GUIDE FOR AUTHORS

INTRODUCTION
Semergen - Medicina de Familia, founded in 1975, is a peer-reviewed medical journal specifically intended to meet the needs of the specialty of family medicine. The Journal is the official scientific publication of the Sociedad Española de Médicos de Atención Primaria (Spanish Society of Primary Care Physicians), and has as its main aim to be a medium of continuing education for the Primary Care Physician, as well as to ensure the improved quality of its contents. The Journal's range and content covers areas such as health care delivery, epidemiology, public health, medical education, and medical sociology. The journal aims to be interdisciplinary, and contributions from other medical disciplines are always welcomed. For this reason, as well as Originals y Editorials, a section is dedicated to Continuing Education (Clinical Practice Guidelines, Updates in Family Medicine, Therapeutics in Primary Care, Methodology and Techniques), as well as other sections such as Advances in Medicine, Day to Day in Primary Care: What would you do with a patient with...? The Journal is indexed in MedLine/PubMed and SCOPUS.

Types of article
EDITORIALS

They may be articles having scientific or opinion based content. Scientific articles should be about interesting aspects of certain subjects or updates. Opinion based articles should include the Society’s socioscientific viewpoints or stances. Editorials will be commissioned by the SEMERGEN Editorial Board and must not exceed 1200 words and 6 4 figures and/or tables. Up to two authors will be allowed.

ORIGINAL ARTICLES

These should be original research papers and other contributions about etiology, physiopathology, epidemiology, diagnoses and treatments. Manuscripts should be divided into the following sections: Introduction, Materials and Methods, Results, Discussion and Conclusions. The recommended length of the text is 3,000 words (excluding the abstract, tables, figures and references). The text should include a maximum of 6 tables and/or figures (charts, graphs or illustrations). Authors are also advised to limit the number of references to a maximum of 30 references.

References with the following outline: Title, structured Resumen/Abstract (objective, material and methods, results, conclusions) with a maximum of 250 palabras, Palabras clave/Keywords (3 to 6), Introduction, Material and Methods, Results, Discussion, Conclusions and References. Maximum length is 12 A4 pages with up to 12 figures or tables. The number of signing authors
must not exceed 6. There should be no more than 30 references. Original articles must be accompanied by an abstract of maximum 250 words that includes the following sections: Objective, Material and Methods, Results and Conclusions.

CONTINUING EDUCATION

Up-dated review papers on different aspects detailed below will be published. Continuing education articles will be commissioned, however, articles submitted voluntarily will also be accepted if they meet the necessary publication rules and quality criteria. The number of authors must not exceed 4. The articles can be on different subjects included in the following:

Methodology and techniques. The methodology section will deal with practical aspects on medical statistics and research which are necessary for doctors in Primary Care, such as: “the meaning of ‘p’ in research papers”, “how to make a critical reading or perform a systematic review”, “confidence intervals,” “power,” “alpha and beta errors,” “the number needed to treat,” “types of medical research,” etc. Regarding techniques, papers will be published that describe the instructions, performance and interpretation of certain procedures which are useful for family doctors, such as: spirometry, electrocardiograms, echocardiography, catheterisms, stress tests, peak flow meters, functional bandages, minor surgery, infiltrations, the use of different breathing devices, etc. The structure of the articles in this section will depend on the subject being described. The description or definition of the technique in question should be included as well as the most relevant practical aspects for doctors in Primary Care. This type of article should include an unstructured abstract of up to 150 words, a maximum of 6 2,000 words and up to 3 tables and/or figures.

Therapeutics in Primary Care. This section deals with the pharmacological approach to diseases of interest in Primary Care, with a practical approach, based on the best and most recent scientific evidence available. It should include information on active ingredients, price, indication, contraindications, interactions, special situations, available evidence and the level of the recommendation, if any. It must include an unstructured abstract of 150 words. The paper should be divided into the following sections: introduction (short summary on the disease) and treatment. The article should have a maximum of 2,000 words with up to 3 tables and/or figures.

Updates in Family Medicine. Bibliographic review papers, when an update will make it possible to reach agreed approaches in medicine. It should be written using the following sections: Introduction, development of the topic, and the most relevant conclusions. Include an unstructured abstract of 150 words. It should have a maximum length of 4,000 words) and up to 5 tables and/or figures will be accepted.

Good clinical practice guidelines. Of an especially practical nature, protocols and action guidelines based on the latest scientific knowledge for certain medical processes will be accepted. Include an unstructured abstract of 150 words. It should have a maximum length of 4,000 words), and up to 4 tables and/or figures will be accepted.

CONSENSUS DOCUMENTS

The Journal will also publish consensus documents written jointly by work groups of SEMERGEN and other societies. These papers may be published simultaneously in the journals of the societies participating in the writing of the consensuses (making reference to this) and the number of authors is unlimited. The documents accepted in this section (consensus documents, recommendation, clinical guides, etc..) should comply with the methodology and rules
established by the Society.

**REVIEWS**

Manuscripts of this type will be commissioned. Authors who wish to collaborate to this section should contact the Editorial Board beforehand. Reviews will have a total length of 5,000 words, including an unstructured abstract of 150 words, the relevant keywords, and up to 70 literature references. No more than three authors should preferably be included. Up to four figures and/or tables will be permitted.

**CLINICAL LETTERS**

These are abridged presentations of clinical cases. The selection criteria are: novelty, originality and interest of the case. It should describe a rare or infrequent illness or condition or one that has not been described previously; with the inclusion of new diagnostic methods and the description of an unusual evolution of symptoms of a common illness, which has an impact on the evolution of another illness. Those clinical reports containing information that due to its relevance may have an obvious training value for the readers of SEMERGEN, will be especially appreciated. The length should be no more than 1,200 words, and the text will not be structured into sections or include an abstract. There should be no more than 2 figures and/or tables, and 10 literature references. There should be a maximum of 5 authors.

unstructured abstract of 150 words and up to 4 tables and figures. The number of authors should not exceed 4.

**LETTERS TO THE EDITOR**

This section will publish objections, comments, observations or experiences regarding recently published articles in SEMERGEN, or other subjects of interest which, because of their length or characteristics, cannot be adapted to meet the publication guidelines of other sections. Letters must have a maximum length of 500 words, and may include one figure and/or table. The number of authors should not exceed 4.

**FAMILY PRACTICE IMAGES**

Images that by themselves allow to perform a visual diagnosis will be accepted. These images should be accompanied by a brief explanatory text, which may be simply the description of what is shown in the image, or the comment in the form of a brief clinical case. Up to 3 authors will be allowed. The maximum length of the text will be 600 words. A maximum of 2 figures. A maximum of 6 bibliographical references.

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BEFORE YOU BEGIN

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Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

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- **Blinded manuscript (no author details):** The main body of the paper (including the references, figures, tables and any Acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

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**Article structure**

**Subdivision - unnumbered sections**

Divide your article into clearly defined sections. Each subsection is given a brief heading (Introduction, Material and methods, Results, Discussion and Conclusions). Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

**Introduction**

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

**Material and methods**

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

**Results**

Results should be clear and concise.

**Discussion**

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

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Immediately after the abstract, provide a maximum of 6 keywords, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at
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Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

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Reference to a book:
Reference to a chapter in an edited book:
Reference to a website:
Reference to a dataset:
Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.' For further details you are referred to 'Uniform Requirements for Manuscripts submitted to Biomedical Journals' (J Am Med Assoc 1997;277:927–34)(see also Samples of Formatted References).

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