Guidance for prospective authors

The CE Bulletin is a peer-reviewed publication with referees drawn from the Post-CCST (ST4) members of the TGG. The referees' reports are fed back to authors and utilised by the editors to recommend amendments as well as decide upon inclusion.

- **All submissions** should be submitted using the CEB Submission Template (Word.doc). **(Email as attachment with covering letter to the Editor)**
- Tables and graphs must be formatted accordingly.
- Arial Font (size 10) should be used
- Articles should be limited to a maximum of 1500 words (excluding references)

Audit format headings (Adapted and modified from Template for Clinical Audit Report (July 2012), Healthcare Quality Improvement Partnership (HQIP)**.**

1) **Project title** (No more than two sentences and should clearly and concisely state the focus of the project. Where applicable the following should be included in the title: re-audit or if audit was undertaken on a national, regional or local basis)
2) **Project lead and other staff members involved** (The full name, title and base of the designated project lead (the person with overall responsibility for the project) and other staff members involved. Please state each member's involvement in the clinical audit e.g. design, data collection, presentation etc.)
3) **Background/rationale** (Briefly describe the reasons for undertaking this clinical audit with appropriate references)
4) **Aim and objectives** (State what you need the audit to tell you/what you hope to identify. Objectives should be identified from the outset of the clinical audit project and SMART; specific, measurable, achievable, realistic and timely)
5) **Standards/guidelines/evidence base** (What standards and guidelines have you compared practice against? What criteria have been used? Please specify the full title, reference and source of the criteria)
6) **Sample and data source** (Which patients are you identifying and from which time period has the sample been selected? Specify the total sample size/population and detail how you achieved the sample selected for clinical audit purposes (methods) and include justification for your sample size e.g. inclusion/exclusion, random sample, stratified sample etc. Describe how you identified your sample; (e.g. clinic codes, registers (e.g. theatre logs), computer records, prospectively at an appointment, upon presentation etc.)**.** Which data are utilised in the clinical audit? e.g. health records, x-rays, patient questionnaire)
7) **Audit type** (Specify if your clinical audit is criterion, indicator-based, patient survey, etc. and either retrospective or prospective)
8) **Methodology** (Describe how the clinical audit was undertaken. Include the following *if applicable*: establishing the project team, developing and piloting a data collection tool, how data were obtained e.g computer system, patient health records, prospectively/retrospectively, data validation, data analysis, detail the packages used, e.g. SPSS, MS Excel). ***The description of the methodology should be sufficient to allow the clinical audit to be replicated by someone who had no previous involvement or knowledge of it.***
9) **Findings** (Document key results of the audit. The results should be reported in relation to the audit standards)
10) **Observations** (Detail any key themes arising from the analysis of data or any other data/information gained as part of the audit process. Ensure your observations are supported by the project findings, existing evidence and include the key points Definitions of good practice and areas of practice requiring improvement should be determined by the project team (if used)
11) **Recommendations** (Recommendations should be made and based on the clinical audit findings and any other relevant finding identified during the course of undertaking the clinical audit project. The authors' plans for implementation of findings to change practice as necessary, or to audit further should be described.

Incorporate SMART (Specific Measurable Achievable Realistic Timely) principles in all recommendations)

12) **Acknowledgements (If applicable)**
13) **References (maximum 10 per submission).** Authors are responsible for accuracy and appropriateness of references. Any references must be numerically referenced from the text in superscript e.g.[1] References should follow the Vancouver style and appear at the end script under their own section as detailed above and arranged alphabetically.

1. Bisgaard ML, Fenger K, Bulow S, Niebuhr E, Mohr J. Familial adenomatous polyposis (FAP): frequency, penetrance, and mutation rate. Hum Mutat 1994; **3**: 121-125

2. Smith J, Brown A. Results of superb treatment. J Orthodont Surg 2002; **59**: 103-106

Graphs and charts

1) Present data in table format and appropriate charts such as bar and pie charts where possible using Microsoft Excel. **Please submit as separate Excel files and not embedded into the word document**
2) Have a concise accompanying legend. e.g. Figure 1. Result of treatment
3) The legend should be included in the main text rather than in the figure itself and should be in **bold**.

Tables

1) Presented using Word.doc format. **Please submit as separate file(s) and not embedded into the word document**
2) Have a concise accompanying legend. e.g. Table 1. Number of appliances
3) The legend should be included in the main text rather than in the figure itself and should be in **bold**.

For the purposes of publication, figures (graphs and tables) should be limited to a maximum 3 per submission