



## Would you like to write an article for *Diabetes & Primary Care Australia*?

The new journal from the Primary Care Diabetes Society of Australia

To submit an article or if you have any queries, please contact: [rajna.ogrin@pcdsa.com.au](mailto:rajna.ogrin@pcdsa.com.au).

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### Title page

Please include the article title, the full names of the authors and their institutional affiliations, as well as full details of each author's current appointment. This page should also have the name, address and contact telephone number(s) of the corresponding author.

### Article points and key words

Four or five sentences of 15–20 words that summarise the major themes of the article. Please also provide four or five key words that highlight the content of the article.

### Abstract

Approximately 150 words briefly introducing your article, outlining the discussion points and main conclusions.

### Introduction

In 60–120 words, this should aim to draw the reader into the article as well as broadly stating what the article is about.

### Main body

Use sub-headings liberally and apply formatting to differentiate between heading levels (you may have up to three heading levels). The article must have a conclusion, which should be succinct and logically ordered, ideally identifying gaps in present knowledge and implications for practice, as well as suggesting future initiatives.

### Tables and illustrations

Tables and figures – particularly photographs – are encouraged wherever appropriate. Figures and tables should be numbered consecutively in the order of their first citation in the text. Present tables at the end of the articles; supply figures as logically labelled separate files. If a figure or table has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce the material.

### References

#### In the text

Use the name and year (Harvard) system for references in the text, as exemplified by the following:

- As Smith and Jones (2013) have shown ...
- As already reported (Smith and Jones, 2013) ...

For three or more authors, give the first author's surname followed by et al:

- As Robson et al (2015) have shown ...

Simultaneous references should be ordered chronologically first, and then alphabetically:

- (Smith and Jones, 2013; Young, 2013; Black, 2014).

Statements based on a personal communication should be indicated as such, with the name of the person and the year.

#### In the reference list

The total number of references should not exceed 30 without prior discussion with the Editor. Arrange references alphabetically first, and then chronologically. Give the surnames and initials of all authors for references with four or fewer authors; for five or more, give the first three and add “et al”. Papers accepted but not yet published may be included in the reference list as being “[In press]”.

**Journal article example:** Robson R, Seed J, Khan E et al (2015) Diabetes in childhood. *Diabetes Journal* **9**: 119–23

**Whole book example:** White F, Moore B (2014) *Childhood Diabetes*. Academic Press, Melbourne

**Book chapter example:** Fisher M (2012) The role of age. In: Merson A, Kriek U (eds). *Diabetes in Children*. 2nd edn. Academic Press, Melbourne: 15–32

**Document on website example:** Department of Health (2009) *Australian type 2 diabetes risk assessment tool (AUSDRISK)*. Australian Government, Canberra. Available at: <http://www.health.gov.au/preventionoftype2diabetes> (accessed 22.07.15)



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### Guidelines on suggested language usage

Below is for general guidance and is based on the guidelines developed by Diabetes Australia.

- *Diabetes & Primary Care Australia* avoids using the term “diabetic” as a noun.  
The preferred style is “people (or person) with diabetes” or “in the group without diabetes”, rather than “diabetic people (or person)”, “diabetic patient” or “non-diabetic group”. The terms “type 1” and “type 2 diabetes mellitus” are preferable to IDDM and NIDDM.
- “Men” and “women” should be used in preference to “males” and “females”.
- “Participant(s)” or “person/people” is preferred to “patient(s)” or “subject(s)”.
- Terms such as “adherence”, “non-adherence”, and “sub-optimal self-management” are preferred to “compliance” and “non-compliance”.
- Descriptions of the behaviour or outcome (e.g. “out-of-target blood glucose levels”) are preferred to descriptions of the person that imply judgement (e.g. “she/he has poorly controlled diabetes”).

### Authorship

We follow the ICMJE (International Committee of Medical Journal Editors) guidance related to authorship of articles, which can be read in full at:

[www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html](http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html)

In brief, the ICMJE recommends that authorship be based on the following four criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

### Article types

Articles may fall into the categories below. All articles should be 1700–2300 words in length and written with consideration of the journal’s readership (general practitioners, practice nurses, prescribing advisers and other healthcare professionals with an interest in primary care diabetes).

**Clinical reviews** should present a balanced consideration of a particular clinical area, covering the evidence that exists. The relevance to practice should be highlighted where appropriate.

**Original research** articles should be presented with sections for the background, aims, methods, results, discussion and conclusion. The discussion should consider the implications for practice.

**Clinical guideline** articles should appraise newly published clinical guidelines and assess how they will sit alongside existing guidelines and impact on the management of diabetes.

**Organisational** articles could provide information on newly published organisational guidelines or explain how a particular local service has been organised to benefit people with diabetes.