There were two general sessions in the hospital and eight group training sessions for doctors (1–2 per unit/medical subspecialty). Individualised training was done on demand and not counted. A total of 110 hospitalisation beds (65 general paediatrics/31 paediatric surgery/14 ICU) were included in the EAPP and 100% of prescriptions were validated by pharmacists.

Twenty-two protocols were designed to standardise prescriptions, mainly in the paediatric surgery and onco-haematology areas. Eighty-two fixed concentration intravenous infusions were designed for prescription/administration of drugs in the ICU, detailing the preparation, conservation, stability, and dosage and administration regimens.

Conclusion and relevance The EAPP was successfully implemented in the paediatric hospital with a high degree of standardisation and validation of pharmaceutical prescriptions, which will improve patient safety and decrease medication errors. In future studies, we intend to analyse this positive effect.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Uptodate, Pediamecum, Micromedex, and Paediatric and Neonatal Prescription Manual-Taketomo-CK-Ed-18.

No conflict of interest.

6ER-021 DEGREE OF BURNOUT AMONG PHARMACISTS IN ISRAEL

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Background and importance The pharmacy profession has experienced significant changes in recent years. Initially the main tasks of the pharmacist were medicinal preparation, but more recently it involves logistical, clinical and regulatory tasks. Currently, Israeli pharmacists work under increasing workload pressures due to an increase in the ageing population and an increase in drug consumption and regulations. We used a sample of 242 pharmacists to measure the degree of burnout with respect to their working environments and demographic backgrounds.

Aim and objectives To examine the degree of burnout among pharmacists, an issue that has not been studied with respect to the professional transformation that has occurred in the recent decade.

Material and methods The research questionnaire was published in Google Forms, an online survey administration application, and distributed using the social media network. Overall, 242 pharmacists participated in the survey. The questionnaire was based on the MBI Maslach Burnout Inventory, which is a burnout index that relates to three aspects: depersonalisation, emotional and personal accomplishment. Data analysis was done using ANOVA in Microsoft Excel. A p value <0.1 was considered a statistically significant difference.

Results Substantial lack of professional satisfaction was indicated by the fact less than 50% of pharmacists expressed satisfaction for any of the questions in the questionnaire and 76.8% of pharmacist would not recommend pursuing this profession to a relative. A high burnout index was found among pharmacists who worked in shifts. The Israeli Arab sector expressed the highest burnout index for every parameter.

Conclusion and relevance This preliminary study, although a small sample size, strongly suggests that pharmacists in Israel have a high burnout index according to the Maslach scale. Future studies are required to better quantify the burnout status and prevalence, in addition to propositions that could potentially confront the modern challenges of pharmacy as a career.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-022 PERCEPTION OF RARE DISEASES AND ORPHAN MEDICINES

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Background and importance In recent years, there has been a notable increase in awareness about rare diseases (RDs) and interest in research and development of orphan medicines (OMs).

Aim and objectives The aim of this project was to assess knowledge, perception and experiences of the public and healthcare professionals (HCPs) regarding RDs and OMs, such as accessibility of OMs.

Material and methods Two questionnaires were developed and validated. The public questionnaire was shared on social media platforms. The questionnaire for HCPs was distributed to different pharmacies and clinics in all districts of Malta and uploaded online. An anonymous random sample of 50 patients with RDs were recruited to complete the questionnaire via the National Alliance for Rare Diseases Support Malta (NARDSM).

Results A total of 229 people completed the public questionnaire. Respondents were aged 18–77 years and 28 respondents were patients with RDs.

- 5 of 28 patients faced problems when accessing OMs.
- 85 of 229 respondents knew or were related to someone with an RD.
- 143 of 229 respondents were aware of the RDs organisations.
- 223 respondents desired more awareness of RDs.

73 HCPs completed the questionnaire, including 62 pharmacists, 8 general practitioners and 3 community nurses. Respondents' years of practice varied from 1 to 36 years.

- 39 respondents had encountered a patient with an RD at a point in their career.
- 56 respondents identified the definition for RD as 'A disease that affects 1 in 2000 patients in the EU'.
- 47 respondents wished to see the ORPHA code system being used in hospitals.
- 23 respondents agreed that these drugs should benefit from the same incentives that OMs do.

Conclusion and relevance The fact that 18% of patients with RDs had problems in accessibility shows there is need to improve the accessibility of OMs. Although awareness of the RD organisations was significant (62%), RD organisations should try to achieve greater awareness. Lack of awareness of RDs perceived by 97% of respondents indicates that HCPs, such as pharmacists, have a role to play to increase awareness. As regards HCPs, a significant suggestion was to include the ORPHA code in hospitals (64%).

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

6ER-023 THE ROLE OF INSTITUTIONAL REVIEW BOARDS, AND HOSPITAL PHARMACISTS AS MEMBERS, IN THE INFORMED CONSENT PROCESS IN CLINICAL RESEARCH: A RETROSPECTIVE OBSERVATIONAL STUDY

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Background and importance It is the responsibility of institutional review boards (IRBs) and hospital pharmacists, as members of these boards, to review a research proposal and ensure that adequate informed consent procedures are implemented in an ethical way, promoting participant autonomy and protecting them from potential harm. In this context, informed consent forms (ICFs) have become increasingly complex and difficult for patients to understand.

Aim and objectives To analyse non-approval of clinical research by IRBs, related to deficiencies found in the ICFs. Secondary outcomes were type of objections in terms of readability, length, description of study purpose, design, expected benefits and foreseeable risks. Other ethical and legal aspects, such as voluntary agreement to participate, right to withdraw, biological sample management and access to personal data were also analysed.

Material and methods This was a retrospective observational study of the clinical studies evaluated by the IRB in a tertiary hospital. We evaluated the IRB resolutions of all clinical studies over 4 years, including interventional studies (clinical trials) and non-interventional research assessed by the IRB where a hospital pharmacist was a member of the board. The committee's decisions on approval were registered in the minutes of the meetings. The pharmacists reviewed the minutes, evaluating the final opinion of the committee (approval/non-approval of the study) in the first review.

Results A total of 91 sets of minutes, corresponding to the IRB meetings over 4 years, were analysed. In these meetings, 1858 clinical trials were evaluated (1057 clinical trials and 801 non-interventional studies). Of these, 1558 required informed consent for participation (83.9%, 95% CI 82.1–85.5) and 987 were not approved at first review due to deficiencies detected in the ICF (63.3%, 95% CI 60.9–65.7). The main reasons for non-approval were unreadability (11.7%), inadequate information given about access to personal data rights (9.2%), biological sample management (7.8%) and expected benefits (7.6%).

Conclusion and relevance There was a high proportion of deficiencies in the ICFs for clinical research. They were an important reason for non-approval of protocols evaluated by IRBs. Taken together, there are three fundamental weaknesses in ICFs where IRBs in hospitals play a key role: improving their readability, adapting them to regulations concerning data protection or biological sample management, and avoiding misleading information concerning enrolment.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

National Poster Prize Winners

NP-001 IMPACT OF AN ORAL NUTRITION PROTOCOL IN PATIENTS TREATED WITH ELECTIVE RADICAL CYSTECTOMY: A LONG TERM FOLLOW-UP

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Background and importance Before we implemented an oral nutrition protocol, parenteral nutrition (PN) was standard of care after elective radical cystectomy (RC) patients in our hospital. PN is expensive, with often metabolic and infectious complications.

Aim and objectives The main objective of this study was to explore the impact of the introduction of an oral nutrition protocol on catheter-related bloodstream infection (CRBSI) incidence. Besides, length of stay and parenteral nutrition (PN) associated costs were compared.

Materials and methods In this large retrospective case-control study, before (PN group) and after the implementation of the oral nutrition protocol (since March 2010), two cohorts of 549 patients who underwent an elective RC were included. A central venous catheter was present in every patient, which is standard of care. The incidence of a CRBSI, the length of stay and PN associated costs were compared.

Results In both the control (June 2000–March 2010) and the case (March 2010–December 2017) group, an equal number of 549 patients were included. CRBSI was reduced from 22 (4%) to 10 (1.8%) ($p=0.031$).

The median length of stay between both groups, 20 [17 – 25] days before vs. 17 [14 – 21] days after the implementation of the oral nutrition protocol, also differed significantly ($p<0.001$).

Implementing the oral nutrition protocol resulted in a parenteral nutrition associated cost saving of € 470 per patient.

Conclusion and relevance This large follow-up study showed that an oral nutrition protocol is associated with a reduction in CRBSI. Besides, postponing PN in favour of oral nutrition enhances recovery and is associated with cost savings. In conclusion, we believe that the clinically relevant results of our study are confirming that oral nutrition should be standard of care in elective regular RC patients.

NP-002 MEDICATION SAFETY IN PATIENTS TREATED WITH ORAL ANTITUMOR AGENTS: A PROSPECTIVE, RANDOMISED INVESTIGATION TO IMPROVE PATIENT SAFETY AND WELL-BEING BY INTENSIFIED CLINICAL PHARMACEUTICAL/PHARMACOLOGICAL CARE

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Background and importance During the last few years, prescription rates of oral anticancer drugs have increased rapidly. Because of the independent intake of these highly complex