

Instructions for authors

General information

Pharmacy in Practice is posted to around 7,000 pharmacists monthly and available for download through the website at <http://www.medicomgroup.com/PIP>. It contains articles on pharmacy practice, which are applicable to members of the profession in both primary and secondary care, as well as clinical pharmacists, medicines information pharmacists, pharmaceutical advisers, pharmacy technicians and community pharmacists.

There are some specific criteria that the editorial team look for when considering the suitability of an article for inclusion in *Pharmacy in Practice*. These are:

- The topic must be of interest and value to practising pharmacists in primary care and/or secondary care.
- Articles should answer a question or make a valuable contribution to the debate about a treatment area.

You may send the editor a brief abstract of your intended submission in advance of the full submission for feedback about its suitability for publication in *Pharmacy in practice*. Submissions are peer-reviewed and feedback with suggestions for improvement are provided to authors. We are able to process files generated in most word-processing programmes, but if you have any doubts or concerns about compatibility please consult the editor. We design and format all articles that are published in the journal and so please avoid using elaborate style sheets, footnotes, endnotes, or other document formatting, but do number all pages consecutively.

Content included in *Pharmacy in Practice*
The types of article we publish include:

- **Original research.** We accept all types of research submissions that are relevant to pharmacy practice, including audits, clinical assessments, practice improvement suggestions and observations about pharmacy services or processes.
- **Research letters.** These submissions will

also contain original research, but they may be short, early-stage reports of on-going work, brief audit findings or methodological updates that will be of help to colleagues.

- **Clinical reviews.** These may be on any topic relevant to pharmacy, but should be clear, concise reviews, structured in a similar manner to regular series reviews as outlined below.
- **Special sections.** We have begun a series of special sections within *Pharmacy in Practice*, which focus on a specific disease area or therapeutic problem. Articles in special sections may also inform pharmacists about new drug development and therapeutic strategies.



We welcome all contributions or subject suggestions for these sections.

- **Supplements.** We occasionally run supplements in selected therapeutic areas. Suggestions for supplements and contributions should be sent to the editor.
- **Series contributions.** Our current regular series include *Therapeutic options*, *Research into practice*, *Learning points*, *Basic pharmacy skills*, *Drugs in Pregnancy*, *Supplementary prescribing*, *Medication reviews* and *Medicines partnership*. These series have dedicated series editors who will be pleased to hear from anyone with a suggestion or potential contribution to a series. In the first instance, however, please contact the editor.

- **Soapbox contributions.** This is a form of editorial, which should provoke thought, stimulate debate, or make readers aware of new health care policy or research and its implications to the pharmacy profession and patient care. Articles should be 600-1200 words long, written in a review style and may contain up to five references.

Guidance on preparing your submissions

Original research submissions and Research letters

Original research articles are usually structured in the following sections:

Title

This should give a clear indication of the content, and must be 'active' (ie explanatory). The editor will usually need to alter this to fit available space or house style though.

Abstract

Each original research submission should be accompanied by an abstract. This should be no more than 250 words and structured as follows:

Objectives — a clear statement of the aims of the study or the research question(s).

Design — include details, such as prospective, randomised, blinded, placebo controlled trials.

Participants — who, and how they were selected, entry and exclusion criteria, numbers studied, numbers completed.

Main outcome measures — what were planned, what were used and why.

Results — main findings. For quantitative studies include statistics with 95% confidence intervals and levels of significance where appropriate.

Conclusions — main conclusions and their implications. Suggestions for further research or recommendations for practice.

A 200-250 word abstract, summarising the main points in the categories listed above is acceptable for *Research letters* submissions. The body of the article should be structured as for *Original research* articles as follows:

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Introduction

Briefly set the scene for your article here. Give some background to the subject, explaining the problem or topic, including where appropriate what has already been done, and what your research set out to achieve. If you decide to use abbreviations the abbreviated words should be written out in full the first time they are used and then the abbreviation should be used only to indicate these words and no others.

Methods

Enough detail should be given to allow independent researchers to duplicate the study. Primary references to published works may be given where appropriate and specific details, data collection forms or questionnaires can be put into separate figures/boxes.

Describe the inclusion/exclusion criteria and the methods used to avoid bias. Consider questions such as: how many subjects would be needed to produce meaningful results? Has ethical approval been obtained if this is necessary? Medicine names should generally be generic names. See: www.corec.org.uk

Results

This section should contain all the information needed for the reader to assess whether your conclusions are valid. Please use SI units throughout. Tables or figures can be used to illustrate the results. For articles that present qualitative results you may combine the results and discussion sections if you wish.

Discussion

Begin with a brief summary of the main findings and a critique of the study design. Mention the good and bad points of your study and perhaps suggest modifications that could be carried out to improve or give further information about your research topic. Do use sub-headings if these make the article clearer and easier for the reader to understand.

Refer to primary published work and compare your findings with others. Where appropriate, quoted clinical trial data should

give, wherever possible, absolute risk reduction (ARRs) figures and numbers needed to treat (NNTs) or to harm (NNHs) rather than just relative risk reduction (RRRs) figures. Cited data should come from high quality randomised clinical trials preferably. All abbreviated trial names must be spelled out in full the first time they are used and must be fully referenced. Briefly describe the clinical trial(s) and findings — specific details or data can be put into separate figures/boxes. If applicable critique the trials, mentioning the positive and negative points. Please try to be objective when evaluating the evidence and always consider the applicability of the evidence to routine clinical care in the real world. The reader should be given sufficient information to assess whether your interpretations and conclusions are valid. If there is insufficient evidence to make a balanced judgement, this should be stated. Recent publications or guidance, which may impact on clinical practice could also be discussed.

You should consider whether your study has added anything to the literature. What questions arise from your work? Discuss the implications of your findings for the pharmacy profession and the patients.

Summary or conclusion section

Begin with a brief summary of the main conclusions and any questions that the current literature — or your research — raise. Discuss the implications of your findings for patients and if relevant give the learning points or recommendations that you have deduced from analysing the data.

Clinical reviews and Series reviews

Review articles are usually structured with an introductory section, the main body of the article — subheaded according to the subject — and a summary or conclusion, with up to 20 (maximally) references.

If you are writing for a specific series your series editor(s) will have given you a guideline to the specific requirements of your article. However, there are some inclusion criteria in addition to the two mentioned above in the original research section, that should be considered for all

review articles, and included where appropriate:

- The article should summarise the clinical evidence for an area of therapeutics, concentrating on patient-oriented evidence rather than evidence coming from studies using surrogate endpoints (disease-oriented evidence). When such disease-oriented evidence is quoted, the limitations if or when applied to clinical care should be stated.
- Recent publications or guidance, which may impact on clinical practice should be discussed.
- Articles based on or including recent NICE/SIGN guidelines and NSF are especially welcomed.

Length of original research and review manuscripts

Articles are usually up to 2000 words long including tables, figures and references. Generally, one table or figure equates to around 250 words. You may include up to two figures and up to 20 high quality primary research references (not papers that have been submitted or are in progress). Alternatively, websites may be included to support your evaluation.

For all manuscripts

Acknowledgements may be made and should follow the conclusion or discussion section. We also ask all authors to declare any competing interests and state full author affiliations. Other house style features common to all published papers are listed below and authors are urged to read these sections carefully.

Acknowledgements

This is the final section of a manuscript and is optional. However, authors could list the source(s) of funding for their study and for the manuscript preparation here, particularly if these are mentioned in the declaration of competing interests section (see below). In such cases authors are kindly requested to describe the role of the funding body if any in study design; in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

Declaration of competing interests

A competing interest exists when your presentation or interpretation of data or information may be influenced by your personal or financial relationship with other organisations or people. In the interests of openness authors are requested to disclose any financial or non-financial competing interests that may cause them embarrassment were they to become public after the publication of the manuscript.

We will list all competing interests that are declared at the end of published articles. For example, please state whether your work is sponsored by a pharmaceutical company and if so the degree of involvement they have had in the preparation of your manuscript. Non-financial competing interests might include personal, political, religious, ideological, academic, intellectual, commercial reasons.

Where an author gives no competing interests, the listing will read 'The author(s) declare that they have no competing interests'. We thank authors for their cooperation in this.

Author affiliations

All authors should state their name, job title and place of work at the end of the manuscript. Email contacts may also be included if wished, but these are not essential for publication.

Photographs

Only images that you hold the copyright to or have the permissions of both author and publisher to reproduce should be submitted for publication. If these are included with your submission, however, they may be chosen to illustrate the front cover of the journal as well as your manuscript.

Please supply either prints (15cmX10cm or larger), 35mm negatives or (preferably) digital images as JPEGs or TIFFs of resolution 300dpi and size 15cm X 10cm or larger. Please ensure that you can assign the publishing copyrights for use of your images to Medicom Ltd. If you are in any doubt about copyright or ownership of images please discuss this with the editor.

Reference style

The purpose of including a reference is so that a reader can find the place in the literature where you came across the statement/data that you are quoting. You should therefore cite the primary source of the information and not a review where you found some mention of it. It is important that you reference the originator paper when you quote specific original research findings or data (ie do not quote someone who is quoting someone else). *References that are used to substantiate your manuscript must be to papers published in peer-reviewed journals or e-journals — not local practice guidelines or leaflets unless these are freely available and never to word-of-mouth opinions or media opinions.* Meta-analyses and documents published on DH, NICE, MHRA and other official websites may be included, however. All references must be given in full using the Vancouver style. Please refer to each individual manuscript you cite using a superscript number in the text and provide a numerical reference list (in the order the references appear in the text) at the end of the manuscript. Each time you quote a particular manuscript in the text you should use the same number for it — do not give more than one number to a manuscript (ie do not give it a separate number each time you quote it).

If you use *Ref manager* to keep track of your references, please create a separate final manuscript *without the links* in it, because these links are lost when the document is imported into the page layout programme. This may mean that no references are included at the proof-making stage and you will need to go through your manuscript and reinsert these.

Journals

Please include the FULL reference as shown below — do not omit any section, such as the article title and/or journal title or author's names — they are all needed for a reader to find the paper for themselves. The journal title can be given in full or in abbreviated form — journal abbreviations can be looked up using the database on the US National Institutes of Health, National Library of Medicine website at <http://www.nlm.nih.gov/tsd/serials/lji.html>.

[nlm.nih.gov/tsd/serials/lji.html](http://www.nlm.nih.gov/tsd/serials/lji.html).

For multiple authors list the first three authors followed by et al. Fictitious examples of the reference style for journals are as follows:

- 1. Jones C. Evidence-based medicine. *Pharm J* 2002; 268: 839–43.
- 2. Robert D, Edwards H, Jones C. How best to conduct a medication review. *Pharm Pract* 2007; 17(5): 3–4.
- 3. Smith J. Reviewing the evidence for and against statins. *Br J Pharmacol* 2005; 15: 67–9.

Books and book chapters

- 1. Edwards F, Robertson GG, Philips H. *Pharmacy in perspective*, London: Printers Press; 2009.
- 2. Edwards K. It's a pharmacist's life. In: Smith G (Ed). *Pharmacy today*. 3rd edition, pp23–45. London: Pharmaceutical press; 2002.

Websites

Some examples of the style used in *Pharmacy in Practice* are:

- 1. National Institute for Health and Clinical Excellence. *Update on prescribing for children*. Available at: <http://nice.org.updateonprescribingforchildren.pdf>. Last accessed 4 January 2008.
- 2. Department of Health. *Title of the webpage*. Available at: <http://www.titleofthewebpage.htm> Last accessed 7 December 2008.

The editorial team members

The editor is Dr Christine Knott and the consultant editor is Dr Duncan Petty. They are both happy to help with enquiries and can be contacted by emailing pip@medicomgroup.com.

Series editors

Several series run in *Pharmacy in Practice* concurrently. These have specific series editors who manage the manuscripts for their series and who may co-opt other peer-reviewers to their review panel as necessary. The current series and their series editors

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are listed below.

Therapeutic options

The series will have three nationally respected expert editors who identify topics, authors and peer review the material. These are:

Jonathan Underhill — National Prescribing Centre.

Scott Pegler — Principal Pharmacist, Medicines Information, Swansea.

John Bane — Medicines Information Pharmacist, Sheffield.



Learning points and Basic pharmacy skills

Dr Duncan Petty — Leeds university.

Supplementary prescribing and Pharmacy technicians roles

Dr Barry Strickland-Hodge — Leeds university.

Medicines reviews

Dr Duncan Petty and David Alldred — Leeds university.

Research into practice and Soapbox

Dr Christine Knott — London.

The series editors are supported by the editor, Dr Christine Knott, and consultant editor Dr Duncan Petty. Once the series editors have approved an article it is sent to the editor to be scheduled for publication.

Commissioning process

Articles commissioned by a series editor must generally be written within six weeks of commissioning. In general, two or more series editors will peer review each article.

Payment for writing commissioned articles

Review articles and those that are specifically commissioned by series editors or the general editor attract a small payment in recognition of the author's time devoted to writing the commission. *Pharmacy in Practice* is not, however, able to pay authors for submitting their original research or research letters, but we hope this will not deter researchers from sending us their research submissions.

Publication procedure

All papers are first peer-reviewed for accuracy and suitability of standard for *Pharmacy in Practice*. Changes may be requested by the referees or series editors before a manuscript can be accepted. Once an article is accepted it will be queued for publication. The editor then edits the paper for clarity and house style and produces PDF page proofs, which will normally be sent to writers for their approval. The final editing process may necessitate shortening an article to fit available space and editing for house style and may, on occasion, involve further expert refereeing during its preparation. When proofs are sent to authors they will be

requested to return any amendments within, normally, 48 hours. Where appropriate these amendments will be made and the final pages will be sent to the printer for publication in the next issue of the journal.

If you have any specific editorial questions, please feel free to contact Dr Knott at: cknott@medicomgroup.com