Allied Health Services

Abstract Submission Guidelines

Synergising Care

A Contemporary Blueprint for Connected Health Services

Annual Conference 2026 | Directorate Allied Health Services

Abstract Submission Guidelines

These guidelines are intended to support the preparation and submission of abstracts for the Annual Conference 2026 – *Synergising Care: A Contemporary Blueprint for Connected Health Services*.

Conference sub-themes:

- Service Improvement in Practice
- Adaptive Workforce in Practice.

Please read them carefully before submitting your abstract.

Submission Deadline

All abstracts must be submitted by **Friday, 31st July 2026 at 23:59 CEST**.

Late submissions will not be considered.

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1. Introduction

Thank you for your interest in the Directorate Allied Health Services Annual Conference 2026:

Synergising Care: A Contemporary Blueprint for Connected Health Services.

These guidelines are intended to provide the information required to prepare and submit an abstract. Please read them carefully before proceeding to the online submission form.

The Annual Conference of the Directorate of Allied Health Services will be held in Malta in October 2026. The conference is open to professionals and support workers of the Directorate Allied Health Services, within the following categories:

Professionals:

- Audiologists
- Clinical Perfusionists
- Clinical Measurement Physiology Technicians
- Dental Hygienists
- Dental Technologists
- Dietitians
- Genomic Co-ordinators
- Medical Illustrators
- Medical Laboratory Scientists
- Medical Physicists
- Nutritionists
- Occupational Therapists
- Optometrists
- Orthoptists
- Orthotists & Prosthetists
- Physiotherapists

- Podiatrists
- Psychologists
- Psychotherapists
- Radiographers
- Radiotherapists
- Social Workers
- Speech Language Pathologists

Support Workers:

- Allied Assistants
- Decontamination & Sterilization Technicians
- Dental Surgery Assistants
- Phlebotomist

2. Conference Theme

Synergizing Care: A Contemporary Blueprint for Connected Health Services

As healthcare systems continue to evolve in response to increasing complexity, changing population needs, and rapid technological advancement, the ability to deliver connected, coordinated, and person-centered care has never been more important.

Synergizing Care: A Contemporary Blueprint for Connected Health Services explores how collaboration, innovation, and contemporary practice can strengthen health services through seamless integration, shared knowledge, and a unified workforce committed to improving health outcomes.

The conference provides a platform for the professions and support workers of the Directorate researchers, educators, and healthcare leaders to exchange evidence, showcase innovative practice, and collectively explore practical solutions that enhance the quality, coordination, and responsiveness of healthcare delivery. Recognising that connected health services rely on both effective service design and an adaptive workforce, the conference promotes multidisciplinary collaboration, digital enablement, and continuous learning as essential drivers of sustainable service improvement.

Through a refreshed and interactive conference format, participants will engage in knowledge sharing, critical reflection, and meaningful discussion that extends beyond the presentation of research. By bringing together diverse professional perspectives, the conference aims to foster dialogue that informs practical recommendations, strengthens interprofessional collaboration, and supports continuous improvement across healthcare services.

Central to this year's the belief that connected care is achieved by thinking together, learning from one another, and empowering every member of the healthcare workforce to contribute to service excellence. The conference therefore seeks to inspire innovative approaches that

reduce fragmentation, improve care pathways, build workforce capability, and create health services that are more responsive, resilient, and centered on the needs of the people and communities they serve.

This overarching theme is reflected through two complementary sub-themes:

Service Improvement in Practice explores the implementation of practical service changes, optimised care pathways, improved inter-service coordination, and person-centered approaches that enhance care delivery across diverse healthcare settings.

Adaptive Workforce in Practice focuses on developing a flexible, collaborative, and contemporary workforce equipped with the skills, competencies, and multidisciplinary partnerships required to respond effectively to the evolving demands of modern healthcare.

3. Conference Format

The conference will follow a blended format. All accepted presentations will be recorded in advance using the setup designated by the Directorate Allied Health Services, in order to ensure consistency in presentation quality, format and delivery.

The recorded presentations will be made available to registered conference attendees prior to the conference day. Attendees will therefore have the opportunity to view the presentations in advance and reflect on the content presented.

All accepted presenters are required to attend the in-person conference in October 2026. The conference day will focus on discussion, peer engagement and knowledge exchange, allowing presenters to further explore their work with professionals and support workers of the Directorate, and to contribute to wider discussion on service improvement, workforce adaptability and patient-centered care.

4. Entity Affiliation

Applicants will be required to indicate which Directorate Allied Health Services entity or entities they are affiliated with from the following entities. Where applicants form part of, or provide services within, more than one entity, all applicable entities should be selected:

- Active Ageing and Community Care (AACC)
- Ċensu Moran Regional Hub (CMRH)
- Child, Adolescent and Youth Services (CAYS)
- Gozo General Hospital (GGH)
- Karin Grech Rehabilitation Hospital (KGRH)
- Mater Dei Hospital (MDH)
- National Mental Health Services (NMHS)
- Primary Health Care (PHC)
- Sir Anthony Mamo Oncology Centre (SAMOC)
- St. Vincent De Paule Residence (SVPR)

5. Important dates

- Abstract submission opens: Monday 6th July 2026
- Abstract submission closes: Friday 31st July 2026 at 23:59 CEST
- Notification of outcome: Friday 28th August 2026
- Dissemination of Final Programme: Thursday 1st October 2026
- Annual conference: October 2026 (09:00–15:00 hours)

6. Eligibility for abstract submission

Abstract submissions are open to professionals and support workers of the Directorate Allied Health Services within the following categories:

Professions:

- Audiologists
- Clinical Perfusionists
- Clinical Measurement Physiology Technicians
- Dental Hygienists
- Dental Technologists
- Dietitians
- Genomic Co-ordinators
- Medical Illustrator
- Medical Laboratory Scientists
- Medical Physicists
- Nutritionists
- Occupational Therapists
- Optometrists
- Orthoptists
- Orthotists & Prosthetists
- Physiotherapists
- Podiatrists
- Psychologists
- Psychotherapists
- Radiographers
- Radiotherapists
- Social Workers

- Speech Language Pathologists

Support Workers:

- Allied Assistants
- Decontamination & Sterilization Technicians
- Dental Surgery Assistants
- Phlebotomists

7. General Requirements

7.1. General Submission Guidelines

- Abstracts must be submitted in English.
- All abstracts must describe work to which all listed authors have made a significant contribution.[1] Any reference to personal experience and/or personal perceptions should be clearly identified as such.
- Abstracts must represent original work by the listed author/s and should not include material that has been copied, duplicated or submitted without appropriate acknowledgement.
- Where the work involved patients, service users, staff data, service data or formal evaluation, applicants are responsible for ensuring that appropriate permissions, approvals or governance requirements have been obtained, where applicable.

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[1]Significant contribution refers to substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data; and drafting the work or reviewing it critically for important intellectual content; and final approval of the version to be presented or published; and agreement to be accountable for all aspects of the work, including ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolve

- Abstracts should not include identifiable patient, service user, staff or institutionally sensitive information. Where case details are included, applicants must ensure that confidentiality is fully maintained.
- The language used in abstracts should communicate respectfully about people and populations. Terms that may be considered stigmatising or discriminatory should be avoided. In most cases, people-first language is preferred, for example, “children with epilepsy” rather than “epileptic children”. However, in specific contexts, identity-first language may be more appropriate, for example, when referring to the Deaf community. Applicants should consider accepted practice in relation to the population being described.
- Applicants are responsible for reviewing their abstracts carefully before submission. Results, figures and units of measurement should be accurate and reported in line with accepted scientific conventions. Applicants are encouraged to use spelling and grammar checks and, where possible, to ask a colleague to proofread the abstract prior to submission. Errors in spelling, grammar or the reporting of measures cannot be amended following submission.
- Any conflicts of interest, funding sources or external support relevant to the work should be declared at the time of submission.
- All individuals submitting an abstract must complete registration for the conference through the designated registration portal. Registration is a prerequisite for abstract consideration and participation in the scientific programme.
- By submitting an abstract, applicants confirm that at least one listed author will be available to participate in the required conference format, including the pre-recording of the presentation and attendance at the in-person conference.

7.2. Abstract Structure

Submissions must include the following structured information:

- **Title** – concise heading, not exceeding 200 characters.
- **Authors and Affiliations** – full list of authors, including their professional title and relevant affiliation/s.
- **Work Setting and Entity Affiliation**
    - **Entity Affiliation** – the entity or entities of the Directorate Allied Health Services with which the submitting author/s are affiliated or collaborating. Where more than one entity applies, all relevant entities should be indicated.
    - **Work Setting** – primary service area or setting where the work, initiative or practice development was undertaken.
- **Timeframe of Work** – timeframe during which the submitted work was carried out.
- **Presenting Author** –designated individual responsible for the pre-recorded presentation and for attending the in-person conference discussion.
- **Sub-theme** – select the most relevant conference sub-theme:
    - *Service Improvement in Practice*
    - *Adaptive Workforce in Practice*.
- **Abstract** – structured summary of the work, initiative or practice development, not exceeding 1800 characters.
- **Keywords** – up to five key terms reflecting the main concepts of the submission.
- **Relevance to conference sub-themes** – brief statement indicating how the submission relates to service improvement, workforce adaptability, patient-centred care or evolving models of care within the Directorate.
- **General Comments** – any supplementary remarks relevant to the submission.
- **Contact Details** – corresponding author's email address and telephone number.

Applicants should refer to the **Conference Format** (section 2) for details regarding pre-recorded presentations and in-person attendance requirements.

Abstracts must not be used as marketing opportunities for products, equipment, services or organisations, and must not include negative comparisons with competitors' products, services or organisations.

7.3. Presentation Allocation and Presenter Responsibilities

An individual may be identified as the presenting author for a maximum of one abstract. They may be listed as a co-author on other abstracts; however, they may only act as presenting author for one accepted submission.

The presenting author will be responsible for delivering the pre-recorded presentation and is required to attend the in-person conference to participate in the related discussions, networking and knowledge exchange.

The final decision regarding the acceptance, allocation and scheduling of abstracts within the conference programme rests with the DAHS Scientific Committee. This includes decisions relating to presentation requirements, recording arrangements, discussion allocation and any other programme-related considerations.

7.4. Language, Font and Format

- **Language:** Abstracts must be submitted in English. The language used should be clear, concise, professional and grammatically correct.
- **Format:** Abstracts must be submitted through the designated online submission form for the Directorate Allied Health Services Annual Conference 2026 – *Synergising Care: A Contemporary Blueprint for Connected Health Services*.
- **Submission:** Abstracts submitted by email or by any other means will not be

considered, unless otherwise instructed by the Conference Scientific Committee.

7.5. Conference Sub-Themes

Abstract submissions must align with one of the two conference sub-themes. Applicants are required to select the sub-theme that best reflects the focus of their work.

The two sub-themes for the Directorate Allied Health Services Annual Conference 2026 – *Synergising Care: A Contemporary Blueprint for Connected Health Services* are:

Sub-Theme 1: Service Improvement in Practice

This sub-theme focuses on practical initiatives, service developments and evolving models of care that aim to improve how services are delivered across the Directorate Allied Health Services. It invites submissions that demonstrate how professionals and support workers of the Directorate are responding to service realities, identifying areas for improvement, strengthening care pathways, improving coordination, and enhancing the patient and service-user experience.

Submissions may include examples of improved service delivery, redesigned pathways, enhanced access, better use of resources, strengthened standards, patient-centered initiatives, interprofessional collaboration, or changes in practice that have contributed to more effective, responsive and coordinated care.

Sub-Theme 2: Adaptive Workforce in Practice

This sub-theme focuses on the people, roles, skills and ways of working that enable services to adapt to changing needs. It invites submissions that highlight how professionals and support workers of the Directorate are developing capability, responding to workforce

challenges, strengthening collaboration, expanding roles, supporting service resilience and contributing to contemporary, patient-centered care.

Submissions may include examples of workforce adaptability, role development, interprofessional working, training initiatives, leadership in practice, service responsiveness, team-based approaches, or initiatives that support a more flexible, capable and cohesive workforce across the Directorate.

Applicants are encouraged to submit abstracts that are service-focused, reflective of current practice, and relevant to the continued development of connected, standards-driven and patient-centered care within the Directorate.

7.6. Submission Types and Approaches

Abstracts may be based on, or include, the following approaches:

- Qualitative work
- Quantitative work
- Mixed-methods work
- Service evaluation
- Service improvement initiatives
- Quality improvement projects
- Operational reviews
- Case studies or case reports
- Practice-based innovation
- Evidence reviews, where relevant to service delivery
- Study or project protocols

Abstracts should be clearly aligned with the conference sub-themes: Service Improvement in Practice or Adaptive Workforce in Practice.

Case reports and study or project protocols are welcomed, provided that they are clearly identified as such and include sufficient detail regarding their relevance, rationale, proposed approach and anticipated contribution to service delivery or workforce development.

Submissions describing completed or ongoing work must include sufficient findings, learning points or service implications to allow meaningful review. Submissions with pending or incomplete data, where results or key learning points are not yet available, will not be accepted.

7.7. Communication

All correspondence regarding the abstract will be sent to the person who submits the abstract. The submitting author is responsible for informing all co-authors of the outcome of the submission and of any subsequent communication from the Conference Scientific Committee.

The presenting author must be clearly identified in the abstract submission. The presenting author does not need to be the submitting author or the first-named author; however, they must be available to participate in the required conference format, including the pre-recorded presentation and the in-person conference discussion.

The Conference Scientific Committee may request amendments, clarifications or revisions prior to final acceptance.

Accepted abstracts may be included in conference-related material, including the conference programme, abstract booklet or other official Directorate Allied Health Services communication related to the Annual Conference 2026.

Following inclusion in the Directorate Allied Health Services Annual Conference 2026 – *Synergising Care: A Contemporary Blueprint for Connected Health Services*, including the pre-recorded presentation and related in-person discussion, authors retain the right to

further develop, publish or present their work elsewhere. Such use does not imply endorsement by the Directorate Allied Health Services.

7.8 Conflict of Interest

All authors are required to disclose any actual, potential or perceived conflicts of interest related to the submitted work.

A conflict of interest may include, but is not limited to, financial relationships, professional affiliations, personal relationships, commercial interests, sponsorship, funding, external support, or any other circumstances that could reasonably be perceived to influence the content, interpretation or conclusions of the abstract.

Any relevant funding source, sponsorship, donated equipment, commercial support or organisational involvement linked to the work should also be declared.

If there are no conflicts of interest, authors should include the following statement:

“The author/s declare/s no conflicts of interest.”

The DAHS Scientific Committee may request further clarification where a declared conflict of interest requires review.

8. Online Submission Process

All abstract submissions must be made electronically through the designated online submission form: **Click Here**

Applicants should ensure that all required sections of the form are completed before submission. The online form will request information relating to the abstract title, authors and affiliations, presenting author, Directorate entity affiliation, work setting, timeframe of work, selected conference sub-theme, abstract text, keywords, ethics or governance considerations, conflict of interest, funding transparency, declarations and contact details.

Applicants will be required to select one of the two conference sub-themes:

- *Service Improvement in Practice*
- *Adaptive Workforce in Practice*

Applicants will also be required to confirm the relevant Directorate Allied Health Services entity or entities with which they are affiliated. Where more than one entity applies, all applicable entities should be selected.

Before submitting, applicants should carefully review their entry to ensure that all information is accurate and complete. Following submission, applicants will receive confirmation that their abstract has been successfully submitted and may be able to download or save a copy of the submission for their records.

Abstracts submitted by email or by any means other than the designated online submission form will not be considered, unless otherwise instructed by the DAHS Scientific Committee.

9. Attendance and booking

In-person attendance at the Directorate Allied Health Services Annual Conference 2026 – *Synergising Care: A Contemporary Blueprint for Connected Health Services* is compulsory for all presenting authors whose abstracts are accepted.

Accepted presentations will be recorded in advance using the setup designated by the Directorate. Presenting authors are required to participate in the pre-recording process and to attend the in-person conference in October 2026.

The in-person conference will provide an opportunity for presenting authors to engage in discussion, networking and knowledge exchange with professionals and support workers of the Directorate in relation to their submitted work.

Presenting authors must complete conference registration through the designated registration process. Further details regarding booking, recording arrangements and attendance requirements will be communicated following abstract acceptance.

10.Review Process

All submissions will be reviewed by the DAHS Scientific Committee.

Abstracts will be assessed according to the following criteria:

- clarity and quality of the submission;
- relevance to the conference title and selected sub-theme;
- relevance to service improvement, workforce adaptability and patient-centered care;
- originality or contribution to current practice;
- appropriateness of the approach, method or description of the work;
- significance of the findings, learning points or service implications;
- ethical, governance and confidentiality considerations, where applicable.

The DAHS Scientific Committee may request clarification, amendments or additional information before making a final decision.

Notification of the outcome will be sent to the submitting author by email by: Friday 28th August 2026.

The decision of the DAHS Scientific Committee regarding acceptance, allocation and inclusion in the conference programme is final.

11.Selection process

All submitted abstracts will be anonymised, where possible, prior to review. A blind peer-review process will be undertaken, with each abstract reviewed independently by two reviewers. Abstracts will be assessed and scored against the published review criteria outlined in Appendices 1 and 2. Where there is a significant difference between reviewer scores or comments, the abstract may be referred to an additional reviewer or to the DAHS Scientific Committee for further consideration. Selection of abstracts will be based on the outcome of the review process, the relevance of the submission to the conference title and

sub-themes, and the overall balance of the conference programme.

The final decision regarding abstract acceptance and inclusion in the conference programme rests with the DAHS Scientific Committee.

Appendix 1: Eligibility Criteria

Submissions must meet the following eligibility requirements in order to proceed to review:

Ethics and Governance

Applicants must indicate whether the submitted work required ethical approval and/or formal governance approval.

- If ethical approval was required, evidence of approval must be provided.
- If ethical approval was not required, applicants must provide a clear justification.

Where the work involved service users, patients, staff data, service data or operational information, applicants must confirm that the appropriate permissions, approvals or governance requirements have been obtained, where applicable.

Confidentiality

Submissions must not include identifiable patient, service user, staff or institutionally sensitive information. Where case details are included, confidentiality must be fully maintained.

Conflict of Interest

All authors must declare any actual, potential or perceived conflicts of interest. Where no conflicts exist, applicants should include the statement:
“The authors declare no conflicts of interest.”

Funding Transparency

Applicants must declare any funding, sponsorship, donated equipment, commercial support or external assistance received in relation to the submitted work. Any potential influence of funding or external support on the work should also be declared.

Presenter Availability

At least one listed author must be available to complete the required pre-recorded presentation and attend the in-person conference for discussion, networking and knowledge exchange.

Appendix 2: Evaluation Grid

Each eligible submission will be assessed against the following five equally weighted criteria:

1. Relevance to Conference Title and Sub-Theme — 20%

The submission clearly aligns with the conference title, *Synergising Care: A Contemporary Blueprint for Connected Health Services*, and with one of the two conference sub-themes:

- Service Improvement in Practice
- Adaptive Workforce in Practice

The submission should demonstrate clear relevance to service delivery, workforce adaptability, connected care and/or patient-centred practice within the Directorate Allied Health Services.

2. Clarity and Quality of Submission — 20%

The abstract is clearly written, well structured, coherent and understandable. The aims, context, approach, findings or learning points are presented in a concise and professional manner.

3. Originality and Contribution to Practice — 20%

The submission demonstrates an original perspective, service development, practice-based innovation, workforce initiative or evolving model of care that contributes to current practice within the Directorate.

4. Professional and Service Rigor — 20%

The submission is evidence-informed, appropriately described and supported by relevant data, experience, standards, best practice, service evaluation, case learning or professional reasoning. The approach taken should be appropriate to the nature of the work presented.

5. Practical Impact and Collaborative Value — 20%

The submission demonstrates clear implications for service improvement, workforce development, patient-centered care, collaboration, service planning or improved ways of working. It should show how the work may support more connected, responsive and effective care across the Directorate.