# **Abstracts**

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| **Call opens** | **1st October 2025** |
| **Early deadline for those wanting earlier result to assist visa application** | **14 December 2025** |
| **Decision notified to early application authors** | **23 December 2025** |
| **Main deadline** | **Sunday 22 February 2026** |
| **Main deadline decision notified to author** | **13 March 2026** |
| **Late breaking abstract deadline** | **Sunday 19 April 2026** |
| **Résumés de conférence en langue française** | **Dimanche 19 avril 2026** |

**Who can submit an abstract**

Our audience is academics, clinicians and patient representatives. The IPCRG welcomes abstracts from academics and all members of the multi-professional team, including patients & patient representatives, so long as it is relevant to this global respiratory community. Topics should be related to the prevention, diagnosis, management & palliation of communicable & non-communicable respiratory diseases & respiratory risk factor in family medicine, primary care centres, outpatient clinics and other settings where diagnosis and prescription is carried out. Abstracts are a maximum of 300 words and may include one figure or table. The call for abstracts is now open.

For 2026 we are particularly encouraging abstracts which include real world evidence and good practice examples, which can be inspired by [WHO best buys](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1), as well as those on our conference theme of Listening deeply. Following a very succesful first session in Brasov, we are also accepting abstracts for Creative Enquiry Presentations, which expressing the lived experience through creative or artistic media to help think creatively. This can be proposed in all 3 abstract categories. Simply tick the ‘creative communications’ box if you wish to present in this format. Examples of this sort of presentation can be found [here](https://sapc.ac.uk/article/2018-creative-enquiry-sapc-asm-london" \t "_blank).

Specifically for Tunia, we are encouraging abstracts on enviromental issues, such as dust, heat, air pollution, tobacco use and vaping prevention and cessation, planetary health, health equity, adolescent health and the use of social media and AI for health information. This aligns with IPCRG’s partnership in the [FRESHAIR4Life](https://www.ipcrg.org/freshair4life) project funded by Horizon Europe and UKRI, and compliments our own strategic objectives. The full abstracts guide on the cofnerence website will provide more detailed guidance and information.

**Abstract Categories**

**Clinical Research Results**   
Your abstract may be a summary of the findings of exploratory, effectiveness or implementation research that addresses a clinical question and uses a research method. You must include data and the work must be relevant to a primary care audience with an interest in respiratory health. Bear in mind that the IPCRG campaigns for patient care to be evidence-based, using evidence from real life, that includes populations representative of primary care populations.

The questions from our [Research Prioritisation](https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021) exercise provide a useful guide to what would be of most interest to our audience.

Use the IMRaD format (meta-analyses may require a different format), including an Introduction, Method, Results and Discussion.

Click [HERE](#_Appendix_1_-) for detailed guidance and information. (see Appendix 1)

**Research Ideas**   
The Research ideas category is for proposals for research that has been carefully planned but is yet to be conducted. This can include protocols for approved research, which may already be underway.   
  
The abstract should include the Research question, Background, Methodology and Questions to discuss.

The IPCRG actively encourages primary care practitioners to submit an abstract, being aware that there are few academic centres of primary respiratory care. We would be delighted to receive abstracts describing a research question and a methodology that can then benefit from peer discussion and challenge to increase research capability in primary care respiratory research.

The questions from our [Research Prioritisation](https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021) exercise are a good starting point for your research ideas, and ideas can include air quality, tobacco use and dependence, physical activity, breathlessness, cough, asthma, COPD, multi-morbidity including chronic respiratory disease, respiratory infections including TB, RSV, and post-COVID syndrome.

Click HERE for detailed guidance and information. (see Appendix 2)

**Service Development & Evaluation**   
Service Development & Evaluation Abstracts should evaluate an intervention to create and/or improve a service or interventions that benefit respiratory health, including educational interventions and quality improvement programmes. This can include surveys and abstracts which include real world evidence and good practice examples, which can be inspired by [WHO best buys](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1)

It should include the aim, outline of context, a brief description of the change and why you thought it would work, your strategy for change, impact and lessons learned.

Click [HERE](#headingh.1fob9te)for detailed guidance and information. (see Appendix 3)

# **Guide to Abstract Submission**

**Word Count & Format:** There is a maximum of **300 words** allowed for the body of the abstract.

**Figures and tables:** You may include one image or table to illustrate the work further. Please ensure that you have permission to use any images that you display in your abstract submission; otherwise, you may be liable for copyright infringement and associated charges.

Images can be in any format and up to 5MB in size. Any patient-identifiable images must have the patient’s written permission for display.

Note on adding tables and images: Tables and Diagrams can be uploaded added and added as supporting files and not to the abstract’s body text. Tables or Diagrams should be uploaded as jpg. or png. files and clearly labelled e.g. 1) Tables: Table 1 – Table title 2) Diagrams: Figure 1 - Figure Title.

**Abstracts should be written in full sentences in English:** A correct sentence structure and grammar must be used and please check your spelling. Abstracts must be written in plain English. If this is your second language, please have your abstract proofread by a colleague with good written English skills.

**Review Process and Outcome:**All abstracts will be peer-reviewed and authors submitting by the main deadline of 22nd February 2026 will be notified of the outcome by 16 March 2026.   
  
If you wish your abstract to be reviewed early, to help with your visa, funding or travel arrangements please submit by 14 December 2025. The outcome will be notified by 23 December 2025. Abstracts submitted on 19 April 2026 will be notified of the outcome by 28 April 2026.

All abstracts with author permission will also be added to [IPCRG online resources](https://www.ipcrg.org/resources/search-resources) and IPCRG will disseminate these to its network.

**Accreditation**

As with previous conferences we will be applying for accredication from the European Accreditation Council for Continuing Medical Education (EACCME®) who awarded the previous World conference in Athens with **10.5 European CME credits**(ECMEC®s) and the European Board for Accreditation in Pneumonology (EBAP), who awarded the World conference in Athens with **12 CME credits.**

In addition, for Tunisia we will be applying for accreditation from the Conseil National de l’Ordre des Médecins (CNOM), via [EACCME](https://eaccme.uems.eu/collaborations-european) and from [INEAS](https://www.inahta.org/members/inasante/) – The (Tunisian) National Authority for Assessment and Accreditation in Healthcare.

In all cases you should claim only those hours of credit actually spent in the educational activity.

# **Terms & Conditions**

* Abstracts can only be submitted electronically through the online abstract submission form available at the top of this webpage and should be submitted by **22nd February 2026.** If you wish your abstract to be reviewed early,to help with your visa, funding or travel arrangements please submit by **14th December 2025.**
* Acknowledgement of receipt of your submission will be sent to your stated email address. If you do not receive the confirmation email within 24 hours, please contact the Meeting Secretariat at info@ipcrg2026.org.
* Abstracts must be written in English.
* It is the author's responsibility to submit a complete abstract in finalised format. Any errors in spelling, grammar or scientific facts will be reproduced as typed by the author.
* Authors’ names must be listed with mixed-case letters (first name and family name in full). Affiliations (institute/hospital/university, city, country) should be properly stated in your abstract in lowercase. No references to the exact addresses (street number, ZIP) are needed and will be deleted for reasons of uniformity.
* Abstract text should be split under several headings, dependent on the category you selected (please see above). Please ensure that your abstract is divided into the correct sections. Abstracts not submitted in the correct format may be marked down.
* There is a maximum limit of 300 words for each abstract, excluding the title, authors list and affiliations.
* The presenting author is indicated by clicking on the Presenter box next to the respective name in the Affiliations section.
* Pre-registration of the abstract’s presenting author is available until **28 March, 2025**. It is a prerequisite for the abstract’s presentation in the Scientific Programme and its publication in the Meeting electronic material that the presenting author attends the conference.
* If an author wishes to withdraw a submitted abstract, a written request should be sent to the Meeting Secretariat at info@ipcrg2026.org.
* All authors agree to abide by the Terms & Conditions pertaining to submission, publication, and presentation of abstracts.
* The accurate submission of abstracts is also a prerequisite for their acceptance. Any submitted abstract that does not meet the above requirements will not be accepted.

# Notification of Acceptance or Rejection

* All received abstracts will be evaluated by members of the Scientific Committee of the Meeting.
* Notification of acceptance or rejection of the abstract will be sent to the corresponding author of each abstract by **16 March 2026, or by 23 December 2025 if you submit by December 14 2025.**
* The corresponding author receives all information concerning the abstract and is responsible for informing all other co-authors of the status of the abstract.
* All presenters will be asked to reconfirm their attendance after receiving the notification. If you do not reconfirm your paper presentation, register and pay the registration fee before the given deadline, your abstract will be removed from the programme.

## Appendix 1 - Guidance for Clinical Research Results Abstracts

**Introduction:**

IPCRG campaigns for patient care to be evidence-based, using evidence from real life, that includes populations representative of primary care populations.

As mentioned in our first Research Needs Statement: “Firstly, there is a real need for research to be undertaken within primary care, which recruits patients’ representative of primary care populations, evaluates interventions realistically delivered within primary care, and draws conclusions that will be meaningful to professionals working within primary care.”1 This category includes exploratory, effectiveness or implementation research that addresses a clinical question - a study involving patients with a respiratory disease or problem commonly found in primary and community care settings. It should use an identifiable research method and should have qualitative and/or quantitative data. 2

The questions in our new Research Prioritisation give a useful guide to what would be of most interest to our audience. 3 For example:

* What is the best way to manage chronic/ persistent cough in primary care?
* What are the best ways to monitor asthma in primary care?
* What steps could be taken to prevent exacerbations and the progression of asthma?
* How can brief advice be better used to increase motivation to quit tobacco use, and what elements are most efficient for a busy primary care practitioner?
* How should we best manage COPD in patients with cardiovascular diseases, arrhythmias, and uncontrolled hypertension?
* What are the most effective strategies for ensuring sustained good inhaler techniques among asthma patients?
* What methods could be used to enhance the use of asthma controller therapy?
* How could we improve COPD 'patients’ use of inhalers? What are the best ways to teach people and

how can we apply them in daily clinical practice?

* What is the best way to engage people with asthma in self-management?
* How can we best educate healthcare professionals to improve early recognition and diagnosis of COPD?

**Reasons why your abstract might not be progressed:**

* Does not contain data
* Is not relevant to a primary care audience
* Is not respiratory-focused
* Is a service development and should be submitted in the Service Development and Evaluation category

However, to build primary care respiratory research capacity we might accept an abstract subject to revision.

E.g. if English is not your first language and the language needs improvement for clarification or there is uncertainty about your data analysis. If this case, we will appoint a reviewer to help you improve the abstract.

**References**

1. H Pinnock *et al*. *Prim are Resp J* 2010; **19**(Suppl 1): S1-S20 [doi:10.4104/pcrj.2010.00021](http://dx.doi.org/10.4104/pcrj.2010.00021)
2. Pinnock H, Sheikh A. Standards for reporting implementation studies (StaRI): enhancing reporting to improve care. npj Prim Care Respir Med 2017; 27:42. Available from: <http://dx.doi.org/10.1038/s41533-017-0045-7>
3. Abdel-Aal A, Lisspers K, Williams S, Adab P, Adams R, Agarwal D, Barnard A, Bouloukaki I, van Boven JFM, Chavannes N, Dickens AP, van Gemert F, Escarrer M, Haroon S, Kayongo A, Kirenga B, Kocks JWH, Kotz D, Newby C, McNulty C, Metting E, Moral L, Papadakis S, Pinnock H, Price D, Ryan D, Singh SJ, Correia de Sousa J, Ställberg B, Szefler SJ, Taylor SJC, Tsiligianni I, Turner A, Weller D, Yusuf O, Tabyshova AK, Jordan RE. Prioritising primary care respiratory research needs: results from the 2020 International Primary Care Respiratory Group (IPCRG) global e-Delphi exercise. NPJ Prim Care Respir Med. 2021. <https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021>

# Appendix 2 - Guidance for Research Ideas Abstracts

**Introduction:**

IPCRG actively encourages primary care practitioners to submit an abstract, fully aware that there are currently few academic centres of primary respiratory care around the world and therefore relatively few practitioners with access to academic expertise to guide and mentor their research.

IPCRG also recognises that there is no global database of primary care respiratory research in progress, and therefore it is possible that researchers may be planning a similar study to one already underway, instead of building on it, or repeating that study in a different country.

So, as a starting point, the IPCRG would be delighted to receive abstracts describing a research question and a methodology that can then benefit from peer discussion and challenge. In this way, IPCRG can increase research capability in primary care respiratory research.

Questions that would be of most interest to the IPCRG audience will take forward the ideas in our new Research Needs Prioritisation.1 2

For example:

* What is the best way to manage chronic/ persistent cough in primary care?
* What are the best ways to monitor asthma in primary care?
* What steps could be taken to prevent exacerbations and progression of asthma?
* How can brief advice be better used to increase motivation to quit tobacco use, and what elements are most efficient for a busy primary care practitioner?
* How should we best manage COPD in patients with cardiovascular diseases, arrhythmias, and uncontrolled hypertension?
* What are the most effective strategies for ensuring sustained good inhaler techniques among asthma patients?
* What methods could be used to enhance the use of asthma controller therapy?
* How could we improve COPD 'patients’ use of inhalers? What are the best ways to teach people and how can we apply them in daily clinical practice?
* What is the best way to engage people with asthma in self-management?
* How can we best educate healthcare professionals to improve early recognition and diagnosis of COPD?

You might find the previous statement helpful too.2

**References:**

1. AP, van Gemert F, Escarrer M, Haroon S, Kayongo A, Kirenga B, Kocks JWH, Kotz D, Newby C, McNulty C, Metting E, Moral L, Papadakis S, Pinnock H, Price D, Ryan D, Singh SJ, Correia de Sousa J, Ställberg B, Szefler SJ, Taylor SJC, Tsiligianni I, Turner A, Weller D, Yusuf O, Tabyshova AK, Jordan RE. Prioritising primary care respiratory research needs: results from the 2020 International Primary Care Respiratory Group (IPCRG) global e-Delphi exercise. NPJ Prim Care Respir Med. 2021. https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021
2. Pinnock H et al. Prioritising the respiratory research needs of primary care: the International Primary Care Respiratory Group (IPCRG) e-Delphi exercise. Prim Care Respir J 2012;21(1):19-27

# Appendix 3 - Guidance for Service Development & Evaluation Abstracts

**Introduction:**

If we are to improve healthcare for patients, and ultimately health outcomes, we need to test better ways to deliver services that increase the value gained from the investment in healthcare resources. This might focus on reducing variation not explained by patient variation (“unwarranted” variation) by doing things right, such as implementation of protocols and evidence-based guidelines. Or, it might be to change what is done to improve outcomes – doing the right things and potentially stopping doing harmful or less valuable things. For example, it might include an educational intervention for patients or healthcare providers or an awareness or public health campaign.

This category of Service Development & Evaluation category is an opportunity for you to share your learning about improving a service or implementing the evidence in a new setting. For example, you may have tackled variations in emergency hospital admissions for children with asthma for the general practices in your geographic area, or variation in the prevalence of COPD diagnosed using case-finding in practices. This can also include surveys as well as abstracts which include real world evidence and good practice examples, and can be inspired by [WHO best buys](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1). Primary care is in a unique position to focus on real world evidence and bring our findings to the attention of a wider audience.

Or it might include working more productively with patients, shifting services closer to patients and out of the hospital, improving medicines management, reducing health inequalities, or implementing a new guideline or protocol through education, coaching or mentoring, small tests of change, technological solutions, or using data differently.

Alternatively, in line with our Research Needs Prioritisations, you might wish to describe how you improved patient value/outcomes by implementing a guideline or redesigning a service in your local context.1 2 We expect a description of the evidence being implemented, assessment of the existing situation, how you quantified the Problem, A Description Of The Change Or Implementation, Your Strategy, And The Impact.3

**Barriers to Success:**

These are typical reasons for abstracts in this category not progressing further:

* No statement of the problem
* Not clear who is making the change, or which patients benefit
* A lot of text but little or no measurement (process measurements are useful here)
* No summary of the context
* No clear evidence of change/improvement
* No final message
* A literature review rather than an analysis of a real service change
* Is about clinical medicine and more suitable for the Clinical Research Results category
* Has not shown how it is relevant for a wider international audience

However, we want to build primary care respiratory research capacity, so we might accept an abstract subject to revision. This might happen if English is not your first language and the language needs improvement for clarification or there is uncertainty about the method of the analysis of your data. If this is the decision, a reviewer will be appointed to help you improve the abstract.

**References:**

1. AP, van Gemert F, Escarrer M, Haroon S, Kayongo A, Kirenga B, Kocks JWH, Kotz D, Newby C, McNulty C, Metting E, Moral L, Papadakis S, Pinnock H, Price D, Ryan D, Singh SJ, Correia de Sousa J, Ställberg B, Szefler SJ, Taylor SJC, Tsiligianni I, Turner A, Weller D, Yusuf O, Tabyshova AK, Jordan RE. Prioritising primary care respiratory research needs: results from the 2020 International Primary Care Respiratory Group (IPCRG) global e-Delphi exercise. NPJ Prim Care Respir Med. 2021. https://www.ipcrg.org/IPCRG-Research-Prioritisation-2021
2. Pinnock H et al. Prioritising the respiratory research needs of primary care: the International Primary Care Respiratory Group (IPCRG) e-Delphi exercise. Prim Care Respir J 2012;21(1):19-27
3. Pinnock H, Epiphaniou E, Sheikh A et al. Developing standards for reporting implementation studies of complex interventions (StaRI): a systematic review and e-Delphi. Implement Sci. 2015 Jan;10(1):42. Available from: http://www.implementationscience.com/content/10/1/42