



24TH ANNUAL SYMPOSIUM
A VIRTUAL CONFERENCE | 8-10 OCTOBER 2021

ABSTRACT MARKING SCHEME

Parameter	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
Does the work add to the existing evidence, originality	Not original, frequent similar submissions	Significant duplication of previous work, no development beyond existing published evidence	Limited originality or additional evidence	Some originality or additional evidence	Highly original, significant additional evidence	Wholly original, new evidence OR new methodology
Clarity of aims and/or objectives, (SMART)	Aims or objectives NOT provided	Aims or objectives provided but unclear and NOT SMART	Aims or objectives given of limited clarity, concise and some are SMART	Aims or objectives given are mostly clear, concise and SMART	Aims or objectives given are predominantly clear, concise and SMART	Aims or objectives given are clear, concise and SMART
Method	Methodology NOT provided	Inappropriate methodology	Methodology given with many gaps and not wholly appropriate to meet the objectives	Methodology given with some gaps, some explanation mostly appropriate to the objectives	Methodology explained with some gaps, mostly appropriate to the objectives	Methodology fully explained and appropriate for objectives
Results/outcomes/discussion	Results OR outcomes OR discussion NOT present	Results and/or outcomes reported, NOT related to aims/objectives and discussed minimally with no critical consideration	Results and/or outcomes reported, related to some aims/objectives and discussed minimally and minimal critical considerations	Results and/or outcomes reported, related to some aims/objectives and discussed incompletely with some justification and some critical considerations	Results and/or outcomes reported, related to majority of aims/objectives and discussed fully justified in the main and critically considered	Results and/or outcomes reported, related to all aims/objectives and discussed/justified fully and critically
Applicability to practice	Learning not able to be used by any other members and of little interest	Limited to single institution	Applicable and relevant to a locality	Clear evidence of service improvement but only relevant to minority of members	Clear service improvement reported. Majority of members would be able to apply this work	Significant service improvement and relevance. ALL members would be able to apply this work

Notes to Contributors

- Scores will be assigned as follows for originality Level 0 = 0 points, level 1 = 3 point, level 2 = 6 points, level 3 = 9 points, level 4 = 12 points, level 5 = 15 points
- Objectives, methods and Results Level 0 = 0 points, level 1 = 2 point, level 2 = 4 points, level 3 = 6 points, level 4 = 8 points, level 5 = 10 points
- Applicability Level 0 = 0 points, level 1 = 1 point, level 2 = 2 points, level 3 = 3 points, level 4 = 4 points, level 5 = 5 points
- Marks for all categories will be combined for the overall score (maximum = 50)
- An overall score of 30 or above will be required for acceptance
- Abstracts will be anonymised and judged by the BOPA A&R Committee members.
- A&R Committee members will be required to declare any interest in a specific abstract and will not be allowed to judge their own abstract, or one to which they are closely connected (e.g. same Trust)
- A smaller sub-committee of the A&R committee will meet to make final decisions on acceptance, and this will include validation of a selection of abstracts at different scores and any outlying individual scores will be scrutinised and validated
- Feedback will be provided to all rejected applicants; however, the decision on acceptance or rejection is final unless the applicant can clearly demonstrate that a process error has been made during the scoring process, in which case the applicant may make a case for a review
- The top 6 abstracts will be selected for plenary presentation at the symposium

Abstracts may be entered into one of three categories for submission

Research: Should derive generalizable new knowledge and may include studies that aim to generate hypotheses as well as studies that aim to test them. This may be quantitative or qualitative research and should address clearly defined questions aims and objectives.

Service Evaluation or Improvement: Designed and conducted solely to define or judge current care. Measures current service without reference to a standard. May include reviews of cost effectiveness of new and established therapies or a review of newly established innovative services. Abstracts must contain a clear rationale for the evaluation element of the work and relevant data.

Clinical Audit: Designed and conducted to produce information to inform delivery of best care. Designed to answer: "Does this service reach a predetermined standard?" Measures against a standard. Standards must be clearly described within the abstract. Abstracts will be pre-screened for standards and resent to authors for inclusion or withdrawn.

In order to help those new to abstract submissions irrespective of stage of career we are pleased to offer an initial peer review service. Submitters can indicate if they would like this service by marking the "novel to submission" tick box. If you would like to access this service then abstracts should be submitted two weeks prior to the deadline to ensure comments can be incorporated into your submission.

Late Breaking Abstracts: This year we will allow delegates to submit late breaking abstracts. These will be eligible for poster presentation only and will not be considered for oral presentation or published in JOPP.