

Results: Fifteen countries were represented, including participants from South Africa, Zimbabwe, Nigeria, Jordan, Lebanon, Yemen, Indonesia, Japan, Australia, New Zealand, Brazil, Chile, Switzerland, Germany, and Scotland.

Most participants presented national requirements for continuing professional development at the individual level. However, limited formal postgraduate career pathways existed. Sectoral, organisational, and skills-based siloes within pharmacy were common.

Multidisciplinary service integration, although suboptimal, was increasing in most countries. This was typically more established in hospital and specialist settings, but less so in primary care or community pharmacy.

Participants described common professional values and aspirations. Key challenges across most regions included systemic underutilisation, sub-optimal levels of societal recognition and autonomy, and medical-dominated hierarchical professional healthcare structures. Enablers included a focus on public health, fostering multidisciplinary relationships, legislative and/or regulatory levers, and macro-economic reimbursement strategies.

Conclusion: Challenges in establishing an effective and sustainable pharmacy workforce model are common across all global regions. The final FIP Insight Board report will be published to parallel the FIP World Congress in Cape Town 2024.

Comparison of pricing of medicines in different countries

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Introduction: Variations in the prices of medicines in different countries could be due to differences in their international policies and socio-economic status. The cost of medications can impact the availability and general health of the population. Discrepancies in price differences between nations can raise concerns about the affordability and accessibility of medications.

Objective: To identify and compare the cost of antibiotics and anti-diabetic drugs available in Malta with four other countries.

Method: The countries to be included in the comparative study were identified as Malta, Greece, Slovenia, United Kingdom, and India. Antibiotic medications (n = 12) included

in the study were macrolides (n = 2), fluoroquinolones (n = 2), urinary infection salts (n = 2), cephalosporins (n = 4), aminoglycosides (n = 2); antidiabetic drugs (n = 10) included were: biguanides (n = 1), sulfonylurea (n = 3), DPP4 inhibitors (n = 2), SGLT2 inhibitors (n = 1) and insulins (n = 3). For each country, the least expensive retail product with the same active ingredient, dosage form, and potency were compared. Prices of medicines for each country were obtained through India-community and hospital pharmacies, Malta-community pharmacies, UK-British National Formulary 85th Edition, Slovenia-National registers of authorised medicines, and Greece-National registers of authorised medicines. Retail unit prices of selected medicinal products were converted to Euro wherever required and analysed per unit dosage form. For each medication, the price, range, average, and standard deviation between countries were computed.

Results: For anti-diabetic drugs, the range varied from India (0.44€), Slovenia (0.33€), UK (1.38€), Greece (1.00€) and Malta (2.05€), for sitagliptin with a similar trend for the other antidiabetic drugs. For antibiotic drugs, the trend was similar where Clarithromycin ranged: India(0.20€), Slovenia (0.21€), UK(0.88€), Greece(0.41€) and Malta (1.13€), Levofloxacin: India(0.10€), Slovenia (1.26€), UK (3.02€), Greece (0.59€) and Malta (3.02€) and Fosfomycin: India (5.03€), Slovenia (7.65€), UK (5.69€), Greece (5.25€) and Malta (10€).

Conclusion: For identified antibiotic and anti-diabetic drugs the prices differ between the selected countries. Among the compared anti-diabetic drugs sitagliptin had the highest unit dose price. Understanding price variation between countries can help in understanding the impact on medication accessibility and affordability.

Responding to the pharmacist's need for well-being: A qualitative analysis

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Introduction: Pharmacists and pharmacy personnel in the United States continue to face stressful working conditions and express concerns about individual well-being. Staged walkouts and reports of poor working conditions placed a public spotlight on issues that pharmacists continue to experience.

The American Pharmacists Association (APhA) offers the Well-Being Index for Pharmacy Personnel (WBI), an online tool for individuals to evaluate distress, and the Pharmacy Workforce Well-Being Reporting (PWWR) tool for pharmacy personnel to confidentially report positive or negative experiences in the pharmacy workplace. The learnings gained from these tools may guide employers and professional