

BMJ Guidance for Authors

Contact us

Individual contact details are available for most staff members, and can be found using our [Editorial Staff list](#)

For questions about article submission and ScholarOne (our manuscript submission system), please contact papersadmin@bmj.com.

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Revised: 3 May 2018

ABOUT THE BMJ

Published without interruption since 1840, our mission is to lead the debate on health and to engage, inform, and stimulate doctors, researchers, and other health professionals in ways that will improve outcomes for patients. To achieve these aims we publish original research articles, review and educational articles, news, letters, investigative journalism, and articles commenting on the clinical, scientific, social, political, and economic factors affecting health that help doctors make better clinical, research and public health decisions. *The BMJ* also aims to publish articles that advance debate on the science and art of patient partnership and co—production of health. We are delighted to consider articles for publication from doctors and others, and from anywhere in the world. Although the editorial office is located in London, we have [editors](#) throughout the world, including Europe, North America, South Asia, and China.

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1. PUBLISHING AT THE BMJ

1.1 Publishing model

The BMJ is an online publication and publishes its articles [continuously to bmj.com](#). The website is updated daily with original articles, podcasts, videos, and blogs and organised into four main content streams—research, education, news and views, and campaigns. In addition, the site is fully searchable, with an [archive](#) going back to 1840 and numerous topic collections on clinical and non—clinical subjects.

Some articles published online will subsequently also appear in a print issue of *The BMJ*. The print journal is now published in three editions: one weekly edition targeting hospital clinicians, primarily in the UK; a second weekly edition for GPs; and a third [monthly edition](#) aimed at academics and a more international audience.

1.2 Acceptance rate and handling times

We publish only about 7% of the 7000—8000 articles we receive each year (and only about 4% of the 4,000 research articles). We reject about two thirds of all submissions without sending them for external peer review, but many authors tell us they appreciate quick decisions that allow them to submit their work elsewhere without delay. In 2016, the median time to make a first decision for research, analysis, and education papers sent out for review was 48, 83, and 31 days, respectively, with a 2 day initial screening time for research.

1.3 Open access

All research papers in *The BMJ* are published with open access. Moreover, *The BMJ* immediately fulfils the requirements of the US National Institutes of Health, the UK Medical Research Council, the Wellcome Trust, and other funding bodies by making the full text of publicly funded research freely available to all on [bmj.com](#) and sending it directly to PubMed Central, the National Library of Medicine's full text

archive. *The BMJ* occasionally publishes as open access other types of (non—research) articles arising from work funded by a funder who mandates open access publication.

All Research articles published by *The BMJ* are published by default as open access (irrespective of who funded the research). Any other article based on work funded by a funding organisation that requires open access publication—that is, requires its grant recipients to deposit publications arising out of the funded work to be deposited in PubMed Central open access repository - can also be published as such. We offer two types of open access license:

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2. ARTICLE TYPES AT THE BMJ

At *The BMJ*, we offer the opportunity to submit a range of article types, each with different requirements. Before submitting any work to *The BMJ*, we encourage all authors to explore our advice on these article types to ensure that work is framed in the best possible way for review and publication. You can find out more about our main article type, as well as access examples of previously published articles in the table to the left.

3. PREPARING YOUR ARTICLE

3.1 Requirements for ALL manuscripts

Please ensure that anything you submit to *The BMJ* conforms to the International Committee of Medical Journal Editors’ (ICMJE) [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals](#) uniform recommendations for manuscripts submitted to biomedical journals. Before submitting an article, please ensure that you have followed all guidelines below.

Further details about *The BMJ*’s stance on authorship, contributorship and group authorship can be found on our [Authorship and contributorship page](#).

3.2 Title page and authorship

The title should be informative and, for research papers, a subtitle with the study design (for example, “phase III clinical trial” or “systematic review and meta—analysis”).

On this page, please provide for each author his or her name, affiliation (job title) at the time the paper was written, email and, for the corresponding author, the best contact address. All authors must fulfill the [ICMJE criteria for authorship](#). If the number of authors is very large we may ask for confirmation that [everyone listed met the ICMJE criteria for authorship](#). We also offer the option of joint first authorship when two authors meet criteria for such a designation. We reserve the right to require that authors form a group whose name will appear in the article byline. MEDLINE guidance explains

Article types at <i>The BMJ</i>	
Section	Form information
Research	Original research studies that can improve decision making in clinical medicine, public health, health care policy, medical education, or biomedical research.
Research Methods and Reporting (RMR)	RMR articles discuss the nuts and bolts of doing and writing up research and are aimed at doctors who are interested in doing and interpreting clinical research. We also consider papers that present new or updated research reporting guidelines.
Analysis	Analysis papers address topical clinical, scientific, ethical, and policy issues that matter to doctors, patients and health policy makers. These articles present a clearly reasoned argument, are backed by an even—handed look at the evidence, and have a clear key message. Articles that set out hypotheses are not suitable unless they contain a convincing attempt to test them.
Education	These deal with topics and conditions that are common or have serious consequences, have international appeal, and may interest doctors from different specialties and backgrounds. We commission all our education content (sometimes after a potential author pitches us the idea) and do not accept unsolicited submissions for this section.
Editorials	These are usually commissioned. We are, however, happy to consider and peer review unsolicited editorials. Please remember that the primary audience for our editorials comprises generalists, including general practitioners. We are keen to consider editorials, or ideas for editorials, from authors outside the UK.
Personal Views	These are highly readable and compelling commentaries that appeals to our international readership of practising doctors.
BMJ Opinion	Comment and opinion blogs about medicine, healthcare and publishing written by <i>The BMJ</i> ’s international community of readers, authors, and editors.
BMJ Careers	These articles discuss issues related to medical careers.
Rapid Responses	These are electronic letters to the editor that are related to manuscripts published in <i>The BMJ</i> . Anyone can respond without a subscription to any article published on <i>The BMJ</i> by sending a rapid response. Our weekly published letters are edited selections of posted rapid responses and are indexed in PubMed. Rapid responses are not indexed in PubMed but they have their own URL and are retrievable in an advanced search of bmj.com in perpetuity.
Christmas Issue	We publish a special two—week issue of <i>The BMJ</i> over Christmas and New Year. We are pleased to consider all kinds of articles, including reports of original research, for this issue and particularly welcome colour illustrations. All submissions should follow the standard requirements for <i>The BMJ</i> ’s articles and should be submitted by the annual deadline, which usually falls in early September. Further details can be found online here .

ORCID IDs

Open Researcher and Contributor ID (ORCID) is a non-profit organization creating a central registry of unique identifiers for individual researchers and an open, transparent linking mechanism between ORCID and other current author identifier schemes.

We strongly encourage all authors to register for an ORCID profile. To learn more about ORCID, please visit <http://orcid.org/content/initiative>

BMJ house style and image usage guidelines

[Learn about our house writing style](#)

[Find out more about incorporating images into your submission](#)

BMJ patient consent forms

Our consent forms are available in multiple languages [at this page](#).

that group authorship is acceptable, stating “When a group name for a specific consortium, committee, study group, or the like appears in an article byline, the personal names of the members of that group may be published in the article text. Such names are entered as collaborator names for the MEDLINE citation.”

3.3 Contributor and guarantor information

Contributorship statements should make clear who has contributed what to the planning, conduct, and reporting of the work described in the article, and should identify one, or occasionally more, contributor(s) as being responsible for the overall content as guarantor(s). The guarantor accepts full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish. Specific contributions are determined by the authors themselves - we do not have a specific taxonomy on contributions. For articles in *The BMJ* that do not report original research — such as editorials, clinical reviews, and education and debate — please state who had the idea for the article, who performed the literature search, who wrote the article, and who is the guarantor (the contributor who accepts full responsibility for the finished article, had access to any data, and controlled the decision to publish). For non—research articles that include case reports such as lessons of the week, drug points, and interactive case reports, please also state who identified and/or managed the case(s). We encourage authors to fully acknowledge the contribution of patients and the public to their research where appropriate.

3.4 Copyright/licence for publication

Since January 2000, *The BMJ* has not asked authors of journal articles to assign us their copyright and authors (or their employers) retain their copyright in the article. All we require from authors is an exclusive licence (or, from government employees who cannot grant this, a non—exclusive licence) that allows us to publish the article in *The BMJ* (including any derivative products) and any other BMJ products (such as overseas editions), and allows us to sublicense such rights and exploit all subsidiary rights.

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3.5 Patient consent (if applicable)

Publication of any personal information about a patient in *The BMJ* — for example, in a case report or clinical photograph — will normally require the signed consent of the patient. If this is the case, please include a statement that any identifiable patients have provided their signed consent to publication and submit as a supplemental file.

3.6 Competing interests declaration

A competing interest — often called a conflict of interest — exists when professional judgment concerning a primary interest (such as patients’ welfare or the validity of research) may be influenced by a secondary interest (such as financial gain, academic promotion, or personal rivalry). It may arise for the authors of an article when they have a financial interest that may influence, probably without their knowing, their interpretation of their results or those of others.

We believe that to make the best decision on how to deal with an article, we should know about any competing interests that authors may have, and that if we publish the article readers should know about them too. We are not aiming to eradicate such interests across all article types in *The BMJ*. However, certain articles (see below) [fall under a stricter policy announced in 2014](#). This means that authors whose financial conflicts of interest are judged to be relevant by *the BMJ* team are not permitted to write these articles. We also ask our staff and reviewers to declare any competing interests.

A declaration of interests for all authors must be received before an article can be reviewed and accepted for publication. It should take one of two forms, depending on what type of article you are submitting, detailed on the following page.

4. ADDITIONAL REQUIREMENTS BY ARTICLE TYPE

In addition to the above, all of our articles have additional requirements which should be fulfilled before submitting. For more information on any of the requirements below, please contact papersadmin@bmj.com.

4.1 RESEARCH

4.1.1 What kind of research does The BMJ publish?

The BMJ gives priority to articles reporting original, robust research studies that can improve decision making in medical practice, policy, education, or future research and will be important to general medical readers internationally.

Competing interest forms at *The BMJ*

Section	Form information	Example statements
Editorials and Education articles (including State of the Art reviews and Therapeutics)	<p>Since 2014, <i>The BMJ</i> requires that such articles must be written by authors without relevant financial ties to industry. By “industry” we mean companies producing drugs, medical foods, nutraceuticals, devices, apps or tests; medical education companies; or other companies with a financial or reputational interest in the topic of the article. We consider the following relationships with industry to be relevant, making it unlikely that we would be able to publish your work: employment; ownership of stocks and shares (this excludes mutual funds or other situations in which the person is not in a position to control investment decisions); travel and accommodation expenses; paid consultancy or directorship; patent ownership; aid membership of speakers’ panels or bureaus and advisory board; acting as an expert witness; being in receipt of a fellowship, equipment, writing, or administrative support; writing or consulting for a medical education promotional or communications company. If you are in doubt about the relevance of any potential conflict of interest please discuss with the editor of the appropriate section before submission.</p> <p>All authors must review the updated COI policy and complete The BMJ’s Education Declaration of Interests form. If the article is accepted for publication these completed forms will be stored and made available on request. The corresponding author should insert within their manuscript a summary statement derived from the information provided in the COI forms (link below): “<i>/We have read and understood BMJ policy on declaration of interests and declare the following interests: [list them or state that you have none].</i>”</p>	<ul style="list-style-type: none"> No competing interests: “<i>We have read and understood BMJ policy on declaration of interests and declare that we have no competing interests.</i>” Competing interests disclosed: “<i>We have read and understood BMJ policy on declaration of interests and declare the following interests: AA is an unpaid member of XX group developing guidelines for ZZ.</i>”
Research and RMR articles	<p>We ask authors of research papers to use a revised version of the ICMJE’s unified disclosure form. The unified form can be used for several journals. Each journal, will, however, integrate the form into its processes in different ways.</p> <p>Authors must disclose three types of information:</p> <ul style="list-style-type: none"> Associations with commercial entities that provided support for the work reported in the submitted manuscript (the timeframe for disclosure in this section of the form is the lifespan of the work being reported). Associations with commercial entities that could be viewed as having an interest in the general area of the submitted manuscript (in the three years before submission of the manuscript). Non—financial associations that may be relevant or seen as relevant to the submitted manuscript. <p>All authors must complete the disclosure form and send it to the corresponding author who will use the information in the forms to craft the COI statement for the paper (examples provided below). The statement but not the forms must be included with the submission, and that must be included with the initial submission. If the paper is accepted, these forms will be required and will be published alongside the article.</p> <p>The statement in the manuscript should take the following format: <i>“Competing interests: All authors have completed the ICMJE uniform disclosure form at www.icmje.org/coi_disclosure.pdf and declare: no support from any organisation for the submitted work [or describe if any]; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years [or describe if any]; no other relationships or activities that could appear to have influenced the submitted work [or describe if any].”</i></p>	<ul style="list-style-type: none"> No competing interests: “<i>All authors have completed the ICMJE uniform disclosure form at www.icmje.org/coi_disclosure.pdf and declare: no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work.</i>” Grant funding for research but no other competing interest: “<i>All authors have completed the ICMJE uniform disclosure form at www.icmje.org/coi_disclosure.pdf and declare: all authors had financial support from ABC Company for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work.</i>” Mixed competing interests: “<i>All authors have completed the ICMJE uniform disclosure form at www.icmje.org/coi_disclosure.pdf and declare: no support from any organisation for the submitted work; AB has received research grants and honorariums from XYZ company, BF has been paid for developing and delivering educational presentations for BBB foundation, DF does consultancy for HHH and VVV companies; no other relationships or activities that could appear to have influenced the submitted work.</i>”
All other articles	<p>Complete <i>The BMJ’s</i> Disclosure form. We do not need to receive signed copies of the statements regarding competing interests or the licence to publication: these are for information only. When submitting your article (or a revised version of it) you will be prompted at our online editorial office to tick two boxes, confirming that you have read and complied with our policies on competing interests and licence to publication. Please also ensure that your manuscript, whether in original or revised form, also includes your written statements of competing interests and licence to publication.</p>	

The BMJ welcomes studies that will aid the translation of knowledge and implementation of evidence into practice and policy, and is particularly interested in evaluations of the comparative effectiveness of interventions. This knowledge may be most relevant to the day to day decisions doctors make with patients, to public health, or to policy decisions about healthcare.

To learn more about the kind of research articles we give priority to, and what services we offer to authors of research, please read the editorial “[Publishing your research study in the BMJ?](#)”. Please note that we welcome studies — even with “negative” results — as long as their research questions are important, new, and relevant to general readers and their designs are appropriate and robust.

Word count and style

To encourage full and transparent reporting of research we do not set fixed word count limits for research articles. Nonetheless, we ask you to make your article concise and make every word count. You will be prompted to provide the word

count for the main text (excluding the abstract, references, tables, boxes, or figures) when you submit your manuscript.

Original research articles should follow the IMRaD style (introduction, methods, results, and discussion) and should include a structured abstract (see below), a structured discussion, and a succinct introduction that focuses — in no more than three paragraphs — on the background to the research question.

For an intervention study, the manuscript should include enough information about the intervention(s) and comparator(s) (even if this was usual care) for reviewers and readers to understand fully what happened in the study. To enable readers to replicate your work or implement the interventions in their own practice, please also provide any relevant detailed descriptions and materials (uploaded as one or more supplemental files, including video and audio files where appropriate). Alternatively, please provide URLs to openly accessible websites where these materials can be found.

Please ensure that the discussion section of your article comprises no more than a page and a half and follows this overall structure, with subheadings:

- Statement of principal findings
- Strengths and weaknesses of the study
- Strengths and weaknesses in relation to other studies, discussing important differences in results
- Meaning of the study: possible explanations and implications for clinicians and policymakers
- Unanswered questions and future research

Structured abstract

Please ensure that the structured abstract is as complete, accurate, and clear as possible and has been approved by all authors. We may screen original research articles by reading only the abstract.

Abstracts should be 250–300 words long; you may need up to 400 words, however, for a CONSORT or PRISMA style abstract. MEDLINE can now handle up to 600 words. Abstracts should include the following headings, but they may be modified for abstracts of clinical trials or systematic reviews and meta-analyses according to the requirements on the [CONSORT extension for abstracts](#) and the [PRISMA extension for abstracts](#), respectively.

- **Objectives** — a clear statement of the main aim of the study and the major hypothesis tested or research question posed
- **Design** — including factors such as prospective, randomisation, blinding, placebo control, case control, crossover, criterion standards for diagnostic tests, etc.
- **Setting** — include the level of care, eg primary, secondary; number of participating centres. Be general rather than give the name of the specific centre, but give the geographical location if this is important
- **Participants** (instead of patients or subjects) — numbers entering and completing the study, sex, and ethnic group if appropriate. Give clear definitions of how selected, entry and exclusion criteria.
- **Interventions** — what, how, when and for how long. This heading can be deleted if there were no interventions but should normally be included for randomised controlled trials, crossover trials, and before and after studies.
- **Main outcome measures** — those planned in the protocol, those finally measured (if different, explain why).
- **Results** — main results with (for quantitative studies) 95% confidence intervals and, where appropriate, the exact level of statistical significance and the number need to treat/harm. Whenever possible, state absolute rather than relative risks.
- **Conclusions** — primary conclusions and their implications, suggesting areas for further research if appropriate. Do not go beyond the data in the article. Conclusions are important because this is often the only part that readers look at.
- **Trial registration** — registry and number (for clinical trials and, if available, for observational studies and systematic reviews).

When writing your abstract, use the active voice but

avoid “we did” or “we found”. Numbers over 10 do not need spelling out at the start of sentences. P values should always be accompanied by supporting data, and denominators should be given for percentages. Confidence intervals should be written in the format (15 to 27) within parentheses, using the word “to” rather than a hyphen. Abstracts do not need references.

Statistical issues

We want your piece to be easy to read but also as scientifically accurate as possible. We encourage authors to review the [“Statistical Analyses and Methods in the Published Literature or The SAMPL Guidelines”](#) while preparing their manuscript.

Whenever possible, state absolute rather than relative risks.

Please include in the results section of your structured abstract (and in the article’s results section) the following terms, as appropriate:

For a clinical trial:

- *Absolute event rates among experimental and control groups.*
- *RRR (relative risk reduction).*
- *NNT or NNH (number needed to treat or harm) and its 95% confidence interval (or, if the trial is of a public health intervention, number helped per 1000 or 100,000).*

For a cohort study:

- *Absolute event rates over time (eg 10 years) among exposed and non-exposed groups*
- *RRR (relative risk reduction)*

For a case control study:

- *OR (odds ratio) for strength of association between exposure and outcome*

For a study of a diagnostic test:

- *Sensitivity and specificity*
- *PPV and NPV (positive and negative predictive values)*

The box stating what is known and what this study adds (see below) should also reflect accurately the above information. Under what this study adds, please give the one most useful summary statistic eg NNT.

Please do not use the term ‘negative’ to describe studies that have not found statistically significant differences, perhaps because they were too small. There will always be some uncertainty, and we hope you will be as explicit as possible in reporting what you have found in your study. Using wording such as “our results are compatible with a decrease of this much or an increase of this much” or “this study found no effect” is more accurate and helpful to readers than “there was no effect/no difference.” Please use such wording throughout the article, including the structured abstract and the box stating what the paper adds.

Provide one or more references for the statistical package(s) used to analyse the data — for example, RevMan for a

Submitting a BMJ Research article

All BMJ Research articles should be submitted through our submission system at [submit.bmj.com](#)
Completed ICMJE forms are required for ALL Research authors

Research article checklist

[We have produced a checklist on bmj.com](#) to help you decide whether *The BMJ* is the right journal for your work.

Another resource, the [Authors' Submission Toolkit: A practical guide to getting your research published](#), summarises general tips and best practices to increase awareness of journals’ editorial requirements, how to choose the right journal, submission processes, publication ethics, peer review, and effective communication with editors.

If your work does not seem to fit in *The BMJ* you may prefer to try another journal with a more specialist or local readership, or a higher acceptance rate.

systematic review. There is no need to provide a formal reference for a very widely used package that will be familiar to general readers — for example, Stata — but please say in the text which version you used.

Reporting checklists and guidelines

Reporting guidelines promote clear reporting of methods and results to allow critical appraisal of the manuscript. We ask that all manuscripts be written in accordance with the appropriate reporting guideline. Please submit as supplemental material the appropriate reporting guideline checklist showing on which page of your manuscript each checklist item appears. A complete list of guidelines can be found in the website of the Equator Network. Below is the list of most often used checklists but others may apply.

RECOMMENDED REPORTING GUIDELINES

Clinical trials: For a clinical trials, use the [CONSORT checklist](#) and also include a structured abstract that follows the CONSORT extension for abstract checklist, the CONSORT flowchart and, where applicable, the appropriate CONSORT extension statements (for example, for cluster RCTs, pragmatic trials, etc.). A completed [TIDieR checklist](#) is also helpful as this helps to ensure that trial interventions are fully described in ways that are reproducible, usable by other clinicians, and clear enough for systematic reviewers and guideline writers.

Systematic reviews and meta-analysis: For systematic reviews or meta-analysis of randomised trials and other evaluation studies, use the [PRISMA checklist](#) and flowchart and use the PRISMA structured abstract checklist when writing the structured abstract.

Diagnostic accuracy: [STARD checklist](#) and flowchart

Observational studies: For observational studies, use the [STROBE checklist](#) and any appropriate extension STROBE extensions.

Genetic risk prediction: [GRIPS guidelines](#).

Economic evaluation studies: [CHEERS guidelines](#).

Prediction models: For studies developing, validating or updating a prediction model, [use TRIPOD](#).

For articles that include explicit statements of the quality of evidence and strength of recommendations, we prefer reporting using the [GRADE system](#).

Cover letter

A cover letter is your opportunity to introduce your study to the editor, highlighting the most important findings and novelty. Please include the following information:

- Details of previous publications from the same study — including in scientific abstracts or partial reports by the media at scientific meetings and in foreign language journals.
- Details of any previous publication of the same study in electronic form, including on any preprint server. *The BMJ* does not [consider posting of protocols and results in clinical trials registries to be prior publication](#), but

we would like to know if results have been posted, and where (please provide URLs or trial registration details). We require protocols for clinical trials that have now been published. We are pleased to consider articles based on longer systematic reviews and meta-analyses published at the Cochrane Library or HTA database.

- In most cases, we will follow suggestions for preferred and non-preferred reviewers. If you have suggestions for preferred reviewers, please provide us with their names and contact details; we may invite some of them to review the paper. Please also let us know if you would not like us to invite specific reviewers to look at your work but provide an explanation for your request.

- Assurance that a study funded or sponsored by industry follows the [guidelines on good publication practice](#). These GPP2 guidelines aim to ensure that such studies are published in a responsible and ethical manner. The guidelines cover companies' responsibility to endeavour to publish results of all studies, companies' relations with investigators, measures to prevent redundant or premature publication, the roles of authors and contributors, and the role of professional medical writers.

- Assurance that any article written by a professional medical writer follows the [guidelines by the European Medical Writers' Association](#) on the role of professional medical writers. The guidelines emphasise the importance of respecting widely recognised authorship criteria, and in particular of ensuring that all people listed as named authors have full control of the content of articles. The role of professional medical writers must be transparent. Please name any professional medical writer among the list of contributors to any article for *The BMJ* (not only original research articles), and specify in the formal funding statement for the article who paid the writer. Writers and authors must have access to relevant data while writing articles. Medical writers have professional responsibilities to ensure that the articles they write are scientifically valid and are written in accordance with generally accepted ethical standards.

Additional information that must be included with reports of Clinical Trials

Trial Registration

In accordance with the International Committee of Medical Journal Editors' [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), *The BMJ* will not consider reports of clinical trials unless they were registered prospectively before recruitment of any participants. For trials that started before 1 July 2005 retrospective registration will be acceptable, but only if completed before submission of the manuscript to the journal. The trial registration number and name of register should be included at the end of the structured abstract. *The BMJ* accepts registration in any registry that is a primary register of the [WHO International Clinical Trials Registry Platform \(ICTRP\)](#) or in ClinicalTrials.gov, which is a data provider to the WHO ICTRP.

Download recommended reporting guidelines directly

All reporting guidelines recommended here are available for full download from our [Instructions for Authors](#) page.

Find out more about reporting trial registration

All recommended trial registration reporting guidance is available to view on our [Instructions for Authors](#) page.

STATEMENTS THAT MUST BE INCLUDED IN RESEARCH SUBMISSIONS

Public and Patient Involvement statement:

The BMJ is encouraging active patient and public involvement in clinical research as part of its [patient partnership strategy](#). This is research which is “co produced” with patients, carers, or members of the public. To support coproduction of research we request that authors provide a Patient and Public Involvement statement in the methods section of their papers. We request this to both encourage the movement and ensure that BMJ readers can easily see whether, and if so how, patients and the public were involved in the research. If they were not involved in any way this information should be formally documented in the Patient and Public Involvement statement. As co production of research with patients and the public is relatively new we appreciate that not all authors will have involved them in their studies. We also appreciate that patient/public involvement may not be feasible or appropriate for all papers. We therefore continue to consider papers where they were not involved.

The Patient and Public Involvement statement should provide a brief response to the following questions, tailored as appropriate for the study design reported:

- *At what stage in the research process were patients/public first involved in the research and how?*
- *How were the research question(s) and outcome measures developed and informed by their priorities, experience, and preferences?*
- *How were patients/public involved in the design of this study?*
- *How were they involved in the recruitment to and conduct of the study?*
- *Were they asked to assess the burden of the intervention and time required to participate in the research?*

In addition to considering the points above we advise authors to look at guidance for best reporting of patient and public involvement as set out in the [GRIPP2 reporting checklist](#). Even if patients were not involved in the study described, we suggest that you consider enlisting their help in disseminating the research findings.

If information detailing whether there was patient and public involvement, or not, is missing in the submitted manuscript we will request authors to provide it. Where they have been involved we consider it good practice for authors to name and thank them in the contributorship statement after seeking their permission to do so; and to clearly identify them as patient/public contributors. When they have contributed substantially and meet authorship criteria they should be invited to coauthor the manuscript. Please note also note that it's [The BMJ policy to send relevant research papers for review by patient reviewers alongside academic peer reviewers](#).

Ethics approval:

[All research studies published in *The BMJ* should be morally acceptable](#), and must follow the World Medical Association's [Declaration of Helsinki](#). To ensure this, we aim to [appraise the ethical aspects](#) of any submitted work that involves human participants, whatever descriptive label is given to that work including research, audit, and sometimes debate. This policy also applies on the very rare occasions that we publish work done with animal participants. The manuscript must include a statement that the study obtained [ethics approval](#) (or a statement that it was not required), including the name of the ethics committee(s) or institutional review board(s), the number/ID of the approval(s), and a statement that participants gave informed consent before taking part.

Transparency statement:

Please include in your manuscript a [transparency declaration](#): a statement that the lead author (the manuscript's guarantor) affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as originally planned (and, if relevant, registered) have been explained. *The BMJ* is committed to making the editorial process transparent and ethical. *The BMJ*'s transparency policies are [accessible from this link](#).

Role of the funding source:

Please include in the funding statement a statement giving the details of all sources of funding for the study. As appropriate, the statement must include a description of the role of the study sponsor(s) or funder(s), if any, in the study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. In addition, the statement must confirm the independence of researchers from funders and that all authors, external and internal, had full access to all of the data (including statistical reports and tables) in the study and can take responsibility for the integrity of the data and the accuracy of the data analysis is also required.

If you are submitting an original article reporting an industry sponsored clinical trial, postmarketing study, or other observational study please follow the [guidelines on good publication practice \(GPP2\)](#) and on properly reporting the role of [professional medical writers](#). Another resource, the [“Authors’ Submission Toolkit: A practical guide to getting your research published”](#) summarises general tips and best practices to increase awareness of journals’ editorial requirements, how to choose the right journal, submission processes, publication ethics, peer review, and effective communication with editors — much of which has traditionally been seen as mysterious to authors.

The BMJ will not consider for publication any study that is partly or wholly funded by the tobacco industry, as explained in [this editorial](#).

SUMMARY BOXES

Please produce a box offering a thumbnail sketch of what your article adds to the literature. The box should be divided into two short sections, each with 1–3 short sentences.

Section 1: What is already known on this topic

In two or three single sentence bullet points, please summarise the state of scientific knowledge on this topic before you did your study, and why this study needed to be done. Be clear and specific, not vague.

Section 2: What this study adds

In one or two single sentence bullet points, give a simple answer to the question “What do we now know as a result of this study that we did not know before?” Be brief, succinct, specific, and accurate. For example: “Our study suggests that tea drinking has no overall benefit in depression.” You might use the last sentence to summarise any implications for practice, research, policy, or public health. DO NOT make statements that are not directly supported by your data.

Data sharing with Dryad

The BMJ has partnered with the Dryad digital repository datadryad.org to make open deposition easy and to allow direct linkage by doi from the dataset to *The BMJ*'s article and back (for *The BMJ*'s articles' datasets see here)

Data sharing

We require a data sharing statement for all research papers. For papers that do not report a trial, we do not require that authors agree to share the data, just that they will say whether they will.

For reports of clinical trials, we ask that the authors commit to making the relevant anonymised patient level data available on reasonable request ([see editorial](#)). This policy applies to any research article that reports the main endpoints of a randomised controlled trial of one or more drugs or medical devices in current use, whether or not the trial was funded by industry.

"Relevant data" encompasses all anonymised data on individual patients on which the analysis, results, and conclusions reported in the paper are based. As for "reasonable request," *The BMJ* is not in a position to adjudicate, but we will expect requesters to submit a protocol for their re-analysis to the authors and to commit to making their results public. We will encourage those

requesting data to send a rapid response to thebmj.com, describing what they are looking for. If the request is refused we will ask the authors of the paper to explain why.

In addition, we will follow the [new ICMJE data sharing policy](#) that goes into place on July 1, 2018 (see editorial): manuscripts submitted to ICMJE journals that report the results of clinical trials must contain a data sharing statement that indicates whether individual de-identified participant data (including data dictionaries) will be shared; what data in particular will be shared; whether additional, related documents will be available (study protocol, statistical analysis plan, etc); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism). Clinical trials that begin enrolling participants on or after January 1, 2019 must also include a data sharing plan in the trial's registration. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record.

Find out more about our Open Access options

For additional information, please see the section of instructions to authors on [copyright, open access, and permission to reuse](#) your article. For further information, contact openaccess.bmj@bmj.com.

OPEN ACCESS FOR RESEARCH

All research papers in *The BMJ* are published with Open Access. Open access articles may be reused according to the relevant Creative Commons licence. *The BMJ*'s default licence for open access publication of research is the [Creative Commons Attribution Non Commercial licence \(CC BY–NC 4.0\)](#). But where the funder requires it the author can select the [Creative Commons Attribution \(CC BY 4.0\)](#) licence during the submission process (funders who mandate CC BY include the Wellcome Trust, RCUK, and MRC).

To support this, we ask authors to pay an open access article publishing charge/fee of £3000/\$4800 (excluding VAT) on acceptance of their paper. We can offer discounts and waivers for authors who cannot pay. Consideration of the paper is not related to whether authors can or cannot pay the fee. We will ask for the fee only once we have accepted a paper, and we will send an invoice only once authors tell us. Please do not contact editors about open access fees: neither editors nor reviewers will know whether a fee is payable, and administrative staff will handle payments and all associated correspondence.

A number of institutions have open access institutional memberships with BMJ (the publishing group), which either cover the whole cost of open access publishing for authors at participating institutions or allow authors to receive a discount on the article processing charge.

We encourage authors of all research articles in *The BMJ* to link their articles to the raw data from their studies. For clinical trials, we require data sharing on request as a minimum and- if authors of such trials are willing to go further and share the data openly, so much the better.

SUPPLEMENTAL MATERIAL, VIDEO

- **Original raw data:** If you think they will help our reviewers (and maybe readers), or if we specifically request them. Please note our policy on data sharing, explained above.
- **Video , image , table, and audio files:** If these add educational value to your article. We may be able to publish additional files on bmj.com.
- **Video abstract:** These can summarise your findings and will be posted on bmj.com alongside your paper. You can find additional information about video abstracts [in this editorial](#), and [here](#).
- **Public and patient involvement materials used in your research**
- **Copies of any non—standard questionnaires and assessment schedules used in your research**
- **Copies of patient information sheets used to obtain informed consent for the study, or to comprise or deliver the intervention in a clinical trial**
- **Copies of closely related articles you've published (particularly important when details of the study are published elsewhere)**
- **Copies of any previous reviewers' reports on this article**

4.2 RESEARCH METHODS AND REPORTING

The BMJ is also interested in original studies on research methodology, research reporting, peer review, and evidence based medicine. The same criteria apply to these as to all the other types of research we consider. We will give priority to studies that will be relevant and interesting to enough of our readers (not only to editors, statisticians, and other experts on methodology) and will help them make better decisions when conducting research; searching for evidence; or using research evidence in their practice, their teaching, or their learning. We also publish essays about designing, conducting, and reporting research, in our [research methods and reporting section](#).

We are willing to consider papers that present new or updated research reporting guidelines, but only if the guideline pertains to a study type that we publish in *The BMJ*. The checklist itself must be included as part of the paper. We prefer to be the only journal publishing the guideline, but under some circumstances we will consider copublication with up to two other journals.

For an example of how to format a reporting guideline to appear in our research methods and reporting section, [see here](#).

Research Methods and Reporting articles should have the elements below.

Word count and style

We do not set fixed word count limits for RMR articles. Nonetheless, we ask you to make your article concise and make every word count. For some submissions this might be published in full on [bmj.com](#) with a shorter version or abstract in the print *BMJ*.

Title and abstract

A short title is followed by an 100–150 word italicised summary (the standfirst) which encapsulates the article's central message.

Introduction

Articles should begin with a brief paragraph that captures readers' attention and explains the aim of the piece.

Text

The body of the text should be broken up under subheadings that provide a logical narrative structure. Avoid acronyms and abbreviations unless they are universally recognised e.g. DNA. The evidence on which key statements are based should be explicit and referenced, and the strength of the evidence (published trials, systematic reviews, observational studies, expert opinion etc.) addressed.

Boxes, tables and figures

Include tables, boxes, or illustrations (clinical photographs, imaging, line drawings, and figures) to enhance the text and add to or substantiate key points made in the body of the article. Figures may be in color. Worked out examples that

use specific methods under discussion can be included as additional boxes. If appropriate, include a box of linked information such as website urls for those who want to pursue the subject in more depth.

Web extras

We may be able to publish on [bmj.com](#) some additional boxes, figures, and references. Please include these as a web reference list in the main article file. You may also include suggestions for linked podcasts or video clips, as appropriate.

Contributors and sources

We ask for a 100–150 word supplementary paragraph (excluded from word count) to explain the article's provenance. It should include the relevant experience and expertise of each author, his or her contribution to the paper, and the sources of information used to prepare it. One author must be nominated as the guarantor of the article. Include a statement of sources and selection criteria.

Key messages box

Include up to four sentences, in the form of short bullet points, highlighting the article's main points.

References

Must be in Vancouver style and should be kept to a minimum; ideally no more than 20.

RESEARCH METHODS AND REPORTING — OPEN ACCESS

Research Methods and Reporting articles are not published as Open Access by default.

If you would like your article to be published with an Open Access licence, we recommend requesting this directly on submission. Standard *BMJ* Open Access fees apply to all Research Methods and Reporting articles published with an Open Access licence. Find out more about our Open Access policy [here](#).

Presubmission enquiries for a BMJ Analysis article

If you are unsure if your work is suitable for *The BMJ's* Analysis section we are willing to consider succinct pre-submission inquiries, [please complete this form and await a response](#) from one of the analysis editors.

4.3 ANALYSIS

The Analysis section of the journal is a forum for scholarly debate articles which discuss topical clinical, scientific, ethical, and policy issues that matter to doctors and patients. We look for our analysis articles to be interesting and thought-provoking to a broad range of readers based all over the world, including policy makers, doctors of all specialties, and other healthcare professionals. They should present a clearly reasoned argument, backed by an even-handed look at the evidence, with a clear key message. Articles that set out hypotheses are not suitable unless they contain a convincing attempt to test them.

Analysis articles should have the following elements:

Word count and style

The BMJ has an international readership that includes policy makers, health professionals, and doctors of all disciplines. Authors are advised to keep this readership in mind and to write their article for the non-expert. It's important to avoid jargon. Specialised terminology and references to organisations or practices that are specific to one country need to be explained. Clear writing and an attractive presentation are essential. Analysis papers should be 1800–2000 words long.

Title, standfirst and introduction

A short title is followed by an italicised single sentence (the standfirst) which encapsulates the article's central message. Articles should begin with a brief paragraph that captures readers' attention and explains the aim of the piece.

Text

The body of the text should be broken up under sub-headings that provide a logical narrative structure. Avoid acronyms and abbreviations unless they are universally recognised eg. DNA. The evidence on which key statements are based should be explicit and referenced, and the strength of the evidence (published trials, systematic reviews, observational studies, expert opinion, etc.) made clear. Articles should present a balanced, even-handed look at the evidence rather than selectively citing evidence that supports a particular view.

Boxes, tables and figures

These should extend and substantiate points made in the body of the paper. Any additional material should be concise.

Key messages box

This should be at the end of the article and include 2 to 4 points summing up the main conclusions. When submitting your article at [submit.bmj.com](#), please enter your key messages when prompted to enter the abstract.

References

Must be in Vancouver style and should be kept to a minimum; ideally no more than 20.

Contributors and sources

We ask for a 100–150 word supplementary paragraph (excluded from word count) to explain the article's provenance. It should include the relevant experience and expertise of each author, his or her contribution to the paper, and the sources of information used to prepare it. One author must be nominated as the guarantor of the article. You are welcome to invite co-authors to work with you on the article. We suggest including 2–3 co-authors with different locations and perspectives to help ensure articles are international in scope and accessible to our broad readership online and in print.

Report of patient involvement

As *The BMJ* is seeking to advance [partnership with patients](#), we also ask authors to seek their input into articles wherever relevant, and document their involvement as patient contributors or coauthors.

Conflicts of Interest

All authors should read our competing interests policy and include the appropriate declaration in their manuscript. Where a competing interest exists that might disqualify an author from contributing, it is wise to discuss it with a BMJ editor before writing the article.

Licence

We require the manuscript to include the following statement:

"The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd ("BMJ"), and its Licensees to permit this article (if accepted) to be published in The BMJ's editions and any other BMJ products and to exploit all subsidiary rights, as set out in [our licence](#)."

Peer review

The BMJ has fully open peer review for analysis articles. This means that every accepted analysis article submitted will have its prepublication history posted alongside it on [thebmj.com](#). This prepublication history comprises all previous versions of the manuscript, the report from the manuscript committee meeting, the reviewers' signed comments, and the authors' responses to all the comments from reviewers and editors. Authors are welcome to suggest names of suitable reviewers, including patient reviewers.

Post-submission

- All submissions are read in full by one or more members of the editorial team.
- Articles that pass the initial editorial screen are sent for external peer review.
- Articles are then discussed at a regular analysis committee meeting where editors make one of three decisions: reject; reject with offer to resubmit; or provisionally accept.

Accepted analysis articles are published online at [bmj.com](#), the canonical version of *The BMJ*. A proportion of accepted analysis articles will also be published in the print journal.

Analysis prepublication history

In most cases we will publish the prepublication history alongside an accepted analysis article. This prepublication history comprises all previous versions of the manuscript, the report from the manuscript committee meeting, the reviewers' comments, and the authors' responses to all the comments from reviewers and editors. In rare instances we may determine after careful consideration that we should not make certain portions of the prepublication record publicly available.

4.4 EDUCATION

The BMJ publishes [different types of educational articles](#) to engage and challenge a range of postgraduate doctors and clinical researchers internationally. We strive to publish articles that are original in their content and/or presentation, and cannot be found elsewhere or in textbooks. We prioritise topics and situations that are common or have serious consequences, have international appeal, and that interest a variety of doctors, including GPs and specialists.

We encourage authors to write in teams, including those from other specialties, professions, and countries. We ask that one author is routed in the clinical environment of the intended reader. We encourage authors to write in plain English, to be clear about where there is uncertainty, and to include numbers and phrases where possible that will help doctors in conversation with their patients.

Our educational articles are shaped by two initiatives:

- *We believe that financial interests can distort education articles and we minimise or exclude authors who we judge have such a conflict.*
- *We encourage authors to seek input from patients either to inform the scope, develop the content, contribute to, or co-author articles.*

Submission process and presubmission enquiries

We receive more articles and suggestions than we can publish. We require all authors to submit proposals using the forms to the left, which pose the following questions:

- *What is your idea?*
- *Can you sum up the aim of your article in a sentence?*
- *Why is the topic important to The BMJ's readers?*
- *What is the prevalence of the symptom/condition/situation you wish to write about?*
- *Why cover it now? Has something new happened?*
- *What has The BMJ's Education section covered on this topic in the last five years? What will your contribution add?*
- *Can you provide the key evidence/references you might use?*
- *Why are your writing team well placed to cover the topic?*
- *Have you thought about what a patient would say about your idea?*

POLICIES FOR EDUCATION ARTICLES

Authorship

Education articles can have up to four authors. One author should be from the relevant specialty or setting, unless agreed otherwise. For example, if the article discusses presentation to the emergency department one author should be an emergency care doctor. [All authors should meet authorship criteria](#). We welcome authors or contributions from allied health professions and patient authors, and actively encourage authors from a primary care background.

Competing interests

The BMJ will not consider authors with financial interests when writing Education articles. It is important that we understand the financial interests of every author, and can judge to what extent we believe that they may be relevant to the article that you propose. We do not publish content from authors who [we judge have relevant financial ties to the industry](#) (excluding State of the Art reviews, Therapeutics articles, and Summaries of NICE Guidelines). The relevance of declared interests are judged by the BMJ team. This applies to every author. Any additional authors and their financial interests [must be discussed and agreed with the commissioning editor](#) before the article is submitted.

Patient involvement

As part of our drive to co-produce our content with patients we ask that you [seek patient input](#) into articles at the planning stage.

We ask all authors to what extent patients have been involved in and how involvement has changed an article. We ask that all writing encourages honesty and partnership with patients. Where uncertainty exists, share it. Where data exists present the numbers in a way that can be shared with the patient (absolute numbers, natural frequencies, and graphics). Use language that empowers patients to make the right choices for them in their situation (write that a doctor should/could offer a test, rather than should do a test).

When patients are involved in the manuscript, we ask for their consent. We have two types of consent forms for BMJ education articles:

- [A patient consent form](#) is required if any anonymised patient information is included in the review. Consent is needed for images even if the patients are not identifiable for example, in X-rays and histology slides, and for patients' stories/vignettes even if details are anonymised.
- [A patient contributor form](#) is required for any patients who are named within the review, for example, patient co-authors, patient contributors or named authors of patient stories.

Preparing your manuscript

We want our readers to have the ability to share decisions with their patients and make clear for them the degree of certainty (or lack of it) about a potential course of action. We therefore ask that you follow these recommendations:

- *Consider including in your manuscript a box explaining your strategy to search for evidence. It should include a search date, the sources searched, and brief inclusion criteria.*
- *Clearly distinguish suggestions made based on your experience, standard practice, guidelines, and evidence.*
- *Provide specifics about the evidence you discuss. For example, for key statements, please say: "A large, well conducted, randomised controlled trial showed INSERT number [CI] and or p value". "The findings of a small case series suggest..." "A subgroup analysis found..." etc.*
- *Use absolute numbers or explain why you have not used them.*
- *Consider how these numbers can be communicated by the clinician read to their patient in a clear way.*

What do we mean by patient involvement and co-production in Education?

We believe that patient involvement strengthens content. [Read our full guidance on what we mean by patient involvement and co-production.](#)

[Patient consent forms](#)

[Patient contributor forms](#)

Presubmission enquiries for BMJ Education articles

[Education article proposal forms](#)

[Endgames proposal forms](#)

[BMJ declaration of competing interest forms \(required for ALL Education authors\)](#)

BMJ policies

Find out more about [The BMJ's editorial and ethical policies](#)

Education article types			
Article Type	Focus/Audience	Content	Word Limit
Clinical Updates	These articles provide an up to date overview of a clinical condition. The content should be evidence based, aimed at non—specialists and have international appeal. It should include a broad update of recent developments (from the past 1—2 years) and their likely clinical applications in primary/community and secondary/hospital care.		1800 words, maximum of 40 references
Practice Pointer	These are practical, often problem based articles. They should help clinicians who are not specialists in a particular field know “how to” to approach a problem, diagnosis or management better.	There is no strict format to this article type. Consider the use of questions to draw the reader through such as: what are the risk factors? How do patients present? How is it diagnosed? When should we refer patients? How is it managed?	1,000 words and 15 references
Easily Missed	This series highlights conditions that are often missed at first presentation in general practice or the emergency department. For the condition in question provide evidence that the condition may be misdiagnosed or that diagnosis may be delayed and that timely recognition will benefit the patient. The condition should be reasonably common (likely to present at least once a year to a full—time primary care practitioner) or is serious and delayed diagnosis is likely to worsen prognosis. The condition should have easily defined diagnostic features and/or tests with known predictive characteristics.	<p>Include the following subheadings:</p> <p>Case history: Brief fictitious case illustrating how a patient might present and be diagnosed.</p> <p>Introduction: Description of the condition. Outline recent data on incidence, preferably from primary and/or emergency care.</p> <p>Why is it missed? Provide recent evidence of delayed diagnosis or misdiagnosis, which may include audit or medicolegal data if no other evidence is available. Describe factors which contribute to missing this diagnosis.</p> <p>Why does this matter? Describe the consequences of missed diagnosis.</p> <p>How is it diagnosed? Subdivide this into “Clinical features” and “Investigations” that are readily available. Comment on presence, absence and quality of predictive values or sensitivities/specificities (or frequencies for key clinical findings) of the clinical features and investigations mentioned.</p> <p>How is it managed? This should be discussed in 3—4 sentences, as it is not the focus of the series.</p>	1,000 words and 15 references
Rational Testing	These articles update clinicians on the best initial use of imaging methods or diagnostic tests for common or important problems. The aim of these articles is to equip frontline clinicians to exclude and diagnose important conditions, and to know when to refer to a specialist. Imaging articles will require relevant high—resolution images .	<p>Include the following subheadings:</p> <p>The patient: Describe the presentation of a common or important condition whose management will be influenced by ordering the right test.</p> <p>What is the next investigation? List the most important initial tests. Discuss the rationale, limitations and benefits of each, based on the evidence. Include sensitivities/specificities or positive/negative predictive values.</p> <p>Please avoid long lists of differential diagnoses and tests, as these are generally not helpful.</p>	1,000 words and 15 references
10 Minute Consultation	These articles describe how clinicians might use a (one) consultation to tackle a common scenario, in primary or secondary care. Articles must address a tightly framed issue for example how to explore a new symptom (eg tingling fingers), explain a diagnosis of a condition (eg Parkinson’s disease, or an aspect of its management) or act in an urgent situation, such as on receipt of a high INR reading.	<p>Include the following subheadings:</p> <p>What to cover.</p> <p>What to do.</p>	700 words and 10 references
Uncertainties	This series highlights areas of practice that lack convincing evidence.	<p>Include the following subheadings:</p> <p>Introduction: Succinctly describe the uncertainty phrased as a question.</p> <p>What is the evidence of uncertainty? Discuss the type and quality of the evidence confirming uncertainty or showing variation in clinical practice. If a relevant systematic review does not exist on this topic, please mention this. Is ongoing research likely to provide relevant evidence? Identify the key research questions that would address the evidence gap (and formulate them in PICO format — population, intervention, comparison, and outcome). Indicate if studies are underway that may address the gap.</p> <p>What should we do in the light of the uncertainty? Provide practical guidance to clinicians on what to do.</p> <p>Include a box of your search strategy for the body text and a second box of the registries you searched to identify forthcoming studies to address the uncertainty</p>	1,000 words and 15 references
Essentials	These articles provide a basic comprehensive summary of a topic that the reader should already know something about. They are aimed at non specialists. Essentials articles are not meant to give readers a full update, and may not be telling readers anything new. Ideally, we prefer an international author team and focus.	The articles follow a broad structure that outlines the evidence and best practice followed by some practical guidance on ‘How to do it’ perhaps with the use of short fictitious tasters. Authors should present the challenges and include links to other resources.	1,000 words and 15 references.
Therapeutics	<i>The BMJ’s Therapeutics series covers new drugs in clinical use or old drugs with important new indications or controversy. Articles are about 1000 words long, and aimed at doctors who aren’t specialists in the therapeutic field. They focus on what frontline clinicians need to know before prescribing the drugs, or treating patients already taking them. The editorial that launched the series is here: http://www.bmj.com/content/342/bmj.d37</i>	Detailed structures for this article type will be discussed during the commissioning process between author/editor.	1,000 words and 15 references
Change Page	This series highlights where practice may need to change.	<p>Include the following subheadings:</p> <p>The clinical problem: outline the current diagnostic/treatment approach and its limitations, giving evidence of current practice. End with your actual proposal for change.</p> <p>The evidence for change: include a box of methods (i.e. how you selected the evidence underpinning your proposal.) Indicate the type and quality of the evidence when citing each study. Consider adding a Box describing the pivotal studies.</p> <p>Barriers to change: Describe them (e.g. pragmatic difficulties, risks, contraindications.)</p> <p>How should we change our practice: give a practical description of what changes should be made, based on the evidence.</p>	1,000 words and 15 references

BMJ GUIDANCE FOR AUTHORS — EDUCATION

Article Type	Focus/Audience	Content	Word Limit
What Your Patient Is Thinking (WYPIT)	<p>This is a series led, and edited and written by patients and their carers and contain messages that are thought provoking, and challenging for readers of <i>The BMJ</i>, along the lines of “What I wish you [<i>The BMJ</i>’s audience] knew, and why.”</p> <p>Who can write one? Anyone who is using the healthcare system, either on their own behalf or for someone else. To avoid getting overwhelmed by ‘doctor as patient’ stories, we prioritise pieces from those who are not health professionals. Authors should bear in mind that our readership is international and avoid detailed comments about specific national policies. Some people find it difficult to turn a personal story into something doctors can learn from but if the story is still powerful we are happy to consider publication of articles in another form, for example as a BMJ blogs/opinion piece. If you have an idea for a WYPIT article and want to discuss it before submission please get in touch with BMJ patient editor Sally Carter (scarter@bmj.com) and include an outline of what you would like to say.</p> <p>What these articles are not Complaints about or praise of a named healthcare professional or clinic/hospital; Legal cases which are not resolved; A personal anecdote or journey through the healthcare system with no learning points; Written on behalf of someone else (for example, a carer must write about being a carer, not what they suspect it is like to be the patient) Promotion of a particular treatment or style that other healthcare professionals cannot</p>	<p>Summary Box: “What you need to know” This should include three short bullet points encapsulating the practical things that health professionals might consider doing as a result of reading the article. The editor will work with you to edit the text and may ask doctors working in <i>The BMJ</i> what elements they think are the most powerful to help the article.</p> <p>Other boxes: We are happy to consider a second box containing, for example, useful websites or other learning resources for health professionals. We may also suggest you add some extra explanatory information in a short box if we think the context of your care needs a bit more elaboration.</p> <p>What may be added: Illustrations: Articles are usually published with an accompanying illustration. This is commissioned after the article has been accepted. Questions for Doctors: To encourage ongoing professional learning and development we host a series of reflective questions for doctors based on the content of many of our education article, including WYPITs. These are written by one of the editors and ask the reader what they might do differently having read your article. (The authors of the education articles are not routinely asked to be involved in this process).</p> <p>Content style In the education section of the journal where WYPITs are published we aim to provide up to date and original content to engage and challenge postgraduate doctors and clinical researchers internationally. We ask authors to write in plain English, rather than academic sounding language, and we avoid an over-prescriptive tone. For example, we encourage authors to use words such as ‘suggest’, ‘might’, or ‘offer’ when describing how readers might change their practice (rather than use rigid statements such as ‘always’, ‘never’, ‘must’, ‘should’). Other considerations We encourage all authors to sign their articles but are happy to discuss anonymity if this is preferred. We also need authors to sign a competing interest form. If you need help in any way with this please let us know.</p>	<p>Around 650 words, including the summary box at the end of each piece, called “What You Need To Know.”</p>
Summary of NICE Guidelines	<p>These article types are solely commissioned by our editors.</p>		
State of the Art Reviews			
Minerva Pictures	<p>These are pictures which offer an educational message and which will publish clearly and depict the abnormality obviously. Pictures we are more likely to accept are those which offer an educational message and which will publish clearly and depict the abnormality obviously. Minerva pictures with the following characteristics are not usually accepted because they lack educational value for general readers:</p> <ul style="list-style-type: none"> • <i>Showing foreign bodies</i> • <i>Showing the results of gross trauma</i> • <i>With poor image quality, even if the story is sound and interesting</i> • <i>With pictures and stories which are simply “textbook” presentations</i> • <i>Reporting cases of very rare clinical presentations</i> • <i>Submissions which simply criticise other clinicians, or the patient.</i> <p>Please provide two or three sentences (no more than 100 words) explaining the picture, and please send us the signed consent to publication from the patient. Please make sure that the text includes all authors’ names together with their job titles and addresses (including departments’ and hospitals’ names) at the time the patient was seen, and the email address of the corresponding author. We also need to receive statements of competing interests and copyright/licence.</p> <p>NB: Minerva pictures/articles are not indexed in PubMed.</p>	<p>Less than 100 words</p>	
Endgames	<p><i>The BMJ</i> does not publish standard case reports. We do, however, publish articles about real cases if they are suitable for presentation in specific educational formats. These include Endgames case reviews and picture quizzes.</p> <p>Endgames is designed to help doctors across all levels and specialties test their knowledge and reflect on their practice for continuing medical education. Endgames articles are based on genuine clinical scenarios. We only consider common topics rather than clinical rarities (or very rare complications of common diseases, which may be more suitable for BMJ Case Reports journal.) We consider hospital and community based scenarios providing the content is generalisable. We do not publish articles if the patient management is controversial.</p> <p>At least one author must be a specialist (consultant, post CCT, or equivalent) in a field relevant to the topic and all authors must satisfy our strict competing interest criteria. The online competing interests form must be completed by all authors prior to submission. To avoid duplication of large paragraphs of text from textbooks or journals, we ask authors to provide a signed originality of work attestation form.</p> <p>Which cases are suitable? Please check our archive as we do not repeat topics within 3 years. We only consider common topics rather than clinical rarities and are unlikely to accept an article if the prevalence of the condition is less than 1/100 000 in the population. This includes very rare complications of common diseases, which may be more suitable for BMJ’s Case Reports journal. We consider hospital and community based scenarios providing the content is generalisable. We do not publish articles if the patient management is controversial. If you wish to inquire about the suitability of a particular case for Endgames please complete this form.</p>	<p>Writing up a Case Review: Case Review articles must include a short vignette and 3 questions with short answers for <i>The BMJ</i>’s print edition and three longer discussions/answers for bmj.com. Please ensure all information required to answer the questions is contained in the vignette. We encourage accompanying clinical illustrations. Please cover important points for generalists including red flags and advice for patients. The discussions/long answers must be evidence based with relevant citations. A maximum of four authors is allowed for each Case Review article, and each author should have no more than 2 articles under consideration at any one time.</p> <p>Writing up a Spot Diagnosis: Spot Diagnosis articles must be based on a clinical image that is distinctive of a particular condition. A short vignette should accompany the image and there should be one question relevant to the image and diagnosis. The article should include no more than two learning points as a take home message for readers. A maximum of two authors is allowed for each Spot Diagnosis article, and each author should have no more than 2 articles under consideration at any one time.</p>	<p>Varies — authors will be contacted by our editors prior after forms have been considered</p>

Pitching Minerva and Endgames

All Minerva articles should be submitted directly through our online editorial office at [submit.bmj.com](#). [Written consent is required from every patient](#), regardless of whether the patient can be identified or not in the picture.

All Endgame articles should be proposed via our online form, [available at this link](#). [Written consent is required from every patient](#).

ALL EDUCATION ARTICLES REQUIRE

“What you need to know” box

No more than three bullet points for practice articles and five for clinical updates encapsulating the specific take home messages from this article.

“How patients were involved in the creation of this article” box

Please include: Which patients were asked (e.g. patient advocates, networked patient communities and organisations, patients in your clinic etc). What they said (e.g. include more practical advice on how to inject insulin.) How you changed your article as a result (e.g. we included a box to address this.)

“Education into practice” box.

Include two to three bullet points about how a reader might at an individual or organisational level improve their practice (e.g. do you offer lifestyle advice to all patients with newly diagnosed hypertension?)

At least one other box or table and at least one figure or image that complement the text of the article.

4.5 EDITORIALS

These are usually commissioned but we are happy to consider and peer review unsolicited editorials. Please make clear the evidence base of each key statement:

- Expert opinion;
- Personal clinical experience;
- Observational studies;
- Trials; or
- Systematic reviews.

Please include a title page giving all authors’ names and corresponding details, as well as statements of competing interests and copyright/licence to publish.

Word count

Up to 800 words long. No more than 12 references

4.6 PERSONAL VIEWS/BMJ OPINION

These original, opinion based essays have a single author. The best personal view pieces make a strong, novel, and well argued point. They are also often topical, insightful, and attention grabbing. We publish anonymous personal view articles only by special arrangement when it would be impossible for the article to appear with the author’s name. Accepted articles are all published online initially on [BMJ Opinion](#), but may not be published in print. Please submit online at <http://submit.bmj.com>. We cannot promise publication before the piece is submitted.

We welcome all submissions for consideration for our [BMJ Opinion blog site](#). Writing should be clear, compelling, and appeal to our international readership. The best pieces make a single topical point. All opinion articles appear online. Those selected to appear in print receive a DOI and PubMed indexed.

Word count

600 words and 10 references (800 words for blogs)

4.8 BMJ CAREERS

If you have an idea for an article about doctors’ careers, please pitch it to us by emailing Tom Moberly (tmoberly@bmj.com). Send a few sentences explaining what you’d like to write about, how you’d like to cover the topic, and what you think readers would gain from the article you are proposing. If we like your idea we will contact you to discuss how we would like to proceed.

4.9 FILLERS AND ENDPICES

These are short articles that aim to entertain readers and make them think. Originally evolving to fill a gap in the print version of *The BMJ*, accepted submissions are now published online, and some are chosen to appear in print.

We welcome submissions on topics such as:

- A patient who changed my practice;
- A memorable patient;
- A paper that changed my practice;
- The person who has most influenced me;
- My most informative mistake;
- A story conveying instruction, pathos, or humour.

Word count

To be suitable for print, Fillers must be less than 300 words. Endpieces are quotations of no more than 80 words (often fewer) from any source.

4.10 OBITUARIES

We welcome obituaries for doctors with a connection to the UK within a year of their death. Please send your copy as a Word file to obituaries@bmj.com. We assume that material is sent exclusively to us, and we publish the full versions we receive on [bmj.com](#). We produce the short obituaries in the print issue from these full versions; these usually appear with a time lag of several weeks.

Obituaries include mandatory biographical details: the last position held, date of birth, place and year of qualification, postgraduate qualifications if applicable, and date and cause of death. Pictures should be sent as high-resolution images electronically or as photographs. We do not accept obituaries sent by post or handwritten obituaries. Please include a postal address if you want us to send one a copy of the relevant print issue to the families of the deceased (additional copies will have to be purchased from support@bmj.com).

We generally commission the full page obituaries for the print issue of *The BMJ* from professional writers: these are usually about doctors and are published no more than three months after death. We regret that we cannot provide individual progress updates. NB: Obituaries are not indexed in PubMed.

Word count

Around 150 words

Examples of other articles

The best way to get a feel for the different article types we publish is to look at a selection of our recently published content. Below you can find links to all content described on this page

[Editorials](#)

[Personal views](#)

[BMJ Opinion](#)

[BMJ Careers](#)

[Fillers and endpieces](#)

The BMJ submission system

You can submit articles using our system by visiting submit.bmj.com

5.1 SUBMITTING AN ARTICLE

Once you have read all of the above advice for your article type, and prepared your article, it's time to submit. Not all articles require submission through our submission system (some use a pitch form system), so please ensure you have taken note of this above before proceeding.

At *The BMJ*, we use a system called ScholarOne to manage our submission processes. Essentially, ScholarOne will convert your manuscript to a PDF for the review process. Most common word processing formats are accepted for text and tables, although the system prefers Microsoft Word, and images should be submitted as GIF, TIFF, EPS, or JPEG files.

The system can also accept supplementary files (for example: videos, datasets, research protocols, and checklists or statements), related articles published or available elsewhere, articles in press elsewhere, permission letters, etc. These are files that normally do not appear with the print article, although they might accompany the final version of the paper online. Supplementary files are not converted to PDF but will be available to reviewers or editors exactly as you upload them.

Registration

To access the system for the first time you will need to register [here](#). Please follow the "Register here," link in the right hand grey column. You will be asked to complete three steps:

- Name and email information;
- Address information;
- User ID and password;
- Your job description, specialty and marketing preferences should also be filled in on this page.

If you would like to be considered as a reviewer for *The BMJ* please also fill in your expertise terms. Anyone can respond without a subscription to any article published on *The BMJ* by sending a rapid response.

The submission process

We offer a step by step guide to submission on our website, available on our [Author Submission pages](#).

Detailed help files are available throughout our online editorial office and can be used without stopping the submission process. If you experience serious problems please email *The BMJ*'s editorial office at papersadmin@bmj.com

6.1 RAPID RESPONSES

What are rapid responses?

Anyone can respond without a subscription to any article published on *The BMJ* by sending a rapid response.

Rapid responses are electronic letters to the editor. Our weekly letters are edited selections of posted rapid responses and are indexed in PubMed. Rapid responses are not indexed in PubMed but they have their own URL and are retrievable in an advanced search of thebmj.com in perpetuity. Thus a rapid response is published with its first appearance online.

As an author, what should I know about rapid responses?

The corresponding author of every article in *The BMJ* receives an automated email when the paper is published online, and an automated reminder whenever a rapid response is posted to the article on thebmj.com. Given that authors have an academic duty to respond to substantive criticism of their work, *The BMJ* [expects authors to post their own rapid responses on bmj.com in reply to any such substantive comments](#), and editors may send reminders about this.

How to send rapid responses?

When you have found the article on thebmj.com that you would like to respond to, click on "Respond to this article" in the "Article Tools" section.

Fill in the form, typing or cutting and pasting your rapid response into the larger box under "Compose your response"; using the smaller box for the response title.

Accept the terms and conditions, and type the jumble of letters and numbers that you can see into the final box; these characters have been generated automatically as a spam filter to determine whether you are human or machine.

Click on 'Submit rapid response.' You should then get a message on the screen thanking you for sending your response, as well as an automatic acknowledgement to your email address. These two measures confirm that your rapid response has arrived at thebmj.com to be considered for posting.

Terms and conditions for rapid responses

We have a wide list of terms and conditions for rapid responses, applicable for both authors and readers. Read our full list of T&Cs online at our Resources for Readers pages.

FURTHER INFORMATION FOR AUTHORS

Although this document covers a large swathe of the article production and submission process at *The BMJ*, we offer a fully comprehensive guide for authors at our website, available at bmj.com/about-bmj/resources-authors

Read about our publishing model in detail at bmj.com/about-bmj/publishing-model

Read about our [ethics and policies](#) and our [complaints procedure](#)

For any further queries, please contact papersadmin@bmj.com