

Instructions for the submissions of Abstracts to the British Geriatrics Society

A. Assessment of Abstracts

The submission of abstracts is invited for presentation at the British Geriatrics Society Scientific Meeting under the categories of either **Clinical Effectiveness** or **Scientific Presentation**.

The Academic and Research Committee reviews abstracts submitted under the category of **Scientific Presentation**. These submissions should be research with LREC approval (or reason given why not required).

Clinical Effectiveness abstracts are adjudicated by the Clinical Practice Evaluation Committee. These submissions fall under the following subcategories:

[1] Audit: All audit submissions should have completed audit cycle and change strategies

[2] Guideline Development

[3] Systematic Reviews

[4] New Practice Development: This subcategory includes evaluation of any innovative practice

[5] Survey: Surveys should have nationally generalisable message

After the adjudication process, **results will be posted onto the BGS website**. The abstract results page will inform you as to whether your submission has been accepted as a poster or platform presentation. All accepted abstracts will be published subject to a review process, which may change from time to time, and the approval of the Age & Ageing Abstract Supplements Editor, as a supplement to Age & Ageing. This may be published online only, but remains citeable.

B. Instructions for submitting abstracts

The British Geriatrics Society accepts submissions only through the online submissions facility.

You will need Microsoft Internet Explorer version 6 or above to be able to use the on-line submission system. Log on to the BGS website at www.bgs.org.uk and select Research / Abstract Submission. On the abstracts' page follow the link 'abstract submission system on-line'.

Date of submission. Abstracts must reach the BGS administrative office by: 1 June for Autumn Meetings; and 1 December for Spring Meetings. Abstracts received after these deadlines will be kept for the following meeting, unless the author wishes to withdraw the submission.

Limitation on submissions. Only **TWO abstracts** per investigator as first author are allowed and "salami-cutting" of research is NOT encouraged.

Corrections - Make sure that the abstract you submit is correct. DO NOT phone, write or re-submit the same abstract with modifications. If it is unavoidable that you make modifications, contact the Abstract Manager on 0207 608 8574.

Submit each abstract ONCE only and do so by the deadlines of 1 June or 1 December.

C. Preparing your abstract for online submission

The maximum word count is 370 words. The total word count for the fields 'Title, Authors and Provenance' is up to 70 words. The maximum word count for the field 'Abstracts Editor' is 300 words. The online system will not accept anything over this limit. Please note that that wordage will be calculated slightly differently by the on-line system, compared to text editors such as Microsoft Word. This is because your abstract needs to fit into a defined space when published in the abstract book.

Please avoid using over complicated tables as again, the abstract needs to fit into a defined space in the abstract book.

D. Submitting your abstract-instructions for electronic submission

a Title (using Title Case)

b Authors (initials then surname, using capitals without any full stops: e.g. J Smith¹, P Jones¹, T Renwick²)

c Provenance (i.e. place of work e.g. 1. Southampton University, 2. Dept of Elderly Care, Cardiff University Hospital)

The *maximum* word count for these three fields is 70 words.

2 ABSTRACT – to be submitted in the field 'Abstracts Editor

The *maximum* word count for this field is 300 words.

Headings

For **Scientific Presentation** abstracts use the following headings:
Introduction, Methods, Results, Conclusions,

For **Clinical Effectiveness** abstracts use the following headings according to chosen subcategory:

Audit: Evidence-base, Change Strategies, Change Effects, Conclusion

Guideline Development: Background, Search Methods, Results, Conclusions.

Systematic reviews: Scope, Search Methods, Results, Conclusions

New Practice Development: Background, Innovation, Evaluation, Conclusions.

Surveys: Background, Sampling Methods, Results, Conclusions

Layout - Type the subheading (e.g. Introduction), go down one line, then type the text on the next line. Put a blank line space in between each of the four sections.

Tables- must be created in the same file as the abstract itself (e.g. in Word, use 'convert text to table', etc). They must NOT be embedded spreadsheets from an 'outside source'. If tables are included, every word/number in the table will be included in the word count of 370 in the 'Abstracts Editor'. The Society CANNOT accept abstracts which are too long. The space given to each abstract is narrow. Do NOT use colour.

Macros- Do NOT use macros within abstracts, as they may contain viruses. No embedded objects from outside sources are allowed (e.g. graphs, pictures).

Graphics – Under certain circumstances, graphs may be included, but these need to be sent as separate .jpg files of 300 dpi. Please note that the printing presses will not see anything of a lesser resolution than this, and the graphs must be legible once placed in the abstract book.

Content-The abstract must include sufficient information (e.g numerical and statistical data) to allow its evaluation by the **Academic and Research Committee** and **Clinical Effectiveness Committees** and to enable it to stand as a published abstract. Expressions such as "data will be presented" or findings will be discussed" are not acceptable and will result in automatic rejection of the abstract. The onus is on the author to check spelling, grammar and format of the abstract

References - include any references within the body of the text, in the format, Author names (up to 3), Journal name, year, volume and page. Do not include the title.

Abbreviations- must be defined by being placed in parentheses immediately after the full word or phrase has been typed for the first time.

Non-proprietary- (generic) names must be used for drugs.

PERSONAL DETAILS, CATEGORY AND PREFERRED MODE OF PRESENTATION

Personal details- should include: Name, Address for correspondence, e-mail and fax. **The email address is mandatory.**

Category - Select **Clinical Effectiveness** or **Scientific Presentation**. A sub-category list will appear and will depend on what you have selected as your main category

Status - whether of consultant or "non-consultant" grade. Prizes are awarded to the best platform and poster presentation from a person who is not of consultant status (medical or professions allied to medicine) at the time of submission of the abstract.

PUBLICATION DISCLAIMER AND ETHICS APPROVAL

Only click the box 'Publications Disclaimer' if you wish your abstract to be published in Age & Ageing. All authors must indicate whether or not the work carried out has approval from the Local or National Research Ethics Committee (REC). Please note that authors are able to submit abstracts which were not submitted to the LREC, for example, if research deals with completed audits of national relevance or work using public domain databases. **If the project was not submitted for LREC approval and the methodology is adjudged by the Academic and Research Committee/CPEC as requiring LREC submission, the abstract will be rejected. Please select one the following options when clicking on the field 'Ethics Disclaimer': "Project not submitted to the LREC;" or "LREC did not wish to undertake review"; or "LREC approved".**

Either type your abstract into the main abstract text field, or copy and paste your abstract from your Word Processed document, into the abstract text field.

Once you have completed all the fields, click the accept button to submit the abstract.

E. Handling your abstract – What happens next?

Once you have submitted your abstract online, an automatic response email will be sent stating the following: *“Your abstract has been received. Please note that if it does not conform to the required format of being divided into Introduction, Methodology, Results and Conclusion, it will be disqualified. Likewise the recommended headings must be used for the Clinical Effectiveness abstract submissions. Your reference number is X (automatically generated).* Please use this number in all correspondence and communication with the Abstracts Manager. PLEASE NOTE THAT THE ONUS IS ON THE ABSTRACT AUTHOR TO ENSURE THAT THE ABSTRACT HAS AN ABSTRACT REFERENCE NUMBER, WITHOUT WHICH IT WILL NOT GO FORWARD FOR ADJUDICATION.

Note that this acknowledgement does not guarantee that the abstract will go forward for adjudication.

The Abstracts Manager will submit the abstracts to either the Academic and Research Committee or the Clinical Practice Evaluation Committee **without the names of the authors or their provenance** to eliminate any risk of bias on the part of the adjudicators. If the body of the abstract contains information that enables authors to be identified then this safeguard will be lost.

The adjudicators meet as part of the Academic and Research and Clinical Effectiveness Committee's proceedings to discuss and finalise acceptance or rejection, categorisation and mode of presentation of the abstracts.

The results page on the website will give you the time and date on which your work is to be presented at the Scientific Meeting.

Members of the adjudicating Committee write to those submitters whose abstracts have been rejected. Note that the adjudicators are anonymous, as are the abstract submitters. At no time up to this point are the identities of either party revealed.

Distinction between Research and Clinical Effectiveness

Is your project audit or research (or both)?

Both research and clinical audit may involve measurement of patient outcomes, however the purpose is different. Be clear about your objectives, and concentrate on these 3 key questions:

- 1. Is the purpose of your project to try and improve the quality of patient care?**
- 2. Will the project involve measuring current practice against standards?**
- 3. Does the project include anything being done to patients beyond their routine clinical management?**

If your answers are 'yes' to the first 2 questions and 'no' to the third, your project is very likely to fall within the remit of clinical audit.

The following table gives further details regarding differences between research, audit and surveys

	Research	Audit	Survey
Purpose	To provide new knowledge e.g. to set or change clinical standards	Tests practice against evidence-based standards	Inform specific questions on a theme relating to practice or policy
Methods	Pre-specified research designs with hypotheses	No allocation to treatment groups Audit cycle: identify areas of non-conformity with evidence-base, implement practice change strategy and reaudit	Clear sampling methods, with reasonable response rate (>40%)
Data analysis	Requires data analysis (quantitative or qualitative) to make inferences	Simple statistics (e.g. means, frequencies) to compare audit cycles	Simple descriptive statistics
Ethical approval	Required	Not required	Not required unless e.g. patient questionnaires considered outside routine management
Sample size	Statistically powered calculation	Sufficient number of cases to influence practice based on findings	Sufficient size to avoid sampling bias, and for survey to have wider generalisable message

Outcome	Improved knowledge	Strategies in place to improve clinical practice	Lead to clinical effectiveness strategy (e.g. guidance or audit)
---------	--------------------	--	--

Reasons for rejection of submitted abstracts

Scientific Presentation abstracts are most frequently rejected because: the work is of insufficient national relevance (e.g. retrospective case note audits or small local audit cycles); presentational problems such as absence of data in the results section (such as *p values* only); conclusions not supported by the presented data; abstracts with major grammatical or syntax problems making them incomprehensible; researchers have failed to seek approval from the Local Research Ethics Committee for studies that clearly require it.

Clinical Effectiveness abstracts are most frequently rejected because: they are incomplete audits with no practice change or second cycle; the audit methodology does not adhere to the guidance on this website; they lack generalisability to other settings; or they are “going over old ground” and have no new message.