

## CALL FOR ABSTRACTS FOR ORAL PRESENTATIONS, POSTERS AND CLINICAL PEARLS

### DEADLINE FOR SUBMISSION Monday 15 June 2026

It is essential that submissions are set out accurately.

They must conform to guidelines required for publication.

Abstracts that do not comply with the guidelines, or contain grammatical or typographical errors, may be rejected.

NPPG invites abstracts outlining practice/academic research or audit, quality improvement/innovations in the workplace or “clinical pearls” for presentation at their 2026 conference. Clinical Pearls are unusual or significant cases where the pharmacy team played an important role: these are very welcome as they are always enjoyed by delegates.

Anonymised abstract submissions will be peer reviewed by the NPPG Abstract Review Committee. Acceptance will be based upon abstract quality and compliance with guidelines, the potential significance and interest of the observations, originality and the rigour with which any scientific methods were applied.

All accepted abstracts will be published in the Conference Programme, which will be given to every registered participant on arrival, an electronic version will also be made available. Abstracts will also be considered and submitted for publication in BMJ Paediatrics Open, providing authors with a citation in a peer reviewed journal.

Chosen authors will be invited to display their work as a poster for the duration of the conference, with the abstracts achieving high scores being selected for oral presentation. Oral presentations will be chosen based on interest and to produce a balanced conference programme. Abstracts must be submitted by **12 noon on Monday 15 June** and all corresponding authors will be contacted in August to confirm acceptance and which format their presentation is to take.

**Submissions received after this deadline will be automatically rejected.**

When a submission is accepted for presentation at conference, one author must register to attend so that the work can be included at the conference in October.

**Abstract format acceptance criteria: 500 words** or fewer, excluding title and references, choosing from the **two different formats** below briefly and clearly:

Research and Audit, Patient & Public Involvement and Quality Improvement/Clinical Pearl

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#### **Format for Research and Audit and Patient & Public Involvement**

**TITLE** – must not contain more than **12 words**, brief but long enough to describe the work undertaken

**AIM** – Statement of the purpose or reason for the work

**METHOD** – Concise description of the study design/ involvement

**RESULTS** – A summary of key findings/messages from the work, presented in sufficient detail to support conclusion. **Tables/figures must not be used.**

**CONCLUSION** – State conclusions drawn from the work which must be **evidenced by results** from the abstract.

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#### **Format for Quality Improvement and Clinical Pearl**

**TITLE** – not more than **12 words**, brief but long enough to describe the work undertaken

**CONTEXT, SITUATION OR PROBLEM** - assessment of problem/Intervention or how the pharmacy team contributed/Strategy for change/Measurement of improvement.  
**Tables/figures must not be used.**

**CONCLUSION or LESSONS LEARNED** - state conclusions drawn from the work which must be **evidenced by results** from the abstract.

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**REFERENCES** - References: (maximum 4) must be cited in the text using the numerical system and must follow the [**slightly modified**] **Vancouver style**: Surname AB, Surname CD. Article title. *Journal title* Year;Vol:Start page-End page. **Use one space only between words up to year and then no spaces.** Journal title should be italicised and **written out in full.** List names and initials of all authors if there are 3 or fewer; **otherwise list first 3 and add et al.** e.g. Cheung R, Shah R, McKeown R, et al. State of child health: how is the UK doing? *Archives of Disease in Childhood* 2021;106: 313-314.

**MAXIMUM WORD COUNT 500 (excluding title and references)**

## **PREPARING YOUR ABSTRACT**

### **Submission Criteria**

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## **DEADLINE FOR SUBMISSION**

**Monday 15 June 2026**

Identifying features such as **names of authors, hospitals, clinics or cities must not be listed in the title or text.** This allows unbiased adjudication of abstracts by the review committee. Author's names and affiliations (institutions and country of Origin) will be requested on-line during abstract submission, please do not include in the abstract itself.

It is the authors' responsibility to ensure that all appropriate permission/ approval has been granted to present the data, including ethical approval as appropriate. A statement that this has been gained should be included. Abstracts must meet the abstract criteria to be considered for publication in BMJ Paediatrics Open and submission of an abstract will be taken as consent for publication.

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**Submit your work online at [HERE](#)**

**Any questions, please speak to the NPPG Secretariat  
on 020 3725 5840 or email [admin@nppg.org.uk](mailto:admin@nppg.org.uk)**

## GENERAL INFORMATION

### Can I make a submission?

The Neonatal and Paediatric Pharmacy Group (NPPG) invites members and non-members to offer a paper for presentation at the Annual Conference.

### What can I submit?

You can submit a paper for inclusion in the conference programme as either an oral or a poster presentation. During the submission process you can state which format you would prefer, however a review committee will decide which abstracts are accepted and make the final decision on what format the presentation will take.

### How do I make a submission?

Submit your work [via the link](#) in this document.

### Do I have to pay?

There is no fee for submitting an abstract. If your submission is accepted for presentation, you will be notified in August after the review process. You must then register at the early bird registration fee rate if you wish to present your work (unless of course you have already registered to attend).

## Oral presenters

If selected for oral presentation you will receive a 10-minute slot with 8 minutes for oral presentation and 2 minutes for questions and discussion. PowerPoint projection facilities will be available. Time limits will be strictly enforced.

## Poster presenters

All posters must be PORTRAIT layout, not landscape. They must be no larger than a full A0 size (1189 x 841 mm / 46.8 x 33.1 in). Velcro will be supplied to allow you to affix the poster to the poster board. No other methods of attachment are permitted as these can damage the boards.

Poster presenters must submit an electronic version (PDF or PowerPoint) of the poster two weeks prior to conference.

## Who do I contact for advice and support?

The NPPG research committee are happy to provide advice to anyone planning or writing an audit or research project that they may want to submit, please contact [Joanne.Crook2@nhs.net](mailto:Joanne.Crook2@nhs.net)

**DEADLINE FOR SUBMISSION**

**Monday 15 June 2026**

**12pm, noon**



## Judging of best abstracts and eligibility for publication

Anonymised abstracts will be judged by the NPPG Research Abstract Review Sub Group.

Judges will declare conflicts of interest for each judged abstract. Judges declaring a conflict of interest may not vote on the abstract identified.

### Abstracts will be judged by the following criteria:

- Clarity of aims and/or objectives, (SMART). Be concise and clear when stating your objectives – these should be Specific, Measurable, Achievable, Realistic and Time specific (SMART)
- Methods should be valid for the type of study being undertaken. Ensure that the method used will allow you to meet your objectives
- Results/outcomes/discussion. Results must be clearly presented and outlined, discussion and conclusion should be justified (i.e. match the results presented) and considered critically (e.g. limitations)
- Applicability to practice. Is your work of interest to other NPPG members – is it something they might be able to replicate locally to benefit their own practice? What real benefits were seen for patients? Can other NPPG members use your results and conclusions to benefit patients in their own practice?
- Does the work add to the existing evidence, originality? The panel are looking for original work which increases knowledge in the chosen area. Try to avoid mandatory or local audits or repeating similar work presented from other centres.
- Abstracts which **meet the set criteria above and meet the format guidelines** for publication will be submitted for publication in BMJ Paediatrics Open. Abstracts that do not comply with the guidelines, or contain grammatical or typographical errors, may be rejected.

Marks will be weighted in each category.

## Abstract check list

- ✓ All authors approve of the content
- ✓ Abstracts are anonymised
- ✓ Word count 500 excluding title and refs (max 12 words for title)
- ✓ References follow the slightly modified Vancouver style
  - \* Common errors:
    - ONLY include THREE authors
    - Do not include the month of publication
- ✓ The project has appropriate ethical approval, with a statement included (where appropriate)

✓ Title: must not contain more than 12 words, brief but long enough to describe the work undertaken

## Lights, camera and research action on medicine for children

✓ Subheadings: Aim, Method, Results & Conclusion

### Abstract

**Introduction** In the European Union, 66% of medicines lack a well-researched paediatric dose upon market entry,<sup>1</sup> resulting in up to 75% of Neonatal Intensive Care Unit babies receiving unlicensed medicines.<sup>2</sup> This is a stark contrast with the adult population, where unlicensed medicine usage is below 7%,<sup>3</sup> and highlights the need for evidence-based paediatric medication. Paediatric medicines without specific licenses rely on high-quality evidence to support their use; however, a 2022 review revealed that only 14% of these medicines have such evidence.<sup>4</sup> This knowledge gap exposes children to potential efficacy and safety risks and impacts patients, clinicians, and their parents/carers in making informed evidence-based treatment decisions.

Patient and public involvement and engagement (PPIE) is an integral part of research. PPIE activities engage patients and the public (non-patients) to help with designing, prioritising, conducting, and disseminating research as well as promoting knowledge of the researched topic. During a scoping exercise, young people (YP) recommended highlighting the inequality in evidence-based paediatric medicine to the public and provided insight into which format this might take. As a result, two clinical academic pharmacists collaborated with a production company to produce a short film (8 minutes) to educate and inform patients and the public about the complexity of children's medicines and advocate for increased research.

**Method** An engagement activity was conducted in late 2023 to gather inspiration from YP. They were informed about the challenges in paediatric medicine and contributed to the script inspiration. The production company developed and produced the script which underwent refinement with feedback from the YP's Advisory Group at a large tertiary paediatric centre, ensuring language and content resonated with the intended audience.

**Results** To ensure wider impact, the team drafted a dissemination plan aiming to attract attention from the public to fulfil its purpose. A screening event was attended by esteemed guests including the Mayor of Camden and Islington, Trust executives and YP, and received words of support and encouragement from members of the British parliament, the Prime Minister and His Majesty The King. A subsequent roundtable discussion, involving politicians, clinicians and young people, explored avenues for youth involvement in medicine-related policymaking. This event also served as a platform for pharmacists and allied healthcare professions across London to showcase their research and gather feedback from attendees. The film received endorsements and dissemination support from the hosting centre and external stakeholders.

**Conclusion** Involving patients and YP is pivotal in creating accessible content on complex research topics. Their participation increased their own scientific knowledge and brought interest in future engagement events. The film production, though resource-intensive, provided a sustainable way to engage the public, healthcare professions and researchers with research into paediatric medicine. The film has been invited to various research meetings as a medium to generate discussion in how research and healthcare professions work together to make medicine better for children. A shorter version of the film (2 minutes) was made to help disseminating via social media to enhance public visibility.

### References

1. Toma M, Felisi M, Bonifazi D, *et al.* TEDDY European Network of Excellence for Paediatric Research. Paediatric medicines in Europe: the paediatric regulation—is it time for reform? *Frontiers in Medicine* 2021;**2**:8:593281.
2. Vieira VC, Costa RS, Lima RC, *et al.* Prescription of off-label and unlicensed drugs for preterm infants in a neonatal intensive care unit. *Revista Brasileira de Terapia Intensiva*. 2021;**33**:266–75.
3. Weda M, Hoebert J, Vervloet M, *et al.* Study on off-label use of medicinal products in the European union. Publications Office of the European Union; 2019.a.
4. van der Zanden TM, Smeets NJ, de Hoop-Sommen M, *et al.* Off-label, but on-evidence? A review of the level of evidence for pediatric pharmacotherapy. *Clinical Pharmacology and Therapeutics* 2022;**112**:1243–1253.

## What does a good research and audit abstract look like?

✓ Abstracts should state, in 500 words or fewer, excluding title and references

✓ Aim: Statement of the purpose or reason for the work

✓ Method: Concise description of the study design

✓ Results: A summary of key findings/messages from the work, presented in sufficient detail to support conclusion. Tables/figures must not be used.

✓ Conclusion: State conclusions drawn from the work which must be evidenced by results from the abstract.

✓ References: Must be cited in the text using the numerical system and must follow the [slightly modified] Vancouver style

✗ Title: Too long (25+ words) and full of meaningless jargon.

## Revolutionising Revolutionary Innovations in Revolutionary Paediatric Pharmacy: A Paradigm Shift in Synergistic Synergies for the Future of Medicines Optimisation

### Background:

It is widely known that medicines are important, and children are also important. But what happens when you mix the two? Chaos? Order? Or perhaps... synergy? The importance of paediatric pharmacy in paediatrics is paramount, and pharmacists must pharmacise paediatricly with purpose. However, there is a gap. Or maybe a bridge. Either way, something needs filling or crossing. Our research sought to investigate this further, somehow.

### Aim(s):

To explore, investigate, develop, challenge, reimagine, synergise and holistically optimise the recontextualisation of the evolving paradigms in the multifactorial dimensions of paediatric pharmacological processual practice performance (PPP3). Also, to see what happens if you leave an abstract until the night before the deadline and still submit it anyway.

### Method(s):

Using a completely unique and definitely not made-up mixed-methods triangulation of triangulated methods, we implemented an interpretivist deconstructionist realism approach to the non-linear emergent realities of paediatric pharmacy at Parrot Hospital. This involved:

- Interviews with 3.5 pharmacists (one left halfway through)
- Retrospective prospective audits of things we found in a drawer
- A survey with 2,347 questions (mostly about lunch preferences)
- A highly scientific coin toss
- Interpretive dance to represent qualitative themes

Inclusion criteria: humans.

Exclusion criteria: people who disagreed with us.

We did not obtain ethical approval, but we did think about it, and that's basically the same.

### Results:

The results were staggering. Literally – one participant fell over. We found that 82% of respondents agreed that medicines exist, while 19% preferred not to say. Qualitative data revealed three key themes:

1. "We already do this"
2. "This is too much work"
3. "Please leave me alone, it's 5pm"

A subgroup analysis showed a statistically insignificant trend towards pharmacists wanting more biscuits in MDT meetings, especially chocolate hobnobs ( $p=0.99$ ). Graphs were produced, but we lost them.

### Discussion:

Our findings confirm what we already suspected – that the intersectionality of paediatric pharmacological interventions exists within a complex web of nuanced reality. This is best understood using the postmodernist concept of 'maybe'. While our sample size was small, the vibes were strong. The implications of this research are vast and unknowable, much like the universe.

We recommend more research, perhaps using a bigger coin.

### Conclusion:

In conclusion, paediatric pharmacy is good. Sometimes very good. But also sometimes not. It depends. Our study clearly demonstrates the potential for future potential if the potential is harnessed with potentially potent potentiality.

Pharmacists are encouraged to optimise something. Anything, really. Just... optimise.

Also, we should all get paid more and have nicer pens.

### References:

Wikipedia, Tuesday night

That WhatsApp group

## What NOT to do in an abstract

✗ Abstracts should state, in 500 words or fewer, excluding title and references

✗ Aim: Rambling, vague and full of buzzwords ("synergise", "recontextualise", "holistically optimise") with no clear purpose.

✓ Should be a clear, specific reason for the work.

✗ Method: Overly complicated and unserious; lacks clarity and scientific validity (coin tosses, interpretive dance, imaginary methods). Not anonymised.

✓ Should be a concise, accurate description of the actual study design.

✗ Results: No real findings. Data is either nonsensical or missing. Includes humour but lacks substance or evidence.

✓ Should summarise meaningful findings in enough detail to justify conclusions.

✗ Conclusion: Not based on any results. Rambling, vague, and comedic rather than informative or actionable.

✓ Should be directly supported by the results.

✗ References: References are non-credible, vague, and do not follow the [slightly modified] Vancouver style.