ESCP
European Society of Clinical Pharmacy

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Guidelines for Abstract Submission for Oral or Poster Presentation

Contents

Acknowledgements

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Martin Henman
Betul Okuyan
Anita E Weidmann

INTRODUCTION

ESCP promotes, supports, implements, and advances education, practice, and research in clinical pharmacy. As part of these activities ESCP offers two opportunities each year for researchers and practitioners to present their work to an international audience. The Spring Workshop and the Annual Symposium organized by ESCP include oral and poster communication sessions.

All scientific communication requires both clarity and rigour, which in turn means that standards are used to ensure that communications embody these qualities. This document describes the processes for the submission and review of abstracts by the ESCP and the criteria used for review which determine whether the abstract is approved or rejected. Since abstracts may also be published in the International Journal of Clinical Pharmacy they must be of a suitable standard and in a defined format. The International Journal of Clinical Pharmacy is the official journal of ESCP, and it is usually abbreviated to IJCP. ESCP is specifically concerned with the development of clinical pharmacy and its aims and objectives are aligned with those of IJCP. The IJCP is one of several journals in comportment with the Granada Statements which sets out principles that support the publication of high-quality research in pharmacy and in medication use (Fernandez-Llimos et al., 2023).

The aim of any type of communication, including scientific communication, is always to transmit a message. For communication to be effective, the message must be understood by all parties concerned. ESCP is making these recommendations and guidelines widely available to create maximum clarity and understanding.

We hope that these simple guidelines will facilitate your preparation and submission of abstracts and in turn that ESCP will receive submissions and contributions of even greater quality. In addition, you will find a useful bibliography at the end.

Additionally, ESCP awards a prize for the best oral communication and the best poster presentation at each Annual Symposium. The prize is a free registration for the next symposium.

ESCP offers financial support, consisting of free registration, to those abstract submitters who are coming from Low- or Middle-Income countries on the current World Bank list. Detailed eligibility criteria are available for review on the specific workshop or symposium websites at http://www.escpweb.org.

Previous third versions of this document (April 2012 [V6.1], April 2015 [V6.2], and May 2017 [V6.3]) were prepared by members of the ESCP Communication Committee. For these previous versions, ESCP thanks the members for compiling and adapting these guidelines, especially: Johnny Beney, Erik Gerbrands, Marie Caroline Husson Louise Mallet, and Foppe van Mil. The fourth version (V6.4) and last version (V7.0) of this document were adapted by the ESCP Research Committee through the efforts of Ankie Hazen, Martin Henman, Betul Okuyan, led by Anita E Weidmann.

The ESCP Communication Committee
April 2012 (V6.1)
April 2015 (V6.2)
May 2017 (V6.3)

The ESCP Research Committee
February 2023 (V6.4) and February 2024 (V7.0)
July 2025 (V7.1)

PART 1
The Abstract

ESCP aims to support practice, education and research and therefore welcomes studies that address an aspect of these areas for presentation at an ESCP meeting. All members of the scientific community in the field of clinical pharmacy, who intend to participate in a ESCP workshop or symposium are invited to prepare submissions for review by the Committees and Fellows of ESCP. The Research committee has the lead and will accept or reject the work on the basis of the structured abstract after consultation with the Symposium Scientific Committee chair. Abstracts can be submitted via the on-line procedure only (See www.escpweb.org for the deadline).

Abstract Structure

The abstract submission software sets out text boxes under the headings, and in the order shown below. Each one must be completed and for each one there is a character limit that must not be exceeded. These requirements must be met for the abstract to be reviewed.

Title:	This should be specific, informative, and brief (max. 110 characters [no spaces]) while accurately reflecting the overall aim of the research. Do not phrase your title as a question or give the conclusion of your study away. Do not use abbreviations in a title.
Authors:	The surname together with initials of those who have made a significant contribution to the work must be included. Only authors who have made a significant contribution to the research should be named. **Please check definition of authors and contributors** (International Committee of Medical Journal Editors).
Institute:	The details of the affiliated institution for all researcher(s) should be entered separately (including city and country).
Introduction:	The question or knowledge gap addressed by the study must be clear (max. 300 characters [no spaces]).
Aim:	The aim in the abstract matches title of the abstract (max. 300 characters [no spaces]). The title and aim include the study design (e.g. randomised controlled trial, cross-sectional survey, qualitative interviews), the study population, intervention, comparison(s) (if relevant) and outcomes.
Method:	Type, setting and time of the study and the basic design of the study, statistical methods, outcome criteria (max. 600 characters [no spaces]). Please provide as much brief methodological detail as necessary to allow an independent assessment of rigor and quality. Please note - If the institution/setting is specified it is not necessary to include the name of the institution, a simple description of the type is all that is required, e.g. ‘a 500 bed teaching hospital’.
Results:	The description of the results should be brief but also precise and informative (max. 1000 characters [no spaces]). Only representative data needs to be provided. Please avoid interpretations of the data and generic or subjective phrases like "Results will be shown" or “Surprisingly, results show.”
Conclusion:	A brief concluding statement of the implications of the study should follow on logically from the objective, and results of the study (max. 500 characters [no spaces]). Do not state conclusions that cannot be answered by the study design,
References/ Acknowledgments:	References **are not essential** in an abstract.1-2 references should only be listed (max. 500 characters [no spaces]). If there are more than 3 authors, give the first 3 then ‘et al.’ If available, please always include DOIs as full DOI links in your reference list (e.g., “https://doi.org/abc”). Always use the standard abbreviation of a journal’s name according to the ISSN List of Title Word Abbreviations, see ISSN.org LTWA. Journal article by DOI as follows: Weidmann AE, Cadogan CA, Fialová D, et al. How to write a successful grant application: guidance provided by the European Society of Clinical Pharmacy. Int J Clin Pharm. 2023;45(3):781-786. doi: 10.1007/s11096-023-01543-7. **Please note**, If you have acknowledgements, such as a funding organisation to include, this can be placed in the reference box as well.

Abstract Content:

Inclusion

For ESCP, clinical pharmacy is the optimization of the use of medicines through practice and research in order to achieve person-centred goals (https://escpweb.org/about-us/vision-mission-values/).
From this definition a broad range of health services research topics are eligible, as are qualitative and quantitative methods for data collection, evaluation and synthesis. These include any that contribute to the understanding of clinical pharmacy and the medication use process whether through the study of practitioners (including for example, student pharmacists), patients, medicines and their clinical effects, clinical services, clinical informatics, public health and policy.

Exclusion

Conversely, the aims of ESCP and the definition of clinical pharmacy exclude some topics and areas:

- Case reports (including those entitled case studies) of experiences of the treatment of individual or very small groups of patients are not eligible for consideration unless the group consists of 5 or more patients. Case series should be reported according to the guidelines and include proposal for a testable hypothesis based on the findings in conclusion part.

- Pharmaceutical science content, e.g. formulation science, will only be considered if it presents data that relates to the clinical application of the work. Validating a method of measurement or analysis, for example, does not fall within the scope of clinical pharmacy.

- Research on animal models and *in vitro* work whether relating to pharmacology, pharmacokinetics or other aspects will not be considered as there are many more suitable societies and meetings that accept such material.

- Reviews will be considered if their presentation follows an appropriate published guidelines; e.g. scoping review - PRISMA-ScR and narrative review - SANRA.

- A clinical pharmacy service description will not be accepted unless methods for data collection and evaluation are included with detailed results and a conclusion based upon the results.

You will be given the option to submit your abstract in one of the categories listed below to enable a suitable reviewer to be assigned.

- Clinical pharmacy practice and services in any healthcare setting (including development, evaluation, implementation)
- Clinical pharmacy education and training
- Therapeutic drug monitoring, Pharmacokinetics, Pharmacogenomics (PGx)
- Pharmacoepidemiology, Pharmacoeconomics
- Clinical Informatics, Digital tools, *e*Health, Artificial Intelligence, Big data
- Pharmacotherapy, Medication Management and Adherence
- Public Health, Health Policy relating to clinical pharmacy and medicines use
- Research measures and methods development, including both quantitative and qualitative tools

PART 2
Guidelines for Writing a Structured Abstract

Plagiarism – Previously published material will not be accepted. Every effort will be made by the reviewing team, including the use of software tools, to detect plagiarized content.

A well written abstract will help present the quality of the work to reviewers and the audience. An abstract that is not well written will result in the work not being accepted for presentation.

Key points:

- The abstract **must** convey the important key information of the research study.
- The abstract **must** be intelligible and clearly presented (i.e., precision, clarity and rigour).

The abstract **must** be written in a scientific writing style, using the English language and must use correct grammar and punctuation. (Use a spelling/grammar check tool to ensure that the English language of the title and abstract can be understood. An AI tool can be used to improve the language and readability of an abstract but it must not be used to substitute for a human author.) The use of an AI tool for language and readability should be disclosed in the Acknowledgement section.

- Only use internationally accepted signs and symbols for units (SI units).
- The character limits of each section **must not** be exceeded.
- The structured abstract **must not** include figures or tables.

Any possible conflict of interest (e.g., through involvement with a pharmaceutical company) **must be** clearly stated in the abstract.

The general principles of a structured abstract and its components can be found on these websites:

Wirth F, Cadogan CA, Fialová D, et al. Writing a manuscript for publication in a peer-reviewed scientific journal: Guidance from the European Society of Clinical Pharmacy. Int J Clin Pharm. 2024 Feb 8. doi: 10.1007/s11096-023-01695-6.

The Structured Abstract: An Essential Tool for Researchers. (Originally appeared as: Bayley L, Eldredge J. The structured abstract: an essential tool for researchers. Hypothesis 2003 Spring; 17 (1): 1, 11-13.)
https://www.mlanet.org/page/structured-abstract

Structured Abstracts. What are structured abstracts?
https://www.nlm.nih.gov/bsd/policy/structured_abstracts.html

Authors should consult examples of **reporting guidelines** such as those hosted by the EQUATOR Network when reporting their research.

EXAMPLES

- For reporting observational studies (retrospective/prospective, descriptive study, cross sectional study, case control study, cohort study) in conference abstracts ***Please check***
- For reporting systematic reviews in journal and conference abstracts ***Please check***
- For reporting randomised trials in journal and conference abstracts ***Please check***
- For reporting narrative review in journal and conference abstracts ***Please check***

Declarations before submitting the abstract

-I declare that the research described in this abstract has obtained appropriate human ethical approval and conforms with all the relevant research ethics and integrity requirements and guidelines.

-If this abstract is accepted for presentation at the Symposium/Workshop I also accept that the abstract will be published by ESCP in the Symposium/Workshop mobile app and in the IJCP.

-I agree that the corresponding author and a co-author of the abstract presents the poster or presentation at the Symposium/Workshop, if the abstract is accepted for presentation.

-I confirm that the presenting author of the abstract will register to the Symposium/Workshop before the deadline mentioned in the notification letter, and I realize that otherwise the work cannot be presented.

-I agree that the abstract will not be published in the IJCP if none of the authors of the accepted abstract attends the Symposium/Workshop.

-Please note that only abstracts related to clinical pharmacy can be submitted. We particularly encourage abstracts about the theme of the Symposium/Workshop.

- I confirm that I have read the abstract submission guidelines and prepared the submitted abstract according to this guideline.

- I confirm that I have not used an AI tool to write the abstract, analyse and interpret the data or generate the conclusion.

Artificial Intelligence

Academic writing is a human activity and as such, authors are responsible for their work. ESCP will **not** consider abstracts to be original ideas of the authors if they were either substantially developed by AI, or contain sections substantially developed by AI,
Large Language Models (LLMs), such as ChatGPT, do not currently satisfy our authorship criteria. Notably an attribution of authorship carries with it accountability for the work, which cannot be effectively applied to LLMs. Use of an LLM should be properly documented in the Methods section (and if a Methods section is not available, in a suitable alternative part) of the manuscript. The use of an LLM (or other AI-tool) for "AI assisted copy editing" purposes does not need to be declared, but should be disclosed in the Acknowledgement section.We define the term "AI assisted copy editing" as AI-assisted improvements to human-generated texts for readability and style, and to ensure that the texts are free of errors in grammar, spelling, punctuation and tone. These AI-assisted improvements may include wording and formatting changes to the texts, but do not include generative editorial work and autonomous content creation. In all cases, there must be human accountability for the final version of the text and agreement from the authors that the edits reflect their original work.
If an AI tool has been used to assist in searching the literature, this should be disclosed in the Methods.

Abstract Review:

All submissions will be peer-reviewed by experts in a double blinded procedure. Author names are not disclosed to the reviewers and reviewer names are not disclosed to authors. The chair and other members of the ESCP Research Committee in consultation with the Symposium Scientific Committee chair will review the scores assigned to the abstracts and make the final decisions about acceptance or rejection and oral presentation.
Reviewers have a series of questions to answer and statements to score.

1	Is the abstract within the scope of clinical pharmacy?
2	Is the abstract understandable?
3	Is there a clear aim in the abstract?
4	Are the results clearly described?
5	Are all fields for the required headers filled and properly completed?
6	The study design is appropriate to answer the research question
7	The described project/study is relevant for an international audience
8	The described project/study is likely to improve patient care, directly or indirectly
9	The described project/study is likely to generate debate or further study

There is then a text box for the reviewer to add comments.

Troubleshooting:

The following are some of the common reasons why abstracts are referred for rejected:

- Study or content is not relevant to clinical pharmacy. (see the Exclusion criteria on page 4)
- The research is not sufficiently original.
- The submission does not conform to requirements for the layout and presentation of abstracts.
- Use of a title that does not align with the study presented or is unintelligible.
- The research aim is not clear.
- Inadequate information about methods and results which does not permit the abstract to be clearly understood.
- Lacks a rigorous study design and/or methodology that does not allow an independent assessment of rigor and quality.
- Questionable or poorly described statistical analysis.
- Inadequate or insufficiently presented data which does not permit the research aim to be addressed.
- Use of the English language with frequent errors in grammar, punctuation and lacking a scientific writing style.
- Referring to drugs by their brand/proprietary name rather than their approved name (INN).

Authors should avoid some of these common mistakes:

- Few or no results because the study is not complete at the time of writing the abstract.
- Not defining the abbreviations used. Please avoid particularly using multiple abbreviations or acronyms.
- Not using SI units (except blood pressure in mm Hg).
- Not stating the number of patients or subjects studied
- It is not necessary to include the country, city or name of the organisation where the work was carried out in the title or elsewhere in the abstract.
- Hospitals and clinics do not need to be named but their relevant characteristics e.g. a 600 bed Teaching Hospital should be briefly described so that the reader understands the clinical setting.
- A single study should not be split up into several parts to increase the quantity of submissions.

How to submit:

Visit the symposium website on the internet through https://escpweb.org/ and carefully fill in the on-line form, providing all requested information as follows: Title, Authors, Background, Aim, Method, Results, Conclusion, References/Acknowledgements.
All fields must be filled in (References/ Acknowledgments-field only if any should be mentioned). Adhere to the character limits. **Abstracts submitted after the deadline will not be accepted.**

Publication:

Accepted submissions can be presented as a poster. Selected submissions considered to have high quality may be assigned to an oral communication. If an abstract has been accepted for presentation as an oral communication, authors are not expected to present the work also as a poster.

Any accepted abstract must be presented by one of the authors, who must be registered for the workshop or symposium. If none of the authors is registered for the conference, the abstract will not appear in the Final Programme. **If an author is registered but does not present the work at the meeting the Abstract will not be published in the IJCP.**

All accepted submissions that have been presented during a workshop or symposium will be published in IJCP. The proceedings will contain the abstracts of oral communications and posters. Abstracts of lectures and workshops will not be published in the journal.

PART 3
ESCP Abstract Submission Checklist- 2024

This checklist can be used for self-assessment before submitting the abstracts. It is not going to be uploaded during submission.

Title and author listing	
☐	The title should be in line with the aims, results, and conclusions of the study.
☐	The title includes the study design (e.g. randomised controlled trial, cross-sectional survey, qualitative interviews), the study population, intervention, comparison(s) (if relevant) and outcomes.
☐	The title does not include the country, region or city where the study was conducted unless this is a necessary part of the intervention.
☐	The title does not have abbreviations and is not phrased as a question or give the study conclusion.
☐	All authors meet all 4 criteria of the International Committee of Medical Journal Editors.
Abstract	
☐	The character count does not exceed the maximum in any section of the abstract.
☐	The abstract is structured as Background, Aim, Method, Results, Conclusion, and References/ Acknowledgements.
☐	The aim of the abstract matches title of the abstract.
☐	The text should be in a logical order and well structured.
☐	Provide descriptive quantitative data both as % (to 1 decimal place) and the group size (n) throughout.
☐	Statistical methods should be clearly defined. For statistical tests, provide the test name and the *p*-value to three decimal places (unless $p<.001$) resp the confidence interval.
☐	Funding (state if none) should be stated in the oral or poster presentation.
☐	Reference citations in the text are given as numbers in square brackets before the punctuation.
☐	All sections of the abstract should be completed appropriately.
☐	Abstracts must have results (studies without findings will be rejected.
☐	A study of a group of cases must be based on more than 5 patients.
☐	The English language used must be clear and understandable.
☐	Drugs should be referred to by their approved (not proprietary/brand) name (INN).
☐	Undefined abbreviations should not be used.
☐	Scientific measurements should be in SI units (except blood pressure in mm Hg).
☐	The number of patients or subjects studied should be clearly stated.
☐	For the institution/setting is specified it is not necessary to include the name of the institution, a simple description of the type is all that is required.
☐	The conclusions should follow from the study aims/objectives/results.
References	
☐	References are not essential, if included, no more than 2. Abstract with too many references would be rejected.
☐	If there are more than 3 authors, give the first 3 then ‘et al’.
☐	Always use the standard abbreviation of a journal’s name according to the ISSN List of Title Word Abbreviations, see ISSN.org LTWA or PubMed.
☐	If a journal carries continuous pagination throughout a volume, the month and issue number may be omitted.
☐	Give the DOI if manuscript has not yet been published in a journal issue
☐	For web references, give the website followed by …Accessed date.month.year (e.g. Accessed 10.09.2019).
☐	Insert the ISBN number for report and book references.
EQUATOR network study checklist	
☐	An EQUATOR network study checklist (see author guidance) has been checked according to type of the study.
Ethical Declarations	
☐	This material has not been previously published in a journal or at another conference. (Encore abstracts are no longer accepted.)
☐	The submitting author accepts responsibility for this work. (Plagiarism and inappropriate authorship are unacceptable.)
☐	Any use of AI in this abstract has been disclosed appropriately. If an AI tool has been used to assist in searching the literature, this should be disclosed in the Methods. The use of an AI tool for language and readability should be disclosed in the Acknowledgement section.

PART 4
Examples of Structured Abstracts

Title:	Scope, content and quality of clinical pharmacy practice guidelines: a systematic review [1]
Authors:	V. Paudyal[1], B. Okuyan[2], M.C. Henman[3], D. Stewart[4], D. Fialová[5,6], A. Hazen[7], M. Lutters[8], A. Oleárová[9], A.E. Weidmann[10], F. Wirth[11], C.A. Cadogan[12], Z. Nazar[4]
Institute:	[1]School of Pharmacy, College of Medical and Dental Sciences, Sir Robert Aitken Institute for Medical Research, University of Birmingham, Edgbaston, Birmingham, UK; [2]Department of Clinical Pharmacy, Faculty of Pharmacy, Marmara University, Istanbul, Türkiye; [3]Trinity College Dublin, Dublin, Ireland; [4]College of Pharmacy, QU Health, Qatar University, Doha, Qatar; [5]Department of Social and Clinical Pharmacy, Faculty of Pharmacy in Hradec Králové, Charles University, Hradec Králové, Czech Republic; [6]Department of Geriatrics and Gerontology, 1st Faculty of Medicine, Charles University, Prague, Czech Republic; [7]Julius Centre for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands; [8]Kantonsspital Aarau, Aarau, Switzerland; [9]Department of Clinical Pharmacology, Bratislava University Hospital, Bratislava, Slovakia; [10]Department of Clinical Pharmacy, Innsbruck University, Innsbruck, Austria; [11]Department of Pharmacy, University of Malta, Msida, Malta; [12]School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Dublin, Ireland
Introduction:	Guidelines for pharmacy practitioners regarding various clinical pharmacy activities have been published in a number of countries. There is a need to review the guidelines and identify the scope of activities covered as a prelude to developing internationally acceptable common guidelines.
Aim:	To review the scope of clinical pharmacy guidelines and assess the extent to which these guidelines conform to quality standards as per the AGREE II instrument.
Method:	Medline, Guideline Central, International Pharmaceutical Abstracts, Google Scholar and Google (for grey literature) were searched for the period 2010 to January 2023. Guidelines which focused on any health care setting and any clinical pharmacy activity were included. Data were extracted and quality assessed independently by two reviewers using the English version of the AGREE II instrument.
Results:	Thirty-eight guidelines were included, mostly originating from Australia (n = 10), Ireland (n = 8), UK (n = 7) and USA (n = 5). Areas covered included medication reconciliation, medicines optimisation, medication management and transition of care. As per the AGREE II assessment, the highest score was obtained for the scope and purpose domain and the lowest score for rigour of development, mainly due to non-consideration of literature/evidence to inform guideline development.
Conclusion:	Clinical pharmacy guidelines development processes need to focus on all quality domains and should take a systematic approach to guideline development. Guidelines need to further emphasise person-centred care and clinical communication. There is a scope to harmonise the guidelines internationally considering the diverse practices, standards and legislations across different geographies.
References/ Acknowledgements	1. Paudyal V, Okuyan B, Henman MC, et al. Scope, content and quality of clinical pharmacy practice guidelines: a systematic review. Int J Clin Pharm. 2024;46(1):56-69. doi: 10.1007/s11096-023-01658-x.

Title:	Pharmacists' experiences on the provision of clinical services during the COVID-19 pandemic: a pan European qualitative study [1]
Authors:	V. Paudyal[1,*], C. Cadogan[2], D. Fialova [3], M. C. Henman[2], A. Hazen[4], B. Okuyan[5], M. Lutters[6], D. Stewart[7]
Institute:	[1]University of Birmingham, Birmingham, United Kingdom, [2]Trinity College Dublin, Dublin, Ireland, [3]Charles University, Prague, Czech Republic, [4]University of Manchester, Manchester, United Kingdom, [5]Marmara University, Istanbul, Turkey, [6]Swiss Federal Institute of Technology, Zurich, Switzerland, [7]Qatar University, Doha, Qatar
Introduction:	The pharmacy profession has an important role in the frontline healthcare response to COVID-19 across all settings.
Aim:	This study sought to explore the views and experiences of clinical pharmacists in relation to the provision of clinical pharmacy services during COVID-19.
Method:	Semi-structured interviews were conducted with clinical pharmacists from across Europe. Invitations from professional organisations of clinical and hospitals pharmacists combined with a snowballing technique was used for participant recruitment. A topic guide was developed to conduct the interview using expertise of the research team and emerging literature. Thematic framework based on The Pharmacy Emergency Preparedness and Response Framework and Disaster Preparedness Framework for pharmacy services was used to analyse the data. Pharmacists' views, experiences and perceived impact of COVID-19 pandemic on clinical pharmacy services.
Results:	A total of 22 participants from 16 European countries participated. They described a range of measures to protect patients, public and healthcare staff against COVID-19 transmission including developing and disseminating educational materials. They described facilitating clinical trials, gathering and appraising evidence and disseminating clinical information. Many hospital-based pharmacists were reassigned to help in intensive care. They described that routine clinical services were extensively interrupted, and remote forms of communication were used. A number of facilitators and barriers related to uptake of new roles, recognition of pharmacists' roles in the healthcare team, information gathering, communication with patients and healthcare professionals, and provision of routine clinical services were identified.
Conclusion:	A range of service adaptations and adoption of novel roles to prevent and mitigate the public health impact of the pandemic were described by participants of this study. Results will be valuable in informing governments, public health agencies and healthcare systems in harnessing ongoing service provision and adapt to any future interruptions.
References/ Acknowledgements	1. Abstracts of the European Society of Clinical Pharmacy International Workshop on Malabsorption and Malnutrition: A Challenge for Clinical Pharmacists-26–27 April 2021. Int J Clin Pharm 2021;43:800–815. https://doi.org/10.1007/s11096-021-01279-2

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Structured Abstracts. What are structured abstracts? https://www.nlm.nih.gov/bsd/policy/structured_abstracts.html Accessed 16 Feb 2024.

Equator Network. https://www.equator-network.org Accessed 16 Feb 2024.

Baethge, C., Goldbeck-Wood, S. & Mertens, S. SANRA—a scale for the quality assessment of narrative review articles. Res Integr Peer Rev 4, 5 (2019). https://doi.org/10.1186/s41073-019-0064-8