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April 2024

# Commission Style Guide

# Document Information

## Version history

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## Ownership

Enquiries regarding this document can be made to:

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## Document location

An electronic copy of this document is stored in the Commission’s electronic document management system at TRIM D24-11090.

## Document approval

This document was approved by the CEO on 22 April 2024.

## Date for next review

This document will be reviewed biennially from adoption or as required.

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## Introduction

This Style Guide (Guide) is for anyone who writes or edits documents on behalf of the Australian Commission on Safety and Quality in Health Care (the Commission).

The Guide reflects the [Australian Government Style Manual](#) (AGSM) which is the standard for Australian Government writing and editing.

The **Commission Glossary (D24-11089)** should also be used for consistent use of terms and definitions.

For any areas not covered in this Guide and Glossary, follow the advice in the AGSM. Throughout this document there are links to the AGSM for more detailed advice.

### Writing with clear purpose

Before commencing writing the author must:

- Clearly **identify the primary audience** - who do I want to read this document?
- Establish the **purpose of writing the document** - why should they read this document? What action do I want the audience to take?
- Formulate the **key messages** - what messages do I want to stay with them?
- Select **style and tone** - how can I best communicate to them? What length should the document be? Is there a particular style, language and format I should use?

For more guidance on preparing documents see Tips for preparing documents (**D24-11091**).

# Writing for the Commission

## Tone of voice

The Commission's tone of voice is professional, authoritative, knowledgeable, supportive, helpful and inclusive.

## Referring to the Commission

The first time the Commission is referred to in a document, write the name in full and establish the abbreviation 'the Commission' in brackets – 'Australian Commission on Safety and Quality in Health Care (the Commission)'.

If the document is more than 50 pages long, do this in each chapter or section.

If the document refers to more than one commission, and you need to abbreviate, establish the names of both commissions and their shortened forms. For example, 'The work has involved collaboration between the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the National Mental Health Commission (NMHC).'

## Templates

Visit the [Writing resources](#) section on the Commission's intranet for references relating to publications such as standard copyright text including:

- D22-40120 - TEMPLATE Long Form Word document
- D22-40121 - TEMPLATE Short Form Word document

## Where the Commission differs from the AGSM

The AGSM is the Commission's main source of guidance. The following table describes where the Commission diverges from this guidance:

| Differences between Commission style and the AGSM |   |  |
|---|---|--|
|   | The Commission  | AGSM   |
| <b>Numbers</b>                                    | Spell out one to nine then use numerals   | Numerals for all numbers except zero and one |
| <b>References</b>                                 | Vancouver system  | None recommended                             |
| <b>Block Quotes</b>                               | Use for any quote more than three lines   | Use after 30 words                           |
| <b>Currencies</b>                                 | Spell out million and billion and abbreviate to m and bn at subsequent references without a space between numbers and letters (see page 26) | Use shortened form only in charts and tables |
| <b>Dates</b>                                      | Monday 6 February 2023 or 06/02/2023 (see page 26)  | Several options                              |
| <b>Capitalisation</b>                             | Specific advice for document titles (see page 11)   |  |

|                  |                                     |                        |
|------------------|-------------------------------------|------------------------|
| <b>Year Span</b> | En dashes and hyphens (see page 14) | Advises against dashes |
| <b>Data</b>      | Use as plural (see page 16)         | Not specified          |

## Key reference guides

Use Australian English spelling rather than (for instance) American English spelling, except where the word is part of a title or proper noun.

### Macquarie Dictionary

For non-medical words, use the online *Macquarie Dictionary*, which is available via [the Information Resources and Research library on the Department of Health and Aged Care intranet](#).

**Note:** Do not use the *Macquarie Dictionary* for disease names and medical terms.

### Medical terms – diseases and conditions

For disease names and medical terms, access the *Oxford Medical Dictionary*, via the [Concise Medical Dictionary](#). Automatic log-in is available with your Department of Health and Aged Care credentials. If it is still not clear ask the Clinical or Leadership team.

## Principles of good writing

### Plain language

The Commission produces content ranging from complex scientific reports to infographics.

Key audiences are managers, policy makers, clinicians, consumers, advocates, and healthcare workers across the public and private healthcare sectors at a local, state and national level, many of whom are time poor.

Regardless of the specific audience for a resource, aim to write succinctly and in plain language.

Keep these basics in mind when writing:

- Choose simple, everyday words over jargon and technical or bureaucratic language
- Use active voice
- Do not use five words when one or two will do
- Avoid using capital letters unnecessarily
- Present information in a logical order.

There are online tools available to check readability (that is, the ease with which a person can read and understand the text). Examples of these tools include [SHeLL editor](#), [Fleisch-Kincaid Readability Scale](#), and [SMOG](#).

The Commission has also developed resources to assist in delivering health information to consumers. See the [Health Literacy Fact Sheet](#) for advice on how to review and improve content. See the **Appendix 2** and AGSM for [further advice on plain language](#).

## Active voice

Active sentence construction is simpler, clearer and more concise than passive voice.

In active sentences, the subject goes first, performing the action described by the verb.

### ✓ Active voice

The Commission | will launch | a report next month.  
(subject) (verb) (object)

### × Passive voice

The report | will be launched | next month by the Commission.  
(object) (verb) (subject)

See the AGSM for [detailed advice on using active voice](#).

## Tenses

Choose the correct tense and be consistent – do not switch between tenses.

✓ The Minister **said** the report **was** ‘a textbook example of how a report should be written’.  
(‘Said’ and ‘was’ are both past tense.)

× The Minister **said** the report **is** ‘a textbook example’.  
(‘Said’ is past tense and ‘is’ is present tense.)

## Tenses and indirect speech

To paraphrase a speaker’s comment (that is, change direct quotes to indirect quotes), make sure the tenses agree.

This usually means changing the tenses the speaker used: present tense becomes simple past tense, and past tense becomes past perfect tense.

The following example shows how the tenses switch when changing a direct quote to an indirect quote.

× Speaking about the hospital’s decision to join the Cognitive Impairment Campaign, the CEO of the Sydney Local Health District, John Smith, **said** the campaign ‘**is** a great initiative and one we **are** proud to support. We **have** already made great strides implementing the campaign’s key elements.’

to

✓ Speaking about the hospital’s decision to join the Cognitive Impairment Campaign, the CEO of the Sydney Local Health District, John Smith, **said** the campaign **was** a great initiative and one the LHD **was** proud to support. He added that the LHD **had** already made great strides implementing the campaign’s key elements.

## Inclusion and recognition of Diversity

Use inclusive and culturally appropriate language. Be familiar with current terms and language preferences, as these can change over time. See [Appendix 3](#).

### Disability, impairment and illness

Only refer to a person's disability when necessary and relevant. Do not define the person by their physical or mental characteristics. Use language that recognises their identity.

See [Appendix 3](#) for preferred language and terms.

### Diseases and conditions

Do not write that people 'suffer' from diseases, and do not turn adjectives into nouns when describing such people.

- ✓ People with diabetes
- ✓ People who have diabetes
- ✗ People who suffer from diabetes
- ✗ Diabetics
- ✗ Diabetic people

Note: In the context of chronic disease, 'people' is usually preferable to 'patients'. When discussing acute illness or injury, 'patients' may be more appropriate.

### First Nations and Aboriginal and Torres Strait Islander people/s

Use culturally appropriate and respectful language. This language may change from publication to publication and according to geographical area.

See [Appendix 3](#) for guidance, including on terminology, naming conventions and capitalisation. It explains when to use 'Aboriginal and Torres Strait Islander people', 'Aboriginal and Torres Strait Islander peoples' or 'First Nations people'.

See also the AGSM for detailed advice on writing for and about [Aboriginal and Torres Strait Islander peoples](#).

The Commission has a number of [resources on the intranet](#) to provide guidance on cultural safety considerations for Aboriginal and Torres Strait Islander people.

### Culturally and linguistically diverse groups

People from other cultures whose first language is not English are often referred to as being from a 'culturally and linguistically diverse background' (CALD).

The Commission's communications must reflect and promote cross-cultural awareness.

When planning written content that may be used for particular cultural groups, consult with members of the relevant community about the correct terminology to use.



See **Appendix 3** or the AGSM for [advice on referring to culturally and linguistically diverse groups](#).

## Gender and sexual diversity

Use language inclusive of gender and sexual diversity. See the AGSM for [detailed advice on gender, gendered terms and sexual diversity](#).

# Spelling, grammar and punctuation

## Abbreviations

Try to restrict your use of abbreviations (shortened forms of words) to tables and graphs, or wherever space is limited. Examples include 'cont' (for 'continued'), 'ed' (for 'edition'), 'tel' (for 'telephone'), 'e.g' (for example) and 'no' (for 'number').

Note: Only use the abbreviation 'n/a' (for 'not applicable') in tables or the legends of graphs. Spell it out in footnotes.

See the AGSM for [detailed advice on abbreviations](#).

## Acronyms and initialisms

Acronyms are the first letters (and sometimes other letters) of the words in a term strung together and pronounced as a word (for example, 'AIDS'). Initialisms are similar, but the letters are pronounced individually (for example, 'DNA').

Try to avoid using acronyms, wherever possible.

If you do need to use acronyms or initialisms, spell the term out in full in the first reference and put the short form in brackets. In longer documents, establish it in each chapter or section.

Do not coin an acronym for a little-known organisation if you can avoid it. Instead, give the name at first reference, and then refer to it with an appropriate label such as 'the taskforce' or 'the commission'.

Note: If you use acronyms in a table or figure, spell them out in footnotes beneath the table or figure, even if the acronyms are explained and appear in the text.

See the AGSM for [detailed advice on acronyms and initialisms](#).

## Ampersands

Do not use an ampersand (&) in a heading or body text unless it is part of an organisation's name or other proper noun (for example, 'Johnson & Johnson'). Ampersands may be used in tables, figures, charts, graphs, footnotes, citations and references, if necessary.

## Apostrophes

Apostrophes are used to show possession (for example, 'the Commission's Style Guide') and in contractions to show omitted letters, such as in 'we're' and 'don't'.

See the AGSM for [detailed advice on apostrophes](#).

## Brackets

Brackets are used for adding references, introducing most acronyms or initialisms (for example, 'the Australian Medical Association (AMA)') or inserting Lists

## Run-on lists

Start with lead-in text and a colon. Start each point with a capital letter. Do not add any punctuation at the end of each line, except for a full stop on the last line.

Ensure each point reads logically from the lead-in text.

□ Each organisation participating in the program must:

- Register an intention to participate
- Publish a statement on its website
- Send the department a list of any conflicts of interest.

□ The program has a set of requirements, under which each participant must:

- register your intention to participate
- a statement should be put on its website
- do not forget to send the department a list of any conflicts of interest.

## Standalone sentences

If each point is a standalone sentence, the lead-in sentence ends with a full stop. Start each point with a capital letter and end it with a full stop.

□ The process involved the following key steps.

- Diseases, conditions and interventions were shortlisted, based on cost to the health system, burden of disease and stakeholder priorities.
- The criteria essential for success were identified in the framework.
- A threshold was set to remove unsuitable diseases, conditions and interventions.

□ The process involved the following key steps:

- Diseases, conditions and interventions were shortlisted, based on cost to the health system, burden of disease and stakeholder priorities.
- Identifying criteria in the framework that are essential for a successful framework
- Applying threshold criteria for the removal of diseases, conditions and interventions that are unsuitable.

Note: Keep list points to a maximum of five lines.

## Numbered lists

Use a numbered list if sequence, priority or chronology is important. Also use this type of list if number is integral to the concept, such as in 'the five most important steps to effective report writing'.

You might also use a numbered list if the points won't meet the five-line limit for each entry in a bullet list. If the points are each two or more paragraphs, insert short headings above each point and do not indent the text.

Use Arabic numerals (1, 2, 3, 4 ...) and try to avoid using subordinate points. But if they are necessary, use lower-case letters (a, b, c, d ...).

Include a blank line between the lead-in paragraph and the first numbered point, and a blank line after the final numbered point.

See the AGSM for detailed advice on lists.

Parentheses (to add an aside or additional information, like this).

See the AGSM for [detailed advice on using brackets](#).

## Capitalisation

Use capital letters for proper nouns (names of specific people, organisations or places) and the first letter of a sentence. Do not use capitals for emphasis.

In second references to a policy, strategy or program, shorten the reference and use upper case.

- ✓ 'My Aged Care Workforce Learning Strategy 2023', then 'the Strategy' in subsequent references
- ✗ 'My Aged Care Workforce Learning Strategy 2023', not 'the strategy' in subsequent references

## Document titles

When creating and citing document titles for the Commission, there are rules to follow.

For short report titles, capitalise the first letter of each word (except for short words such as 'of', 'at', 'and' and 'to').

- ✓ *Australian Atlas of Healthcare Variation*
- ✗ Australian atlas of healthcare variation

For longer report names with a subtitle (a colon followed by another phrase), only capitalise the first letter of the first word after the colon, and any proper nouns or acronyms. In subsequent references, drop the subtitle, leaving just the main title in italics.

- ✓ *Health Literacy: Taking action to improve safety and quality*, then *Health Literacy*

- ✗ Health Literacy: Taking Action to Improve Safety and Quality, then Health literacy

For longer report names without a subtitle, put a short form in brackets, and use that for subsequent references.

- ✓ *National Standard for User-Applied Labelling of Injectable Medicines, Fluids and Lines* (the Labelling Standard), then 'the Labelling Standard'

- ✗ National standard for user-applied labelling of injectable medicines, fluids and lines (the labelling standard)', then 'the labelling standard'

Note: Use capitals for both words in hyphenated words unless the second word is an article, preposition or coordinating conjunction.

- ✓ User-Applied Labelling
- ✗ User-applied Labelling
- ✓ Cortisol and the Fight-or-Flight Response
- ✗ Cortisol and the Fight-Or-Flight Response

See examples of first reference and subsequent reference in the table below:

| First reference   | Subsequent reference                   |
|---|--|
| <i>Health Literacy: Taking action to improve safety and quality</i>   | <i>Health Literacy</i>                 |
| <i>Vital Signs 2017: The state of safety and quality in Australian health care</i>  | <i>Vital Signs</i>                     |
| <i>Australian Atlas of Healthcare Variation</i>   | the Atlas                              |
| <i>Second Australian Atlas of Healthcare Variation</i>  | the second Atlas                       |
| <i>AURA 2016: First Australian report on antimicrobial use and resistance in human health</i>   | <i>AURA 2016</i>                       |
| <i>National Standard for User-Applied Labelling of Injectable Medicines, Fluids and Lines (the Labelling Standard)</i>                                  | the Labelling Standard                 |
| <i>National Standard for User-Applied Labelling of Injectable Medicines, Fluids and Lines: Issues register (the Labelling Standard Issues Register)</i> | the Labelling Standard Issues Register |

When citing the titles of books or artistic works, follow the capitalisation used by the creator or publisher.

## Document headings

Only capitalise the first letter and proper nouns in headings in documents. Do not include percentages, inverted commas, ampersands (&), dashes (–) or italics in headings. Generally, do not begin a heading with 'A', 'An' or 'The'. The exception to this is if you need to be precise and removing the definite article changes the meaning. Deleting 'The' in the following example would imply that there are many ways to care for patients and the piece is offering a random selection.

- ✓ The 10 dimensions of good patient care

- ✗ Ten dimensions of good patient care

For more guidance on structuring documents see Tips for preparing documents (D17-5039).

With the exception of the above Commission-specific styles, see the AGSM for [detailed advice on capitalisation](#).

### States and territories

We use lower case when referring to states and territories in general, and capitals when referring to a specific state or territory. Note the following:

- ✓ The Australian Government and state and territory governments
- ✗ The Australian, state and territory governments

The names of certain states should always be spelled out in text, while others can be abbreviated from the second reference.

Note: The adjective for WA:

- ✓ Western Australian
- ✗ West Australian

| Text  | Lists and tables             |
|---|------------------------------|
| Always spell out the names of these states in text: <ul style="list-style-type: none"> <li>• Queensland</li> <li>• Victoria</li> <li>• Tasmania</li> </ul>  | Qld<br>Vic<br>Tas            |
| Spell out the names of these states and territories at first reference, then use the abbreviation for subsequent references: <ul style="list-style-type: none"> <li>• Australian Capital Territory (the ACT)</li> <li>• Northern Territory (the NT)</li> <li>• New South Wales (NSW)</li> <li>• South Australia (SA)</li> <li>• Western Australia (WA)</li> </ul> | ACT<br>NT<br>NSW<br>SA<br>WA |

In tables or text where you need to provide statistics or other details for all states and territories, follow the order in the table. It is based on the order used by the Australian Bureau of Statistics.

| Order of states and territories |     |     |    |    |     |    |     |
|---------------------------------|-----|-----|----|----|-----|----|-----|
| NSW                             | Vic | Qld | SA | WA | Tas | NT | ACT |

### Colons and semicolons

#### Colons (:)

Use colons to introduce:

- Examples and contrasts

- Lists and bullet points
- Block quotes.

See the AGSM for [detailed advice on colons](#).

## Semicolons (;)

Use semicolons sparingly because they can make text appear complicated and hard to read.

Semicolons are used to:

- Link two sentences with closely related information
- Punctuate complex lists where commas won't provide a long pause.

See the AGSM for [detailed advice on semicolons](#).

## Commas

Commas aid clarity by separating sentences into logical parts. They can be used in a list, to mark a parenthetical clause, to set a subsidiary clause apart from a main clause, and to create a signpost.

When deciding where to place commas consider the following:

- Use commas sparingly. If the meaning of a sentence is clear without a comma, do not insert one.
- Rather than inserting a comma to break up a long sentence, create two shorter sentences.
- If two clauses can stand as sentences in their own right, do not link them with a comma unless you can insert a conjunction such as 'and' or 'but'

✓ The Senate debated the Bill at length, but the party whips eventually called for a vote.

'But' is the coordinating conjunction. 'The Senate' and 'the party whips' are each the subjects of a principal clause.

✗ The company closed its Perth office and sacked the chief financial officer.

'The company' closed an office and sacked an executive officer. 'The company' is the subject of both clauses, joined using 'and'.

## Separate items in lists of nouns or adjectives with commas

Use commas between items in a sentence list. Avoid using a comma before the last item in the list.

✓ The delegation visited Brisbane, Canberra and Adelaide.

✗ The delegation visited Brisbane, Canberra, and Adelaide.

## Restrict the use of the Oxford comma

If the last item combines two words or phrases with the word 'and', use a comma before that final item. This use of the comma is known as the 'Oxford comma' or 'serial comma'.

✓ The industries most affected are retail trade, wholesale trade, and accommodation and food services.

The Oxford comma can prevent ambiguity in complex sentence lists. For example, use the Oxford comma before the last item if you are using a defining phrase applicable only to that final item.

See the AGSM for [detailed advice on commas](#).

## Contractions

Do not use contractions, which are shortened words such as ‘can’t’ or ‘we’ll’ or acronyms/initialisms without first spelling out the title.

There is no need, however, to spell out universally recognised shortened written expressions.

- ✓ HIV
- ✗ human immunodeficiency virus
  
- ✓ Pty Ltd
- ✗ proprietary limited

If your main audience is the general public, you may use contractions to create a conversational tone to get your message across.

Some contractions consist of the first and last letters of a word. Follow the capitalisation used in the original word and do not insert a full stop at the end.

- ✓ Dr
- ✗ dr
- ✗ Dr.

Note: The contraction for ‘Commonwealth’ is ‘Cth’.

See the AGSM for [detailed advice on contractions](#).

## En dashes and hyphens

### En dashes (–)

En dashes are longer than hyphens and we use them in spans of figures, time and distance; to set out a parenthetical phrase; or to introduce an explanatory clause.

For year spans, our style is consistent with other health agencies such as the Australian Institute of Health and Welfare. If the span is one year, use two numbers of the second part of the span. For spans of more than one year, use all four numbers. Do not use hyphens or slashes in number spans excepting the use of a slash for financial year statements and reporting.

- ✓ 2022–23
- ✗ 2022–2023

- × 2022-2023
- × 2022/23 (✓ acceptable for reference to financial year in finance reporting)
- ✓ 2022–2028
- × 2022–28
- × 2022-28
- × 2022/28

Excluding the style for year spans, see the AGSM [for detailed advice on en dashes](#).

## Hyphens (-)

Hyphens are used in prefixes and to link compound adjectives before a noun. Usage of hyphens, however, is subject to change. There is an increasing trend for hyphens to be dropped.

### Prefixes

Hyphens link prefixes in words.

- ✓ Pre-cancerous
- × Precancerous
- ✓ Post-operative
- × Postoperative

Some words that used to be hyphenated are now written without a break. Check the *Macquarie Dictionary* if you are unsure about the latest usage.

- ✓ Coordinate
- × Co-ordinate
- ✓ Cooperate
- × Co-operate

Some words retain a hyphen to clarify meaning, or if vowels or consonants are repeated.

- ✓ Re-sign (to sign again)
- × Resign (quit)
- ✓ Co-opt
- × Coopt
- ✓ Pre-empt
- × Preempt
- ✓ Under-researched
- × Underresearched



### Compound adjectives

Use a hyphen to link compound adjectives before a noun.

- ✓ Self-monitoring unit
- ✗ Self monitoring unit
  
- ✓ Disease-free region
- ✗ Disease free region

Take care with compound adjectives that involve three or more words. For example, if referring to a safety incident related to health IT, you could write 'health-IT-related', but it looks cluttered. So, the best approach is to write 'health IT-related safety incident' or leave it as 'safety incident related to health IT'.

- ✓ Non-English-speaking [background]
- ✗ Non-English speaking [background]
- ✗ Non English speaking [background]

Note: Do not use a hyphen in compound adjectives if the first word is an adverb ending in 'ly'.

- ✓ A highly personal choice
- ✗ A highly-personal choice

See the AGSM for [detailed advice on hyphens](#).

### Data

Treat data as plural.

- ✓ The data were ...
- ✗ The data was ...
  
- ✓ The data are ...
- ✗ The data is ...

### Ellipses

An ellipsis (...) is three points inserted in a quotation or sentence to show deleted words. Insert a space either side when using an ellipsis in the middle of a sentence.

See the AGSM for [detailed advice on ellipses](#).

### Exclamation marks

Only use exclamation marks in a direct quote or in material aimed at a specific audience, such as children. If you want to use exclamation marks in other text, discuss this with the Communications team.

See the AGSM for [additional advice on exclamation marks](#).

## Full stops

Insert full stops at the end of sentences and keep sentences as short as possible. This makes content easy to read and understand.

- ✓ Professional associations reacted negatively to the comments by the chair of the inquiry. This presents a headache for the Australian Government because its rejection of previous proposals is causing resentment and feeding perceptions that it is ignoring simpler solutions.
- ✗ Professional associations reacted negatively to the comments by the chair of the inquiry, presenting a headache for the Australian Government because its rejection of previous proposals is causing resentment and feeding perceptions that it is ignoring simpler solutions.

Note:

- Do not put a full stop after honorifics, initialisms, measurements or academic qualifications.
- Put a full stop after Latin and other shortened forms (for example, 'etc.', 'e.g.', 'et al.').

See the AGSM for [detailed advice on full stops](#).

## Italics

Text in italics is harder to read than roman (non-italic) text, so we limit its use to:

- Titles of published works including books and periodicals
- Acts of Parliament
- Artistic works, including books, films and paintings
- Bacterial and viral taxa at the level of genus and species when used together.

See the AGSM for [detailed advice on italics](#).

## Lists

Some bullet lists consist of standalone sentences. Others comprise partial sentences or fragments that 'run on' seamlessly from introductory text. And some lists are numbered.

Use the following guidelines for every type of list.

- Introduce the list with a lead-in sentence.
- When possible, start each point with the same type of word: a noun or a verb (called 'parallel structure').
- Ensure the use of tense is consistent throughout the list.

## Run-on lists

Start with lead-in text and a colon. Start each point with a capital letter. Do not add any punctuation at the end of each line, except for a full stop on the last line.

Ensure each point reads logically from the lead-in text.

- ✓ Each organisation participating in the program must:
  - Register an intention to participate

- Publish a statement on its website
  - Send the department a list of any conflicts of interest.
- × The program has a set of requirements, under which each participant must:
- register your intention to participate
  - a statement should be put on its website
  - do not forget to send the department a list of any conflicts of interest.

### Standalone sentences

If each point is a standalone sentence, the lead-in sentence ends with a full stop. Start each point with a capital letter and end it with a full stop.

- ✓ The process involved the following key steps.
- Diseases, conditions and interventions were shortlisted, based on cost to the health system, burden of disease and stakeholder priorities.
  - The criteria essential for success were identified in the framework.
  - A threshold was set to remove unsuitable diseases, conditions and interventions.
- × The process involved the following key steps:
- Diseases, conditions and interventions were shortlisted, based on cost to the health system, burden of disease and stakeholder priorities.
  - Identifying criteria in the framework that are essential for a successful framework
  - Applying threshold criteria for the removal of diseases, conditions and interventions that are unsuitable.

Note: Keep list points to a maximum of five lines.

### Numbered lists

Use a numbered list if sequence, priority or chronology is important. Also use this type of list if number is integral to the concept, such as in 'the five most important steps to effective report writing'.

You might also use a numbered list if the points won't meet the five-line limit for each entry in a bullet list. If the points are each two or more paragraphs, insert short headings above each point and do not indent the text.

Use Arabic numerals (1, 2, 3, 4 ...) and try to avoid using subordinate points. But if they are necessary, use lower-case letters (a, b, c, d ...).

Include a blank line between the lead-in paragraph and the first numbered point, and a blank line after the final numbered point.

See the AGSM for [detailed advice on lists](#).

## Parentheses

Use commas, round brackets or en dashes for parentheses which are asides or extra information. Typical uses include adding definitions, sources, comments, caveats or short forms of terms or names to be used later.

Parentheses are not suitable for crucial information, and the sentence must still make sense if you ignore the parenthesis.

See the AGSM for [detailed advice on parentheses](#).

## Quotation marks

### Direct speech

Use single quote marks to show direct speech and double quote marks for quotes within quotes. Introduce a quote with a comma.

- ✓ The Minister said, ‘This is a worthwhile report that will be of immense benefit to many people.’
- ✗ The Minister said: ‘This is a worthwhile report that will be of immense benefit to many people’.
- ✗ The Minister said: “This is a worthwhile report that will be of immense benefit to many people”.

See the AGSM for [detailed advice on quotation marks](#).

### Indented quotations (block quotes)

If a direct quote is more than three lines long or more than 30 words, create a separate block quote by indenting the text and inserting a blank line either side. Do not use quote marks or italics. Use single rather than double quote marks for a quote within the indented quote.

- ✓ At a press conference, the Minister welcomed the report:  

The report is of the highest quality and, although it has necessarily taken the expert panel some months to interview the relevant people and establish exactly what happened and why, the result more than justifies the Government’s decision to investigate what the Prime Minister has described as ‘an alarming outcome’ for the affected patients.

## Slashes

Avoid using slashes in the Commission’s documents, except when:

- Providing options such as ‘yes/no’ and ‘and/or’ (try to avoid these)
- Signifying division in a mathematical expression
- Abbreviating a unit of measurement (for example, ‘km/h’ for ‘kilometres per hour’)
- Indicating a financial year in financial reports
- Providing a URL.

See the AGSM for [detailed advice on slashes](#).

## ‘That’ and ‘which’

Use:

- ‘that’ for essential information
- ‘which’, with punctuation, for non-essential information.

It is important to show users whether information is essential or non-essential by using punctuation, for example, commas.

- The farm **that** produces oats is for sale. [The only farm that is for sale is the one that produces oats.]
- The farm, **which** produces oats, is for sale. [The farm, which happens to produce oats, is for sale.]

Choosing between relative pronouns such as ‘that’ and ‘which’ can be a matter of style in some situations, depending on voice and tone. It is the use of punctuation with the relative pronoun that clarifies meaning.

See the AGSM for [detailed advice on common misspellings and word confusion](#).

## Naming conventions

### Personal names

Naming systems are different around the world. For example, in some Asian cultures, the family name comes first. If you are unsure about the naming convention, do some research or find out from someone who knows.

- ✓ Family name
- ✗ Surname
- ✗ Last name
- ✓ Given name
- ✗ First name
- ✗ Christian name

See the AGSM for [detailed advice on using personal names](#) and on [nouns](#).

### Academic and clinical titles

When referring to academics, cite their job title and honorifics at first reference, then use the relevant honorific (such as ‘Professor’, ‘Dr’ or ‘Mr’ for surgeons, depending on their preference).

Clinical titles include the prefix Clinical, Conjoint and Adjunct e.g. ‘Clinical Lecturer’, ‘Clinical Senior Lecturer’, ‘Clinical Associate Professor’ and ‘Clinical Professor’. Use the full title in publications and minutes, then drop ‘Clinical’ and ‘Adjunct’ and/or shorten ‘Associate’.

- ✓ ‘Clinical Associate Professor Jones’ then ‘A/Professor Jones’
- ✓ ‘Clinical Adjunct Professor Jones’ then ‘Professor Jones’ not A/Professor as A/ refers to Associate

- ✗ Prof Jones

In letters, use the full title for the address, and the shortened form for the salutation; for example, in a letter, the address block would be 'Clinical Senior Lecturer Jones', followed by 'Dear Ms Jones'.

Note:

- Some state and territory health departments use the term 'Chief Executive Officer' instead of 'Director-General' or 'Secretary'. Use the organisation's preferred title.
- In letter addresses and signature blocks, always spell out 'Chief Executive Officer' in full.

See the AGSM for [detailed advice on academic and professional titles](#).

## Parliamentarians and ministers

When referring to ministers, shorten 'Honourable' to 'Hon' in all instances. Do not insert a full stop after 'Hon'.

- ✓ The Hon Mark Butler, MP, Minister for Health
- ✗ The Hon. Mark Butler, MP, Minister for Health
- ✗ The Honourable Mark Butler, MP, Minister for Health

Note: The plural forms for Attorney-General and Director-General take an 's' after the first word not the last.

- ✓ Attorneys-General
- ✗ Attorney-Generals
- ✓ Directors-General
- ✗ Director-Generals

See the AGSM for [detailed advice on referring to parliamentarians and councillors](#).

## Government

Only capitalise 'government' when it is part of a proper noun. Use lower case for generic references. See page 12 for state governments.

Only use the 'Australian Government'.

- ✓ Australian Government
- ✗ Federal Government
- ✗ Commonwealth Government

Formal names that are capitalised include:

- ✓ The Cabinet
- ✗ The cabinet

- ✓ The Treasury
- ✗ The treasury
- ✓ The Crown
- ✗ The crown
- ✓ The House (either chamber of Parliament)
- ✗ The house
- ✓ The [federal] Budget
- ✗ The budget

Note: In adjectival or plural uses, use lower case; for example, ‘budget provisions’ and ‘successive federal budgets’.

See the AGSM for [detailed advice on using government terms](#).

### ‘Federal’ and ‘federal’

Use a capital letter if it is part of an official title, but lower case in generic references.

- ✓ The Federal Court of Australia
- ✗ The federal Court of Australia
- ✓ The federal Budget
- ✗ The Federal Budget

## Organisations

Spell out the full name of the organisation at the first reference, following the organisation’s style for capitalisation. If you are using the name again, establish the short form in brackets and use this consistently throughout. Use the organisations preferred short form name.

- ✓ Royal Australian College of General Practitioners (RACGP)

See the AGSM for [detailed advice on organisation names](#).

## Legal material

The AGSM has detailed guidance on citing legal material, ranging from Acts of Parliament to delegated legislation such as by-laws.

See the AGSM for detailed advice on:

- [Acts of Parliament](#)
- [Bills and explanatory material](#)
- [Schedules](#)
- [Delegated legislation](#).

Note: When referring to sections and subsections of Acts in body text, spell them out in full. We prefer not to use the shortened form.

To check the correct titles and short names of Acts and other legislation, go to:

- Commonwealth – [www.legislation.gov.au/](http://www.legislation.gov.au/)
- New South Wales – [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)
- Victoria – [www.legislation.vic.gov.au/](http://www.legislation.vic.gov.au/)
- Queensland – [www.legislation.qld.gov.au/OQPChome.htm](http://www.legislation.qld.gov.au/OQPChome.htm)
- South Australia – [www.legislation.sa.gov.au/index.aspx](http://www.legislation.sa.gov.au/index.aspx)
- Western Australia – <https://www.legislation.wa.gov.au/>
- Tasmania – <http://www.thelaw.tas.gov.au>
- Northern Territory – <http://www.nt.gov.au/lant/parliamentary-business/legislation.shtml>
- Australian Capital Territory – [www.legislation.act.gov.au](http://www.legislation.act.gov.au)

## Numbers and measurements

### Numerals or words

Spell out zero to nine and use numerals from 10 onwards, except at the start of a sentence.

- ✓ The report will be released in two days' time.
- ✗ The report will be released in 2 days' time.
  
- ✓ The health service reported that 10 patients were affected by the incident.
- ✗ The health service reported that ten patients were affected by the incident.
  
- ✓ Ten patients were affected by the incident.
- ✗ 10 patients were affected by the incident.

Use numerals for rates and children's ages.

- ✓ Figures show about 1 in 5 children in the US lives in poverty.
- ✗ Figures show about one in five children in the US lives in poverty.
  
- ✓ 2–4 years
- ✗ two to four years
  
- ✓ Aged 4 years
- ✗ Aged four years

Note: When referring to decimal numbers below one, place a zero before the decimal point.

- ✓ 0.25
- ✗ .25

Insert commas in amounts with four or more digits.

- ✓ 5,000
- ✗ 5000



In millions and billions, use the numeral followed by the word.

- ✓ 10 million
- ✗ Ten million
  
- ✓ 4 billion
- ✗ Four billion

## Ordinal numbers

Spell out ordinal numbers in text up to and including 'ninth', then use numerals for '10th' or more.

- ✓ eighth
- ✗ 8<sup>th</sup>
- ✗ 8th
  
- ✓ 12th (do not use superscript for 'th')
- ✗ 12<sup>th</sup>
- ✗ twelfth

See the AGSM for [detailed advice on ordinals](#).

## Percentages

Use the '%' symbol and numbers, with no space between the number and symbol.

- ✓ 75%
- ✗ 75 per cent

## Being clear

When citing a percentage, be clear about what you are referring to. For example, it is not clear what has improved by 67% in this sentence:

- ✗ The benefits of the program have been rapid, with improvements of up to 67% seen in some areas.

But it is clear here:

- ✓ The benefits of the program have been rapid, with 67% of the 25 hospitals that responded to a survey showing improvements.

## Expressing large increases

In content aimed at the public, be careful when expressing increases in percentages when the thing measured has more than doubled, and particularly if it has trebled or quadrupled.

While an increase of 150% means something has risen by 1.5 times, a 200% increase means something has trebled. But some readers will wrongly interpret the '2' as meaning a doubling.

Avoid using percentages to describe increases of more than 200%. Express the increase in other ways; for example, 'more than trebled', 'increased four-fold' or 'more than quadrupled'.

You can also clarify the meaning by giving the values at both ends of the comparison.

- ✓ Subscriptions to the service have risen strongly, increasing nearly five-fold over the 12-month period from 256 to 1,229.

### Percentage points

Don't confuse percentages and percentage points, which are different. A percentage point is a unit (one-hundredth) of a per cent. So, an increase from 6% to 8% is an increase of 2 percentage points, not an increase of 2% (the percentage increase is just over 33%).

Note: Always use a numeral for percentage points, even when the number is below 10.

- ✓ 4 percentage points
- ✗ Four percentage points

See the AGSM for [detailed advice on percentages](#).

### Describing proportions

Use the terms in the table to help you provide effective and consistent numbers and proportions in your content. The percentages and matching descriptions are based on a list used by the Australian Bureau of Statistics.

The terms are meant for referring to people in a group (either entire populations or cohorts) but are also suitable for measuring other things. Never use any of these terms without also giving the exact percentage, either immediately afterwards in brackets or in a detailed outline soon after an overview.

Bear in mind that with certain simple proportions, simpler descriptions are likely to remain preferred, such as '1 in 5' instead of '20%'.

| Percentage of population (rounded) | Description                                     |
|------------------------------------|---|
| 0                                  | None, no people                                 |
| 1–4                                | Very few  |
| 5–9                                | Few   |
| 10–20                              | Small proportion                                |
| 20                                 | One-fifth, 1 in 5                               |
| 21–22                              | Just over one-fifth, just over 1 in 5           |
| 23–24                              | Almost one-quarter, almost 1 in 4               |
| 25                                 | One-quarter, 1 in 4                             |
| 26–27                              | Just over one-quarter, just over 1 in 4         |
| 28–29                              | A little over one-quarter, a little over 1 in 4 |
| 30–32                              | Almost one-third, almost 1 in 3                 |
| 33                                 | One-third, 1 in 3                               |
| 34–36                              | Just over one-third, just over 1 in 3           |

|       |   |
|-------|---|
| 37–40 | A little over one-third, a little over 1 in 3           |
| 41–44 | A little under one-half                                 |
| 45–49 | Just under one-half, almost one-half                    |
| 50    | Half  |
| 51–54 | Just over one-half, a slim majority                     |
| 55–60 | A little over one-half                                  |
| 61–62 | A little under two-thirds, a little under 2 in 3        |
| 63–65 | Just under two-thirds, almost two-thirds, almost 2 in 3 |
| 66    | Two-thirds, 2 in 3                                      |
| 67–69 | Just over two-thirds, just over 2 in 3                  |
| 70–72 | A little over two-thirds, a little over 2 in 3          |
| 73–74 | Just under three-quarters, almost three-quarters        |
| 75    | Three-quarters  |
| 76–77 | Just over three-quarters                                |
| 78–84 | A substantial majority                                  |
| 85–94 | A vast majority   |
| 95–99 | Almost all  |
| 100   | All   |

## Fractions and decimals

Hyphenate simple fractions when spelling out in text.

✓ One-third

✗ 1/3

Use numerals for decimal places.

✓ 4.2

✗ Four-point-two

See the AGSM for [detailed advice on fractions and decimals](#).

## Currency

Use numerals for money, except for inexact amounts; for example, 'the program is likely to cost several million dollars'.

Spell out 'million' and 'billion' and abbreviate to 'm' and 'bn' at subsequent references, without a space between the number and letter.

✓ \$95 million, then \$95m (second reference)

✗ \$95million

✗ \$95m (in first reference)

In other instances, including when referring to non-Australian currencies, see the AGSM for [detailed advice](#).

## Dates

The standard format is day date month year, without a comma, other punctuation or 'th' or 'st'.

- ✓ Monday 6 February 2023
- ✗ Monday 6 Feb 2023
- ✗ Monday Feb 6th 2023

Note: Use a non-breaking space between the day and month so they stay on the same line.

If a short form is needed, use '0' in front of the day and month, and the four-digit format for the year.

- ✓ 06/02/2023
- ✗ 6/2/2023
- ✗ 6/2/23

## Time

When showing the time, use a space before 'am' or 'pm', and a colon for anything other than an exact hour.

- ✓ 1 pm
- ✗ 1pm
- ✓ 2:30 am
- ✗ 2:30am

See the AGSM for [detailed advice on time](#).

## Units of measurement

Always use numbers and symbols for units of measurement, inserting a non-breaking space between the digit and symbol.

- ✓ 5 km
- ✗ Five kilometres
- ✓ 7.2 kg
- ✗ Seven-point-two kilograms
- ✗ Seven-point-two kg

See the AGSM for [detailed advice on units of measurement](#).

## Common mistakes with numbers

### 'Higher than' and 'as high as'

When describing something as being 'X times higher than' something else, cite the correct multiplication factor.

It is very common to forget to include the first number when calculating the multiplication factor. Take the example of a geographic area with 28 private hospitals and 112 public hospitals. As 28 is one-quarter of 112, it may seem correct to write 'The number of public hospitals is four times higher than the number of private hospitals', but it is not. When making such a calculation, exclude the first figure (28) which is not part of the increase. This leaves the difference (84), which is only three times higher than 28.

Because this is easy to get wrong, it is safer to avoid the 'X times higher than' construction and use 'X times as high as' instead for increases in which a number has more than doubled.

- ✓ The number of public hospitals in this area is four times as high as the number of private hospitals (112 compared with 28), reflecting successive governments' support for tertiary public health services in this region.

### Rates

When referring to rates, avoid saying 'rate per 100,000' or any other number.

A rate is a number expressed as a proportion of a larger number over a specified time period. For example, 'The latest figures show 2 in 3 Australians will be diagnosed with skin cancer by the age of 70'.

- ✓ The age-standardised incidence rate for cancer in 2016 was 467 cases per 100,000 people.
- ✗ The age-standardised incidence rate per 100,000 people for cancer in 2016 was 467.

### Surveys and samples

If you are providing statistics from survey data, make sure you report the results accurately.

Surveys of a sample of a wider population or group offer insights into general experience, assuming the sample is representative and the results apply to the wider population or group.

When reporting the results, attribute them to the surveyed group, not the wider population or group. If the survey method relied on voluntary responses, attribute the results to respondents, not the wider population or group invited to participate.

- ✓ Of the 66 hospitals that participated in the research, 68% reported excellent results.
- ✗ Of the 200 hospitals in the research, 68% reported excellent results.

### Comparisons

Provide a point of comparison when making a statement.

When making a statement comparing one thing with another, include the comparator (the thing being compared against) in the same statement. People often skim reports for parts

they consider relevant to them. If the comparator is two paragraphs away or on the next page, the statement could be read out of context, making it misleading.

- ✓ Health services in western Victoria are more likely to report budget difficulties, compared to health services in eastern Victoria.
- ✗ Health services in western Victoria are more likely to report budget difficulties.

If you are unsure of your explanation of data, seek advice from a colleague with statistical experience, or seek professional advice.

## References

The Commission uses the Vancouver style. This format is widely used in medical literature and is a variant of the requirements specified by the International Committee of Medical Journal Editors.

To align with the Vancouver style, place the citation number as close as possible to the text being referenced. Enter the source details in a bibliographic 'References' section at the back of the document.

Do not put explanations or elaborations in the References list. If you need to elaborate on the information you have referenced and cannot do so in the body text, use a footnote. Note that having too many footnotes can clutter up a document and make it look forbidding. Limit their use and try to avoid them in content aimed at the public.

### Guidelines for attribution

Documents we publish are attributed in different ways.

The Commission can be the attributed author of a publication that reflects our internal expertise and thinking even if the document was written, edited or designed externally. Spell out the Commission's name in full.

For publications that reflect the expertise and thinking of commissioned external authors, whose names appear on the title page, cite those people as the authors. Importantly, this should also be done when an externally written document is placed behind a Commission-written 'Overlay' document and preface.

Note that when the Commission is cited as the publisher rather than the author, its name appears as 'ACSQHC'.

Sometimes, it is necessary to refer in text, footnotes or endnotes to Commission documents that are yet to be published. In this case, use the standard approach for author, title and publisher, but write '(unpublished)' in place of the year (see below for example).

**Authors:** Give authors in the format family name then initials. Use a maximum of two initials. If two authors have the same family name, use full given names.

**Document titles:** Capitalise only acronyms and initialisms, and the first letter of the title, proper nouns and proper adjectives.

**Title unknown:** If an item does not have a title (for example, a photograph), create a title and enter it in square brackets in place of the title.

**Article titles:** Capitalise only the first word of the title and proper nouns, proper adjectives, acronyms and initialisms.

**Journal names:** Use initialisms or acronyms as used elsewhere in the literature (for example, use 'NEJM' rather than 'New England Journal of Medicine'). Abbreviate significant words in a journal name (following precedent), and omit definite and indefinite articles ('A', 'An', 'The'), conjunctions and prepositions. For example, the 'New Zealand Medical Journal' becomes the 'NZ Med J'. Capitalise all words in the journal title.

Note: The names of journals and other publications are not italicised in the Vancouver style.

**Publishers:** Give one location, usually the first named, as the place of publication. In Australia, if it is a capital city, only cite the city; for example, 'Sydney'. If it is not a capital city, cite the state or territory; for example, 'Newcastle (NSW)'. (To abbreviate the names of states and territories, use the advice in the section on 'States and territories').

For the United States and Canada, use the city and abbreviated name of the state (in round brackets) as the location.

For other countries, give the anglicised name of the city where possible and, if clarification is needed, add the name of the country or its ISO country code in round brackets. You can abbreviate the names of well-known publishers and commonly used words in publisher names if desired. If there is more than one publisher, name subsequent publishers in a note at the end.

**Year:** Year of publication.

## In-text citations

Provide an in-text reference if you use:

- A long direct quote
- A short direct quote
- An indirect quote
- Data or research

Vancouver uses Arabic numbers (1, 2, 3 ...), uses superscript – not brackets – and uses the same typeface as the body text.

On 29 November 1973, Bill Hayden, Australia's then Minister for Social Security, rose in the federal Parliament to introduce the second reading of the Health Insurance Bill that would usher in Australia's first universal health insurance system.<sup>3</sup>

Place citations:

- Before any punctuation mid-sentence (such as commas, semicolons, colons or dashes)
- After the full stop at the end of a sentence, with no space either side.

Separate multiple citation numbers in the same spot with commas, with no space between the comma and the next digit.

On 29 November 1973, Bill Hayden, Australia's then Minister for Social Security, introduced the second reading of the Health Insurance Bill<sup>3</sup>, which would turn out to be a pivotal piece of legislation for the Australian health system.<sup>4,5,6</sup>

## Examples of citations

### Commission documents

Australian Commission on Safety and Quality in Health Care. Vital Signs 2016: The State of Safety and Quality in Australian Health Care. Sydney: ACSQHC; 2016.

Baysari M, Richardson L, Zheng WY, Westbrook J. Implementation of Electronic Medication Management Systems in hospitals – A literature scan. Sydney: ACSQHC; 2016.

Australian Commission on Safety and Quality in Health Care. Hip Fracture Care Clinical Care Standard. Sydney: ACSQHC; 2016.

### Documents not in the public domain

Australian Commission on Safety and Quality in Health Care. Cataract Care Clinical Care Standard - Consultation draft. Sydney: ACSQHC (unpublished).

### Articles in journals

List no more than three authors, followed by 'et al.'

Two authors:

Hebert LA, Rovin B. Uric acid and cardiovascular risk. *N Engl J Med* 2009; 360:540–1.

Four authors:

You CH, Lee KY, Chey RY, et al. Electrogastrographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980 Aug; 79(2):311–4.

If a journal carries continuous pagination throughout a volume, the month and issue number may be omitted.

You CH, Lee KY, Chey RY, et al. Electrogastrographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980; 79:311–4.

### Group/organisation as author

The Royal Marsden Hospital Bone-marrow Transplantation Team. Failure of syngeneic bone-marrow graft without preconditioning in post-hepatitis marrow aplasia. *Lancet* 1977;2:742–4.

### No author given

Coffee drinking and cancer of the pancreas [editorial]. *BMJ* 1981; 283: 628.



## Grey literature, books and other sources

### *Reports*

Australian Institute of Health and Welfare. Australia's health 2016. Canberra: AIHW; 2016.

Australian Institute of Health and Welfare. 2004 National Drug Strategy household survey: detailed findings. Canberra: AIHW, 2005. (AIHW Cat. No. PHE 66; Drug Statistics Series No. 16.)

<http://www.aihw.gov.au/publications/phe/ndshsdf04/ndshsdf04.pdf> (accessed Jan 2009).

Duckett S, Griffiths K. Perils of place: identifying hotspots of health inequalities. Melbourne: Grattan Institute; 2016.

### *Organisation as author and publisher*

Virginia Law Foundation. The medical and legal implications of AIDS. Charlottesville: The Foundation, 1987.

### *Chapter in a book*

Weinstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. Pathologic physiology: mechanisms of disease. Philadelphia: Saunders, 1974: 457–72.

### *Conference proceedings*

Vivian VL, editor. Child abuse and neglect: a medical community response. Proceedings of the First AMA National Conference on Child Abuse and Neglect; 1984 Mar 30–31; Chicago: American Medical Association, 1985.

### *Conference paper*

Harley NH. Comparing radon daughter dosimetric and risk models. In: Gammage RB, Kaye SV, editors. Indoor air and human health. Proceedings of the Seventh Life Sciences Symposium; 1984 Oct 29–31; Knoxville (TN). Chelsea (MI): Lewis, 1985: 69–78.

### *Scientific and technical report*

Akutsu T. Total heart replacement device. Bethesda (MD): National Institutes of Health, National Heart and Lung Institute; 1974 Apr. Report No.: NIH-NHLI-69-2185-4.

### *Dissertation/Thesis*

Youssef NM. School adjustment of children with congenital heart disease [dissertation or thesis]. Pittsburgh (PA): Univ of Pittsburgh, 1988.

### *Patent*

Harred JF, Knight AR, McIntyre JS, inventors. Dow Chemical Company, assignee. Epoxidation process. US patent 3,654,317. 1972 Apr 4.

## Web content

### *Web page – organisation as author*

Heart Foundation (AU). Information for carers [Internet]. Canberra: Heart Foundation (AU); 2008 [updated 2006 Jul 8; cited 2009 Apr 8].

[http://www.heartfoundation.org.au/Heart\\_Information/Carers/Pages/default.aspx](http://www.heartfoundation.org.au/Heart_Information/Carers/Pages/default.aspx) (accessed Jan 2009).

National Heart Lung and Blood Institute (US). High blood cholesterol: what you need to know [Internet]. Bethesda (MD): US Department of Health and Human Services, National Institutes of Health; 2001 May [updated 2003 Apr 4; cited 2009 Apr 3].

<http://www.nhlbi.nih.gov/health/public/heart/chol/wyntk.htm> (accessed Dec 2009).

Note: When citing organisations that are national bodies, such as government agencies, if a nationality is not part of the name, place the country in brackets after the name, using the two-letter ISO country code available online.

### *Web page*

Do not just give URLs. Give the authors if available, the organisation, the title of the webpage, the relevant section on the webpage, and a date if relevant or known. Provide the month and year the webpage was visited.

Britt H, Miller GC, Charles J, et al. General practice activity in Australia 1999–2000. Canberra: Australian Institute of Health and Welfare, 2000. (AIHW Cat. No. GEP 5; General Practice Series No. 5.) <http://www.aihw.gov.au/publications/gep/gpaa99-00/gpaa99-00.pdf> (accessed Oct 2002).

Australian Institute of Health and Welfare. Australia's health 2010. Canberra: AIHW, 2010. (AIHW Cat. No. AUS 122.) <http://www.aihw.gov.au/publication-detail/?id=6442468376&tab=2> (accessed Oct 2011).

Heart Foundation. Information for professionals. Melbourne: Heart Foundation, 2011. <http://www.heartfoundation.org.au/Information-for-professionals/pages/information-professionals.aspx> (accessed Sep 2011).

Cancer Council Australia [website]. <http://www.cancer.org.au> (accessed Oct 2011).

## **Other published material**

### *Newspaper article*

Rensberger B, Specter B. CFCs may be destroyed by natural process. The Washington Post 1989 Aug 7; Sect A: 2 (col 5).

### *Audiovisual*

AIDS epidemic: the physician's role [video recording]. Cleveland (OH): Academy of Medicine of Cleveland, 1987.

### *Computer file*

Renal system [computer program]. MS-DOS version. Edwardsville (KS): Medi-Sim, 1988.

### *Map*

Scotland [topographic map]. Washington: National Geographic Society (US), 1981.

### *Dictionary and similar references*

Ectasia. Dorland's illustrated medical dictionary. 27th ed. Philadelphia: Saunders, 1988: 527.

### *Classical material*

The Winter's Tale: act 5, scene I, lines 13–16. The complete works of William Shakespeare. London: Rex, 1973.

## **Unpublished material**

### *In press*

Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. *Science*. In press.

## **Examples of less common citations**

### **Journal articles**

#### *Article in a foreign language*

Massone L, Borghi S, Pestarino A, et al. Localisations palmaires purpuriques de la dermatite herpétiforme. *Ann Dermatol Venerol* 1987;114:1545–7.

#### *Volume with supplement*

Magni F, Rossoni G, Berti F. BN-52021 protects guinea-pig from heart anaphylaxis. *Pharmacol Res Commun* 1988;20 Suppl 5:75–8.

#### *Issue with supplement*

Gardos G, Cole JO, Haskell D, et al. The natural history of tardive dyskinesia. *J Clin Psychopharmacol* 1988;8(4 Suppl):31S–37S.

#### *Volume with part*

Hanly C. Metaphysics and innateness: a psychoanalytic perspective. *Int J Psychoanal* 1988;69(Pt 3):389–99.

#### *Issue with part*

Edwards L, Meyskens F, Levine N. Effect of oral isotretinoin on dysplastic nevi. *J Am Acad Dermatol* 1989;20(2 Pt 1): 257–60.

#### *Issue with no volume*

Baumeister AA. Origins and control of stereotyped movements. *Monogr Am Assoc Ment Defic* 1978;(3):353–84.

#### *No issue or volume*

Danoek K. Skiing in and through the history of medicine. *Nord Medicinhist Arsb* 1982:86–100.

#### *Pagination in roman numerals*

Ronne Y. Anssarsfall. Blodtransfusion till fel patient. *Vardfacket* 1989;13: Xvi–XXVII.

#### *Type of article indicated as needed*

Spargo PM, Manners JM. DDAVP and open heart surgery [letter]. *Anaesthesia* 1989;44:363–4.

Fuhrman SA, Joiner KA. Binding of the third component of complement C3 by *Toxoplasma gondii* [abstract]. *Clin Res* 1987;35:475A.

### *Article containing retraction*

Shishido A. Retraction notice: Effect of platinum compounds on murine lymphocyte mitogenesis [Retraction of Alsabti EA, Ghalib ON, Salem MH. In: Jpn J Med Sci Biol 1979;32:53-65]. Jpn J Med Sci Biol 1980;33:235–7.

### *Article retracted*

Alsabti EA, Ghalib ON, Salem MH. Effect of platinum compounds on murine lymphocyte mitogenesis [Retracted by Shishido A. In: Jpn J Med Sci Biol 1980;33: 235–7]. Jpn J Med Sci Biol 1979;32:53–65.

### *Article containing comment*

Piccoli A, Bossatti A. Early steroid therapy in IgA neuropathy: still an open question [comment]. Nephron 1989;51:289–91. Comment on: Nephron 1988;48:12–7.

### *Article commented on*

Kobayashi Y, Fujii K, Hiki Y, et al. Steroid therapy in IgA nephropathy: a retrospective study in heavy proteinuric cases [see comments]. Nephron 1988;48:12–7. Comment in: Nephron 1989;51:289–91.

### *Article with published erratum*

Schofield A. The CAGE questionnaire and psychological health [published erratum appears in Br J Addict 1989;84: 7011]. Br J Addict 1988;83:761–4.

## Footnotes

The Commission's preference is to use a single reference list at the end of the document, rather than footnotes. However, if using footnotes is necessary use numbers within text and symbols for tables and graphics in documents with a lot of footnotes.

When using symbols, follow this sequence:

\* – asterisk

† – dagger

§ – section mark

# – hash

\*\* – double asterisk

‡ – double dagger

§§ – double section mark

## – double hash

## Formatting

### Captions

We tailor our captions according to the content of the image. Stock and decorative photos do not need captions. Photographs of identifiable people do need a caption.

Place a caption beneath the image, including details about those present and/or the location. End with a full stop, followed by 'L–R:', then list the people, including honorifics. For example:

The Minister for Health launches the *Australian Atlas of Healthcare Variation* at Parliament House in Canberra in November 2015. L–R: Dr Roderick McKay, Professor Willis Marshall, the Hon Sussan Ley, Professor Anne Duggan, Dr Liz Marles and Ms Leanne Wells.

Some images do not need an explanation (such as a picture of the Board), so just provide the names, starting with 'L–R:'.

If a photograph includes a member of the public, get a signed release granting consent to use the image. Find consent forms in the Communications section of the Commission intranet.

The AGSM has [more guidance on images](#) and on [captions and alternative text \(alt text\)](#). It is best practice to include alt text for people with a visual impairment who use a screen reader.

## Appendix 1: Types of standards

Under the [National Health Reform Act 2011 \(Cth\)](#), it is a function of the Commission to formulate, in writing, standards relating to health care safety and quality matters.

Standards are explicit statements of expected quality in the performance of a healthcare activity. For most standards, the expected quality is based on evidence and best practice.

Standards may take the form of procedures, treatment protocols, critical paths, algorithms, standard operating procedures, or statements of expected health care outcomes, among other formats. Clinical practice guidelines may be used to set standards of care or practice.

The Commission uses the word 'standards' in numerous ways. The following are definitions for different types of standards developed by the Commission and notes about how to refer to standards.

**Any substantial reference to standards from outside the relevant program area should be checked with that program area for currency and consistency.**

### Safety and quality standards

The purpose of safety and quality standards is to provide frameworks for quality improvement and risk management for relevant sectors in the health system.

Standards provide a framework against which an assessment of performance can be undertaken.

- [National Safety and Quality Health Service Standards](#)
- [National Safety and Quality Primary and Community Healthcare Standards](#)
- [The National Clinical Trials Governance Framework](#)
- [National Safety and Quality Digital Mental Health Standards](#)
- [National Safety and Quality Mental Health Standards for Community Managed Organisations](#)
- [Diagnostic Imaging Accreditation Scheme Standards](#)
- [Pathology Accreditation Standards](#)
- [Aged Care Quality Standards – Clinical Care](#)
- [Cosmetic Surgery Project](#)

### When referring to the National Safety and Quality Health Service Standards

Follow this format:

- ✓ National Safety and Quality Health Service (NSQHS) Standards (first reference)
- ✓ NSQHS Standards (subsequent references)
- ✗ National Safety and Quality Health Service (NSQHS) standards (with a lowercase 's' in 'standards')
- ✗ National Safety and Quality Health Service Standards (NSQHSS)
- ✗ the Standards

### *First edition*

If you need to specify the first edition, follow this format:

- ✓ National Safety and Quality Health Service (NSQHS) Standards (first edition) (first reference)
- ✓ NSQHS Standards (1st ed.) (subsequent references)
- ✗ National Safety and Quality Health Service (NSQHS) Standards (1st ed.)
- ✗ NSQHS Standards (first edition)

### *Second edition*

If you need to specify the second edition, follow this format:

- ✓ National Safety and Quality Health Service (NSQHS) Standards (second edition) (first reference)
- ✓ NSQHS Standards (2nd ed) (subsequent references)
- ✗ National Safety and Quality Health Service (NSQHS) Standards (2nd ed)
- ✗ NSQHS Standards (second edition)

The second edition moved away from using numbers when referring to a particular standard. Use the title or the abbreviation, depending on whether it is the first or a subsequent reference, and do not use italics.

- ✓ Clinical Governance for Health Service Organisations Standard (first reference)
- ✓ Clinical Governance Standard (subsequent references)
- ✗ Standard 1: Clinical Governance for Health Service Organisations
- ✗ Standard 1

## **Clinical Care Standards**

Clinical Care Standards consist of a small number of quality statements describing the care patients should be offered by health professionals and health services for a specified clinical condition, or defined clinical pathway, in line with current best evidence.

Clinical Care Standards are included in specific actions within both the National Safety and Quality Health Service Standards and the National Safety and Quality Primary and Community Healthcare Standards.

### **When referring to Clinical Care Standards**

Clinical Care Standards are capitalised whenever referring to the Commission's Clinical Care Standards team or program, and in the title of individual standards.

- ✓ The Clinical Care Standards developed by the Commission
- ✓ The Low Back Pain Clinical Care Standard

Lower case should be used when referring to clinical care standards more generically, including those developed by other organisations.

- ✓ The Australian Rheumatology Association is developing a clinical care standard for Rheumatoid Arthritis
- ✓ A clinical care standard is a quality improvement tool

After first use of the title of a specific Clinical Care Standard, abbreviation to either 'the Clinical Care Standard' or 'the standard' is acceptable. In some instances, formal nomination of the 'the Standard' may be desirable.

For example:

- ✓ The Sepsis Clinical Care Standard has been widely adopted. The standard is expected to improve pathways of care for sepsis.
- ✓ The Stillbirth Clinical Care Standard (the Standard) has been developed by the Commission with funding from the Australian Government. The Standard is part of a national plan.
- ✓ The Low Back Pain Clinical Care Standard has been very successful. The Clinical Care Standard includes 8 quality statements.

Do not use the acronym 'CCS' in external communications.

- ✗ The Sepsis CCS has been widely adopted

## Technical standards

Technical standards are developed by technical experts to support improved standardisation of practices in particular areas. Technical expertise is required to understand, interpret and assess against technical standards. These may sometimes be tools or resources and may be used for auditing purposes.

Example: [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#)

## Metadata and data standards

Metadata provides meaning and context by describing how data is defined, structured and represented. It can be used to explain how data are captured and support the accurate interpretation of data. Metadata endorsed for use across Australia are referred to as data standards. As a national registration authority, the Commission has the ability to endorse national data standards.

The Commission has developed a number of standard definitions for indicators and other forms of metadata. These are housed on the Metadata Online Registry (METeOR) administered by the Australian Institute of Health and Welfare.

Example: Standard definition for the collection of [staphylococcus bacteraemia](#), and [Acute Anaphylaxis Clinical Care Standard indicators](#).



## Appendix 2: Plain and accessible language

Key strategies in improving the accessibility and understandability of documents include:

- Use plain language wherever possible
- Consider the design and layout of documents
- Involve your audience in the process of preparing information
- Tailor information to different cultural and clinical needs
- Assess health information.

Below are a range of terms that can be used instead of more complex words and phrases.

*Table 1: Plain language words and phrases to use*

| Avoid                      | Use   |
|----------------------------|---|
| access (verb)              | ✓ use<br>✓ have access to                               |
| additional                 | ✓ extra<br>✓ more<br>✓ added<br>✓ further               |
| adequate                   | ✓ enough  |
| aggravate                  | ✓ make worse<br>✓ worsen                                |
| ameliorate                 | ✓ fix<br>✓ improve<br>✓ correct<br>✓ better<br>✓ remedy |
| amongst                    | ✓ among   |
| arising from the fact that | ✓ because<br>✓ due to                                   |
| as a consequence of        | ✓ because<br>✓ due to                                   |
| as regards                 | ✓ on<br>✓ for<br>✓ about                                |
| association                | ✓ link<br>✓ connection                                  |
| [on a regular] basis       | ✓ regularly   |
| [on an annual] basis       | ✓ yearly<br>✓ every year<br>✓ once a year<br>✓ annually |
| beneficial                 | ✓ good<br>✓ helpful<br>✓ useful<br>✓ healthy            |
| case in point              | ✓ for example   |
| [in] cases in which        | ✓ if<br>✓ when  |
| characterise               | ✓ describe<br>✓ make up<br>✓ feature<br>✓ mark          |

|                           |   |
|---------------------------|---|
| commence(ment)            | <ul style="list-style-type: none"> <li>✓ start</li> <li>✓ begin(ning)</li> </ul>  |
| commensurate with         | <ul style="list-style-type: none"> <li>✓ equal to</li> <li>✓ in line with</li> </ul>  |
| complete<br>completion    | <ul style="list-style-type: none"> <li>✓ end</li> <li>✓ finish</li> </ul>   |
| comprehensive             | <ul style="list-style-type: none"> <li>✓ full</li> <li>✓ complete</li> <li>✓ total</li> <li>✓ broad</li> </ul>                |
| concerning                | <ul style="list-style-type: none"> <li>✓ about</li> </ul>   |
| conclude                  | <ul style="list-style-type: none"> <li>✓ judge</li> <li>✓ decide</li> <li>✓ end</li> <li>✓ finish</li> <li>✓ close</li> </ul> |
| consequence               | <ul style="list-style-type: none"> <li>✓ result</li> <li>✓ effect</li> </ul>  |
| consequently              | <ul style="list-style-type: none"> <li>✓ therefore</li> <li>✓ as a result</li> </ul>  |
| considerable [amount of]  | <ul style="list-style-type: none"> <li>✓ many</li> <li>✓ long</li> <li>✓ much</li> <li>✓ a lot of</li> </ul>                  |
| considerations            | <ul style="list-style-type: none"> <li>✓ issues</li> <li>✓ questions</li> <li>✓ points</li> <li>✓ matters</li> </ul>          |
| [take into] consideration | <ul style="list-style-type: none"> <li>✓ consider</li> </ul>  |
| constitutes               | <ul style="list-style-type: none"> <li>✓ is</li> <li>✓ makes up</li> <li>✓ amounts to</li> <li>✓ forms</li> </ul>             |
| construct (noun)          | <ul style="list-style-type: none"> <li>✓ idea</li> <li>✓ notion</li> </ul>  |
| contract (verb)           | <ul style="list-style-type: none"> <li>✓ shrink</li> <li>✓ shorten</li> <li>✓ reduce</li> </ul>                               |
| decrease (noun)           | <ul style="list-style-type: none"> <li>✓ fall</li> <li>✓ drop</li> <li>✓ cut</li> <li>✓ dip</li> </ul>                        |
| decrease (verb)           | <ul style="list-style-type: none"> <li>✓ cut</li> <li>✓ lower</li> <li>✓ reduce</li> </ul>                                    |
| deleterious               | <ul style="list-style-type: none"> <li>✓ harmful</li> <li>✓ unwanted</li> <li>✓ bad</li> </ul>                                |
| demonstrate               | <ul style="list-style-type: none"> <li>✓ show</li> <li>✓ prove</li> </ul>   |
| deteriorate               | <ul style="list-style-type: none"> <li>✓ worsen</li> <li>✓ get worse (except in a medical context)</li> </ul>                 |
| due to the fact that      | <ul style="list-style-type: none"> <li>✓ because</li> </ul>   |
| establish                 | <ul style="list-style-type: none"> <li>✓ set up</li> </ul>  |

|  |   |
|--|---|
| [in the] event that                                | ✓ if  |
| eventuate  | ✓ occur<br>✓ happen<br>✓ come about   |
| exacerbate   | ✓ worsen<br>✓ add to (except in a medical context)  |
| examine  | ✓ look at<br>✓ study<br>✓ check<br>✓ review<br>✓ inspect (use 'examine' in a medical context) |
| [with the] exception of                            | ✓ except  |
| [in] excess of                                     | ✓ over<br>✓ more than<br>✓ higher than  |
| excessive  | ✓ too much<br>✓ too great   |
| exclude  | ✓ leave out<br>✓ omit<br>✓ rule out   |
| extensive  | ✓ wide<br>✓ broad<br>✓ thorough<br>✓ vast   |
| [despite the] fact that                            | ✓ although  |
| [due to the] fact that                             | ✓ because   |
| facilitate   | ✓ ease<br>✓ help<br>✓ enable<br>✓ encourage<br>✓ organise<br>✓ arrange                        |
| for the purpose of                                 | ✓ in order to<br>✓ so as to   |
| for the reason that                                | ✓ because<br>✓ since  |
| frame of reference                                 | ✓ relevant issues   |
| framework (except when meaning is clearly correct) | ✓ model<br>✓ diagram<br>✓ scheme<br>✓ outline<br>✓ plan<br>✓ design                           |
| frequently   | ✓ often   |
| function (verb)                                    | ✓ act<br>✓ live<br>✓ work<br>✓ operate  |
| fundamental  | ✓ main<br>✓ basic   |
| furthermore  | ✓ and<br>✓ in addition<br>✓ also  |
| give an indication of                              | ✓ indicate  |

|  |   |
|--|---|
|  | ✓ show  |
| give treatment                                     | ✓ treat   |
| heterogeneous                                      | ✓ mixed<br>✓ varied<br>✓ diverse<br>✓ wide<br>✓ inconsistent                                      |
| homogeneous  | ✓ consistent<br>✓ unvaried  |
| [it is] imperative that the agency                 | ✓ the agency must   |
| initiative   | ✓ move<br>✓ step<br>✓ plan<br>✓ proposal<br>✓ program (if established)<br>✓ idea (if appropriate) |
| intervention                                       | ✓ treatment<br>✓ management<br>✓ care   |
| management [of health]                             | ✓ treatment<br>✓ care   |
| mobilise   | ✓ move  |
| noncompliant                                       | ✓ has not complied<br>✓ has yet to comply   |
| partnered  | ✓ worked with<br>✓ collaborated   |
| per annum  | ✓ per year  |
| per capita   | ✓ per person  |
| predicated on                                      | ✓ based on  |
| predominant  | ✓ main<br>✓ chief<br>✓ dominant<br>✓ leading  |
| previous to  | ✓ before  |
| prior to   | ✓ before  |
| proposition  | ✓ idea<br>✓ argument<br>✓ point<br>✓ position   |
| [for the] purpose of                               | ✓ for<br>✓ to   |
| reach a conclusion                                 | ✓ conclude  |
| [as] regards<br>in regard to                       | ✓ in<br>✓ on<br>✓ for<br>✓ about  |
| [in the] region of                                 | ✓ about (if referring to a number)  |
| [with] reference to<br>with regard to<br>regarding | ✓ of<br>✓ on<br>✓ for<br>✓ about  |
| requirement  | ✓ need  |
| [in] spite of                                      | ✓ despite   |
| [in] spite of the fact that                        | ✓ although  |
| sufficient   | ✓ enough  |

|  |  |
|--|--|
| sustained                                  | <ul style="list-style-type: none"> <li>✓ was injured</li> <li>✓ received an injury</li> </ul>    |
| target                                     | <ul style="list-style-type: none"> <li>✓ aim</li> <li>✓ goal</li> <li>✓ objective</li> </ul>     |
| terminate                                  | <ul style="list-style-type: none"> <li>✓ end</li> </ul>  |
| undertake                                  | <ul style="list-style-type: none"> <li>✓ do</li> <li>✓ perform</li> </ul>                        |
| utilise<br>utilisation                     | <ul style="list-style-type: none"> <li>✓ use</li> </ul>  |
| [a] variety of                             | <ul style="list-style-type: none"> <li>✓ many</li> <li>✓ several</li> <li>✓ different</li> </ul> |
| [in the] vicinity of                       | <ul style="list-style-type: none"> <li>✓ near</li> <li>✓ about</li> <li>✓ close to</li> </ul>    |
| [in] view of<br>[in] view of the fact that | <ul style="list-style-type: none"> <li>✓ because</li> </ul>                                      |
| vis-à-vis (face to face with)              | <ul style="list-style-type: none"> <li>✓ compared with</li> <li>✓ in relation to</li> </ul>      |
| wherein                                    | <ul style="list-style-type: none"> <li>✓ in which</li> </ul>                                     |
| whether or not                             | <ul style="list-style-type: none"> <li>✓ whether</li> </ul>                                      |
| whilst                                     | <ul style="list-style-type: none"> <li>✓ while</li> </ul>  |
| will in the future<br>will take steps to   | <ul style="list-style-type: none"> <li>✓ will</li> </ul>   |

*Table 2: Meaning and use of difficult words and terms (additional examples are listed in the [AGSM](#))*

| Word or term  | Explanation   |
|---|---|
| 'affect' and 'effect'<br>(both can be verbs or nouns) | <p>Generally, use 'effect' as a noun and 'affect' as a verb. 'Affect' means 'to influence', and you can 'be affected by' something; for example, 'The National Safety and Quality Health Service (NSQHS) Standards affect everyone'. 'Effect' means the impact of a change or an action; for example, 'The introduction of the NSQHS Standards will have a positive effect'.</p> <p><b>Tip:</b> You can also use 'effect' as a verb, meaning to bring about change; for example, 'The NSQHS Standards effected significant changes across the health system'.</p> |
| 'compare with' and 'compare to'                       | <p>Switching 'with' for 'to' when using 'compare' changes the meaning.</p> <p>If you compare a Sydney hospital <b>to</b> a Melbourne hospital, you are likening the first hospital to the second.</p> <p>If you compare the first hospital <b>with</b> the second hospital, you are simply assessing their relative characteristics.</p>  |
| critical  | <p>Take care as the meaning of 'critical' can be ambiguous – a critical thing may be crucial to something or it may be criticising something. For example, if you write 'When considering the findings, the committee's response will be critical', it is unclear if you mean the response will be crucial or negative.</p>   |
| dependant (noun)                                      | <p>This means a person who relies on or is supported by another; for example, 'this child is my dependant'.</p>   |

|  |  |
|--|--|
| dependent (adjective)                                  | This means being supported or maintained by someone; for example, 'she is a dependent child'.  |
| eHealth  | If referring to Australian Government e-health initiatives, use 'eHealth'; for example, 'the eHealth Division deals with e-health'.<br>If it is at the start of a sentence, use 'E-health'.  |
| 'enquiry' and 'inquiry'                                | 'Enquiry' means to question or query something; for example, 'a media enquiry'.<br>'Inquiry' means an investigation or inquest; for example, a government inquiry.   |
| 'frontline' (adjective)<br>'front line' (noun)         | When used adjectivally, it's one word; for example, 'frontline staff'.<br>When used as a noun, it's two words; for example, 'many staff work on the front line'.   |
| 'full-time' (compound adjective)<br>'full time' (noun) | Hyphenate when using it as a compound adjective; for example, 'full-time work'.<br>But when the verb comes first, it's not hyphenated; for example, 'most staff members work full time'.   |
| general practitioner                                   | If using 'general practitioners' frequently in a document, establish 'general practitioners (GPs)' at first reference, then use 'GPs'.   |
| healthcare (adjective)<br>but<br>health care (noun)    | Healthcare is one word as an adjective; for example, healthcare variation.<br>Health care is two words as a noun; for example, variations in health care.  |
| 'heterogeneous' and<br>'heterogenous'                  | 'Heterogeneous' means being made up of parts of different kinds or having widely dissimilar elements.<br>'Heterogenous' (without the 'e' before 'ou') is a biological term meaning something that has its source outside the organism.   |
| 'homogeneous' and<br>'homogenous'                      | 'Homogeneous' means having component parts that are the same.<br>'Homogenous' is a biological term that means something that has the same structure because of a common origin.  |
| 'impact/ed'  | Do not use 'impact' as a verb. For example, write 'the decision <b>affected</b> elderly patients the most', not 'the decision <b>impacted</b> elderly people the most'. Write 'the new initiative <b>had an impact</b> ', not 'the new initiative <b>impacted</b> '.<br>Note: even when used as a noun, 'impact' is rather stale and has lost much of its original force. Consider using 'effect' instead.   |
| 'judgement' and 'judgment'                             | <b>Judgement</b> – use this spelling (with the first 'e') in all instances except when referring to a court decision.<br><b>Judgment</b> – use this spelling when referring to a court decision.   |
| 'last' and 'past'                                      | Do not mix up these two words.<br><b>Last</b> – use it when referring to the final years in a predefined period.<br>Never refer to 'last year' – be specific and include the year so that the reference doesn't date.<br><b>Past</b> – use it when referring to the period leading up to the present day.<br><b>Tip:</b> to refer to the year before the one you are writing about, write 'the previous year', not 'the past year' or 'the last year'. |

|                                    |   |
|------------------------------------|---|
|                                    | If referring to the next year, write 'the subsequent year' or 'the following year' rather than 'the next year'.   |
| 'less' and 'fewer'                 | <b>Less</b> – use it when referring to things that do not need to be counted in whole numbers, such as water, energy consumption and amounts; for example, time, weight and distance.<br><b>Fewer</b> – use it when referring to things that can only sensibly be counted in whole numbers, such as people, patients, hospitals and ambulances. |
| 'like' and 'such as'               | Do not use 'like' to introduce an example – use 'such as'. For example, say 'The Commission has published many documents on the topic of antimicrobial resistance, <b>such as AURA 2016</b> ' (not ' <b>like AURA 2016</b> ').  |
| methodology                        | A methodology is the study of, or a system of, methods. Usually, you mean 'method' instead of 'methodology'.  |
| practice (noun)<br>practise (verb) | Do not mix up the two.<br>An example of 'practice' – 'Fewer general practitioners these days wish to own their own practice'.<br>An example of 'practise' – 'All clinicians are required to prioritise patient safety wherever they practise'.  |
| 'who' and 'whom'                   | 'Whom' still has a place in semi-formal and formal writing. Usually, it is used with a preposition such as 'to', 'with' or 'by'. If you are not sure if 'whom' is correct, a simple test is to replace it with 'him' and then 'he'. If 'him' works better in the sentence, use 'whom'; if 'he' works better, use 'who'.                         |

# Appendix 3: Diversity and inclusion

## First Nations and Aboriginal and Torres Strait Islander people/s

Aim to use [strengths-based language](#) that emphasises the resilience of First Nations and Aboriginal and Torres Strait Islander peoples and communities, rather than focusing on ‘problems’.

### People versus peoples

Whether you should use singular ‘people’ or plural ‘peoples’ depends on the context. Be guided by the following:

- Use ‘Aboriginal and Torres Strait Islander people’ or ‘First Nations people’ when referring to a collective of individual people.
- Use ‘Aboriginal and Torres Strait Islander peoples’ or ‘First Nations peoples’ when referring to the collective of Aboriginal and Torres Strait Islander nations, cultures, languages or histories.

Table 3: Words and phrases to use or avoid

| Use  | Never use  |
|--|--|
| <ul style="list-style-type: none"> <li>✓ Aboriginal and Torres Strait Islander people/s</li> </ul> <p>Note: use the full text in each reference</p> <ul style="list-style-type: none"> <li>✓ First Nations people/s</li> </ul> | <ul style="list-style-type: none"> <li>✗ ‘Aboriginal/s’ as a noun (for example, ‘a number of Aboriginals were present’)</li> <li>✗ Aboriginal and Torres Strait Islander background/heritage/descent</li> <li>✗ Aboriginal and Torres Strait Islanders</li> <li>✗ Aboriginal people or peoples (unless it is appropriate to exclude ‘Torres Strait Islander people/s’)</li> <li>✗ Aborigine</li> <li>✗ A&amp;TSI (may only be considered in a graph or table)</li> <li>✗ ATSI</li> <li>✗ First Nations Australians</li> <li>✗ Indigenous Australians</li> <li>✗ Indigenous people</li> <li>✗ Islander/s</li> <li>✗ them</li> <li>✗ they</li> <li>✗ Torres Strait Islander people or peoples (unless it is appropriate to exclude ‘Aboriginal people/s’)</li> </ul> |

### Using ‘Indigenous’

You can use ‘Indigenous’ if you are referring to:



- ✓ Organisations that include 'Indigenous' in their name; for example, the 'Indigenous Australians Health Program'
- ✓ Beliefs and knowledge
- ✓ Data sovereignty
- ✓ Wellbeing methods and practices
- ✓ Languages

When referring to indigenous peoples in other countries, use lower case, for example 'indigenous peoples of the Americas'.

### Using 'non-Indigenous Australians'

When referring to the rest of the population, and if the comparison group doesn't include Aboriginal and Torres Strait Islander people, you can write 'non-Indigenous Australians'.

If the comparison group does include Aboriginal and Torres Strait Islander people, you can write 'all Australians'.

### Capitalisation

Use capitals for:

- ✓ Welcome to Country
- ✓ Acknowledgement of Country
- ✓ Voice to Parliament
  
- ✓ Elders
- ✓ Traditional Custodians
- ✓ Traditional Owners

Use lower case for:

- ✓ country
- ✓ culture
- ✓ cultural determinants of health
- ✓ social determinants of health

### Job titles

Use lower case:

- ✓ Aboriginal and Torres Strait Islander health worker
- ✗ Aboriginal and Torres Strait Islander Health Worker
  
- ✓ Aboriginal and Torres Strait Islander health practitioner
- ✗ Aboriginal and Torres Strait Islander Health Practitioner

### Organisations

Follow the styles in Table 2 when referring to organisations, plans and programs.

Table 4: Names of organisations, plans and programs

| Use  | Avoid   |
|--|---|
| ✓ Aboriginal Community Controlled Health Services (ACCHSs)   | ✗ Aboriginal Community-Controlled Health Services (ACCHSs)<br>Note: don't insert a hyphen in 'Community Controlled' |
| ✓ Aboriginal Medical Services (AMSs)   | ✗ Aboriginal Health Services (AHS)<br>✗ Remote Area Aboriginal Health Services (RAAHS)                              |
| ✓ Indigenous Australians Health Programme  | ✗ Indigenous Australians health programme   |
| ✓ National Aboriginal and Torres Strait Islander Health Plan<br>✓ Health Plan (capitalise in second and subsequent references) | ✗ National Aboriginal and Torres Strait Islander health plan<br>✗ health plan                                       |

Standard Acknowledgement of Country should be included in all Commission documents:

The Australian Commission on Safety and Quality in Health Care acknowledges the Traditional Owners, the Gadigal people of the Eora Nation on whose land the Commission's office is located, and the lands across Australia where those we partner with work. The Commission recognises their continuing connection to land, waters and community and pays our deep respect to Aboriginal and Torres Strait Islander Elders past, present and emerging.

### Content warnings and consent

If your content includes the name, voice or photograph or an Aboriginal or Torres Strait Islander person who may have died, provide the following warning at the beginning. Modify the words in italics to suit the content.

Aboriginal and Torres Strait Islander people should be aware that this [*website/document/video*] may contain images, voices and names of people who have died.

If you are using an image or recording, make sure you have been granted consent to do so.

See the AGSM for [detailed advice](#) on referring to Aboriginal and Torres Strait Islander people or peoples.

### Culturally and linguistically diverse communities

Show cultural sensitivity when referring to people whose first language is not English.

Culturally and linguistically diverse (CALD) is a term used primarily in Australian contexts. The Australian Bureau of Statistics (ABS) defines the CALD population mainly by country of birth, language spoken at home, English language proficiency, or other characteristics (including the year of arrival in Australia), parents' country of birth and religious affiliation (ABS 1999). The term is widely used with the intention of capturing diversity that is broader than language or birth.

✓ culturally and linguistically diverse background/community

✗ ethnic people

## Names

Naming systems are different around the world. If you are unsure about the naming convention, conduct your own research or find out from someone who knows.

If writing about a particular culture, show respect towards the community you're writing about. Be mindful of their values and customs and avoid generalisations or stereotypes that could be derogatory or offensive.

## Gender and sexual diversity

Use terms that recognise gender equality.

### LGBTQI+

Language and terminology to describe sexuality, gender and intersex variations continues to evolve and can differ across cultures and generations. LGBTQI+ is used by the Commission in reference to lesbian, gay, bisexual, transgender, queer, intersex and the + represents people of other diverse sexualities and genders not captured in the letters of the acronym. The Commission acknowledges that communities may use other terms to describe themselves.

✓ the health needs of LGBTQI+ people

✗ the health needs of gays and lesbians

## Gendered words and terms

In this context avoid using gender-specific pronouns and gendered terms.

*Table 3: Gender-neutral words to use and gendered terms to avoid*

| Use                                      | Don't use |
|--|-----------|
| For people who do not identify as binary | ✗ he      |
| ✓ they                                   | ✗ she     |
| ✓ their                                  | ✗ his     |
| ✓ theirs                                 | ✗ hers    |
| ✓ they're                                | ✗ him     |
| ✓ them                                   | ✗ her     |

## People with disability

Don't describe people with an illness or disability, including those who are neurodiverse, in ways that imply they are unempowered or unhappy. Use strength base language and inclusive approaches to provision of health care.

Don't use initials, for instance ID for intellectual disability.

*Table 4: Terms to use and avoid in relation to disability*

| Use  | Don't use  |
|--|--|
| ✓ person with disability (includes people who may have more than one disability) | <ul style="list-style-type: none"> <li>✗ disabled person</li> <li>✗ with a disability</li> <li>✗ disabled</li> <li>✗ handicapped</li> <li>✗ differently abled</li> <li>✗ disAbility</li> </ul> |
| ✓ people with disability   | <ul style="list-style-type: none"> <li>✗ disabled people</li> </ul>  |
| ✓ person without disability (only use if it's relevant)                          | <ul style="list-style-type: none"> <li>✗ normal person</li> <li>✗ able-bodied person</li> </ul>  |
| ✓ person living with / with ...  | <ul style="list-style-type: none"> <li>✗ suffers from ...</li> <li>✗ is stricken with ...</li> </ul>   |

## Age

*Table 5: Terms to use and avoid in relation to age*

| Use   | Don't use   |
|---|---|
| <ul style="list-style-type: none"> <li>✓ older people</li> <li>✓ seniors</li> <li>✓ retirees</li> <li>✓ elders</li> </ul> | <ul style="list-style-type: none"> <li>✗ old-age pensioners</li> <li>✗ the aged</li> <li>✗ elderly</li> </ul> |
| <ul style="list-style-type: none"> <li>✓ young people</li> <li>✓ Generation Z (in casual references)</li> </ul>           | <ul style="list-style-type: none"> <li>✗ youth</li> <li>✗ juveniles</li> </ul>                                |