

EUROPEAN UNION OF MEDICAL SPECIALISTS

European Medical Specialist Review

Instructions for Authors

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These guidelines conform to ICMJE Recommendations (January 2026) and COPE standards

At a Glance

The EMSR is the official peer-reviewed journal of the European Union of Medical Specialists (UEMS). It publishes original research, reviews, position papers, guidelines, and commentary relevant to medical specialists across Europe. All submissions are evaluated for scientific quality, clinical relevance, and editorial integrity in accordance with international publishing standards.

Key requirements:

- Manuscripts must be original and not under concurrent consideration elsewhere
- Authorship must comply with all four ICMJE criteria
- All conflicts of interest must be declared using the ICMJE disclosure form
- Research involving humans or animals must include ethics approval statements
- Use of AI tools must be disclosed; AI may not be listed as author
- Clinical trials must be registered prior to participant enrolment
- References must follow Vancouver style

1. General Information

The European Medical Specialist Review (EMSR) is the official peer-reviewed journal of the European Union of Medical Specialists (UEMS). It publishes articles relevant to medical specialists across Europe, with a focus on clinical practice, health policy, specialist training, and European healthcare systems.

The EMSR publishes both peer-reviewed and non-peer-reviewed content. All submissions must be original, not previously published, and not under consideration elsewhere at the time of submission.

All manuscripts must be written in clear, professional English. Authors whose first language is not English are strongly encouraged to have their manuscript professionally edited before submission. Manuscripts with significant language deficiencies may be returned without review.

The EMSR follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals issued by the International Committee of Medical Journal Editors (ICMJE, January 2026 edition).

IMPORTANT: Reporting Guidelines

The *European Medical Specialist Review (EMSR)* requires authors to comply with internationally recognised reporting standards to ensure transparency, completeness, and scientific rigor.

Authors must submit the appropriate reporting guideline checklist at the time of manuscript submission:

- **CONSORT** — for randomised controlled trials
- **PRISMA** — for systematic reviews and meta-analyses
- **STROBE** — for observational studies
- **STARD** — for diagnostic accuracy studies

Checklists can be downloaded from the **EQUATOR Network**:

<https://www.equator-network.org>

Authors should indicate the page numbers where each checklist item is addressed in the manuscript.

Submissions that do not include the appropriate checklist will be returned prior to peer review.

2. Manuscript Types

2.1 Peer-Reviewed Articles

- Original Research – Reporting new empirical findings from primary data collection
- Review Articles – Systematic or narrative reviews of existing literature
- Position Papers – Official or expert positions on clinical or policy issues
- Guidelines and Recommendations – Evidence-based clinical or professional guidance
- Case Reports – Clinically significant individual patient cases

2.2 Non-Peer-Reviewed Articles

- Editorials – Commentary by editors or invited experts on current issues
- Opinion Pieces – Perspective articles from named authors
- Reports and Updates – News, policy updates, and institutional communications

3. Manuscript Preparation

3.1 File Format

- Submit manuscripts in Microsoft Word format (.doc or .docx)
- Use a single-column layout with no complex formatting or embedded styles
- Font: Times New Roman, 12 pt, with 1.5 line spacing
- Margins: 2.5 cm on all sides; page numbers at bottom right
- Do not embed figures in the main document — submit as separate files

3.2 Manuscript Structure

Peer-reviewed original research articles must follow the IMRAD structure:

- Title Page
- Abstract (structured, 150–250 words)
- Keywords (3–6 terms)
- Introduction
- Methods
- Results
- Discussion
- Conclusion
- Declarations (Conflict of Interest, Funding, Ethics, Data Availability, AI Disclosure)
- References (Vancouver style)
- Tables and Figures (at end or as separate files)

Review articles, position papers, and guidelines may use alternative structures, provided that methodology, evidence base, and conclusions are clearly presented.

3.3 Title Page

The title page must include:

- Full article title (concise and informative; include study design for clinical trials and systematic reviews)
- Full names of all authors (given name and family name)
- Institutional affiliations for each author (department, institution, city, country)
- ORCID iDs for all authors where available
- Corresponding author: full name, institutional address, and email address
- Word count (excluding references, tables, and figures)
- Number of tables and figures

- Clinical trial registration number (where applicable)

3.4 Abstract

- Structured abstracts are required for Original Research articles
- Structured headings: Background, Objectives, Methods, Results, Conclusions
- Unstructured abstracts (150–200 words) are acceptable for reviews and position papers
- Abstracts must not contain references or undefined abbreviations
- Clinical trial registration number must appear at the end of the abstract

3.5 Keywords

Provide 3–6 keywords relevant to the article content. Use MeSH (Medical Subject Headings) terms where possible to aid indexing.

4. Authorship

Authorship must comply with the criteria established by the International Committee of Medical Journal Editors (ICMJE). All individuals listed as authors must meet all four of the following criteria:

- Substantial contribution to the conception or design of the work, OR to the acquisition, analysis, or interpretation of data
- Drafting the article or reviewing it critically for important intellectual content
- Final approval of the version to be published
- Agreement to be accountable for all aspects of the work, including the accuracy and integrity of any part of the work

Individuals who contributed to the work but do not meet all four authorship criteria should be acknowledged in an Acknowledgements section, not listed as authors.

Ghost authorship (unnamed individuals who made substantial contributions) and gift authorship (naming individuals who did not meet authorship criteria) are considered serious breaches of publication ethics and may result in rejection or retraction.

Changes to authorship (additions, deletions, or reordering) after submission require written justification and must be approved by the Editor-in-Chief. All listed authors must provide written consent to any such changes.

Corresponding Author Responsibility

The corresponding author is responsible for ensuring that all authors have agreed to the submission, that authorship criteria have been met, that all declarations are complete and accurate, and for managing all communications with the journal on behalf of co-authors throughout the review and publication process.

5. Conflict of Interest

All authors must disclose any financial or personal relationships that could be perceived as influencing the work, whether or not they believe those relationships to have influenced the manuscript.

All authors are required to complete the ICMJE Conflict of Interest Disclosure Form, available at www.icmje.org/disclosure-of-interest/. Completed forms must be submitted alongside the manuscript.

Relevant interests to disclose include, but are not limited to:

- Employment, consultancy fees, or honoraria from organisations with a financial interest in the subject
- Equity ownership or stock options in relevant companies
- Research funding from industry sources
- Patents or patent applications
- Expert testimony
- Personal or professional relationships that may influence the work

If no conflicts exist, authors must state: "The authors declare no conflict of interest."

Editors and peer reviewers must also declare any conflicts that may bias their assessment of a manuscript. Reviewers are asked to decline review invitations where a conflict of interest exists.

6. Ethics and Research Integrity

6.1 Human Participants

All research involving human participants must have been conducted in accordance with the Declaration of Helsinki. Authors must provide a statement confirming:

- Approval by an independent ethics committee or institutional review board (IRB), including the name of the committee and approval reference number
- That informed consent was obtained from all participants (or a waiver was granted, with justification)

If the study was conducted in a country or setting where formal ethics committee review was not required, authors must include a statement to that effect and confirm that the research was conducted in accordance with applicable national guidelines and international ethical principles.

6.2 Animal Research

Research involving animals must have been approved by an appropriate institutional or national ethics body. Authors must confirm compliance with the ARRIVE 2.0 guidelines for reporting animal research and with the principles of the 3Rs (Replacement, Reduction, and Refinement).

6.3 Patient Privacy and Confidentiality

Patient privacy must be protected at all times. Identifying details should be omitted unless clinically essential. Where patients are identifiable in any submitted material (including text, images, or figures), written informed consent from the patient (or their legal guardian) must be provided.

6.4 Clinical Trial Registration

The EMSR requires registration of all clinical trials in a publicly accessible registry prior to enrolment of the first participant, in accordance with ICMJE policy. Acceptable registries include ClinicalTrials.gov, ISRCTN, and WHO-approved registries listed at www.who.int/ictrp.

The trial registration number must appear at the end of the abstract and on the title page. Trials that were not registered before participant enrolment began will not normally be considered for publication.

6.5 Data Fabrication and Plagiarism

The EMSR uses plagiarism detection software to screen all submissions. Manuscripts found to contain substantial unattributed text from other sources will be rejected. Fabrication or falsification of data, or duplicate publication of work, constitutes research misconduct and will be handled in accordance with COPE guidelines.

7. Peer Review Policy

7.1 Process

All peer-reviewed submissions undergo a two-stage evaluation process:

- Editorial screening: The Editor-in-Chief or a Section Editor assesses the manuscript for scope, scientific quality, and compliance with these guidelines. Manuscripts not meeting basic standards may be returned without external review.
- External peer review: Manuscripts passing editorial screening are evaluated by at least two independent expert reviewers with relevant subject expertise.

7.2 Review Model

The EMSR operates a double-blind peer review model: authors are anonymised to reviewers, and reviewers are anonymised to authors. Authors must ensure their manuscript does not contain identifying information in the main text. Identifying details should appear only on the title page.

7.3 Reviewer Selection and Conflicts

Reviewers are selected based on subject expertise. Reviewers must declare any conflicts of interest that could bias their assessment and decline the invitation to review if such conflicts exist. Reviewers are asked to treat manuscripts as confidential and not to share, discuss, or use unpublished findings without the express consent of the authors.

7.4 Review Outcomes

Following peer review, one of the following decisions will be communicated to authors:

- Accept without revision
- Minor revision required
- Major revision required
- Reject with invitation to resubmit
- Reject

Authors will receive the reviewers' comments and are expected to provide a detailed point-by-point response letter when submitting a revised manuscript.

7.5 Appeals

Authors who believe a rejection decision was reached in error may submit a formal appeal in writing to the Editor-in-Chief within 30 days of the decision. The appeal must state clearly the grounds on which the decision is disputed and provide relevant supporting evidence. Appeals are reviewed by the Editor-in-Chief or a senior editorial board member not involved in the original review. The Editor-in-Chief's decision on appeal is final.

8. Use of Artificial Intelligence

The EMSR follows ICMJE policy on the use of AI in publishing (January 2026).

8.1 AI Use by Authors

Authors who have used AI-assisted tools (including large language models and AI-powered writing assistants) in preparing their manuscript must disclose this in the cover letter and in a dedicated AI Disclosure statement within the manuscript. The disclosure must specify:

- Which tools were used
- For what purpose (e.g., language editing, literature search, data visualisation)
- In which sections of the manuscript AI assistance was used

AI tools cannot be listed as authors. Human authors are fully responsible for the accuracy, integrity, and originality of all submitted content, including any material generated with AI assistance. Authors must verify that AI-generated content does not contain factual errors, fabricated references, or plagiarised material.

8.2 AI Use by Reviewers

Reviewers must not upload manuscripts to AI tools or use AI-generated text in their review reports without disclosure to and approval from the Editor-in-Chief. Manuscripts submitted for review are confidential documents.

AI Disclosure Statement Example

"During the preparation of this manuscript, the authors used [tool name] for [purpose, e.g., language editing of the Methods section]. The authors have reviewed and take full responsibility for all content. No AI tool was used in the analysis or interpretation of data."

9. Corrections, Retractions, and Expressions of Concern

9.1 Corrections

The EMSR is committed to maintaining the accuracy of the published record. Where errors are identified in published articles that affect the scientific meaning or reliability of the work, a formal Correction will be issued. Corrections are linked to the original article and clearly identified in the journal.

Authors who identify errors in their published work should contact the editorial office promptly. Corrections to author details (names, affiliations, ORCID iDs) that do not affect the scientific content will be handled as minor corrections.

9.2 Retractions

Articles may be retracted when there is clear evidence of unreliable findings (due to misconduct or honest error), plagiarism, duplicate publication, or other serious ethical violations. The EMSR follows the COPE Retraction Guidelines. Retracted articles remain visible on the journal website with a clear retraction notice, including the reason for retraction.

9.3 Expressions of Concern

An Expression of Concern may be issued where an investigation into potential misconduct is ongoing and the reliability of an article is in question. Expressions of Concern are reviewed and updated when the investigation concludes.

All post-publication concerns should be submitted in writing to the editorial office. The EMSR will investigate all concerns in accordance with COPE guidance and will involve relevant institutions where appropriate.

10. Reporting Guidelines

Authors must follow the appropriate reporting guidelines for their study design. Completed reporting checklists must be submitted alongside the manuscript. Manuscripts that do not comply with the relevant reporting standard may be returned to authors before review.

The following guidelines apply:

- Randomised controlled trials: CONSORT (www.consort-statement.org)
- Observational studies (cohort, case-control, cross-sectional): STROBE
- Systematic reviews and meta-analyses: PRISMA (www.prisma-statement.org)
- Diagnostic accuracy studies: STARD
- Clinical practice guidelines: AGREE II
- Case reports: CARE (www.care-statement.org)
- Qualitative research: COREQ or SRQR

A comprehensive resource for reporting guidelines is available at the EQUATOR Network (www.equator-network.org).

11. References

References must follow the Vancouver referencing style. References are numbered consecutively in the order of appearance in the text and cited using superscript Arabic numerals.

11.1 In-Text Citation

Workforce shortages are increasing across Europe.¹ Studies have confirmed this trend.²⁻⁴

11.2 Reference List Format

Journal article:

Smith J, Brown A, Jones C. Medical workforce trends in Europe. *Lancet*. 2023;401(10383):1234–1241.

Book:

World Health Organization. *Global Health Report*. 3rd ed. Geneva: WHO; 2022.

Book chapter:

Brown A. Healthcare policy in Europe. In: Jones C, editor. *European Health Systems*. London: Springer; 2021. p. 45–67.

Website:

European Commission. Healthcare workforce statistics [Internet]. Brussels: EC; 2023 [cited 2024 Jan 15]. Available from: <https://ec.europa.eu/health>

List all authors when there are six or fewer; when there are seven or more, list the first six followed by "et al." Abbreviate journal names according to MEDLINE/PubMed conventions. Include DOIs for all articles where available.

Authors should avoid self-citation unless directly relevant. References to predatory or pseudo-journals should not be included. Preprints cited must be clearly identified as such.

12. Tables, Figures, and Images

Tables and figures must enhance the manuscript and not duplicate information already presented in the text. All tables and figures must be cited in the text and numbered consecutively in order of appearance.

12.1 Tables

- Created using the Word table function (not images or screenshots)
- Each table must have a clear number (Table 1, Table 2) and a descriptive title above the table

- Abbreviations used in tables must be defined in a footnote below the table
- Tables should be placed at the end of the manuscript or submitted as separate files
- Maximum 5 tables and figures combined (additional material may be submitted as supplementary content)

12.2 Figures and Images

- Each figure must have a number (Figure 1) and a descriptive legend below
- Legends must explain what is shown, define all abbreviations, and provide context for interpretation
- Preferred image formats: TIFF (minimum 300 dpi for photographs; 600 dpi for line art), JPEG, or PNG
- Figures must not be embedded in the Word document; submit as separate high-resolution files

12.3 Permissions and Copyright

Where figures, tables, or images are reproduced or adapted from previously published material, authors must:

- Obtain written permission from the copyright holder prior to submission
- Clearly cite the original source in the figure legend or table footnote
- Include copies of permissions with the submission

12.4 Patient Images

Any image in which an individual may be identified must be anonymised OR accompanied by written informed consent from the patient (or their legal guardian) for publication. Masking the eye region alone is not considered sufficient anonymisation.

13. Word Limits

The following limits apply to the main text and exclude references, tables, figures, and supplementary materials.

Article Type	Word Limit	Max Refs	Max Tables/Figs
Original Research	3,000–4,000	50	5
Review Articles	3,000–5,000	100	8
Position Papers / Policy	2,500–4,000	60	6
Guidelines & Recommendations	Up to 5,000	80	10
Editorials	800–1,200	15	2
Opinion Articles	1,000–2,000	20	3
Reports / Updates	1,000–2,500	30	4
Case Reports	1,500–2,500	30	5

14. Submission Process

14.1 How to Submit

Manuscripts should be submitted via the EMSR online submission system at [Insert submission portal URL] or by email to [Insert editorial email address].

The following items must be included with every submission:

- Main manuscript file (anonymised, without author details in the main text)
- Title page (separate file, containing all author details)
- Completed ICMJE Conflict of Interest Disclosure Forms for all authors, please download here: [ICMJE | Disclosure of Interest](#)
- Completed reporting guideline checklist (e.g., CONSORT, PRISMA): <https://www.equator-network.org>
- Ethics approval statement (or justification for exemption)
- Figures as separate high-resolution files
- Cover letter addressed to the Editor-in-Chief

14.2 Cover Letter

The cover letter must include:

- The title of the manuscript and the article type
- A brief statement of the significance and novelty of the work
- Confirmation that the manuscript is original and not under consideration elsewhere
- Confirmation that all authors have approved the submission
- Declaration of any conflicts of interest or funding sources (if not detailed in the manuscript)
- Any disclosure of prior presentation (conference abstract, preprint)
- AI disclosure (if applicable)

14.3 Initial Editorial Screening

All submissions undergo an initial check for completeness, scope, language quality, and compliance with these guidelines. Manuscripts that do not meet the minimum requirements may be returned to authors without peer review. Authors will be notified of the outcome of the initial screening within 10 working days.

15. Open Access and Copyright

15.1 Open Access Policy

The EMSR is committed to open access publishing. [Insert open access policy: Gold OA / Hybrid / Green OA as applicable.] Article Processing Charges (APCs), if applicable, are detailed at [Insert URL]. Waivers or reductions may be available for authors from low- and middle-income countries.

15.2 Copyright

Upon acceptance, authors grant the EMSR and UEMS a licence to publish and distribute the article. Authors retain copyright to their work under a Creative Commons licence [Insert specific CC licence, e.g., CC BY 4.0]. Authors are responsible for obtaining any permissions required for the inclusion of third-party material.

15.3 Preprints

The EMSR accepts submissions of manuscripts previously posted as preprints (e.g., on medRxiv or SSRN), provided this is disclosed in the cover letter. The preprint must be updated with a link to the published article upon acceptance.

16. Editorial Independence and Advertising

Editorial decisions are made solely on the basis of scientific merit and compliance with the journal's scope and standards. Editorial decision-making is entirely independent of commercial or institutional considerations.

The EMSR may carry advertising or sponsorship, which is clearly distinguished from editorial content at all times. Advertisers have no influence over editorial decisions. Sponsored supplements, if published, are produced under the same editorial standards as regular issues, with full editorial control retained by the Editor-in-Chief.

17. Contact and Further Information

For queries regarding submission, editorial policy, or these guidelines, please contact:

European Medical Specialist Review
European Union of Medical Specialists (UEMS)
Website: www.uems.eu

For guidance on publication ethics, please visit www.publicationethics.org (COPE) and www.icmje.org (ICMJE).

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