *Clinical Medicine* patient consent form (or a hospital consent form). A statement explaining whether or not consent to publish was obtained must appear at the end of the main text.

Lessons and images of the month are considered as a group by editorial panel every 2 months.

## Clinical letters

Clinical letters present unpublished original data or raise a clinical topic of wide interest. They should not exceed **500 words** (excluding tables, figure legends and references), **1 table or figure and up to 5 references**. An abstract and keywords are not required.

## Letters to the editor

Letters must be submitted to [clinicalmedicine@rcplondon.ac.uk](mailto:clinicalmedicine@rcplondon.ac.uk) within **3 weeks of receipt of Clinical Medicine**, and may be up to **350 words** in length. Receipt of letters will be acknowledged but only published at the editor-in-chief's discretion.