GUIDELINES FOR GENERAL AND SOAPBOX PAPERS

The terms ‘general paper’ and ‘soapbox paper’ refer to non-peer-reviewed papers for presentation in the concurrent sessions.

General papers are 20 minutes in length, while soapbox sessions are allocated just 10 minutes.

First-time presenters are encouraged to seek assistance from the National Rural Health Alliance with the preparation and submission of their papers.

CONFERENCE PROCEEDINGS

Unless special arrangements have been made with the Alliance, all presenters are required to provide a full written paper for publication in the conference proceedings. Authors subject to the exception are required to prepare a one-page summary of their presentation for inclusion in the conference proceedings.

IMPORTANT DATES

Written papers will be published in the conference proceedings. To facilitate this, presenters are asked to provide their full papers by 30 March 2017. If papers are not received by this date, an author’s place on the program cannot be guaranteed.

PAPER CONTENT

The paper should be original and should develop the topics and/or methods outlined in the abstract. The author’s name(s) and affiliation(s) should be included in the paper below the title. The title in the paper should be the same as it appears on the abstract and program.

LENGTH

Papers should be around 3,000 words but no longer than 3,500 words.
PAPER FORMAT

- The paper should be supplied in a Word document with the surname and first name of the presenting author included in the file name (eg, Smith, John.doc).
- Lists should be set as bullets, unless there is a particular reason for them to be numbered.
- Full stops are not generally used for abbreviations (eg: Mr, Dr, etc).
- Use **bold** (not underlining) if you need to emphasise words.
- Any references should be listed at the end of the paper. The Vancouver system of referencing is preferred (see attachment).

RECOMMENDATIONS

All authors are encouraged to include at least one policy recommendation as part of their paper. For instance, the recommendation might draw out the implications of the work for practical changes to health services on the ground.

PAPER SUBMISSION

Papers are to be emailed as Word documents to speakers@ruralhealth.org.au
THE VANCOUVER SYSTEM OF REFERENCING

The Vancouver system of referencing is used in some scientific (particularly) medical literature. References are shown with in-text numbering using superscript Arabic numerals, as shown here\(^1\), which relate to references listed at the end of the document.

In the text, each reference is numbered in the order of appearance. This numeral becomes the unique identifier of the source to which it refers; if the source is referred to again, the identifying numeral is repeated.

More than one identifier can be used at a single reference point to indicate multiple sources: commas (also set as superscript characters) are used to separate the identifiers and there is no space between the comma and the number following it, as shown here\(^{1,5}\).

The identifiers should be placed before all punctuation marks except full stops and, whenever possible, immediately after a direct quotation.

In the reference list, the references are numbered according to their identifier in the text and are listed in numeric order. The names of all authors should be included when there are six or less; when there are seven or more, list the first three followed by et al.

Depending on its type, references should be listed as shown in the examples below.

**Journal article**


**Book**


**Chapter in a book**


**Journal article on the Internet**