

30th May 2015

Aziz described his recommendations for getting published either in *npj Primary Care Respiratory Medicine* or another journal:

1. Firstly, does the question matter - is it important? Does it have resonance?
2. Is it aligning with the target journal's sense of mission? Read the editor's vision. Where is the Editor trying to take this journal? Does your paper align with it?

If it's important and aligned it should interest our readership to whom we are accountable.

3. Editors ask themselves "Is this a credible study - do we trust the findings? Are methods reliable?" Papers from outside Europe and USA will find it harder to get published and whilst *npj Primary Care Respiratory Medicine* has a "soft spot" for international work, these are some of the barriers:

1. Originality is hard - it is easier to copy other studies, but editors look for originality
2. Trust - subconsciously if the Editor doesn't recognise any author names they may have less trust in the findings so ask yourself will the Editor recognise the authors' names - if not, maybe pick someone who can genuinely support your effort who is recognised
3. Editors may not have reviewers in their database from the same region as you - so it may get seen through the wrong lens. So do suggest possible reviewers (not your friends) - people who will improve a piece, and be independent
4. Discussion section - have you really tried to identify the limitations and wherever possible tried to address them? If you can't address them, ensure research that follows picks up the baton by highlighting the issues
5. Editors are very aware of undisclosed interests or ones hidden in the document - it makes them uneasy - be completely transparent about conflicts of interest - all writers should be acknowledged

4. *npj Primary Care Respiratory Medicine* is an open access, selective journal so we have an author pays model which pays for a lot of work (20-40 hours) per paper, but if you have difficulty paying, we have a fee waiver policy - so don't let that be a bar. Aim for the right standard. Speak to us if you foresee difficulties.
5. Being asked to resubmit is a half-open door - there is already time and effort invested in the paper by the editors, so the journal wants to make it work. Reviewers work free of charge and contribute their time - so appreciate this, and be seen to acknowledge that. Rebut if you need, but never be discourteous.
6. Word limit becomes less important as journals are electronic, but if you massively increase it, there's a danger no-one will read it and PubMed has a word limit for the abstract. Be transparent if it goes over, but it is not a bar to acceptance.

The International Primary Care Respiratory Group (IPCRG) is a charity registered in Scotland working internationally (SC No: 035056) and a company limited by guarantee (Company number 256268)

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7. IPCRG colleagues would be willing to receive a draft to get it right before submission. Take up the offer.
8. Titles should depend on the target journal. Look at it. Some like descriptive titles including method; others like a declarative (main message in title) title eg treatment x improves outcomes. Avoid abbreviations - they do not travel internationally. Make it appealing to the international readership of the journal. Send title and abstract and discussion section to others.

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