

Instructions to the Authors

[Editorial process](#) | [Authorship criteria](#) | [Contribution details](#) | [Conflicts of Interest/ Competing Interests](#) | [Online submission](#) | [Manuscript preparation](#) | [Copies of any permission\(s\)](#) | [Clinical trial registration](#) | [Manuscripts](#) | [Protection of Patients' Rights to Privacy](#) | [Sending a revised manuscript](#) | [Reprints and proofs](#) | [Manuscript submission, processing and publication charges](#) | [Copyrights](#) | [Checklist form](#)

Journal of Family Medicine and Primary Care seeks to foster academic communication and interdisciplinary research among primary care providers engaged in various forms. The journal covers broad clinical topical catering to the academic needs of family physicians, urban GPs, rural physicians, NRHM doctors, community surgeons, community health workers, providers of community obstetrical & paediatric emergency physicians, occupational physicians and public health specialists. The journal publishes original article on clinical studies, theories and policies related the academic discipline of family medicine and primary care. We encourage studies carried out in primary care and family medicine set up as well as community level studies.

Journal of Family Medicine and Primary care also acts as an interactive forum for primary care providers, policy makers, health care administrators, community leaders, social scientists, health care workers towards provision of cost effective, personalized, continued, comprehensive, holistic form of health care to individuals, families and communities.

The journal is published on monthly basis in both print and online forms.

www.jfmprc.com

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to **Journal of Family Medicine and Primary Care** alone at that point in time and has not been previously or simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific omissions, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the **Journal of Family Medicine and Primary Care** readers are rejected at this stage itself.

Manuscripts that are found potentially suitable for publication in **Journal of Family Medicine and Primary Care** are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. As a matter of policy we generally do not send the same article to the suggested reviewer. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (including rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is done online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Authorship Criteria

The Journal follows the ICMJE Criteria For Authorship and Non-Author Contributors . Broadly this is represented below :

The ICMJE recommends that **authorship** be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND

3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged as contributors. The authorship criteria are intended to reserve the status of authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify co-authors from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #s 2 or 3. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the drafting, and final approval of the manuscript.

Non-Author Contributors

Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged. Examples of activities that alone (without other contributions) qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading. Contributions that do not justify authorship may be acknowledged individually or together as a group under a single heading (e.g. "Clinical Investigators" or "Participating Investigators"), and their contributions should be specified (e.g., "served as scientific advisors," "critically reviewed the study proposal," "collected data," "provided and cared for study patients", "participated in writing or technical editing of the manuscript").

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition, data collection, content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more authors should be designated as 'guarantor' for their responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

Submission of the Manuscripts

All manuscripts must be submitted on-line through the website <https://review.jow.medknow.com/jfmpc>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at editor [AT] jfmpc [DOT] com .

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscripts should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

- a. The type of manuscript (original article, case report, review article, Ethics Forum, Education Forum, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors, their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be included. Use text/rtf/doc files. Do not zip the files.
- b. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion of an original article;
- c. Source(s) of support in the form of grants, equipment, drugs, or all of these;
- d. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgment of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the text.
- e. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that t

as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the manuscript to help the editor decide how to handle the matter.

- f. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- g. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in a separate document.
- h. Criteria for inclusion in the authors'/ contributors' list
- i. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes the manuscript represents honest work, if that information is not provided in another form (see below); and The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] Blinded Article file: The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title contain the title of the article but not the authors' names. Manuscripts not in compliance with The Journal's blinding policy will be returned to the corresponding author. The main text of the article, beginning from Abstract till References (Tables) should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb (1MB). Do not incorporate images in the file. The pages should be numbered consecutively, beginning with the blinded article file.

[3] Images: Submit good quality color images. Each image should be less than 4 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep around 10 cm or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] The contributor's / copyright transfer form (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email (to editor@medknow DOT com) as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (300 dpi, 5 MB each) can be sent by email on images AT medknow DOT com).

The hard copies of the Contributors' form / copyright transfer form may be sent to the following addresses or submitted online from the authors' area on <https://review.jow.medknow.com/jfmpc>

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Preparation of the Manuscript

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2007). The uniform requirements and specific requirement of **Journal of Family Medicine and Primary Care** are summarized below. Before submitting a manuscript, contributors are requested to check for the latest version available. Instructions are also available from the website of the journal (<https://www.jfmpc.com>) and from the manuscript submission site (<https://review.jow.medknow.com/jfmpc>).

Journal of Family Medicine and Primary Care accepts manuscripts written in American English.

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Clinical trial registry

Journal of Family Medicine and Primary Care would only publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following registries is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials.

begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in **Journal of Family Medicine and Primary Care** only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees. **Clinical trial registry numbers should be mandatory below abstract.**

Types of Manuscripts

Original articles:

These include observational studies ,clinical trials, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to obtain approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participant names or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution’s or a national research council’s guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. **The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not accept any paper which is ethically unacceptable.**

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients including controls) clearly, including eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the manufacturer’s name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the study. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups and the method of masking (blinding)), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org

MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
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Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (e.g. dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'normal' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.04) to include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be reported with their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; e.g. do not summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, supplementary materials can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries. Do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done? what does this study add to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research, for further collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 1000 words can be included. These articles generally should not have more than six authors.

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributors and a critical review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) and an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance, public health implications and of educational value will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

Case Series:

The the journal also accepts series of interesting and clinically useful cases. The manuscript could be of up to 1800 words (excluding references and abstract) and could be supported with up to 15 references. Reports could be authored by up to four authors. Cases with clinical significance or implications and of educational value will be given priority. These communications could be of up to 1000 words (excluding references and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

Letter to the Editor:

They should be short and decisive and be related to articles previously published (including editorials/commentaries) in the Journal or views expressed in the journal. They should not be preliminary observations.

need a later paper for validation nor can it be case reports. The letter could have up to 500 words and maximum of 5 references. It could be generally authored by not more than four authors if reporting. However for any letter in response to a published paper in JFMPC, there should be preferably only one author and not more than two authors.

Other:

Editorial, Guest Editorial, and Commentary are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). *Identify references in text*, tables, and legends by Arabic numerals in square bracket after the *punctuation marks*. *References cited only* in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus* for indexed journals and the full name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

- a. Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. *Indian J Med Sci* 2008;62:222-7.
- b. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.
Nozari Y, Hashemlu A, Hatmi ZN, Sheikvatan M, Iravani A, Bazdar A, *et al*. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major risk factor for coronary artery disease. *Indian J Med Sci* 2007;61:547-54
- c. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82.
- d. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

Books and Other Monographs

- a. Personal author(s): Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.
- c. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press; 1996. pp. 465-78.

Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. *Improving palliative care for cancer* [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legends for figures.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. Whenever arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining for photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Printed photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images in separate files. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write on the back of figures, scratch, or mark them by using paper clips.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Protection of Patients' Rights to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or the patient's guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal's guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the manuscript. Send the consent forms through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be included with the manuscript.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the margin of the manuscript itself. In addition, they are expected to mark the changes as underlined or colored text in the article. Please see the FAQ page on how to revise.

Reprints and proofs

Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs. Proofs will be sent to the corresponding authors by email 4-6 weeks before the publication date. The issues are published in last week of the previous month.

Manuscript submission, processing and publication charges**Submission Charge:** Nil

Journal does not charge the authors or authors' institutions for the submission of manuscripts.

Publication charge: Yes

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To support an Open Access System and in order to cover offset expenses for journal management systems, pre publication production, publication and archiving a minimal publication fee is charged. The following fee on acceptance as Article Publication Charges as given below. Please note that as Following revised charges are applicable.

	India	SAARC** / Low Income Countries (World Bank Classification)***	Rest of the World
Review Article	INR 16,000	USD 300	USD 1000
Commentary	INR 16,000	USD 300	USD 1000
Original Paper	INR 16,000	USD 300	USD 1000
Case Report	INR 8000	USD 150	USD 500
Case Series	INR 12000	USD 200	USD 500
Letter to Editor , in response to articles published in JFMPC(including editorials and commentaries)	INR 0	USD 0	USD 0
JFMPC priority area and suggested topics for research (Check below for comprehensive list)			
Letter to Editor (others)	INR 8000	USD 100	UDS 300
Invited Articles****	INR 0	USD 0	USD 0

**SAARC Countries: [Afghanistan](#), [Bangladesh](#), [Bhutan](#), [India](#), [Maldives](#), [Nepal](#), [Pakistan](#), and [Sri Lanka](#)

*** Low Income Countries: <http://data.worldbank.org/country>

**** Invited articles are exempted from any publication fee.

Due to contract renewal with the publisher the publication charges have been revised.

(As mandated by the Indian Government and based on the Service tax Law and procedures, Medknow Publications and Media Private Ltd, would be charging service tax @12.36% on fees collected from Indian authors with effect from 1st April 2014. The said tax will be in addition to the prices maintained on the website to be collected from the authors and will be paid to the Indian Government. In case of GST, applicable GST will be charged)

Journal priority areas for publication with article processing fee waiver

1. Family medicine and primary position papers (Both Indian and International)
2. Family medicine and primary care conference declaration (Both Indian and International)
3. Family medicine and primary care resource development - output of workshops, meetings and consultations
4. Family medicine and primary care education and training resource development
5. Any paper likely to have significant impact on family medicine and primary care development
6. ICMR (Indian Council for Medical Research) project papers related to primary care by medical students
7. Annual National Health Policy Proposals for India 2017, 2018, 2019
8. Development of framework for governance of ethical clearance in primary care and family practice clinical research in India

JFMPC suggested topics for research and publication with article processing fee waiver (APC)

1. Compilation and analysis of training programs available for public sector medical officers in India
2. Comparative analysis of health policy sections of manifestos of political parties in India
3. Constitutional mandate and reforms on healthcare in India
4. Strengthening primary care through medical education reforms in India
5. Primary care teams and population coverage
6. Equal opportunity of professional/academic development for medical officers and general practitioners at par with specialist and hospitalist counterparts
7. Skill set and tasks performed by medical officers working at ESI, Railways, Municipal Corporations, CPOs, Services, National Health Mission and respective state governments
8. Universal Health Coverage: Models for implementation
9. Training and skill development of healthcare workers engaged in primary care vocation
10. Outpatient coverage: Private sector insurance
11. RSBY (Rashtriya Swastha Beema Yojana) and outpatient coverage
12. Family practice clinic accreditation
13. UG family medicine curriculum (Indian and International)
14. PG family medicine curriculum (Indian and International)
15. Clinical audits in family practice and primary care
16. Evidence based recommendation in family medicine and primary care practice

17. Practice standards in family practice and primary care
18. Clinical practice guidelines in primary care –Indian setting
19. Family medicine leader biography (role models)
20. Rural health practitioner biography (role models)
21. Community morbidity data - Community health centres (CHCs) and Primary Health Centres

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