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SUBMISSION GUIDELINES

Before submitting an article to the IMJ, please ensure your paper is in the correct IMJ format and that all relevant elements (i.e., references list, illustrations, tables, graphs, scans/photos, etc.) 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. If you have a suggestion for an Editorial, please email imj@imo.ie with a brief proposal of no more than one hundred words.
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

Please ensure that the Abstract Form is included in the same document as your manuscript. The completed **Abstract Form must be on the first page of your manuscript** underneath the article title. All other elements, such as appendices, images, or tables, should also be included in the manuscript and **not attached separately** to your submission e-mail. Physically-signed IMJ Patient Consent forms (if applicable) should be included as a PDF attachment in your submission e-mail.

All submissions should use **Calibri font**, **12 pt**, and **1.15 line spacing**.

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.
- 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 **three 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 but may ask you in the process of reviewing).
- Please include the name, job title, affiliated hospital(s), and e-mail address of each suggestion. E-mail 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.

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.*
4. *Due to the difficult nature of trying to secure a reviewer for manuscripts, the IMJ reserves the right to withdraw a paper from consideration if, after considerable attempts, a reviewer is not available.*

Patient Consent:

- If you are submitting a Case Report/Case Series, we require a physically signed IMJ Patient Consent form. Even if you are not using scans/images within the submission, it is IMJ policy and best practice to have the patient (or parent/next of kin/designated relative of the patient if they are a minor/deceased/physically or mentally disabled) sign the consent form as the written information in the report might be identifiable for them. We do not allow verbal consent.

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 concise and should not exceed 10 words. (There may be flexibility with this depending on the subject of the article).
- Hospital names/years/locations should be omitted and contained in the abstract.
- **"Ireland"** and **"Irish"** must not be included in titles.
- Terms such as "A case of, "A rare case of", "The first case of" will be removed.
- The use of question marks is not permitted in titles.
- Authors will be informed if the Editor wishes to change an article title.

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.
- Please indicate which authors belong to which affiliation (complete name of department/unit in hospital/university, complete name of hospital/university, address of hospital/university). Please use the numbers 1, 2, etc. in superscript to differentiate, or 1 and 2 if an author belongs to both affiliations.
- 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.
- We require a senior Consultant (at least one) to sign as co-author to all or any submissions (of any article type) by Non-Consultant Hospital Doctors (NCHDs), Trainees, Interns, Students, and/or Research Assistants.
- When your submission is in the final stage of review, we will ask the corresponding author to provide the IMJ a document on headed paper saying that the final version has been read and approved by all authors involved. This document must be signed (physically or e-signature) by all authors.

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 or the document without any separators).
- Please disable track changes and margin comments before submitting a paper.
- In the Results section (if you have one, both in the Abstract part and main text) of your submission, it should contain figures/results in **both** numerical and percentage figures, written in this format: 20 (50%) of …. [numerical figures first, then percentages in brackets].

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 be labelled and must include a title, a description, and must be referred to in the text.
- A physically signed consent form is required when any identifiable information is included in a paper, particularly where images are used. We do not allow verbal consent.
- X-Rays and/or any other radiographic scans/images must not contain identifiers.

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
- In-text references must be used and should be in superscript with no brackets and no spaces (i.e., …consultants[4].). Please remove in-text citations (i.e., Greally et al. 2019) within the article and consistently use superscripts for in-text references.

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. Numerical figures in the abstract must be accompanied by their percentage representation in your study, and vice versa (numerical figures written first, then percentages in brackets, i.e. 50 (20%)). 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.
- Please attach the physically signed and completed IMJ Patient Consent form when submitting.

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.,** 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., 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.
- Please attach the physically signed and completed IMJ Patient Consent forms when submitting.

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. Occasional Pieces/Research Correspondence:

- 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.
- Please note that the Editor may request that a peer review is carried out on certain papers in this category depending on the topic. You will be asked to submit a list of potential reviewers in this case.

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.
- Please note that the Editor may request that a peer review is carried out on certain papers in this category depending on the topic. You will be asked to submit a list of potential reviewers in this case.

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.
- Please note that the Editor may request that a peer review is carried out on certain papers in this category depending on the topic. You will be asked to submit a list of potential reviewers in this case.