NICE National Institute for
Health and Care Excellence

NICE style guide

Corporate document

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www.nice.org.uk/corporate/ecd1

Contents

Using this guide

This style guide tells you NICE's standard way to express concepts, spell words and format phrases.

It's grouped by themes so you can quickly make the right style choice.

You can search the style guide by:

- clicking into the relevant section and pressing Ctrl+f (PC) or ?+f (Mac)

- typing the word or search term that you're looking for and pressing Return

- clicking 'Download', selecting 'Save as PDF', and then searching the PDF of the entire style guide.

We've put this style guide together to help us all write consistently.

- If you're looking for advice on how to write crisp and clear text read our writing for NICE guide.

- For grammar tips and to check spellings use Cambridge dictionary.

- For easy to understand language about conditions, check the A to Z of NHS health writing.

- If something is not covered, check NHS digital's style guide.

Talking about NICE

Refer to NICE, not the Institute. Use we when you can. Using a possessive apostrophe is fine ('see NICE's technology appraisal guidance on...').

NICE guidance refers to all the guidance we produce that includes recommendations (including guidelines). NICE guidelines refers specifically to guidance for clinical, social care, public health and medicines practice topics. NICE advice refers to NICE publications on specific topics that do not include recommendations.

NICE committees are singular ('The committee discussed the evidence. It noticed that...'). Use committee members if you cannot reword the sentence any other way ('Committee members agreed that...').

Use capital letters when talking about directorates and programmes (Centre for Health Technology Evaluation, the Centre for Clinical Practice).

Use lower case for committees, groups, departments, products and job titles (appraisal committee, guideline committee, evidence review group, medical technologies advisory committee, publishing, facilities, finance, technology appraisal, project manager).

Talking about people

Use person-centred language. Be respectful, empathetic and inclusive. Person-centred language reflects good manners and sensitivity, not political correctness. There are some examples in table 1.

Avoid labelling people. Conditions describe what a person has, not what a person is. Diseases are treated, not people. Diseases, not people, respond to treatment. Conditions, not people, are monitored. People are not unsuitable for treatments: treatments are unsuitable for them. People have diseases, they do not suffer from them.

Important exceptions are 'autistic people' and 'disabled people'.

Table 1 Person-centred language

Do use	Do not use
People with diabetes	Diabetics
People with schizophrenia	Schizophrenics
People with obesity	Obese people
People who smoke	Smokers
People who use drugs	Drug users, drug addicts
People who are dependent on alcohol People who misuse alcohol	Alcoholic People who abuse alcohol
A person with depression A person with a mental health condition	A person suffering from depression Mentally ill, mental health problems
People with behaviour that challenges services	People with challenging behaviour
People with a learning disability	People with learning disabilities, people with intellectual disabilities
Disabled people	People with a disability

Do use	Do not use
Autistic people	People with autism
Surgery is unsuitable for some people	Some people are unsuitable for surgery
If the disease has already been treated	If the person has already been treated
The disease did not respond to treatment	The patient did not respond to treatment
When monitoring the disease	When monitoring the patient

Also see GOV.UK's inclusive language: words to use and avoid when writing about disability.

Try to use people, not patients or service users. Sometimes it will make sense to use other terms (for example, when talking about clinical trials or to distinguish from other groups), but even then, consider people in the trial or people who use X services.

Deaf and blind

Deaf can be used to mean any range of hearing loss, but Deaf (with a capital D) may also refer to people who consider themselves to be part of a cultural or linguistic minority. Most members of this community use a sign language as their preferred language. People with hearing loss or people with hearing impairment may be more suitable.

Blind refers to total loss of vision. Visual impairment refers to any kind of partial sight that is below 'normal' levels. Remember to use whichever is appropriate for the context.

Age

Always be specific when talking about people's age, for example 'people aged 90 and over'.

Be accurate: men over 65 is different from men aged 65 and over (1 includes men aged exactly 65, the other does not).

Do not use the age of... or ...years of age. Saying X-year olds or over Xs is fine.

Do not use neonates. If you mean newborn babies, say in newborn babies. If you specifically mean the neonatal period (that is, up until 28 days), say in newborn babies under 28 days.

Do not use age groups if possible, because they mean different things to different people. If you need to, we stratify them as follows, but you should usually define them at first use:

- babies: 1 year and under

- children: up to 12 (but define in brackets because child means different things to different people)

- young people: between 12 and 17 (but define in brackets because young person means different things to different people)

- adults: 18 and over

- older people: 65 and over.

Faith

Avoid faith-specific language or terminology that may exclude some of our users (use first name not Christian name).

Use faith groups to refer to people with religious beliefs collectively. Take into account the customs and practices associated with particular beliefs, but avoid stereotyping or making assumptions. Give examples if possible, but do not try to list every possible faith group that shares a particular belief.

Ethnicity

Use a capital letter and be specific when talking about someone's ethnic background. For example, 'levels of diagnosed ill health are higher in Pakistani, Bangladeshi and Black Caribbean groups'. Use the UK Government's list of ethnic groups for how to refer to specific ethnicities or broader ethnic groups.

If you cannot be specific, use 'ethnic minority'. For example, 'The study included 13 people from ethnic minority backgrounds'.

Do not use Black, Asian and minority ethnic, or the abbreviations BME or BAME.

Skin colour

Only use skin colour if it's essential to make sense of what you're discussing. Use lowercase 'black', 'white' or 'brown', not 'dark' or 'light'.

If talking about a condition that affects the skin, be specific if it looks different on different skin colours. For example, 'pressure ulcers in people with brown or black skin tend to present as purple or blue patches, whereas in people with white skin they tend to present as red patches'.

Sex, gender and sexual orientation

Do not confuse sex, gender and sexual orientation, but remember that these can intersect. See NHS.uk for definitions of sex, gender and sexual orientation.

Use 'sex' if talking about biology. For example, 'there is not enough evidence to know if these treatments affect people differently based on sex'.

Use inclusive language. This usually means using 'people', 'they' and 'them' or rewording. See table 2 for examples.

If being neutral would be unclear, unsafe or inaccurate, be more specific. This might mean talking about one population, if you're referring to statistics or clinical trial evidence. For example, 'gender surgery for trans men may include construction of a penis', 'the clinical trial included 44 men', or 'women living in the most deprived areas are more than 2.5 times more likely to die than women living in the least deprived areas'. Or, it might mean adding populations if the content applies to different groups: For example, 'lower urinary tract symptoms in men, trans women and non-binary people with a prostate', or 'This guideline is for pregnant women and pregnant trans men and non-binary people'.

Use man, woman, or trans person, trans man or trans woman if you are referring to someone whose gender identity differs from the sex they were registered with at birth. Do

not use transwoman, transman, transgender or transsexual.

Use anatomical terms like vagina, penis, uterus, prostate. For example, 'The device is circular and encloses the penis'.

Do not change words that describe broad services or medical specialties. For example, 'maternity services'.

Table 2 Gender wording examples

Original	Reworded
Offer hormonal treatment to women with suspected, confirmed or recurrent endometriosis.	Offer hormonal treatment if there is suspected, confirmed or recurrent endometriosis.
Warn men undergoing radical treatment for prostate cancer of the likely effects of the treatment on their urinary function.	Explain how radical treatment for prostate cancer may have negative effects on urinary function.
Diagnose gestational diabetes if the woman has a 2-hour plasma glucose level of 7.8 mmol/litre or above following an oral glucose tolerance test.	Diagnose gestational diabetes if an oral glucose tolerance test shows plasma glucose levels of 7.8 mmol/litre or above.

Use sexual orientation not sexuality. For example, 'residential care should reflect sexual orientation and cultural preferences'.

Be specific, and remember that sexual orientation and gender can intersect, when talking about sexual orientation. You can use, for example, lesbian, gay, bisexual, asexual, or pansexual. For example, 'Ensure staff are aware that bisexual and asexual people are also at risk of forced marriage'. Use Stonewall's glossary on LGBTQ+ terms for how to refer to specific sexual orientations.

If it's not possible to be specific, use the abbreviation LGBTQ+ (no need to spell it out). For example, 'Consider providing services for particular groups experiencing homelessness, such as LGBTQ+ people'.

Disfigurement

You can use 'disfigurement' to talk about a group of people, for example, 'people with disfigurements often experience unwanted staring'.

But, if referring to an individual, avoid 'disfigurement' and do not use 'disfigured person', 'defect' or 'deformed'. Instead, use a term that describes the individual, such as 'scars from a cancer operation', or 'Moebius syndrome'.

If describing a cancer, or surgery, avoid using the word 'disfiguring'. Use neutral words, such as 'skin cancer, which can change the appearance of the face if it spreads'. Or specifically describe what the surgery is, for example, 'surgery to remove the nose'. You could also use 'surgery that causes a visible difference to a person's face'.

Other terms

Try not to use clinician. Healthcare professional is preferable if you want to specify a qualified professional, or healthcare worker for more general use.

Table 3 Social and care terms

Do use	Do not use
End of life care	Terminal care
Socioeconomic status	Class Poor people Wealthy people
People who are underserved (but be more specific if you can)	People who are neglected Hard-to-reach people Disadvantaged people
People experiencing homelessness (but be more specific if you can)	The homeless People who sleep rough People without homes

Do use	Do not use
People who take their own life People who die by suicide	People who commit suicide People who kill themselves

Use frailer people for people whose age or physical characteristics may prevent their having certain treatments ('Older, frailer people for whom chemotherapy is not suitable').

Asylum seeker, refugee and migrant worker are not interchangeable.

Refer to Think Local Act Personal's Care and Support Jargon Buster for other helpful social care definitions.

Spelling and choosing the right word

Spelling

Use UK English spellings (for example, colour, tumour, authorise, optimise and leukaemia). See table 4 for some important examples and exceptions.

Table 4 Spellings

Do use	Do not use
Adviser	Advisor
Among	Amongst
Dietitian	Dietician
Fetus	Foetus
Focused Focusing	Focussed Focussing
Formulas	Formulae
Naive	Naïve
Homeopathy	Homoeopathy
Recurring	Reocurring
Targeted	Targetted
While	Whilst
World Health Organization	World Health Organisation

Contractions

Do not use negative contractions like can't and don't. Research from the Government Digital Service shows that many users find negative contractions harder to read and they sometimes misread them as the opposite of what they say.

You can use common positive contractions (like it's or you'll).

Choosing the right word

If you're unsure about which word to use:

- look at previous publications on similar topics and be consistent if possible

- think about what's most appropriate for your audience

- remember to use the simplest and plainest words possible.

Table 5 Choosing the right word

Do use	Do not use
Because	As Due to Since
Most	The majority of
Need	Require
Shows	Demonstrates
Help Allow	Facilitate
Done	Performed Conducted
Start	Initiate

Look out for common errors and misuses that can lead to ambiguity. Although we should be flexible in our writing and shape it to best suit the user, make sure that you are using words and phrases correctly. For example:

- Can or may: 'the drug can cause nausea' means that the drug definitely has the ability to cause nausea. 'The drug may cause nausea' means that there is a chance the drug causes nausea, but it's not a certainty.

- Fewer or less: use fewer when talking about something that's plural and countable ('people have fewer side effects'). Use less when talking about percentages or things that cannot be counted ('less than 12%'; 'there is less time than we thought').

- Compared with or compared to: use compared with when talking about how 2 things are different from each other. Use compared to when talking about how 2 things are similar.

- Regards: use with regard to when referring to something else. Use with regards [to] when writing a letter.

- Access, management and significant. Words like these have multiple meanings depending on the context. It's usually better to explain what you mean.

For more examples and advice, see the rules of clear writing in the writing for NICE guide.

Scientific and medical terms

Clinical trials

Do not confuse adverse events, adverse reactions, adverse effects and side effects.

- An adverse event is an unwanted event that happens when someone is having treatment, regardless of whether the event is related to the treatment.

- An adverse reaction is an unwanted reaction that happens when someone is having treatment, which is suspected to be related to the treatment.

- An adverse effect is an unwanted medical effect directly caused by a treatment.

- Side effect is more of an umbrella term that is often used in information for the public. It can be used to describe any unintended effect related to treatment.

Data is considered a mass noun. So use 'is' for data, as you would for 'information' or 'evidence'. For example, 'this data is uncertain', 'the data was incomplete'.

Use phase 1, 2, 3 or 4 rather than Roman numerals (I, II, III, IV) to describe phases in clinical trials and cancer staging. Screenreaders do not read out Roman numerals correctly.

Use confidence interval on first use and abbreviate to CI thereafter. Use 'to' rather than an en dash when describing confidence intervals to avoid confusion with negative numbers ('95% confidence interval -6 to 9').

Report p values with a lower case p and no space between the brackets ('p=0.01'). If a result is quoted as significant but no p value is given, check whether the data is actually statistically significant or whether something like notable might be more accurate.

Use abbreviations for trial names ('RESUSC-1'). There is no need to write them out in full. Write them in full capital letters: do not capitalise based on what the abbreviation stands for.

Avoid classing people as responders or non-responders when discussing treatment; use

'people whose disease responded' or '...did not respond' instead. In some cases (if, for example, you're describing a lot of data from a complex cancer trial), you may have to use responders and non-responders to avoid long, repetitive sentences.

Method and methodology are not interchangeable. Methodology is a system of methods used in a particular area of study (for example, the Cochrane Review Methodology Database) or the science of methods.

Put a full stop at the end of 'et al.'

Diseases and medical terms

Table 6 Diseases and medical terms

Do use	Do not use
Gonorrhoea	Gonorrhea
Cytological	Cytologic
Flu	Influenza 'Flu
Leukocyte	Leucocyte
Hodgkin lymphoma	Hodgkin's lymphoma
Neurological	Neurologic
Thrombocytopenia	Thrombocytopaenia
Neutropenia	Neutropaenia
Interferon alfa	Interferon alpha
Hormone-relapsed prostate cancer	Castration-resistant prostate cancer
Magnesium sulfate	Magnesium sulphate

Drugs and medicines

Use generic names for drugs (as listed in the British national formulary) unless a brand name makes more sense in context (for example, in some information for the public). Use

lower case for generic names. Always say generic, not non-branded.

Use medicine if you can. Drugs or medication are fine but if you use drugs make sure that it cannot be misinterpreted to mean illegal drugs.

Medicines are given according to a regimen, not a regime.

Dose or dosage: dose refers to the amount of drug ('patients had 500 mg paracetamol' or 'patients had paracetamol 500 mg'; either format is fine but be consistent). Dosage refers to both the amount and frequency of drug ('the recommended dosage is 500 mg, 3 times daily').

Avoid Latin phrases if there are clear English alternatives. If there is no simple English alternative (de novo, vice versa), do not italicise the Latin. Do not use shorthand dosing schedules ('as needed' not p.r.n.; '3 times daily' not t.d.s.).

Punctuation, formatting and bullet points

Brackets

Use brackets sparingly. They are fine for adding technical details of trial results, but avoid them if you can for subclauses in sentences. They can be confusing, particularly for people using screenreaders.

Do not put 2 sets of brackets next to each other. Use 1 set of brackets and other punctuation like commas, semi-colons or dashes to separate the text: (23.4 compared with 56.9; p<0.05) instead of (23.4 compared with 56.9) (p<0.05).

For brackets within brackets, use round brackets then square brackets (like this [for example]).

Bold and italics

Do not use bold or italics for emphasis. Use headings and bullet lists instead, and structure your content logically.

Do not use italics to describe Latin names of genes, bacteria, viruses and fungi. Make it clear from the text what you are talking about. For example, 'the genetic variant m.1555A>g in the gene MT-RNR1', or 'Clostridium difficile (C. diff) is a type of bacteria that can cause diarrhoea'.

Bullet points

Use bullet points to break up large chunks of text and to avoid long lists in sentences. Use the existing bullet style in the template you're using. Do not use a bullet if you only have 1 item. A screenreader will describe it as a bullet list and the user will be expecting more points in the list.

There are 2 bullet styles, for short lists and long lists. For both types, every bullet should follow from the stem. Avoid ending a bullet point with 'and' and 'or'. Use the lead-in to let people know the options (for example, 'including all of the following', 'only use 1 of these

options').

Short lists should:

- start with a lower case letter

- not have a full stop

- until the last bullet.

For longer lists, treat each bullet as a separate sentence:

- Each bullet should start with a capital letter and end with a full stop.

- You can include as many bullets as necessary in the list.

Quote marks

Do not overdo quotation marks. Use single quotes for everything except direct speech. For example, for unusual words, non-standard use, or phrases or words that have a specific meaning in the context ('In this guidance, 'rapidly' is used to mean within 4 hours'), and for words and phrases that are not in NICE style but cannot be changed (when quoting from a marketing authorisation or a research paper).

Use double quotes to reproduce direct speech (for example in a press release). If the quote is a complete sentence, put it in this format (note the full stop inside the quotation marks):

In the opening speech at the conference, Dr Brown said: "This guidance will help improve services for children."

If the quote is part of a sentence, use this format (note the full stop outside the quote marks):

Dr Smith said the new guidance would lead to "a big improvement in care for many patients".

If you're quoting a large amount of text, use quote marks at the beginning of each paragraph but do not close them until the end of the quote:

"The need for support at home is something that is likely to affect many of us. As we age, most of us will want to continue living in our own homes, surrounded by a lifetime of memories, for as long as we can.

"Helping a person remain as independent as possible is an important component to maintaining their wellbeing."

If you're leaving text out, show this using 3 dots (an ellipsis) in square brackets: [...].

Hyphens and en dashes

Use a hyphen if not using one could cause confusion or it looks strange (for example because of doubled vowels except 'oo'):

- 'Associated Press interviews lion hunting dentist'

- reenter

- antiinflammatory.

Antiepileptic, microorganism or antiarrhythmic do not have a hyphen.

Also use hyphens for compound adjectives if it makes them clearer ('a cost-effective treatment' but 'the treatment was cost effective'). But do not hyphenate adjectives that end in -ly ('strictly defined criteria' but 'well-defined criteria'). It's important to put hyphens in the proper place when using compound adjectives; compare pickled-onion seller with pickled onion-seller.

Always hyphenate 'non-'.

Do not hyphenate compound words in common use (healthcare, childcare, crossover, wellbeing, baseline, breastfeeding, birthweight).

Do not hyphenate prefixes like pre, post or peri. Preoperative, postoperative and perioperative are fine but if possible change them to before surgery, after surgery and during surgery.

Try to avoid multiple hyphens in a row, although sometimes this may be needed (non-small-cell lung cancer).

Use an en dash (Ctrl+dash key on the number pad) to show when there's an equal relationship between 2 things, and names formed from 2 people's names. Examples are:

- Dose–effect response, cost–utility analysis, doctor–patient relationship

- Creutzfeldt–Jakob disease, Guillain–Barré syndrome, Kaplan–Meier.

Do not use an en dash for ranges. Some screenreaders do not read them out. Instead, use 'from ... to' or 'between ... and':

- the ages ranged from 4 to 42 years

- he usually went to bed between 10pm and 11pm

- 95% confidence interval -78 to 87.

Note that it's fine to use an en dash in page ranges in references.

Abbreviations

Avoid abbreviations whenever possible. Do not use the abbreviation if it only appears once, unless it's more commonly used than the full term (see below for examples).

Define each abbreviation the first time you use it in a section. For example, disease-modifying antirheumatic drugs (DMARDs). Define immunoglobulins such as IgA, IgD on first mention as well because screenreaders read the abbreviation out as a word.

Do not use full stops in abbreviations (US, NHS), contractions (Ms, Dr) or initials (Dr HJ Baker).

Many common abbreviations are better known than what they stand for, so they do not need to be defined (in fact, to define them may make things less clear!).

Do not define

- UK

- US

- NHS

- GP

- BNF

- DNA

- MRI

- CT

- LGBTQ+

- AIDS

- HIV

- USB

- UV

This list is not exhaustive. Use common sense and think about what the user is likely to be familiar with.

Use the US to refer to the country, not America or the USA.

Do not use NICE-specific abbreviations (use technology appraisal, guideline committee, appraisal consultation document; not TA, GC, ACD).

Do not use e.g., i.e. or etc. Use for example, such as, that is and so on.

Capital letters

Do not use block capitals for a large amount of text, because they are difficult for people to read.

Write headings with a capital letter for only the first word, except for proper nouns.

Table 7 When and how to use capitals

Initial capital or title case	Lower case
Branded medicines, even if the brand is all in uppercase • Nurofen • Vydura • Prozac	Generic medicines • ibuprofen • rimegepant • fluoxetine
Proper nouns • Down's syndrome • Munchausen's syndrome • Parkinson's disease • Apgar score	Adjectival forms of proper nouns • caesarean • darwinian • parkinsonian
Questionnaire titles • Dermatology Life Quality Index • Psoriasis Area and Severity Index	Cross references to figures and tables • see figure 1 • table 2

Initial capital or title case	Lower case
Government legislation, departments, and job titles • Care Act 2014 • Health Secretary • Government Digital Services • Department for Education	Words deriving from a proper noun but are now commonly used • braille • doppler • gram stain • hoover
Titles of projects or campaigns • Active for Life • No Smoking Day	Patient numbers and p values • n=1000 • p=0.001
North, south, east and west in place names • West Lambeth • North Manchester General Hospital	North, south, east and west in general use • northern England • birds fly south for the winter
Government bodies • Local Government Association	Government in general use • a key government commitment
Trust names • Guy's and St Thomas' NHS Foundation Trust	Trusts in general use • local protocols have been developed by trusts

Numbers, units and symbols

If you need to write a minus (negative) number, use a hyphen because some screenreaders do not read out the negative symbol. Do not use a non-breaking hyphen because that is not read as a negative either.

Numbers

Use numerals (including for 1 to 9). Write numbers out in full if they appear at the start of a sentence, but use numerals if they are at the start of a heading or title.

We spell out 'one' when it means 'a' or to avoid repeating a word. For example, 'never take 2 doses at the same time to make up for a forgotten one'. We also use 'one' in phrases like 'one or the other', 'one of the first', 'one of the most common', 'one at a time'.

Spell out and hyphenate common fractions, such as one-half.

Spell out first to ninth. Use 10th and so on afterwards.

Avoid long strings of zeros by spelling out millions and billions (£4.2 million not £4,200,000).

Use US billions (1,000 million) not UK billions.

Use a comma for 4-digit numbers and above (4,000, 10,000).

Be consistent when rounding figures: '4.3 compared with 9.0' not '4.3 compared with 9'. Use a 0 when there's no digit before the decimal point (0.7 not .7).

Units

Do not put a space around symbols ($p < 0.01$; -12°C; $p = 0.012$).

Use non-breaking spaces between numbers and units (Ctrl+Shift+Space), except for percentages and temperatures (37°C, 76%).

Use the International System of Units (SI units) except for mmHg for blood pressure and other situations in which non-SI units are standard (for example, ml for millilitres). For some audiences you might want to use imperial measurements, for instance to describe weight. In these cases, always include the metric equivalent in brackets. Spell out imperial units rather than abbreviating them (inches not ").

You can use kcal for energy, but give values in kJ as well.

Give body mass index values as kg/m^2.

Use units people are most familiar with (100 ml rather than 1 dl), and be consistent throughout a document (do not use 100 ml in one place and 0.1 litres in another).

Always spell out:

- litre

- microgram (some programs convert µg to mg)

- microsecond

- nanogram.

Repeat units in lists and ranges to avoid ambiguity (5%, 15% and 25%; 5 ml to 15 ml).

Date and time

For dates, use the format 4 September 2009. The format 4/9/2009 is okay to save space in a table. Use 2007/08 or 2007 to 2008 for ranges of years.

Write time as 1:30pm.

Write out most units of time in full (30 seconds, 24 hours, 5 years). You can abbreviate ms (millisecond) and more complex units of time (such as 5 m/s [metres per second]). You might want to spell out other units depending on your audience. For example, if you're writing for the public, milligrams might be more understandable than mg.

Use 'a', not per or slashes wherever possible with units ('30 mg a day', 'pulse below 50 beats a minute').

Use weeks of pregnancy, not weeks of gestation.

Use weeks+days if needed for clinical or safety reasons. For example, 'Offer an ultrasound scan to take place between 11+2 weeks and 14+1 weeks to determine gestational age'. If a precise day is not needed, you can just use weeks. For example, 'At the antenatal appointment at 28 weeks, consider a blood test'.

Symbols

Do not use <, >, $\leq$, $\geq$, × (multiply) and = in text except for expressing p values and other measures of significance. You can use them in tables if space is tight. When 'translating' symbols in text, use plain English. For example, say X or more rather than equal to or greater than X.

Only use an ampersand (&) if it forms part of a company name (Johnson & Johnson). A&E is fine but emergency department is usually clearer.

Do not use ™ or ® marks after brand names.

Avoid using forward slashes. Do not use and/or: use just 'or', or 'X or Y, or both'.

Use alpha or alfa, not α (TNF-alpha inhibitor; interferon alfa).

Tables

Keep tables simple with a clear structure.

Make sure a screenreader will not have problems navigating the table. Using the tab key on your keyboard you should be able to smoothly tab through the table from cell to cell, starting in the top left cell and ending in the bottom right cell.

Do not use split or merged cells or nested tables (a table within a table).

If your table is complex, check with the digital publishing team. They can do a test version to show how it will look on the website.

Alt text

Use alt (alternative) text in table properties in Word to add description to tables. Right click on the table and select 'properties' and 'alt text'. Alt text means someone using a screenreader can quickly understand what the table is showing and skip it if they want to.

Alt text should describe what the table is showing. We've given some suggested wording in the examples section.

Formatting

Use the table styles in the NICE template you are using.

Use numerals and align numbers to the right. Add an en dash if you do not have any data in a cell, rather than leaving the cell blank.

Use a header row and set it to repeat across pages if you're creating a document. In table properties, ensure that 'allow rows to break across pages' is unchecked.

Do not use shading or dotted lines to define sections within a table.

Abbreviations and footnotes

Define all abbreviations used in the table underneath the table, unless the abbreviation has been used many times in the text (for example, HCV in hepatitis C guidance). See table 9 for an example.

Do not use footnotes to explain exceptions or highlight particular aspects, but instead explain underneath the table, as in table 8.

Examples

Table 8 Number of people with adverse effects on day 14 of the study
(Alt text: The number of people treated with placebo, Y, or X and Y who had nausea, local irritation, or who left the study because of adverse effects.)

Group (200 people in each group)	Number of people with nausea	Number of people with local irritation	Number of people who left the study because of adverse effects
Placebo	14	12	2
Treated with Y only	105	23	56
Treated with X and Y	127	28	101

One other person reported local irritation in the placebo group but there was no evidence on examination.

Table 9 Costs for FearFighter compared with current treatments for panic and specific phobia
(Alt text: The existing treatment costs, cost using Fearfighter, and the difference between the 2 for people treated with antidepressant medication, CBT, brief CBT and bibliotherapy.)

Treatment	Existing cost per treatment course per person	Cost using FearFighter per treatment course per person	Cost or saving per treatment course per person
Antidepressant medication (weighted average cost based on 6 months of SSRIs and tricyclic antidepressants)	£183	£48	£135 saved
CBT (7 to 14 hours)	£560	£48	£512 saved
Brief CBT (7 hours) with structured self-help materials	£126	£48	£78 saved
Bibliotherapy (reading material) based on CBT principles	£10	£48	£38 cost

Table abbreviations: CBT, cognitive behavioural therapy; SSRI, selective serotonin reuptake inhibitor.

Table 10 Cost of sternal closure using various Sternal Talon configurations
(Alt text: The minimum and maximum cost of using different types of Sternal Talon configurations and descriptions of the studies the costs came from.)

Description	Cost (min to max)	Additional information
3 single Sternal Talons	£1,437.84 to £1,760.37	Included studies present 3 Sternal Talons as the most common configuration (60% to 80% of procedures)
3 double Sternal Talons	£1,908.21 to £2,069.52	–
2 double Sternal Talons, 1 single Sternal Talon (no wires)	£1,751.42 to £1,966.47	Configuration used in Levin 2010 study, without support wires
2 double Sternal Talons, 1 single Sternal Talon (with 3 wires)	£1,764.08 to £1,979.13	Configuration used in Levin 2010 study, with 3 wires; the maximum stated in their methods

Charts and images

Make sure charts and images are accessible by either adding <u>alt text</u> or providing the content as text as well.

Charts

Follow these steps and <u>NICE's brand guidelines</u> when creating a chart.

- **Main title with figure number**: concise and convey the main message of the chart. Insert this as a caption in the main body text, rather than in the image itself.

- **Statistical title**: this should include information on the statistical measure, the geographical coverage and the time period.

- **Labelling**: label the axes clearly so people can quickly infer what the data shows.

- **Colour**: do not use colour as the only way to communicate information in the chart.

- **Alternative text**: describe what you want users to understand from the chart. Provide alt text as a text description in the body of the page, directly below the chart. The graph image should then be marked as decorative to be hidden from screen reader software.

- **Source**: in this format: [organisation], [publication or source of data]. For example, NHS Digital, Hospital Episode Statistics. If all charts come from the same data source, this does not need to be repeated under each figure.

- **Data download:** it is good practice to provide a way to download the data displayed in each chart, This should be displayed under that chart and include information on file type and size. The text used for the link should be specific to the chart. For example, 'Download the data for figure 1 (5kb CSV)'.

For more detailed information on formatting charts see <u>Government Analysis Function - Data visualisation: charts</u>

This figure provides an example of how a chart should look when published.

Figure x: Apixaban was the most prescribed anticoagulant in 2021

Total items of anticoagulant medicines dispensed in primary care in England, 2021
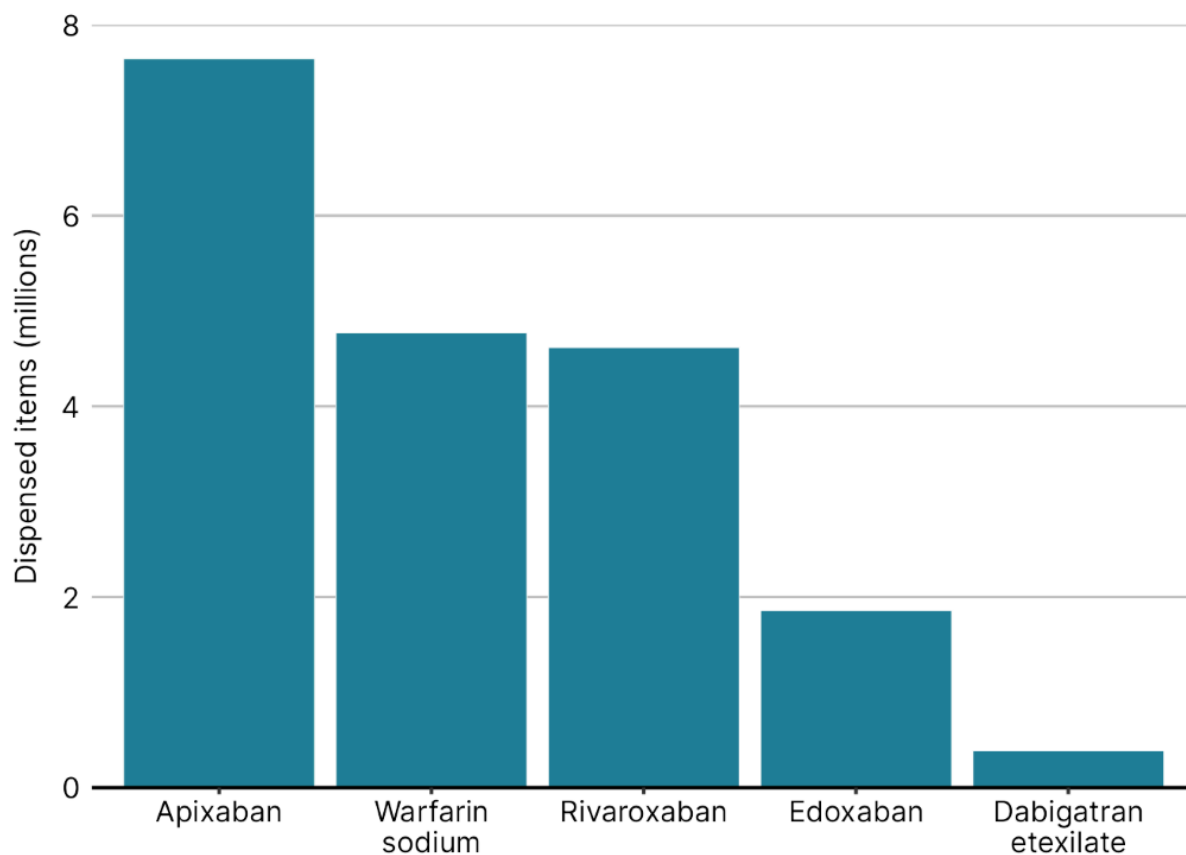
A bar chart showing that apixaban was the most prescribed anticoagulant medicine in 2021, followed by warfarin sodium, rivaroxaban, edoxaban and dabigatran etexilate. Close to 8 million items of apixaban were dispensed. Source: Bennett Institute for Applied Data Science, OpenPrescribing [Download data for figure x (5kb CSV)].

Images

Only use images if that's the best way to communicate what you need. Do not use images just for decoration.

All non-text elements, such as images, need alt text. The alt text should describe what the image is communicating, it should not just be a literal description of the image.

Hyperlinks, footnotes and glossaries

Use hyperlinks to define or explain terms, for cross references in a document, and for links to external documents.

Use them in preference to footnotes, including for references and citations.

Hyperlinks

Do not say click here or see here. Include enough information in the link for users to understand what it is and where it goes. Make sure the words in the link match the destination.

Link to webpages, not PDFs. If what you're linking to is only available in PDF, include (PDF only) after the link. For example, NHS digital weight management programme leaflet on obesity (PDF only).

Screenreaders may read out links separately from the rest of the text, so it's important that they make sense out of context.

When hyperlinking:

- follow the examples in the template, if there are any

- use the fewest words needed to be clear

- you do not have to include the full title of the reference in the hyperlinked text, as long as it's clear where the user is going and why they might want to go there (for example you might want to include the name of the organisation that produced the document)

- do not capitalise each word in the hyperlinked text

- do not put quote marks around the link.

Internal links

If it's an internal link to a place in the same guideline, pathway or document, use the

section name or subhead in the link wording, for example: Also see the <u>section on preoperative rehabilitation</u> or See the <u>update information</u>.

External links

If it's a link to a different guideline, pathway or document, make it clear the reader is going to be taken somewhere else by naming the organisation, and make it clear what they'll find when they get there, for example: see the <u>section on preoperative rehabilitation in the NICE guideline on joint replacement</u> or see <u>NICE's topic page on anxiety</u>.

If you're linking to more than 1 web page from the same organisation, you only need to include the organisation in the first link, for example: See the <u>NICE guidelines on generalised anxiety disorder and panic disorder in adults</u> and <u>social anxiety disorder</u>.

If you're linking to more than 1 web page from different organisations, you need to include the organisation name in each link, for example: See <u>all NICE's guidance on stable angina</u> and the <u>Department of Health's reference guide to consent for examination or treatment</u>.

Footnotes

Do not use footnotes. They do not work with screenreaders and when published online can end up very far away from the content they're referring to. Readers risk missing important information.

If the information is important, explain it in the text. For longer notes, use a hyperlink to link to separate content. If the information is not important, do not include it.

Glossaries

If you have to define only a few terms or if a term is used only once, include the definition in the text.

If there are lots of terms that may be unfamiliar to readers, you may use a glossary. Check if a word appears in the NICE glossary first, and link to that instead if it does.

Link to the glossary the first time a word appears in each section, not every time.

Referencing and citations

Use hyperlinks for web-based sources. If there is not a web version, give people enough detail to find the reference (see citations for how to cite in text).

Do not edit the titles of papers.

Do not put a full stop at the end of the reference.

Reference examples: journals and books

Journal article

Alfredson H, Cook J (2007) A treatment algorithm for managing Achilles tendinopathy: new treatment options. British Journal of Sports Medicine 41(4): 211–6

Layton A, Moss F, Morgan G (1998) Mapping out the patient's journey: experiences of developing pathways of care. Quality in Health Care 7 (Suppl. 2): S30–6

Tillon C, Cole AF, Shah RD et al. (2015) Outcome of surgery for chronic Achilles tendinopathy: a critical review. American Journal of Sports Medicine 29(3) (forthcoming)

Conference abstract (in a journal)

Anand R, Hartmann R, Gharabawi G (1997) Worldwide clinical experience with Exelon, a new generation cholinesterase inhibitor, in the treatment of Alzheimer's disease. European Journal of Neurology 4 (Suppl. 1): S37 (Abstract)

Books, reports

Chartered Institute of Personnel and Development (2008) Annual survey report 2008: absence management. London: Chartered Institute of Personnel and Development

Department for Work and Pensions (2007) Ready for work: full employment in our generation. London: The Stationery Office

Chapter or article from a book or report with editors

McCrea C (1999) Good clinical audit requires teamwork. In: Baker R, Hearnshaw H, Robertson N, editors. Implementing change with clinical audit. Chichester: Wiley, p119–32

Marmot M, Wilkinson R, editors (2006) Social determinants of health. Oxford: Oxford University Press

Reference examples: NICE guidance

List published NICE guidance first in order of publication, with the most recent first.

List in development guidance afterwards, with the expected publication date or 'Publication date to be confirmed' if we do not know when it will be. If relevant, explain if an update is planned and if it has been updated. For example:

Pembrolizumab for adjuvant treatment of renal cell carcinoma (2022) NICE technology appraisal guidance 830

Osteoarthritis in over 16s: diagnosis and management (2022) NICE guideline NG226

Abortion care (2021) NICE quality standard 199

Ab externo canaloplasty for primary open–angle glaucoma (2017) NICE interventional procedures guidance 591 (currently being updated, publication expected October 2023)

Acute heart failure: diagnosis and management (2014) NICE guideline CG187. Last updated 17 November 2021

Obesity: identification, assessment and management (2014) NICE guideline CG189. Last updated 26 July 2023

Alcohol-use disorders: prevention (2010) NICE guideline PH24

Rehabilitation for chronic neurological disorders including acquired brain injury. NICE guideline. Publication expected January 2025

Abaloparatide for treating idiopathic or hypogonadal osteoporosis in men. NICE technology

appraisal guidance. Publication date to be confirmed

Reference examples: others

Acts

HM Government (1995) The Disability Discrimination Act

Cochrane review

Gagnon AJ, Sandall J (2007) Individual or group antenatal education for childbirth.
Cochrane Database of Systematic Reviews issue 4: CD002869

Conference abstract (in conference proceedings)

Li TW, Jones PA (2006) Methylation changes in early embryonic genes in cancer
[abstract]. In: Proceedings of the 97th Annual Meeting of the American Association for
Cancer Research, 1–5 April 2006, Washington DC, USA. Philadelphia: AACR; p7.
Abstract 30

Conference poster

Rockwood K, Kershaw P (2000) Galantamine's clinical benefits are not offset by sleep
disturbance: a 3-month placebo-controlled study in patients with Alzheimer's disease.
Poster presented at the 7th International World Alzheimer Congress, 1–3 March 2000,
Washington DC, USA

Court case

A and others v the National Blood Authority and others (2001) EWHC QB 446

Rottman v MPC (2002) HRLR 32

Guideline from another organisation

Scottish Intercollegiate Guidelines Network. Management of stable angina (2018)

Health Technology Assessment

Daniels J, Gray J, Pattison H et al. (2009) Rapid testing for group B streptococcus during labour: a test accuracy study with evaluation of acceptability and cost-effectiveness. Health Technology Assessment 13 (42)

Newspaper citation

Timmins N (2009) NHS managers' skill levels criticised by MPs. The Financial Times, 13 January, p2

Speeches

Foreign and Commonwealth Office (2013) The future of Europe in the global economy. Speech given by the Right Honourable David Lidington MP, Minister of State for Europe, to the Lord Mayor's Gala Dinner at the Great Hall, Guildhall on 23 May 2013. London: Foreign & Commonwealth Office

Websites

Department of Health NHS reference costs 2013–14 [online; accessed 2 November 2015]

Citations

When citing in the text and not hyperlinking (in documents that have a reference list), use the Harvard style of referencing (author date). Do not use numeric referencing styles.

Direct and indirect citation:

- Harrison (2012) argues that there are 7 main principles.

- There are 7 main principles that need to be considered (Harrison 2012).

Two authors:

- Percy and Wright (2006) show how health inequalities vary between populations.

- Health inequalities are known to vary between populations (Percy and Wright 2006).

More than 2 authors:

- This effect has been reported in the community (Emson, Smith et al. 2009).

- Emson et al. (2009) were the first to report this effect in the community.

If citing more than 1 paper, order them alphabetically based on the first author's surname:

- There are 3 specific areas of organisational development (Davies and Franks 2008, Green 2006, Johnston et al. 2007, 2009).

If citing more than 1 paper by the same author with the same publication date, letter in the order that they appear in the text and mirror this in the reference list:

- (Brown et al. 2007a, 2007b).

Do not include papers that have been submitted but not yet accepted for publication in reference lists. But you can cite them in the text. For example: (Peters CD, Franks JL: unpublished data 2007) or (Johnston EG: personal communication 2008). If you want to cite a personal communication you'll need to get written permission from the person being quoted.

When citing NICE publications, hyperlink the title to the product overview page and be specific about the type of guidance. Do not use capital letters in the title:

- As recommended in NICE's guideline on sepsis.

- The committee considered NICE's technology appraisal guidance on apremilast for active psoriatic arthritis.

- (See also NICE's quality standard on diabetes in children and young people.)

- NICE has also produced a medtech innovation briefing on Mobi-C for cervical disc replacement.

You do not always need to use the full title. If we only have 1 piece of guidance on a topic, it's fine to be more concise. For instance, our guideline on headaches in over 12s: diagnosis and management is the only guidance we have on headaches in this age group. So, we would say: NICE's guideline on headaches in over 12s was published in September 2012.

But remember not to use too many links; just enough to make it easy for the reader to navigate. See also hyperlinks in this guide.

Update information

February 2024: We clarified our advice on sex and gender.

October 2023: We clarified our advice on capital letters.

August 2023: We clarified our advice on ethnicity, gender, age, disfigurement, numbers and italics, and updated our advice on how to create charts and cite NICE guidance in a reference list.

February 2023: We updated this guide with advice on how to talk about sex and gender, and removed guidance on NICE Pathways.

November 2022: We updated this guide with advice on how to talk about sexual orientation and made some changes to our family background section. We also updated our advice on homelessness and cancer staging.

November 2021: We updated this guide with advice on how to talk about obesity and made some changes to our family background section to align with gov.uk. We also updated the advice on how to talk about skin colour.

June 2021: We updated this guide with advice on how to talk about data.

February 2021: We updated this guide with advice on how to talk about someone's family background.

April 2020: We updated this guide with advice on how to talk about disfigurements.

December 2019: We updated this guide to help NICE work towards the new accessibility regulations. Updates include:

- advice not to use negative contractions or footnotes

- how to express phases in clinical trials, minus numbers and time

- how to make sure your tables, charts and images, and hyperlinks are accessible.

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