

FMF

Family Medicine Forum
Forum en médecine familiale



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



FMF 2026

CALL FOR ABSTRACTS

INSTRUCTIONS

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Submission Deadlines

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|--|------------------------------------|
| 1. Call for sessions and workshops | February 6, 2026 – 11:59 p.m. (ET) |
| 2. Call for free-standing papers and posters | April 3, 2026 – 11:59 p.m. (ET) |
| 3. Call for Big Ideas Soapbox | April 24, 2026 – 11:59 p.m. (ET) |
| 4. Call for Educational Innovation Showcase | April 24, 2026 – 11:59 p.m. (ET) |

Abstract Types

1. Sessions & Workshops

Sessions: Cover a wide range of topics, including clinical care, research, education and leadership. These 60-minute sessions often include presentations, case studies, or panel discussions, and allow attendees to explore emerging trends and practical approaches in family medicine. The recommended format for in person is 75% presentation and 25% reserved for Q&A. Accepted sessions are all certified as part of FMF.

Workshops: Are interactive, small group learning programs designed to provide practical, hands-on education in a collaborative environment. Led by expert facilitators, workshops at FMF focus on skill-building, case-based discussions, and actionable takeaways to enhance clinical practice and professional development.

All workshops accepted into the FMF program must be individually certified with the CFPC as a **Mainpro+ Certified or Certified Assessment** activities. It is the workshop provider's responsibility to submit their own program for certification. Course certificates, materials and all other learning activities are the responsibility of the workshop provider and not the CFPC. Pre-registration and additional fees are required to attend. In-person workshops are scheduled throughout the week of FMF. Virtual workshops are scheduled pre-conference and are held as ZOOM meetings.

CFPC resources for CPD providers:

- NEW Certification Guidelines (Dec 2024) (<https://www.cfpc.ca/en/understanding-mainpro-certification>)
- Understanding the New Certification Guidelines (<https://www.cfpc.ca/en/understanding-the-new-mainpro-certification-standards>)
- For detailed questions on creating or separately certifying a program, please contact, certplus@cfpc.ca
- For questions about the FMF abstract submission process, please contact, dmckay@cfpc.ca

2. Free-Standing Papers

These presentations, related to research and practice improvement, are 10-minute oral presentations with an additional 2 minutes for questions. **We invite all early career researchers to submit abstracts.**

Research/practice improvement includes projects on primary care research as well as those including rigorous evaluations of innovations that improve family medicine practice and/or primary health care.

Original research abstracts must meet these requirements:

- All research must be complete when the abstract is submitted
- Previously published research is not acceptable for presentation
- The abstract must include at least one learning objective
- The abstract sections (300 words): Objective, Design, Setting, Participants, Intervention (if appropriate), Main Outcome Measures, Results/Findings, and Conclusion
- All submissions presenting original data collection, including practice improvement reports, should include in the methods section a statement indicating that the work has been approved or exempt by the local Research Ethics Review board (meta-analysis and systematic reviews do not require such a statement); those that do not have one of these will not be included in the review process.

- In the author list section, list all authors (including your name, if applicable) and place an asterisk (*) after the primary presenter's name; do not include any names of presenters or authors in the abstract
- Presenters are **limited to a maximum of 2 submissions**. Submitting multiple abstracts based on the same study/topic is discouraged.
- For more information please visit (www.cfp.ca/content/Author-Instructions)

Sample structured abstract (max 300 words):

Objective: State the primary objective of the study (e.g., “To determine the effect of ...” OR “to explore the experience of ...”). **Design:** State the basic design of the study (e.g., randomized controlled trial, cohort study, survey, systematically conducted review, program evaluation, grounded theory, qualitative descriptive).

Setting: Identify the setting in which the study took place. **Participants:** Explain the important eligibility criteria and key demographic characteristics of the participants. Provide the sample size. **Intervention** (if applicable): Describe the essential features of any intervention, key instrument, or database used to complete the study.

Main Outcome Measures: State the primary outcome measures of the study (if applicable). **Results** (or if qualitative methods, “Findings”): Provide the main results of the study or evaluation. **Conclusion:** State the study's conclusions that are supported directly by the study results as well as their potential implications.

3. Posters

Poster presentations showcase research/practice improvement that is typically a result of an individual or team project/initiative. Presenters are **limited to a maximum of 2 submissions**. Submitting multiple abstracts based on the same study is discouraged. The same poster cannot be presented twice. Student, graduate students and residents' posters are welcome. Posters can present the results of an original research OR original research/practice improvement work-in-progress.

Original research/practice improvement abstracts must meet these requirements:

- All projects must be completed at the time the abstract is submitted
- Previously published research is not acceptable for presentation
- The abstract description (max 300 words) should use these headings (see sample above in the free-standing paper section): Context, Objective, Design, Setting, Participants, Intervention (if appropriate), Main Outcome Measures, Results/Findings, and Conclusion
- All submissions presenting original data collection, including practice improvement reports, should include in the methods section a statement indicating that the work has been approved or exempt by the local Research Ethics Review board (meta-analysis and systematic reviews do not require such a statement); those that do not have one of these will not be included in the review process
- List all authors (including your name, if applicable) and place an asterisk (*) after the primary presenter's name; do not include the names of any presenters or authors in the abstract

Original Work-in-progress abstracts (poster submissions only) must meet these requirements:

- All posters for work in progress must have “Work-in-Progress” in the title
- Previously published research is not acceptable for presentation
- The abstract description (max 300 words) should use these headings (*see sample above in the free-standing paper section*): Context, Objective, Design, Setting, Participants, Intervention (if appropriate), Main Outcome Measures, Anticipated results/impact, Conclusion/implications/learnings to date
- All submissions presenting original data collection, including practice improvement reports, should include in the methods section a statement indicating that the work has been approved or exempt by the local Research Ethics Review board (meta-analysis and systematic reviews do not require such a statement); those that do not have one of these will not be included in the review process

- List all authors' names (including your name, if applicable) and place an asterisk (*) after the primary presenter's name; do not include any names of presenters or authors in the abstract

4. Big Ideas Soapbox

Do you have an idea that could make a difference to clinical practice, faculty development, post-graduate or undergraduate education, patient care and outcomes, or health policy? This session offers a platform for innovators to share fresh ideas, innovative thinking, and fledgling developments with the potential to initiate change. With audience participation, let's put some ideas to the test!

Presentation Criteria: The author of the idea selected for presentation must present live during the session at FMF. Each speaker will have 3 minutes to present their innovation. Audience members then have an opportunity to question the speaker(s), critique innovations, and cast their vote to choose the most compelling innovation. All the presented ideas will be published in *Canadian Family Physician*. **Presenters are limited to only 1 submission.**

The idea submissions must meet the following criteria:

- Paragraph one (150 words or fewer): Describe your idea/innovation
- Paragraph two (150 words or fewer): Describe the idea/innovation's hypothesized effect(s) and how they might be measured; also describe the implementation challenges
- The Section of Researchers is limiting acceptance of one abstract submission per primary presenter

The idea submission must meet the following review criteria (1 to 5 scale):

- Creativity (is the idea unconventional/new?)
- Challenge it offers (describe the implementation challenges and how they might be overcome.)
- Suitability for scaling-up (based on a strong rationale and/or evidence to suggest it is feasible and has potential to make a difference)
- How EDI (Equity, Diversity, Inclusion) and patient/caregiver perspectives are considered

5. Educational Innovation Showcase (new for 2026)

Do you have a unique or innovative idea that challenges the status quo and offers an educational solution to a major issue in family medicine or family medicine education? This session is your stage to spark conversation, challenge assumptions, and refine concepts with a national community of preceptors and teachers.

This session will spotlight forward-thinking educational innovations that address real challenges in family medicine and family medicine education, drawing on the collaborative and inspiring spirit of our teaching community.

Presentation Criteria: The presenting author must attend and speak live during the session at FMF. Four innovations will be chosen to present in the one-hour session. Each presenter will have 7 minutes to showcase their idea, followed by 4 minutes for Q&A from the audience. After all 4 presentations, each presenter will share a 1-minute summary of their idea. Audience members will cast their vote to choose the most compelling innovation. All the presented ideas will be published in *Canadian Family Physician*.

The idea submissions must meet the following criteria:

- Paragraph one (150 words or fewer): Describe your idea/ innovation along with the educational gap or challenge it will address. The innovation can be a new idea or one that has been piloted.
- Paragraph two (150 words or fewer): Describe the idea/innovation's hypothesized impact(s) and how they might be measured; also describe the implementation challenges

The educational innovation submission must meet the following review criteria (1 to 5 scale):

- Creativity (is the idea unconventional/new?)
- Challenge it offers (does the idea challenge conventional practice and how might implementation challenges be overcome?)
- Suitability for scaling-up (based on a strong rationale and/or evidence to suggest it is feasible and has potential to make a difference)

Review Criteria: Sessions & Workshops

All sessions and workshops are peer-reviewed by 3–4 reviewers using the criteria outlined below. Each submission receives an overall median score out of 5, calculated from the ratings of the following 7 questions. Submissions are then compared within their primary category based on the median scores.

- Does the topic meet the needs of our members and their communities
- Is the content appropriate and will it appeal to a national audience (i.e., not province-centric)
- Are the learning objectives actionable, well defined and attainable using the educational methods described
- Is the description clear and well-written
- Does the submission adequately consider perspectives from various cultural, social and demographic backgrounds to enrich the learning experience
- Does the submission adequately consider patient and caregiver perspectives
- The reviewer's overall impression of this submission

Submissions are also peer-reviewed based on the following criteria:

- Does the abstract meet the criteria for Mainpro+ certification
- Was the conflict-of-interest information appropriately declared
- Has a family physician contributed to the development or delivery of the session content
- If a family physician has not been involved in the content development and/or delivery, does the submission demonstrate how the needs of family physicians have been considered and addressed
- If a research ethics board approval or exemption is explicitly stated? (*for research-based sessions only*)

1. Clinical Sessions

Clinical sessions cover a wide range of medical topics, focusing on practical, evidence-based approaches to diagnosing, managing, and treating a wide range of conditions relevant to family medicine. These sessions address key topics in clinical practice, offering actionable insights and updates to enhance patient care. Presenters often include case studies, current research, and real-world applications to support learning and engagement. **Please note that the FMF Committee will review a maximum of 5 abstracts per primary presenter.**

Primary Category: When submitting your abstract, you must select a primary category. Sessions and workshops are reviewed and compared using this primary category only. Additional categories may be selected for tagging purposes in the FMF mobile app. While most categories are self-explanatory, a few may require further context—see below for clarification.

General Family Practice: Please select this category only if your abstract **absolutely does not** relate to any of the other 50 streams or topics available. You will not be able to select subcategories if this is selected as the primary category.

Health Humanities: This refers to interdisciplinary approaches (including storytelling, history, art, music, and narrative) that explore topics such as resiliency, burnout prevention, and patient care related to illness and well-being.

Enhanced Clinical: Sessions tailored to meet the needs of practitioners who have an interest in focused clinical areas/communities of practice. Including those with Certificates of Added Competence (CACs), these sessions facilitate learning and strengthen added competencies.

2. Teaching Sessions

We encourage abstract submissions related to teaching, preceptorship, and educational leadership in all areas of family medicine education across the continuum—from undergrad to postgrad, to faculty development, and to CPD. As we move towards practice models that are team based, we welcome health professional educators from different disciplines and professions as session presenters. For sessions focused on teaching team-based care, we ask that the presenter panel model this collaborative approach by including representation from family medicine alongside other professions. In addition to using the review criteria for clinical sessions, the teaching stream will be developed to ensure a balance of sessions across the [Fundamental Teaching Activities \(FTA\) Framework](#) domains and levels of expertise. Submitters will be asked to indicate the following during the submission process:

The FTA Framework domain targeted:

- Clinical preceptor (teacher working with learners in the clinical setting where patient care is being provided)
- Teachers outside the clinical setting (teacher outside the delivery of direct patient care, such as lectures, small groups, online activities, etc.)
- Educational leader (teacher in a leadership role supporting an educational program/curriculum development /educational administration /faculty or faculty development)

The intended audience level of expertise:

- Novice (teachers with limited experience precepting learners in the clinical setting or teaching/facilitating lectures/seminars)
- Developing (teacher with developing experience precepting learners in the clinical setting or teaching/facilitating lectures/seminars and early curriculum development and programmatic assessment)
- Experienced (teachers with broad experiences precepting learners in the clinical setting or teaching/facilitating lectures/seminars and curriculum development/programmatic assessment)

Goal of supporting the development of family medicine teachers: Aligned with our goal of supporting the development of family medicine teachers and their career progression, the Section of Teachers **is limiting acceptance of 2 abstracts within the teaching stream per primary presenter**. As this is a peer-reviewed process designed to ensure a high-quality, well-balanced program, abstract selections are made thoughtfully, and not all submissions can be accepted. We appreciate and value every submission, and encourage presenters to continue contributing in future years.

We encourage experienced teachers to support the further development and career progression of less experienced teachers through mentorship and other supportive roles on abstract submission as a secondary presenter or author. We also encourage co-facilitation reflecting diversity including perspectives from patients, learners and other health professionals. Sessions are limited to 1 hour in length. [Click here](#) to view an example of a teaching session abstract.

3. Research Sessions

Research is foundational to family medicine practice and education. The research sessions' goal is to engage FMF participants in research that strengthens the discipline and helps guide improvement throughout the health system.

The research category includes one-hour sessions addressing specific research issues or methods, free-standing papers and posters representing original family medicine research as well as rigorous evaluation of innovations that improve family medicine practice or primary health care, and Big Ideas Soapbox, offering innovators the possibility to share ideas that could make a difference to clinical practice, education or health policy.

All submissions presenting original data collection, including practice improvement (QI) reports, should include in the methods section a statement indicating that the work has been approved or exempt by Research Ethics Review Board. Meta-analysis and systematic reviews do not require such a statement.

Each application category has specific review criteria; however, the following overarching principles are considered in the review processes of all research categories:

- Relevance to family medicine, primary health care, and patient-oriented research
- Appropriateness of the methods and trustworthiness of the results/findings
- Potential impact of the findings or conclusions

Goal of supporting the development of family medicine researchers: The Section of Researchers encourages submissions from both novice and experienced researchers as well as submissions from a range of disciplines. Aligned with our goal of supporting the development of family medicine researchers and their career progression, the Section of Researchers is **limiting acceptance of 2 abstracts within the research stream per primary presenter**. Students/learners, graduate students and residents are encouraged to participate.

We encourage experienced researchers to support the further development and career progression of less experienced researchers through mentorship and other supportive roles on abstract submission as a secondary presenter or author. We also encourage participation and co-facilitation reflecting diversity including perspectives from patients, communities, diverse populations, learners, and other broad health professions.

4. Free-Standing Papers, and Posters

Submissions will be evaluated using the following criteria (each on a five-point scale):

- Relevance to family medicine, primary health care, and patient-oriented research
- Clarity of the research question and appropriateness of the methods
- Trustworthiness of the results/findings
- Potential impact of the findings or conclusions
- Overall interest to family physicians and family medicine researchers
- Statement on approval or exemption from local Research Ethics Review board if original data is presented
- How EDI (Equity, Diversity, Inclusion) and patient/caregiver perspectives are considered

Features that increase the likelihood of results being trustworthy:

- Cohort/observational studies: inclusion criteria are clear; sample size is sufficient; validated and reliable measures are used; response rate is greater than 80 per cent; follow-up rate is greater than 80 per cent (if longitudinal); statistical analysis is appropriate; conclusions are justified by the results/findings
- Trials: inclusion criteria are clear; allocation is randomized; randomization is concealed; blindness is considered; sample size is sufficient; valid and reliable measures are used; follow-up rate is acceptable; statistical analysis is appropriate; conclusions are justified by the results/findings

- Qualitative studies: methodology is stated (e.g., grounded theory, phenomenology); sampling is justified (e.g., purposive, theoretical, snowball); data are collected; type of analysis is described (e.g., iterative, thematic, constant comparison); conclusions are justified by the findings

Abstract Guidelines and Tips

Important notes:

- Abstracts will not be edited for grammatical errors and will be published as submitted; please review your abstract to ensure there are no errors prior to submission
- Abstracts must not contain charts, graphics, citations/references, credits, or bullets
- Use generic drug names instead of brand names wherever possible, as the use of specific brand names is strongly discouraged

Noting authors and presenters:

- Do not include your name or any reference to your company name (if applicable) or the names of any presenters/authors in the abstract
- When noting credentials in the author list, do not include degrees in progress (or bachelor's degrees of non-physicians)
- If applicable, MD should be the first credential listed and the number of degrees/designations per author is limited to 4

Title: The word count maximum for the abstract title is 8 words. Your title should be short and concise, capturing the essence of the presentation. The title will be the session's key identifier and will define the primary focus of the session for registrants. Titles are presented in title case; **do not use all caps.**

Learning objectives: The word count maximum for each learning objective (maximum three learning objectives) is 15 words. A clear learning objective states what the learner will be able to do upon completion of a CPD activity, in terms of behavioural change. A clear objective identifies the physician behaviour or desired outcome of the educational offering. These behaviours and/or outcomes have been identified through the needs assessment process.

Step 1: Learning objectives to begin with the phrase, "At the conclusion of this activity, participants will be able to"

Step 2: Describe the information, skills, behaviours, or perspectives participants will acquire through attendance at and participation in the session. Use verbs that describe an action that can be observed and that is measurable within the time frame of the activity.

Step 3: Specify how the learner will be able to master these objectives as a result of participation in the activity.

Sample learning objectives:

1. Describe the physical attributes of a school-age child with undiagnosed diabetes.
2. List three of the currently approved statin drugs.

Relevant verbs: adjust, apply, assess, compare, conclude, define, demonstrate, describe, detect, determine, differentiate, distinguish, evaluate, examine, explain, explore, identify, implement, integrate, interpret, investigate, list, measure, organize, participate, perform, plan, predict, prepare, produce, recognize, use, verify, write

Verbs to avoid: appreciate, comprehend, familiarize, know, study, understand, learn

Description: The word count maximum for the description is 300 words. Descriptions should be clear and concise and include the methods used. The FMF Committee requires the use of non-discriminatory language in presentations and, specifically, gender-neutral language and bias-free communication. Your audience will be looking for “pearls for practice” rather than abstract philosophy.

Family Medicine Profile: Please review the profile to identify which area of Family Medicine this session best relates to. (<https://www.cfpc.ca/CFPC/media/Resources/Education/FM-Professional-Profile.pdf>)

Presenter Information

Session and workshop presenters: Only the primary presenter will receive complimentary registration for the day they present. All co-presenters will be required to pay the registration fee.

Posters, big ideas soapbox, educational innovation showcase and free-standing papers: Presenters must be registered and are required to pay the daily registration fee.

Correspondence: Information will be sent to the original submitter only; therefore, we ask that this individual share all correspondence/instructions with co-presenters.

Conflict of Interest: It is important to state all conflicts of interest up front upon submission. If any affiliations exist, with you or any of your co-presenters, please state how these will be mitigated with your submission. The primary presenter of each session is responsible for ensuring all co-presenters complete and submit a CFPC Conflict of Interest form.

Commitment: If your abstract is accepted for the FMF program, it is extremely important that you honour the commitment to present. It is also greatly appreciated if you submit a copy of your handouts and/or slides in advance of your presentation to help promote and support excellence in CPD within family medicine. All recorded presentations are retained and used exclusively by the CFPC for CPD and promotional purposes as needed.

Mainpro+ Certification (Sessions, Workshops and Free-Standing Papers)

Eligible topics include: Clinical medicine; collaborative or team-based care; faculty development; health system renewal /improvement /change; innovative health practices; practice management; primary care and patient-oriented research; resiliency and burnout prevention; social determinants of health; therapeutics; topics directly linked to CanMEDS-FM Roles.

Ineligible topics include: Any topics outside the generally accepted scope of practice in family medicine; alternative health practice techniques; business topics for physician benefits (e.g., personal financial planning); CCFP/CAC exam prep courses; and programs for personal well-being (e.g., yoga), self-growth, or personal development.

Mandatory Reference Materials

- Conflict of Interest mandatory slides, forms, and quick tips:
(<https://fmf.cfpc.ca/speaker-resources>)
- CFPC resources for CPD providers:
(<https://www.cfpc.ca/en/understanding-mainpro-certification>)
(<https://www.cfpc.ca/en/understanding-the-new-mainpro-certification-standards>)
- National Standard for Support of Accredited CPD Activities:
(<https://www.cfpc.ca/CFPC/media/Resources/Continuing-Professional-Development/National-Standard-for-Support-of-Accredited-CPD-Activities-FINAL-ver-23-1.pdf>)
- CMA Policy Guidelines for Physicians in Interaction with Industry:
(<https://www.cma.ca/guidelines-interacting-industry>)