



GENERAL GUIDANCE FOR SUBMITTING ABSTRACTS OF WORK TO BE PRESENTED AT BGS MEETINGS

Submission and Assessment of Abstracts

The submission of abstracts is invited for presentation at the British Geriatrics Society Scientific Meetings under the categories of either **Clinical Quality** or **Scientific Research**.

Scientific Research. Abstracts submitted under the category of scientific research should have LREC approval (or reason given if no such approval has been obtained). Since Autumn 2017, abstracts submitted under this category will be automatically accepted although they will be reviewed by a panel from the Academic and Research Committee to ensure that standards are met and LREC approval has been sought.

Clinical Quality abstracts are adjudicated by the Clinical Quality Steering Group. More details regarding the assessment of these abstracts may be downloaded [from this web page](#).

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.

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.

Instructions on submitting the abstract and a link to the submissions facility may be found at [from this web page](#)

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.

Corrections - Make sure that the abstract you submit is correct. DO NOT phone, write or re-submit the same abstract with modifications. If you experience anything like this please 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.

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.

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 Renwick 2)

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 Quality** see the headings are: Topic, Intervention, Improvement, Discussion

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 270 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).

Content-The abstract must include sufficient information (e.g numerical and statistical data) to allow it’s evaluation by the Research and Academic Development Committee and Clinical Quality Steering Group 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 Quality 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 and 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.

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. 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 Research and Academic Development Committee or the Clinical Quality Steering Group ***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 proceedings of the Research and Academic Development Committee or the Clinical Quality Steering Group 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.

Distinction between Research and Clinical Quality

Is your project audit or research?

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 quality.

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

	Research
Purpose	To provide new knowledge e.g. to set or change clinical standards
Methods	Pre-specified research designs with hypotheses
Data analysis	Requires data analysis (quantitative or qualitative) to make inferences
Ethical approval	Required
Sample size	Statistically powered calculation
Outcome	Improved knowledge

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 Quality abstracts are often rejected for similar reasons e.g. the topic not being of national or generalisable relevance to the members of the society. In addition often the wrong tool has been used to evaluate the intervention or the evaluation has been insufficient. If abstracts appear to be for research study they will be rejected by the Clinical quality adjudicators.

Clinical Quality Section Abstract Submission

The Clinical Effectiveness category of the scientific meetings has undergone some changes.

Focus on Improving Quality of Care

The name of the section has changed to the Clinical Quality section. This is in recognition that clinical effectiveness is only one domain of clinical quality, and abstracts in other areas are encouraged by the society. Subsequently, the categories have changed:

Categories for Clinical Quality abstracts from Spring 2015 Meeting	
Effectiveness	<ul style="list-style-type: none"> • Service changes increasing effectiveness • Barriers to moving research into practice • Improving learning for staff • Guideline development

Efficiency and Value for Money	<ul style="list-style-type: none"> • Measures which improve throughput, value or other performance measures
Patient Centredness	<ul style="list-style-type: none"> • Improving the patient experience • Improving personalisation of care • Improving empowerment
Safety	<ul style="list-style-type: none"> • Reducing harms • Improving safety culture
Access	<ul style="list-style-type: none"> • Increasing equity of access, and timeliness of healthcare

Research studies i.e. those that generate new knowledge, rather than evaluate practical implementation, even in the above domains, **must be submitted to the scientific section of the meeting.**