Welcome

Resources for authors

Welcome to the Resources for authors guide produced by the editorial office of the NIHR Journals Library. The office is based at the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) at the University of Southampton.

The following guidance aims to help authors with the preparation of reports for submission to their programme journal within the NIHR Journals Library. The Library encompasses the Efficacy and Mechanism Evaluation (EME) Programme; the Health Services and Delivery Research (HS&DR) Programme; the Health Technology Assessment (HTA) Programme; Programme Grants for Applied Research (PGfAR); the Public Health Research (PHR) Programme; and will include some outputs from the MRC-NIHR Methodology Research Programme (MRP).

The Journals Library, based on the existing Health Technology Assessment journal (www.hta.ac.uk/research), comprises a suite of programme-specific journals made available online.

It helps to disseminate the findings of the research commissioned by these programmes, and provides an important permanent and comprehensive record of the work which has been funded.

The NIHR

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.

For further information, please see www.nihr.ac.uk

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The editorial office at NETSCC
Becky Evans, Anne Farrugia, Teresa Jones, Sarah Llewellyn LLoyd, Sarah Moss, Joanne Merritt, Tim Spencer, Joy Stokes, Joanna Taylor, Liz Trevellick, Helen Waller, Jo Fraser

All correspondence in the first instance should go to nihredit@southampton.ac.uk
This section is designed to give guidance on the most common types of report that authors might submit to the NIHR Journals Library.

Pages 4 - 5 summarise some standard reporting guidelines which we encourage you to adhere to (if applicable) when preparing and writing your final report. More detailed guidance on each heading section, along with general requirements for the NIHR Journals Library and the editorial review and production processes, is then provided from page 6 onwards. 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.

Please bear in mind however that each issue published in the NIHR Journals Library should always contain the following sections:

- Abstract
- Contents
- List of abbreviations/glossary
- Scientific summary
- Acknowledgements
- References
- Appendices

It may be useful to refer to the Health Technology Assessment journal (see www.hta.ac.uk/research) to get an idea of the overall approach and format, for example, author names and addresses, heading styles etc. when preparing your report.

If your research has been funded by Programme Grants for Applied Research (PGfAR), the expectation for reports is that they will bring together all the strands of the programme in a single place such that the report of the whole is greater than the sum of the individual parts. This will also act as an archive for the whole programme grant. Overall PGfAR reports would usually be 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 (probably each chapter having a shorter 250 word abstract at the start, plus introduction, methods, results, conclusions);
- a final chapter drawing all the work streams and elements of the programme together.

If you are producing a Technology Assessment Report (TAR), please be aware that NICE TARs 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 ‘and economic
Evidence synthesis

If your report contains elements of evidence synthesis, we advise you follow the PRISMA standards and checklist. 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. The main headings are listed below:

► 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, if appropriate; recommendations for research)

Authors should note that the term ‘systematic review’ will appear only in a report 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.

Randomised controlled trials (RCTs)

If your report includes RCTs, the headings set out in the CONSORT checklist and flowchart should be used. When reporting an RCT, you should ensure that it is specifically stated in the title of the report or chapter. The main headings are listed below:

► 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, if appropriate; recommendations for research)

The CONSORT site also contains guidance for reporting cluster RCTs and other designs. 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.

Diagnostic accuracy

If you are reporting a study of diagnostic accuracy, we advise that you refer to and use the headings set out in the Standards for Reporting of Diagnostic Accuracy (STARD) checklist. This should improve the accuracy and completeness of your reporting to allow readers to assess the potential for bias in the study (internal validity) and to evaluate its generalisability (external validity). You should identify the report or chapter as a study of diagnostic accuracy in the title (recommend MeSH heading ‘sensitivity and specificity’). The main headings are listed below:

► Introduction
► Methods (including participants, test methods, statistical methods)
Results (including participants, test results, estimates)

Conclusions (implications for healthcare, if appropriate; recommendations for research)

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.

These were designed to be guidelines for reviewers but the ten headings given below could be used by authors as a checklist. We do not necessarily expect to see them as headings in a report.

Headings in the BMJ guidelines

- Study question
- Selection of alternatives
- Form of evaluation
- Effectiveness data
- Benefit measurement and evaluation
- Costing
- Modelling
- Adjustments for timing of costs and benefits
- Allowance for uncertainty
- Presentation of results
Pre-submission
In order that the external review process is carried out in a timely and efficient manner, the editorial office aim to start identifying potential external reviewers six weeks in advance of the final report being delivered. To aid this process, authors are asked to suggest reviewers for consideration by the editorial office. It is also helpful if authors can regularly confirm the date they plan to submit their final report with their programme or the editorial office so that reviewers can be accurately advised of when they will have to undertake the work.

Preparing your final report
When preparing your final report, it may be useful to refer to the Health Technology Assessment journal (see www.hta.ac.uk/research) to get an idea of the overall approach and format, for example, author names and addresses, heading styles etc.

We encourage authors to provide a full and 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. You are reminded, however, to be concise and succinct in your report writing and you should not exceed 50,000 words in the main body of your report.

All authors should complete and return the relevant Authors’ Checklist (supplied by the editorial office) to ensure they have included all required elements mentioned in this guide when submitting a final report.

Scientific summary
The purpose of the scientific summary is to provide a succinct overview of the methods and results of your report. The scientific summary will be included in your published report and also made available separately online. We advise that the summary, produced as a stand-alone document, 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, easy-to-read style with sufficient detail to help the readers understand the results of the study and give confidence in the findings. Please bear in mind that the target audience will be decision-makers in the NHS (policy makers, relevant clinicians and managers) or in the field of public health.
► have an appropriate structure (see below)
► If the report is a randomised controlled trial, the ISRCTN should be included at the end of the summary.

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).
NB: 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.

Abstracts

The abstract must be submitted with the report. Your abstract will appear on MEDLINE and other appropriate bibliographic databases. Authors are responsible for writing their own abstracts. Abstracts should not be more than 500 words.

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

If your report is a randomised controlled trial (RCT) it 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. If you have followed any other reporting guidelines (PRISMA, STARD etc.) please ensure your abstract also follows the reporting requirements.

For PGfAR reports you should write a general abstract to cover the whole of your report. This should not exceed 500 words. If appropriate, you should also write an abstract to summarise and appear at the beginning of each chapter. This should not exceed 250 words.

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

► Objective/Objectives
► Design
► Setting
► Participants
► Interventions
► Main outcome measures
► Data sources (if applicable)
► Review methods (if applicable)
► Results
► Conclusions

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

► You should be discerning about the potential value of material included in the appendices of your report. Appendices are seen as ‘optional extras’ - information that is not needed to understand and judge the methods or results of the research. If something is important it 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.

► Tables of results should normally be in the main body of the report (even if some editing is required to make them manageable) so that the reader does not have to search through appendices for information that is necessary to follow the findings in the report. Tables of background data should be in appendices.

► Questionnaires and other forms should be in appendices, although we recommend that if the forms are well known there should be no need to publish them at all.

► We advise against including excessive transcripts from qualitative research.

► As a guide, an average of ten appendices are provided with each published HTA report, but the amount of appendices has ranged from one to 20 or more. You may be asked to consider reducing the length of your appendices by the journal editors 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’.

Disclosure of competing interests

Each named author is required to complete the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (COI) and the completed forms should be submitted along with the final report. Authors should complete a form even if there are no competing interests. The form is available on the ICMJE website and includes instructions to help authors provide the 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:

Example

Competing interests: XXXX has received funding from the pharmaceutical industry to attend an influenza-related conference.

Or

Competing interests: None declared.

This should then be followed by this statement:

All authors have completed the unified competing interest form at www.icmje.org/coi_disclosure.pdf
(available on request from the corresponding author) and declare (1) no financial support for the submitted work from anyone other than their employer; (2) no financial relationships with commercial entities that might have an interest in the submitted work; (3) no spouses, partners, or children with relationships with commercial entities that might have an interest in the submitted work; and (4) no non-financial interests that may be relevant to the submitted work.

**Formatting**

**Verbatim Quotes**

The use of verbatim quotations from interviews is fundamental to the presentation of findings from qualitative research which seeks to explore respondents’ views and experiences and to discover the meaning they attach to words and concepts. However, quotations should not included as a substitute for analysis. They should be used to illustrate a point, rather than to make it\(^1\). Authors should select quotes rather than report them in their entirety. It is inappropriate to include excessive transcripts in appendices.

Particular attention should be given to ensure that verbatim quotes 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.

As a general principle, people, places and organisations should be anonymised. If anonymisation is neither possible nor desirable, then authors should ensure that they have permission from those affected to cite personal communications from them and that the extent, content and context have been approved by those individuals\(^2\).

Verbatim quotes should be indented and formatted as follows:

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

**References**

You are responsible for ensuring that the reference list is complete and accurate. 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). 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.

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Note that, if possible, all references should be cited in the text rather than just in tables/figures (the final position of tables and figures in the formatted text may result in references being cited out of order, thus requiring extensive renumbering).

References must be in **Vancouver style** (numbered consecutively in the order in which they are first mentioned in the text), with up to **six authors** quoted in full followed by *et al*.

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.

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

**Reference examples**

**Paper in a journal**


**Web URL**


**Chapter in a book**


**References to unpublished work**

References to personal communications should be **cited only 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 (see above).

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’.

**General reference advice**

If you wish to cite authors by name in the text, this can be achieved by using a ‘pseudo-Harvard’ system, such as, “Professor Jones and colleagues found that ...”.

References cited in figures and tables (for example, in a summary list of relevant studies) should be given in abbreviated form (for example, Smith, 1995; Smith & Jones, 1996; Smith and colleagues, 1994).

You should ensure that there is only 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
Inclusion of final protocol[s]
Where applicable, please ensure that you include your final protocol[s] in the appendices within your final report.

Artwork preparation
For figures and photographic images, please bear in mind that resolution and image quality are very important. Therefore, please follow the advice below when supplying these items.

It is preferable to have figures supplied as TIFF or EPS files. If necessary, BMP and GIF files can also be processed. In addition, we are aware that some authors draw their line figures in PowerPoint: these files are also acceptable. Below are some guidelines for each type of artwork file:

**TIFF**
- Greyscale or colour photographic images should be provided in 300 dpi (dots per inch); monochrome artwork (black line art, white background) should be provided in 600 dpi; a combination image of photograph and labelling should be provided in 600 dpi.

**EPS and PDF**
- Embed fonts if possible, or convert to outlines; do not define lines as ‘hairline’ width; the recommended minimum line weight is 0.3 pt for black lines on a light background, and 0.4 pt for white lines on a black background.

**Colour artwork**
- Supply colour photographic images in CMYK colour mode, not RGB.

**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.

The Appendix should include:
- The full electronic search strategy for at least one major database, including line numbering in numerical order and any limits used, so that the search can be reproduced.

**Currency conversions**
If a currency conversion is necessary to present comparative costs per QALY, then include the year for which the conversion was calculated.

**Figures**
Figures should:
- be black on white background only, not in colour.
- 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.

- include the reference number as well as the author name(s), if possible, in the figure or as a note in the legend when citing references in figures. This does not apply to forest plots.
- 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 white, black or horizontal/vertical/diagonal hatching to differentiate parts of a diagram, rather than grey shading or dots. A key to its meaning should be included within the diagram itself. Any symbols used in an illustration should also be defined in this key.
- be included in the body of the report, not separately at the end of the document.

Tables

- Number tables consecutively, not by chapter and appendix.
- All tables must be supplied in an editable format, not as embedded figures.
- When compiling tables, please bear in mind that the information 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. Separating lines of a table by insertion of paragraph marks a) leads to inaccuracies in alignment and so causes confusion, and b) results in the copy-editor having to spend time splitting cells to achieve the desired effect.
- When citing references in tables, please remember to include the reference number as well as the author name(s).
- 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 body of the report, not separately at the end of the document.
- Do not duplicate data in tables and figures.

Please do not try to summarise too much data in one table. More explanatory text and more concise tables will be easier for the reader to follow.
This section is not exhaustive, but aims to give you the key elements of house-style that you should bear in mind when preparing your final report.

**Abbreviations**

Abbreviations should not be used in the title. They may be used in the summary and elsewhere in the paper but must be defined at their first mention in the 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**

Quote ages in the following ways: over 40, under nine. There is usually no need to write ‘over 40 years old’ or ‘under nine years of age’, providing it is clear that the sentence refers to age. Always use numerals and hyphens for the adjectival form, e.g. ‘8-year-old child’ or ‘80-year-old woman’.

**Capitals**

Eponyms - some diseases, anatomical structures and organisms are named after people. As a rule, eponyms start with a capital letter and (where appropriate) include a possessive apostrophe, e.g. Parkinson’s disease, Down’s syndrome. There are exceptions to this rule. Some names are now part of common, everyday language and the capital is no longer necessary, e.g. caesarean, fallopian tube.

Job titles and departments - these should have initial caps, e.g. Programme Director, Senior Lecturer, Health Economics Research Unit.

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.

**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 2011’ (rather than ‘A decision was still awaited in 2011’).

**Equation numbering**

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

[Equation1]

**Glossary**

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

**Numbering**

Any numbers in the text should be written in full from one to ten and as numerals for 11 upwards (numerals may be used for numbers less than ten if presented in parentheses), unless used at the beginning of a sentence when they should always be written in full. Numbers followed by units should always be presented as numerals.

**Percentages**

As a general rule, use the format 10 percent rather than 10%. If percent appears several times within a paragraph it is acceptable to use %. The % symbol must always be associated with a numeral, e.g. 7% not seven %. However, the % symbol should be used in mathematical and statistical contexts, tables and lists.

**Plain English**

We encourage the use of ‘Plain English’ where possible in report writing. Please see the Plain English Campaign website for further information, examples about the principles (report writing tips, active versus passive voice, hidden verbs, auxiliary verbs, long sentences etc.) and training courses.

**Spelling**

The ‘s’ (and not ‘z’) spelling should be used for words ending in ‘ise’ (except when such words appear in the titles of referenced papers).

**Trade names**

Generic names of drugs should normally be used (preferably UK generic names). If appropriate, add a note giving a drug’s tradename and the name of the company producing it. Any tradenames/trademarks should, at the first time of use, carry the appropriate symbol (® or ™) and the name of the company; this is particularly important when quoting proprietary names of drugs.
Submitting your report

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 author’s checklist together with your final report.

Forms:
In order to publish your report we also require the following forms and checklists to be completed and submitted to the editorial office at NETSCC.

**We strongly suggest that you complete all forms while preparing and writing your final report, as failure to submit these completed forms with your final report can significantly delay editorial review and production.**

All forms will be provided by the editorial office or are available online at www.netscc.ac.uk/nihr_journal_library

► an order of authors form, agreed and signed by each author
► a signed Crown copyright form
► completed CONSORT / PRISMA / STARD checklists (as appropriate)
► ICMJE Uniform Disclosure Form for Potential Competing Interests completed by each author.

Important considerations when submitting your report

► It is essential that the report is printed with 1.5-line spacing throughout (including within tables).
► Each page should be numbered.
► You should provide a total word count for your report, plus a separate word count for your scientific summary and abstract[s].
► Your title page should give details of authors’ names and their institutional affiliation at the time they worked on the report. (Note: an affiliation is not necessarily the same as the mailing address included on the order of authors form).
► Your title page should give details of any authors’ competing interests. If there are none, please state: “Declared competing interests: none”. Please see the Disclosure of competing interests section for more information.
► You should be discerning about the potential value of material included in the appendices. You may be asked to consider reducing their length to comply with this requirement.

What happens next?

Your funding programme will check your report is in line with requirements and then the report will be passed to the editorial office at NETSCC.

Once your report has been delivered to the editorial office it will be externally reviewed, usually by at least **four independent experts** who provide expertise in various relevant areas (clinical, methodological, health economics, statistics etc.).
Reviewers are asked to return their comments within four weeks. When all the comments have been returned to the editorial office, the editors review all the papers and feedback is given to the author. Ideally, all of this will take place within two months of receipt of your final report.

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 reviewers’ comments.

The editors make a judgement about whether the author has 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 final 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.

Liaison with the production house

At the production stage, the reports are copy-edited and proofed by professional writers and proof-readers at an external production house. Authors are expected to liaise directly with the production house at proof stage.

Typically this takes four to five 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.

To ensure a timely and smooth production process we have highlighted the following common causes for delay. Please use the guidance earlier in this document to double check the following when preparing and submitting your report:

► **References** – please ensure they are in Vancouver style and that no references appear in the scientific summary.

► **Scientific summary** – please aim to adhere to the 2400 word limit and ensure there are no references, tables or figures included.

► **Figures and tables** – please provide in editable format (not as embedded images) and ensure they are numbered consecutively in the text.

► **Permissions** – all permissions to reproduce figures, tables, web shots, etc. should have been received and paid for.

► **Appendices** – please include original files for forms, questionnaires and trial documentation, not scans or photocopies.

Guidance on checking proofs

When your final report is sent to the production house and has been copy-edited and proofed, a PDF file of the first and further revised proofs will be sent by e-mail to you for checking. Also sent with the first proofs will be files corresponding to author queries and a draft headline and keywords, again in PDF format.

Proofreading

Please read everything carefully, answering any queries and paying particular attention to the layout of the tables and special symbols or fonts that may have been used (for example Greek letters, symbols, subscripts, superscripts, italics, bold, chemical formulae, mathematical equations, etc). We recommend that you make a copy of the corrected proof, particularly if posting, and also for reference in any further correspondence concerning your report.
Author queries

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Final report submitted to editorial office.

Final report sent to reviewers.

Reviewers return comments to editorial office.
Reviewers comments sent to editors.

Editors deliver comments to editorial office.
Comments then sent to author with reviewers’ comments.

Author submits draft manuscript to editorial office. Draft manuscript sent to editors.

Editors’ comments returned to editorial office and sent to author.

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Editors’ comments are returned to editorial office.

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NB: These are approximate timescales and are for illustrative purposes only.
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<th>Weeks</th>
<th>Event</th>
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<tr>
<td>21</td>
<td>Manuscript received into production at an external production house. Project manager contacts corresponding author. Report evaluated. Artwork sent to illustrator and report copy-edited.</td>
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<tr>
<td>22</td>
<td>Report sent for typesetting.</td>
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<tr>
<td>23</td>
<td>First proofs sent to author and proofreader.</td>
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