

BAPM Conference Abstract Marking Scheme

Categories

1. Research & Case Series

Formal study designs; case series (not single case reports). Must include appropriate approvals where needed.

2. Quality Improvement

Must show evidence of QI methodology and implemented interventions.

(Please note - A high scoring QI abstract will clearly demonstrate quality improvement methodology rather than simply describing an audit, observation, or interesting service finding. It should show that an intervention was deliberately introduced, tested, and measured over time—ideally through recognised QI frameworks such as PDSA cycles, driver diagrams, or iterative change processes. If your work does meet this criteria consider applying to another category.)

3. Service Evaluation and Development

Evaluates an existing or newly designed service; includes high-quality audits with outcome measures.

4. Improving Family or Staff Experience

Work aimed at improving culture, experience, or wellbeing. Evaluation required.

Scoring criteria

Category	Score	Criteria	Notes / Examples
1. Novelty & Originality Does the work bring something new, innovative, or noteworthy?	0–5	5: Presents a clearly novel idea, method, pathway, service, or outcome; minimal duplication across submissions. 3: Moderately novel; known topic but with a new angle or improvement. 1: Common topic with little originality. 0: No clear novelty; heavily repetitive or widely established.	Novelty may relate to: <ul style="list-style-type: none"> • Topic • Methodology • service design • implementation • population
2. Impact & Demonstrated Benefit Has the work made (or will make) a meaningful difference.	0–5	5: Clear evidence of measurable improvement in outcomes, processes, experience, or service performance. 3: Promising early evidence; partial data but direction of impact is clear. 1: Limited evidence; mostly proposed rather than demonstrated. 0: Impact not demonstrated.	Evidence may include: <ul style="list-style-type: none"> • Clinical outcomes • Audit or re-audit data • User/staff feedback (robustly gathered) • Service performance metrics
3. Methodological Quality Does the work show appropriate rigour and suitability methodology for the category?	0–5	5: High methodological rigour and appropriate approach. 3: Adequate method with some limitations. 1: Minimal methodological clarity. 0: No recognisable methodology.	Research / Case Series <ul style="list-style-type: none"> • Clarity of study design • Appropriateness of methods • Strength of data analysis • Ethical considerations and approvals where relevant Quality Improvement Uses adapted Qi-MQCS principles: <ul style="list-style-type: none"> • Was a QI methodology used (e.g., PDSA cycles, driver diagrams)? • Were interventions implemented? • Was change measured over time? • Evidence of iterative testing Service Evaluation / Development <ul style="list-style-type: none"> • Clear description of the service • Evaluation conducted using meaningful measures

Category	Score	Criteria	Notes / Examples
			<ul style="list-style-type: none"> Robustness of methodology (not just “people liked it”) <p>Family/Staff Experience</p> <ul style="list-style-type: none"> Clear evaluative component Measurement of experience change Thoughtful interpretation of feedback
<p>4. Presentation, Structure & Clarity Is the abstract clear and well written?</p>	0–5 points	<p>5: Clear, concise, logical; aims, methods, results, and conclusions easy to follow. 3: Mostly clear but with minor issues. 1: Hard to follow; missing sections. 0: Poorly written or incomplete.</p>	<p>Examples:</p> <ul style="list-style-type: none"> Grammar & readability Word limit adherence Logical flow Transparent limitations
<p>5. Relevance to the Perinatal Community Is the topic meaningful to the BAPM audience and wider neonatal/perinatal practice?</p>	0–5 points	<p>5: Highly relevant with clear national or multi-unit implications. Has strong MDT involvement with relevant roles clearly integrated into the work. Explicit and strong consideration of equity and inclusion. 3: Relevant to many units or professions. Reasonable consideration given to MDT involvement and equity and inclusion. 1: Niche topic with limited perinatal implication. 0: Not clearly applicable.</p>	<ul style="list-style-type: none"> Of interest to a high number of units. Inclusion of the correct disciplines for the topic (e.g., AHP involvement where relevant). Co-production with families. Evident contributions from MDT within project design, delivery, or analysis. Equity related aims, measures, or outcomes Consideration of variation in access, experience, or outcomes across groups
<p>6. Judge’s Recommendation</p>	N/A	<p>Suggest for oral presentation (max 3 per judge)</p>	<p>For very high quality abstracts that would work well as a 10 minute oral presentation and Q&A as part of the conference. Must have maximum scores on novelty and relevance to audience.</p>

Category	Score	Criteria	Notes / Examples
		<p>Suggest for poster walk (max 5 per judge)</p> <p>Suggest for poster (no limit)</p> <p>Reject (no limit)</p>	<p>For good quality abstracts that would work well as a 5 minute oral presentation and Q&A as part of the poster walk.</p> <p>Has met a good standard and would be of value to share their work at the conference. Most abstracts will fall into this category.</p> <p>For abstracts where there are concerns or of very poor quality so offers no value to others. BAPM is an inclusive conference and we welcome first time applicants so this should be used sparingly.</p> <p>Reasons may include:</p> <ul style="list-style-type: none"> • Ethically unsound. • Patient or staff details are identifiable. • Not relevant. • Unsafe or incorrect content. • Extremely low quality. • Disrespectful language.
7. Judge's comment:	N/A	N/A	1-2 lines on why this abstract received the above recommendation. To be shared with applicants after all abstracts have been judged and reviewed by the abstract review panel.