

CSP

**Student
Conference**

November 20

**Annual
Conference**

November 21-22

Abstract Submission Guidelines

CSP ANNUAL CONFERENCE 2025

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1.0 Introduction

Thank you for your interest in the CSP Annual Conference. This guide is designed to provide information about everything you need to know to submit an abstract. Please read it before proceeding to the [online submission form](#).

The CSP conference will be held at the International Convention Centre, Wales on 20 – 22 November 2025. The CSP Principal conference will take place on 21 & 22 November and is open to everyone and the CSP Student conference will take place on 20 November and is open to physiotherapy students. Each day, part of the conference will be recorded and streamed live to an online audience, so delegates may attend online or in-person.

Abstracts will be presented as either an oral platform (15-minute), 'rapid-5' (five slides in five minutes) presentation, or as a poster. The nominated presenting author for an abstract is required to *purchase a ticket* to attend conference on the allocated presentation date and must be available to present in-person. Conference tickets are free for the CSP student conference.

Our poster hall in 2025 is occurring in two ways. Poster presenters will be asked to display a printed poster at conference. They will also be asked to upload the electronic version of their poster to share with online delegates during conference and for up to three months post-event.

2.0 Important dates

Principal conference: 21 – 22 November 2025

- Abstract submission opens: *6 January 2025*.
- Abstract submission closes: *9 April 2025 at Midday*
- Notification of outcome: *W/C 26 May 2025*

CSP Student conference: 20 November 2025

- Student abstract submission opens: *6 January 2025*
- Student abstract submission closes: *23 June 2025 at Midday*
- Notification of outcome: *W/C 21 July 2025*

3.0 Who can submit?

We welcome submissions about research and quality improvement projects from people in all parts of the health and social care workforce including researchers, clinicians, educators, leaders and managers, students, and support workers. Any author can submit to the principal CSP conference. You can only submit an abstract to the CSP student conference about work completed whilst a physiotherapy student, with a CSP student membership number, which you will be asked to provide.

We welcome submissions from people with protected characteristics, people with different needs, identities, and experiences and from our diversity networks. We aim

to make CSP Annual Conference positive, equitable and inclusive, to increase representation of members with protected characteristics and to embed a research culture that reflects the diversity of society. You can read our Equity, Diversity and Belonging aims in our CSP Strategy 2023 – 2027: [Valuing Physiotherapy](#).

If this guide, the abstract system, or the submission form are not accessible to you, or you have questions about the process, please contact us at: conference@csp.org.uk

4.0 Conference themes and methodologies

Our 2025 conference theme is **Future directions in physiotherapy**. We want to explore it from these perspectives: *Transformational technology, Active lives, Rehabilitation challenge and Future workforce*. We are inviting you to submit an abstract linked to one of these four [areas](#).

4.1 Methodologies

Abstracts are invited using the following broad methodologies:

- Qualitative
- Quantitative
- Mixed Methods
- Service evaluation, clinical audit, quality improvement.

Please note we welcome abstracts describing case reports and study protocols. However, we cannot accept submissions with pending/ incomplete data or results.

5.0 General submission guidelines

- Abstracts must be submitted in English.
- Errors in spelling and grammar or reporting of measures cannot be changed before publication. Please check your work before you submit. For instance, check results and units of measurement are accurate, use your software spelling and grammar check, ask a colleague to proofread.
- All abstracts must describe original work to which all the authors listed have made a significant contribution. Any reference to personal experience should be clearly labelled as such.
- The language of your abstract should always communicate respectfully about people and populations. Terms that could be considered stigmatizing or discriminatory in any way should not be used. In most cases “people-first” language such as, “children with epilepsy” instead of “epilepsy children” is preferable but in specific circumstances “identity-first” language may be most appropriate e.g., the Deaf community. Consider practice in relation to the population you are describing.

- Abstracts should not be used for marketing opportunities for new products, equipment, or organisations, nor speak badly of competitors' products.

5.1 Communication

- All correspondence regarding the abstract will be with the person who submits the abstract. They are responsible for informing all co-authors about the outcome of the abstract's submission. The author who is presenting must be named in the abstract but does not have to be the submitter or first named author.
- Any changes to the presenting author must be made through the abstract submission page/system. Changes will be incorporated into the final programme only if there is sufficient time.
- The author(s) retain the right, after presentation at the CSP Annual Conference 2025, to include the work in articles, books, or derivative works that they author or edit, provided said use does not imply the endorsement of the CSP.

5.2 Presenting

- Only one author may present each abstract, if selected.
- Each presenting author must register and purchase a ticket to attend the conference and be available at the allocated presentation time and day. Ticket information will be available from the CSP annual conference [website](#). Student conference tickets are free.
- If no author is available to present a selected abstract, it will be withdrawn from the programme and not published.
- One individual may present a maximum of three abstracts. They may be named on other abstracts as a co-author, but only as presenting author on three.
- Honoraria, fees or payment of expenses will not be provided by the CSP for authors to present abstracts at the CSP Annual Conference. All places must be booked and paid for by authors if their abstract is successful.
- The final decision as to how selected abstracts are allocated and scheduled within in programme is at the discretion of the CSP. This includes the format for which an abstract is accepted and presentation time.

6.0 Submitting your abstract online

Each submission must be made electronically via the [online submission form](#). The online submission form is split into the following sections:

6.1 Abstract type

This section asks you to select whether your abstract is a report about a research study or quality improvement project, or an abstract about a case report.

6.2 General abstract data

This section will ask you for a short descriptive title which reflects the key focus of your work (max 15 words). It will ask for your preferred presentation type and to select a theme and broad methodology. Then to describe briefly how your work meets the theme (max 50 words). You will also be asked your preferred presentation type.

6.3 Abstract text

6.3.1 Research or Quality Improvement Report

This section will ask you to describe in a total of 500 words the Purpose, Methods, Results, Conclusions, and Impact of your research study or quality improvement project. This is the key part of your abstract. Please consider the scoring criteria (Appendix 1) as you fill out the template.

Select three keywords that would identify your work on a search of the literature.

6.3.2 Case Report

This section will ask you to describe in a total of 500 words the Purpose, Case Description, Outcomes, Discussion and Key Messages of your case report. This is the key part of your abstract. Please consider the scoring criteria (Appendix 2) as you fill out the template.

Select three keywords to describe your work on a search of the literature. Please include the term “case report”.

6.4 Approvals and acknowledgements

a) Ethical approval

Independent ethical approval is a legal requirement for many types of health and social care research. This section asks about ethical approval and asks you to provide details (max 100 words). You need to provide the name of the ethics committee that gave approval, the date, and ethics reference number. If ethical review was not required, please provide a clear explanation and evidence how this was checked. The guidance and tools below can help and be used to check.

- [HRA guidance and a definition of what constitutes research activity](#)
- <https://www.hra-decisiontools.org.uk/ethics/>
- [Information about Patient and Public Involvement and Engagement in research](#)
- [CSP guidance on ethical approval requirements](#)

b) Quality Improvement (QI) activity registration

If your work was a clinical audit, service development or similar quality improvement project it may not require independent ethical review but, in many cases, it will have been through a local governance or review process and be registered e.g., with a relevant hospital clinical audit/ QI team. Please provide details about this here e.g., registration number and date of approval, or explain why this was not required.

c) Case Report governance and consent

If your work is a case report it may not require independent ethical review but, in many cases, it will have been through a local governance or review process. Please check data is 'de-identified' i.e., personal, identifiable information is removed. This section asks you to state that written, informed consent has been obtained from individuals or relevant others and to provide details of any governance or review process.

d) Funding acknowledgements

Please acknowledge and declare any source of project funding or financial interest in relation to the work i.e., project number and source of funding (max 100 words). If unfunded this should be stated.

6.5 Previous publication

This section asks whether the material has been published/presented at a national or international event prior to CSP Annual Conference 2025 (max 50 words).

6.6 Membership details

This section asks you whether you are a member of the CSP. You do not have to be a member of the CSP to submit to the principal conference. You do have to be a CSP student member to submit to the student conference. Please note this will be asked at the start of the student submission.

6.7 Authors

Enter author(s) name and contact details, position and institution details. You can add more than one institution per author.

6.8 Affirmation

This section talks about copyright and conference proceedings and asks you to confirm you agree to the conference terms.

6.9 Submit

You can preview your entry prior to submission. You will receive a confirmation email that your submission was successful and will be able to download a PDF of the submission. You can login and edit your submission at any point up until the submission deadline closes. If you edit your work, please ensure you save any changes and re-submit.

7.0 Attendance and booking

In-person attendance at the CSP Annual Conference is a requirement for those giving presentations. Should your abstract be accepted for the conference, you will be required to book and pay for your place. Ticket information will be on the conference [website](#). CSP student members can attend the student conference for free, but a booking will still need to be made.

Unfortunately, we are unable to offer expenses or free places to accepted abstract presenters. If you do not book and pay for your place, your submission will be withdrawn from the conference programme. For members facing financial barriers, funding support may be available. Click [here](#) for further details.

8.0 Selection process

All submitted abstracts will be anonymised and peer reviewed without knowledge of the identity of the author(s). The abstract submission tool ensures that the authors of an abstract cannot be identified during the review process. Each abstract will be reviewed independently by at least three reviewers. The Abstract Moderation Group will moderate any abstracts that meet the moderation criteria.

Selection of abstracts will be based on how they are scored through the review process against the published criteria (see Appendices 1 or 2).

8.1 Research or QI Report

If you are submitting a research or QI report abstract, please refer to Appendix 1 for information on the scoring criteria.

8.1 Case Report

If you are submitting a case report abstract, please refer to Appendix 2 for information on the scoring criteria.

9.0 CSP support

The CSP offers a range of support to all abstract submitters. If you have any questions, please contact conference@csp.org.uk

9.1 Upcoming webinars

Top tips: How to write a conference abstract: *26 February 2025; 7:00pm -8:30pm*
Please see our [presenters' webpage](#) for information and further events.

9.2 Drop in sessions

Drop-in sessions will take place throughout March and April. These sessions will provide an opportunity to meet with experts at the CSP who can support you with your abstract submission. Dates and times are available on the [CSP website](#).

9.3 Funding

We understand that some of our members face financial and other barriers to attending our annual conference. You may be eligible to apply for funding through

the Widening Participation Award. Please visit the [CSP website](#) for further information around funding opportunities.

9.4 Resources

Writing for publication including abstracts

- Johnstone, M-J. Effective writing for healthcare professionals: A pocket guide to getting published, ebook, 2023, Second Ed. Milton, Taylor & Francis Group [Effective Writing for Healthcare Professionals: A Pocket Guide to Getting Published](#)
- Useful general tips are found on the Community for Allied Health Professions (CAHPR) website, see: [Getting your abstract accepted](#)
- Case report consensus guidelines are available from: <https://www.care-statement.org/> (accessed 2nd January 2025)

Research Methods

- Simons, H. Case Study Research in Practice. ebook, 2009; Los Angeles, London, SAGE Publications. [Case Study Research in Practice](#)
- Pope C and Mays N. Qualitative Research in Health Care, ebook, 2020 Fourth edition. Newark, John Wiley & Sons. [Qualitative Research in Health Care](#)
- Jacobsen KH. Introduction to Health Research Methods: A Practical Guide. ebook, 2021, Fourth edition, Burlington, MA: Jones Bartlett Learning. [Introduction to Health Research Methods: A Practical Guide](#)

All ebooks are available from the CSP library. If you have difficulty accessing via the links above or need any help with accessing our online services and resources, please go to [Help and tutorials](#) or contact the CSP eLibrary, Knowledge and Archive Services at library@csp.org.uk

Appendix 1: Research or QI Report Scoring

	Score: 0	Score: 1	Score: 2	Score: 3	Score: 4
Is the background and purpose of the project clear?	Purpose cannot be understood	The issue is poorly described. The aim or objective is unfocused, and the purpose is unclear.	The issue is partly described. An aim or objective is present and adequate. Some details are irrelevant or missing.	The issue is described, and the abstract contains an aim or objective that is connected to the purpose of the project.	The issue is described concisely and effectively. Key abbreviations are defined. The aim or objective is clear and relevant to the purpose of the project.
Is the method or approach clear? Does it enable to the questions to be answered?	Poor description of method/ approach used. No justification for the method chosen, unable to meet aims and objectives.	There is limited explanation of method/ approach used; key information is missing. The method can only partly meet the aim or objective.	The method/ approach is explained adequately and is appropriate. Some areas may lack detail or be unclear.	The method/ approach is explained well and can address the aim or objective. Relevant information about data sources, setting, population and approach to analysis stated.	The method/ approach used is clearly described and replicable. It is efficient to address the aim or objectives. Project timing, setting, population, materials, data sources and approach to analysis evident. Refers to protocols/ registrations.
Have the results been presented and interpreted appropriately?	Results are uncertain, much data is missing or misinterpreted.	Results briefly presented or incomplete. Key information is missing, some data has been handled incorrectly, or its interpretation is unclear	Most results are clear and appropriately interpreted. Some areas may lack detail but generally acceptable.	Results are reasonably well organised. Appropriate quantitative or qualitative methods are used. Data is presented and interpreted with clarity.	The results follow the methods logically and are well organised. Data is specific, relevant and appropriately handled. For example, numerical comparison's correct, themes summarised.
Are the discussion and conclusions	Findings of research/activity not explained.	Limited explanation of findings. Weak connection between	Findings of project are mostly discussed. Conclusions partly but	Findings discussed well. The connection between the results and	Findings discussed and synthesised to form a strong conclusion.

consistent with the results?		results and conclusions. Overstates results, no consideration of study limitations with poor identification of further questions/work.	not fully supported by interpretation of results. Some discussion of the limitations of the project and areas for development.	conclusions is evident. Strengths and limitations of the findings and areas for further work are noted.	Conclusions are clearly justified and supported by results. Conclusions address the aim or objective of the project. Strengths and limitations of data are acknowledged, with messages, or suggestions for future work articulated.
What is the potential impact of this work? *	Limited potential impact.	Has impact, local or defined significance, reach, and benefit.	Considerable impact, broad significance, reach and benefit.	N/A	N/A
How would you rate this work overall?	Somewhat interesting, needs further development.	Interesting and valuable, accept.	Extremely interesting and important, accept as a priority.	N/A	N/A

Assessing potential impact

Assessing the *impact* or significance and reach of any project is complex. Impact can be considered from varied points of view and scales, and at a different time e.g., in terms of benefits to individuals, clinical practice or research, for economic benefit, or on policy, action immediately or in the future.

Project impact can also be considered in terms of how it can be generalised, translated, or implemented. For example, a qualitative study with rich data about lived experience might have high conceptual impact, contribute to wider understanding and if well translated, significantly influence debate and policy.

A service improvement project which addresses a local issue may have significant but more local reach and defined economic impact.

Appendix 2: Abstract scoring criteria: Case study

	0	1	2	3	4
Is the background and purpose clear?	Purpose and background cannot be understood.	The background is limited. The context and purpose are unclear or lacking.	The background or context is mostly described. The purpose is stated. Some details are irrelevant or missing.	The background and context are adequately described. The purpose is clear. The novel nature of the case report is described.	The background and context are described effectively. Key abbreviations are defined. The purpose is relevant. The novel contribution is well justified.
Is the case description clear and sufficiently detailed??	Case description is poor and cannot be understood. Not anonymised.	Case description is limited. Essential information is missing e.g. about participants, procedures, measures, interventions.	Case description is partly described. Essential information is present. Some details are irrelevant or missing.	Case description is well organised and easy to understand. Relevant information is present in sufficient depth e.g., details of intervention dose.	Case description is detailed, relevant and clearly presented. An approach to analysis is evident.
Have the outcomes been presented and interpreted appropriately?	Outcomes are uncertain, data is missing or misinterpreted.	Outcome data is present but unclear and/or limited. Key information is missing.	Most outcome data is present and appropriately interpreted. Some details are irrelevant or missing. Generally acceptable.	Outcome data is adequate and reasonably well presented. Data is interpreted clearly.	Outcome data is sufficiently detailed, relevant and well presented. What the case adds is apparent.
Is the discussion consistent with the outcomes?	Discussion not present or unclear.	Discussion limited. Weak or unclear connection between outcomes and discussion.	Findings partly discussed. Some connection between outcomes and discussion. Generally acceptable.	Findings discussed adequately. Connection between the outcomes and discussion is evident. Strengths and limitations considered.	Findings discussed well and strongly connected to outcomes. Purpose addressed. Strengths and limitations clear. Links to wider evidence.

Key Messages	No key messages or learning points included.	Key messages included but only partly supported by case described.	Key messages are insightful and well supported by case described. Messages for how impacts clinical practice or future work are articulated.		
How would you rate this work overall?	Somewhat interesting, unlikely to add value. Needs development.	Interesting and of value. Accept	Extremely interesting. Novel. Addition to evidence evident. Accept.		