



## Guidelines for authors

### Contents

Are you interested in writing for us? .....	1
Preparing a new article for DermNet NZ .....	2
A few specific style points .....	3
References.....	3
Figures and tables.....	6
The issue of authorship .....	7
Change of author affiliation .....	7
Manuscript submission .....	7
Publication process.....	8
Related information.....	9
International guidelines and recommendations in the medical publishing field .....	9
Downloads .....	9

### Are you interested in writing for us?

DermNet NZ is always looking for potential authors to write on new topics. Interested potential authors should initially contact Founder and Editor in Chief of DermNet NZ Amanda Oakley via the [DermNet NZ contact form](#).

Potential authors interested in writing a new page are generally asked to write a topic page on either a disease or condition, or a treatment, product, or procedure. These types of pages tend to follow a particular structure. Alternatively, interested authors are welcome to send an abstract of their intended manuscript or list of proposed subheadings to obtain a view from the Editor in Chief about the suitability of their paper for submission. Our Editors will do a quick review (not peer review) of your paper and advise if they believe it is appropriate for DermNet NZ.

The typical reader of DermNet NZ is a dermatology trainee, medical student, consultant in a hurry, or a general practitioner. However, health-literate patients and school students are also important groups for DermNet NZ. This affects our house style and how you should write your article.

## Preparing a new article for DermNet NZ

- When writing your new article, please use the DermNet NZ Microsoft Word [disease or condition template](#) or a [treatment, product, or procedure template](#) as appropriate. These templates provide you with a clear basic structure for your article. (There is also a [general page template](#) that can be used for a non-topic page.)
- Include synonyms for the title of your topic where appropriate as these synonyms help us with search engine optimisation and make it easier for our site visitors to find the right article.
- Word lengths are not specified, but please use clear, concise language and plain English. We use British spelling.
- Write your body text in full sentences and in short paragraphs (long paragraphs should be avoided). The use of bullet points is also useful to avoid large chunks of text. Bullet points should be written in full sentences or, alternatively, short-entry bullets may also be used (ie, for lists). All short-entry bulleted lists need an introductory statement that each bullet should follow on from in a consistent way. Other abbreviated list-type material should be placed in text boxes, tables, or figures separate from the main body copy.
- Define all acronyms and abbreviations when they first occur in the text and please avoid non-standard abbreviations.
- While writing your article, please refer to your topic by name and please avoid referring to 'this condition', 'this disease', 'this procedure', or 'this treatment' where possible.
- Be aware that your reader may not understand medical terminology. Many dermatological terms are automatically detected by our glossary tooltip. If you use a medical or technical word that may not be found by the tooltip, please explain the term in parenthesis after its use.
- Please save your manuscript with a useful file name that includes the topic title, author name(s) and the date of latest update of writing/submission (eg, 'Trichoblastoma\_VNgan\_260814.doc').

- While DermNet NZ fully understands the extra challenges posed to authors whose native language is not English, we ask that all manuscripts be reviewed and edited by a native speaker of English with expertise in that area prior to submission.

## A few specific style points

- Do not punctuate common abbreviations or initials (eg, et al, ie, Dr, GP, UK, JW Smith) or italicise commonly used Latin terms (eg, in vitro, in vivo, etc).
- Genus and species of named microbes may be italicised (eg, *Staphylococcus aureus*, *Herpes simplex*, *Sarcoptes scabiei*, etc), but disease and condition names are not italicised (eg, herpes simplex, streptococcal disease).
- Only eponymous conditions (conditions named after a particular person) take a capital letter, but please note they do not take an apostrophe-s (eg, Grover disease [*not* Grover's disease], Graves disease, Spitz naevus, mammary Paget disease). Derivatives associated with these conditions (eg, atypical spitzoid naevus, pagetoid cells) do not take a capital.
- Use the International System of Units and its recognised abbreviations for all units of measurement. [Learn more about the International System of Units.](#)
- Use generic drug names throughout your submission. You may include the brand name(s) in parentheses after the first mention only of the generic name.
- Credit the suppliers of drugs, equipment, and other brand-name material by including company name, city, state, and country in parentheses at first mention; eg, '(Novartis Pharmaceuticals, Sydney, NSW, Australia)'.

## References

- Please include a short list of useful references related to your article. Ideal sources include literature reviews or systematic reviews in reliable, third-party, published secondary sources (such as reputable scientific journals), recognised standard textbooks by experts in the field, or medical guidelines and position statements from national or international expert bodies and organisations. Textbook and authoritative website information may also be used as references for good general background and in-depth coverage of a topic. (Note: If needed, DermNet NZ articles may be used as topic overview references, but we do already include links to relevant DermNet NZ content in our published articles.)

- As DermNet NZ wishes to follow the International Committee of Medical Journal Editors (ICMJE) recommendations for transparency, we ask that new topics include numbered in-text citations to reference each point or sentence made. The numbered in-text citations should be added in square brackets placed before the sentence's punctuation.
- Please format your references using Vancouver reference style (see examples below). Journal titles are abbreviated to [Index Medicus/PubMed abbreviations](#). Where possible, please include the digital object identifier (DOI) and the URL to journal articles cited, either to the open-source original article or to the PubMed abstract.
  - **Journal article example:**

G Sanchez E, Vannier E, Wormser GP, Hu LT. Diagnosis, treatment, and prevention of Lyme disease, human granulocytic anaplasmosis, and babesiosis: a review. JAMA 2016; 315: 1767–77. DOI: 10.1001/jama.2016.2884. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2516719> (accessed 26 September 2016).

(Note: List all authors when six or fewer; for seven or more authors, list the first three and then et al; page ranges are separated by [en rules](#) and are abbreviated.)
  - **Article in a journal supplement (volume with supplement) example:**

Thomas R, Landells I, Lynde C, et al. Canadian consensus on skin barrier repair therapy in atopic dermatitis. J Cutan Med Surg 2012;16 Suppl 1: S1–15.
  - **Article in a journal supplement (issue with supplement) example:**

Eichenfield LF, Ellis CN, Mancini AJ, Paller AS, Simpson EL. Atopic dermatitis: epidemiology and pathogenesis update. Semin Cutan Med Surg 2012; 31(3 Suppl): S3–5.
  - **Book/monograph examples:**

Goldstein BG, Goldstein AO. Practical dermatology, 2nd edn. St. Louis: Mosby, 1997.

Bolognia JL, Jorizzo JL, Rapini RP (eds). Dermatology [2 volumes], 2nd edn. London: Mosby Elsevier, 2008.
  - **Chapter in a book example:**

Kurwa HA, Barlow RJ. A role for photodynamic therapy? In: Maibach

HI, Bashir SJ, McGibbon A (eds). Evidence-based dermatology. London: BC Decker, 2002: 253–6.

○ **Conference paper in conference proceedings example:**

Harley NH. Comparing radon daughter dosimetric and risk models. In: Gammage RB, Kaye SV (eds). Indoor air and human health. Proceedings of the 7th Life Sciences Symposium; 29–31 Oct 1984; Knoxville, TN, USA. Chelsea, MI: Lewis, 1985: 69–78.

○ **Abstract example:**

Sivaramakrishnan M, Morton C, Wong T, Laube S, Dawe R, Ibbotson S. The use of omalizumab in three patients with solar urticaria. *Br J Dermatol* 2015; 173 (Suppl S1): 90–6. Abstract: PD03.

(Note: There's no need to include the conference details if the paper/abstract has been published. If it hasn't been published, please include the conference details.)

○ **Printed document/monograph available on the web example:**

Young AR. Photobiology. In: Griffiths C, Barker J, Bleiker T, Chalmers R, Creamer D (eds). *Rook's textbook of dermatology*. 9th edn, vol 1. Oxford: Wiley-Blackwell Scientific Publications, 2016. Available at: [www.rooksdermatology.com/](http://www.rooksdermatology.com/) (accessed 26 September 2016).

○ **Web reference examples:**

(We use the following format: Authors and authoring organisations come first. Page heading. Website name [if there is one]. Publication or update date if included. Then 'Available at:' URL and include accessed date in brackets.)

NPS Medicinewise. Topical therapies in dermatology. December 2008. Available at: [www.nps.org.au/publications/health-professional/nps-news/2008/nps-news-61](http://www.nps.org.au/publications/health-professional/nps-news/2008/nps-news-61) (accessed 26 September 2016).

National Institute for Health and Care Excellence. Atopic eczema in under 12s: diagnosis and management. Clinical guideline CG57. June 2007. Available at: [www.nice.org.uk/guidance/cg57](http://www.nice.org.uk/guidance/cg57) (accessed 26 September 2016).

Egan KM. Cobb syndrome. *Medscape*. May 2016. Available at: <http://emedicine.medscape.com/article/1086037-overview> (accessed 2 July 2016).

Peterson MJ. Approach to the differential diagnosis of leg ulcers.

UpToDate. Updated 25 July 2016. Available at:

[www.uptodate.com/contents/approach-to-the-differential-diagnosis-of-](http://www.uptodate.com/contents/approach-to-the-differential-diagnosis-of-)

leg-ulcers (accessed 12 September 2016).

(Note: There is no need to add printed reference details for UpToDate references as they are web references.)

- Where appropriate, please include a list of existing relevant DermNet NZ topics and other authoritative links that might not be references as such (eg, a link to a patient support group, a [Medscape](#) article, an [Online Mendelian Inheritance in Man \[OMIM\]](#) page, or a [MedlinePlus](#) summary) at the end of your article. (Avoid linking to non-authoritative and commercial websites.)

## Figures and tables

- Please submit all figures (photographs, imaging, and some graphics) as best-quality separate JPG files rather than embedding them in your manuscript, but please keep the JPG files under 2 MB in size. Submit any multi-panel figures (ie, with parts labelled a, b, c, d, etc) as one file.
- Number your figures and tables consecutively and provide a descriptive heading/legend for each figure. Please include a list of figure legends within your manuscript.
- File names should include topic title, figure number if several are supplied, and a brief description of the figure (eg, 'Actinic\_keratosis\_fig\_2\_lesions\_on\_nose.jpg').
- Authors must obtain written permission to reproduce borrowed material (illustrations, tables, and photographs), even when Creative Commons applies. Note graphics or photographs downloaded from web pages are NOT acceptable unless accompanied with an expression of permission from the copyright owner. DermNet NZ prefers to use or create original material whenever practicable.
- Patient consent needs to be obtained for any clinical images that identify a patient. Please supply us with a patient consent form for any identifiable images (if needed, you can download and use our [patient consent form](#)). Patients can be identified by jewellery, tattoos, and distinctive marks, as well as from facial views and clothing.
- As DermNet NZ is now accessed via a variety of electronic devices, tables can be difficult to view. As such, please avoid tables in your articles where possible. Where tables cannot be avoided, please supply them as tables in Word as part of your manuscript.

- Any graphs should be supplied as Excel files.

## The issue of authorship

Authorship is important in medical publishing as authorship confers credit and can have important academic, social, and/or financial implications. Authorship also implies responsibility and accountability for published work. As DermNet NZ aims to follow the established international guidelines and recommendations in the medical publishing field, it considers authorship credit to be based on:

1. Substantial contributions to work;
2. Drafting the article or revising it critically for important intellectual content;
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.

Authors should meet conditions 1, 2, 3, and 4.

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

## Change of author affiliation

If an author changes affiliation before their submitted work is published on DermNet NZ, DermNet NZ considers that their affiliation should reflect where the major part of the work was done.

## Manuscript submission

- Please download and complete [our submission form](#).
- Established international guidelines and recommendations in the medical publishing field consider disclosure of potential conflicts of interest to be mandatory. As such, we ask you to download and complete the [International Committee of Medical Journal Editors \(ICMJE\) disclosure of potential conflicts of interest form](#) and send the completed form to us as part of your submission to DermNet NZ.

- Your final submission to DermNet NZ should include your submission form, your manuscript (in the appropriate DermNet NZ Microsoft Word [disease or condition template](#) or a [treatment, product, or procedure template](#)), any additional files required (eg, image files) and a completed disclosure of potential conflicts of interest form.
- Please save your electronic files with useful file names (eg, topic title and/or a description of file contents, author name, and date where possible) and keep a backup of the material submitted.
- All submissions are to be submitted to the Editor in Chief.
- By submitting your article to DermNet NZ, you agree to the terms and conditions of our editorial submission.

## Publication process

- Once accepted by DermNet NZ, all new articles submitted are edited by the Editor in Chief and/or Section Editor, and later peer reviewed by other dermatologists or other experts as appropriate. Your article will also be copy-edited for consistency with house style. The editors will contact you with any queries about your article.
- You will be asked to check the online version immediately once the article goes live on DermNet NZ. Please check you have answered all of the editors' queries and that any amendments made by the editors have not accidentally rendered the material inaccurate.
- Tell us of any minor changes in an email.
- If you do find that substantial changes are required, please copy the article text into a Microsoft Word document, turn on 'track changes' to highlight any changes and indicate where deletions and amendments are necessary.
- Once the finalised version of your article is published online, you can then add the article to your curriculum vitae (eg,  
Publications:  
Shand G. Palmar erythema. DermNet New Zealand. September 2015.  
Available at: [www.dermnetnz.org/topics/palmar-erythema](http://www.dermnetnz.org/topics/palmar-erythema).)



## Related information

### International guidelines and recommendations in the medical publishing field

- International Committee of Medical Journal Editors (ICMJE). Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals. Updated December 2016. Available at: [www.icmje.org/recommendations/](http://www.icmje.org/recommendations/) (accessed 23 December 3016).
- Wager E, Kleinert S. Responsible research publication: international standards for authors. A position statement developed at the 2nd World Conference on Research Integrity, Singapore, July 22–24, 2010. Available at: [http://publicationethics.org/files/International%20standards\\_authors\\_for%20website\\_11\\_Nov\\_2011.pdf](http://publicationethics.org/files/International%20standards_authors_for%20website_11_Nov_2011.pdf) (accessed 23 December 3016).
- Kleinert S, Wager E. Responsible research publication: international standards for editors. A position statement developed at the 2nd World Conference on Research Integrity, Singapore, July 22–24, 2010. Available at: [http://publicationethics.org/files/International%20standard\\_editors\\_for%20website\\_11\\_Nov\\_2011%20%281%29.pdf](http://publicationethics.org/files/International%20standard_editors_for%20website_11_Nov_2011%20%281%29.pdf) (accessed 23 December 3016).

### Downloads

- DermNet NZ Microsoft Word manuscript templates:
  - [Disease or condition template](#)
  - [Treatment, product, or procedure template](#)
  - [General page template](#) (to be used for non-topic pages)
- [DermNet NZ manuscript submission form](#)
- [International Committee of Medical Journal Editors \(ICMJE\) disclosure of potential conflicts of interest form](#)