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DESCRIPTION

Research in Social and Administrative Pharmacy (RSAP) publishes monthly/twelve times per year, featuring original scientific reports, comprehensive review articles, proposed models, and provocative commentaries in the social and administrative pharmaceutical sciences. Topics of interest include outcomes evaluation of drug products, programs, or services; pharmacoepidemiology; medication adherence; disease management; medication use policy; drug marketing; evaluation of educational paradigms that could impact practice and/or patient behavior; and other topics related to public health in the context of pharmacy or medication use.

RSAP strives to become a widely recognized venue for publishing articles that proffer new models to guide existing research, make methodological arguments, or otherwise describe the results of rigorous theory-building research. Practice and education research are considered, with preference given to papers evaluating theoretical constructs and to those that might shape policy.

AUDIENCE

Researchers in pharmacy practice and medication-use policy, including academicians in pharmacy, public health, medicine, and business and practitioners, clinicians, and consultants

IMPACT FACTOR

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GUIDE FOR AUTHORS

**Manuscript categories**

**Editorials.** Editorials can serve different purposes, but often are in response to a paper published in Research and Social and Administrative Pharmacy, aimed to buttress the arguments proposed, supplement with additional context, or provide a different perspective. Editorial contributions are highly sought by the journal's Editorial Board.

**Research Articles.** Research articles describe experimental or observational investigations that used formal methods for data collection and reporting of results. There are no restrictions on manuscript length or number of citations for Research Articles.

**Research Briefs.** Research articles that can provide their results in a shorter format: they have a maximum of 2,000 words, exclusive of abstract, acknowledgements, figures, tables, and references. This submission type is designed for reports of research that are still of high quality but less comprehensive in scope and potentially not of the multivariate nature typically seen in Original Research articles. The abstract should not exceed 200 words. Manuscripts are permitted to have a maximum of four figures and/or tables and 30 references. These articles are indexed all the same as are Original Research papers.

**Commentaries.** Commentaries are papers on philosophical issues, medication use policies, methodological arguments, or other pertinent subjects. These are extensive pieces built upon a wealth of knowledge, and research and give rise to topics likely much debated in the scientific literature. They papers are accompanied by an abstract written in prose serving to some extent as an executive summary. Many researchers who have been exploring a topic for years are well-positioned to write Commentary pieces, which are often well-references and welcomed by the editorial board. Commentary papers are indexed all the same as are Original Research papers.

**Proposed Models.** Proposed models are comprehensive, well-executed papers that seek to propose and advance for scholarly discourse a model to guide future research or practice in pharmacy or medication use policy. There are no restrictions on manuscript length or number of citations for Proposed Models.

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**Letters to the Editor.** Letters to the Editor serve as a forum for the expression of ideas or for commenting on matters of interest. It is also an avenue for critiquing or expanding on the information presented in a previously published manuscript. Authors are required to identify themselves. The Editor reserves the right to reject, shorten, excerpt, or edit letters for publication.

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protocols meeting these criteria might or might not be subject to peer review. Those not meeting these criteria will be sent for external peer review, particularly to properly contextualize papers for RSAPs stylistic considerations and to maximize its impact for RSAPs audience. The intention of peer review is not to alter the study design. Reviewers will be instructed to check that the study is scientifically credible and ethically sound in its scope and methods, and that there is sufficient detail to instill confidence that the study will be conducted and analyzed properly. RSAP does not guarantee publication of Study Protocol manuscripts. It is expected that the study will have undergone appropriate ethics review prior to submission to RSAP, regardless of funding source. Further, it is expected that protocol manuscripts be submitted prior to completion of data collection and preparation of additional papers.

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For reporting qualitative research

**COREQ**
For reporting qualitative research

**STARD**
For reporting of diagnostic accuracy studies

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- Checklist for cohort, case-control, and cross-sectional studies (combined)
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- Checklist for cross-sectional studies

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**PRISMA-P**
For reporting of systematic review and meta-analysis protocols

**PRISMA-ScR**
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MOOSE
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For reporting protocols for RCTs

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For reporting of studies developing, validating, or updating a prediction model, whether for diagnostic or prognostic purposes.

CHEERS
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The Equator Network (Enhancing the Quality and Transparency Of health Research) provides a

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.
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Results
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The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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A structured abstract accompanies Review, Proposed Model, and Original Research submissions. It should have the following sections: Background, Objective(s), Methods, Results, Conclusions. Commentary papers are accompanied by a prose abstract serving as an executive summary. Abstracts should not exceed 300 words.

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Examples:
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