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Sage Journals

Anaesthesia and Intensive Care

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Submission guidelines



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Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned.

Submit Manuscript 

Editorial Policies and Instructions for Authors

Anaesthesia and Intensive Care is the journal of the [Australian Society of Anaesthetists](#) (ASA), the [Australian and New Zealand Intensive Care Society](#) (ANZICS) and the [New Zealand Society of Anaesthetists](#) (NZSA). The Journal is published by the ASA in partnership with Sage. *Anaesthesia and Intensive Care* is an educational journal for those associated with anaesthesia, perioperative and pain medicine, and intensive care medicine, and a means by which individuals may inform their colleagues of their research and experience.

Anaesthesia and Intensive Care is abstracted/indexed in the following databases: MEDLINE/PubMed, Australian Medical Index, EMBASE/Excerpta Medica, Scopus, EMCare and the Sociedad Iberoamericana de Información Científica (SIIC).

Communications should be addressed to:

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Anaesthesia and Intensive Care is a member of the [Committee on Publication Ethics](#) (COPE). The Journal recognises, conforms to, and encourages authors to refer to the [International Standards for Authors and Editors](#) as defined by COPE

Authors are also encouraged to view Sage's [Editorial Policies](#) and [Publication Ethics Policies](#).

Key Information

Access: Subscription

Accepts preprints? No

Identity transparency: Single anonymized

1. Editorial Policies

The mission of *Anaesthesia and Intensive Care* is to publish papers that have educational value and scientific merit for clinicians and researchers associated with anaesthesia, perioperative and pain medicine, and intensive care medicine. The educational value must apply to a wide range of readers and not be limited to a particular region or country, with the exceptions of Australia and New Zealand. The scientific merit will be judged on the novelty of the work, the validity of the methodology and the soundness of the interpretation of the findings.

Papers must have sufficient clinical relevance to be of interest to practising clinicians or clinical researchers. Animal laboratory research or studies of a basic science nature will rarely be accepted.

Submissions to *Anaesthesia and Intensive Care* ("the Journal") will be assessed either by the Chief Editor or an Editor assigned by the Chief Editor. Those submissions (other than correspondence) considered potentially suitable for publication will be sent out for external review.

All papers must represent original work. **The Journal uses plagiarism detection software and reserves the right to inform the authors' institutions if plagiarism is detected.** As plagiarism has implications for all authors included on a paper, all authors should ensure that plagiarism has not been committed.

You must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

The Journal and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. Please read [Sage's complete policy on plagiarism and the actions we may take](#).

The Journal aims to provide a decision (accept, request a revision, reject) within eight weeks.

Manuscripts requiring revision should be resubmitted within three months. The Journal reserves the right to request a new submission, with repeat peer review, should the revision not be resubmitted within six months.

Authors must warrant that the manuscript has not been, and will not be, provided to anyone else to be considered for publication while awaiting a decision from the Journal, unless it is first formally withdrawn from submission and the Chief Editor notified. Authors must ensure that no-one authorises the publishing of, or publishes the whole or a substantial part of, the manuscript unless the Journal confirms to you that it does not intend to publish the manuscript. This does not refer to the publication of abstracts of presentations at scientific meetings, so long as these are clearly identified as abstracts and do not include data that were not presented at the meeting.

For the purpose of publication of the manuscript in the Journal, the editors may amend, style and/or shorten the manuscript. The Journal may request your approval of substantial changes made to a manuscript. If you do not provide your approval, the Journal may decide not to publish the manuscript. The Chief Editor will determine the priority and time of publication of the manuscript, or in their entire discretion, reject the manuscript.

2. Manuscripts

Manuscripts should be prepared in accordance with the International Committee of Medical Journal Editors (ICMJE) [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#), updated 2013.

Papers are accepted on the understanding that no substantial part has been, or will be, published elsewhere. This does not refer to the publication of abstracts of presentations at scientific meetings, as long as these are clearly identified as abstracts and do not include data that were not presented at the meeting. The Editor reserves the right to style and shorten material accepted for publication and to determine the priority and time of publication.

2.1 Author Declaration Form: All papers are to be submitted to *Anaesthesia and Intensive Care* via [Sage Track](#).

IMPORTANT: Please check whether you already have an account in Sage Track before trying to create a new one. If you have reviewed or authored for the Journal in the past year, it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit [ScholarOne Online Help](#).

When authors enter a new submission, the **Author Declaration Form** will be downloadable via the pop-down menu in the upper right of the screen. This is a statement confirming that “All authors affirm that this manuscript is an honest, accurate and transparent account of the study, case or topic being reported; no important aspects have been omitted; and any discrepancies from the study as planned (and, if relevant, registered) have been explained.” (Altman DG, Moher H. Declaration of transparency for each research article. *BMJ* 2013; 347:f4796).

2.1.1 Author Contributions Statement: The contributions/roles of each listed author in the study must be summarised briefly, and will be included in the published paper.

Manuscripts should only be submitted with the consent of all contributing authors. The individual responsible for submitting the manuscript should carefully check that all those whose work contributed to the manuscript are listed as authors.

You will be asked to list the contribution of each author as part of the submission process. Please include the Author Contributions heading within your submission after the Acknowledgements section. The information you give on submission will then show under the Author Contributions heading later at the proofing stage.

We encourage all authors and co-authors ensure their ORCID IDs are linked to their accounts in the submission system prior to article acceptance, as this is the only way to have their ORCID ID present on the published article. **ORCID IDs cannot be added to manuscripts after acceptance/publication.**

- Please note that each co-author must log in to the journal submission system to add their own ORCID ID to their account. To add an ORCID ID, edit your account, click the link when prompted, and sign into your ORCID account to validate your ID. You will then be redirected back to the submission system and your ORCID ID will become part of your accepted publication’s metadata.
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Please refer to Sage’s full [authorship policy](#).

2.2 Registration of clinical trials

Clinical trials must be prospectively registered (prior to recruitment commencing) with a publicly accessible, [WHO-approved](#) Trials Registry as [recommended by the ICMJE](#). In Australia and New Zealand, it is recommended that trials are registered with the [Australian New Zealand Clinical Trials Registry](#). The trial registry name, URL, and registration number must be included at the end of the abstract.

It is recommended that systematic reviews and other retrospective data analyses are registered prospectively with [PROSPERO](#).

2.3 Minimum standards for statistical reporting

Your manuscript **must** follow the relevant [EQUATOR Network reporting guidelines](#), depending on the type of study. The [EQUATOR wizard](#) can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at [NLM's Research Reporting Guidelines and Initiatives](#).

If your research involves animals, you will be asked to confirm that you have carefully read and adhered to the [ARRIVE guidelines](#).

Statistical Analysis

Statistical methods should be presented in sufficient detail for readers to assess the appropriateness of the analysis and to verify the findings if necessary. Authors should refer to standard statistical texts and references for details on statistical analytical techniques and obtain statistical advice where necessary. Particular attention should be paid to the following:

1. Descriptive terms and inferential tests should be appropriate for the type of data being analysed.
2. Inferential tests are not required when data are of a descriptive nature.
3. For clinical investigations, the primary hypothesis should be clearly outlined, and conclusions should relate mostly to this outcome.
4. Secondary and subgroup outcomes should be considered as supportive or hypothesis generating.
5. Inferential tests are not required to compare baseline characteristics in a randomised trial. Descriptive statistics are more appropriate.
6. A power calculation is required for all primary outcomes, specifying the minimum clinically important effect size used to estimate the required sample size for the study. Alternatively, the implications of the absence of a power calculation should be explained in the Discussion.
7. Actual *P* values should be presented for all comparisons (avoid $P < 0.05$, $P > 0.05$ or $P = NS$).
8. For positive findings, emphasis should be placed on the observed effect size and its clinical importance as well as the *P* value.
9. The use of confidence intervals is encouraged.
10. Negative findings should be described as 'not statistically significantly different', avoiding 'no difference'. Ideally a comment should be added about the maximum true effect size that could have been missed.

11. Multiple simultaneous comparisons should be minimised. When present, they usually require a statistical correction. Alternatively, the implications of a lack of correction should be explained in the Discussion.
12. For diagnostic tests, sensitivity and specificity should be presented. For continuous predictors, ideally this should include receiver operating characteristic (ROC) curves.
13. For comparison of measurement methods, the bias and precision should be described.
14. Correlation should be used to describe the degree of association between variables without any assumptions of dependence. Simple regression is used to predict or explain the value of an outcome variable (dependent variable) from another variable (independent variable).
15. For multivariable analyses, to avoid over fitting of data, at least 20 subjects are required for each independent variable when using linear regression, and at least ten outcome events for each independent variable when using logistic or Cox proportional hazards regression. Criteria for entering or removing variables should be described, and ideally these should be based on biological plausibility as well as P values. If adjusted analyses are reported, unadjusted analyses should also be reported. It should be clear whether modelling is intended to be descriptive or explanatory, and the assumptions underlying the analytic technique chosen should be described. If predictive utility is being considered, then the area under the ROC curve and calibration of the model should be reported. The limitations of the analysis should be discussed, including the caveat that the strength of an association between a variable and an outcome is only one of many criteria for causation.

2.4 Reproduction of previously published material

A statement of permission for reproduction from the copyright holder, author or publisher must be provided when any table, figure, or lengthy quotation that has been published elsewhere is included. For further information including guidance on fair dealing for criticism and review, please see the [Frequently Asked Questions page](#) on the Sage Journals Author Gateway.

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Studies on human subjects must comply with the Helsinki Declaration of 1975 and its subsequent revisions, and with the [Australian National Health and Medical Research Council \(NHMRC\) guidelines](#) or other national guidelines of an equivalent standard. A statement affirming ethics committee (Institutional Review Board, Research Ethics Committee) approval must be included in the text and must include the name of the approving body and the approval number and date for the work undertaken. A copy of the approval must be available on request. If applicable, please also include this information in the Methods section of your manuscript.

Audits and other quality improvement activities submitted for publication must have either institutional ethics committee approval or be registered as a quality assurance/improvement activity within the institution. Registration as a quality assurance/improvement activity does not exempt studies from compliance with appropriate ethical guidelines as indicated above, and the full name and institution of the review committee in addition to the registration number must be provided. Authors uncertain as to whether their quality assurance/improvement activity requires ethics committee approval should check the NHMRC's [National Statement on Ethical Conduct in Human Research 2007](#) and, if necessary, obtain written confirmation from their ethics committee that no ethics committee approval is required.

Studies on animals must comply with the NHMRC [Australian code of practice for the care and use of animals for scientific purposes](#) or other national guidelines or codes of an equivalent standard.

2.5.1 Consent to participate

Please include any participant consent information under this heading and state whether informed consent to participate was written or verbal. If the requirement for informed consent to participate has been waived by the relevant Ethics Committee or Institutional Review Board (i.e. where it has been deemed that consent would be impossible or impracticable to obtain), please state this. If this is not applicable to your manuscript, please state 'Not applicable' in this section. More information and example statements can be found on Sage's [Publication ethics and research integrity policies page](#).

2.5.2 Consent for publication

Submissions containing any data from an individual person (including individual details, images or videos) must include a statement confirming that informed consent for publication was provided by the participant(s) or a legally authorized representative. Non-essential identifying details should be omitted. Please do not submit the participant's actual written informed consent with your article, as this in itself breaches the patient's confidentiality. The Journal requests that you confirm to us, in writing, that you have obtained written informed consent to publish but the written consent itself should be held by the authors/investigators themselves, for example in a patient's hospital record. The confirmatory letter may be uploaded with your submission as a separate file in addition to the statement confirming that consent to publish was obtained within the manuscript text. If this is not applicable to your manuscript, please state 'Not applicable' in this section.

2.6 Use of artificial intelligence (AI) tools

Authors who use AI tools or Large Language Models in the writing of a manuscript, production of images or graphical elements of the paper, or in the collection and analysis of

data, must be transparent in disclosing in the Methods (or similar section) of the paper how the AI tool was used and which tool was used. Authors are fully responsible for the content of their manuscript, even those parts produced by an AI tool, and are thus liable for any breach of publication ethics. Artificial intelligence tools cannot be considered or listed as an author of a paper.

Please refer to the following for further information: 1. [COPE Council. COPE position - Authorship and AI](#). 2. [Sage's policy on the use of AI tools](#).

2.7 Preparation of manuscripts

Your article must be within the scope of the Journal and be of sufficient quality. If not, it will not be reviewed. Please read the Journal's [Aims and Scope](#) to see if your article is appropriate.

All papers must be written in English. Standards are the *Oxford English Dictionary*, and Australian/ British English is preferred for spelling.

Manuscripts should be submitted as Microsoft Word documents or equivalent word processing software documents. The corresponding author may receive an email requesting more information and will need to respond to this email before the paper proceeds to the Editor for assessment.

LaTeX files are also accepted. A LaTeX template is available on the [Sage Journals Author Gateway](#).

Your article title, keywords, and abstract all contribute to its position in search engine results, directly affecting the number of people who see your work. For details of what you can do to influence this, read our guidance on [helping readers find your article online](#).

Image files for figures or graphs must be uploaded separately.

Please send any enquiries to: aic.admin@sagepub.co.uk

Authors should familiarize themselves with [Sage's Accessibility Guidelines](#) to ensure their manuscripts meet recognized accessibility standards.

2.8 Title Page

The submission must commence with a Title Page which must list:

- **Title of article**

- A descriptive, accurate, and unambiguous title that includes the topic of the manuscript makes the article more findable in the major indexing services.

- **Full List of Authors and Institutional Affiliations**

- First name, Middle initial, Surname, Qualifications: e.g. MD, PhD, FANZCA etc.
- Institutional affiliations should be indicated with superscript numbers.

- **Affiliated Institutions**

- Primary institution of the author at the time the work was done. (If an author has moved to a new institution since completing the research, the new affiliation can be included in a note at the end of the manuscript – please indicate this on the title page.)
- Position/Job Title, Department, Institution, City and State/Country
- These should be numbered sequentially

- **Corresponding Author contact details**

- Professional postal address
- Email
- Telephone

- **Short Title:** No longer than 60 characters.

- **Conflict of Interest statement:** Authors must declare in their manuscript whether or not they have a conflict of interest, i.e. personal, professional or business affiliation relevant to the paper, as described by the [ICMJE](#). Where a conflict of interest exists, it must be declared, and the ICMJE [Conflict of Interest Disclosure form](#) must be completed and submitted with the manuscript.

For guidance on conflict of interest statements, see Sage's [policy on conflicting interest declarations](#).

If no conflict exists, your statement should read: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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- **Writing assistance and third-party submissions:** if you have received any writing or editing assistance from a third-party, for example a specialist communications company, this must be clearly stated in the Acknowledgements section and in the covering letter. Please see the [Sage Author Gateway](#) for what information to include in your Acknowledgements section. If your submission is being made on your behalf by someone who is not listed as an author, for example the third-party who provided writing/editing assistance, you must state

this in the Acknowledgements and also in your covering letter. **Please note that the Journal Editor reserves the right to not consider submissions made by a third party rather than by the author/s themselves.**

- **Funding statement:** Sources of funding, equipment or other support must be listed under a separate heading, **even if you did not receive funding.** You'll find guidance and examples on Sage's [Funding statements page](#).

- **Ethical approval and informed consent statements:** Please include a section with the heading 'Statements and Declarations' at the end of your submitted article, after the Acknowledgements section. If a declaration is not applicable to your submission, you must still include the heading and state 'Not applicable' underneath. Please note that you may be asked to justify why a declaration was not applicable to your submission by the Editorial Office. Please see section **2.5 Ethical Standards** for details of what your ethical approval and informed consent statements should include.

- **Data availability statement:**

Subject to appropriate ethical and legal considerations, authors are encouraged to:

- Share your research data in a relevant public data repository.
- Include a data availability statement linking to your data. If it is not possible to share your data, use the statement to confirm why it cannot be shared.
- Cite this data in your research.

- **Any other identifying information** related to the authors and/or their institutions, funders, approval committees, etc, that might compromise anonymity

- **Word and Element Counts:**

- Abstract
- Introduction
- Discussion
- Total (excluding References)
- Number of Figures
- Number of Tables
- Number of Appendices
- Number of References

Types of articles considered:

- Original Article
- Review Article
- Correspondence



- Audit
- Survey
- Case Report
- Equipment and Technology
- Editorial
- Point of View
- Special Article
- History
- Cover Note
- Media Review
- Obituary
- Announcements

- **Original article:** These should be divided clearly into the following sections:
 - Abstract
 - Keywords
 - Introduction
 - Methods
 - Results
 - Discussion
 - Acknowledgements (where appropriate)
 - References
 - Figure legends

- Abstract: This should be concise. Subheadings are not required, but it should nevertheless summarise the background and rationale, methods, main results and conclusion. It should only exceed 300 words (approximately) in exceptional circumstances, and with the approval of the Chief Editor.
- At least five keywords should be provided. Keywords can be generated by using the [MeSH on Demand tool](#). Simply insert your manuscript or summary into the field and it will pull some suggested keywords. Include which ones you think are relevant as keywords are used to match appropriate reviewers to your manuscript
- Figures and tables should contain key and essential data for the reader. Larger and more complete datasets and figures should be uploaded and made available as online Supplementary material. Source materials such as protocols, template case report forms, and survey questionnaires should be uploaded and made available as online Supplementary material.
- Randomised clinical trials should comply with CONSORT-SPIRIT recommendations and utilise its associated checklist and flow diagram. In line with recommendations of the ICMJE, since 2011 consideration for publication of clinical

trials requires prospective trial registration in a publicly accessible trials registry at or before the time of first patient enrolment.

- Ethics identifiers and Trial Registry identifiers must be provided in the text. For detailed guidance of what these identifiers should contain, refer to section **2.5 Ethical standards** and section **2.2 Registration of clinical trials**.
- Clinical studies, including case-controlled and cohort studies, should include appropriate statistical analysis to support their conclusions. See section **2.3 Minimum standards for statistical reporting** for guidance on statistical analysis methods.
- **Review articles:** Whether systematic or narrative reviews, these should, through critical analysis, enhance collective knowledge in relation to any specific topic, and not merely summarise current knowledge. Search strategies should be described clearly. Methodology should conform to the [PRISMA](#) (Preferred Reporting Items for Systematic reviews and Meta-Analyses) 2020 statement: An updated guideline for reporting systematic reviews. They should not exceed 10,000 words
- **Correspondence/Letters to the Editor:** Letters are welcomed, and will be considered for publication on their individual merit. The Editor reserves the right to change the style, shorten any letter, and delete any material that is, in their opinion, discourteous or potentially defamatory. Any major revisions required will be referred back to authors for their approval. Letters critical of previously published material may be referred to the original authors for publishable reply. A maximum of six references is allowable. Brief research reports that would not be considered substantial enough for an Original Article can be submitted for consideration for publication as Correspondence. The word limit should be 1,000 words, with one table or graphic and up to six references.
- **Audit:** Clinical audits will be published only if their findings are likely to be applicable well outside the institution or institutions in which they were conducted. Single-centre or single-network audits conducted for quality improvement purposes generally do not meet this criterion, unless their findings are novel or have widespread implications for clinical practice, in which case they may be suitable for submission as Correspondence.
- **Survey:** These must be of sufficient sample size and have a response rate that ensures the findings are representative of the population under study, and that the findings are likely to be widely applicable. See Story DA, Tait AR. Survey Research. *Anesthesiology* 2019;130(2):192-202, 10.1097/aln.0000000000002436.
- **Case report:** These must describe a novel technique, a novel application of a conventional technique or an unexpected finding, and must have educational value. Case reports of unusual conditions or combinations of unusual conditions managed conventionally will not be considered. Case reports that do not require extensive

patient detail should be submitted as Correspondence. Case reports should include a short summary not exceeding 100 words. The case history should be followed by the discussion, and the entire case report should preferably not exceed 1,500 words in length. Similar considerations apply to case series, although a greater length may be accepted. Patients must be completely de-identified. The patient's consent or the consent of next of kin must be obtained before publication and this must be noted in the text. See section **5 Ethical standards** for detailed guidance on research involving human participants, including consent to participate and consent for publication.

- **Equipment and technology:** Articles on the design, function and effectiveness, and/or associated patient outcomes, of equipment or of digital or other technologies used in clinical practice in anaesthesia, perioperative and pain medicine and critical care.
- **Editorial:** These may be invited by the Editor or submitted by authors for consideration for publication, which reflect on a topic of importance for informing clinical practice, or on the implications or interpretation of a published paper in the journal.
- **Point of View:** These are submitted by authors for consideration for publication, which seek to express an opinion on a topic of importance for practitioners in the field.
- **Special Article:** These can include publication of professional or expert practice guidelines or other material of usefulness or importance for informing clinical practice by the profession.
- **History:** Articles on the history of medicine, particularly with reference to anaesthesia, perioperative and pain medicine and critical care medicine.
- **Cover Note:** Articles commissioned by the journal relating to the history of medicine, particularly with reference to anaesthesia, perioperative and pain medicine and critical care, with an accompanying graphic for incorporation as the Journal's cover for a forthcoming issue.
- **Media Review:** Reviews of educational material and other information sources of use to trainees and practitioners to develop skills and enhance clinical practice and patient safety.
- **Obituary**
- **Announcements**

2.9 Formatting

and type, multiple fonts and different point sizes should be avoided. Formatting of title, sub-
running heads etc. will be applied by the Journal production team in the style of the

Journal.

2.10 Abbreviations

Generally, abbreviations should not be used in the title or sub-headings in a manuscript. Where abbreviations are used in the text, they must be explained, written out in full, in parentheses after the first use of the expression in the manuscript.

2.11 Units of measurement

SI (*Système international d'unités*) units should be used, although acceptable units for pressures include mmHg or cmH₂O. Diagonal slashes are acceptable for simple units, e.g. mg/kg; when more than two variables are present, negative exponents should be used, e.g. ml · kg⁻¹ · min⁻¹ instead of ml/kg/min.

2.12 Tables

Tables and appendices should follow after the text. The preferred position of these in the main body of text should be marked with an entry "Insert Table 1 here" etc. Use Arabic numerals to number the tables. Supply a brief title for each table and place explanatory matter in the table legend, not in the heading. Give each column a short or abbreviated heading. Explain all non-standard abbreviations used in the table legend. Standard deviation (SD) is the accepted measure of variation in text and tables.

2.13 Figure legends and figures

Figure legends should clearly summarise the meaning of a figure as a standalone source of data. All abbreviations used in the figure should be explained in the accompanying legend. Letters, numbers and symbols should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Titles and detailed explanations belong in the legends for graphics and illustrations, not on the illustrations themselves.

Figures should be computer-generated, photographed or professionally drawn. Freehand lettering cannot be accepted. Preferred file types are .jpg and .tiff.

A minimum graphical resolution of 300 dpi (pixels/dots per inch) is required. Figures with poor quality resolution or blurring of text will be returned to the authors for correction.

Figures will appear in colour in the online version at no charge. However, the hard copy print issue will be in black and white/grayscale. Ensure the choice of colour and shading of elements in figures allows for a grayscale version of the figure to be easily interpretable by reader of the hard copy print issue.

Figures depicting two dimensions of data should be presented with simple vertical and horizontal axes. Both axes should be clearly labelled including units of measurement where relevant. Three-dimensional representations of such figures may be returned to authors for redrawing. Framing, shading, icons and the use of fanciful typefaces are unacceptable. The graph lines should be at least 0.25 pt in thickness. When symbols, arrows, numbers or letters are used to identify parts of the illustration, identify and explain each one clearly in the legend.

The preferred position of figures in the main body of text should be marked with an entry “Insert Figure 1 here”. Use Arabic numerals to number the figures.

Standard error of the mean (SEM) is acceptable in figures for the sake of graphical clarity, provided that the numbers of observations are clearly stated in the manuscript.

Figures must be uploaded as separate files from the main body of the manuscript in the order an author wishes them to appear in the text. Figure legends should follow after the text in the Word or LaTeX document.

Please ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures, or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the [Frequently Asked Questions page](#) on the Sage Journal Author Gateway.

For further guidance on the preparation of illustrations, pictures, and graphs in electronic format, please read Sage’s [artwork guidelines](#).

2.14 Reference style and citations

The Journal follows the Sage Vancouver reference style. View the [Sage Vancouver guidelines](#) to ensure your manuscript conforms.

Every in-text citation must have a corresponding citation in the reference list and vice versa. Corresponding citations must have identical spelling and year.

Authors should update any references to preprints when a peer reviewed version is made available, to cite the published research. Citations to preprints are otherwise discouraged.

EndNote

If you use [EndNote](#) to manage references, you can download the [Sage Vancouver EndNote output file](#).

Supplemental material

The Journal can host additional materials online (e.g. datasets, podcasts, videos, images etc.) alongside the full text of the article. Your supplemental material must be one of our accepted file types. For that list and more information please refer to Sage's [guidelines on submitting supplemental files](#).

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2.15 Manuscript revisions

Revisions of manuscripts must address all of the comments, questions and criticisms of the reviewer(s) in a formal 'Response to Reviewers' document. This must be done in a point-by-point manner, indicating the response and the wording and exact location of any change(s) made to the manuscript.

Revisions of manuscripts should be submitted as *both* clean and tracked versions, appropriately labelled. Tracking can be done using red typeface or using the tracking function in Microsoft Word.

2.16 Manuscript proofs

Authors of accepted manuscripts are provided with proofs to check for typesetting errors before publication. The corresponding author will be sent an email with the proof attached for downloading and their inspection for errors in typesetting or reproduction. Author queries are also included in the proof, listing items that need clarification or correction, such as details of references. Authors are asked to make these corrections and return the proofs to the Journal office within three days to avoid delay in publication.

Proofs are not provided for abstracts of scientific meetings.

2.17 Reprints

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3. Peer Review Policy

The following summary describes the peer review process for the Journal:

Identity transparency: Single-anonymized

Reviewer interacts with: Editor

Peer review information published: None

Your manuscript will undergo an initial evaluation. If it does not conform to the requirements laid out in these guidelines, it will be returned to you for amendments prior to peer review. Manuscripts may be desk rejected without peer review at this point if they are out of scope for the Journal or otherwise unsuitable.

After passing the initial evaluation, your manuscript will then be peer reviewed. You can log into [Sage Track](#) at any time to check the status of your manuscript. We will notify you when a decision has been reached.

The Journal adheres to an anonymized peer review process in which the reviewer's name is routinely withheld from the author unless the reviewer requests a preference for their identity to be revealed. Two independent reviews are required for a manuscript to reach a Revise or Accept decision, with the exception of the following manuscript types: Correspondence, Audit, Case Reports, Invited Editorials and Point of View, Cover Note, Media Review, Obituary, and Announcements.

To ensure the integrity of the peer review process we assign reviewers and cannot accept author recommendations.

All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and recommendations to the Associate Editor who then makes a decision in collaboration with the Editor. The Chief Editor makes the final decision on all manuscripts, including those appearing in a special issue or special collection. The Chief Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the Journal. In these cases, the peer review process will be managed by alternative members of the Board and the submitting Editor/Board member will have no involvement in the decision-making process.

The Journal has an Editorial Board who may serve the Journal as external peer reviewers. Members of the Editorial Board are active researchers in the field and selected based on strict criteria, ensuring they possess the necessary expertise and experience. The Chief Editor may use one Editorial Board Member as a reviewer for each manuscript, and will then reach beyond this pool to include additional reviewers to meet the required number before a decision can be made. This ensures a comprehensive and robust peer review process, aligning with our commitment to publish the most credible and valid research. Care is taken not to invite any Editorial Board Member that has any potential conflict of interest with any author of the paper.

As a COPE member we engage with multiple forms of post-publication discussion in line with wider guidance from Sage: [Commentaries, Critiques and Responses](#).

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