

The Obstetrician & Gynaecologist



Instructions for authors

All material published in TOG is commissioned by the Editorial Board. If you would like to make a contribution, you should email your proposal to the Editorial Office (tog@rcog.org.uk) in the form of a structured abstract as detailed below.

If you have been invited to write an article for the journal, please go to page 2 of these instructions for guidance on how to prepare and submit your article.

Submitting a proposal

Please note that Global Perspectives, Views and Counterviews, NICE guidance summaries, SIP summaries, Clinical Governance, Commentaries and Book Reviews are commissioned solely by the Editorial Board. You are welcome to submit proposals for Reviews, Education, Ethics, Tips and Techniques, and send Letters and Emails to the Editor.

To submit a proposal, please submit a structured abstract together with details of your qualifications and your experience in the relevant area. Please also include four relevant publications for each author. Please note that being a published author is **not** a requirement to write for TOG, however it is important that at least one member of the author group has published before. All papers require at least one author to be at consultant level or equivalent in their specialty.

Your abstract should be 150–200 words and structured with the following subheadings:

- Key content
 - Up to five bullet points summarising the key content of the article
- Learning objectives
 - Up to three bullet points. These should be pointers as to what anyone reading the article could reasonably hope to learn from it
- Ethical issues (if relevant)
 - Up to three bullet points on the ethical issues raised specifically by the article or associated with the subject matter in general
- Keywords (up to five)

This information must be relayed in the proposal template which is available to download from the [TOG page](#) of the RCOG website. Your proposal will be sent to the Editor-in-Chief to consider. He will either reject your proposal outright or consult with the wider Editorial Board before making a decision on whether to commission your work.

Your proposal is commissioned to a full article – what next?

If your proposal is well received by the Board, you will be sent a commissioning letter via email inviting you to submit a full article via our online submission system. This will include options for you to accept or decline our invitation and relevant links to your TOG author account. Please note: an invitation to submit an article does not guarantee that your work will be published.

How to prepare and submit your article

Submissions must be made via the online submission system, details of which will have been sent in your commissioning letter. A list of frequently asked questions regarding the online submission system can be found in Appendix 1. Once submitted, it is important that the email address for the corresponding author is correct and updated as necessary, as all correspondence will go to that email address.

Submission criteria for each type of manuscript is summarised in the table below. If you are unsure what is required for your particular submission, please refer to your commissioning letter or contact the Editorial Office (tog@rcog.org.uk) for further details. Please note that author photographs are no longer required.

TOG uses British spelling conventions throughout.

For articles which are externally peer-reviewed (all except book reviews, letters and emails, SIP and NICE guidance summaries), you will be required to submit at least two separate files to the journal at this stage:

1. Title page
2. Main document
3. Additional files may include tables, figures, videos, or supporting information files (for online publication only).

I. Title page

This file is not sent to peer-reviewers and therefore, by including the required information (detailed below) on this page, we are able to achieve a double blind peer-review process. Should your article be accepted, this information will be transferred to your final manuscript for publication. Please use the title page template (Appendix 3) to create your title page.

| | |
|------------------------|---|
| Title | Titles should be no more than 100 characters and accurately represent the content of the article. The first version of your title may not be the final version: an apposite title requires careful thought and editing. |
| Running title | This should be a shortened version of the main title comprising no more than 60 characters. |
| List of authors | Please include all author names. For each author, please provide the following: postnominal qualifications (such as MRCOG, MSc), job title, |

institution and full address.

The International Committee of Medical Journal Editors (ICMJE) recommends that the following criteria are met in order for individuals to qualify as a list author:

- i. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data.
- ii. Drafting the article or revising it critically for important intellectual content.
- iii. Final approval of the version to be published.
- iv. 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.

At least one author of your article must meet all four of the above criteria. All other authors are required to meet criteria II, III and IV. Contributors who do not qualify for authorship should be included in the 'Acknowledgements' section.

Authors need to make sure that all authors involved in writing the article have been included and that their consent for publication has been obtained. The submitting author will be required to confirm during the submission process that all individuals who qualified for authorship have been included (to prevent ghost authorship) and that all those included qualify for authorship (to prevent gift/guest authorship).

All authors must accept responsibility for the paper as published.

Corresponding author

Please highlight with an asterisk which author is the corresponding author for the manuscript. Please include an email address.

Contribution of authorship

A paragraph explaining each author's contribution should be detailed here. Authors' initials should be used as appropriate.

Disclosure of interests

These include relevant financial (for example patent ownership, stock ownership, consultancies, speaker's fees, shares), personal, political, intellectual (organizing education) or religious interests. Please also disclose, as applicable, if you are involved in any other relevant activities at the Royal College of Obstetricians and Gynaecologists, including committee membership and involvement in other College publications (guidelines, reports etc).

Please note that a competing interest should not prevent someone from being listed as an author if they qualify for authorship. If there is doubt about whether interests are relevant or significant, it is prudent to disclose.

Authors may find the ICMJE recommended [disclosure of interest form](#) (pdf) a useful tool to submit this information. RCOG activity can be included in section 4 of this form.

Acknowledgements Include details of contributors who do not meet the authorship criteria and any other necessary acknowledgements.

2. Main Document

This file will be sent for peer-review. Therefore, please include the full title of your article as for your title page. In addition, please format your article as follows:

- Abstract** If an abstract is required for your submission (see table below), please structure as in your original proposal with any changes suggested by the Editorial Board in your commissioning letter. The abstract should 150–200 words.
- Main body of text** Criteria for the main text for each type of manuscript published in TOG are summarised in the table below.
- Ethics approval** We appreciate that ethics approval is not always necessary for the types of article published in TOG. However, if ethics approval is required for your work, please include the relevant information here
- References** Please use the Vancouver convention whereby references are numbered consecutively in the order in which they are first mentioned in the text. References should be identified as superscripts within the text, table headings and figure captions.
- Recommended websites** If you would like to recommend any website(s) that are relevant to the topic covered by your article, but not referred to in your article (and therefore not included in your reference list), please list these separately, below your reference list, under a heading 'Recommended websites'.

| Article type | Description | Abstract | Words | References | CPD |
|----------------------------|--|----------|-----------|------------|-----|
| Reviews | Discusses topics that are of importance to doctors working in obstetrics and gynaecology. | Yes | ≤4000 | ≤50 | Yes |
| Clinical governance | Aims to help obstetricians and gynaecologists to identify and reduce the risk of error resulting | Yes | 2000–4000 | ≤50 | Yes |

| | | | | | |
|--|--|-----|-----------|------|----|
| (invited only) | from clinical or organisational mistakes. | | | | |
| Education | Concerns current issues in the education and training of obstetricians and gynaecologists. | Yes | 2000–2500 | ≤25 | No |
| Ethics | Discusses ethics issues concerning obstetrics and gynaecology | Yes | 1500–2000 | ≤25 | No |
| Tips and techniques | Short articles about ideas that will be of practical help to those working in obstetrics and gynaecology. They could also highlight interesting or difficult situations that have medico-legal or ethical implications. The resultant issues for clinical practice should be discussed, including the lessons that can be drawn to optimise current best practice. | No | 1500–2000 | ≤10 | No |
| Views and counter views (invited only) | Authors are invited to express their personal opinion about a subject and to argue why they believe they are right and perceived wisdom is wrong. | Yes | 1500–2000 | ≤10 | No |
| Scientific Impact Paper (SIP) and NICE guidance summaries (invited only) | SIP summaries are commissioned by the RCOG's Scientific Advisory Committee and reviewed by TOG's Editorial Board. NICE guidance summaries are commissioned by the TOG Editorial Board. | No | ≤1000 | ≤20 | No |
| Global perspectives (invited only) | These articles relate to aspects of obstetrics and gynaecology as practised outside the UK and from a 'non-UK' perspective. | No | ≤1500 | ≤20 | No |
| Book reviews (invited only) | Reviews of relevant books published in the last year. | No | ≤500 | None | No |
| Commentaries (invited only) | Short articles providing opinion, discussion or an international perspective on new concepts or controversies in clinical practice, education, healthcare organization or research | No | 1000 | ≤12 | No |
| Letters and emails to the Editor | Comment on recently published articles in TOG can be emailed or posted to the TOG editorial office. Original authors of articles on which correspondence is based are given the automatic right to reply. | No | ≤500 | ≤5 | No |

3. Additional files

Artwork, figures, tables and photos

- Digital artwork files for reproduction should preferably be high quality, low compression JPEG, TIFF or EPS. Please note that we cannot accept figures embedded in a Word file because they do not reproduce well in print.
- We cannot accept .zip or .pdf files
- Tables/Figures should not be included within your text and should be submitted as a separate files
- Figures are published in colour at no additional cost
- If you are including any artwork which has been previously published or for which you do not own copyright, you must include a statement that permission has been sought to reuse the artwork and also include proof of the permission granted. If you have adapted artwork, you must also include a statement that you are permitted to do this. Further information on whether or not permission is required, is available [here](#).

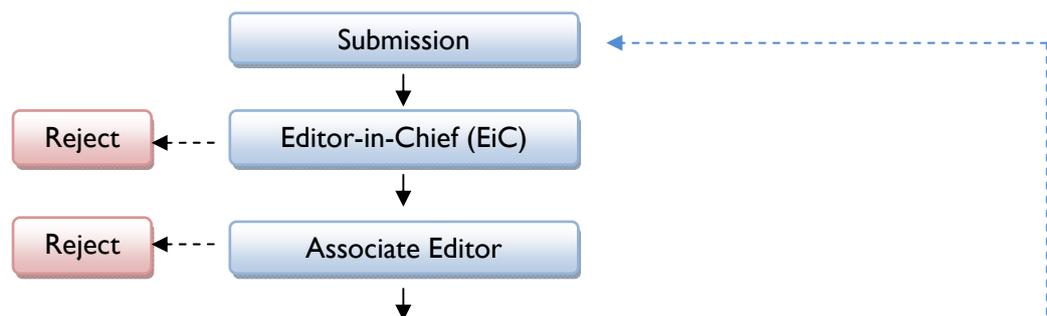
CPD questions

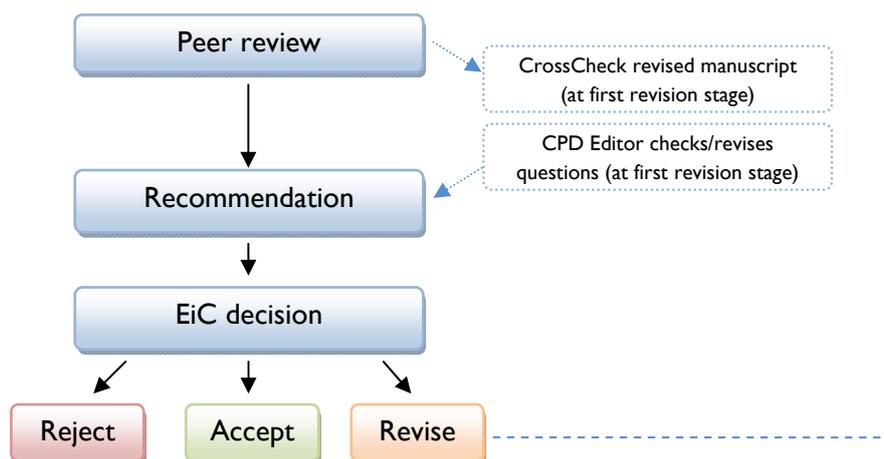
All reviews and clinical governance articles must be accompanied by 25 True/False style questions for the CPD component of the journal. All questions must have the answers listed. Authors must ensure that the questions can be answered directly from the article and that further reading is not required to arrive at the correct answer. Guidelines and examples of CPD questions can be found in Appendix 2.

Videos

As a practice-based, clinical journal, we encourage video submissions to accompany articles that describe best-practice techniques.

What happens after submission?





Peer review

All articles published in TOG are subject to peer review. On initial submission, the Editor-in-Chief will review the article to decide whether it should be sent for wider consultation with at least one Editorial Board member. If the article falls within the aims and scope of the journal and is deemed suitable for consideration, the article will be passed on for external peer review. Revisions may be requested prior to external peer review. Most manuscripts are then reviewed by two peer reviewers who are not Editorial Board members. Articles in the ‘Ethics’ section are reviewed by the Editors and one external reviewer unless additional expert opinion is required by the Editors. Articles in the ‘Views and Counter Views’ sections are reviewed only by the Editors unless they require further expert opinion. Where there is disagreement, the Editor-in-Chief’s decision is final.



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Post-acceptance

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Appendix I. Frequently asked questions

Q What format should photographs/images be supplied in?

A Photographic images should be in TIFF format. These should be at a resolution of at least 300 dpi at final size. Figures containing a combination of photographic images and text (eg annotated photographic images with text labels) should be saved in EPS format.

Further information and guidance may be found at

<http://authorservices.wiley.com/electronicartworkguidelines.pdf>

Q What is a 'Conflict of Interest'?

A Any interest or relationship, financial or otherwise, that might be perceived as influencing an author's objectivity. These must be disclosed when directly relevant or indirectly related to the work that the authors describe in their manuscript. Potential sources of conflict of interest include but are not limited to patent or stock ownership, membership of a company board of directors, membership of an advisory board or committee for a company, and consultancy for or receipt of speaker's fees from a company.

Q What happens if I do not know about any potential Conflict of Interests for my co-authors?

A Please ask the authors to complete a disclosure form, instructions for downloading a disclosure form are found at http://www.icmje.org/coi_instructions.html

Q We don't know if we can meet the deadline for submission of our article, we would like a little more time?

A Please contact the editorial office who can arrange to postpone the due date within reason: toag@editorialoffice.co.uk

Q Where can I find information on permissions required for images/work with copyright that we would like to use in our article?

A <http://eu.wiley.com/WileyCDA/Section/id-403436.html>

Q Can we add an author at time of revision?

A If an author is added to or removed from a revised version of an article approval will be required from all authors including the additional/removed author/s to this. Any additional authors must fulfil the authorship criteria as described in the instructions for authors.

Q Can we use images of people?

A If a person is identifiable in an image then written consent from this person to the inclusion of their image in the published article must be sought and available to the Editors if required. Confirmation of this must be accompanied in the figure legend within the article.

Q Where can I access the author centre?

A <http://mc.manuscriptcentral.com/toag>

Q I have forgotten my password

A There is a password help facility on the home page at <http://mc.manuscriptcentral.com/toag>

Appendix 2. CPD questions

The following hints are intended to help those setting True/False questions (CPD questions) for *TOG*. 25 questions are needed for each article (following any number of leading phrases – these are not counted) An example is included at the end.

- Avoid:
 - using imprecise terms such as ‘rare, uncommon, usually, often, etc’. Give an approximate percentage (see point 3 below).
 - using absolute terms such as ‘always, never, sole, maybe, could, can etc.’
 - double negatives.
- Percentages should never be given precisely. Use phrases such as ‘up to’, ‘approximately’, ‘about’ ‘less than’, ‘more than’etc.
- Majority or most means over 50%.
- Do not use abbreviations unless they are defined.
- Double-barrelled items containing two pieces of information must be avoided, e.g. ‘Resolution of symptoms and restoration of the lung function tests lead to ...’
- When setting questions, the first item is most commonly true. It is only later that the writer thinks of false items. It is wise, therefore, to scramble the items.
- Biochemical measurements should be expressed as ‘serum levels of ‘... or ‘serum concentrations’, e.g. not ‘Ca125 is elevated...’.
- The leading phrase plus the question should form a grammatical sentence.
- You may have as many or as few leading phrases as you like. These do not count in the numbering. ‘questions’ should be numbered 1–25.

Example CPD questions

This example gives you six questions from one leading phrase and four from another. You may have any number of leading phrases, as long as your total number of questions adds up to 25. It is best to avoid having more than ten questions to any one leading phrase. Please also take care not to repeat leading phrases.

[Leading phrase] Following vaginal delivery,

- [Question] 1 greater than 50% of women have symptoms of anal incontinence. **FALSE**
- 2 about one-third of primiparous women have evidence of anal sphincter defect on anal endosonography six weeks after delivery. **TRUE**
- 3 about one-third of women suffer symptoms of urinary incontinence three months postpartum. **TRUE**
- 4 women are at greater risk of placenta praevia in a subsequent pregnancy than women who have had a caesarean section. **FALSE**
- 5 women delivered by forceps are at a lower risk of developing an anal sphincter defect than women undergoing a spontaneous vaginal delivery. **FALSE**
- 6 women are more likely to have symptoms of urinary incontinence than women who have had an elective caesarean section. **TRUE**

The following are true statements about risks to the fetus in pregnancy and/or delivery:

- 7 The risk of unexpected antepartum stillbirth doubles from 37 weeks gestation to 43 weeks gestation. **FALSE**
- 8 The risk of fetal death from intrapartum events for babies weighing at least 1.5 kg is approximately 1 in 5000. **FALSE**
- 9 Intrapartum events account for 50% of all cases of neonatal ischaemic encephalopathy. **FALSE**
- 10 Pain and trauma experienced by the baby during labour and delivery have been associated with a risk of suicide by violent means in adult life. **TRUE**

Appendix 3. Title page template

<<This is the title page template for **The Obstetrician & Gynaecologist**.

Instructions are included in red at relevant places in the text. Please delete this text before submitting your manuscript>>

Manuscript title Titles should be no more than 100 characters

Running title Up to 60 characters; also to be printed on the header of each article page

Author names and postnominal initials (e.g. MD, PhD, DSc, FRCOG, FMedSci)

NB: The International Committee of Medical Journal Editors (ICMJE) recommends that the following criteria are met in order for individuals to qualify as a list author:

1. Substantial contributions to conception and design, 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 published.

At least one author of your article must meet all three of the above criteria. All other authors are required to meet criteria II. and III. Contributors who do not qualify for authorship should be included in the 'Acknowledgements' section.

Name Surname MD, PhD, DSc, FRCOG^{1,*}, Name Surname PhD, DSc² and Name Surname FRCOG².

¹ Job title/Current position, Department, Institution, Town, State/County, Postcode, Country

² Job title/Current position, Department, Institution, Town, State/County, Postcode, Country

* To whom correspondence should be addressed. Email: [insert email address] <<Only the first corresponding author designated with an asterisk (*)>>

Disclosure of interests:

e.g.

AB receives/has received research support from XX. CD has acted as a paid consultant to XXX. EF is named as co-inventor in a patent no. 123

Or

There are no conflicts of interest

Author contributions:

e.g.

This paper was the sole work of Prof Smith.

OR

AB instigated and edited the article. CD researched and wrote the article; EF wrote and edited the article. All authors approved the final version.

Ethics approval:

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