



ABSTRACT MARKING SCHEME

Parameter	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
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
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
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

- Initial scores will be assigned as follows:
Objectives, Methods and Results/Discussion: Level 0 = 0 points, level 1 = 2 point, level 2 = 4 points, level 3 = 6 points, level 4 = 8 points, level 5 = 10 points
- Marks for all categories will be combined for the overall score (maximum = 30)
- An overall score of 18 and above will be required for acceptance as a poster. For those accepted abstracts, alongside the overall score, the works' originality and applicability will also be taken into account when considering which abstracts to select for oral presentation.
- Abstracts will be anonymised and judged by the BOPA Research Committee members.
- The BOPA research 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).
- Feedback will be provided (if requested) 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 abstracts will be selected for oral presentation at plenary and break out sessions within the research stream.

Abstracts may be entered into one of three categories

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: 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 results.

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.