

Indian Journal of Community and Family Medicine

(Under aegis of Ministry of Health and Family Welfare, Govt of India)



Department of Community and Family Medicine All India Institute of Medical Sciences, Bhubaneswar

A. About the Journal and its scope

Indian Journal of Community and Family Medicine (IJCFM) envisaged during the Community and Family Medicine Conclave held in the National Institute of Health & Family Welfare, New Delhi in December 2013. Approved by the Ministry of Health & Family Welfare, Government of India, it reflects the commitment to promote research and improve health care.

Objectives of the journal

1. To promulgate high quality research carried out in the institutes of national importance.
2. To provide a platform for disseminating information, ideas and innovative developments in the field of Family Medicine and Community Medicine.
3. To serve as an important and reliable source of information for the health professionals, decision makers as well as the general population.
4. To build a strong scientific base for both clinical and public health practices and policies.

IJCFM will cater to the needs of

1. Medical Officers at various levels of health care institutions
2. Faculty members of medical colleges
3. Policy makers at state and national level
4. Functionaries of the National Health Mission
5. Consultants in hospitals and institutions
6. Researchers in academic and other institutions
7. Junior and Senior Residents
8. Non governmental and international organizations
9. Private practitioners
10. Medical Students

The journal will endeavour to encompass all fields of community medicine and family medicine. It will include original research relevant to the practice of medicine at primary care level and public health. There will be case reports that will be relevant to medical officers in general practice. It will also cover the latest diagnostic and treatment guidelines for communicable and noncommunicable

diseases. The section on health policy initiatives can be a forum for disseminating programmatic policies. It will include interviews with doyens of community and family medicine for them to share their vision for healthy nations. It will also strive to share the success stories from various parts of the country and the world, which will serve as inspiration for the readers. The aim will be to range from empowering medical officers at a primary health centre to enrich and inspire the accomplished researchers in academic institutions.

Types of articles:

1. Editorial (by invitation)
2. Review articles
3. Original research
4. Short Communication
5. Case reports
6. Perspective
7. Current Updates
8. Continuing Medical Education
9. Book Review
10. Interviews (by invitation)
11. Health policy initiatives (by invitation)
12. Correspondence
13. News and events
14. Public Health Success stories
15. Student/resident corner

Preparation of manuscripts:

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 2006). Strict guidelines regarding authorship criteria and ethics should be followed.

There should be uniformity of format with equal 2.54 cm margins on all the sides. First lines of the paragraphs should **not** be indented. Font should be Times New Roman, size 12, pages should be justified, double spaced with page numbers on the bottom right corner. Each section should start in a new page. Manuscript should be written in British English.

Cover page: This should contain the title, running title, category of article, authors names and affiliations (not degrees), institution name and address, key words, number of words in abstract and main text, number of tables and figures, source of fund and conflict of interest.

Abstract: for research communication, should be of 250 words and structured as Background, Methods, Results & Conclusion. However it may not be structured in review article, CME, perspectives or health policy initiatives.

Introduction: should be short, specific, relevant and justify the study objectives.

Methods: should talk about all components of research including study design, study participants, study tools and statistics. There should be clear mention of the institutional ethics board approval and informed consent form. For clinical trials, registration number, and where the trial is registered should be mentioned.

Result: Text should not repeat the information in the tables and figures. Figures and tables should be serially numbered, separately in Arabic numbers. It should be in logical sequence and should not consist of inferences.

Discussion: should be in relation to the findings of the study, in view of prevailing situations/conditions or results of other researchers. Results should not be repeated here. Recommendations should be included along with limitations of the study in this section.

Conclusion: should be based on the study findings and comprise of salient points.

References: Listing of references should be in Vancouver style. After six authors, et al should be used. Citation within the text should be in superscript at the end of the sentence. Unpublished work should not be used for reference. Do **not** type the numbers but use bullets for numbering the references. Webpage citations should be accompanied by URL and citation date in parenthesis.

Tables and figures: Tables & figures should be made in Excel and then pasted into word. They should feature after references. Each should be in a new page. Figures should not be in colour. There should be a maximum of three tables and three figures.

Photographs: can be black and white or coloured in jpg/jpeg and TIF/TIFF formats

Word Limits

Original article (Maximum 4000 words)

Review articles: should be structured with relevant headings, which should include background and conclusion. (Maximum 3000 words)

Short Communication (Maximum 2000 words)

Updates & Perspectives (Maximum 1500 words): This will encompass the recent clinical guidelines, updates in the national programmes, opinions and viewpoints toward important clinical, health programmes, educational, policy issues.

Case report (Maximum 1000): They should be reflective of the types of cases seen by a general practitioner or a family physician.

Continuing Medical Education: 2000 words

Book Review/Public Health Success stories/Resident or student corner (Maximum 1000)

Clinical Trial registration

All clinical trials should have been registered in the relevant Clinical Trial Registry to be accepted for publication. Clinical Trial number and date of registration should be clearly mentioned. An unregistered or retrospectively registered trial will not be considered for publication.

Units

Système international units should be used throughout the text.

Drugs

Whenever drugs are mentioned, generic names should be used except when proprietary brands are used. In latter case, first the generic name should be used with manufacturer's name in parenthesis, then the trade name can be used in rest of the manuscript.

Abbreviations

Only well known and accepted abbreviations may be used in the manuscript. Whenever an abbreviation is used for the first time, it should be written in full with abbreviation in parenthesis. Thereafter it can be written as such in rest of the text.

Conflict of interest

Any conflict of interest should be clearly mentioned; whether it be personal, professional or funds are involved.

Funding

Source of funding should be clearly mentioned

Plagiarism

Every manuscript submitted will undergo plagiarism check and if found to be plagiarized, will be either rejected or returned to the authors for amendment, depending upon the quality of the work and the extent of plagiarism.

Authorship

Only those individuals who qualify for authorship should be included in the authors list. They should have made substantial contribution to the article and there should be no gift authorship.

Acknowledgement

Acknowledgment should be given at the end of the manuscript before the references. Those individuals who helped in the research but do not qualify for authorship should be thanked in this section.

Not published previously/submitted elsewhere

The manuscripts will be received, subjected to editorial & peer reviews and accepted for publication on the premise that it has not been published previously nor is it submitted elsewhere for publication.

Copyright

Copyright of the published articles shall lie with the journal and authors will transfer the copyright of their published articles to the journal when they submit the manuscript. Authors will be provided with a copy of the issue in which their article is published. Reproduction of the published material shall require permission of the journal office and acknowledgment.

Please e mail your manuscript to: indjoucomfammed@gmail.com

For potential reviewers

Please send you biodata in the format given below with a consent letter.

Title: Dr/Mr/MS

Name:

Designation:

Department:

Institute/Organization:

Address:

Email:

Phone:

Number of years of experience after postgraduation:

Areas of expertise:

Prefer to review articles in the following areas:

Total number of publication: Indexed journal=

Non-indexed journals=

Number of reviews that can be done per year: