



**BMJ**

# **Publishing healthcare innovation and improvement**

**Dr Ashley McKimm**

Director of Innovation and Improvement

Editor-in-Chief, BMJ Innovations



# PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY DR. GREEN AND DR. STREETEN.

No. 1. Vol. I.]

LONDON, SATURDAY, OCTOBER 3, 1840.

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	PAGE		PAGE
INTRODUCTORY ADDRESS .....	1	Dr. Macartney on the Terminal Filament of Cauda Equina .....	7
REVIEWS OF WORKS:—		Mr. Greenhow's Fracture Apparatus (with Engraving.) .....	8
Dr. Ramsbotham's Atlas of Midwifery .....	4	Operations by Sir John Fife (with Engraving.) .....	9
Dr. Ashwell's Diseases of Females .....	<i>ib.</i>	Report of the Meeting of the Eastern Branch of the Provincial Association at Bury St. Edmond's .....	10
Dr. Waller on Diseases of the Womb .....	5	Mr. Warburton's Bill for the Regulation of the Medical Profession	13
Mr. Lucas on the Treatment of Squinting (with Engraving.) .....	<i>ib.</i>	NOTICE TO CORRESPONDENTS.....	15

## INTRODUCTORY ADDRESS.

In the commencement of an undertaking like the present,

the suppression of empiricism; the providing of proper medical attendance for those who are unable to procure it for themselves; and the placing of these and other portions





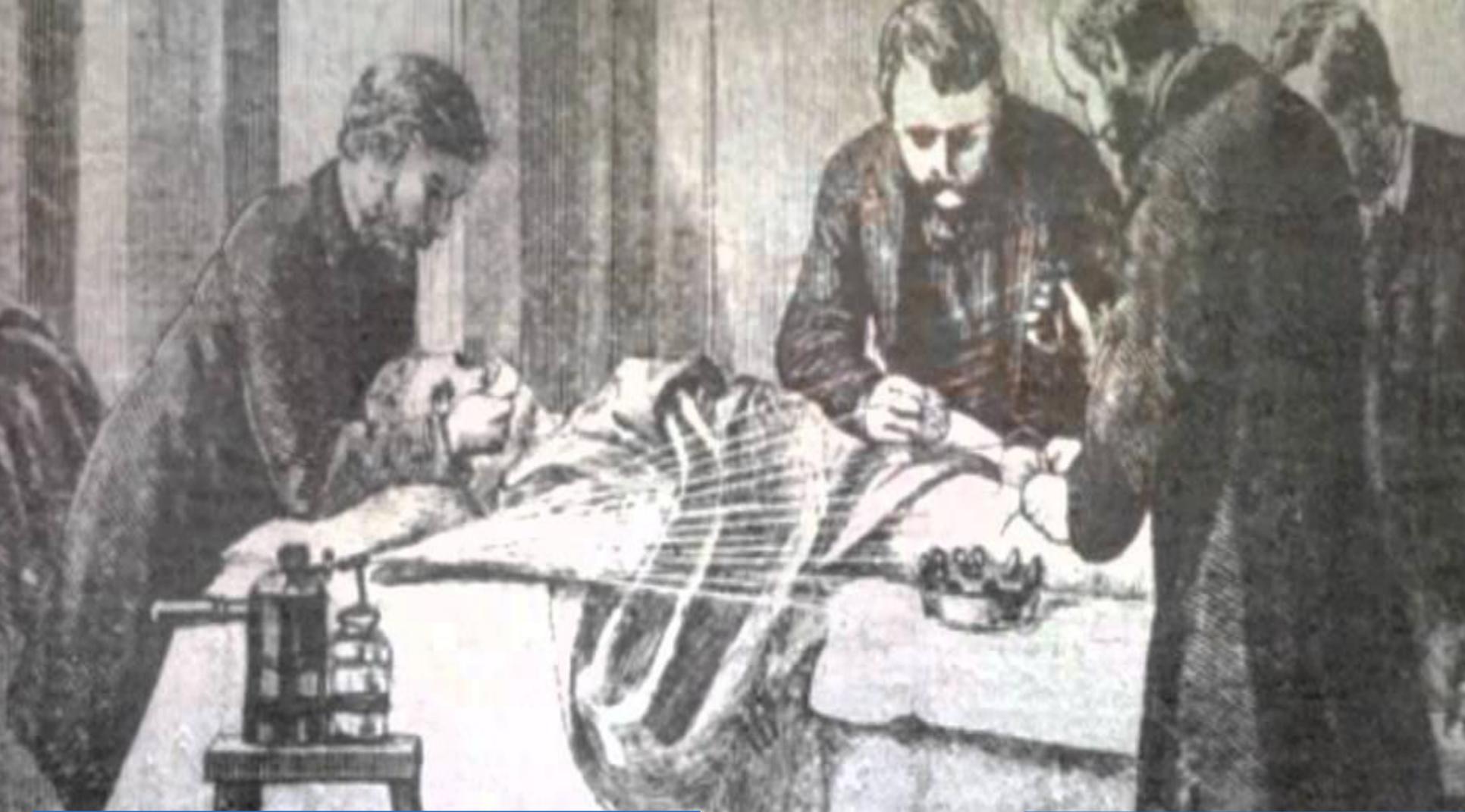
1847

James Simpson reports the discovery of chloroform in the Journal.

**SEMI-CENTENARY OF THE INTRODUCTION OF CHLOROFORM AS AN ANÆSTHETIC.**

THE Society of Anæsthetists celebrated this notable event in the history of anæsthesia—which occurred in November, 1847—by a *conversazione* given at 20, Hanover Square, on

must keep pace with the times. The interests of the Royal asylums deserve to be conserved, but it is apparent that they are unable to cope with the difficulties involved. Of late years the Glasgow Royal Asylum has been devoted to the non-pauper class, and every effort has been made to receive all the cases seeking admission at the lowest payment. Notwithstanding the accumulations of funds under Dr. Yellow-



ON THE  
ANTISEPTIC PRINCIPLE IN THE PRACTICE OF  
SURGERY.\*

By JOSEPH LISTER, F.R.S.,  
Professor of Surgery in the University of Glasgow.

IN the course of an extended investigation into the nature of inflammation, and the healthy and morbid conditions of the blood in relation to it, I arrived several years ago at the conclusion that the essential cause of suppuration in wounds is decomposition, brought about by the influence of the atmosphere upon blood or serum retained within them, and, in the case of contused wounds, upon portions of tissue destroyed by the violence of the injury.

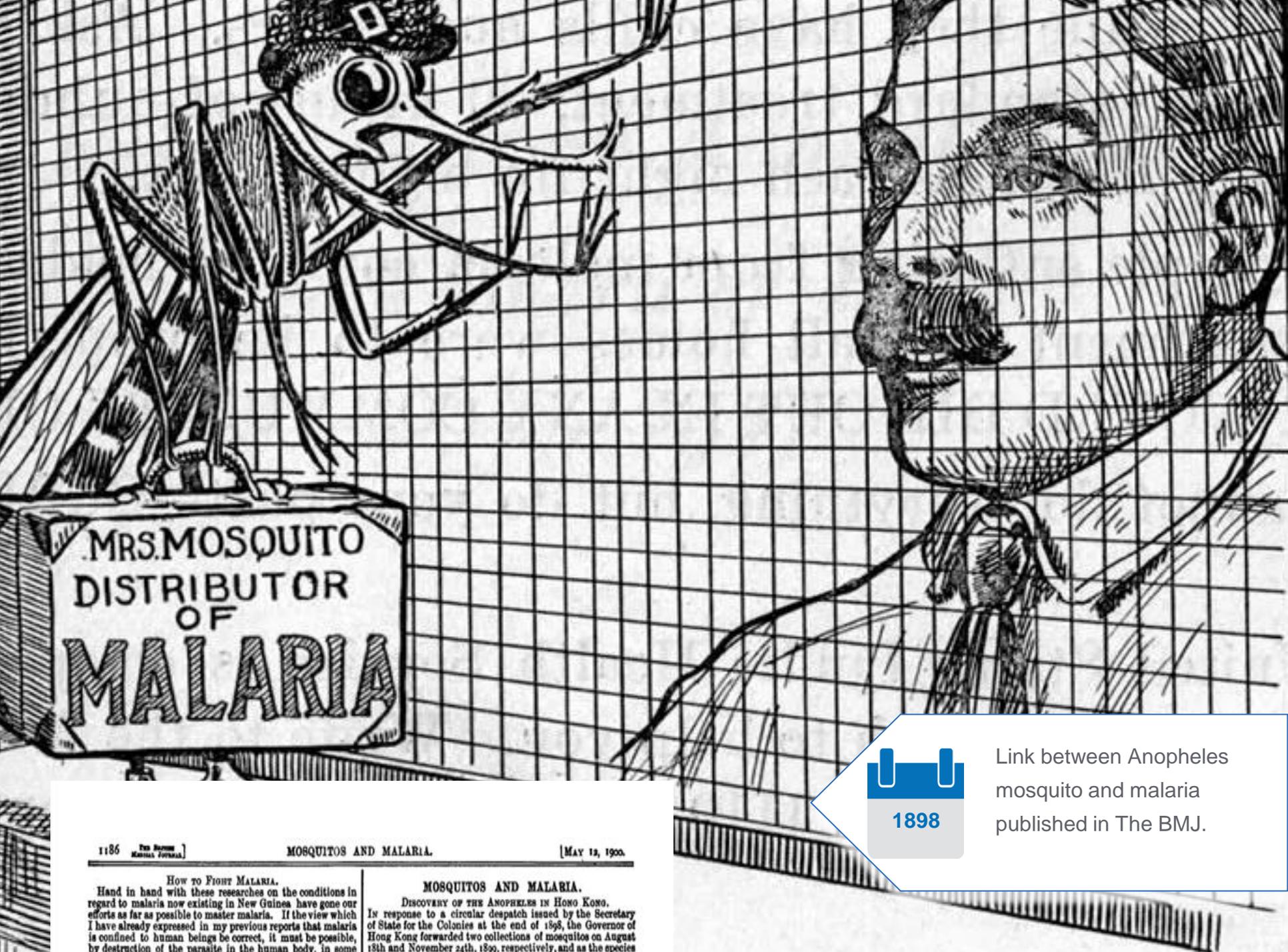
To prevent the occurrence of suppuration with all its attendant risks was an object manifestly desirable, but till lately apparently unattainable, since it seemed hopeless to attempt to exclude the oxygen, which was universally regarded as the agent by which putrefaction was effected. But when it had been shown by the researches of Pasteur that the septic property of the atmosphere depended not on the oxygen, or any gaseous constituent, but on minute organisms suspended in it, which owed their

skin for a very considerable distance, and this was inadmissible by the method described above, on account of the extensive sloughing of the surface of the cutis which it would involve. This difficulty has, however, been overcome by employing a paste composed of common whiting (carbonate of lime), mixed with a solution of one part of carbolic acid in four parts of boiled linseed oil, so as to form a firm putty. This application contains the acid in too dilute a form to excoriate the skin, which it may be made to cover to any extent that may be thought desirable, while its substance serves as a reservoir of the antiseptic material. So long as any discharge continues, the putty should be changed daily, and, in order to prevent the chance of mischief occurring during the process, a piece of rag dipped in the solution of carbolic acid in oil is put on next the skin, and maintained there permanently, care being taken to avoid raising it along with the putty. This rag is always kept in an antiseptic condition from contact with the paste above it, and destroys any germs that may fall upon it during the short time that should alone be allowed to pass in the changing of the dressing. The putty should be in a layer about a quarter of an inch thick, and may be advantageously applied rolled out between two pieces of thin calico, which maintain it in the form of a continuous sheet, which may be wrapped in a moment round the whole circumference of a limb if this be thought desirable, while the putty is prevented by the calico from



1867-79

The BMJ publishes articles  
by Joseph Lister on  
antiseptics in surgery.



1898

Link between Anopheles mosquito and malaria published in The BMJ.

**HOW TO FIGHT MALARIA.**

Hand in hand with these researches on the conditions in regard to malaria now existing in New Guinea have gone our efforts as far as possible to master malaria. If the view which I have already expressed in my previous reports that malaria is confined to human beings be correct, it must be possible, by destruction of the parasite in the human body, in some

**MOSQUITOS AND MALARIA.**

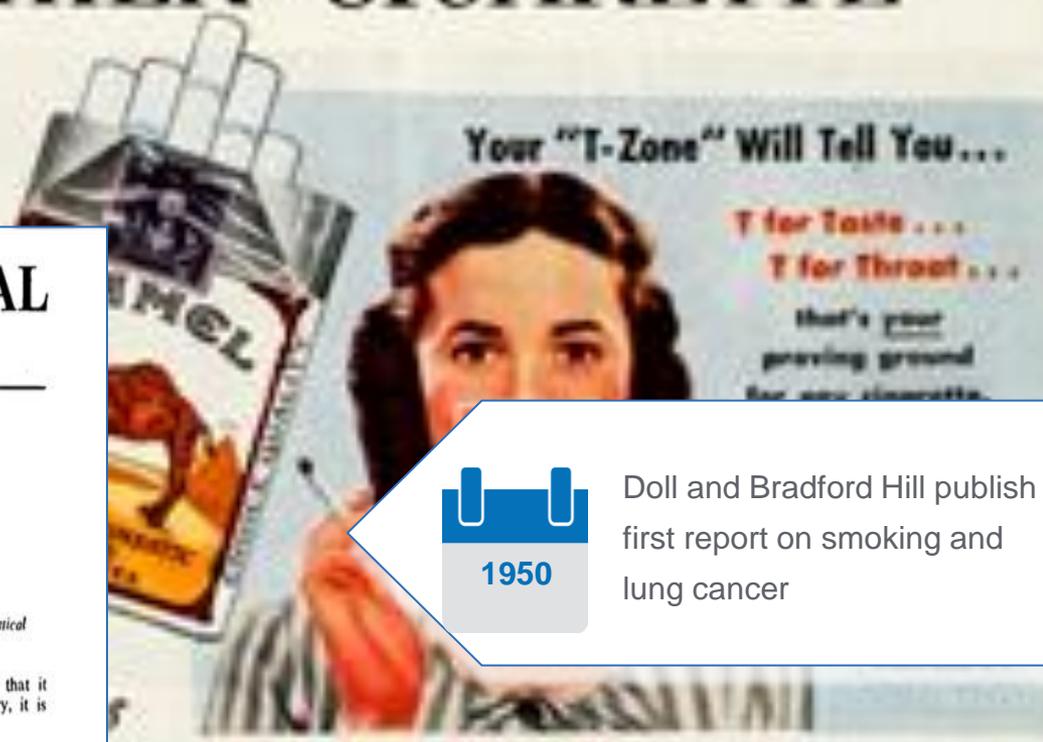
**DISCOVERY OF THE ANOPHELES IN HONG KONG.**

In response to a circular despatch issued by the Secretary of State for the Colonies at the end of 1898, the Governor of Hong Kong forwarded two collections of mosquitos on August 13th and November 24th, 1899, respectively, and as the species

*According to a recent Nationwide survey:*

# MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,397 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was...



## BRITISH MEDICAL JOURNAL

LONDON SATURDAY SEPTEMBER 30 1950

### SMOKING AND CARCINOMA OF THE LUNG

PRELIMINARY REPORT

BY

**RICHARD DOLL, M.D., M.R.C.P.**

*Member of the Statistical Research Unit of the Medical Research Council*

AND

**A. BRADFORD HILL, Ph.D., D.Sc.**

*Professor of Medical Statistics, London School of Hygiene and Tropical Medicine; Honorary Director of the Statistical Research Unit of the Medical Research Council*

In England and Wales the phenomenal increase in the number of deaths attributed to cancer of the lung provides one of the most striking changes in the pattern of mortality recorded by the Registrar-General. For example,

whole explanation, although no one would deny that it may well have been contributory. As a corollary, it is right and proper to seek for other causes.



1950

Doll and Bradford Hill publish first report on smoking and lung cancer



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emerging digital health and pioneering  
medical devices

[innovations.bmj.com](https://innovations.bmj.com)

**Dr Ashley McKimm**

**Director of Partnership Development, BMJ  
Editor-in-Chief, BMJ Innovations**

[amckimm@bmj.com](mailto:amckimm@bmj.com)

**BMJ**

# Early-stage innovation report

Early-stage innovation reports are a specific type of article that allows healthcare innovators to publish their early-stage innovations. These reports are analogous to clinical case studies with valuable and transferable lessons for the readership of *BMJ Innovations*.

Reports that present an original device design, implementation of an innovation approach to a system or process challenge, or development of a digital health solution are particularly encouraged.

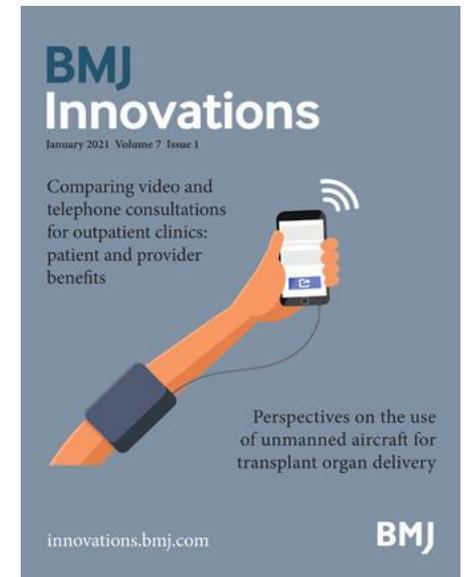
Early-stage innovation reports should be structured as follows: Introduction (including background, operational aims and objectives), Methods (how the intervention was designed, implemented, evaluated), Results (what actually happened, qualitative or quantitative or both), Discussion (limitations, reflection on what was learned), Conclusions (what can be useful for other implementers, or what needs further research).

Please also include a summary box summarising in 4-5 bullet points “what are the new findings” and “how might it impact on healthcare in the future”.

**Word count:** up to 2,500 words

**Illustrations/Tables:** maximum 2 tables and/or figures

**References:** up to 30





**BMJ Quality & Safety** is an international peer review publication providing research, opinions, debates and reviews for academics, clinicians and healthcare managers focused on the quality and safety of health care and the science of improvement.

The journal receives approximately 1000 manuscripts a year and has an acceptance rate for original research of 12%. Time from submission to first decision averages 22 days and accepted articles are typically published online within 20 days. Its current impact factor is 7.226.

[qualitysafety.bmj.com](http://qualitysafety.bmj.com)



## Latest Articles

### BMJ QUALITY IMPROVEMENT REPORT:

Faecal immunochemical testing implementation to increase colorectal cancer screening in primary care 25 October, 2018

### ORIGINAL ARTICLE:

A comparison of hospital-acquired pressure injuries in intensive care and non-intensive care units: a multifaceted quality improvement initiative 25 October, 2018

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Challenges in reducing TIA clinic waiting times from 9 to 3 days in an acute Welsh hospital 15 October, 2018

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Neurology



Neurosurgery



Nursing



Nutrition



Occupational Medicine



Oncology



Ophthalmology



Paediatrics



Pathology



Pharmacology



Psychiatry



Public Health



Respiratory Medicine



Rheumatology



Sexual & Reproductive Medicine



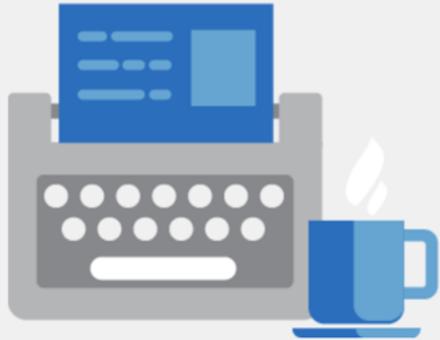
Sports & Exercise Medicine



Surgery



# <https://authors.bmj.com>



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Publish with impact - you can be sure of great support from submission through publication and beyond

At BMJ, we understand that publishing can be a complex journey, and we are here to assist you every step of the way. With our author support services, you can focus on what you do best—conducting research—while we handle the technicalities and provide guidance to help your work shine.



Listen to our experts ...

 <p>Adrian Aldcroft Editor in chief, BMJ Open</p> <p>1 MIN</p> <p>Why should I give up my time to peer review for a journal?</p>	 <p>2 MIN</p> <p>If my submission is rejected, will my time and effort submitting have been...</p>	 <p>Surina Ivanov Marketing strategy, BMJ journals</p> <p>1 MIN</p> <p>Where can I find everything I need to know about how to publish in a BMJ...</p>	 <p>Dr. Therese Bloom Marketing strategy, The BMJ</p> <p>2 MIN</p> <p>How do I identify which journals have rigorous</p>
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Our featured tools to help you during your publication journey



## In this section:

NEW! Featured Author Support

How to choose a journal

Topic Collections

Submitting to a Topic Collection

See our calls for papers for Topic Collections

Become a Guest Editor

Reporting guidelines

Patient and public partnership

Study protocols

Scientific misconduct

Trial registration

Authorship and contributorship

Research Ethics

Patient consent and confidentiality

Competing interests

From research to publication

## How to choose a journal

### Top tips

- Make sure your paper fits within the scope of the journal
- Assess the credentials of the journal or publisher
- Browse the content they publish for quality and relevance to your field
- Check the quality of their website
- Check what tools and services they offer to authors
- Submit your research to one journal only, but check if they offer transfers to other journals
- Follow the instructions for authors carefully

There are two main factors to consider when choosing a journal: that your paper fits within the **journal's scope**, and the **reputation** of the journal itself. The reputation is not necessarily based on metrics such as the impact factor, but on aspects such as the professionalism of the editorial team, the journal's audience and reach, or turnaround times, to name a few.

Whichever publisher or journal you choose, make sure they have high standards of peer review and publication ethics. [Think. Check. Submit.](#) is a **campaign** that has been launched recently for this purpose, and we recommend visiting their website for a useful **checklist** that will help you assess the credentials of a journal or publisher.

The World Association of Medical Editors (WAME) has also provided some guidance to help editors, researchers, funders, academic institutions and other stakeholders distinguish predatory journals from legitimate journals: [Identifying Predatory or Pseudo-Journals](#).

There are of course other factors to consider. You may want to ask the publisher about the tools and services they offer to authors, check the quality of their website, and what content they publish.

If you have never submitted a manuscript before, be aware that submitting to more than one journal simultaneously is a breach of publishing ethics. If your paper is rejected you can resubmit to another journal, or opt to transfer your paper within the same publisher. A good editorial team should be able to advise on these matters at the time of submitting.

Once you are happy with the journal you have selected, you will need to follow the instructions for authors very carefully as they vary from journal to journal. If you do, you will maximise the chances of your paper



- 1. The challenge for authors**
- 2. Publishing healthcare innovation and improvement**
- 3. What do editors do?**
- 4. What do editors look for?**
- 5. Writing your paper**
- 6. Top tips for submission**
- 7. Q&A**



**Why publish?  
Where to publish?**

PHILOSOPHICAL  
TRANSACTIONS:  
GIVING SOME  
ACCOMPT  
OF THE PRESENT  
Undertakings, Studies, and Labours  
OF THE  
INGENIOUS  
IN MANY  
CONSIDERABLE PARTS  
OF THE  
WORLD.

*Vol I.*

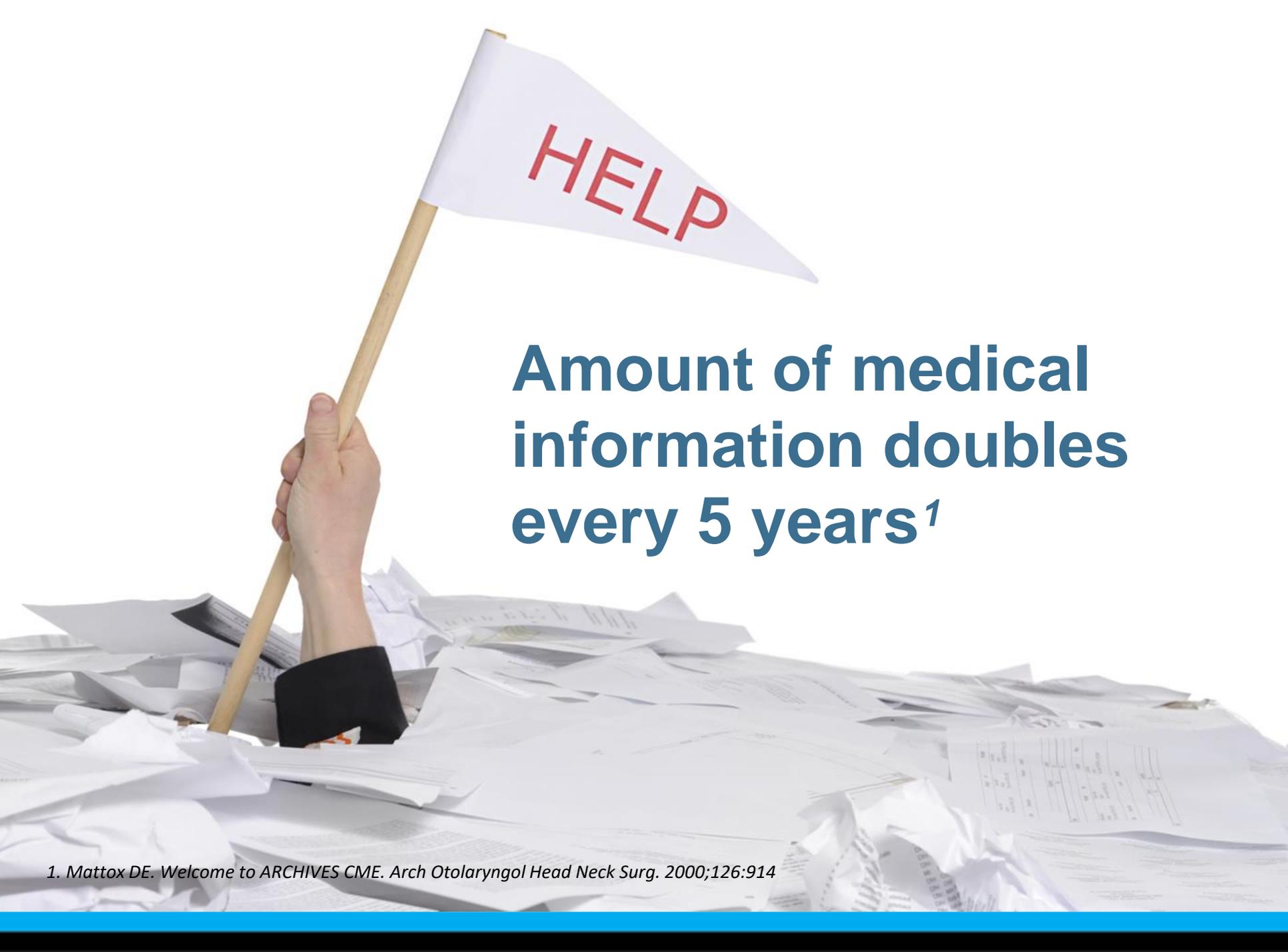
For *Anno 1665, and 1666.*

In the SAVOY,  
Printed by T. N. for John Martyn at the Bell, a little with-  
out Temple-Bar, and James Allestry in Duck-Lane,  
Printers to the Royal Society.

A hand holding a small white pennant flag with the word 'HELP' written in red capital letters. The hand is emerging from a large, chaotic pile of white papers, some of which are crumpled. The background is plain white.

**HELP**

**150,000 articles/month**  
**120,000 RCT/year**

A hand holding a wooden flagpole with a white pennant that says "HELP" in red letters. The hand is emerging from a large, chaotic pile of white papers and documents. The background is white.

# Amount of medical information doubles every 5 years<sup>1</sup>

1. Mattox DE. Welcome to ARCHIVES CME. Arch Otolaryngol Head Neck Surg. 2000;126:914





# Acceleration in output of healthcare research

85%

INCREASE IN SUBMISSIONS

59%

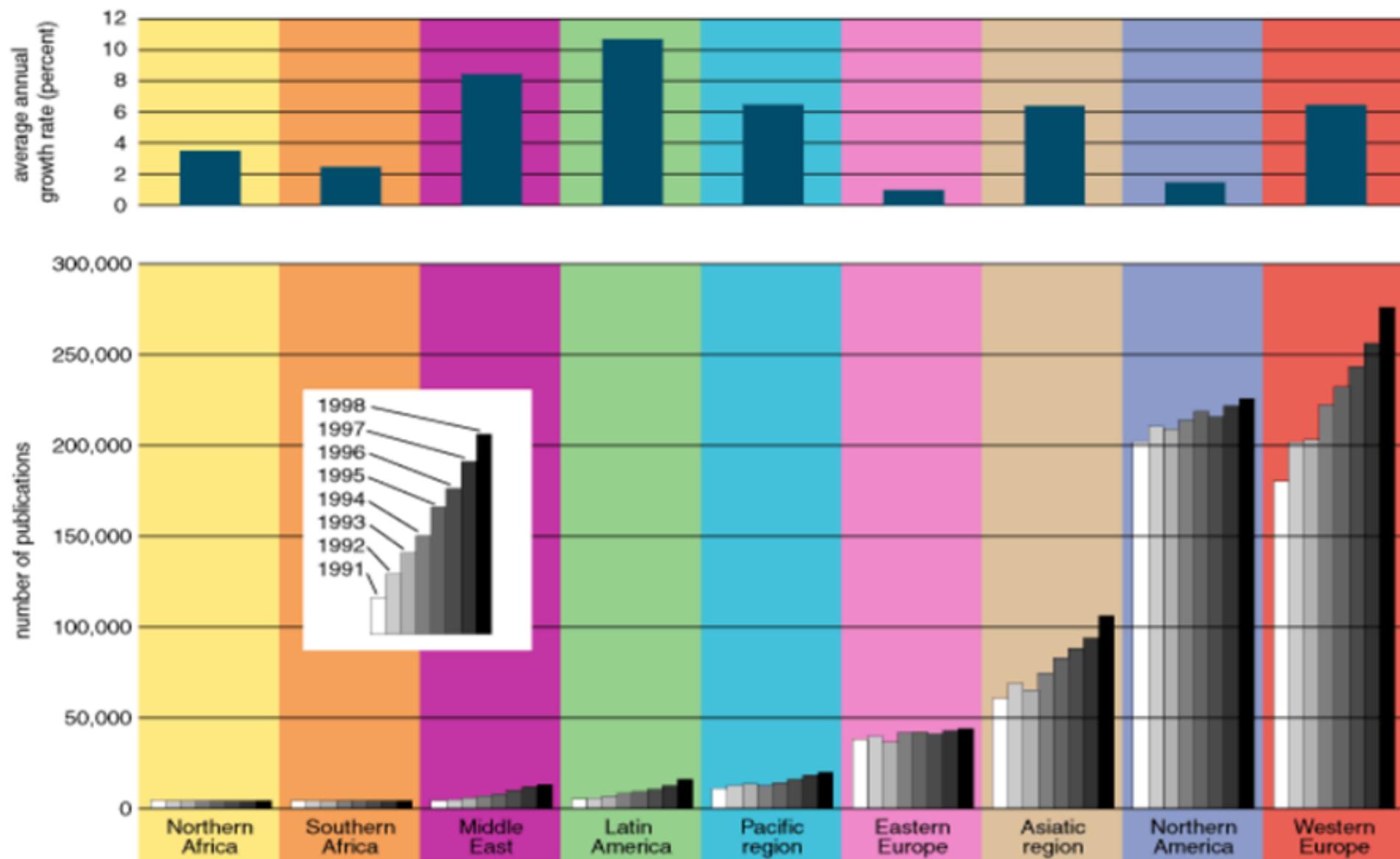
INCREASE IN NON-COVID PAPERS

39%

ACCEPTED PAPERS

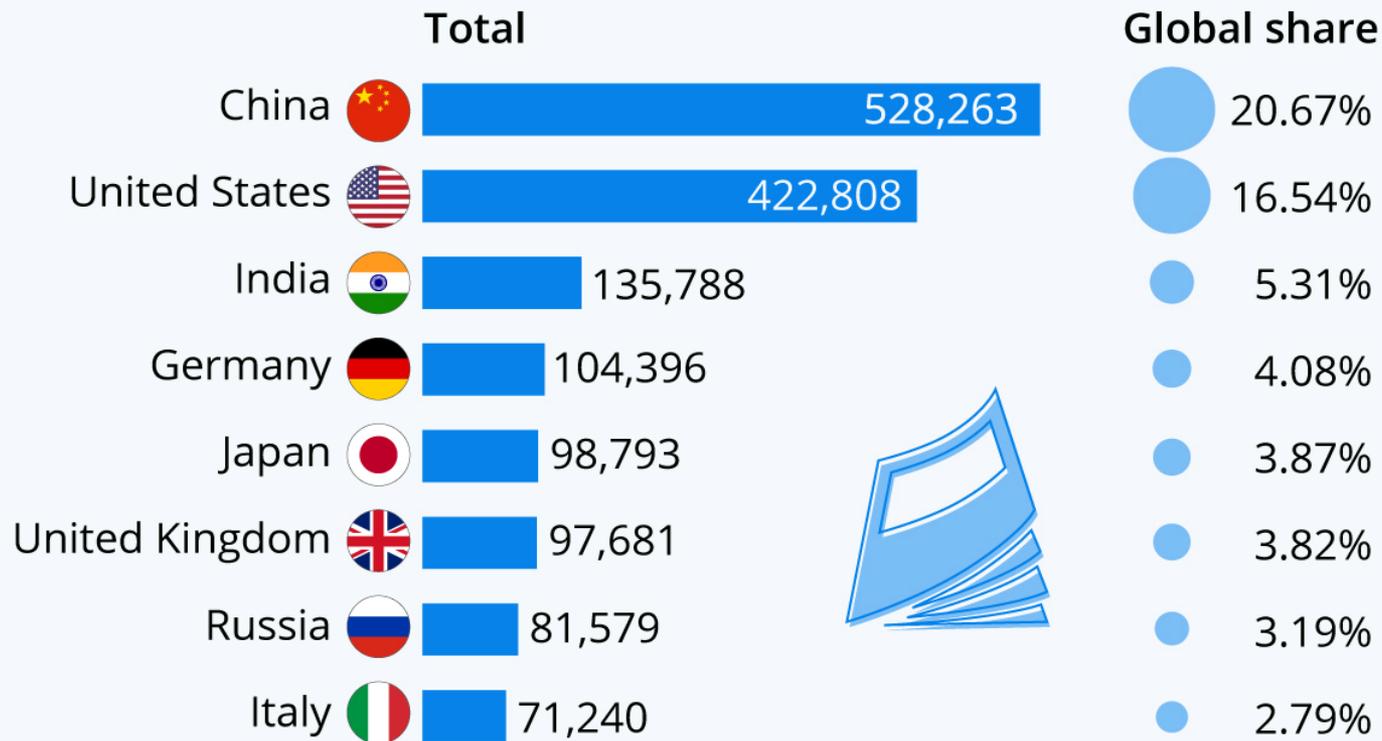
Publications across The BMJ (September 2019 - September 2020)

# Increase in Scientific Output



# The Countries Leading The World In Scientific Publications

Number of science & engineering articles published in peer-reviewed journals in 2018



Source: National Science Foundation



**ChatGPT**

Your article on "Best Practice in Diagnosing ADHD in Adults" is well-structured and informative, covering key aspects of ADHD diagnosis in adults. The language is mostly clear and adheres to US English norms. Below, I'll highlight a few areas for potential improvement or clarification, ensuring the text aligns with US English standards and medical writing practices.

**1. General Observations:**

- The article is clearly written and generally follows the conventions of US English. It uses appropriate technical terms and maintains a professional tone throughout.

**2. Specific Suggestions:**

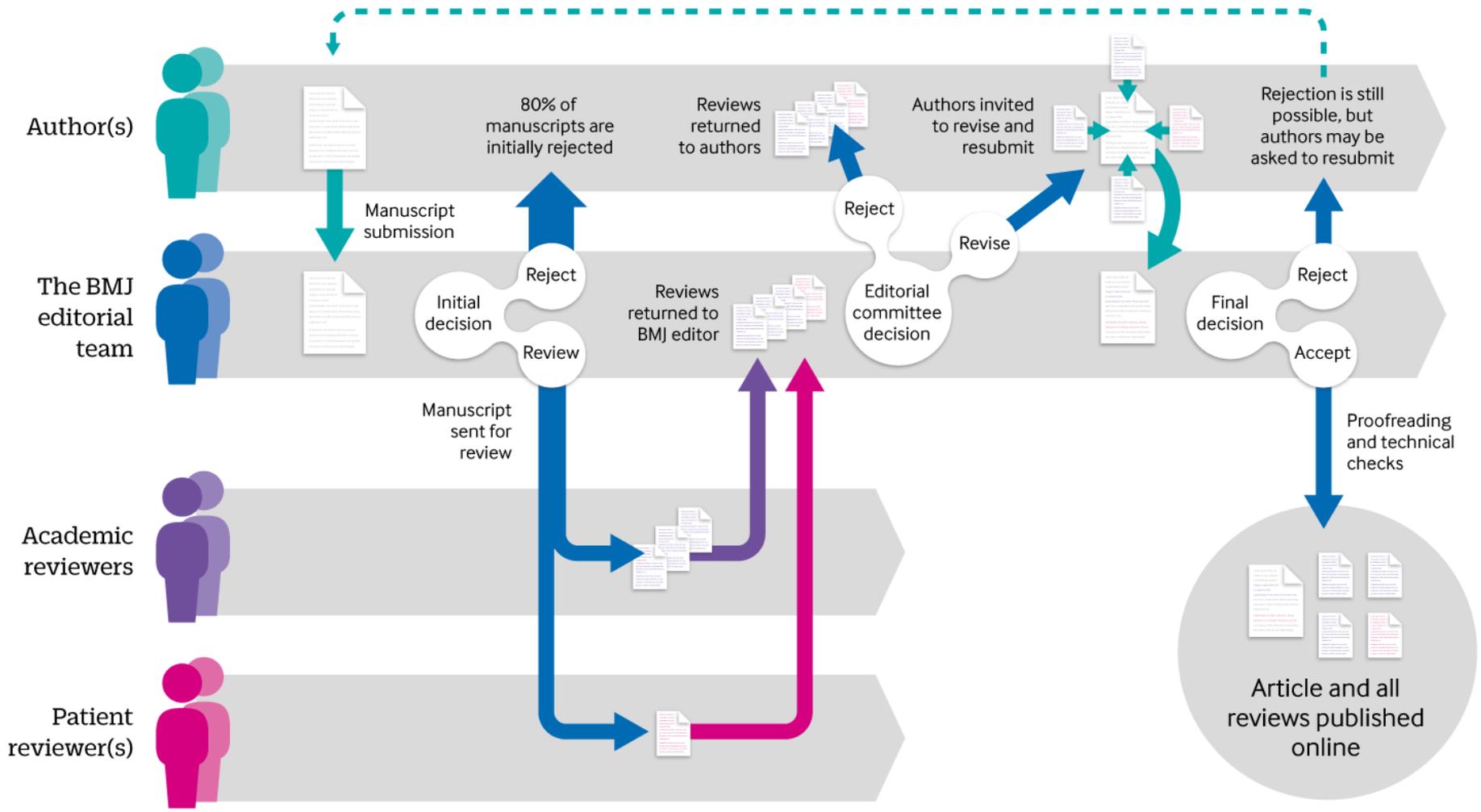
- **Screening Questionnaires/Rating Scales and Clinical History:** Consider specifying that psychological testing may be used to rule out other conditions or clarify ambiguous cases, as the current phrasing might imply it's never part of the process.
- **Retrospective Collateral History:** The term "written documentation from school reports" could be rephrased for clarity. Consider specifying what kind of documentation (e.g., report cards, teacher's notes) may be helpful.
- **Assessment of Psychiatric Comorbidity:** The sentence structure is complex. Breaking down sentences, especially in the list of comorbidities, could improve readability. For example, "Assessment of psychiatric or neurodevelopmental comorbidity is essential. This includes disorders such as mood, anxiety, substance use, eating, sleep, and autism spectrum disorders."
- **Impact on Patients and Their Families:** While comprehensive, this section could benefit from bullet points or a list format to enhance readability, especially when detailing the wide range of difficulties ADHD may contribute to.



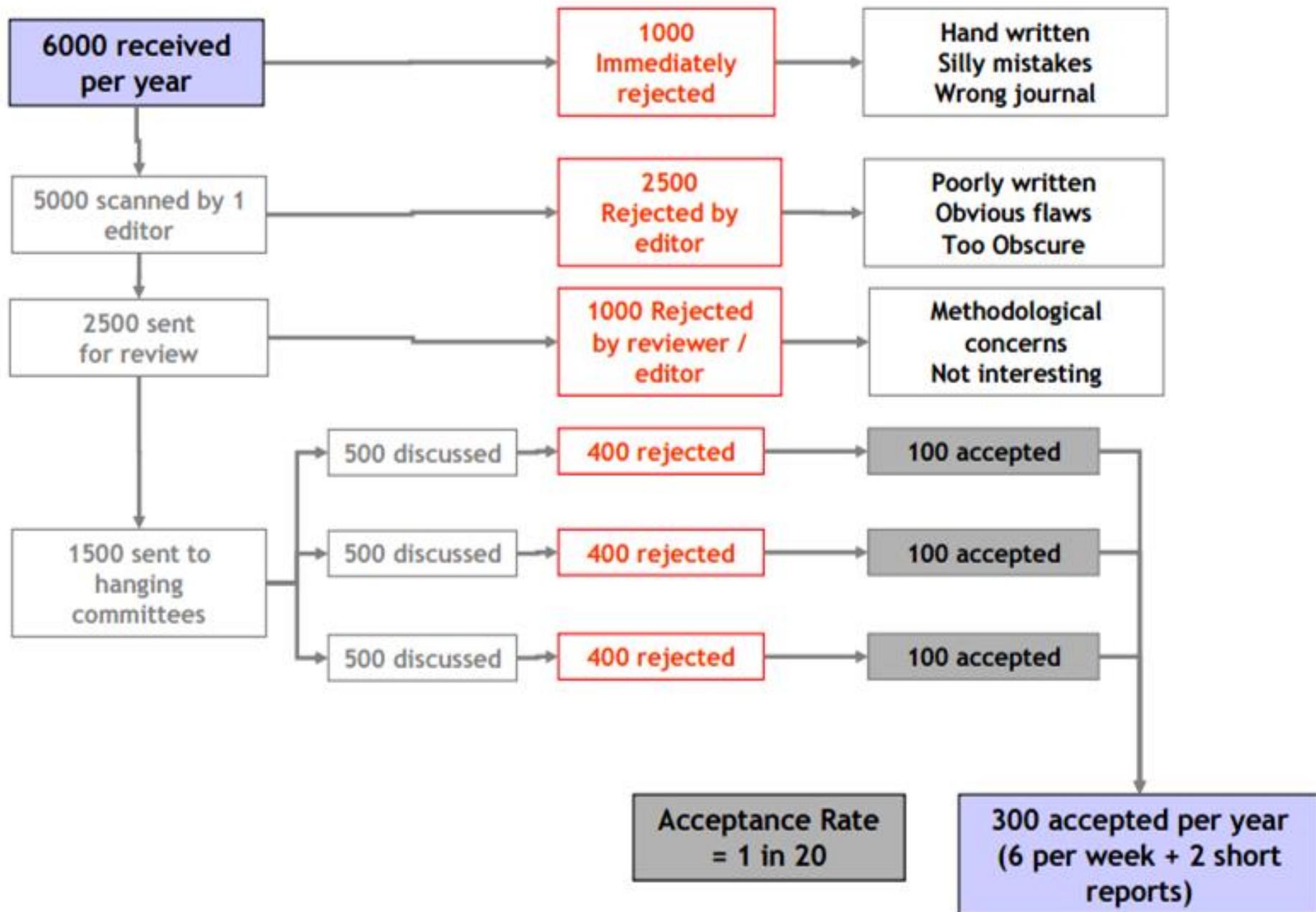
Message ChatGPT...



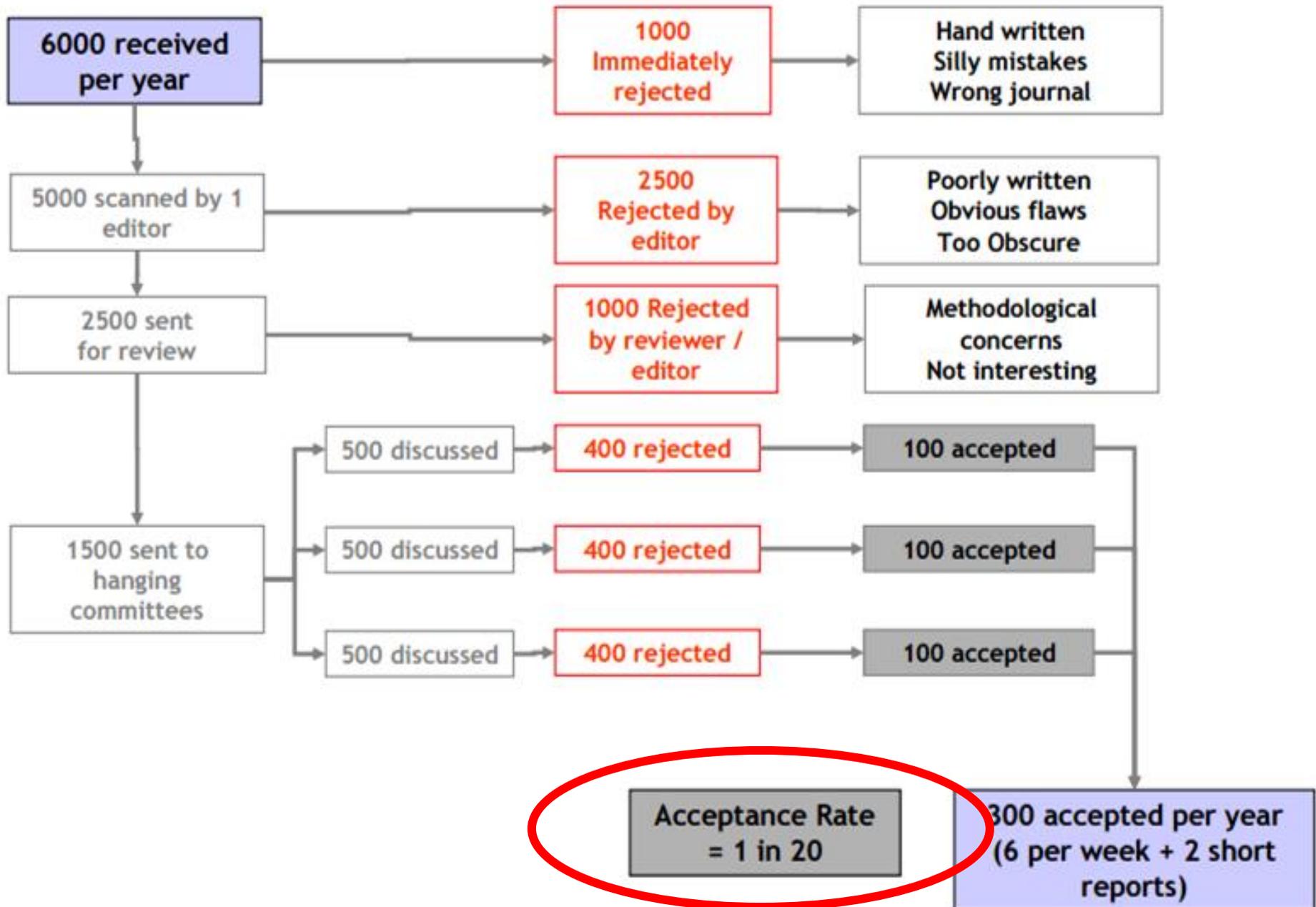
# Outline of **thebmj** review process



# BMJ Manuscript Processing



# BMJ Manuscript Processing





On average it takes 17 years for  
new clinical knowledge to  
become routine practice

1. Balas EA, Boren SA. Managing clinical knowledge for health care improvement  
In: Bemmell J, McCray AT, editors. Yearbook of Medical Informatics 2000

# Why publish?

- Share your work
- Educate others
- Promote thought or debate
- Career advancement and promotion
- Develop a fundable track record
- Personal satisfaction
- Make healthcare better!

# Types of publication

- Research paper
- Review article
- Case report
- Letters and comment
- Poster presentation
- Presenting at a conference
- Blog
- Feature or report

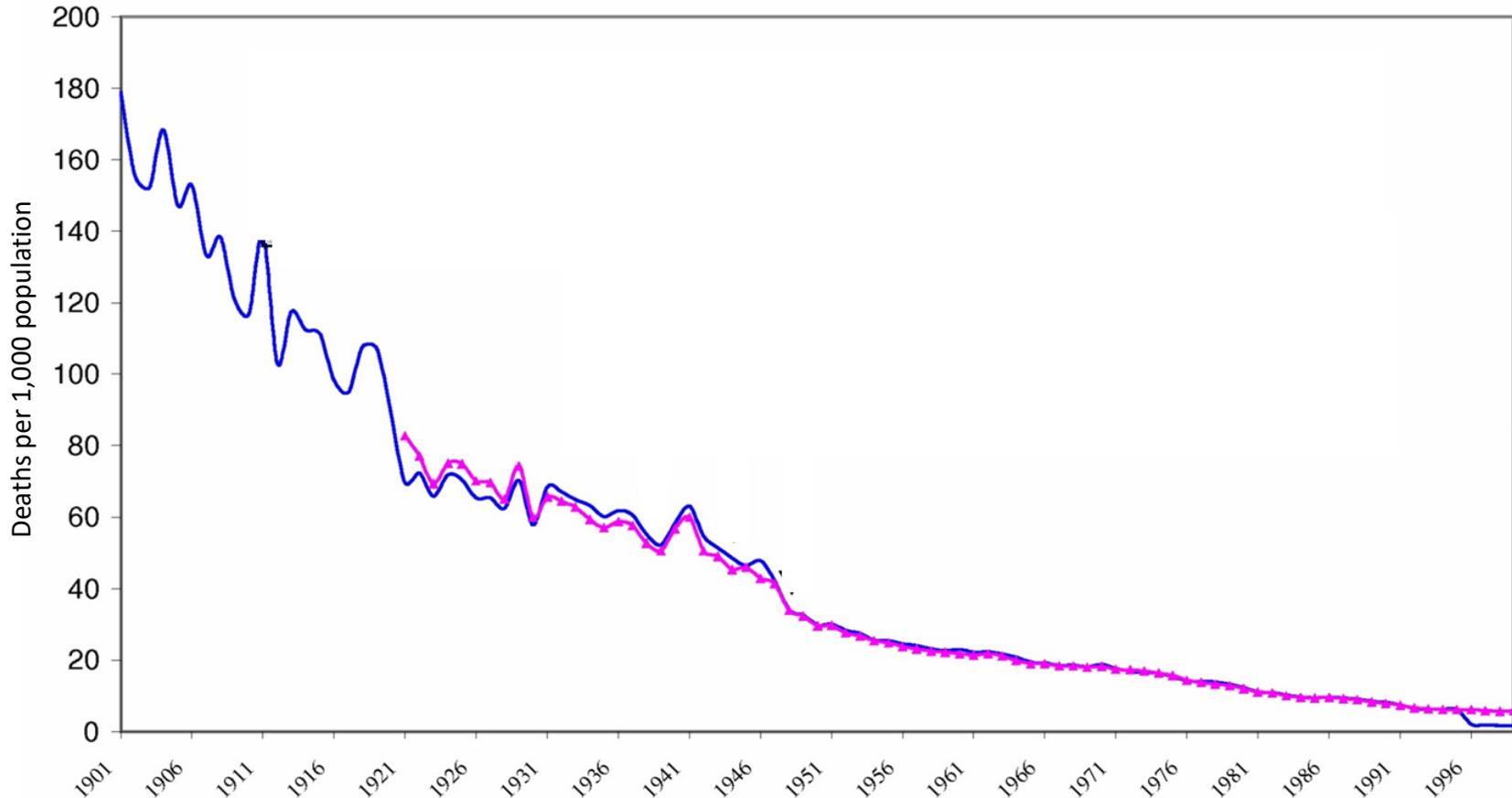
**BMJ**



**Why is healthcare  
innovation and  
improvement is a  
great area for  
publication?**

# Why quality and safety? Why now?

Total Infant Mortality All Causes Per 1,000 ( Infants) - England & Wales 1901-1999

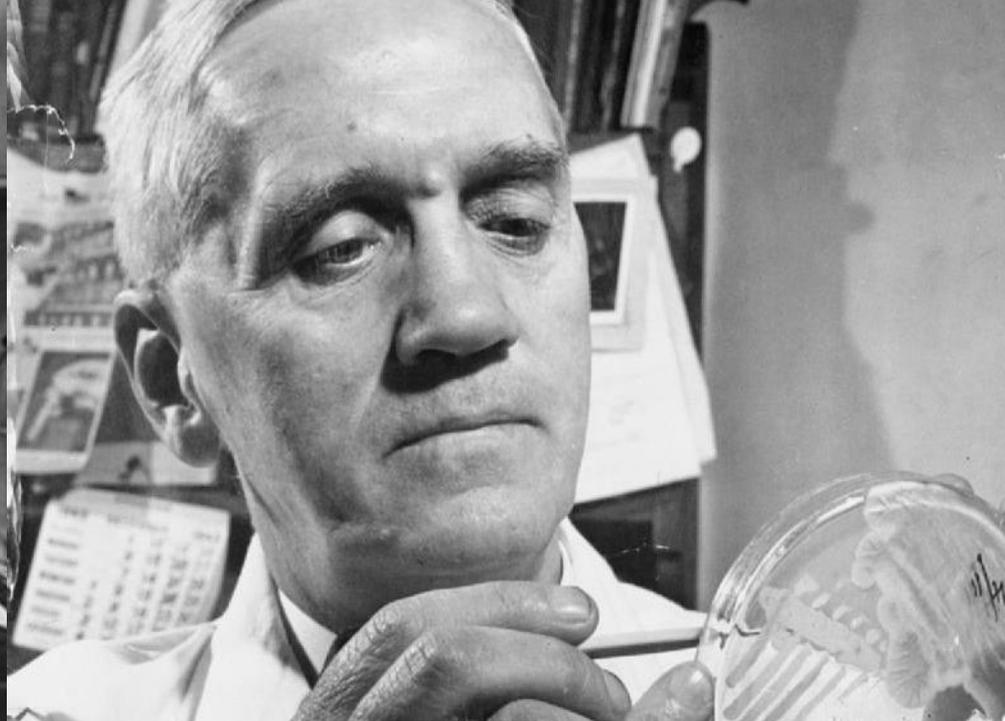


[1] Source: Office for National Statistics - 20th Century Mortality

[2] Series DH3 No.38 - Table 33 - Mortality statistics - Childhood, infant and perinatal, Review of the Registrar General on deaths in England and Wales, 2005

[3] A Chronology of State Medicine, Public Health, Welfare and Related Services in Britain 1066-1999 Compiled by Michael D Warren, FACULTY OF PUBLIC HEALTH MEDICINE of the Royal Colleges of Physicians of the United Kingdom

070725



**CHOLERA**  
AND  
**WATER.**  
**BOARD OF WORKS**  
FOR THE LIMEHOUSE DISTRICT,  
Comprising Limehouse, Ratcliff, Shadwell,  
and Wapping.

The INHABITANTS of the District within  
which CHOLERA is PREVAILING, are  
earnestly advised

**NOT TO DRINK ANY WATER**  
**WHICH HAS NOT**  
**PREVIOUSLY BEEN BOILED.**

Fresh Water ought to be Boiled every  
Morning for the day's use, and what  
remains of it ought to be thrown away  
at night. The Water ought not to stand  
where any kind of dirt can get into it,  
and great care ought to be given to see  
that Water Butts and Cisterns are free  
from dirt.

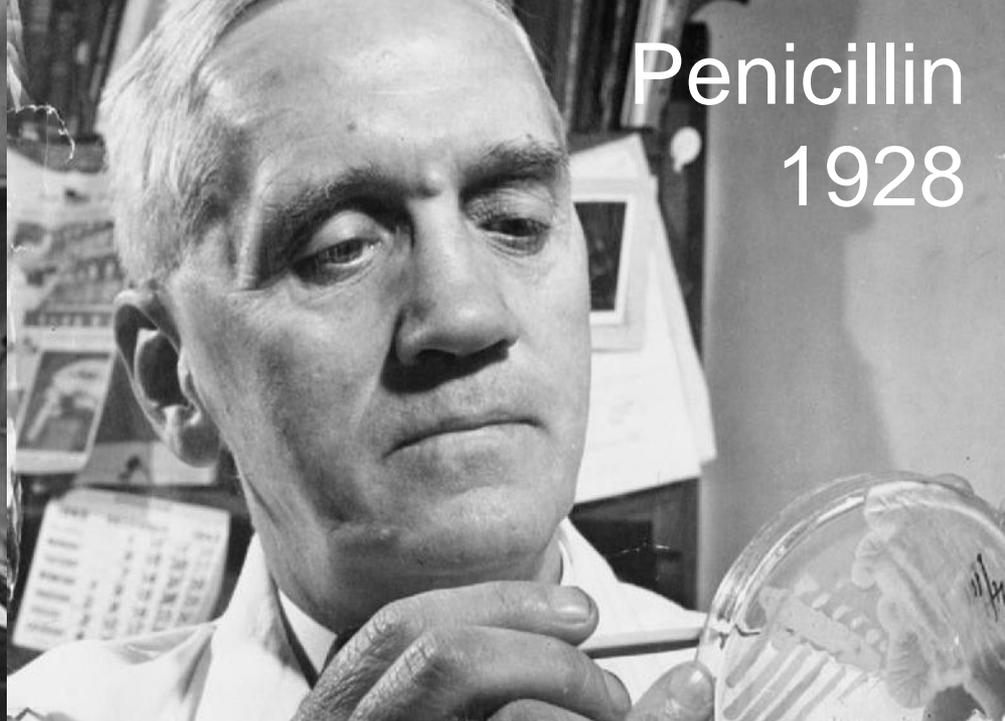
BY ORDER, **WILLIAM W. BARKER**



Immunisation  
1768



Penicillin  
1928



Anaesthesia  
1840s



**CHOLERA**  
AND  
**WATER.**  
**BOARD OF WORKS**  
FOR THE LIMEHOUSE DISTRICT,  
Comprising Limehouse, Ratcliff, Shadwell,  
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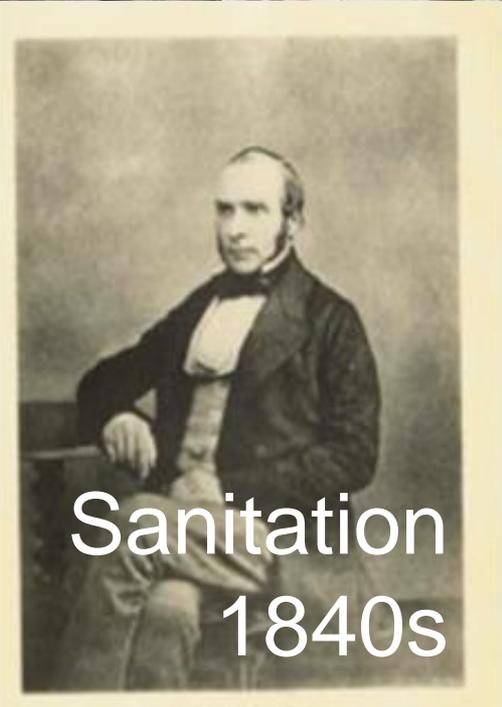
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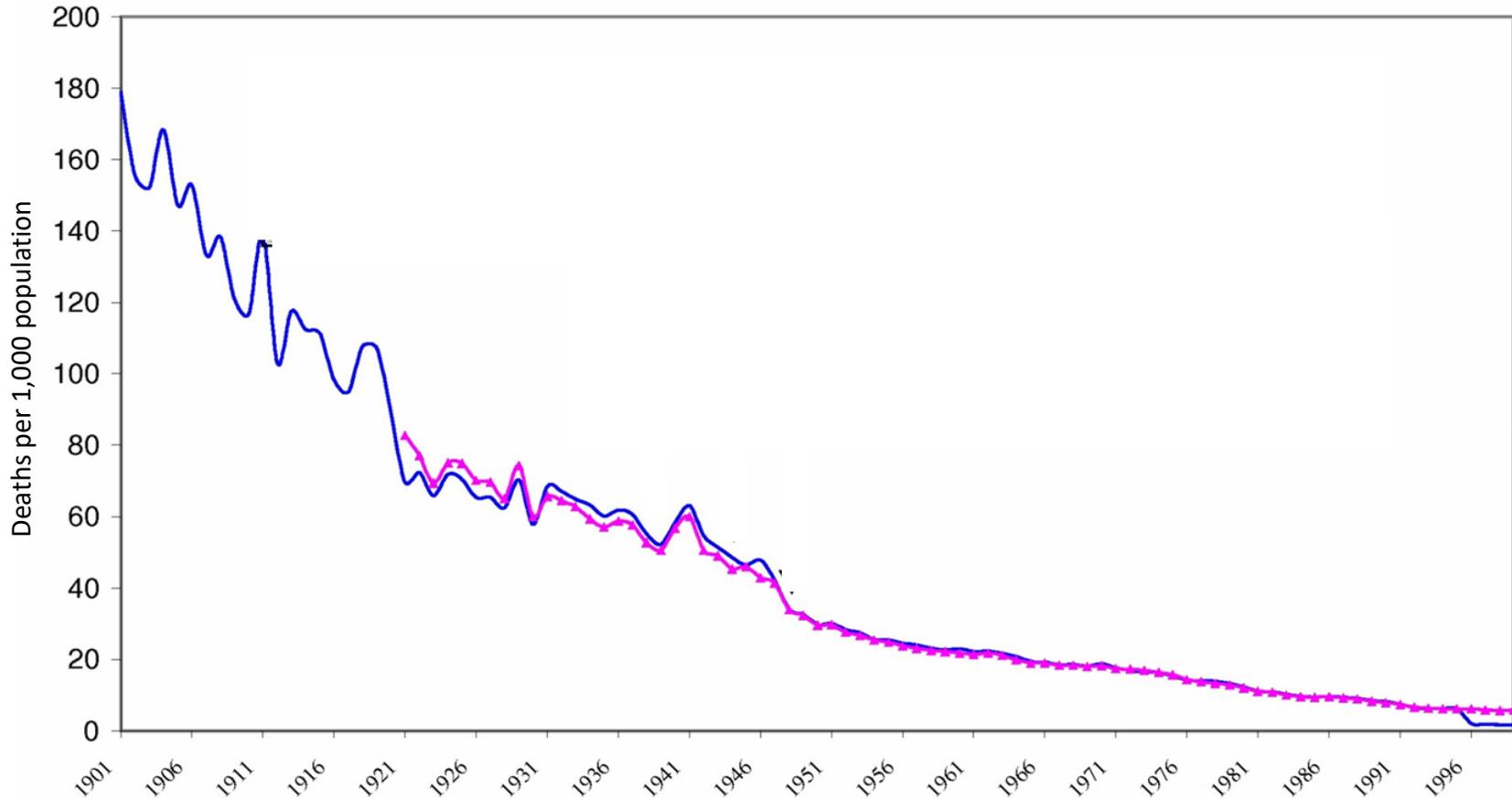
BY ORDER, **WILLIAM W. BARKER**

Sanitation  
1840s



# Why healthcare innovation? Why now?

Medical error reports – England and Wales 1939-98



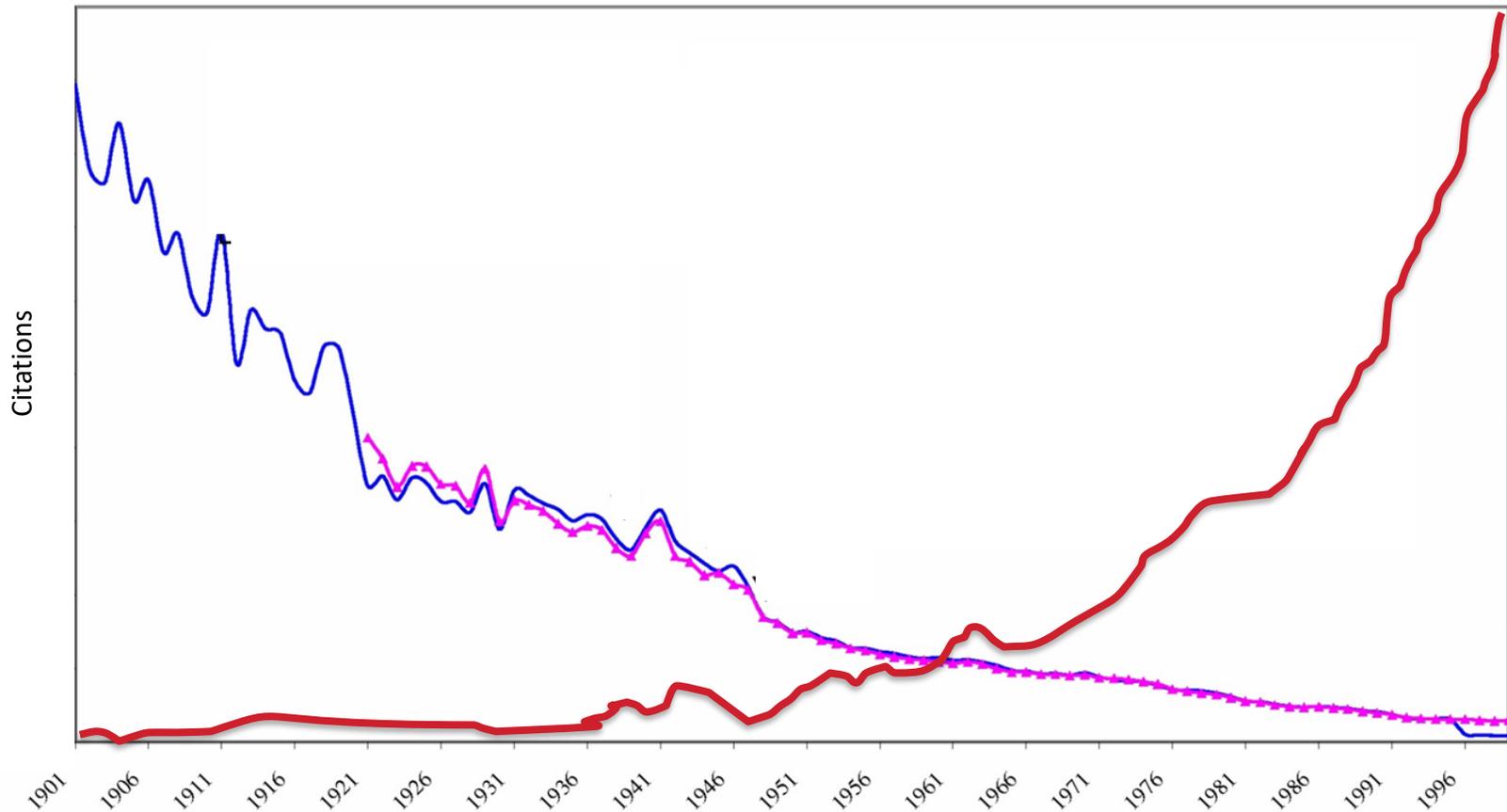
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# Why healthcare innovation? Why now?

Medical error reports – England and Wales 1939-98



1. BMJ archive searches patient safety, quality and experience reports 1900-2000; Medical error citations collated by the National Patient Safety Foundation for the period 1939-98. Adapted from slide by Pat Croskerry.



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## Latest Articles

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# BMJ Innovations - Journal



Aims to publish innovations that have the biggest potential to improve patient outcomes and create a global community of innovators that aspire to make the world a healthier place

Focused specifically on:

- digital health
- medical devices

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# What do editors do?

# Editor Roles and Responsibilities

- **Provide guidelines to authors for preparing and submitting manuscripts**
- **Treat all authors with fairness, courtesy, objectivity, honesty, and transparency**
- Define policies on conflicts of interest for *all* involved in the publication process, including editors, staff (e.g. editorial and sales), authors, and reviewers
- Protect the confidentiality of every author's work
- **Establish and manage system for effective and rapid peer review**

# Editor Roles and Responsibilities

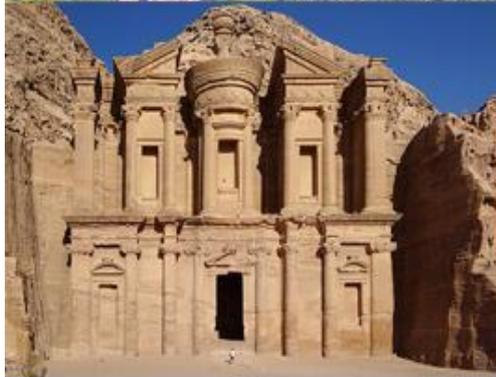
- Making editorial decisions with reasonable speed and communicate them in a clear and constructive manner
- **Establishing a procedure for reconsidering decisions**
- Describing, implementing, and regularly reviewing policies for handling ethical issues and allegations or findings of misconduct by authors and anyone involved in the peer review process
- Developing mechanisms, with the publisher, to ensure timely publication of accepted manuscripts
- Clearly communicate all other editorial policies and standards

\* Council of Science Editors

**BMJ**



**What do editors  
look for?**

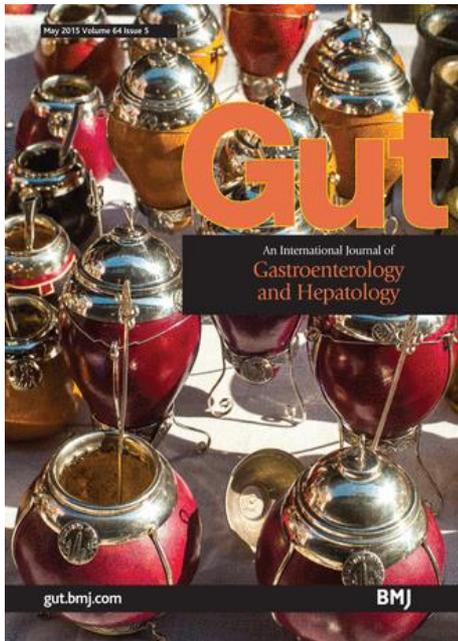


# Seven wonders of the publication world

- Importance
- Originality
- Relevance to the audience
- Real potential to improve decision making
- Truth and transparency
- Clear writing that people would want to read
- Excitement/"wow" factor

# Maximise your chance of acceptance

- Choose the right journal ... and read that journal!
- Follow the advice given to authors



## Article types

- Original Papers
- Leading Articles
- Commentaries
- Case Reports
- Letters to the Editor
- GI Snapshot
- Recent Advances
- Supplements



### Original Papers

For papers reporting original data (eg, controlled trials and intervention studies):

**Word count:** up to 4000 words

**Structured abstract:** up to 250 words

**Tables/ Illustrations:** Images submitted should be those which uniquely display the data and not repetition of information available either in the text or as a table. Figures are not limited, but must be thoroughly justified. Please note that figure legends should be kept as brief as possible.

**References:** limited to those critical and relevant to the manuscript (around 50)

Authors should also complete a **summary 'box'** indicating the significance of this study, the below headings must be used and must be included in the manuscript file following the abstract:

**What is already known about this subject:** 3-4 bullet points

**What are the new findings:** 3-4 bullet points

**How might it impact on clinical practice in the foreseeable future?**

Reports of randomised controlled trials should follow the revised [CONSORT statement](#)

## Original Papers

For papers reporting original data (eg, controlled trials and intervention studies):

**Word count:** up to 4000 words

**Structured abstract:** up to 250 words

**Tables/ Illustrations:** Images submitted should be those which uniquely display the data and not repetition of information available either in the text or as a table. Figures are not limited, but must be thoroughly justified. Please note that figure legends should be kept as brief as possible.

**References:** limited to those critical and relevant to the manuscript (around 50)

Authors should also complete a **summary 'box'** indicating the significance of this study, the below headings must be used and must be included in the manuscript file following the abstract:

**What is already known about this subject:** 3-4 bullet points

**What are the new findings:** 3-4 bullet points

**How might it impact on clinical practice in the foreseeable future?**

Reports of randomised controlled trials should follow the revised [CONSORT statement](#) (Consolidated Standards of Reporting Trials.) published in JAMA (2001;285:1987-91), as closely as possible. See [RCTs](#) for more guidelines.

For primary research manuscripts reporting experiments on live vertebrates and/or higher invertebrates, we recommend following the [ARRIVE reporting guidelines](#) when documenting these animal studies. The guidelines were published in the online-only journal PLoS Biology in June 2010 and are now endorsed by over 40 high quality journals (the full list can be found [here](#)).

### Title Page

When you choose a title bear in mind that others will have to find your work using bibliographic searches. Check that it represents the content of the paper and is not misleading. Also suggest a short running head.

The title and authors' names should be typed on the title page and in the journal style. Inconsistency in the number of forenames or initials given for an individual author will mean that several versions of an author's name will appear in the index. Authors' degrees etc. are not printed in *Gut*.

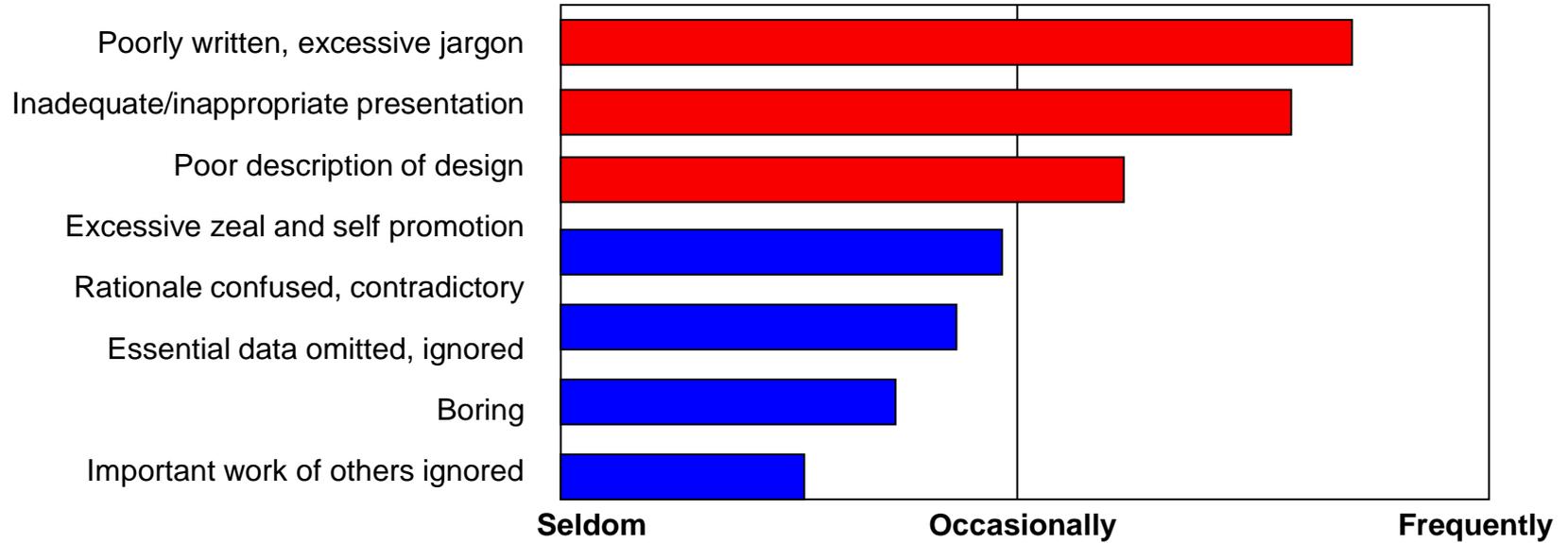
# Maximise your chance of acceptance

- Choose the right journal ... and read that journal!
- Follow the advice given to authors
- Submit in the correct way – online or by email

# Maximise your chance of acceptance

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- Communicate clearly and promptly

# Manuscript problems



Questionnaire to 50 JAMA reviewers and 67 editors in 1995. Byrne DW, Publishing Medical Research Papers, Williams and Wilkins, 1998



# **Writing your abstract or paper**

**Remember:**



# Key considerations when writing

1. Systematic and organised
2. Clear and concise
3. Truthful and reflective
4. Specific and concise
5. Innovative but realistic
6. Objective and neutral
7. Be patient centered - not number centric
8. Write for readers - not editors or peer reviewers

# Before you start

- Have a clear, valid and viable problem you will address
- Choose the correct methodology
- Keep an open mind and minimise bias
- Agree who will be first author
- Agree who will be authors and contributors
- Agree to publish the work even if the results are negative

# Publication guidelines

- CONSORT
  - Consolidated Standards of Reporting Trials
- STROBE
  - Strengthening the Reporting of Observational Studies in Epidemiology
- PRISMA
  - Preferred Reporting Items for Systematic Reviews and Meta-Analyses
- STARD
  - Standards for Reporting Studies of Diagnostic Accuracy
- COREQ
  - Consolidated criteria for reporting qualitative research
- ENTREQ
  - Enhancing transparency in reporting the synthesis of qualitative research
- SQUIRE
  - Publication guidelines for quality improvement in health care
- CHEERS
  - Consolidated Health Economic Evaluation Reporting Standards
- CARE
  - Consensus-based Clinical Case Reporting Guideline Development

# Why present at conferences?

- Raise the profile of your healthcare work
- Interact with a global audience
- Find new ideas and solutions
- Make new connections
- Gain funding support to attend
- Increase personal knowledge and learning

**BMJ**



**Just before  
submission**

# Presubmission checklist

- **Author information:** Have you provided details of all of your co-authors? Contributors?
- **Manuscript length and formatting:** Have you checked that your manuscript doesn't exceed the requirements for word count, number of tables and/or figures, and number of references? Have you provided your abstract in the correct format? Have you supplied any required additional information for your article type, such as key messages?

# Presubmission checklist

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# Presubmission checklist

- **Tables:** Have you embedded any tables into the main text? Have they been cited in the text? Have you provided appropriate table legends? Have you uploaded any tables as supplementary files for online publication?
- **Figures:** Have you uploaded any figures separately from the text? Have they been supplied in an acceptable format and are they of sufficient quality? Are they suitable for black and white reproduction? Have the files been labelled appropriately? Have the figures been cited in the text? Have you provided appropriate figure legends?

# Presubmission checklist

- **References:** Have all of the references been cited in the text?
- **Supplementary files and appendices:** Have you supplied these in an acceptable format? Have they been cited in the main text?
- **Statements:** Have you included the necessary statements relating to contributorship, competing interests, data sharing and ethical approval?

# Presubmission checklist

- **Research reporting checklists:** Have you either provided the appropriate statement for your study type, or explained why a checklist isn't required?
- **Permissions:** Have you obtained from the copyright holder to re-use any previously published material? Has the source been acknowledged?
- **Reviewers:** Have you provided the names of any preferred and non-preferred reviewers?

# Authorship

**Helen C Eborall**, *post-doctoral research fellow*<sup>1</sup>, **Simon J Griffin**, *programme leader*<sup>2</sup>, **A Toby Prevost**, *medical statistician*<sup>1</sup>, **Ann-Louise Kinmonth**, *professor of general practice*<sup>1</sup>, **David P French**, *reader in health behaviour interventions*<sup>3</sup>, **Stephen Sutton**, *professor of behavioural science*<sup>1</sup>

Contributors: SS, DPF, ATP, A-LK, and SJG conceived and designed the original protocol. All authors were involved in amending the protocol. HCE coordinated the study throughout. Data entry was carried out by Wyman Dillon Ltd, Lewis Moore, and HCE. HCE cleaned the data and ran preliminary analysis with input from Tom Fanshawe. ATP analysed the data. ADDITION trial data were supplied by Lincoln Sargeant and Kate Williams. HCE wrote the first draft of the manuscript with ATP and SS. All authors contributed to subsequent and final drafts. HCE is guarantor of the paper.

# Important reminders

- Check any transparency policy to help you to report work honestly and fully  
[resources.bmj.com/bmj/authors/editorialpolicies/transparency-policy](https://resources.bmj.com/bmj/authors/editorialpolicies/transparency-policy)
- Don't reveal patients' identities
- Ethical approval
- Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results

# Resubmission

- Most reviewers and editors want to be helpful
- Follow journal instructions
- Address all comments; but need not agree with all
- Avoid easy fixes/shortcuts
- If rejected; tell next journal how you addressed reviewers' comments

# Top tips

- Never use a metaphor, simile or other figure of speech which you are used to seeing in print [a cliché]
- Never use a long word where a short one will do
- If it is possible to cut out a word, always cut it out
- Never use the passive where you can use the active
- Never use a foreign phrase, a scientific word or a jargon word if you can think of an everyday equivalent

# General resources

- International Committee of Medical Journal Editors Uniform Requirements For Manuscripts submitted to Biomedical Journals  
[www.icmje.org](http://www.icmje.org)
- Reporting guidelines for research, at the EQUATOR network  
[www.equator-network.org](http://www.equator-network.org)
- Centre for Evidence Based Medicine, Oxford  
[www.cebm.net](http://www.cebm.net)
- BMJ advice to authors  
[resources.bmj.com/bmj/authors](http://resources.bmj.com/bmj/authors)  
[authors.bmj.com](http://authors.bmj.com)

# Final advice

- Make sure the message is clear in the paper, abstract and title
- Include all supplementary materials which might be helpful for a decision
- Be proud of what you have achieved ... even if it is not accepted!

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# Questions

# More information

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- BMJ Resources for Editors  
[www.bmj.com/about-bmj/resources-authors](http://www.bmj.com/about-bmj/resources-authors)