SCOTTISH AIRWAY GROUP ABSTRACT SUBMISSION DETAILS

Submission requirements: The following abbreviated guidance has been taken from the above instructions to consolidate the principles by which the Scottish Airway Group will review and assess submitted abstracts. Before submitting your abstract, please check that you have:

1. Included the names of all authors, and each of their positions and institutions, in the title
2. Checked the spelling and formatting of all authors' names.
3. Ensured the full postal address for the corresponding author is provided.
4. Provided the e-mail addresses of the corresponding author.
5. Formatted the text files in either .doc, .docx or .rtf format.
6. Included all the Tables (with their captions) and Figure captions in the main text file, not as separate files.
7. Completed and attached the author declaration electronically as a separate file in either .doc, .pdf or .jpg format; no signature is required

Covering letter/Declaration Form: No covering letter is required but all abstracts must be accompanied by an Authors' Declaration Form. Failure to do so, and failure to follow these Author Guidelines, may significantly delay the process of reviewing your abstract.

Ethical considerations: Please declare the ethical status of your study/case report in your author declaration form. Authors should not send letters of ethical approval or patient written consent for publication/presentation with their abstract. Whatever their other merits, abstracts will only be considered for presentation or publication if they adhere to the highest ethical standards. Approval by a Research Ethics Committee (REC) or equivalent (e.g. Institutional Review Board) must be obtained prospectively for all studies on human subjects, including studies in which participants' skills are tested using manikins. While some audit and epidemiological surveys, some assessments of medical equipment, and some studies involving NHS staff may be exempt from this stricture if participants are appropriately protected against coercion and there is due regard to confidentiality, publication of the results would usually still require informed consent and assurances regarding confidentiality (including approval by the Caldecott Guardian for patient data in the NHS, or equivalent if not), even if the REC and/or R&D Department has indicated that formal submission is unnecessary. The

Scottish Airway Group supports the view of the General Medical Council that full prospective written informed consent should be obtained from all subjects of clinical trials, including participants in manikin studies (see above). As incorporated in regulatory procedures around the world, e.g. in The International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) international standards 'Good Clinical Practice', this would normally comprise provision of written information to potential research participants, allowance of adequate time for them to consider their involvement and ask questions, and the use of specific consent forms (for the study, not just for routine surgery/anaesthesia) that should be signed by the participants to indicate their consent and then stored in case they require examination later. Authors who do not follow this guidance will need to be able to mount a robust defence of their decision. Submission of a case report requires the written consent of the subject to publication (NB please do not submit this document together with your manuscript/Declaration Form). While the Scottish Airway Group recognises that it might not always be possible to seek such consent (or the assent of the next-of-kin if the patient has died), the onus will be on the authors to demonstrate that this exception applies in their case. Please state in an Acknowledgement at the end of the text: 'Published with the written consent of the patient(s)' or similar, as appropriate. Studies of novel treatments, in particular drug studies where the agent used is given via unlicensed routes (especially spinal and epidural), may have received approval from the REC or equivalent, but the Scottish Airway Group is likely to reject such studies if it considers that the risks posed outweigh the potential benefits. Such a conclusion is more likely to be reached if the drug in question is not widely used in routine practice (as evidenced by inclusion in standard textbooks), if the study participants are especially vulnerable (e.g. children, women in labour), if there are questions over consent, or if only modest improvements in outcome are expected where other, well established methods already exist. Animal studies will only be considered if they have ethical and Home Office (or local equivalent) approval, and have been conducted under appropriate standards of care. Researchers will be expected to follow the ARRIVE guidelinesfor experimentation in animal research.

Poster and Oral Presentations: A limited number of abstracts from 2014 will be invited for oral presentation. Authors may submit a poster for display in addition to their oral presentation if they so wish. All authors must declare if their work has been presented elsewhere or accepted for publication. Please state clearly the meeting and/or journal

where your work has been accepted. Abstracts will be considered even if previously presented elsewhere. Projects which have been presented at other learned society meetings may be considered for presentation however only projects which have not been presented orally elsewhere will be considered for oral presentation. Posters should be A1 portrait. At least one author from each submission should register for the meeting unless there are exceptional circumstances. Presenting authors will be eligible for the early bird discount. If no authors are to attend the meeting, oral presentation of the work by an independent party is not permitted.