OVERVIEW

ANZCA’s Communications Unit has prepared a guide for College staff, Fellows and trainees who produce written and pictorial material for the College.

There are many ways to use the English language and this document does not imply that others are incorrect. Rather, the aim is to choose a single, user-friendly style and apply it to all written materials that the College produces in an effort to improve readability and consistency, and build on our professional image.

In compiling this document, ANZCA’s Communications Unit has drawn from respected sources such as the Monash University style guide and the Fairfax Media Stylebook, a guide that is widely used by quality publications in Australia and New Zealand. The referencing section has been developed by Rebecca Conning, from ANZCA’s Policy Unit, and ANZCA Knowledge Resources Manager, Laura Foley. Rebecca also is developing a style guide for the College’s professional documents.

In developing the new style guide, it was recognised that not all readers speak English as a first language or understand medical acronyms. The style guide aims to address these issues.

The ANZCA style should be applied to correspondence, submissions to the ANZCA Bulletin and other College publications, including event brochures and advertisements, and the College website. It should also be applied to external submissions.

The first section of the style guide addresses written material, in alphabetical order for ease of use, and contains separate information on the preferred use of official titles, references and acronyms.

Some of the main areas identified for improvement include:

• Overuse of capital letters.
• Use of undefined acronyms.
• Different styles for dates.
• Inconsistent grammatical style.

The second section contains guidelines for submitting written and photographic material to ANZCA publications, the ANZCA Bulletin, the ANZCA E-Newsletter and the website, and the third section contains guidelines for writing letters and emails.

The final section contains “branding” guidelines, including when and how to use the ANZCA “triangles” logo and the College coat of arms and which typefaces to use.

If you are drafting or submitting written material, please take time to read the guide and to pass it on to others.

As part of a need for a consistent look and feel across all College publications, functional units are encouraged to submit important documents to the ANZCA Communications Unit for proof reading and design pointers. If you require clarification on the use of these guidelines, please do not hesitate to contact Clea Hincks, General Manager, Communications at chincks@anzca.edu.au.

Material being uploaded to the ANZCA website should be copied to Kylie Miller, Web Editor at kmiller@anzca.edu.au.

A copy of the ANZCA Style Guide will be posted on the ANZCA G-Drive. It is not meant to be exhaustive and will be added to and amended over time.
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GUIDELINES FOR WRITING MATERIAL – STYLE GUIDE

STYLE GUIDE
“a total of nine Fellows...”
Not necessary. Just “Nine Fellows...”

abbreviations
Avoid. For example, “Associate Professor” not “A/Prof” and “department” not “dept”.

Weights and measures: Routinely spell out metric units, for example kilometres, kilograms, centimetres. Metric units may be abbreviated in tables, graphs and lists.

When abbreviating states or territories of Australia in tables, graphs and lists use upper/lower case, for example, “Qld” not “QLD”. New Zealand should be NZ and Hong Kong should be HK.

When referencing use “p” for page, “pp” for pages and “vol” for volume.

Aborigines
Aborigine is the noun, Aboriginal is the adjective. Use capital letters when talking about Australian Aborigines, lower case when talking about the aborigines (original inhabitants) of another country.

about
Not “approximately”, not “around”.

acronyms
Many acronyms are commonly used in the health sector but may be unfamiliar to international readers or readers from outside health. Other than the obvious (for example, ANZCA, NZ and SA) spell out the first reference with the acronym in brackets afterwards, for example, special interest group (SIG), Effective Management of Anaesthetic Crises (EMAC). Use the acronym in subsequent references. There are no full points between letters when using acronyms. A phrase or word grouping that is not capitalised can still have an acronym. For example, healthcare industry (HCl). Note: Please refer to the acronyms list at the end of the guide for detailed information, including use of capital letters.

When referring to an initialism or acronym, use the appropriate article for the way the term is spoken, not spelled, for example, “an NZNC member”, “an FPM Fellow”.

adviser
Not advisor.

affect/effect
The verb affect means to influence, move, touch, produce an effect on. The verb effect means to bring about, accomplish, cause to exist or happen. The noun is almost always effect (the noun affect is a psychiatric term).

afflict/inflict
People are afflicted with disease, but injuries are inflicted upon them.

ageing, ageist, ageism
The Council on the Ageing.

ahead of
Use “before” unless you are talking about the “two cars driving ahead of me”. Avoid “prior to”.

Alfred
The correct name of the hospital is The Alfred hospital (lower case “t”, lower case “h”) in Melbourne but the Royal Prince Alfred Hospital (lower case “t”), capital “H” and acronym RPA) in Sydney.

all right
Not alright.

also
Use occasionally, not superfluously and repetitively.

alternate/alternative
Alternate means one and then the other, in turn; alternative means one or the other.

alumni
The singular form of “alumni” is “alumnus”, for a male and “alumna” for a female.

Alzheimer’s disease

ambulance officers
Ambulance officers are now called paramedics.

among
Not amongst.

amount/number
Use amount when the noun is uncountable, for example “the amount of paper”, but number when it is countable, for example “the number of people”.

ampersand (&)
Use only when part of a full and proper title, such as the title of a publication or a business name, for example, Anesthesia & Analgesia, Ernst & Young.

anaesthesia
Lower case unless used in full and proper title.

analogue
When used in relation to computers, not “analogue”.

and
Not “&”. See “ampersand”.

annual general meeting
Spell out in first reference, acronym may be used thereafter. Lower case unless using the full and proper title, for example, the 2011 Annual General Meeting of ANZCA.

annual scientific meeting
Spell out in the first reference. Lower case unless using the full and proper title, such as the 2010 ANZCA Annual Scientific Meeting. The theme or subtitle of the meeting should be in inverted commas and sentence case, for example, “How meets why”.

aneurysm
Not aneurism.

annex and annexe
Annex is a verb, annexe is a noun.

“anti” words
Without hyphens: antibacterial, antibiotic, antibody, anticonvulsant, anticoagulant, antidepressant, antihistamine, antimalarial, antioxidant, antivenom (use instead of antivenin).

With hyphens: anti-abortion, anti-government, anti-inflammatory.

See also hyphenation and compounding.

anticipate
Use “expect”.

appraise/apprise
Appraise means to estimate the value or quality, apprise means to inform.

approximately, commencement
Consider shorter alternatives such as “about” instead of “approximately”, and “start” rather than “commencement”.

associate professor
Not A/Prof. For initial references use “associate professor” and for subsequent references, use “professor”. When referring to a specific person, capitalise “Associate Professor” and “Professor”, for example, “Associate Professor Jones met Professor Smith”.

author
At the bottom of a Bulletin article or report for ANZCA, the author should supply:
First line: Who (include title and FANZCA if a Fellow). For example, Professor John Smith, FANZCA
Second line: Title and organisation (most relevant to the article). For example, Director of Anaesthesia, John Hunter Hospital
Third line: Where (include city and/or state). For example, Newcastle, NSW

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autopsy
An autopsy is performed or done, not held. Prefer “autopsy” to “post mortem”.

bachelor's degree
Lower case, for example, bachelor of arts (BA), bachelor of science (BSc). Also, master's degree. Use abbreviations when appending to names, for example, “Dr John Smith BA, BScPhD”.

bacteria
Bacterium is singular, bacteria is plural.

Band-Aid
This is a trade name and must be spelt thus. Avoid phrases such as “Band-Aid solution”.

basis
Avoid phrases such as “on a part-time basis”; use “part time”. “Regular basis” means regularly.

benefited
Not “benefitted”.

between
The rule is: between two things, among more than two things.

biannual
Happening twice a year.

biennial
Lasting for, or happening, every two years.

billion
One billion is a thousand million.

board
Lower case unless in a full and proper title, for example, “the Faculty of Pain Medicine Board”. But then “the board met to discuss...”

boardroom
One word.

both
Avoid where possible. “The doctors both attended” can be replaced with “the doctors attended”.

bought/brought
Bought is the past tense of buy; brought is the past tense of bring.

brand names/registered trademarks
Brand names and registered trademarks are capitalised, for example, Kleenex, Biro, Diprivan, Marcain and Naropin. However, whenever possible, use generic terms such as tissue (instead of Kleenex), ball-point pen (instead of Biro), propofol (instead of Diprivan), bupivacaine (instead of Marcain) and ropivacaine (instead of Naropin).

bruses
Prefer “contusions”.

budget
Lower case. The federal budget, the state budget, the ANZCA Council budget for 2010.

Bulletin
In the first reference, please use the full title, the ANZCA Bulletin. Use the Bulletin in subsequent references. ANZCA Bulletin should be italicised.

See also “Guidelines for submitting material – ANZCA Bulletin”.

cabinet
Lower case “state cabinet”, “federal cabinet”, “shadow cabinet”, “cabinet secretary” etc.

caesarean
Lower case.

can/may
Generally “may” deals with possibility and uncertainty and “can” with ability.

cannot
One word.

capitals
Avoid capital letters, which should only be used for an official title; for example, “the Department of Anaesthesia and Pain Medicine” but “the anaesthesia department”. Exceptions are the College, Fellow, the Faculty (for the Faculty of Pain Medicine). Please note that trainee is lower case.

See also “Official titles”.

cardiology
Lower case unless used in a full and proper title.

Caucasian
Has a capital “C”.

Celsius
Has a capital “C”.

census
Has a lower case “c”.

central Australia
Has a lower case “c”.

central business district
Lower case.

chair
Not chairman, chairwoman or chairperson. Use lower case unless it is being used as a title with a person’s name.

See also “Official titles”.

Christchurch
In New Zealand and Hampshire, but Christ Church in Oxford.

College
Upper case. Prefer “College” to “ANZCA” when used following an initial reference to the Australian and New Zealand College of Anaesthetists except when referring to the incorporated business entity. When referring to the plural form, “colleges” not “Colleges”.

combating/combated
One “t”.

combined scientific meeting
Spell out in first reference. Lower case unless using the full and proper title, for example, “the ANZCA Combined Scientific Meeting 2011”.

commence
Avoid. Use “begin” or “start”.

compared to/compared with
“Compared to” means to liken one thing to another, suggesting similarity. “Compared with” means to set things side by side and examine to what extent they are similar or different. Use “compared with” but “similar to”.

comprise/consist of
Comprise means put together, so the whole comprises the parts. Never say “comprised of”. For example, “Australia comprises six states and two territories”. “Consist of” introduces a material or ingredient that forms part of the whole.

conference, meeting names
Use maximal capitalisation, for example, Seventh Annual International Genetics Conference. For conferences that have a theme or are subtitled, use double quotes with minimal capitalisation, for example, the ANZCA Annual Scientific Meeting 2010, “How meets why”.

constitution
Lower case unless used in the full and proper title, for example, ANZCA Constitution (but “the constitution says...”)?

continual/continuous
Not interchangeable. Continual means regularly or frequently recurring or always happening; continuous means going on without a break, uninterrupted.
continuing professional development
Lower case unless in a full and proper title, for example, “the Continuing Professional Development Program”. But “all Fellows must undertake continuing professional development”. Should be lower case with acronym in brackets if required for subsequent reference. For example, continuing professional development (CPD).

contrast
Contrast with, not contrast to.

convener
Not “convener”. Lower case unless used in a full and proper title.

co-operate
Also co-operative, co-ordinate, co-op, co-opt.

councillor
Lower case.

councillor/counsellor
A councillor is a member of a council; a counsellor is one who counsels (advises) people.

council
Lower case unless using the full and proper name, for example, “the ANZCA Council”. Lower case in other references, for example, “the council voted to...”

course names
Use maximal capitalisation in the correct and proper title of a course, for example, Continuing Professional Development Program or Emergency Management of Severe Trauma (EMST) course.

criteria
Criteria is plural, criterion is singular.

CT scan
Formerly CAT scan.

currently
Avoid. It is usually unnecessary. If it is necessary, it can usually be substituted with “now”.

curriculum revision
The name of the 2013 revised curriculum project is ANZCA Curriculum Revision 2013 or the ANZCA Curriculum Revision 2013 Project.

curriculum vitae
Spell out, not CV. Does not need italics. Lower case.

dates
The style is day-month-date-comma-year. For example, “Thursday January 1, 2010” and “from January 1-10, 2009” and “from December 30, 2009 to January 6, 2010”.

Prefer the date written in full rather than, for example, “15/1/2010”. For graphs and tables, the following shortened forms, without full points, are preferred: Jan, Feb, March, April, May, June, July, Aug, Sept, Oct, Nov, Dec.

data
Data is the plural of datum.

days of the week, shortened
Prefer to use full, unabbreviated form but the following shortened forms, without full points, are acceptable: Sun, Mon, Tues, Wed, Thurs, Fri, Sat.

dean
Upper case for “Dean of the Faculty of Pain Medicine” but university dean is lower case. Say dean of arts, rather than dean of the faculty of arts.

departments and ministries
As with ministers’ titles, short names of departments and ministries may be inverted: Arts Ministry, Health Department. For ease of reading, do this only where a single word will appear before Department or Ministry.

See “Ministry”.

deputy
Lower case for deputy chancellor (university), deputy leader of a political party, deputy lord mayor, but capitals may be used for Deputy Premier, Deputy Opposition leader. For College titles, use lower case for deputy chair, deputy regional education officer, etc, unless in a full and proper title with the person’s name.

diarrhoea

dietitian
Not dietician.

different from
Not “different to”.

diseases
Lower case all words in names of diseases except those words that are proper names. For example, acquired immune deficiency syndrome, legionnaires’ disease, but Alzheimer’s disease, Parkinson’s disease, Down syndrome, German measles.

disorientated
Not disorientated.

doctor, Dr
Like “Mr” and “Mrs”, “Dr” is an acceptable abbreviation for “doctor”. No full point after Dr.

Prefer “Fellows” when referring to ANZCA, other medical colleges and professional societies but otherwise lower case.

drug names
Pharmaceutical drugs have several names: brand, generic and chemical. Unless necessary, distinguish between them and use the generic rather than brand names. For example, when referring to Valium (brand), use the generic name diazepam.

See also “brand names/registered trade marks”.

e- (e-research, e-education, e-learning)
Hypenate and use all lower case when referring to activities undertaken and when used as an adjective, for example, “e-newsletter”, “e-research”, “e-education”, “e-learning”, “e-research developments”, “e-education program”. When used to start a heading or a sentence, use a capital, for example, “E-Learning update”. However the correct title for the College’s electronic newsletter is the ANZCA E-Newsletter, E-Learning Working Group.

editor
Lower case.

e-mail
Not e-mail or Email.

e-mail address
Use full points when email addresses appear at the end of a sentence, for example, “Mr Jones’ email address is bob.jones@anzca.edu.au.”

emphases
Don’t try to emphasise a word or idea by underlining or using italics or bold print. Emphasise through skilful use of language, such as putting the word or term to be emphasised at the start or end of a sentence.

e tc
Lower case, no full point.

Euro
Lower case.

ex officio
Lower case, two words.

federal, state
Lower case unless part of a specific title, for example, federal government, federal opposition, federal Health Minister (but capitalise Federal Parliament), “leaders of Australia’s state governments met in Canberra today”, “the State Government today denied the union’s claims”.

Fellows
Capitilise “Fellows” when referring to ANZCA, other medical colleges and professional societies but otherwise lower case.
fellowship
Lower case for “fellowship” unless in a full title with a person’s name.

first, second
Not 1st, 2nd. See also “numbers”.

focused and focusing
Not focussed, not focussing.

for example
Not e.g. or eg.

foetal
Not fetal.

foreign words
Italise in text only if necessary to avoid ambiguity.

forward slash
Prefer use of the word “or” but if two words require separation by a forward slash, for example “and/or”, there is no space between the words and the forward slash.

free
Not “for free” or “free of charge”.

Fremantle (in WA)
Not Fremantle.

fulfil
Also fulfilment, fulfilled and fulfilling.

full and proper titles
Don’t change, even if it contradicts ANZCA style. For example, “Anaesthesia & Analgesia”, not “Anaesthesia and Analgesia”, “World Health Organization”, not “World Health Organisation”. See also “Titles”.

full-time, part-time
Use a hyphen when used as adjectives; but no hyphen when used as an adverb. For example, “She has a part-time job” but “She works part time”.

full stops
Use only one space after a full stop.

government
Lower case in all cases: the Coalition government, the Gillard government, a government spokesman, the federal government, the New Zealand government, government policies etc. Capitalise specific parliaments: State Parliament, Federal Parliament, New Zealand Parliament.

government committees
Lower case for the names of all government committees.

gynaecology
Lower case.

Hawke’s Bay (New Zealand)
Not Hawkes Bay.

“haem” words
Should be spelt: haematoma, haematology, haemoglobin, haemophilia, haemorrhage, haemorrhoid.

head
Lower case, as in “the head of the Department of Anaesthesia”.

headings
Use sentence case in the headings and sub-headings in a publication, except for the title of the publication, which should be maximally capitalised. Avoid acronyms in headlines.

See “Titles”.

healthcare
Noun. Not health care. For example, “the healthcare sector” or the “healthcare industry”.

healthcare industry
Should be lower case with acronym in brackets if required for subsequent reference. For example, healthcare industry (HCI).

high commission/high commissioner
Lower case.

high-dependency unit
Use hyphen between first two words.

his or her
Spell out. Not “his/her” or “their” for singular gender inclusiveness. For example, “The trainee should submit his or her form to head office” and not “The trainee should submit their form to head office”.

holistic
Not wholistic.

homepage
Not “home-page” or “home page”.

honourable
Not honourable.

honours
Append a person’s honours only in formal documents or where they are relevant to the context of what is being communicated.

Order of Australia: The various levels of the order are Companion (AC), Officer (AO), Member (AM). There is also a Medal of the Order (OAM). People are appointed as members, officers or companions, or they are awarded the medal.

In New Zealand the honours (in order of seniority) are: the Order of New Zealand (ONZ); the Knight or Dame Grand Companion of the New Zealand Order of Merit (GNZM); the Knight or Dame Companion of the New Zealand Order of Merit (KNZM or DNZM); the Companion of the New Zealand Order of Merit (CNZM); the Queen’s Service Order (QSO); the Member of the New Zealand Order of Merit (MNZM); and the Queen’s Service Medal (QSM).

hyphenation and compounding
Minimise the use of hyphens. Words such as perioperative and healthcare do not require hyphens. Use a hyphen when two words are used to describe something. For example, “long-term solution”.

Hyphenate compound adjectives (including measurements) used before a noun, for example, a three-year course, a first-year student, a mile-long list. Hyphenate compounds including words such as “all”, “self” and “half”, for example, “a real self-starter”, “half-hearted efforts”, “all-knowing” and “all-seeing”. An exception is “intensive care medicine” and “intensive care unit”.

hypertension/hypotension
Hypertension means abnormally high blood pressure, hypotension means abnormally low blood pressure.

immediate past president
Lower case.

implement
Prefer “do”, “carry out” or “fulfil”.

in attendance
Use “present” or “there”.

increasing numbers of
Say “more”.

indigenous
Lower case unless in a full and proper title.

in excess of
Say “more than”.

information technology
Lower case unless used in a full and proper title, for example, “the Information Technology unit”. Avoid acronym unless necessary.

initials
No spaces between initials and no full points, for example, CL Butchers.
inoculate

inpatient

One word.

in spite of

Use “despite”.

**intensive care medicine**

Lower case unless used in full and proper title. No hyphen.

**intensive care unit**

Lower case unless used in a full and proper title. Acronym “ICU” may be used in subsequent references if required. No hyphen.

**international medical graduate (New Zealand)**

Lower case unless used in full and proper title. Spell out in first reference, acronym IMG may be used in subsequent references. Prefer spelling out plural references as “international medical graduates” instead of “IMGs”.

In New Zealand, an overseas trained specialist is referred to as an international medical graduate (IMG) not an international medical graduate specialist (IMGS) as in Australia.

**international medical graduate specialist (Australia)**

Lower case unless used in full and proper title. Spell out in first reference, acronym IMGS may be used in subsequent references. Prefer spelling out plural references as “international medical graduate specialists” instead of “IMGSs”.

**inquiry, inquiries and inquire**

Not enquiry, enquiries or inquire.

**in the lead-up to**

Use “before”.

**in-training assessment**

Lower case, hyphen between first two words and acronym in brackets if required for subsequent reference.

**internet**

Lower case.

**“ise” and “ize” words**

Should be “ise”. For example, “computerise” not “computerize”, “anaesthetise” not “anaesthetize”. However, if in the proper title/name of something, don’t change. For example, “World Health Organization”.

**in vitro**

No hyphen, two words.

**italics**

Italicise the names of books, journals, newsletters, films, works of art, plays, songs, concerts, tours, exhibitions, reports, newspapers, statements, television programs, scientific names. Foreign words in text can be italicised if necessary to avoid ambiguity. This should only be necessary for words not in common use.

See also “Titles”.

**Johns Hopkins Hospital**

**judgment**

Not “judgement”.

**justice of the peace**

Lower case, but JP for the abbreviation

**labelling**

Not “labeling”.

**labour**

Spelt “labour” unless in a full and proper title, for example, Australian Labor Party.

**large-scale**

Use “large”.

**last/past**

Do not use “last” for “latest” or “past”. For example, “It happened last month”, but “it happened in the past month”. “The latest meeting was last month”.

**learning portfolio**

Lower case.

**learnt**

Not learned (but “learned gentleman”).

**less/fewer**

Use “less” when the noun is uncountable, for example, “less water”; but “fewer” when it is countable, for example “fewer people”.

**licence/license**

Licence is the noun (drivers’ licence, liquor licence); license is the verb meaning to grant permission or authorise.

**long-term**

Use hyphen when using as an adjective, for example, “the long-term solution”. But “in the long term…”

**MacCallum**

The Peter MacCallum Cancer Institute (Melbourne).

**major**

Overused word. Use “big”, “large”, “great”, “leading”, “important”, “significant”, etc.

**Maori**

Upper case “M”, single and plural.

**master’s degree**

Lower case, for example, “master of science”.

**Medecins Sans Frontieres**

Translates to “Doctors Without Borders” but is the name of the organisation.

**member**

Lower case in all references, for example, “a member of the Quality Assurance Committee” and “member of parliament”.

**methamphetamine**

Not methlyamphetamine.

**midnight**

Not 12 midnight.

**ministers**

Use Health Minister, Education Minister, Justice Minister for short titles, but Minister for Local Government and Planning for longer titles to avoid clumsiness. Lower case the minister, a minister, ministers, ministerial and prime ministerial.

See also “Official Titles”.

**ministry**

Cap full names such as the Health Ministry but thereafter lower case, the ministry.

**money**

Make it clear which currency you refer to when using monetary figures, For example, $A10 or $NZ10. Note: the style is not $A10 or NZ$10.

**moot**

Means “debatable”, “arguable” or “controversial” and should not be confused with “mute”, meaning silent. Thus, “the idea that budgets are inherently strategic is moot”.

**“multi” words**

Words with this prefix are generally one word: multicellular, multimedia, multicoloured, multinational, multipurpose.

**multiple-choice question**

Lower case, with hyphen. Avoid using the acronym.

**myriad**

Often misused. It means many, so you can say the “myriad complications”, but you can’t say “a myriad of complications”.

**nauseated/nauseous**

Nauseated means sickened, affected by nausea; nauseous means causing nausea or sickness, disgusting or loathsome.
necessitate
Prefer “require”.

necessary
Prefer “need”.

nevertheless
Not “never-the-less” or “never the less”.

net
Prefer “internet” when referring to the internet. Lower case.

next of kin
No hyphens.

nonetheless
Not “none-the-less”.

northern hemisphere (and southern hemisphere)
Lower case.

North Island, South Island (New Zealand)
Upper case.

noon
Not 12 noon.

numbers
Always spell out numbers at the start of a sentence. When abbreviating, use no. (singular), and nos (plural, no full point). In text, spell out numbers from one to nine, for example, “The woman had five nine-year-old children to look after each day. One of the children had two siblings, aged 10 and 15”.

Commas and spaces: Use a comma in any number with more than four figures. Thus “1000” rather than “1,000” and “10,000” rather than “10,000”.

Per cent: Two words, no full point and with a space following the figure. Always use numerals, even for figures below 10, for example, “9 per cent”. This applies also to percentage points, for example, 3 percentage points”. In tables, use figures and the percentage symbol, with no space between figure and symbol, for example, “9%”.

Ordinals: Use words for ordinal numbers up to and including nine, and figures thereafter, for example, “the first floor of the Menzies building”.

o’clock
Use 6am, 9.57am, noon, 4pm, 8.30pm, midnight rather than the 24-hour clock.
No space between the figure and the am/pm.

official titles
For official titles and offices, see the separate section on “Official titles”.

OK
Not “okay”.

online
One word, lower case. Not On-Line.

ongoing
One word.

optimise
Prefer “make the best of”, “use effectively”; etc.

“our” and “or”, words
Should be “our” not “or”. For example, “colour”.

outpatient
One word.

Pacific islands
Lower case “i”. The south Pacific region, which includes (among others) Australia, New Zealand, Hawaii, Fiji, Samoa, American Samoa, Cook Islands, Papua New Guinea, New Caledonia, Solomon Islands, Tahiti, Tonga and Vanuatu. A person from this area would be described as a “Pacific Islander” – or a “Samoan” or “Cook Islander”.

page, volume
Use “p” to abbreviate “page”; “pp” for “pages”. When referring to the volume number of a publication, use “vol”.

See also “Referencing”.

pain medicine
Lower case unless in a full and proper title.

paraplegia, paraplegic
(also quadriplegia, quadriplegic)
A paraplegic has paralysis in the arms and legs, a paraplegic in the legs only. Tetraplegic is another term for quadriplegic.

partial/partly
It was a partial success, it was partly successful.

part-time/full-time
Hyphenate only as adjectives.

past
Use “the past six months”, “the past few days”, not “the last six months”, “the last few days”.

people/person(s)
The preferred plural of person is people, not persons.

perioperative
Not peri-operative.

per cent
Two words, not % unless in a heading, title or table. Always use numerals, for example, 3 per cent.

phone
When giving a phone number, use “Phone”, followed by a colon, followed by the phone number. For example, “Phone: +61 3 9510 6299”.

Do not use telephone, ph, tel or any other abbreviation. Extension should be written “Ext;”, facsimile should be “Fax;” and mobile should be “Mobile;”.

Phone numbers should reflect that ANZCA is made up of Fellows, trainees and staff from multiple countries. For example, Australia’s head office number should be written +61 3 9510 6299 and New Zealand’s +64 4 499 1213.

planning
Not future planning.

practice and practise
Practise: This is the verb “to practise” and also the adjective from that verb. For example, “I practise the piano”, “you are practising golf”, “the doctor has been practising for 10 years”, “she practises anaesthesia”.

Practice: This is the noun “the practice” (as in piano practice and a doctor’s practice). For example, “I have done my football practice”, “without enough practice, she would not get better at English”, “practice makes perfect”, “she visits her doctor’s practice”.

practitioner/practician

preventive
Not preventative unless part of a full and proper name, for example, the Corrainittee for Preventative Medicine.

Prince Henry Hospital
Not Prince Henry’s Hospital (Sydney). The former hospital of similar name based in Melbourne was “Prince Henry’s Hospital”.

principal/principle
Principal means main or chief (as in the school leader) and can be both a noun and an adjective. Principle is a rule or standard.

prizemoney/prizewinner
One word, no hyphen.

professional conference organiser
Should be lower case with acronym in brackets if required for subsequent reference. For example, “the professional conference organiser (PCO)”.

Guidelines for writing material – Style guide
professional document
Does not need to be capitalised, but use capitals in the title of the professional document. For example, “Please refer to professional document TE2 Policy on Vocational Training Modules and Module Supervision”. In later references it can be simply “the professional document”.

pro forma
Two words.

professor
Not Prof or A/Prof. When referring to a specific person, capitalise “Professor”, for example, “Professor Jones chaired the meeting”.

program
Not “programme” unless in a full and proper title.

proved/proven
Of the past participles of proved, prefer proved in these forms. For example, “This proved to be correct”, “her guilt was proved”. But adjectivally the word is proven. For example, “a proven method”.

pro-vice-chancellor
Hyphenated. Lower case unless in an official title with the person’s name.

postgraduate
Lowercase, one word, no hyphen.

post-mortem
Adjective and noun, but prefer “autopsy”.

publicly
Not “publically”.

purchase
Use “buy”.

quadriplegia/quadriplegic (also paraplegia/paraplegic)
A quadriplegic has paralysis in the arms and legs, a paraplegic in the legs only.

radioactive
One word.

radiotherapy
One word.

rang/rung
“Rang” is the past tense of ring, for example, “He rang yesterday”. “Rung” is the past participle that follows the verb has/have/had, for example, “He has rung me twice this week”.

regional/national
Should be “regional and national”, not “regional/national” as in “regional and national education committees”, “regional and national trainee committees” and “regional and national education officers”.

references
See “References”

revive
Prefer “resuscitate”.

room numbers and building names
Lowercase “building” and “room” except when proper nouns, for example, “the seminar will be held in room 212 in building 11 at 2pm”.

saint
Use the abbreviation “St” for saints’ names and for all churches, places, hospitals, etc, named after them. For example, St George Hospital, St John Ambulance. “St” should have no full point after it.

scientific names
Italicise. Capitalise the first word (the generic name), lower case the second word (the specific name): Homo sapiens, Homo erectus.

script
When referring to a doctor’s prescription, spell out “prescription”.

seasons
All seasons are lowercase unless used in a full and proper title. For example, the 2010 Spring Meeting of the Faculty of Pain Medicine.

seasons, semesters, holidays
The four seasons are lower case. Semesters are lower case. Religious and national holidays are minimally capitalised, for example, “the Queen’s Birthday long weekend”, “Melbourne Cup day”.

secretary
Lower case for all positions including “the secretary of the committee”, “the council secretary”.

self-assessment test
Spell out, avoid acronym.

short answer question
Spell out, avoid acronym.

similar to, compared with, contrast to, different from
south-east Asia (also north Asia etc)
south Pacific
southern hemisphere
Lower case.

spacing
In general, use only one space after full stops, bullet points, and before and after parentheses and brackets.

special interest group
Lower case unless used in a full and proper title. The acronym “SIG” may be used in subsequent references if required, for example, “Welfare of Anaesthetists SIG” but “welfare SIG”.

spokesman or spokeswoman
Lower case, not “spokesperson”.

states and territories
Use the following shortened forms: NSW, Vic, Qld, SA, WA, Tas, NT, ACT. Don’t use full points or all capitals for abbreviations that are not acronyms, for example, “Qld” not “QLD”. When referring to a particular state without naming it, use lowercase, for example, “the state has the highest per capita medical adverse event rate of all seven”.

capitalised

statewide
One word, lower case. Also “nationwide”, “worldwide”, but “Australia-wide”, “SA-wide” etc.

stationery/stationary
Stationery refers to pens, paper, etc, while stationary means not moving.

subsequent
Prefer “later” or “since”, depending on the context.

supervisor of training
Should be lower case with acronym in brackets if required for subsequent reference. Acronym should be “SOT” not “SoT”.

take place
Things take place by design or occur or happen by chance. Meetings take place, accidents or disasters “occur” or “happen”.

temperature
Use numerals: 2 degrees, 30 degrees, minus 2 degrees. Always use numerals, even for figures below 10, for example, “9 degrees”.

that is
Not “i.e.” or “ie”.

time

time

GUIDELINES FOR WRITING MATERIAL – STYLE GUIDE

titles (publications, arts)
• Articles in journals, chapters in books, headings, scientific papers, scientific projects or talks: In double quotes, minimal capitalisation, for example, “Health reform – the time is right”.
• Book titles: Italics and maximal capitalisation, for example, The Secret History.
• Conference names: Maximal capitalisation. For themes or subheadings, use double quotes and minimal capitalisation, for example, “How meets why”.
• Exhibitions, concerts and tours: Italics and maximal capitalisation, for example, What John Berger Saw.
• Newspapers, newsletters, journals, consultation papers, ANZCA professional documents, reports and periodicals: Italics and maximal capitalisation, for example, the ANZCA Bulletin, the ANZCA E-Newsletter, Anaesthesia.
• Paintings, drawings, sculpture: Italics and maximal capitalisation, for example, Blue Poles.
• Plays and films: Italics and maximal capitalisation, for example, The Sound of Music.
• Songs and musical compositions: Italics and maximal capitalisation, for example, The Vicar of Dibley, Simone de Beauvoir’s Babies.
• Television programs: Italics and maximal capitalisation, for example, The Vicar of Dibley, Simone de Beauvoir’s Babies.

See also “Official titles”.
See also “Referencing”.

training program
Not “training programme”.

time of day
Use as few figures as possible when describing time spans. Don’t use full points after “am” and “pm”, for example, “9–11am”, not “9am–11am”, “9am-3pm”, not “9.00am – 3.00pm”. Don’t use colons, for example, “7.30pm” not “7:30pm”.

together with
Avoid. Use “and”.

towards
Not “toward”.

trade names
Owners of trade names guard them closely and it is essential to get the name exactly right, capital letters, hyphens and all, or avoid them altogether. Examples include Aspro, Band-Aid, Vaseline, Pressure Pak, Doona, Coca-Cola, Valium. Be aware that some organisations insist on the copyright symbol being used.

ultraviolet
One word, lower case. But infra-red.

under way
Not “underway”.

US
Not USA. No full points. Generally no need to spell it out.

utilise
Prefer “use”.

vice-president
When describing an official title with a person’s name, use maximal capitalisation but use lower case for general references, for example, “the Vice-President, Dr Jane Smith” (but “a report by the vice-president”). Should be hyphenated.

vice versa

volume
When referring to the volume of a publication, use “vol”.

website
Use in preference to webpage. One word, lower case.

Weights and measures
Routinely spell out metric units, for example kilometres, kilograms, centimetres. Metric units may be abbreviated in tables, graphs and lists.

Whanganui (New Zealand)
Not “Wanganui”. The “h” was added recently to reflect correct Maori spelling.

while
Not whilst.

workplace-based assessment
Should be lower case, hyphen between first two words and acronym (WBA) in brackets if required for subsequent reference.

X-ray
Capitalise the “X” and use a hyphen.

ultraviolet
GRAMMAR

adverbs
Do not use a hyphen to attach an adverb ending in “ly” to an adjective. For example, “badly injured patient”. A hyphen should be used to attach an adverb to an adjective when using words such as “well”, “ill”, “hard”, “rough”. For example, “hard-working doctor” or “ill-informed patients”.

collective nouns
Collective nouns normally take a singular verb, for example, “the company is”, “the government is”, “the College is”, “the committee is”. However, variations do apply so take a commonsense approach and choose the word that best suits the sentence. For example, “A team of doctors were operating” or “A number of options are available”. Make sure you are consistent with singular or plural verbs when using collective nouns. For example, “The council has voted to increase the budget and it is confident… “ Not, “The council has voted to increase the budget and they are confident…”

compound adjectives
Use hyphens in compound adjectives if it improves the clarity of a sentence. For example, “value-added”, “high-risk” or “hand-held”.

its and it’s
“Its” is the possessive form of “it” meaning “of it” and “it’s” is an abbreviation of “it is”. There is no apostrophe of possession in “its” just as there is no apostrophe in “hers”, “yours” and “theirs”.

passive and active voice
When writing, use an active style, where the agent or “doer” of the action is the subject and appears before the verb. For example, “The doctor spoke to the patient’s family” is active, while “The patient’s family was spoken to by the doctor” is passive.

tenses
Ensure that tenses are consistent through a feature or other written materials. Do not switch between tenses.

who/which/that
Of the relative pronouns, “who” belongs to people and “which” to things. The rules around “which” and “that” are more complicated. As a rule of thumb, “which” is nearly always used after a comma, and “that” when no comma is necessary. If you can remove that/which without altering the meaning of the sentence, use “which”.

whose/who’s
“Whose” is the possessive of “who”. For example, “Whose telephone is this?” “Who’s” is the contraction of “who is” or “who has”. For example, “Who’s going with you to the conference?”
GUIDELINES FOR WRITING MATERIAL – PUNCTUATION

PUNCTUATION

apostrophes
Apostrophes are not used in place names or names of streets, for example St Leonards, Kings Cross, but keep them in church and hospital names such as St Mary’s or All Saints’ or Royal Children’s.
An initial apostrophe is used when denoting a decade, for example “the ’70s”, however it is preferable to write it out in full as “the 1970s”. For possessives, add “’s” to names that end in “s”, for example, Dr Jones’s clinic. Apostrophes are not needed just because there is a mix of numbers and letters. For example, 1970’s is the whole decade, whereas 1970’s means “of the year 1970”.

colon
A colon is most often used as the pause before a list. For example, “The patient suffered the following symptoms: high blood pressure, breathlessness and weight gain”. Following the colon use lower case when the colon introduces a list, an elaboration, an explanation or an associated idea. Use upper case when the colon introduces a quotation, for example, “He said: ‘What are you doing?’”

semicolon
Heavier than a comma but of less weight than a full stop or colon, a semicolon commonly connects two sentences which the author wants to link closely. For example, “The candidate could not be said to give a very good impression; he was very casually dressed”. Semi-colons can also be used to separate more wordy items in a list after a colon, especially when those items contain a comma.

hyphen
Hyphens are useful to help clarify meaning, particularly when used in adjectives. For example, “He had excellent house-building skills”. Use restraint and only use hyphens to improve the clarity of a sentence.

quotation marks
Use double quotation marks in all cases, except when there is a quote within the main quotation. Never leave a reader guessing the identity of the speaker, who should be identified before, during or at the end of the first sentence of a direct quote.

exclamation mark
Use sparingly in general writing and not at all in scientific writing. Never use more than one exclamation mark (“He killed the patient!!!”) or combine them with question marks (“Is he for real?!?!?”).

dash
Used around subordinate phrases or clauses within or at the end of sentences. Use sparingly.

spaces
After a full point, there should be only one space, not two or more.
OFFICIAL TITLES

Names and positions
When describing an official title with a person's name, use maximal capitalisation but use lower case for general references, for example, “the President Dr Jane Smith” (but “a report by the president”), “the Chief Executive Officer Mr John Smith” (but “a submission by the chief executive officer”), the “Director of Anaesthesia, Professor Bob Jones” but “Dr John Anderson is the head of the anaesthesia department”, the “Chair of the Finance Committee Dr Andrew Smith” but “there are several College chairs”.

When describing general roles, use lower case. For example, “anaesthetist Dr John Smith”, “neurosurgeon Mr James Andrews”, “lawyer Mr Phil Smith”, “supervisor of training Dr Bill Anderson”, “Dr James Johnson is the formal project officer”.

In most cases, dispose of the commas. Use only when the title is cumbersome.

Also capitalise all senior government-appointed positions, such as Auditor General, State Coroner, Chief Magistrate.

Training, education and other College-related titles
Names of training and education roles, courses and hospital departments should be in lower case unless in a full and proper title. Here are some examples:

advanced training
affiliated training regions
anaesthesia training program
annual training fee
approval
approved hospital
approved training
approved training sites
basic sciences
basic training
clinical anaesthesia
clinical training
consultant
curriculum
education officer
curriculum modules
final examination
formal project officers
formal project reviewers
head of department (not HOD)
high-dependency unit, hospital (unless used in full name
such as Royal Melbourne Hospital),
hospital departments of anaesthesia (unless using full and proper title)
intensive care medicine
intensive care unit
international medical graduate specialist
internet
in-training assessment
learning portfolio
medical associations (unless using full and proper title)
mission statement
module (unless used in title such as Module 6)
module supervisor
national office (unless the full and proper title, such as the New Zealand National Office)
operating suite
part 0
part 1
part 2
part 3 (not part I, part II or part III or part zero, part one, part two or part three)
primary examination
region
regional education officer
regional office
rotational supervisor
specialist medical colleges (unless using full and proper title)
state and territory health departments (unless using full and proper title),
supervisor of training
the committee (unless the full and proper title, such as the New Zealand National Committee or the Quality Assurance Committee)
trainee
training program
training time

Use upper case only when it is the official title, for example, Prevocational and Medical Education Training (PMET) and Training Agreement (as the name of a document), Early Management of Severe Trauma (EMST). Module should only be in upper case when referring to a module title, for example Module 11: Education and Scientific Inquiry. Any further reference should be in lower case.

Groups and committees
Groups and committees should be in lower case unless being used in the full and proper title of the group, for example, “the Queensland Regional Committee (but the regional committee), “the Acute Pain Special Interest Group”. In second references, it is preferable to use “the committee” or “the group” instead of using an acronym.

Forms
Correct titles of forms should be in upper case, for example the Formal Project Registration Form.

Professional documents
Does not need to be capitalised, but use capitals in the title of the professional document. For example, “Please refer to professional document TE2 Policy on Vocational Training Modules and Module Supervision”. In later references it can be simply “the professional document”.

Note: A separate style guide relating to professional documents is being prepared.
REFERENCING

ANZCA has adopted the Vancouver system of referencing for all College publications, including the ANZCA Bulletin and professional documents, and adapted it to suit ANZCA’s needs.

The referencing guidelines below may differ from ANZCA style, for example, how titles of publications are formatted.

The Vancouver system is commonplace in medical literature. As citations are denoted by a superscript numeral, it provides a streamlined reading experience.

Queries regarding referencing for ANZCA publications can be directed to the College’s librarian (library@anzca.edu.au). Queries regarding referencing within professional documents can be directed to the policy officer (policy@anzca.edu.au).

Features
- Each in-text citation is denoted by a superscript Arabic numeral. All numerals employed are captured in a reference list at the end of the document, and accompanied by relevant bibliographic information. If a particular source is referred to repeatedly throughout a document, it is always denoted by the same number.
- The superscript numeral should be inserted before all punctuation marks except those that mark the close of a sentence, for example, a full stop. It is recommended that direct quotes are followed immediately by the relevant superscript numeral. For example:

Baum suggests that “Australia may be fortunate in escaping two of the socio-environmental factors believed to be promoting the resurgence in infectious diseases globally.”

- When multiple references are cited simultaneously, a hyphen is used to indicate an inclusive range of three or more sources, for example, “text1-30.” A comma is used to list two sequential references, for example, “text1,4.”

Commas are used when listing references that do not form an inclusive range, for example, “text2,4,7-9.”

- The reference list is sorted in accordance with the in-text appearance of citations, that is, numerically, rather than alphabetically. Explanatory notes should not be interspersed in the reference list.
- For sources with six or fewer authors, all authors are listed. In the instance of seven or more authors, “et al.” follows the names of the first six.
- No italics are employed by the Vancouver system for reference lists. Italics are used only when referring to a source by full name in-text. For example:

In 2006 the National Health and Medical Research Council released a report entitled, Making Decisions About Tests and Treatments: Principles for Better Communication Between Healthcare Consumers and Healthcare Professionals.

Full bibliographic details of sources highlighted in this way are provided within the reference list. An exception to this is reference within an ANZCA professional document or the code of conduct. For example, TE14 Policy for the In-training Assessment (ITA) Process states:

- In the case of trainee illness or disability, reference should be made to College professional document TE19 Policy on Trainee Illness or Disability.
- An additional list entitled “further reading” may be created to draw readers’ attention to other worthwhile sources. This list is sorted alphabetically and should not contain any of the sources cited in-text, that is, any of those appearing in the reference list.

Note: An exception to the above is ANZCA professional documents. These have up to three lists at the end of the document, as follows:

- Related ANZCA documents (for example, other professional documents, code of professional conduct).
- References.
- Further reading.

The first of the above three lists is not formatted according to the Vancouver system. For further guidance, refer to the professional document style guide (currently in development).

Journal article

The following information is required:
- Author name(s), including initials.
- Article title.
- Journal title (abbreviated in accordance with the National Library of Medicine Catalog).
- Year of publication.
- Volume.
- Issue.
- Page number range.

Example:

Book

The following information is required:
- Author name(s), including initials.
- Book title.
- Edition (only if other than first edition).
- Editor (if applicable), including initials.
- Place of publication.
- Publisher.
- Year of publication.
- Page number(s) if applicable.

Note: If a direct quote from the book is referred to, include the relevant page number, for example “p. 302.” If the entire book was of influence, indicate the total number of pages in the book, for example, “pp. 973.”

Example:
Chapter in a book
The following information is required:
• Chapter author name(s), including initials.
• Chapter title.
• Book title.
• Edition (only if other than first edition).
• Editor (if applicable), including initials.
• Place of publication.
• Publisher.
• Year of publication.
• Page range.

Example:

Webpage
The following information is required:
• Author name(s), including initials.
• Year of publication, last update or copyright (n.d. for ‘no date’ if not provided).
• Website address.
• Date accessed.

Example:

ANZCA professional document
The following information is required:
• Author name(s), including initials.
• Title (including index, for example, PS9).
• Year of publication.
• Website address.
• Date accessed.

Example:

Report
The following information is required:
• Author name(s), including initials.
• Report title.
• Place of publication.
• Publisher.
• Year of publication.
• Website address, if available online.
• Date accessed, if available online.

Example:

Conference paper - published
The following information is required:
• Author name(s), including initials.
• Paper title.
• Editor(s) of proceedings, including initials.
• Conference title.
• Date of conference.
• Location of conference.
• Page number range.

Example:

Conference paper - unpublished
The following information is required:
• Author name(s), including initials.
• Paper title.
• Conference title.
• Date of conference.
• Location of conference.

Example:

References

Further reading

## COMMONLY USED ACRONYMS

Many acronyms are commonly used in the health sector but may be unfamiliar to international readers or readers from outside the health sector.

For the purposes of simplicity and ease of reading, please spell out the phrase in the first reference, with the acronym in brackets. Use the acronym in subsequent references if necessary.

Please note, a phrase or word grouping that is not capitalised can still have an acronym. For example, “healthcare industry (HCI)”.

<table>
<thead>
<tr>
<th>A</th>
<th>AAPM</th>
<th>American Academy of Pain Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABA</td>
<td>American Board of Anesthesiology</td>
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<tr>
<td></td>
<td>ABPM</td>
<td>American Board of Pain Medicine</td>
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<td></td>
<td>ACC</td>
<td>Accident Compensation Corporation</td>
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<td></td>
<td>ACCC</td>
<td>Australian Competition and Consumer Commission</td>
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<td></td>
<td>ACD</td>
<td>Australasian College of Dermatologists</td>
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<td></td>
<td>ACECC</td>
<td>Anaesthesia Continuing Education Co-ordinating Committee</td>
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<td></td>
<td>ACEM</td>
<td>Australasian College for Emergency Medicine</td>
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<td></td>
<td>ACH</td>
<td>Auckland City Hospital</td>
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<td>ACHS</td>
<td>Australian Council for Healthcare Standards</td>
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<td>ACCME</td>
<td>Accreditation Council for Graduate Medical Education</td>
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<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
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<td>ACSQHC</td>
<td>Australian Council for Safety and Quality in Health Care</td>
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<td>Auckland District Health Board</td>
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<td>AFPHM</td>
<td>Australasian Faculty of Public Health Medicine</td>
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<td>AFRM</td>
<td>Australasian Faculty of Rehabilitation Medicine</td>
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<td></td>
<td>AGM</td>
<td>annual general meeting (lower case unless used in full and proper title)</td>
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<td>AHMAC</td>
<td>Australian Health Ministers Advisory Council</td>
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<td>Australian Health Technical Advisory Committee</td>
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<td>Australian Health Workforce Officials Committee</td>
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<td>AIDA</td>
<td>Australian Indigenous Doctors’ Association</td>
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<td>Australian Institute of Health and Welfare</td>
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<td>anaesthetists in management</td>
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<td>Australian Medical Association</td>
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<td>AMC</td>
<td>Australian Medical Council</td>
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<td>AMWAC</td>
<td>Australian Medical Workforce Advisory Committee</td>
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<td></td>
<td>ANTS</td>
<td>anaesthetists non-technical skills</td>
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<td>ANZCA</td>
<td>Australian and New Zealand College of Anaesthetists</td>
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<td>ANZICS</td>
<td>Australian and New Zealand Intensive Care Society</td>
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<td>Australian and New Zealand Society of Palliative Medicine</td>
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<td>Australian and New Zealand Tripartite Anaesthetic Data Committee</td>
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<td>ANZTPA</td>
<td>Australia New Zealand Therapeutic Products Authority</td>
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<td></td>
<td>AON</td>
<td>area of need (lower case unless used in full and proper title)</td>
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<td></td>
<td>APLS</td>
<td>advanced paediatric life support</td>
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<td></td>
<td>ARC</td>
<td>Australian Resuscitation Council</td>
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<td></td>
<td>ARRG</td>
<td>Anaesthesia Resource Review Group</td>
</tr>
<tr>
<td></td>
<td>ASA</td>
<td>Australian Society of Anaesthetists, also American Society of Anesthesiologists</td>
</tr>
<tr>
<td></td>
<td>ASC</td>
<td>annual scientific congress (lower case unless used in full and proper title)</td>
</tr>
<tr>
<td></td>
<td>ASM</td>
<td>annual scientific meeting (lower case unless used in full and proper title)</td>
</tr>
</tbody>
</table>

| ASMOF | Australian Salaried Medical Officers’ Federation |
| | ASMS | Association of Salaried Medical Specialists |
| | AT | advanced training |
| | ATF | annual training fee; Advanced Trainee Fellowship (NZ) |
| | ATLS | Advanced Trauma Life Support (course) |
| | ATY | advanced training year (ATY 1 = advanced training year 1, ATY 2 = advanced training year 2, ATY 3 = advanced training year 3) |
| | AUSMAT | Australian Medical Assistance Team |
| | AVT | approved vocational training |
| | BAB | branch advisory body (to the medical councils) |
| | BOPDHB | Bay of Plenty District Health Board |
| | BT | basic training |
| | BTY | basic training year (BTY 1 = basic training year 1, BTY 2 = basic training year 2) |
| | CA | clinical anaesthesia |
| | CanMEDS 2000 | Canadian Medical Education Directions for Specialists 2000 Project |
| | CCDHB | Capital & Coast District Health Board |
| | CCRISP | Care of the Critically Ill Surgical Patient (course) |
| | CCST | Certification of Completion of Specialist Training (UK) |
| | CCUE | critical care in unusual environments |
| | CDAMS | Committee of Deans of Australian Medical Schools |
| | CDHB | Canterbury District Health Board |
| | CECANZ | Continuing Education Committee of Australia and New Zealand |
| | CEO | chief executive officer |
| | CEQA | Continuing Education and Quality Assurance (Committee) |
CHF   Consumers Health Forum of Australia

CICM  College of Intensive Care Medicine of Australia and New Zealand

CIREBA Conference of International Reciprocating Examination Boards of Anaesthesia

CMA  chief medical advisor

CMCNZ Council of Medical Colleges in New Zealand

CMDHB Counties Manukau District Health Board

CME continuing medical education (lower case unless used in full and proper title)

CMO career medical officer; chief medical officer

COAG Council of Australian Governments

CPAG Curriculum Project Advisory Group

CPD continuing professional development (lower case unless used in full and proper title), also College professional document

CPMC Committee of Presidents of Medical Colleges

CPMEC Confederation of Postgraduate Medical Education Councils

CSM combined scientific meeting (lower case unless used in full and proper title), also College professional document

CTA Clinical Training Agency (no longer exists)

CTC clinical teaching course (no longer exists)

CTEC Clinical Training and Education Centre

CTG Clinical Trials Group

Cusum cumulative summation

CVP cardiothoracic, vascular and perfusion (lower case unless used in full and proper title)

CYMRC Child and Youth Mortality Review Committee

D

DCNZ Dental Council of New Zealand

DGoH Director-General of Health

DHAS Doctors’ Health Advisory Service

DHB District Health Board

DHBNZ District Health Boards New Zealand

DHM diving and hyperbaric medicine

DoHA Department of Health and Ageing

DON director of nursing

DPA Director of Professional Affairs

DRHMNZ Division of Rural Hospital Medicine New Zealand

DVA Department of Veterans’ Affairs (Australian government department)

E

EACD Expert Advisory Committee on Drugs

EAP employee assistance program (lower case unless used in full and proper title)

EC Examinations Committee (formerly GEC)

ECFMG Educational Commission for Foreign Medical Graduates

EMAC Effective Management of Anaesthetic Crises (course)

EMST Emergency Management of Severe Trauma (course)

ETC Education and Training Committee

EX examinations (prefix for College professional documents dealing with examinations, for example, EX1 = examination document 1)

F

FANZCA Fellow of the Australian and New Zealand College of Anaesthetists

FARACS Faculty of Anaesthetists, Royal Australasian College of Surgeons

FCCS fundamental critical-care support

FCICM Fellow of the College of Intensive Care Medicine of Australia and New Zealand

FEC Final Examination Sub-Committee

FFARACS Fellow of the Faculty of Anaesthetists, Royal Australasian College of Surgeons (pre 1992)

FFPM Fellow of the Faculty of Pain Medicine

FFPMANZCA Fellow of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists

FFICANZCA Fellow of the Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists

FJFICM Fellow of the Joint Faculty of Intensive Care Medicine (now FCICM)

FPM Faculty of Pain Medicine

FPO formal project officer

FRCA Fellow of the Royal College of Anaesthetists

FTE full-time equivalent

FVDRC Family Violence Death Review Committee

G

GASACT Group of Australian Society of Anaesthetists Clinical Trainees

GHA general hospital appointments

GMC General Medical Council

GPET general practice education and training

H

HAC Hospital Accreditation Committee

HBL Health Benefits Ltd

HCI healthcare industry

HDC Health and Disability Commissioner

HDU high-dependency unit

HIC Health Insurance Commission

HLN Health Leaders’ Network

HO House officer

HOD head of department

HPCAA Health Practitioners Competence Assurance Act 2003

HPDT Health Practitioners Disciplinary Tribunal

HQSC Health Quality and Safety Commission

HRC Health Research Council of New Zealand

HWNZ Health Workforce New Zealand
I
IASP  International Association for the Study of Pain
IARS  International Anesthesia Research Society
ICCVA  International Congress of Cardiothoracic and Vascular Anesthesia
ICM  intensive care medicine
ICU  intensive care unit
IMG  international medical graduate
IMGS  international medical graduate specialist (lower case unless used in full and proper title)
IT  information technology (lower case unless used in full and proper title)
ITA  in-training assessment (for example, ITA-SF = ITA Short Form)

J
JCCA  Joint Consultative Committee on Anaesthesia
JFICM  Joint Faculty of Intensive Care Medicine (now CICM)

L
LEAP  Learning, Education and Professionalism framework
LP  learning portfolio

M
M&M  morbidity and mortality meeting (lower case unless used in full and proper title)
MAS  Medical Assurance Society
MBA  Medical Board of Australia
MCNZ  Medical Council of New Zealand
MCQ  multiple-choice question
Medsafe  New Zealand Medicines and Medical Devices Safety Authority
MJA  Medical Journal of Australia
MOCOMP  maintenance of competence
MOH  Ministry of Health (NZ)
MOPS  maintenance of professional standards
MPCC  multidisciplinary pain clinic/centre
MPMTP  Multidisciplinary Pain Medicine Training Program
MPS  Medical Protection Society
MS  module supervisor
MSAC  Medical Services Advisory Committee
MSOAP  Medical Specialist Outreach Assistance Program
MSTSC  Medical Specialist Training Steering Committee
MTRP  Medical Training and Review Panel

N
NACCHO  National Aboriginal Community Controlled Health Organisation
NAG  national advisory group (lower case unless used in full and proper title)
NBBC  National Breast Cancer Centre
NCCI  National Cancer Control Initiative
NCNZ  Nursing Council of New Zealand
NEAC  National Ethics Advisory Committee
NEO  national education officer
NGO  non-government organisation
NHC  National Health Committee
NHB  National Health Board
NHISAC  National Health Standards Advisory Committee
NHMRC  National Health and Medical Research Council
NHPAC  National Health Priority Action Council
NICS  National Institute of Clinical Studies
NICU  neonatal intensive care unit
NMDHB  Nelson Marlborough District Health Board
NSC  national scientific congress (lower case unless used in full and proper title)
NZ AASM  New Zealand Anaesthesia Annual Scientific Meeting
NZAC  New Zealand Anaesthesia Education Committee
NZATS  New Zealand Anaesthetic Technicians’ Society
NZCOM  New Zealand College of Midwives

O
OA  obstetric anaesthesia
OHS  occupational health and safety
OSCE  objective structured clinical examination
OSH  occupational safety and health
OTD  overseas-trained doctor
OTS  overseas-trained specialist
OTV  Occupation Training Visa

P
PACU  post-anaesthesia care unit
PBAC  Pharmaceutical Benefits Advisory Committee
PCO  professional conference organiser
PD  professional document, also professional development
PEARLS  personally arranged learning sessions
PEC  Primary Examination Sub-Committee
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>PF</td>
<td>provisional fellow</td>
</tr>
<tr>
<td>PFP</td>
<td>postgraduate fellowship program</td>
</tr>
<tr>
<td>PFY</td>
<td>provisional fellowship year</td>
</tr>
<tr>
<td>PGMC</td>
<td>Postgraduate Medical Council</td>
</tr>
<tr>
<td>PGY</td>
<td>postgraduate year (for example, PGY1 = postgraduate year 1, PGY2 = postgraduate year 2)</td>
</tr>
<tr>
<td>PHARMAC</td>
<td>Pharmaceutical Management Agency of New Zealand. Can also be referred to as Pharmac.</td>
</tr>
<tr>
<td>PHO</td>
<td>principal house officer (Queensland only)</td>
</tr>
<tr>
<td>PHO</td>
<td>primary health organisation (NZ)</td>
</tr>
<tr>
<td>PI</td>
<td>Pacific islanders</td>
</tr>
<tr>
<td>PM</td>
<td>pain medicine</td>
</tr>
<tr>
<td>PMMU</td>
<td>pain-management unit</td>
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<tr>
<td>POMRC</td>
<td>Perioperative Mortality Review Committee</td>
</tr>
<tr>
<td>PPR</td>
<td>professional practice review</td>
</tr>
<tr>
<td>PQAA</td>
<td>protected quality assurance activity</td>
</tr>
<tr>
<td>PS</td>
<td>professional standards (prefix for College professional documents dealing with professional standards, for example, PS12 = professional standards document number 12)</td>
</tr>
<tr>
<td>PTAC</td>
<td>Pharmacology and Therapeutics Advisory Committee</td>
</tr>
<tr>
<td>RANZCO</td>
<td>Royal Australian and New Zealand College of Ophthalmologists</td>
</tr>
<tr>
<td>RANZCOG</td>
<td>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</td>
</tr>
<tr>
<td>RANZCP</td>
<td>Royal Australian and New Zealand College of Psychiatrists</td>
</tr>
<tr>
<td>RANZCR</td>
<td>Royal Australian and New Zealand College of Radiologists</td>
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<tr>
<td>RARS</td>
<td>Rural Anaesthesia Recruitment Service</td>
</tr>
<tr>
<td>RASTS</td>
<td>Rural Advanced Specialist Trainee Support</td>
</tr>
<tr>
<td>RCA</td>
<td>Royal College of Anaesthetists</td>
</tr>
<tr>
<td>RCPA</td>
<td>Royal College of Pathologists of Australasia</td>
</tr>
<tr>
<td>RCPSC</td>
<td>Royal College of Physicians and Surgeons of Canada</td>
</tr>
<tr>
<td>RDAA</td>
<td>Rural Doctors Association of Australia</td>
</tr>
<tr>
<td>REO</td>
<td>regional education officer</td>
</tr>
<tr>
<td>RITA</td>
<td>record of in-training assessment</td>
</tr>
<tr>
<td>RNZCGP</td>
<td>Royal New Zealand College of General Practitioners</td>
</tr>
<tr>
<td>ROC</td>
<td>Regional Organising Committee</td>
</tr>
<tr>
<td>RRMA</td>
<td>rural, remote and metropolitan areas classification</td>
</tr>
<tr>
<td>S</td>
<td>simulation and skills training</td>
</tr>
<tr>
<td>SAQ</td>
<td>short-answer question</td>
</tr>
<tr>
<td>SAT</td>
<td>self-assessment test</td>
</tr>
<tr>
<td>SCDHB</td>
<td>South Canterbury District Health Board</td>
</tr>
<tr>
<td>SHO</td>
<td>senior house officer</td>
</tr>
<tr>
<td>SIG</td>
<td>special interest group (lower case unless used in full and proper title)</td>
</tr>
<tr>
<td>SMO</td>
<td>senior medical officer</td>
</tr>
<tr>
<td>SMRC</td>
<td>Specialist Medical Review Council</td>
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<tr>
<td>SOT</td>
<td>supervisor of training</td>
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<tr>
<td>SPUMS</td>
<td>South Pacific Underwater Medicine Society</td>
</tr>
<tr>
<td>SRAC</td>
<td>Specialist Recognition Advisory Committee</td>
</tr>
<tr>
<td>SSRS</td>
<td>Support Scheme for Rural Specialists</td>
</tr>
<tr>
<td>T</td>
<td>Technical (prefix for College professional documents dealing with technical matters, for example, T1 = technical document 1)</td>
</tr>
<tr>
<td>TAC</td>
<td>Training Accreditation Committee</td>
</tr>
<tr>
<td>TASSC</td>
<td>The Australian Simulation and Skills Centres</td>
</tr>
<tr>
<td>TDH</td>
<td>Tairawhiti District Health</td>
</tr>
<tr>
<td>TDHB</td>
<td>Taranaki District Health Board</td>
</tr>
<tr>
<td>TE</td>
<td>training and educational (prefix for College professional documents dealing with training and education, for example, TE11 = training and educational document number 11)</td>
</tr>
<tr>
<td>TEC</td>
<td>Tertiary Education Commission</td>
</tr>
<tr>
<td>TRF</td>
<td>training registration fee</td>
</tr>
<tr>
<td>TTR</td>
<td>training, teaching and research</td>
</tr>
<tr>
<td>TY</td>
<td>training year</td>
</tr>
<tr>
<td>U</td>
<td>UR number unit record number (used by hospitals - a sort of file number for a patient)</td>
</tr>
<tr>
<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
</tr>
<tr>
<td>V</td>
<td>visiting medical officer</td>
</tr>
<tr>
<td>VPA</td>
<td>vocational practice assessment</td>
</tr>
<tr>
<td>W</td>
<td>workplace-based assessment</td>
</tr>
<tr>
<td>WBA</td>
<td>Whanganui District Health Board</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WOA</td>
<td>welfare of anaesthetists</td>
</tr>
</tbody>
</table>
Guidelines for submitting articles

The ANZCA Bulletin is produced quarterly. ANZCA encourages the submission of letters, news and feature stories.

When submitting an article or a letter, please ensure that you have read and complied with the following guidelines:

• Contact the editor of the ANZCA Bulletin to discuss the nature of your article, its word length, and when you would like it published.

• Articles must be supplied as a Word document (final edited copy).

• Authors must adhere to copy deadlines unless by agreement with the editor. Submitting material earlier than the deadline is appreciated.

• Please supply the author’s full name, position or title relevant to the article, email address and phone number.

• Agree to a word length for your article with the editor in advance. As a general rule, feature stories should be in the region of 1500 to 2000 words (which includes references). With photographs, this is approximately three pages of the ANZCA Bulletin. Depending on the nature of the story and availability of photographs we prefer no more than 500 to 750 words (one to two ANZCA Bulletin pages, depending on photographs) for other articles. We also encourage succinct, shorter articles.

• It is the author’s responsibility to obtain written permission for the use of any copyrighted material.

• Please declare any conflict of interest when an article is submitted.

• The editor reserves the right to edit articles for reasons of space or clarity and all copy will be sent to a professional sub-editor/proof reader for checking before publication.

• A formatted proof can be sent to the author by email in pdf format. Please list any amendments in a return email and respond within 24-48 hours of receipt unless agreed otherwise by the editor. When making changes to an article, please highlight sentences that have been changed rather than resubmitting the whole article.

Guidelines for submitting letters

• Letters should be no more than 500 words and must include your full name, address and daytime telephone number.

• Please supply the letter writer’s full name, position or title relevant to the article, email address and phone number.

Style points for Bulletin articles

Articles must comply with the ANZCA Style Guide which provides guidance on grammatical usage, titles, dates, abbreviations and acronyms.

• Headlines. Suggested titles of articles should be no longer than six words. ANZCA’s sub-editors/proofers can suggest headlines.

• Subheadings. We encourage the use of sub-headings to break up large amounts of text.

• Author. At the bottom of the article or report, the author should supply:

First line: Who (include title and FANZCA if a Fellow). For example, Professor John Smith, FANZCA.

Second line: Title and organisation (most relevant to the article). For example, Director of Anaesthesia, John Hunter Hospital.

Third line: Where (include city and/or state). For example, Newcastle, NSW.

• Avoid using acronyms. Many acronyms commonly used in the health sector may be unfamiliar to other readers so should be avoided, or at least spelt out in full in the first instance in every article.

• Referencing. Please see “Referencing: Guidelines for writing material” in this guide.

• Publication titles. Articles in journals, chapters in books, headings, scientific papers, scientific projects or talks should be in double quotes with minimal capitalisation, for example, “Health reform – the time is right”. Book titles should be in italics and maximal capitalisation, for example, The Secret History. Conference names should be in maximal capitalisation with themes or subheadings in double quotes and minimal capitalisation. Newspapers, newsletters, journals, consultation papers, ANZCA professional documents, reports and periodicals should be in italics and maximal capitalisation.

Also see “titles” in this guide.
Guidelines for submitting photographs

We encourage authors to submit interesting photographs. All articles need to be illustrated and it is preferable to use “real” photographs rather than “stock” images, which must be sourced and paid for. Where possible, please submit photographs of the author or subject(s) of the report in action.

Please also note that:

- Photographs must be high resolution. Images embedded within a Word file cannot be used due to poor quality.
- You should submit a high resolution, quality photo of each author. This does not have to be in passport or dinkus format.
- Please supply captions with all photographs.
- When taking photographs for the Bulletin, for example, at regional events:
  - Set your camera to the highest photo size setting.
  - Take light, bright photographs that are not blurry. If unsure whether or not the flash is required, please take photographs with and without the flash.
  - Try and ensure the subject fills most of the frame (that is, move as close to the subject as possible).
  - If possible, ensure the background is not cluttered with unnecessary elements (doorways, wall hangings etc) in the frame.
  - Ensure the foreground is clear and uncluttered, keeping tables, coffee cups, coats and chairs out of view.
  - Capture different angles of events. For example, in addition to photographing key presenters, also include photographs of the event building (inside and out), special features of the event (for example, demonstrations, key documents).
  - Try candid shots where people are not posing, including shots of an entire room.
  - Avoid using mobile phone cameras that create small images.
  - For room shots, avoid photographing people from behind. Try to ensure that most people are facing the camera.
  - Photographs copied from the internet will not be large enough to reproduce in the Bulletin.
  - Supply captions, making sure that the people in the photo are named left to right, with titles, their names spelt correctly and any designation (such as president, chair, etc).

Below: Great examples of photos we are looking for to be placed in the ANZCA Bulletin.

Below: Different perspectives of the event.

Below: More generic photos which highlight the event.
ANZCA E-NEWSLETTER

The ANZCA E-Newsletter is produced about every six weeks and is aimed at informing Fellows and trainees about issues affecting them.

- Discuss all submissions with the editor.
- All items should be brief and succinct, ideally no longer than 60 words. Any relevant documents or websites can be linked to from the article.
- Items should be contemporary and prospective, that is, what is coming up rather than commentary on what has occurred.
- Items should be relevant, focusing on important core information that Fellows and trainees will find useful.
- Authors must adhere to copy deadlines unless by agreement with the editor.
- Please supply the author's full name, position or title relevant to the article and an email address and phone number if relevant.

- Please supply links to websites relevant to the item.
- The author is responsible for obtaining written permission for the use of any copyrighted material.
- Please declare any conflict of interest when submitting an item.
- All copy must be consistent with the ANZCA Style Guide.
- The editor reserves the right to edit articles for reasons of space or clarity.
- Please avoid using acronyms. Many acronyms commonly used in the health sector may be unfamiliar to other readers so should be avoided, or at least spelt out in full in the first instance in every article.
- We encourage authors to submit photographs, with captions, with their articles.
ANZCA WEBSITE

Online audiences are diverse and far reaching and they tend to scan and skim for information. Copy should be succinct and well edited as it is harder to read content on screen. To retain the readers’ attention there are some basic principles to apply.

**Keep it simple**
- Use plain English, be brief and avoid lengthy descriptions.
- Use short sentences with one idea per sentence.
- Keep paragraphs short and avoid lengthy blocks of text.

**Write in a reverse pyramid style**
Start with the conclusion then introduce key facts before finishing with background information.

**Edit**
Limit copy to 50 per cent of the words you would use in print. When you have finished writing your material reread it. Is everything you have written necessary? If not then delete. Online is not the place for descriptive phrases and imagery.

**Think of your audience**
People can access web content from around the world so it is important that you write for a broad audience. To make complicated content accessible, explain anything technical or give links for further information.

**Points to remember**
- All information on the website must be current and up to date.
- When posting a photo, always ensure that you “publish” it. Just because you can see it while you are logged in, doesn’t mean you can see it when you are not.
- Avoid using fonts such as **bold** and *italic* text unless essential to maintain consistency across the website. Headlines should be set on the “subheading” font.
- Avoid duplication. It is important that ALL information be kept up to date and duplication makes it difficult to ensure accuracy.
- Documents loaded onto the website should be pdf files, not Word documents. When you load a document, include its size on the site so that people who wish to download it know how large it is (for example, 125kB).
- Only use a “description” in the website description box if it is not obvious from the headline or subsequent titles what the content is about.
- There is no need to provide multiple links within one webpage to the same internal or external webpage – once is enough.
- Lists should always be in reverse chronological order. For example, lists of council reports should start with the most current through to the least current.
- There is no need to put the document type in the headline or reference, for example, “Council Report February 2010.pdf”
- Use anchors only when necessary to prevent scrolling through significant amounts of text.
- When adding an external link, please ensure that the link is correct by using the “Review” button. There is no need to give the name of the external website, simply write “click here” or “For further information, visit the website”.
- Capitalise only the first word of headlines and subheadings, unless it is a full and proper title.
- Always check links and anchors to ensure they are working. This applies whether you have added new content or amended existing content. Even a simple change, such as a change in font, can break a link/anchor.
- Do not include repeated explanations of acronyms, such as supervisor of training (SOT) on the same page. Once is enough.
- When using dot points, always end the opening sentence with a colon:
  - Start each point with a capital.
  - Finish each point with a full stop.
LETTERS

The typeface “Arial” is preferred for written material including documents, letters, emails and advertisements rather than the more traditional “serif” fonts, such as “Times New Roman”.

Friday April 29, 2011

Dr John Smith
10 Queen Street
ST KILDA Vic 3183

Dear Dr Smith

FINAL FELLOWSHIP EXAMINATION
Candidate number: 123

I am pleased to inform you that your performance at the recent written and medical viva sections of the final fellowship examination entitles you to proceed to the anaesthesia viva section.

The anaesthesia viva section of the final fellowship examination will be held in Melbourne at the Melbourne Convention Centre on Friday May 27 and Saturday May 28, 2011.

Specific details will be forwarded to you on Friday May 6.

I wish you well in the forthcoming vivas.

Yours sincerely

James Jones, MBBS, MMed, FANZCA, FAICD
Chairman
Final Fellowship Examination
EMAILS

We all get dozens of emails every day. We’re only really inclined to open and read the messages that are well thought out, that do not waste our time and that hold our attention.

Some guidelines:

• Limit sentences to 10 to 15 words.

• Start your email with a salutation that is appropriate to the occasion. “Dear X” or “Dear all” is preferred for business emails (rather than “Hi X”, “G’day X” or no salutation at all)

• Use headings and subheadings to signal key messages.

• Avoid long, continuous blocks of text.

• Use a single space between paragraphs.

• Write concisely enough so all the information can be read without the need for the reader to scroll.

• Write an engaging subject line so people notice your email among others.

• Head your email with a title that supports your subject line. Change the heading when the subject of the email changes.

• Stick to one idea per sentence.

• Avoid ALL CAPS (it’s the equivalent of shouting).

• Avoid using exclamation marks unless it really is exciting.

• Proof read your email before you send it. Store it as a draft if you are unsure that you want to, or should, send it.

Email signature

All staff should have loaded the ANZCA email signature which has been carefully designed to portray a uniform image.

The email signature is part of the ANZCA branding process that aims for a consistent look across the College. With this in mind, it is important not to alter the signature. The signature is contained in a “zip” file that can be copied to your desktop. The folder contains a pdf document that has instructions on how to download the signature.

If you need the signature sent to you or you are having problems downloading it, please contact Senior Designer, Christian Langstone at clangstone@anzca.edu.au.
ELECTRONIC LABELLING OF DOCUMENTS
Documents reviewed by several people should have the following conventions for naming and renaming applied.

The name of the document should be broken into the following areas:
1. The name of the authority.
2. The name of the document.
3. The status (which draft, which version).
4. The date (year/month/day).
5. Initials of reviewers.

For example:
ANZCA Sub MBA (name of authority)
Specialist Reg (name of document) Draft V1 (Status) 20110620 (Date)

Once changes are made, the initials of the reviewer should be added.

For example:
ANZCA Sub MBA Specialist Reg Draft V1 20110620 KL JB.docx

When it becomes final change “Draft” to “Final”. The document can then be converted to a pdf.

For example:
ANZCA Sub MBA Specialist Reg Final 20110620.pdf
THE COAT OF ARMS AND THE CONTEMPORARY “TRIANGLES” LOGO

The ANZCA brand consists of two identities; the ANZCA “triangles” logo, designed in 2007 to give the College a modern identity, and the ANZCA coat of arms, designed in 1992 when the Faculty of Anaesthetists separated from Royal Australasian College of Surgeons and formed the College. The aim of the “triangles” logo is for it to work in conjunction with the ANZCA coat of arms.

All ANZCA material produced by administrative staff should include the ANZCA “triangles” logo on its own or use it in conjunction with the coat of arms. The coat of arms should not appear on its own.

As a point of distinction, the coat of arms alone should only be used for professional or formal purposes by College office bearers such as the Council executive or committee members and Fellows writing on behalf of the College.

As a general rule, ANZCA administrative staff should only use the ANZCA “triangles” logo.
ANZCA “TRIANGLES” LOGO – COLOUR REPRODUCTION

Below is the correct colour reproduction of the ANZCA “triangles” logo with variations for print and the ANZCA website. Use the four-colour process version whenever possible.

Alternatively, please use the other versions outlined below.

These logos are all available on the ANZCA website and the G-drive labeled “ANZCA approved logos”.

Four-colour process:
Dark red: C0% M100% Y65% K42%
Light red: C0% M70% Y42% K30%
Grey: 40% black

Pantone:
Dark red: PMS 202
Light red: 70% PMS 202
Grey: PMS cool grey 8

Website:
Red: #990033
Grey: #999999
RGB dark red: R:153 G:0 B:51
RGB light red: R:180 G:84 B:89
RGB grey: R:153 G:153 B:153

Mono:
100% black
Light grey: 80% black
The ANZCA “triangles” logo can be “reversed”. It may be placed on any dark, solid-coloured background or photo as long as all text is still readable.

Mono background:
100% black

Mono background:
50% black

Single colour background:
100% colour

Single colour background:
50% colour
ANZCA “TRIANGLES”
LOGO – MINIMUM SIZE REQUIREMENTS

Below are the minimum size placement options for the ANZCA “triangles” logo.

The small version is only to be used when the regular version does not suit the required application.

Both ANZCA logo sizes require a minimum 5 millimetres around the entire border.
ANZCA COAT OF ARMS – COLOUR REPRODUCTION

Below are the correct colour reproduction variations for the ANZCA coat of arms when being used in print or on the ANZCA website.

**Pantone:**
Grey: PMS cool grey 8

**Mono:**
40% black

**Website use:**
Grey: #999999
RGB grey: R:153 G:153 B:153
ANZCA COAT OF ARMS
– MINIMUM SIZE REQUIREMENTS
Below are the minimum size placement options for the ANZCA coat of arms.

15mm minimum width

The ANZCA coat of arms sizes require a minimum 5 millimetres around the entire border.

The ANZCA logo and coat of arms require a constant size relationship as indicated “X width”. The total width of the ANZCA coat of arms must sit within the ANZCA logo’s letter “A”s as shown.
ANZCA “TRIANGLES”
LOGO AND COAT OF
ARMS PLACEMENT
The ANZCA logo, where possible, should be positioned at the top of the page and the coat of arms should be positioned, when appropriate, at the bottom corner of the page.
The use of more contemporary typefaces, such as “Arial” is preferred for written material including documents, letters, emails and advertisements rather than the more traditional “serif” fonts, such as “Times New Roman”.

Below are two typeface recommendations.

**Font size**

The font size of written material should be a minimum of 9 points for all body text and headings should be between 10 and 12 points.