



THE ASSOCIATION OF
PHARMACY TECHNICIANS UK

Writing an APTUK Abstract That Gets Accepted (and Could Win)

Tips for crafting compelling and successful abstracts



Session Overview and Goals

This session guides participants through creating competitive abstracts for the APTUK 2026 Conference, boosting confidence and skills.

Inclusive Content and Project Types

High-quality abstracts can come from diverse projects like service improvement, education, leadership and work-in-progress.

Interactive Webinar Format

The webinar will use polls to engage participants actively, enhancing learning and interaction.

Abstract Writing Accessibility

Abstract writing is achievable without traditional research experience and empowers pharmacy technicians to share their impact.



Understanding the Abstract Process





APTUK essentials and expectations

Submission Requirements

Abstracts must follow a 250-word limit and include structured headings like Background and Results. Use plain English and explain acronyms.

Blind Review Standards

Names, organisations and locations must be omitted to maintain anonymity during blind review.

Reference and Style Guidelines

References should follow Vancouver style and be minimal to maintain clarity and conciseness.

Submission Deadline

The abstract submission deadline is the **30th March 2026**



Poster vs oral abstracts

Posters

Posters need to be visually concise and designed for discussion. They should have headline-style findings and clear visual take-home messages ideal for storytelling.

Oral Presentation

Oral presentations need a compelling narrative flow with problem statement and practical or policy implications. They will be timed and you need to be confident to present.

Common Abstract Criteria

Both poster and oral abstracts require a rationale, credible methods and evidence of impact.

Participation and Registration

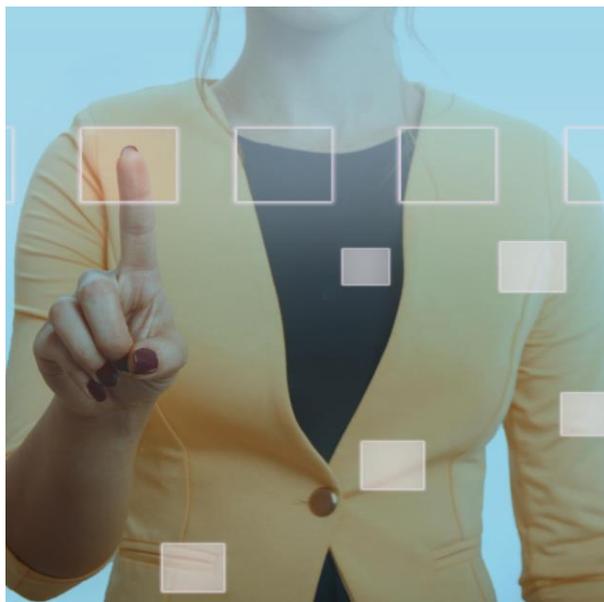
Both formats require in-person delivery and at least one author registration for conference.



Choosing your submission category

Submission Categories Overview

Participants can choose from Clinical Practice, Leadership, Education and Research. Research may be 'work-in-progress'.



Project Type Flexibility

Categories support projects like quality/service improvement, audits, CPD innovations, educational projects and 'other', offering broad inclusion.

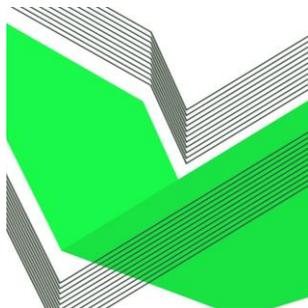
Participant Guidance and Inclusion

Emphasis on selecting categories aligning with the main message not the method.

Writing a Strong 250-Word Abstract



Effective abstract structure



Clear Structured Format

The abstract follows a specific structure with a succinct title, contain a short description of your work – what was done, how it was done, key findings and implications.



Concise Content Guidelines

Every sentence must be brief, precise and meaningful to fit within the strict 250-word limit effectively.

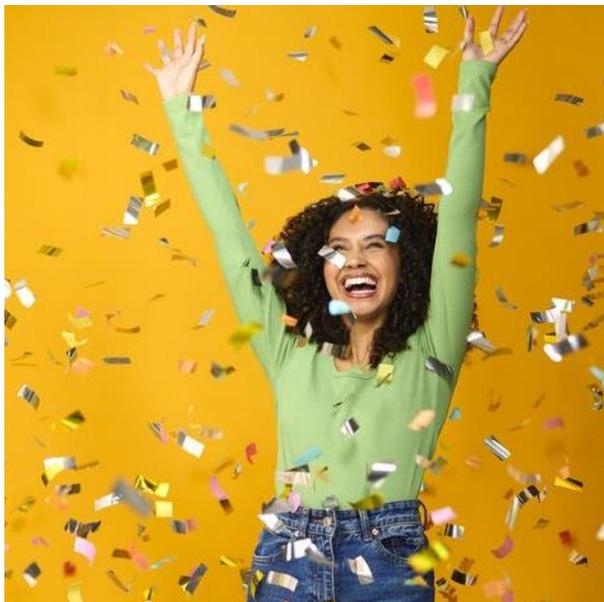


Conclusion Drafting Strategy

Drafting the conclusion first ensures alignment and coherence throughout the abstract's content.



Getting selected



Capture the reader's interest

Be clear and concise

Ask someone to proofread it

Check the criteria to avoid silly mistakes

Learning from a Winning Example





Abstract Title: Peer Discussion in Practice: Experiences of Pharmacy Technicians in the Participation of Revalidation for Registration

Abstract text:

Learning from peer interactions, is a key objective of continued professional development (CPD), and revalidation, of healthcare professionals ⁽¹⁾. It is recognised as a factor in increasing patient confidence in their healthcare provision. Following a series of failings in the healthcare sector ^(2, 3), formal revalidation frameworks have been introduced, with pharmacy the most recent profession to move to a revalidation model ⁽⁴⁾. Focusing on the diverse objectives of increasing patients' confidence, improving professional practice and enabling performance management, revalidation requirements are multifaceted, with high value placed on the input of peers. Yet, literature demonstrates a range of experiences and practices in the use of peer interactions for learning ⁽⁵⁾. In addition, there is a lack of an accepted definition of 'peer' and a lack of research into experiences of pharmacy professionals with peer discussions and specifically those of pharmacy technicians. This study aims to explore the experiences of pharmacy technicians undertaking peer discussion as part of their revalidation. This will include exploring how peers are identified and selected, the requirements and guidance used, the impact on practice and the professions of those used as peers, the impact on practice and the individual. The study will take a constructivist approach, using online questionnaires and semi-structured interview methods. Qualitative data will be analysed using reflexive thematic analysis ⁽⁶⁾ to give rich descriptions of pharmacy technician experience undertaking peer discussion as part of revalidation. Results of this study are expected to be published in September 2025 as part of a Doctorate in Clinical Education.

References

1. HM Government. Trust, assurance and safety: the regulation of health professionals in the 21st century. Cm; 7013. London: HMSO; 2007.
2. HM Government. Learning from tragedy, keeping patients safe: Overview of the Government's action programme in response to the recommendations of the Shipman Inquiry. In: Department of Health, editor. London: HMSO; 2007.
3. HM Government. The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984–1995. Learning from Bristol. In: Department of Health, editor. London: HMSO; 2002.
4. General Pharmaceutical Council. Revalidation Framework. 2018.
5. Morris S, Brooks T. General pharmaceutical council revalidation: what is the best approach for conducting a peer discussion for paediatric pharmacists? *Archives of Disease in Childhood*. 2019;104(7): e2–e.
6. Braun V, Clarke V. *Thematic analysis: a practical guide*. London: SAGE Publications Ltd; 2022.



Title



Title: *Peer Discussion in Practice: Experiences of Pharmacy Technicians in the Participation of Revalidation for registration.*

The title should be succinct yet clearly describe the content of the work. Please use Sentence case - (i.e. the first letter of the sentence is capitalised, with the rest being lower case except for proper nouns and acronyms). There should be no full stop at the end. Please DO NOT use upper case for the title



Abstract text

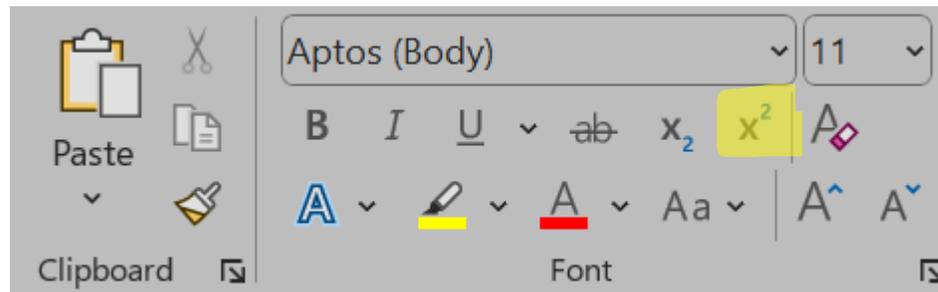
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Vancouver referencing

- Manual Vs Referencing Tools



References

1. HM Government. Trust, assurance and safety: the regulation of health professionals in the 21st century. Cm; 7013. London: HMSO; 2007.
2. HM Government. Learning from tragedy, keeping patients safe: Overview of the Government's action programme in response to the recommendations of the Shipman Inquiry. In: Department of Health, editor. London: HMSO; 2007.
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6. Braun V, Clarke V. Thematic analysis: a practical guide. London: SAGE Publications Ltd; 2022.

Final Preparation and Q&A



Submission checklist and final guidance



Adherence to Submission Rules

Ensure abstracts follow the 250-word limit and structured headings for clarity and compliance.

Anonymity and Content Requirements

Remove identifying information and include results or a clear work-in-progress timeline in abstracts.

Referencing and Attendance

Use correct Vancouver referencing and confirm conference attendance requirements for presenters.



Live Q&A



<https://profile.eventsair.com/aptuk-2026/abstract-submission>