

1. About the journal

Australian Family Physician (AFP) is a peer-reviewed journal published 11 times per year by The Royal Australian College of General Practitioners (RACGP).

AFP is a member of, and subscribes to the principles of, the Committee on Publication Ethics (COPE), available at www.publicationethics.org/resources/guidelines

AFP also adheres to the International Committee of Medical Journal Editors (ICMJE) recommendations, available at www.icmje.org

Our readership includes general practitioners (GPs), general practice registrars, international medical graduates, primary care academics, and medical students. As the journal is open access, readership of the publically available online version extends more broadly into the international healthcare and education sectors as well as patients and carers.

The advantages of publishing in *AFP* include:

- a Circulations Audit Board (CAB) circulation of more than 35,000, indicating it is widely read by Australian GPs and primary care researchers
- articles are available in full text and searchable at www.racgp.org.au/afp
- articles are MEDLINE listed
- articles are included in Thomson's Scientific Citation Index Expanded (SCIE)
- *AFP* has an impact factor of 0.759.

2. Review and acceptance

Acceptance of manuscripts for publication is based on quality, originality and relevance for a GP readership.

Articles should be pitched at the level that a competent practising GP would read it and say, 'That was useful and I'll change my practice accordingly'.

Articles submitted to *AFP* are subject to external peer review unless otherwise stated. Manuscripts should be submitted

online via <http://mc.manuscriptcentral.com/afp> (refer to section 4, 'Submission of manuscripts' for more information).

The editors reserve the right to reject any manuscript without peer review if it is not considered relevant to Australian general practice or is otherwise unsuitable for publication in *AFP*.

AFP reserves the right to use plagiarism detection software.

By submitting a manuscript, the author accepts that it may be screened against previously published works.

AFP follows the process outlined in the COPE guidelines for managing cases of suspected plagiarism (refer to <http://publicationethics.org/resources/flowcharts>).

3. Manuscript preparation

3.1 Manuscript categories

3.1.1 Original research articles

- **Description** – reports of high-quality, original research relevant to the needs of Australian GPs. Certain types of research are a lower priority for publication; these include surveys with low response rates, pilot studies and educational interventions. Human Research Ethics Committee approval must be demonstrated where applicable
- **Word limit** – 2000 words maximum, excluding abstract, tables, figures, references, with up to an extra 1000 words permitted for quotes in qualitative research; *AFP* also accepts shorter or 'in brief' research articles, in the same format as other research articles except with a lower word count (suggested maximum 800 words), fewer tables/figures/boxes and references, and no abstract
- **Abstract** – 150 words maximum, structured under the headings: Background and objective(s), Method, Results, Discussion
- **References** – 25 references as a suggested maximum
- **Figures/tables** – four tables/boxes and/or figures (quantitative research), or two tables/boxes and/or figures (qualitative research) maximum
- **Implications for general practice** – at the end of the report, an optional short summary of what the research adds to the literature and the implications for Australian general practice

3.1.2 Clinical articles

- **Description** – evidence-based review articles relating to the assessment and/or management of specific symptoms or conditions that are general practice focused
- **Word limit** – 1500 words maximum, excluding abstract, tables, figures and references
- **Abstract** – 150 words maximum, structured under the headings: Background, Objective(s), Discussion
- **References** – 25 references as a suggested maximum
- **Figures/tables** – four tables/boxes and/or figures maximum

3.1.3 Case studies

- **Description** – cases that present interesting or unusual problems relevant to practising GPs. Case studies should be presented in question and answer format. They should begin with a short clinical case history that may also be accompanied by clinical photographs (refer to section 4.1.6, 'Ethics' for requirements on case-based submissions). This should be followed by questions and answers that bring out the salient diagnostic or management points. If the author wishes to present a case in an alternative format, they should explain their reasoning in the cover letter for consideration by the editorial team
- **Word limit** – 750 words maximum, excluding tables, figures and references
- **Abstract** – no abstract is required; the introductory paragraph will be used for indexation
- **References** – 10 references as a suggested maximum
- **Figures/tables** – two tables/boxes and/or figures maximum
- **Key points** – include a list of key learning points from the case

3.1.4 Professional articles

- **Description** – articles on non-clinical topics such as practice management, medico-legal issues, medical ethics, patient safety, healthcare systems and service delivery, and medical education. Practice audits and reports of educational interventions may be occasionally considered for publication, but are low priority and may require ethics approval
- **Word limit** – 1500 words maximum, excluding abstract, tables, figures and references
- **Abstract** – 150 words maximum, structured under the headings: Background, Objective(s), Discussion
- **References** – 25 references as a suggested maximum
- **Figures/tables** – four tables/boxes and/or figures maximum

3.1.5 Viewpoint articles

- **Description** – clearly argued opinion pieces relating to any primary care topic and supported by appropriate references
- **Word limit** – 750 words maximum, excluding references
- **Abstract** – no abstract is required
- **References** – 10 references as a suggested maximum
- **Figures/tables** – use sparingly; rarely required in opinion pieces

3.1.6 Letters to the Editor

- **Description** – letters of broad interest to GPs, or letters that offer a perspective on content published by *AFP*, are published at the discretion of the editors and may be edited. Not all letters will be published, and those that are published are subject to right of reply. Letters can be submitted online via <http://mc.manuscriptcentral.com/afp> or emailed to afp@racgp.org.au. E-letters relating to a particular article can be submitted online at www.racgp.org.au/afp. E-letters may be referred for publication in the print edition
- **Word limit** – 350 words maximum, excluding references
- **Abstract** – no abstract is required; the introductory paragraph will be used for indexation
- **References** – five references as a suggested maximum

3.2 Manuscript style

Authors should present their work in a way that engages and informs a competent, practising GP readership. *AFP* recommends using consensus statements and checklists, where available, as a guide when writing manuscripts. Examples include:

- CONSORT, www.consort-statement.org, for randomised controlled trials
- STARD, www.stard-statement.org, for diagnostic accuracy studies
- STROBE, www.strobe-statement.org, for observational studies in epidemiology.

For an up-to-date list of resources, please visit www.equator-network.org

Medicine ingredient names and spellings should be in the style recommended by the Therapeutic Goods Administration, available at www.tga.gov.au/updating-medicine-ingredient-names-list-affected-ingredients

Manuscripts should be presented in the following order, where applicable:

1. abstract
2. text
3. acknowledgements
4. references
5. tables (with titles)
6. figures (with captions and, if applicable, legends).

For the main text of research articles, *AFP* uses a modified IMRAD (Introduction [unnamed], Methods, Results and Discussion) format, followed by an optional short summary of the implications for general practice.

In addition, authors should:

- use generic names when referring to medicines; do not use brand/trade names
- use acronyms and abbreviations sparingly; spell out all acronyms in full on the first reference
- clearly indicate headings and subheadings; avoid using all capitals in headings
- label all tables and figures in sequential order and include references to the tables and figures in the text
- ensure all medical claims and statements are referenced and include in-text citations.

Manuscripts that do not comply with these instructions may be returned to the author, resulting in a possible delay to publication.

3.3 Parts of the manuscript

3.3.1 Title page

Upload the title page as a separate document in ScholarOne; this helps facilitate the peer review process.

The title page must contain:

- the title of the article
- a list of all authors and each author's qualifications, current position(s) and affiliations
- contact details of the designated corresponding author
- word count (excluding abstract, tables/figures and references).

Please keep article titles as brief as practicable, to a maximum of 100 characters (not including spaces). Avoid more than one level of sub-heading.

3.3.2 Main text and abstract

Submit the main text of the article as a Word document, double-spaced throughout and include an abstract, a list of figure legends, a list of tables and references.

The abstract should accurately reflect the contents of the article and include the 'take home' messages of the article. (Refer to section 3.1 for abstract structure.)

Use automatic page numbering but no footnotes, headers or footers. Do not include author details (including contact details) in the text.

3.3.3 Tables and figures

Tables, images, figures or illustrations are valuable but their use should supplement the text without duplicating its content. Their inclusion is subject to editorial judgement. In-text references to tables, figures and boxes should be included.

Tables can be included in your manuscript file or uploaded as separate files if necessary. In your main text after your references, include a summary of table titles, figure captions, and, as applicable, legends of no more than 25 words.

Tables should not exceed one A4 page in portrait orientation at 8 point in a standard font such as Times New Roman. At the discretion of the editors, large tables may be published online only.

Tables should be supplied in Word. Figures, including photos scans and similar, should be in tiff, jpeg or eps format, all at 300 dpi.

Graphs, flowcharts and algorithms should, preferably, be supplied in their native form (eg Microsoft Excel). If native files cannot be supplied, please provide numeric data for graphs in case they need to be redrawn. Images that include the author's own text should be supplied in an editable format.

A copy of written permission(s) (if required) must be provided for all tables, images, figures or illustrations that are not your original work (see section 4.1.3, 'Permissions' for further details).

3.3.4 Competing interests and funding

Include a statement of competing interests and funding, as per the instructions in section 4.1.5 below.

3.3.5 References

AFP uses a modified Vancouver style for referencing.

Particulars of the *AFP* Vancouver style include the following.

- For standard journals, *AFP* lists all authors when there are six or fewer. When there are seven or more authors, in the reference list include the first three and add 'et al', and in body text include just the first and add 'et al'.
- The title of the paper should be given in full and the title of the journal abbreviated according to Index Medicus (if not listed by Index Medicus, spell out in full).
- Include the year, volume number, issue number and the first and last page numbers of the article:

– Paige G, Cooke MA, Fielding AJ, et al. Childhood development: The role of the general practitioner. *Arch Pediatr* 2005;12(5):863–65.

Articles in preparation or submitted for publication should not be included in the reference list. They can be cited in brackets as ‘unpublished data’ with the authors’ initials (or names if they are not co-authors on the manuscript submitted to *AFP*, in which case written permission for the citation should be supplied by each author).

Linked reference fields (eg EndNote codes) should be removed before submitting manuscripts.

Authors should set in-text reference numbers in superscript and in numerical order.

4. Submission of manuscripts

4.1 Submission requirements

Authors must submit manuscripts in electronic form via the *AFP* manuscript submission portal at: <http://mc.manuscriptcentral.com/afp>

After registering and logging on to the site, click on ‘Author’ and then follow the prompts to submit a manuscript.

In addition to uploading manuscript files, authors should ensure they have included the required statements in the cover letter section of the online submission and that they have uploaded the required forms. More detail is provided below.

You may check on the progress of your submission at any time by logging in to ScholarOne and/or contacting our publications administrator at afp@racgp.org.au

4.1.1 Covering letter

Submitted manuscripts must be original work that has not been published or submitted for publication elsewhere. A statement to this effect must be included in the cover letter. The cover letter should also contain statements about copyright permission, patient consent, human research ethics (see section 4.1.6, ‘Ethics’) and details of individual author contributions.

Authors should use their covering letter to provide 2–3 reasons to articulate why they believe their article should be published in *AFP*.

4.1.2 Copyright

Authors must complete a standard ‘Assignment of copyright/Health information authorisation’ form. This can be found on the *AFP* (www.racgp.org.au/afp/resources/authorforms) and ScholarOne websites.

4.1.3 Permissions

On the ‘Assignment of copyright/Health information authorisation’ form, authors must for all figures, tables and boxes indicate whether they:

- are original creations
- contain information taken from published sources
- are reproduced or adapted from published sources.

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4.1.4 Author contributions

Authors need to meet all of the following criteria as outlined in the International Committee of Medical Journal Editors (ICMJE) requirements:

- 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.

Contributors who do not meet authorship requirements can be included in an acknowledgement section. Permission to acknowledge people is required from those who are named.

The contribution of each listed author must be outlined in the cover letter completed as part of the ScholarOne submission process.

4.1.5 Disclosure of funding arrangements and/or competing interests

Any potential conflicts of interest must be stated on the 'ICMJE form for disclosure of potential conflicts of interest' available on the *AFP* website (www.racgp.org.au/afp/resources/authorforms) or the ScholarOne Manuscripts site.

Declarations on funding and financial arrangements must also be made in sections 2 and 3 of the ICMJE form.

Authors must also include in their article, before the references list, a 'Competing interests and funding' statement. The statement should specify board memberships/affiliations with, or funding from, pharmaceutical or other for-profit organisations. Sponsorship or funding arrangements relating to the authors' research must be disclosed. If a commercial organisation has initiated or significantly contributed to the writing of the article, the organisation must be identified.

The 'Competing interests and funding' statement must include any interests and potential conflicts identified in the ICMJE form.

If there were no competing interests and no funding, articles should nevertheless include a statement of 'none'.

The editors reserve the right to investigate or confirm any disclosures of funds or interests.

4.1.6 Ethics

In keeping with international protocols and National Health and Medical Research Council (NHMRC) guidelines, all research papers reporting new research must be able to state that appropriate ethics approval was obtained before undertaking the study. All clinical trials must be registered. Ethics approval details must be described in the manuscript, and the HREC approval number or a copy of the approval certificate must be supplied (certificates should be uploaded with manuscript files at manuscript submission stage and allocated the file type 'Forms', or emailed as attachments to afp@racgp.org.au or faxed to 03 8699 0400).

Occasionally, research may be eligible for an exemption to obtaining ethics approval. *AFP* may require a formal letter of ethics exemption from a duly constituted HREC. For guidance, see the NHMRC publication 'National Statement on Ethical Conduct in Human Research' available at www.nhmrc.gov.au/guidelines/publications/e72

For any case-based submission, authors must ensure informed consent is obtained from patients discussed or depicted in the manuscript, or their legal representatives. The RACGP 'Patient consent' form provides a template for ensuring informed consent and must be completed and retained by both the author and the patient or their legal representative. Authors must not supply these forms to *AFP* unless directed. This requirement applies whether or not clinical photographs are used. Forms are available from the *AFP* website (www.racgp.org.au/afp/resources/authorforms) or the ScholarOne Manuscripts site. Submissions will not progress until confirmation of patient or legal representative consent has been confirmed through provision of a signed 'Assignment of copyright/Health information authorisation' form.

All patient information must be de-identified.

5. Post-acceptance

All accepted manuscripts are subject to editing for length, clarity and conformity with *AFP* style.

If your article is accepted, a PDF proof of the final manuscript will be sent to the corresponding author before publication and must be returned by the date requested. No further corrections may be made after the reviewed PDF has been returned to the production editor.

It is the author's responsibility to carefully read the final version and ensure that no mistakes have inadvertently occurred in the production process, especially in regard to numbers and statistics in tables, or investigation results and medication doses.

Please note that *AFP* reserves the right to rescind an 'accept' decision if undeclared concerns with authorship, conflicts of interest, plagiarism or other significant issues arise during the production process, in accordance with COPE guidelines (www.publicationethics.org/resources/guidelines) and ICMJE recommendations (www.icmje.org/recommendations).

Date of these guidelines: January 2017

Date of next review: December 2017