

# Scandinavian Journal of Primary Health Care

## Instructions for Authors

### GENERAL POINTS

Scandinavian Journal of Primary Health Care uses electronic manuscript handling. All manuscripts must be submitted online at [www.manuscriptmanager.com/sjphc](http://www.manuscriptmanager.com/sjphc)

All papers are published in English.

All material submitted for publication is assumed to be submitted exclusively to the SJPHC and should conform to the uniform requirements for manuscripts submitted to biomedical journals (the Vancouver style; see for instance BMJ 1991;302:338–41 or [www.imje.org](http://www.imje.org)).

All manuscripts are evaluated by the editorial board. Manuscripts which the editors find suitable for the Journal are sent for external review. The final decision to publish an article is made by the Editor-in-Chief.

All submitted papers should indicate at the end of the text:

1) Any necessary ethical approval, 2) The source of funding for the study, and 3) Any conflict of interest.

Express all scientific measurements (except blood pressure) in SI units; spell out numbers up to and including 10; use numerals for all other numbers. Give generic names of drugs whenever possible; brand names may follow in parentheses. Initials may be used (without points) for well-known abbreviations, such as WHO. The author must warrant that, whenever appropriate, any patient or participant mentioned in the text or shown in a photograph has given informed consent to publication of such material. When informed consent has been obtained, it should be indicated in the published article.

All manuscripts should be typed in Microsoft Word in double spacing, references and tables included.

### PAPERS

*Original articles.* Arrange the manuscript in the customary order: Abstract, Introduction, Material and Methods, Results, Discussion, Acknowledgements, References, Legends, Tables and Figures.

The length of an original article must not exceed 2000 words and have no more than five tables or figures, and 30 references. Only in exceptional cases, when special reasons have been given, can longer manuscripts and a larger number of references be accepted.

The *title page* should bear the title (brief but comprehensive) containing words necessary for correct indexing, name(s) of author(s), and institution, location, country. State number of words in the article (body of text, excluding Key Points, abstract, tables, reference list, including acknowledgements).

*Page two* should include the Key Points of the article. These should start with a short statement (10–20 words) describing current awareness and include up to three main statements (10–20 words each) describing the paper's most important results and their significance for the readers.

*Page three* should carry a structured Abstract, not exceeding 250 words, followed by 5–7 Key words, according to Index Medicus. The abstract should contain the following mandatory headings: (headings within brackets are optional): Objective, Design, Setting, (Intervention), Subjects (or patients), Main outcome measures, Results, Conclusion (Implications).

*Discussions.* The editors encourage structured discussions (not mandatory) with the following suggested structure: 1) Statement of principal findings; 2) Strengths and weaknesses of the study; 3) Strength and weakness in relation to other studies, discussing particularly any differences in results; 4) Meaning of the study: possible mechanisms and implications for clinicians or policy makers; 5) Unanswered questions and future research.

*Acknowledgements* should be limited to substantial contributions and financial support.

*References* must conform to the Vancouver style, being numbered consecutively in the order in which they are first mentioned in the text. Identify references in text and tables with arabic numerals in square brackets, starting at [1]. List all authors for each source when six or less; when seven or more, give first six + et al. Quote title in full, the journal's title abbreviated according to the style used in Index Medicus, year of publication, volume number and first and last page numbers, English translation of title in brackets after title if another language, followed by 'English summary', if present.

*Figures* (halftones and line drawings) must be professionally drawn and photographed, and letters, numbers and symbols must be clear and in proportion to each other.

*Tables.* Each table should be typed doublespaced on a separate sheet, with heading and number (roman numerals). Tables should not duplicate information given in the text of the article.

*Short papers.* We also welcome short papers, not exceeding 600 words, one table or figure, and six references, mainly with the purpose of publishing new important results without delay.

*Reviews.* A review should address a question of relevance for primary care and summarize the available scientific evidence. It should be short (no more than 3000 words and 60 references) and focused (answer a question rather than overview a field). The reader needs to know the specific criteria that were used to survey the literature and the methodological standards used to select studies used in the overview. The Key Message of the review should be stated as a question and an answer (no more than 3–4 sentences).

### *Supplements and Special Papers*

Apart from the quarterly issues, reports from medical meetings, medical theses or extra long articles can be published as supplements to the Journal, but at the author's expense. Moderately long articles can be published as Special papers on extra pages within the Journal itself, but again at the author's expense.

*Proofs.* Authors are requested to check their proofs carefully for printer's errors and return them within 48 hours to the publisher. Alterations or additions will as a rule not be accepted when they deviate from the original typescripts.

*Offprints.* Offprints can be ordered by filling out the form accompanying the proof.

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