Information for authors

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All correspondence should be sent to:
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Welcome

This guide offers an introduction to the NIHR Journals Library and the information you will need about the editorial review, production and publication of your report. Please read through the whole guide and use it for reference as you work on your report.

The NIHR Journals Library is managed by the editorial office at the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), which is based at the University of Southampton.

The NIHR Journals Library comprises a suite of five programme-specific journals, including the well-established *Health Technology Assessment* and four new journals due to launch in 2013:

- Efficacy and Mechanism Evaluation (EME)
- Health Services and Delivery Research (HS&DR)
- Health Technology Assessment (HTA)
- Programme Grants for Applied Research (PGfAR)
- Public Health Research (PHR)

In addition outputs from the MRC-NIHR Methodology Research (MRP) Programme will publish in the most appropriate journal. These journals disseminate the findings of the research commissioned by participating programmes, and provide an important permanent and comprehensive record of the work which has been funded.

The National Institute of Health Research

The goal of the NIHR is to create a health research system in which the NHS supports outstanding individuals, working in world-class facilities, conducting leading edge research focused on the needs of patients and the public.

The NHS reputation for international excellence is growing as it gains recognition for being the preferred host for collaborative and multi-centred research in the public interest in partnership with and for industry. This will benefit patients, society, the NHS and their stakeholders.

The NIHR will work with key partners involved in the different elements of NHS research.

For further information, please see [www.nihr.ac.uk](http://www.nihr.ac.uk)

The journals

The highly regarded Health Technology Assessment (HTA) journal began publication in 1997 and is now well established. The journal is indexed on MEDLINE, CINAHL, EMBASE, NHS Evidence, the Cochrane Library and the ISI Science Citation Index and assessed for inclusion in the Database of Abstracts of Reviews of Effects. The journal’s 2011 Impact Factor of 4.255 ranked it fourth in the ‘Health Care Sciences & Services’ category (out of 76 titles).

The other journals in the library, EME, HS&DR, PGfAR and PHR, follow the HTA journal model and began publishing in 2013 as part of the NIHR Journals Library project, which aims to provide an important permanent record of the work funded by the participating programmes.
In order that the external review process is carried out efficiently, the editorial office starts identifying potential external reviewers 10 – 12 weeks in advance of the final report being delivered. To aid this process, authors are asked to suggest potential reviewers for consideration. Authors should also regularly update their programme on the date they plan to submit their final report so that reviewers can be accurately assigned a date for the review.

Certain types of report require that specific guidelines should be followed. The following section provides guidelines for the most common types of report that authors will submit to the NIHR Journals Library.

**Report-specific guidance**

Below is some specific guidance relating to the most common types of report submitted to the Journals Library. If you are reporting on a different kind of study to those mentioned, a comprehensive list of available reporting guidelines, listed by study type, can be found on the EQUATOR Network website. The EQUATOR Network is an international initiative that seeks to improve reliability and value of research literature by promoting transparent and accurate reporting of research studies.

**Randomised controlled trials**

Unless there is good reason to do otherwise, randomised controlled trials (RCTs) should include the headings set out in the revised CONSORT checklist and flowchart. If your report is an RCT, please ensure that it is specifically stated in the title of the report.

A slightly adapted version of CONSORT headings is set out below:

- List of abbreviations/glossary.
- Abstract.
- Scientific Summary.
- Introduction (including scientific background and explanation of rationale).
- Methods (including information about participants, interventions, objectives, outcomes, sample size, randomisation, blinding, statistical methods and a summary of any changes to the project protocol).
- Results (including participant flow, recruitment, baseline data, numbers analysed, outcomes and estimation, ancillary analyses, adverse events).
- Discussion (including interpretation, generalisability, overall evidence).
- Conclusions (implications for healthcare, recommendations for research).
- Acknowledgements.
- References.
- Appendices.

Detailed guidance about what to include under each heading is available in the CONSORT statement. For instance, the report should comply with the CONSORT extension for abstracts guidelines and contain the ISRCTN along with the corresponding author’s email address.
Particular attention should be paid to items 8 and 9 from the CONSORT checklist regarding randomisation and allocation. It is also important to ensure that missing data is properly reported (items 13a and 13b) and that interventions (item 5) are clearly stated.

In instances of reporting on more than one trial please ensure that it is clear throughout the report which trial you are referring to. It is advisable to use separate chapters or clearly marked headings to show which trial is being discussed.

If your trial reports on clinical effectiveness and cost-effectiveness, we advise that you produce the clinical effectiveness and cost-effectiveness in separate chapters, including if possible the methods, results and conclusions for each. The conclusions and recommendations should be clearly reported and should be described in the scientific summary.

An example of a randomised controlled trial can be viewed by clicking here.

The CONSORT site also contains guidance for reporting cluster RCTs and other designs. If you are reporting a study of diagnostic accuracy, please refer to and use the headings set out in the Standards for Reporting of Diagnostic Accuracy (STARD) checklist in your report.

When writing your report, if appropriate, we suggest you conduct a meta-analysis to demonstrate the additional impact of your study and as a sign of quality.

The checklist for abstracts and scientific summaries in randomised controlled trials is detailed below.

**Title**
Describes the clinical question addressed and identifies the trial as randomised.

**Background**
Sets the context for readers and explains the importance of the clinical question.

**Objectives**
Describes the clinical question.

**Design**
Describes the trial design (e.g. parallel, cluster, non-inferiority), randomisation (how participants were allocated to interventions), and blinding.

**Setting**
Describes where data collected.

**Participants**
Describes eligibility criteria for participants.

**Interventions**
Describes interventions intended for each group.

**Main outcome measures**
Describes clearly defined primary outcome (secondary outcomes may be included).

**Results**
Summarises number of participants randomised to each group and number of participants analysed in each group. For the primary outcome: reports a result for each group and its estimated precision. Summarises any important adverse events or side effects.

**Conclusions**
General interpretation and implications of the findings and any provisos. Includes a sentence on future
work.

**Trial registration**
Registration number and name of trial register (e.g. ISRCTN).

**Funding**
*This project was funded by the NIHR Health Technology Assessment programme* (or relevant programme) *and will be published in full in Health Technology Assessment* (or relevant journal name); *Vol. X, No. X. See the HTA programme website* (or relevant programme website) *for further project information.*

**Notes**
Try to keep within 500 words where possible – but not at the expense of missing out the essential information above. Information under headings Design–Main outcome measures can be presented briefly, but please include data in the results section.

**Evidence synthesis/systematic reviews**

Unless there is good reason to do otherwise, you should follow the PRISMA standards and checklist when preparing your report. The abstract should comply with PRISMA guidelines.

The main report should also include (but need not be restricted to) the headings set out in section 1.3.6 of the CRD report, *Systematic Reviews: CRD’s guidance for undertaking reviews in health care.* A slightly adapted version of these headings follows:

- List of abbreviations/glossary
- Abstract
- Scientific Summary
- Background
- Hypotheses tested in the review (research questions)
- Review methods (including any changes to the protocol, search dates, etc.)
- Studies included in the review
- Studies excluded from the review
- Results of the review
- Analysis of the robustness of the results (sensitivity analyses)
- Discussion
- Conclusions (implications for healthcare; recommendations for research)
- Acknowledgements
- References
- Appendices

Authors should note that the term ‘systematic review’ will only appear in a journal’s title when the account of the search, appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

The checklist for abstracts and scientific summaries checklist for abstracts in systematic reviews and meta-analyses is detailed below.
Title
Describes the clinical question addressed and states systematic review or meta-analysis.

Background
Sets the context for readers and explains the importance of the clinical question.

Objectives
Describes the clinical question. Use PICOS (participants, interventions, comparisons, outcomes, study design) briefly, i.e. don’t duplicate what will come under other headings.

Data sources
Describes the databases searched (list by name) and the time periods over which the searches were conducted.

Review methods
Includes study selection (who selected studies using what criteria) and Study appraisal (methods used for abstraction, integration, and summarising of the data).

Results
Describes/summarises the ‘study flow’ and the key results. Ensure that key results are included from both clinical and economic reviews. If the review includes meta-analyses, provides numerical results with confidence intervals for the most important outcomes. Ideally, specifies the amount of evidence in these analyses (numbers of studies and numbers of participants).

Limitations
Describes the most important weaknesses of included studies as well as limitations of the review process.

Conclusions
Summarises the implications of the findings in the light of the objectives and any provisos. Includes a sentence on future work.

Study registration
Registration number and name of trial register (e.g. PROSPERO).

Funding
The National Institute for Health Research Health Technology Assessment programme (or relevant programme information).

Notes
Try to keep within 500 words where possible – but not at the expense of missing out the essential information above. Include data (means and confidence intervals, cost-effectiveness estimates) in the results section.

Technology Assessment Report (TAR)
National Institute for Health and Clinical Excellence (NICE) Technology Assessment Reports (TAR) should follow the TAR template available from the TARZone web pages (please email htatar@southampton.ac.uk for login details).

During the appraisal, editorial and publishing process for TARs a number of different versions of the report will be created before it is accepted for publication. To identify which version is being worked on, please include the date the version is amended in a footnote. You might find it useful to develop a checklist for your own purposes to help you keep track of which version you are working on.
Information which is deemed confidential by the National Institute for Health & Clinical Excellence (NICE) will not be included in the published journal issue. Where such information has been removed, particular care should be taken to ensure that the remaining text remains coherent.

The title of a TAR should include the words ‘systematic review’ and if appropriate ‘economic evaluation’.

Details of the search dates should be included in the scientific summary.

**Economic evaluations**

Many reports contain economic evaluation components. Where appropriate, authors should seek to satisfy the *Guidelines for authors and peer reviewers of economic submissions to the BMJ*.

Although these were designed to be guidelines for reviewers you may find the ten headings below useful as a checklist when preparing your report.

1. Study question.
2. Selection of alternatives.
3. Form of evaluation.
4. Effectiveness data.
5. Benefit measurement and evaluation.
7. Modelling.
8. Adjustments for timing of costs and benefits.
10. Presentation of results.

**Programme Grants for Applied Research**

Reports funded by PGfAR should bring together all of the strands of the programme in a single place, such that the report as a whole is greater than the sum of the individual parts. It will also act as an archive for the whole programme grant. Overall PGfAR reports are usually expected to include the same characteristics as the other report types mentioned in this section, with two main differences:

- Separate chapters discussing the different work streams (if appropriate each chapter should have a shorter 250 word abstract at the start, plus introduction, methods, results, conclusions); and
- A final chapter drawing all the work streams and elements of the programme together.

Your PGfAR report should have a general abstract to cover the whole of your report. This should not exceed 500 words.
**Efficacy and Mechanism Evaluation**

If your report has been funded by the EME programme and is a staged programme of work with go/no-go milestones the project should report once all stages that were agreed to go forward are completed. The report should cover all stages of the programme of work, providing a chapter for each stage and a final chapter drawing all the stages of the programme together.
Contents

You should provide a comprehensive report, including the data, methods, results and final conclusions together with management information and any other information relating to the project up to the completion date. However, please ensure that your writing is succinct and that the main body of your report does not exceed 50,000 words in length.

All reports submitted to the NIHR Journals Library should contain the following sections:

- Title.
- Abstract.
- Table of contents.
- Alphabetical list of abbreviations/glossary.
- Scientific summary.
- Plain English summary.
- Main body of report.
- Acknowledgements (including journal outputs, i.e. associated publications).
- References.
- Appendices.

It may be useful to refer to the Health Technology Assessment journal to get an idea of the overall approach and format when preparing your report.

Reporting patient and public involvement

The NIHR promotes the involvement of patients and the public in all stages of research. The NIHR Journals Library aims to set a standard for the reporting of this involvement, in keeping with its role of providing a comprehensive archive of funded research. All reports should therefore explain how patients and the public have been involved.

Some suggestions as to how you might do this include incorporating a description into the following sections:

- Methods (sub-section identifying where patient and public involvement (PPI) has contributed to, for example, study design, interventions, focus groups, outcomes)
- Discussion/Conclusions (sub-section discussing impact of PPI, challenges of PPI, lessons learnt)
- Or write up the explanation in a separate appendix

Title page

Your report should have a title that is accurate, informative and complete. Where appropriate, the title should include the type of study, e.g. randomised controlled trial, meta-analysis, systematic review, etc.

Your title page must include details of authors’ names and their institutional affiliation at the time they worked on the report (this may be different to the mailing address included on the order of authors form).
Abstract

An abstract must be submitted with the report and will appear on MEDLINE and other appropriate bibliographic databases.

This should not be more than 500 words (please include a word count).

Where applicable, please follow the relevant information detailed in the report-specific guidance above.

Abstracts should include data (relative risks, odds ratios, and confidence intervals) to support statements of efficacy or cost-effectiveness.

Below are some suggested headings to aid in structuring your abstract(s):

- Background.
- Objective(s).
- Design.
- Setting.
- Participants.
- Interventions.
- Main outcome measures.
- Data sources (if applicable).
- Review methods (if applicable).
The abstract and scientific summary will both be included in the report. They will both appear on the NIHR Journals Library website, while the abstract will also appear on MEDLINE and other aggregator websites.

Scientific summary

The scientific summary should provide a succinct overview of the methods and results of your report. It will be included in your published report and also made available separately online. The summary should:

- Not exceed 2400 words, including headings. Please include a word count at the bottom of your summary.
- Appear at the front of your final report as an unnumbered section without references, figures or tables.
- Cover all the key points from the main text of the report.
- Be written in a simple manner, with sufficient detail to help readers understand the results of the study and give confidence in the findings.
- Have an appropriate structure (see below)
- Have study registration details, for example, if the report is a randomised controlled trial, the ISRCTN should be included at the end of the summary, whereas if the report is a systematic review a PROSPERO number should be included.

We suggest the following main headings for your summary, but please use headings as appropriate for your report:

- Background (if required)
- Objectives (list of research questions)
- Methods (how the research was conducted): data sources, study selection (inclusion criteria), data extraction (and assessment of validity), data synthesis
- Results (research findings)
- Conclusions: implications for healthcare, if appropriate; recommendations for research (numbered in priority order).

Plain English summary

In addition to a ‘Scientific summary’ of your report you are also asked to provide a ‘plain English summary’ of no more than 250 words so that your work can be accessed and understood by any reader including members of the general public. In providing this, please note the following:

- A plain English summary is in keeping with the NIHR Journals Library’s commitment to open access.
- Follow the same principles and procedures as in writing the plain English summary that accompanied
your funding submission.

- If possible involve a public member of your research team to ensure the language is appropriate for non-academics.
- Do not cut and paste sentences and phrases from the scientific summary; a plain English summary needs to be written afresh.
- As an example of excellence in this field, please see reports in The Cochrane Library, which have a ‘Plain language summary’ in addition to the Abstract, for which the Cochrane Library won an award earlier in 2012.

Useful Links:
- The Plain English Campaign guide on medical writing: http://www.plainenglish.co.uk/free-guides.html
- Cochrane Library: http://www.cochrane.org/news/tags/authors/cochrane-summaries-website-wins-plain-language-award

**Literature searches** (where appropriate)

The Methods section[s] should include:

- All information sources used in identifying studies with the name of the database, the platform or provider used (e.g., OVID, PubMed, Dialog), the date of coverage and the date last searched.
- Any supplementary sources such as checking reference lists, searching trial registries, any contact with study authors to identify additional studies and Internet searches.

**Conclusions/recommendations**

It is a requirement that reports do not make recommendations about policy or practice.

It is perfectly acceptable and desirable to make recommendations about future research. Reports should summarise evidence and draw out the implications of that evidence for practice.

Each conclusion should be worded as being derived from the evidence. For example:

- ‘The evidence suggests that a national programme for X may meet the National Screening Committee’s criteria . . . ’ (not ‘A national programme for X is recommended . . . ’)
- ‘The accepted criteria for an X screening programme are not currently met’ (not ‘The introduction of an X screening programme is not recommended . . . ’)

Recommendations for future research should be listed in order of priority. In addition, reports must indicate how rapidly the ‘knowledge base’ in an area is developing, to help inform a decision about when it might be appropriate to update a review in the area.

Recommendations arising from research will undergo careful consideration by the advisors of commissioning bodies.

**Appendices**

The appendices should include information that, while relevant to the report is not needed to understand
and judge the methods or results of the research. Important information should be in the main body of your report.

Appendices are also important for archiving purposes, e.g. detailed descriptions of interventions which were important for assuring fidelity; or data extraction tables for papers in a systematic review. Please ensure that your appendices include the following:

- Final protocol[s] (or equivalent documentation, such as commissioning brief).
- Literature searches – where these have been carried out the full electronic search strategy for at least one major database, including line numbering in numerical order and any limits used should be included as an appendix, so that the search can be reproduced.
- Questionnaires and other forms – although if the forms are well known there should be no need to publish them at all.
- Tables of background data.
- Forms, questionnaires and trial documentation to be included in the appendices should be provided as original files, not scans or photocopies.

Tables of results should be in the main body of the report (even if some editing is required to make them manageable) as they provide information that is necessary to follow the report’s findings.

Excessive transcripts from qualitative research should not be included.

The journal editors may ask you to reduce the length of your appendices if the material is not considered relevant.

**Acknowledgement**

The Acknowledgements section of the report should include a subheading ‘Contributions of authors’. Here the role of each author should be recorded; this should also include their job title and area of specialty.

For example:

> Fred Bloggs (Senior Research Fellow, Health Economics) conducted the analysis of economic models.
> Dr Jan Janssen (Lecturer, Health Psychology) conducted the review of memory, mood and psychomotor measures used in clinical studies.
> Ms Sheela Patel (Research Fellow, Health Economics) conducted the review of economic effectiveness, carried out budget impact analysis and prepared the results for publication.

In a subsection entitled ‘Publication(s)’ all associated publications to the report should be listed.

**Confidential information**

Your report may include commercial-in-confidence information (information provided in confidence relating to commercial interests of the owner of the information) and/or academic-in-confidence information (information provided in confidence in circumstances where disclosure could prejudice future publication of the information in a scientific publication). If so, you should strip any confidential information from the report and provide details of the affected pages (with page numbers, references, tables etc.)
Format

General guidelines

- The report must be presented in Microsoft Word format with 1.5-line spacing throughout (including within tables).
- Each page should be numbered.
- A total word count should be provided for the report, plus a separate word count for the scientific summary and abstract[s].
- We prefer the use of a ‘standard’ font, preferably 12-point Times New Roman.

References

References must be in Vancouver style (numbered consecutively with superscript numbers in the order in which they are first mentioned in the text), with up to six authors quoted in full followed by et al. The numbering should start in the main text of the report, i.e. Chapter 1, not in the abstract or scientific summary.

Throughout the report, whenever a study is cited, its corresponding reference number must also be cited, even in the Discussion, Summary and Conclusion sections or chapters.

There should be one list of references at the end of the report (never at the end of each chapter). The only exception to this is if you have produced a list of excluded studies (with the reasons for their exclusion), none of which are cited individually in the text or tables in the main text of the report. It is then acceptable to include these, listed alphabetically by first author (and not numbered), in a stand-alone table in an appendix or as a subcategory of the main reference list.

You are responsible for ensuring that the reference list is complete, accurate and does not contain duplicate entries. Check that all references are cited and are correct, and that none have been cited which are not included in the reference list (this can occur with references cited in tables and figures).

Journal abbreviations should be those used by Index Medicus but if you are in any doubt about the correct abbreviation, give the journal title in full.

Reference examples:

**Journal articles**


Gregory CR. Assessing amenability to treatment in community corrections: creating a valid and

DOIs

Epub ahead of print


PROSPERO

Foreign-language journal article

Erratum

Corrigendum

Cochrane Database Systematic Review


Supplement

Abstract

Book

Chapter in book

BNF

Meeting or presentation

Abstract

Technical report/discussion paper

Leaflet

White paper/Green paper
In text: Working together to safeguard children
References in tables and figures
If possible, references cited in tables/figures should also be cited in the main text (the final position of tables and figures in the formatted text may result in references being cited out of order, thus requiring extensive renumbering).

Where references are cited in tables and figures, these should include the reference number as well as the author name(s). This does not apply to forest plots.

References to unpublished work
References to personal communications should only be cited in the text (name of the person, affiliation and date of communication) and not as a formal numbered reference. You should obtain permission from the source to cite personal communications and include a copy of this when submitting your report.

References to papers accepted but not yet published should be designated ‘in press’ in the reference list (however, you must have obtained written permission from the journals to cite these papers).

Papers not yet in press should be treated as personal communications.

References to ‘grey literature’, e.g. a department’s audit report, or other internal reports, may be included in the reference list provided they can be properly identified (authors, full title of report, department/organisation, year, etc.), and, if appropriate, labelled ‘unpublished’.

Verbatim Quotations
Verbatim quotations from interviews are fundamental features of reports on qualitative research that seek to explore respondents’ views and experiences and to discover the meaning they attach to words and concepts: by, for example, identifying persistent themes, common narratives and forms of discussion. However, quotations should not be included as a substitute for analysis. They should be used to illustrate a
point, rather than to make it. Authors should select quotations rather than report them in their entirety. Particular attention should be given to ensure that verbatim quotations do not contain:

- Language which is libellous, defamatory, indecent, obscene or otherwise unlawful;
- Language which is culturally sensitive or which could cause offence to any individual(s) or organisation(s);
- Proprietary or brand names.

Authors are encouraged to explain the strength of feeling, that might otherwise be expressed in language unacceptable to the NIHR as publisher of the report, within the text of the report itself. Such an explanation may well include an appreciation of the use of different colloquial terms in different contexts. Please note that profanities or coarse language included in reports may be subject to redaction.

As a general principle, people, places and organisations should be anonymised. If anonymisation is neither possible nor desirable, authors should ensure that they have permission from those affected to use the content to be included.

Verbatim quotes should be indented and formatted as follows:

| Trust, Dir of Finance: text of quote in italics. |
| Interviewer: text of quote in italics. |
| PA11 – Hospital care: text of quote in italics. |

For more information about how references should be written please refer to the *ICMJE Uniform requirements for manuscripts submitted to biomedical journals*.

**Artwork preparation**

All artwork will be redrawn to journal style.

The resolution and image quality of figures and photographic images are very important. Therefore, please follow the advice below when supplying these items.

Most image formats can be used, e.g. TIFF or EPS files. Line figures drawn in PowerPoint are also acceptable.

Below are some guidelines for each type of artwork file:

- Images that are made up of photographic images and both text and lines can be saved as EPS or TIFF (at a resolution of 600 dpi).
- For line art EPS files give the best quality.
- BITMAP files (TIFF, JPEG, etc.) files of text and line art should be saved at 800 dpi.
- Supply colour photographic images in CMYK colour mode, not RGB.
- Photographic images should be saved at 250–300 dpi.
- Digital images (i.e. directly from a digital camera or other imaging device or from scanned photographs) should be saved as a TIFF file.
- All photographic images should be anonymised.
**Figures**

Figures should:

- Be numbered consecutively (not by chapter and appendix).
- Be legible at A4 landscape size, including a margin. This is the maximum size that a figure (or figure part) can be set at.
- Be provided with a list of figure captions, together with an electronic copy of the figure itself. All illustrations will be redrawn, but the electronic file is still useful.
- Use horizontal/vertical/diagonal hatching to differentiate parts of a diagram, rather than shading or dots. A key defining these and any symbols used should be included within the diagram itself.
- Be included in the main body of the report.
- NOT be included in the abstract or scientific summary.

**Tables**

Please do not try to summarise too much data in one table. More explanatory text and concise tables will be easier for the reader to follow. Please ensure that all tables follow the guidance below:

- Number tables consecutively starting from Chapter 1.
- All tables must be supplied in an editable format within the Word document, not as embedded figures.
- Tables should be a concise as possible as they will be reproduced on A4 pages. If the material is complex, tables may need to run across a double page spread or over many pages and this can, in some cases, lead to a reduction in impact.
- If a set of table heads cannot be applied to an entire table, it would be preferable to split the table into a number of smaller tables for clarity.
- Where information is to align across a table, it is essential for each item to be supplied in its own individual cell.
- Tables should be accompanied by a brief caption. Use footnotes to the table to explain all non-standard abbreviations that have not already been defined in the paper. Use superscript letters (a, b, c, etc.) to identify each footnote.
- Tables must be included in the main body of the report.
- Do not duplicate data in tables and figures.
Editorial House Style

This section is not exhaustive, but provides the key elements of house-style that you should follow when preparing your final report.

Abbreviations

• Abbreviations should not be used in the title or headings within the report.
• They may be used in the summary and elsewhere in the paper, but must be defined at their first mention in the abstract, scientific summary and again at their first mention in the main text of the paper.
• At the front of the report, please provide an alphabetical list of abbreviations used in the text.

Ages

• Ages should be written in full from one to ten and as numerals for 11 upwards. For example: over 40, under nine.
• Always use numerals and hyphens for the adjectival form, e.g. ‘8-year-old child’ or ‘80-year-old woman’.

Eponyms

• Non-possessive for syndromes; possessive for diseases and anything else, e.g. Down syndrome, Addison’s disease (von Willebrand disease OK), Barrett’s oesophagus, Raynaud’s phenomenon.

Computer programs

• Computer programs/software in initial caps, e.g. Copernic Agent Basic, SPSS, Excel, PowerPoint, RevMan, Eppl-Reviewer, Stata, Stimul8, WinBUGS, etc.

Cross-references

• All cross-references are to be italicised if they are referencing the same report. Chapter and appendix cross-references should always be preceded by ‘see’; figure and table cross-references should be preceded by ‘see’ only if they are not the main citation. Use ‘and’ not a comma when more than one figure or table or parts thereof are cross-referenced.
  e.g. see Appendix 1
  e.g. see Chapter 1
  e.g. see Chapter 4, Decision model
  e.g. see Accounting for uncertainty
  e.g. see Figures 5 and 6
  e.g. see Figure 14 and Table 7
  e.g. see Table 11a and b
However, if a cross-reference is for another report, then it is in lower case and not italicised.
e.g. see table 1 in Myers et al.

**Currency conversions**

- If a currency conversion is necessary to present comparative costs per QALY, then include the year for which the conversion was calculated and the type of dollar should be defined, i.e. CAN$, US$, SGD$, etc.

**Dates**

- Inevitably, some of the information in your report will become out-of-date, sometimes even before your journal issue is published. To minimise these occurrences, please be thoughtful about how you convey information about future events, such as policy decisions by policy bodies. For example, ‘The NSC intended to consider the policy implications of X in 2012’ (rather than ‘A decision was still awaited in 2012’).

**Equation numbering**

- Please number all equations in your report in the following format, aligned to the right of the equation:

\[
\text{(1)}
\]

**Glossary**

- If the subject area is highly specialised, please produce a glossary – an alphabetical list of technical or medical terms with accompanying explanations presented with the purpose of aiding a reader.

**Italicisation**

- Latin terms (except et al.) and names of muscles are in roman.
- All single letters that represent variables \((x, y, z)\) should be in italics, for example \(x\)-axis and \(y\)-axis.

**Numbers, units and dates**

- Numbers in the text should usually be written in full from one to ten and as numerals for 11 upwards.
- Ordinal numbers up to and including nine in full, thereafter numerals, e.g. 21st
- However, numerals may be used for numbers less than ten if presented in parentheses, and numbers at the beginning of a sentence should always be written in full.
- Numbers followed by units should always be presented as numerals.
- Units of time not abbreviated: years, months, weeks, days, hours, minutes, seconds.
- Compound units separated by a solidus: kg/m\(^2\), ml (not mL).
Names of countries

- Use ISO 3166-1 ([http://www.iso.org/iso/english_country_names_and_code_elements](http://www.iso.org/iso/english_country_names_and_code_elements)).

Organisations and government departments

- Use initial caps when it is possible to prefix the name with ‘the’, indicating that this organisation is the only one of its kind. For example, the Department of Health (DH), the National Institute for Health and Clinical Excellence (NICE), the National Health Service (NHS). If the organisation is one of many, do not capitalise (except in the acronym). For example, a primary care trust (PCT), or a strategic health authority (SHA).
- Titles and headings - only the first word of a title or heading should have an initial capital letter.

Percentages

- Per cent should normally be written in full; however, if this appears several times within a paragraph it is acceptable to use the % symbol.
- The % symbol should always be used in mathematical and statistical contexts, tables and lists.
- The % symbol must always be associated with a numeral, e.g. 7% not seven %.

Plain English

- We encourage the use of plain English where possible in report writing. Please see the Plain English Campaign website for further information. This includes examples about the principles (including report writing tips) and training courses.

Spelling

- UK spelling.
- Use –ise spellings (rather than –ize) for words such as globalise/organise (except when such words appear in the titles of referenced papers).

Trade names

- Drugs should be referred to by generic name (check BNF and use rINNs), with trade name and manufacturer at first mention in executive summary and main text, e.g. oseltamivir (Tamiflu®, Roche). If the author has not provided the trademark or registered symbol at first mention, check and query.
- Equipment should have trade name, trademark or registered symbol, manufacturer, and a brief address (town and, for example, US state) at first mention in executive summary and main text, e.g. Clearview® Chlamydia test (Inverness Medical Innovations, Princeton, NJ). Please check and query if not provided.
- Computer software/programs should always state the version, with manufacturer and location (town) at first mention in executive summary and main text, e.g. WINBUGS 1.4.3 (MRC Biostatistics Unit, Cambridge, UK). See Appendix 8 for company locations.
Units of measurement

- Units must always be use SI or SI-derived units.

Further information sources

The following online sources also provide useful guidance on standards for report writing:

- The Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group (grading the quality of evidence and recommendations)
- The EQUATOR Network - Enhancing the QUality and Transparency Of health Research
Publication Ethics

We take an active role in the prevention of plagiarism, falsification of data, fabrication of results and other areas of ethical misconduct. All journals in the NIHR Journals Library are members of the Committee on Publication Ethics (COPE). This is a UK-based charity, with over 7000 members worldwide from all academic fields. COPE advises editors and publishers on how to handle cases of research and publication misconduct.

Should there be concerns that a project suffered misconduct in research, publication, or professional behaviour, the case may be discussed in confidence with the editorial board, or referred to COPE or any other relevant authorities.

Dual publication

Publication of your funded research in the NIHR Journals Library fulfils two purposes:

1. To ensure that a full account of the research is available in the public domain in perpetuity; and
2. To contribute to dissemination of the research findings.

Dual publication occurs when two or more papers, without full cross reference, share the same hypothesis, data, discussion points or conclusions.

The NIHR considers that publication of its research, necessarily in briefer format, in specialist and general journals is important for the dissemination and uptake of research findings and therefore encourages grant holders to seek such publication.

Although the possibility that this may constitute dual publication may cause concerns, it is considered that the NIHR Journals Library, which contains comprehensive accounts of whole funded projects, is different from other, smaller, journal articles and therefore publication in both formats is acceptable.

Please see the ICMJE Guidelines relating to ‘Overlapping publications’

However, it is important that authors seeking publication of an article based on their report in another journal adhere to the following:

- You should not submit large items of identical work to the report you submit to us.
- You should inform any journal that your work will be published in the form of a single whole issue of the relevant journal within the NIHR Journals Library, including actual or expected publication date.
- You should inform the journal how the submitted paper differs from that submitted to the NIHR Journals Library. The Journals Library is intended to contain much more comprehensive accounts of the research carried out.
- If your paper is accepted by another journal, the full and correct acknowledgements to both the funder and the programme journal must be provided (see Acknowledgements and disclaimers).
- If the journal is not concerned about the publication date of your NIHR journal issue and plans to publish after it, then reference should also be provided to the correct volume and issue number, if known (see Acknowledgements and disclaimers).
- If the journal will only publish your paper before the NIHR journal issue is published, please inform the editorial office so that a more suitable publication date can be arranged to allow for this. If the delay
requested is substantial, approval will be needed from the editors.

- You must not assign exclusive rights in Crown copyright material to any individual or organisation (as you have already assigned non-exclusive rights to the Crown in your contract). Please see the Copyright section for further information.

**Notification**

You are obliged, by the terms of your contract, to notify your programme monitoring contact (prior to delivery of your final report) or the editorial office (once the report is in editorial review) of any intention to publish the results of your work elsewhere at least 28 days in advance of publication in another journal.

This also applies to public oral and poster presentations, so you should also advise us 28 days before submission of abstracts to organisers of an event or conference.

This is to allow time for the relevant communications teams and the Department of Health’s press officers to prepare for any implications of the research on government policy in this area. There may be wider communications activity intended surrounding the publication of your report, and the Department of Health may also need to consider how your initiative affects any press releases they may be distributing at the same time in related areas.

You are also required, under the terms of the contract entered into with the Department of Health, to submit one draft copy of the proposed publication/presentation/other material to the funding programme at the same time as submission of the final report or at least 28 days before the date intended for publication of the other output, whichever is earlier.

To send an output notification please login to the NETSCC MIS. Once you have logged in:

- Click on the ‘My Projects’ tab to access a list of your current NETSCC projects.
- Click on the NETSCC ID number for the relevant project to take you to the project details page
- Select the action ‘Enter or Update Output Notification and click the ‘Request’ button.
- Complete the resulting task pages to notify us of the output

We will publish details of articles published in peer review journals relating to your research project with your report.

Details of the correct format for submitting journal references are available within this guide under the References section.

Please see the Permissions and Copyright section of this document for information on assigning copyright and the correct acknowledgements required when publishing the results of your work elsewhere.

**Authorship**

All persons designated as authors must qualify for authorship, and all those who qualify must be listed. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship. Each author should have participated sufficiently in the work to take public responsibility for the appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Authorship credit should only be based on:

- Substantial contributions to conception and design, or acquisition of data or analysis and interpretation
of data

- Drafting the manuscript or revising it critically for important intellectual content
- Final approval of the version to be published

All of these conditions must be met to qualify for authorship. When an individual has made a contribution to the manuscript but does not meet these criteria, their contribution should be recognised in the acknowledgements. Written permission to be acknowledged should have been obtained from such individuals, since readers may infer their endorsement of the data and conclusions.

This policy follows the *ICMJE Guidelines relating to Authorship and Contributorship.*
Permissions and Copyright

Copyright

(Appplies to all contracts for all programmes from March 2012 standard contract)

Assuming that your report is accepted for publication, it will be published in the relevant programme journal. Under the terms of your contract, copyright is assigned to the Crown, so it will bear the following statement:

© Queen’s Printer and Controller of HMSO 20XX [year of publication]. This work was produced by [name of author/organisation] under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to NETSCC.

Permission to reproduce material from the published report is covered by the UK government’s non-commercial licence for public sector information at:


If you submit papers arising from your report to other journals it is essential that any copyright agreement you sign is in the form of a non-exclusive agreement as, under the terms of your contract, the Crown has been assigned an irrevocable non-exclusive licence in respect of any information, Intellectual Property, Results, Materials and conclusions arising from the research project.

Most journals have suitable non-exclusive licences for government-funded research. If you have, in error, signed an exclusive copyright agreement with a publisher, it is your responsibility to alert the publisher as soon as possible. If you require any assistance in this matter, please email nihredit@soton.ac.uk

Acknowledgements and disclaimers

If you submit your work to another journal, or anywhere else, please ensure it carries the appropriate funding acknowledgement and Department of Health disclaimer:

Funding/publication acknowledgement

This project was funded by the [insert programme name] programme (project number xx xx xx xx) and will be published in full in the [insert journal title, volume and issue number, if known]. Further information available at: [insert project page web address]

Department of Health disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, MRC, CCF, NETSCC, the [insert programme name] programme or the Department of Health.
Please note that MRC funded EME reports should follow the additional guidance in the ‘Additional guidance notes for MRC Trials submitting a report to be considered for publication in the NIHR Journals Library’, which will be provided by the programme manager.

If your final report includes verbatim interview quotes, please use the following Department of Health disclaimer:

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the [insert programme name] programme or the Department of Health. The views and opinions expressed by the interviewees in this publication are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, MRC, CCF, NETSCC, the [insert programme name] programme or the Department of Health.

Permissions

It is your responsibility as the author to obtain permission to reproduce work (e.g. figures and text) previously published elsewhere. You should be aware that some journals can charge a fee for reproduction and you will be expected to fund this from your contracted budget.

Even if you are the author of the work being reproduced, you may not necessarily own the copyright for the published material. Please check with the publisher (rather than the author or the journal editor as they may not own the copyright).

If your final report contains large sections of previously published material, you must apply for copyright permission from the relevant copyright holder and submit this to the editorial office with your final report.

As the journal issue will appear online and could be made available in other formats, please ensure that all media copyright is granted.

Material requiring permission

The following list details the usual material that you will need to obtain permission to use in your report. Please note that this is not an exhaustive list and if in doubt about whether you should seek permission, it is always best to err on the side of caution and contact the publisher you wish to use material from.

- A single quotation or several short quotes from a full-length book of over 300 words.
- A single quotation of over 50 words from a journal, newspaper or magazine article.
- Charts, tables or graphs or other representations where the author is using the entire representation or has used a substantial amount of material from another work.
- Photographs.
- Reproduction of web pages or screenshots.
- Certain trade mark usage.
- Certain photographs containing recognisable people.
- Reproduction of advertisements.
- Any third-party software used in a CD, DVD or website supporting an author’s work.
Step-by-step guide to obtaining permissions

1. **Decide if it is necessary to include the copyright material:** Obtaining permissions can be a lengthy and expensive process so you should ensure that you are only including material that is necessary.

2. **Apply early:** Apply for permission as soon as you decide to include material that has been previously published, usually when you are preparing your final report. Failure to apply at this early stage is likely to delay the publication of your report.

3. **Never assume material is copyright-free:** even if material is posted on the Internet or is widely known and discussed, this does not normally mean that it is not in copyright.

4. **Have all source material details to hand:** ensure that you have ISBNs, page and figure numbers for the source material when applying for permission.

5. **Find the relevant publisher:** If you have the journal in which the original material was published then you can contact the relevant journal to find this out. Alternatively, use MEDLINE (at the National Library of Medicine website) or other journals database to locate the journal website. If your institution subscribes to Ulrichs, this can also be used to locate contact details of journal publishers.

6. **Contact the publisher:** Send an email following the example below:

   **Dear Sir/Madam,**


   I am writing to request permission to reproduce Table 1 from the above reference. The table will appear in a report in the journal **Health Technology Assessment.** This report will also be available online. We therefore request permission to use the material in this and all subsequent editions of the work, all derivative works, in any and all media, and in all languages. I attach a scanned copy of the relevant page from the original article for your convenience.

   Email a scanned copy of the title page and the page containing the relevant material. If you are adapting the table/figure, send a copy of this as well and alter the covering email accordingly.

7. **Ensure that full usage rights are granted:** You will need to obtain permissions for full usage rights, that aren’t limited to a specific language, form of media or length of time. Often publishers will reply with permission for limited rights. If this happens you should contact them again immediately, particularly for

- Film stills and film grabs.
- Ordnance Survey maps, map extracts and redrawn maps.
- Quotations from informal writings, such as speeches, interviews, mission statements, questionnaires, classroom discussions or student works.

If the data is presented in a different way in charts, tables, graphs and figures, permission is not needed, but the source should be credited. If a table or figure has been adapted you will need to use your judgement as to how different your adaptation is from the original. If in doubt contact the original publisher. Use of data originally described within text does not require permission to be presented in a new format, such as a new table.
electronic rights, stating that the work will also be published on the NIHR Journals Library website.

8. **Use the appropriate credit line:** The publisher may insist on a specific credit line, for example the full reference details plus the publisher’s details. This should be provided to your programme, along with the proof of permission, when you submit your final report.

If a specific credit line is not specified, or permission is not required, the following credit lines can be used as appropriate:

- Reproduced with permission from Smith et al.49
- Adapted with permission from Smith et al.49
- Adapted from Smith et al.49
- Data from Smith et al.49

For further guidance please email the editorial office: nihredit@southampton.ac.uk.
Submitting your report and editorial review

Forms

This section details the forms that MUST be submitted with the final report. Reports cannot proceed to editorial review without these forms. Please read this section carefully and make use of the Editorial Criteria Checklist to ensure that you have all the required information before submitting your report.

All forms are available online at http://www.netscc.ac.uk/nihr_journals_library/resources_for_authors.asp or can be provided by the editorial office.

Disclosure of competing interests

ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (COI)
http://www.icmje.org/coi_disclosure.pdf

Each named author is required to complete the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (COI). Authors should complete a form even if there are no competing interests.

The form includes instructions to help authors provide correct information, with a sample completed form also available. A declaration of any conflicts of interest, or absence of, must also appear on the title page of the final report below the authors’ names.

Fulfillment of editorial criteria

Editorial Criteria Checklist
http://www.netscc.ac.uk/nihr_journals_library/PDFs/v1_Editorial_Criteria_Checklist.pdf

Your final report must meet certain editorial criteria in order for it to be accepted. This checklist is applicable to all final reports submitted at the project end. It should be completed by the lead author and must be submitted with the final report.

Order of authors

Order of Authors Agreement
http://www.netscc.ac.uk/nihr_journals_library/PDFs/v1_Order_of_Authors_Agreement.pdf

This form must be completed to show the order in which authors will appear in the published journal issue. The lead author should arrange for each author to sign the form next to their name. Each author’s signature must be original. All authors listed must satisfy the author criteria listed on the form and in this document (see the Authorship section).
### Reporting guidelines

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Description</th>
<th>Link</th>
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<tbody>
<tr>
<td><strong>CONSORT</strong></td>
<td>Checklist for randomised controlled trials (RCTs)</td>
<td><a href="http://www.consort-statement.org/consort-statement/">http://www.consort-statement.org/consort-statement/</a></td>
</tr>
<tr>
<td><strong>PRISMA</strong></td>
<td>Checklist for evidence synthesis/systematic reviews</td>
<td><a href="http://www.prisma-statement.org/statement.htm">http://www.prisma-statement.org/statement.htm</a></td>
</tr>
<tr>
<td><strong>STARD</strong></td>
<td>Checklist for diagnostic accuracy studies</td>
<td><a href="http://www.stard-statement.org/">http://www.stard-statement.org/</a></td>
</tr>
</tbody>
</table>

If your report is a randomised controlled trial, evidence synthesis/systematic review or a study of diagnostic accuracy you should fill in the applicable checklist above and submit this with your final report.

### Permissions

| Permissions Checklist                                                       | [http://www.netscc.ac.uk/nihr_journals_library/PDFs/v1_Permissions_Checklist.pdf](http://www.netscc.ac.uk/nihr_journals_library/PDFs/v1_Permissions_Checklist.pdf) |

Please use this form to record the permissions that you have requested and been granted for use of material that has previously been published elsewhere (see the Permissions and Copyright section for more information).

### Health Economics (HTA only)

| Health Economics Checklist for Abstracts                                  | [http://www.netscc.ac.uk/nihr_journals_library/PDFs/v2_Health_Economics_Checklist(HTAonly).pdf](http://www.netscc.ac.uk/nihr_journals_library/PDFs/v2_Health_Economics_Checklist(HTAonly).pdf) |

The Health Economics Checklist for Abstracts must be completed by authors of HTA or TAR reports which contain a substantial economic evaluation or cost effectiveness component.
Submission

Before you submit your final report please ensure that you have completed the necessary forms:

- ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (COI) completed by each author.
- A completed copy of the Editorial Criteria Checklist.
- An Order of Authors Agreement form, agreed and signed by each author.
- Completed CONSORT/PRISMA/STARD checklists (as appropriate).
- A completed Permissions Checklist.
- For HTA reports only - a completed Health Economics Checklist for Abstracts.

Please also check that you have done the following before submitting your report:

- Ensured that all references are in Vancouver format.
- Ensured that the main body of your report does not exceed 50,000 words in length.
- Ensured that your scientific summary adheres to the 2400 word limit and that it does not include references, tables or figures.
- Provided tables and figures in an editable format (not as embedded images) within the main body of the text and ensured they are numbered consecutively.
- Received and paid for permissions to reproduce figures, tables, web shots and so on.
- Included original files for forms, questionnaires and trial documentation to be included in the appendices.

Once you have completed all of the necessary forms, these should be submitted with your final report online.

To submit your final report, please login to the NETSCC MIS at https://netscc-mis.nihr.ac.uk/mis/. Under the ‘My Tasks’ section, click to open ‘Submit Draft Final Report’, and follow the on-screen instructions. Please note that in order to successfully complete the task, you will need to submit an abstract/scientific summary and Editorial Criteria checklist together with your final report.

For HTA reports only – If the final protocol differs substantially from the original, please provide a list of the important or significant changes that were made, with a brief description of each, via email to nihredit@southampton.ac.uk. This will assist the Scientific Editor when undertaking their review.
Editorial review

The Review Process

Once you have submitted your report your funding programme will check that it is in line with requirements and then it will be passed to the editorial office.

The report will then be externally reviewed, usually by at least four independent experts who provide expertise in various relevant areas (such as clinical, methodological, health economics and statistics).

Reviewers are asked to return their comments within 4 weeks. When all the comments have been received, the editors review all of the papers and feedback is given to the author (please note for TAR reports the editor will review the report only after it has been revised in response to the initial reviewer comments). Ideally, all of this will take place within 2 months of receipt of your final report.

Should your report require revision you will be invited to resubmit an electronic version of your revised report within four weeks. This must be accompanied by a table detailing the changes that have/have not been made in response to the editors’ and/or reviewers’ comments.

The editors will then decide whether or not you have adequately addressed the reviewers’ comments. If the changes are not considered sufficient, you will be asked to make further revisions. Occasionally, the editors may ask for the revised report to be re-reviewed.

When the editors are satisfied that a report is acceptable for publication, the report is sent to the production house.

Please see the Editorial Review Timescale for further information.

Editorial policies

Transparency

The NIHR Journals Library has a commitment to transparency. Within the limitations of our closed review process we try to ensure that reviewers, editors, authors and readers know as much about the background of the research as possible.

Duty of confidentiality to authors

All submitted final reports are treated as confidential documents. This means that, unless we have the authors’ prior permission, we will not disclose information about a final report. However, during the editorial review process, the following people may have access to your final report:

- Editorial office staff and other colleagues at NETSCC, NIHR or MRC.
- External reviewers
- NIHR Journals Library editors and other members of the editorial board or groups
- Department of Health staff or other policy making bodies, on completion of a confidentiality agreement
- The production house.

Reviewers

The NIHR Journals Library has a system of closed review, where authors do not know who has reviewed or
edited their final reports. However, all reviewers are expected to declare any competing interests that might relate to the final report we have asked them to review, and these are taken into account by the editors when considering reviewers’ comments. We would expect reviewers to decline a review request should the conflict of interest be significant.

**Editorial board and groups**

The editorial board and groups consist of active clinicians and clinical academics (or the equivalent in public health), health policy experts, programme directors and the editor-in-chief of the NIHR Journals Library.

The only occasion when details about a final report might be passed to a third party without the authors’ prior permission is if the editors suspect serious research misconduct (please see the section on Publication Ethics for further information).
# Editorial Review Timescale

Please note that this timescale is approximate and may vary for TAR reports.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Final report submitted to editorial office. Final report sent to reviewers.</td>
</tr>
<tr>
<td>1</td>
<td>Reviewers return comments to editorial office. Reviewer comments sent to editors.</td>
</tr>
<tr>
<td>2</td>
<td>Editors deliver comments to editorial office. Editor and reviewer comments sent to author.</td>
</tr>
<tr>
<td>3</td>
<td>Author submits draft manuscript to editorial office. Draft manuscript sent to editors.</td>
</tr>
<tr>
<td>4</td>
<td>Editor comments returned to editorial office. Editor comments sent to author.</td>
</tr>
<tr>
<td>5</td>
<td>Author submits a revised manuscript in response to editor comments. Revised manuscript sent to editors for further comment.</td>
</tr>
<tr>
<td>6</td>
<td>Editor comments are returned to editorial office.</td>
</tr>
<tr>
<td>0-20</td>
<td>If the editor approves the revised manuscript it is sent to the production house. If not, it undergoes another round of editorial review, adding approximately four weeks to the process before it can go through production.</td>
</tr>
</tbody>
</table>
Production

The production house

The production house is responsible for managing the copy-editing, typesetting, proofreading and printing of your report. The NIHR Journals Library uses an external production house called Prepress Projects, with a dedicated project management team looking after NIHR Journals Library work. They will be your main contact during the production process.

About the production process

At the production stage, reports are copy-edited and proofed by professional writers and proof-readers. Typically this takes 4 to 6 months and involves general editing, detailed copy-editing, preparation of proofs, checking proofs by the author/editors, proof-reading, proof collation, resolving any remaining queries and then producing the signed-off journal issue. Reports receive final sign-off by the editors before they are published in print and online.

The copy-editing process

Why papers are copy-edited

Copy-editing reports is a very important part of the publication process. In the first instance it ensures that reports are written in correct English, are readable and that scientific terms and concepts are accurate. It applies a consistent house style to reports, which provides a familiar presentation to readers and aids understanding of reports in unfamiliar disciplines. Copy-editing also plays a significant role in enhancing the readers’ experience and perceptions of the journal.

How papers are copyedited

Once all pre-production checks have been completed copy-editing begins. First, the files are prepared for copy-editing by putting them into one file and making initial corrections to spelling and grammar as well as ensuring that the report follows a consistent house style.

The copy-editor is briefed on any specific instructions relating to the report and then carries out a detailed copy-edit of the report. This includes checking that abstracts and scientific summaries conform to appropriate guidelines, ensuring that all studies and reports cited are included in the reference list and checking that URLs cited in the text are valid.

The copy-editor will then raise any queries that arise with the author. During this stage the copyeditor will also carry out additional tasks, such as writing the headline and keywords, checking that the title is appropriate and carrying out final checks on referencing numbering and so on.

Author responsibilities

A large number of reports are published each year; therefore it is important that each report follows a production schedule. As an author you have significant input into the process and therefore your cooperation is vital in ensuring that reports publish to schedule. Your main responsibility during the production process is to respond to the copy-editor’s queries and check proofs of your report after it has been typeset (and after any subsequent revisions).
A PDF file of the proofs will be emailed to you for checking. You will also be sent author queries and a draft headline and keywords.

Please read everything carefully, and pay particular attention to the following:

- **Headline and keywords** – The headline will be used when publishing your report online and is intended to sum up your work in a concise but informative way. Please check that the headline and keywords are appropriate and approve or amend as necessary.

- **The layout of the tables**

- **Line figures (diagrams)** – these are redrawn by an illustrator so please check they are accurate.

- **Special symbols or fonts** that may have been used (for example Greek letters, symbols, subscripts, superscripts, italics, bold, chemical formulae, mathematical equations).

Queries that arose during copy-editing or proofreading are listed in a PDF file. In the first proofs a box indicates the numbered queries with the corresponding number in the margin of the proofs, which appears in red on the PDF file. Queries relating to references, figures, and tables are listed by reference, figure, or table number.

**All queries must be answered.**

Mark all text corrections clearly.

If you have very few and very minor changes, they may be listed in a Word file attachment and returned, by email, along with your answers to queries. Corrections must be described clearly by specifying page and line numbers.

Alternatively, and again only for very few and very minor changes, you may add corrections and comments to the PDF file and return the edited file by email. All PDF files supplied as first and/or revised proofs should be editable with Adobe Acrobat Reader.

We recommend that you make a copy of the corrected proof, particularly if posting, for reference in any further correspondence concerning your report.

Please return corrected page proofs by post or courier to the following address:

[Name of Journal]  
NIHR Journals Library  
Prepress Projects Ltd  
Algo Business Centre  
Glenearn Road  
Perth PH2 0NJ, UK
Production Timescale

Please note that this timescale is an approximation. The length of the report will affect the time taken in production.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Manuscript received into external production house. Project manager contacts corresponding author.</td>
</tr>
<tr>
<td>1</td>
<td>Report evaluated</td>
</tr>
<tr>
<td>2</td>
<td>Artwork sent to illustrator and report copyedited</td>
</tr>
<tr>
<td>8</td>
<td>Report sent for typesetting</td>
</tr>
<tr>
<td>11</td>
<td>First proofs sent to author and proofreader</td>
</tr>
<tr>
<td>16</td>
<td>First proof corrections due from author.</td>
</tr>
<tr>
<td>17</td>
<td>Second proofs sent to author and editors.</td>
</tr>
<tr>
<td>18</td>
<td>Final sign-off from author and editors.</td>
</tr>
<tr>
<td>21</td>
<td>Report published online.</td>
</tr>
</tbody>
</table>
Publication

Open Access

The Department of Health (DH) and the Medical Research Council (MRC), in association with a number of other UK biomedical funders, is a partner in an initiative to establish Europe PubMedCentral.

Led by the Wellcome Trust, the aim of this initiative is to create a stable, permanent and free-to-digital archive of the full text, peer reviewed research publications (and datasets) that arise from research funded through the National Institute for Health Research (NIHR) and other members of the Europe PubMed Central Funders Group.

The DH and MRC require electronic copies of all research papers, final reports and / or summaries of research funded in part or in full by the DH or MRC, and which have been accepted for publication in a peer reviewed journal, to be deposited at the earliest opportunity (within six months) in Europe PubMed Central. This applies to all funding applications submitted since 1st October 2006 for MRC-funded reports and 1 April 2007 for DH-funded reports.

The editorial office will arrange for your published report to be deposited with Europe PubMed Central. You will then be contacted directly by Europe PubMed Central and asked to log on to their system to check the details and give your approval before the report appears on the Europe PubMed Central site.

The preferred mechanism for depositing other articles published in peer reviewed journals is for the journal itself to make the deposit to Europe PubMed Central. If an article is not published in an open access journal the responsibility rests with the author, and Europe PubMed Central will accept final, peer reviewed manuscripts of such articles once they have been accepted for publication.

Please see the full Statement on DH / NIHR-funded research and Europe PubMed Central.

An increasing number of universities, both in the UK and globally, are developing electronic institutional repositories (EPrints) in which they encourage their researchers to deposit their research material. This practice is part of a move towards an open access publication approach to research activities, aimed at improving dissemination, access and citations to research.

The NIHR actively encourages researchers, whose own universities have developed an institutional repository, to deposit any research articles relating to their funded project, including the final published NIHR journal issue, into this facility. The Registry of Open Access Repositories (ROAR) is available from the EPrints website.

Please note that each institutional repository is likely to have its own system requirements for data entry. However, for consistency, the journal name must be entered correctly (as it appears on the NIHR Journals Library website) and the publisher stated as the NIHR Journals Library.

If you have any queries about entering details of your research into your institutional repository please contact the editorial office.

Increasing usage and citation of your work

Once your report has been published it is important to ensure that researchers and other users are able to find and cite your report easily. Below are some suggested methods for reaching your readership more effectively.
• Publish an article in another journal based on your report. Target a journal with a high impact factor, which is widely read in your discipline. Make sure you notify us of any upcoming articles so that any wider communications activity surrounding the publication of your report can be planned.

• Self-archive your report by placing it in an institutional or subject repository.

• Email your networks and post on listservs about the publication of your report.

• Use your department website or personal webpage to add information about your report and link directly to it.

• Optimize your report for search engines by ensuring that the title, keywords and abstract all accurately describe the content of your research.

• Use your email signature to tell people about your report, providing a link to the NIHR Journals Library website.

• Contribute to Wikipedia by adding your report as a reference to an article on a relevant subject (with a link) or by creating your own page.

• Blog about your area of research and stimulate debate amongst others in the field.

• Join academic social networking sites such as academia.edu. These are online social communities for people to share research and discuss ideas.

• Announce your report on Twitter and Facebook with a link, so that it can be picked up by other researchers and practitioners.

• Add your report to your CiteULike library and share it with others.

• Get known in your community by going to conferences, reviewing papers for journals and joining an editorial board.

• Add your report to your course reading list where this is appropriate.
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