

SUBMISSION GUIDELINES

Before submitting an article to the IMJ, please ensure your paper is in the correct IMJ format and that all relevant elements are included. Below is a list of the different types of articles that we feature in the Journal. Please refer to the relevant section in this document for further details on the category of article that you intend on submitting.

1. **Original Papers** – report original research of relevance to clinical medicine or general practice.
2. **Case Reports** – report unusual cases in medicine.
3. **Case Series** – report a series of cases on the same topic.
4. **Short Reports** – report experimental work or new methods.
5. **Occasional Pieces or Research Correspondence** – include reviews of controversial or unusual aspects of medicine.
6. **Editorials** – are mostly written by invitation, but we welcome reports on the organisation or assessment of medical practice.
7. **Letters to the Editor** – short reports on medicine or letters in response to articles recently published in the Journal.

PAPERS SHOULD BE SUBMITTED IN WORD FORMAT WITH ACCOMPANYING [ABSTRACT FORM](#) (WHERE APPLICABLE) TO IMJ@IMO.IE

Disclaimer:

All submissions are subject to the approval of the Irish Medical Journal editor. The Irish Medical Journal reserves the right at any time to omit, suspend, or discontinue any submission without providing any reason for doing so. Acceptance of a paper does not imply publication immediately.

IMPORTANT INFORMATION FOR ALL SUBMISSIONS

Conflict of Interest Declaration:

- Please include a conflict of interest declaration in the text of your paper (this does not apply when submitting an Editorial, Occasional Piece or Letter to the Editor).
- If you have no conflicts of interest to declare, please include a line to confirm that there are none.
- You will be asked to reconfirm that there are no conflicts of interest at the time of submission.

The followings conflicts of interest should be declared:

Any financial interests or connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated – including pertinent commercial or other sources of funding for the individual author(s) or for the associated department(s) or organization(s), personal relationships, or direct academic competition.

Peer Review Guidelines:

- Please provide the institutional contact details of 3 potential consultant reviewers that we may contact in the event that your paper is selected for external critique (this does not apply when submitting an Editorial, Occasional Piece or Letter to the Editor).
- Please include the name, job title, affiliated hospital(s) and email address of each suggestion. Email addresses must be available to search online as we cannot contact personal email addresses that are not publicly available due to GDPR restrictions. Please provide a link to where the email address can be found online.
- Reviewers cannot be affiliated with the study in any way, nor can they be attached to your institution or that of any of your co-authors. Current or previous association with suggested reviewers is not permitted.

Please note:

1. *All correspondence regarding a review must come from the editorial office. Do not approach a reviewer prior to or during the peer review process.*
2. *If an undisclosed association with a reviewer is uncovered, the paper will be removed from consideration immediately.*
3. *Please be patient during the review process. Reviewers do not receive any gratuity for completing a review, therefore reasonable time must be given to them to respond and complete a review. You will be updated at all stages of the process.*

Resubmission & Revised Papers:

- **Resubmission** - If you submit a paper incorrectly or you have been advised to resubmit a paper under a different category; you must resubmit correctly within 3 months. We will not accept a resubmitted paper after this point.
- **Revised Papers:** Revised papers must be submitted within 6 months of receiving the instruction to revise. We will not accept submission of a revised paper after this point.

FORMATTING GUIDELINES -FOR ALL ARTICLES-

Titles:

- Article titles should be kept short/concise and should not run longer than a maximum of 10 words. (There is some flexibility with this depending on the subject of the article).
- Hospital names/years/locations should be omitted and contained in the abstract.
- Terms such as “A case of”, “A rare case of”, “The first case of” will be removed.
- The use of question marks are not permitted in titles.

Author List:

- Please include all authors that were involved in the paper and all affiliated organisations for each.
- The initial of the first name and surname should be used e.g. J. Smith.
- Please do not include author titles e.g. Prof., Dr. etc. or author contributions.
- A corresponding author should be elected to submit the paper and handle all correspondence from the editorial office prior to publication. Please include the full name, affiliated organisation, email address and phone number for this author on the manuscript. If an alternative corresponding author has been elected for post publication enquiries i.e. a senior author, please include details of both and clearly state who should be contacted for pre and post publication enquiries.

Word Count & Format:

- The word count includes all text except the title, author list, headings, subheadings, illustrations/illustration descriptions and references.
- The entire paper must be in narrative format; i.e. no bullet points, numbering etc.
- Please remove all headers, footers, page numbers and endnotes (references should be included at the bottom of the document without any separators).
- Please disable track changes and margin comments before submitting a paper.

Illustrations:

- Images/Tables/Figures should be contained in the results section of the main text to illustrate results – illustrations are not permitted in any other section.
- Each illustration must include a title, a description and must be referred to in the text.
- A consent form is required when any identifiable information is included in a paper, particularly where images are used.

Referencing:

- The Reference section must be in the Vancouver style of referencing.
- The term ‘et al’ may be used where there are 6 or more authors, the first 6 authors must be listed.
- Please use a citation generator to cite webpages correctly e.g. www.citethisforme.com
- References must be in superscript numbering **without** brackets throughout the paper.

FORMATTING GUIDELINES

-BY ARTICLE TYPE-

1. Original Papers:

- Original papers have a 2,000 word limit.
- There is a limit of 25 references.
- The only headings allowed are **Abstract, Introduction, Methods, Results and Discussion**. The headings are to be in highlighted in bold.
- The Abstract section cannot be longer than 200 words (**This is not included in the overall word count**). It must include details of your introduction, methods, results and discussion. Numbers in the abstract must be accompanied by their percentage representation in your study, and vice versa. Please include sub-headings **Aims, Methods, Results, Discussion/Conclusion** in your abstract paragraph. Please give a full summary of the results obtained in the study. The abstract is the only section that will be uploaded to PubMed for citation purposes.
- We only allow subheadings in the Results section of the main text. The subheadings are to be in italics. No underlining or bold.
- We allow a maximum of four illustrations, i.e. tables, figures, graphs, photos etc. Multiple images cannot be resized to fit into one. (A consultant radiologist must be included on the author list when radiographic images are included; i.e. X-Ray, CT etc.)

2. Case Reports:

- Case Reports have a 700 word limit.
- There is a limit of 10 references.
- The only headings allowed are **Abstract, Introduction, Case Report and Discussion**. The headings are to be in highlighted in bold. No underlining.
- The Abstract section cannot be longer than 150 words (**This is included in the overall word count**). Please include sub-headings **Presentation, Diagnosis, Treatment, Discussion/Conclusion** in your abstract paragraph.
- The abstract must include details of your introduction, case report(s) and discussion. Numbers must be accompanied by their percentage representation in your study, and vice versa.
- We do not allow subheadings.
- We allow a maximum of two illustrations, i.e. tables, figures, graphs, photos etc. Multiple images cannot be resized to fit into one. (A consultant radiologist must be included on the author list when radiographic images are included; i.e. X-Ray, CT etc.)

3. Case Series:

- Case Series have a 2,000 word limit.
- There is a limit of 25 references.
- The only headings allowed are **Abstract, Introduction, Case 1, Case 2 etc etc., Results and Discussion**. The headings are to be in highlighted in bold.
- The Abstract section cannot be longer than 200 words (**This is not included in the overall word count**). Please include sub-headings **Introduction, Case 1, Case 2 etc etc., Outcome, Discussion/Conclusion**. Numbers in the abstract must be accompanied by their percentage representation in your study, and vice versa.
- We only allow subheadings in the Results section. The subheadings are to be in italics. No underlining or bold.
- We allow a maximum of four illustrations, i.e. tables, figures, graphs, photos etc. Multiple images cannot be resized to fit into one. (A consultant radiologist must be included on the author list when radiographic images are included; i.e. X-Ray, CT etc.)

4. Short Reports:

- Short Reports have an 800 word limit.
- There is a limit of 10 references.
- The only headings allowed are **Abstract, Introduction, Methods, Results and Discussion**. The headings are to be in highlighted in bold. No underlining.
- The Abstract section cannot be longer than 150 words (**This is included in the overall word count**). Please include sub-headings **Aims, Methods, Results, Discussion/Conclusion** in your abstract paragraph.
- We only allow subheadings in the Results section. The subheadings are to be in italics. No underlining or bold.
- We allow a maximum of one illustration, i.e. tables, figures, graphs, photos etc. (A consultant radiologist must be included on the author list when radiographic images are included; i.e. X-Ray, CT etc.)

5. Research Correspondence/Occasional Pieces:

- These articles have a 1,500 word limit.
- There is a limit of 15 references.
- You may use your own headings in these articles or adhere to the usual IMJ headings. The headings must be in bold. No underlining.
- Please include a short abstract paragraph (without subheadings) of no more than 150 words. (**This is included in the overall word count**).
- We allow a maximum of one illustration, i.e. tables, figures, graphs, photos etc. (A consultant radiologist must be included on the author list when radiographic images are included; i.e. X-Ray, CT etc.)

6. Editorials:

- Editorials have a 1,000 word limit.
- There is a limit of 10 references.
- We do not allow any headings, subheadings or illustrations in Editorials.

7. Letters to the Editor:

- Letters to the Editor have a 500 word limit.
- There is a limit of 4 references.
- We do not allow any headings, subheadings or illustrations in Letters to the Editor.