# Author Guidance — Abstract Submission (RCPharm Annual Conference 2026)

This guidance explains how to prepare a high-quality abstract that meets the RCPharm abstract submission requirements and supports efficient, fair peer review. Abstracts that do not adhere to the mandatory abstract template may be asked to **resubmit** or **rejected** during the initial screening stage.

## 1) What makes a "good" abstract?

A strong abstract should meet the following criteria:

- **Complete** (Includes all key sections – introduction, aim, methodology, results, and discussion – clearly aligned and cohesive)
- **Interpretable** (readers can easily understand what was done, the materials or data used, and the findings)
- **Defensible** (claims are supported by the study design and evidence; governance/ethics and disclosures are transparent)
- **Useful** (the abstract conveys clear insights or lessons relevant for practice/science/industry/policy; not just a description of activities)

## 2) Mandatory abstract template and formatting

### 2.1 Template order

Use the provided RCPharm abstract template and follow the required headings and sequence exactly as specified:
**Title → Authors → Affiliations → Introduction → Aim → Methodology → Results → Discussion → Keywords → References**

### 2.2 Formatting

- **Font:** Arial
- **Font size:** 12 (but 10 for authors and affiliation)
- **Alignment:** Left-aligned throughout
- **Title:** Bold, left-aligned
- **Line spacing:** Keep the spacing set in the template (do not modify)
- **Headings:** Use the exact heading names (Introduction, Aim, Methodology, Results, Discussion, Keywords, References)
- **Word limit:** 500 words (excluding sub-headings, keywords, and references)

**Common issues**: missing headings, headings in a wrong order, omitted key content (particularly methods or results), or missing declarations.

## 3) RCPharm abstract writing guidance: preparing a high-scoring abstract

### 3.1 Title

- Make it specific: include the topic and what was done (e.g., evaluation, audit, laboratory study, survey, qualitative interview).
- Avoid undefined abbreviations; spell out terms on first use if needed.
- Recommended length: ≤20 words.

### 3.2 Authors and affiliations

- List authors as: **First Name, Last Name**[1] etc., matching the numbered affiliations.
- Affiliations should include: organisation, street, city, and country.

### 3.3 Introduction

Reviewers look for a logical flow: context → problem/gap → why it matters → why your work is needed.

- Make the "so what?" explicit: patient safety, outcomes, service quality, efficiency, equity, scientific advancement, or industry/regulatory relevance.
- End with a clear gap statement: what is unknown/insufficient, and how your work addresses it.

### 3.4 Aim

- State one clear primary aim, written as a single sentence (no bullet points).
- Use direct verbs: "To evaluate…", "To compare…", "To assess…", "To characterise…", "To determine…".
- If needed, include up to two secondary objectives in the same paragraph (still no bullets).
- Avoid vague aims such as "to explore" without stating what is being explored and in what context.

### 3.5 Methodology

Reviewers need to see design, setting, who/what, when, measures, and analysis presented so results can be trusted.

- **Design and setting:** name the design (service evaluation, observational, laboratory, qualitative, mixed methods) and the location.
- **Population/sample/material:** include sample size and inclusion/exclusion criteria where relevant.
- **Timeframe:** provide dates or a defined period (e.g., Jan–Jun 2026) where relevant.
- **Measures/outcomes:** define primary outcome(s) and key secondary outcomes.
- **Analysis approach:** specify the key statistical tests or the qualitative framework used.
- **Governance/ethics:** add a brief statement on ethics approval where applicable (ethics approval or service evaluation/QI governance, etc.).

**Common issues** methods are too vague (e.g. missing timeframe, no sample size/denominator, outcomes not defined, analysis missing).

### 3.6 Results

**Reviewers need to see** the key findings with denominators/timeframes; do not introduce new methods or unsupported conclusions.

- Include numbers with denominators wherever possible (n/N, %, mean ± SD, median [IQR]).
- Tie results to the timeframe (e.g., baseline vs follow-up, pre vs post period).
- For qualitative work: summarise 2-4 themes and indicate participant count and explain how themes were derived.
- Do not report any new measures that are not described in Methodology.

**Common issues:** results are not interpretable (e.g., "results will be presented" or conclusions with no data).

### 3.7 Discussion

**Reviewers need to see** interpretation, implication, limitations, and next steps.

- Start by addressing your aim: what do the results show?
- State the implication for practice/science/industry/policy in one clear sentence.
- Include limitations that are honest and proportionate.
- End with a concrete next step.
- Avoid causal language unless supported by the design.

### 3.8 Keywords

- Provide up to **five** keywords, separated by commas.

- Use terms that match how readers search (e.g., “pharmacovigilance”, “antimicrobial stewardship”, “implementation”, “formulation”, “market access”).

### 3.9 References

- Maximum of **three** references.
- Use Vancouver style.
- Choose the most relevant guideline or primary evidence supporting your study.

## 4) What happens after you submit?

1. **Initial template compliance screening** checks mandatory headings, correct order and essential completeness.
2. **Peer review:** two reviewers score using the marking rubric.
3. **Decision outcome:** Accept, Invite to resubmit, or Reject.
4. **If you are invited to resubmit**, you will have **10 calendar days** to submit a revised version that addresses the reviewers’ comments.

## 5) Practical quality checklist

| Check | What “good” looks like | Addressed? (Y/N) |
|---|---|---|
| **Template compliance** | All required headings present, in the correct order, with content under each heading. | |
| **Aim–Methods–Results alignment** | The methods measure what the aim asks; results report those measures; discussion interprets those results. | |
| **Numbers and denominators** | Key results include n/N, %, and timeframes (or clearly stated qualitative themes with participant numbers). | |
| **Professional tone** | Neutral academic writing; no marketing language; abbreviations defined on first use. | |
| **Governance/ethics and disclosures** | Clear route stated where relevant; funding and conflicts of interest declared. | |
| **Limitations** | At least one limitation stated; avoids overclaiming beyond the design. | |