

ABSTRACT SUBMISSION GUIDELINES

Please read these guidelines in full before submitting

1. SCOPE

The EYFDM Pre-Conference Host Organizing Committee and the Scientific Committee invite **all young doctors in General Practice and Family Medicine** to submit abstracts presenting their work and experiences. **All topics are welcome, particularly those related to liberty, equity, fraternity, and humanism in primary healthcare.**

- The EYFDM preconference is aimed at young doctors. Attendance is open to everyone, but abstract submissions are only welcome from young doctors, with a proof of status.
- EYFDM defines young doctors as residents or medical doctors within 5 years of certification as a specialist in Family Medicine/General Practice.
- Young doctors can submit to the EYFDM preconference, to the WONCA Europe main conference, or both.

Four types of abstracts can be submitted:

- **Original study**

This category includes quantitative studies, qualitative studies, and mixed methods studies. Other research methods are accepted, such as medico-economic or semi-quantitative studies.

- **Literature review**

A literature review gathers, analyzes and organizes several scientific articles or contents, in order to provide an overview of scientific knowledge on a specific topic.

- **Case report or Practice-based reflection**

Case report or Practice based reflection is a type of communication that allows you to report a real professional situation or experiment from your practice, and that may be of interest to your colleagues. The description reflects a scientific approach, even if it has not led to a study.

- **Workshop**

A workshop dedicates significant time to interaction, with the objective of learning, experience sharing, debate, and/or developing a common position. It lasts one hour, involves multiple presenters (at least 3), and may use a variety of teaching methods.

Abstracts that cannot be submitted:

- Study protocol submissions are not accepted. An ongoing study may be accepted if results will be available by the time of the preconference.
- Please note that presentations are not marketing opportunities for products or services; submissions of this nature will not be considered.
- There will be no Posters at the EYFDM Preconference.

2. LANGUAGES

- The official language of EYFDM is Easy English: please make sure that you will be understood by everyone attending the preconference.
- All abstracts and presentations must be made in Easy English.

3. PRESENTATION FORMATS

When submitting, two formats can be chosen: oral presentation or workshop. If your abstract is accepted, the Scientific Committee will assign you a presentation format based on content and program requirements, among the following two formats:

- **Oral communication**
- **Workshop**

4. KEY DATES

- **21 November 2025:** closing of the submission interface.
- **February 2026:** Authors will be notified of the Scientific Committee's decision.
- **March 2026:** Presenting authors must register for the preconference by 31 March 2026 for their presentation to be definitively accepted.

5. WHO CAN SUBMIT AN ABSTRACT?

Submitter, presenter, and author roles

- The submitting author of the abstract must be the presenting author.
- The submitting author of the abstract must be a young doctor, defined as resident or medical doctor within 5 years of certification as a specialist in Family Medicine/General Practice.
- Only Workshops must have multiple presenters.
- The submitting (presenting) author is not necessarily the first author.

Submission and author limits

- An individual may not submit or present more than three (3) abstracts.
- The maximum number of authors per abstract is ten (10).
- There is no limit to the number of times an individual may be listed as a non-presenting co-author.

Submitter's commitment

- Submission of an abstract constitutes a formal commitment by the presenting author(s) to present the work in person at the EYFDM 2026 Pre-Conference in Paris, France.
- Presenters must register to the Pre-Conference by 31 March 2026 for their presentation to be definitively accepted.
- All costs (registration, travel, accommodation) are the responsibility of the presenter.
- Please consider principles of equality, diversity, and inclusion when designating presenters.
- The submitter accepts responsibility for complying with these rules on behalf of all co-authors.

6. SUBMISSION PROCESS

Online submission platform

- All abstracts must be submitted via the online submission platform [here](#). Abstracts sent by email, WhatsApp, fax or smoke signals will not be considered.
- Authors cannot modify an abstract once it has been definitively validated. A draft mode is available if you wish to prepare your abstract in multiple steps.
- No changes to the abstract text, authors, affiliations, or presenting author are permitted after acceptance.
- For urgent issues, please contact the Scientific Secretariat at scientificeyfdm@woncaeurope2026.org
- The Conference Organizer is not responsible for submission errors due to internet outages, hardware/software delays, power failures, or unforeseen events.
- Young doctors can submit to the EYFDM preconference, to the WONCA Europe main conference, or both.

Email address

- All correspondence will be sent to the submitting author's email address. Please ensure the submitting author's name and email are entered correctly.

Conflict of Interest Disclosure Form

- EACCME Conflict of Interest Disclosure Form is mandatory for all presenters associated with an abstract (not for all listed co-authors). This is required by the European Accreditation Council on CME (EACCME®). Presenters who do not submit this form will not be allowed to present.
- The COI form can be downloaded [here](#) to be filled in advance or directly from the online submission platform during the process.
- If there are multiple presenters, all their COI forms must be combined into a single PDF file and uploaded by the submitting author.
- For multiple submissions by the same presenter, the COI form must be submitted with each abstract.

7. ABSTRACT FORMATTING

- Abstracts must be written in English.
- The abstract's content must fit into the provided boxes and be no longer than 350 words.
- Title: The abstract title should be brief and clearly indicate the nature of the abstract proposal/research area. Capitalize only the first letter of the first word in the title. Maximum 20 words.
- Author names: Submit full given name(s) and full family name(s). Do not include degrees or professional titles.
- Use abbreviations only for common terms. Otherwise, all abbreviations should be defined in parentheses after their first full use in the text.
- To maintain anonymity and prevent commercial bias, please refrain from including any product names, company names, or other identifying information related to you or your company within the submission.
- Financial support: Tick the box if your work received funding. If checked, you will be prompted to specify the funder(s).
- Keywords: Provide 3-5 keywords using MeSH Terms.

8. ABSTRACT TEMPLATES

Original study

- *Context*
- *Objectives:* State the primary objective of the study or the hypothesis being tested.
- *Methods:* Describe the study design, population, inclusion criteria, the diagnosis or intervention being tested, and the statistical analysis method (if applicable).
- *Results:* Present the obtained or anticipated results, including statistical significance where applicable, as accurately as possible.
- *Discussion*
- *Conclusion:* Briefly analyze the study findings and their implications.

Literature review

- *Context*
- *Objectives:* State the objective(s) or research question(s).
- *Methods:* Specify data sources/databases, search strategy, inclusion/exclusion criteria, and analysis/synthesis approach.
- *Results:* Present the main findings, including statistical significance where applicable, as accurately as possible.
- *Discussion*
- *Conclusion:* Summarize implications for practice and/or future research.

Case report or practice-based reflection

- *Context*
- *Description of the case/experience:* Provide a clear, comprehensive description of the situation (who, what, where, when, how, why), including organization/implementation. Discuss the strengths and limitations. Consider whether all relevant possibilities were explored and if any measurable outcomes were achieved.
- *Originality:* Discuss the innovative nature of the case/experience and review the literature on similar cases/experiences, if available. Describe how this new case/experience differs.
- *Lessons learned and future implications:* Discuss the key lessons learned from the case/experience. Reflect on whether it encourages caution and how practices in this context could be modified in the future, based on these insights.
- *Discussion*
- *Conclusion:* Briefly analyze the broader impact and significance of the case/experience.

Workshop

- *Context*
- *Learning objectives*
- *Teaching methods*
- *Workshop schedule*
- *Expected outcomes*
- *Conclusion*

9. EVALUATION PROCESS

Submitted abstracts are sent to two reviewers for anonymous grading based on the criteria outlined above.

Original study

1. *Importance and relevance*

Is the topic relevant and important for primary care or general practice? Is the research question or objective clearly stated and justified by the context provided? Does this work address a significant gap, offer an original perspective, or confirm previous findings in a new context?

2. *Clarity and appropriateness*

Is the abstract content clear, concise, and easy to read? Is the chosen methodology clearly described and appropriate for the stated objectives? For quantitative studies: Is the study design specified (e.g., cohort, case-control, RCT)? For qualitative studies: Is the approach specified (e.g., grounded theory, phenomenology, content analysis) and coherent?

3. *Trustworthiness and coherence*

Are the results presented clearly, and do they directly answer the research question? Are the analyses appropriate and sufficiently detailed to ensure confidence in the results (including limits/biases)?

For quantitative studies: Is the population described, is recruitment appropriate, are primary outcomes/variables specified, and do results address the objective? For qualitative studies: Is data collection clearly described (methods, sampling), and do results align with the chosen approach and address the objective?

4. *Significance for practice/policy/education*

Are the implications clear and important for primary care? Will this interest the audience and inform practice or future work? Will it promote discussion and debate? Overall, how useful will this presentation be for the conference audience?

Literature review

1. *Importance and relevance*

Is the topic relevant and important for primary care or general practice? Is the research question or objective clearly stated and justified by the context provided? Does this review address a knowledge gap or synthesize information in a new and useful way?

2. *Clarity and appropriateness*

Is the abstract content clear, concise, and easy to read? Is the review type (e.g., systematic review, scoping review) appropriate for the stated objectives? Are the review methods clearly described (e.g., data sources, search strategy, inclusion/exclusion criteria, synthesis approach)? Are the methods sufficiently systematic and robust to ensure the findings are reliable and comprehensive? Is the selection and analysis process transparent?

3. *Trustworthiness and coherence*

Are the main findings presented clearly? Does the synthesis provide a coherent answer to the review's objective? Are the methods sufficiently robust, transparent, and reproducible to ensure confidence in the findings?

4. *Significance for practice/policy/education*

Are the implications clear and important for primary care? Will this interest the audience and inform practice or future work? Will it promote discussion and debate? Overall, how useful will this synthesis be for the conference audience?

Case report or practice-based reflection

1. *Importance and relevance*

Is the professional situation or case authentically described (who/what/where/when/why/how)? Is the issue encountered or addressed clearly identified, and common in general practice? Is the context, setting, and population well-defined? Is the author's role and actions taken clearly explained?

2. *Clarity and appropriateness*

Is the abstract content clear, concise, and easy to read? Is there a clear, structured, and evidence-informed analytical approach to the reflection? Is the methodology for this analysis well-described and appropriate for the

reflection's objectives (e.g., focused literature review, theoretical framework, discussion of outcomes or feasibility)?

3. *Trustworthiness and coherence*

Are the key "lessons learned" explicitly stated, credible, and significant? Do these lessons logically derive from the analysis? Does the reflection offer original or unique educational value? Does it clearly explain how future practice might be modified, and is its transferability to other contexts discussed?

4. *Significance for practice/policy/education*

Is this case/reflection highly relevant and interesting for general practice and primary care professionals? Does it offer insights that could lead to improved patient care, professional development, or organizational changes? Overall, how useful will this presentation be for the conference audience?

Workshop

1. *Clarity and relevance*

Are the learning objectives clear, specific, and achievable within the workshop format? Does the workshop offer an original or innovative approach to learning or address a significant need in primary care or general practice?

2. *Educational relevance*

Are the teaching methods clearly described and appropriate for the objectives and audience size? Are they likely to actively engage participants? Is the session schedule feasible within the allocated time?

3. *Evidence-based content*

Is the workshop content based on validated scientific evidence or best practices? Is the expertise of the facilitator(s) appropriate for the topic and the target audience?

4. *Significance for practice/policy/education*

Are the expected outcomes clear, useful, and transferable for participants' professional practice? Will participants gain actionable insights, skills, tools or resources? Overall, how useful will this workshop be for the conference audience?

10. PROGRAMME SCHEDULING

- Accepted submissions will be scheduled alongside other thematically related individual submissions whenever feasible. By submitting, authors agree to be available for the entire duration of the preconference.
- Due to the extensive number of presentations included in the programme, requests to change allocated time slots cannot be guaranteed and will be considered case-by-case, in light of the overall programme and other presenters' constraints.
- The Conference Organizer reserves the right to change presentation dates and times if needed. In such instances, every effort will be made to find an alternative presentation slot suitable for the presenter.

Contact the Scientific Secretariat

If you encounter any problems with your submission, or if you have any questions,
please contact the Scientific Secretariat

by email: scientificeyfdm@woncaeurope2026.org