

## Contributing

*Diversity in Health and Care* (formerly *Diversity in Health and Social Care*) is an international peer-reviewed journal for all those concerned about, or involved in, the equitable provision of healthcare and services for members of diverse social groups and settings in all countries in the world. The scope of the journal encompasses research, teaching, practice and management. Papers that compare and contrast similar issues in different countries are encouraged. In particular, the journal welcomes papers about health and care in relation to race, culture and ethnicity, religion and religious affiliation, sexuality and underserved and marginalised populations. Papers may present qualitative or quantitative research or put forward arguments for debate. Less formal papers, for example, those dealing with diversity issues in practice are also welcome; these may represent a single or multi-professional perspective or the views of service users.

Papers should be submitted electronically at [dhc@radcliffemed.com](mailto:dhc@radcliffemed.com), in Microsoft Word format, for peer review. An acknowledgement of receipt will be sent via email. Feedback is normally provided, via email, within 6–8 weeks.

**Guest editorials** are usually commissioned but other submissions are encouraged. Please contact the editors to discuss a particular topic. Guest editorials should be between 750 and 1500 words in length.

**Research papers** may address any aspect of equality and diversity in health or care with reference to race, culture and ethnicity, gender, age, sexuality or disability and underserved and marginalised populations in all parts of the world. Qualitative and quantitative research, including evaluative studies and methodological debates are welcomed. Editors and reviewers look for high-quality papers in which the aims, literature review, methodology and findings are clearly presented with a robust discussion applicable to an international readership and which include, where appropriate, the implications of the research for practice. Research papers should normally be between 2000 and 6000 words in length.

- **Ethics:** Authors are advised to ensure that ethical issues in their research have been clearly identified and that a statement about ethical review, where this was required, and the name of the Research Ethics Committee/Institutional Review Board/equivalent concerned is included.

**Debate papers** should aim to promote discussion about some aspect of equality and diversity in healthcare with reference to race, culture and ethnicity, religion and religious affiliation, sexuality and underserved and marginalised populations. Papers on topical and contentious issues are particularly welcome. Editors and reviewers look for high-quality papers in which the aims, literature review, methodology and findings are clearly presented with a logical and robust discussion applicable to an international readership. Debate papers should normally be between 2000 and 5000 words in length.

**Practice papers** should aim to provide insight into new developments in practice, examples of competent practice or discuss particular areas of concern in relation to providing equitable healthcare and services for members of diverse social groups and settings. Papers that address the equitable provision of services and care from a management perspective are also welcome. Editors and reviewers look for high quality papers in which the aims are clearly set out and discussed with reference to relevant literature and contemporary developments in practice. Practice papers should normally be between 2000 and 5000 words in length.

**Education papers** should discuss research or developments concerned with improving the teaching or training of health and care professionals, either in initial training or at advanced and continuing professional development levels, in respect of the themes of the journal. We particularly welcome papers that can show a connection between improved education and better outcomes for service users, and can accept both research and 'good practice' papers. The standards required are as for 'Practice papers' and will be equally subject to peer review.

**Did you see?** This feature provides a review of research or debate articles that have been published elsewhere but which may be of interest to readers. Please contact Dr Nisha Dogra at [ND13@leicester.ac.uk](mailto:ND13@leicester.ac.uk) to discuss articles for this feature. Did you see? papers should be between 1000 and 1500 words in length.

**Knowledgeshare** items may include book, website, video and other resource reviews and papers, from all parts of the world, about specific initiatives to improve practice. Conference reports are also welcomed. Please contact Professor Lorraine Culley at [lac@dmu.ac.uk](mailto:lac@dmu.ac.uk) to submit items for this feature.

## General information

- All manuscripts should be typed in double-line spacing with a margin of 3 cm all round and pages numbered consecutively.
- The first page of the paper should contain the title, author(s), name(s) and an address for correspondence. Each author should indicate his/her professional discipline, current appointment and qualifications. The address of the corresponding author will be printed with the paper (if published) unless you request that it is omitted. Where there is more than one author, a covering letter should make it clear that the manuscript has been seen and agreed by all the authors.
- Papers should be submitted electronically as Word files to [dhc@radcliffemed.com](mailto:dhc@radcliffemed.com). An acknowledgement of receipt will be sent to the corresponding author.
- All material submitted for publication will be subject to anonymised external peer review by two reviewers. Papers are assumed to be submitted exclusively to the journal and duplicate publication is not

acceptable. Where reviewers disagree an additional anonymised review may be sought. In some cases a specialist review may be sought e.g. in relation to statistics.

- Reviewers advise on the originality, style, ethical issues and scientific merit of the paper and the editors, with advice from the editorial board, will decide on publication. All feedback from reviewers is scrutinised by the editors who follow an agreed protocol for accepting or rejecting papers and for recommending revision. Detailed anonymised feedback is given following review and is sent via email.
- Papers that are outside the remit of the journal, that do not comply with the guidance here or are judged to be unsuitable by the editor will be rejected without peer review.
- The turnaround time for papers is normally six to eight weeks from submission to decision.
- Dates for resubmissions are arranged individually when feedback is given to the author but is normally about four to six weeks from that point. When resubmitting articles, the revisions annotated should be highlighted and annotated. A covering letter describing the changes made should also make it clear that the final manuscript has been seen and approved for publication by all authors.
- The editors maintain records of each paper and conduct an annual audit of their procedures for dealing with papers so that improvements can be made as necessary.
- The editors reserve the right to make minor adjustments and, if necessary, to shorten the article without changing the meaning.

## Ethical issues

The focus on diversity means that this journal has a strong commitment to human rights and equality in all aspects of health and care in relation to race, culture and ethnicity, religion and religious affiliation, sexuality and underserved and marginalised populations. Authors are, therefore, asked to ensure that their articles reflect the ethical and legal principles outlined in their professional codes of practice, relevant legislation and current standards of good practice. We also scrutinise the use of language to ensure this is appropriate and non judgemental or stigmatising.

- *Diversity in Health and Care* upholds the ethical principles of the Committee on Publication Ethics (COPE) which are available at <http://www.publicationethics.org.uk/guidelines/code>.
- Authors are referred to the need to conform to the Declaration of Helsinki and to provide confirmation that research involving human participants has been approved by a named Research Ethics Committee.
- Authors are also asked to declare that the paper has not been submitted elsewhere for publication and that duplicate publication has been avoided.

- The following declarations should be made at the end of the article before the references: 'ethical approval(s)', 'acknowledgements', 'source of funding' for the study, and any 'conflict of interest'. This includes ownership of shares, consultancy, speaker's honoraria or research grants from commercial companies or professional or governmental organisations with an interest in the topic of the paper. If in doubt, disclose. Papers should carry an explicit reference to any external sources of support (financial or other) were used, especially if they may be thought to have significantly affected the conduct of the research
- Authors are asked to make clear, where relevant, that patient consent has been obtained and how this was done. Authors are also asked to make clear that all reasonable steps have been taken to maintain patient confidentiality, and if relevant, that Animal welfare has been protected.
- Once submitted authors are assured that the material under consideration will be kept confidential.
- Authors have the right to appeal against editorial decisions. Once an appeal is lodged, this will be dealt with by an editorial board member who has not been involved in the editorial progress of the paper in question.
- Misconduct is investigated and acted on according to COPE guidance.

## Style and presentation of articles

### Style

- Topics within the remit of the journal should be presented clearly and concisely and must be written in a gender-free, non-discriminatory style.
- Each paper should be submitted as a Word file that contains the following.
  - The first page of the paper should contain the title, the author(s) name(s) and an address for correspondence. Each author should indicate his/her professional discipline, current appointment and qualifications. The address of the corresponding author will be printed with the paper (if published) unless you request that it is omitted. Do not repeat any of this information at the end of the paper.
  - The second page should present two box headings. The first should contain a maximum of three statements outlining what is known about the subjects already. The second should contain a maximum of three statements about what this paper adds to current knowledge or discourse on the topic.
  - The third page should present an abstract of a maximum of 300 words that sets out the topic, the aims of the paper, the main

features and the conclusions. In research papers the abstract should make clear the design and setting of the study.

- The abstract should be followed by a maximum of five key words for indexing.
- Following the abstract the paper should begin with an introduction.
- Tables and other illustrations should be placed in a separate file(s).
- Do not add headers or footers.
- Do not use footnotes.
- When first using abbreviations in the text, the term or name the author wishes to abbreviate should be spelt out in full with its abbreviation in brackets. Thereafter the abbreviation can and should be used. Abbreviations should be in capital letters and unpunctuated.
- Subheadings are encouraged, when suitable, to break up the text as well as to improve readability.
- Written permission to reproduce previously published material must be obtained in writing from the copyright holder and the original source should be acknowledged.
- The editors reserve the right to make minor adjustments and, if necessary, shorten the article without altering the meaning.

### **Tables, figures and illustrations**

- Tables and other illustrations should be submitted in a separate file(s) and have captions. Where possible these should be word/picture files.
- As far as possible articles should be suitably illustrated but not normally contain more than five tables.
- Tables should not duplicate but rather supplement information given in the text.
- Do not use vertical rules in tables.
- Tables should only be used when data cannot be expressed clearly in any other form. Figures should not duplicate information provided in the text.
- Illustrations may be line drawings or black-and-white photographs of good quality, preferably with a gloss finish. Illustrations will not be returned after publication unless specifically requested. All illustrations are submitted at the owner's risk, the publisher accepts no liability for loss or damage while in possession of the material.

### **References**

The style of referencing is the Harvard system. References should be listed alphabetically at the end of the article. If there is more than one reference in any given year for the same author, then list them as 2003a, 2003b, etc, as they appear in the order of the text. References should be laid out in line with Radcliffe house style:

#### **Journal articles, single author:**

Hipwell A (2008) 'We're not fully aware of their cultural needs': tutors' experiences of delivering the Expert Patients Programme to South Asian attendees. *Diversity in Health and Social Care* 5(4):45–60.

**Journal articles: two/three authors:**

Greenhalgh T, Collard A and Begum N (2005) Sharing stories: complex intervention for diabetes education in minority ethnic groups who do not speak English. *BMJ* 330:628–32.

**Journal articles: multiple authors (list first three then use *et al*):**

Griffiths C, Foster G, Ramsay J *et al* (2007) How effective are expert patient (lay led) education programmes for chronic disease? *BMJ* 334:1254–6.

**Books: single author/editor:**

Willig C (ed.) (2001) *Introducing Qualitative Research: adventures in theory and method*. Buckingham: Open University Press.

**Books: two/three authors/editors:**

Benson J and Thistlethwaite J (2008) *Mental Health Across Cultures: a practical guide for health professionals*. Oxford: Radcliffe Publishing.

**Books: Multiple authors/editors (list first three then use *et al*):**

Ngo-Metzger Q, Telfair J, Sorkin DH *et al* (eds) (2006) *Cultural Competency and Quality of Care: obtaining the patient's perspective*. New York: The Commonwealth Fund.

**Chapter in an edited book:**

Smith JA, Jarman M and Osborn M (1999) Doing interpretative phenomenological analysis. In: Murray M and Chamberlain K (eds) *Qualitative Health Psychology: theories and methods*. London: Sage, pp. 218–40.

Cross-referencing should be inserted in parentheses in the text, in full for single or dual authors (Smith and Eades, 2003) but abbreviated (Owen *et al*, 1999) for multiple authors.

Information taken from unpublished papers, personal communications and observations should only be included in the text and not referred to as a formal reference.

Authors are responsible for the accuracy of their references.

Website addresses should indicate the latest date on which the site was accessed.

## Edited text and proofs

The editors will agree the final version of the paper with the corresponding author. Where more than one author is involved a covering letter describing

the changes made should also make it clear that the final manuscript has been seen and approved for publication by all authors.

Proofs in pdf format will be emailed to the author submitting the paper and must be returned promptly. This will allow correction of printers' and similar errors. Major changes will not be entertained and authors may be charged for excessive amendments at this stage.

## **Correspondence and enquiries**

All written correspondence should be addressed to:

Professor Paula McGee and Professor Mark Johnson  
Faculty of Health  
Birmingham City University  
Edgbaston Campus  
Westbourne Road  
Edgbaston  
Birmingham B15 3TP  
UK.

For further information contact:

Professor Paula McGee  
Tel: +44 (0) 121 331 6127; email: [paula.mcgee@bcu.ac.uk](mailto:paula.mcgee@bcu.ac.uk)

or

Professor Mark Johnson  
Tel: +44 (0) 116 201 3906; Email: [mrdj@dmu.ac.uk](mailto:mrdj@dmu.ac.uk)