Abstract 6ER-025 Table 1 Median REC evaluation activity

	PERIOD 1	PERIOD 2	p
GROUP 1:	184 (IQR=97)	51 (IQR=4)	0.50
GROUP 2:	73 (IQR=66.2)	20 (IQR=42)	0.02
GROUP 3:	1 (IQR=11)	0 (IQR=3)	0.15

p=0.011 (period 1 vs. period 2, globally).

Conclusion Regulation (EU) No. 536/2014 has not modified the dynamics in RECs, nevertheless activity has been significantly altered, but in a different way depending on its activity. Most affected RECs are low and medium activity because of the drastic decrease in the number of CT evaluated per year because only one REC currently evaluates for all centres involved. Current legislation has caused CT evaluation to focus on RECs of large hospitals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Regulation (EU) No 536/2014.
http://ec.europa.eu/health//sites/health/files/files/eudralex/vol-1/reg_2014_536/reg_2014_536_en.pdf

No conflict of interest.

6ER-026 PERCEPTION OF A PEER-TO-PEER MENTORING EXPERIENCE WITH EUROPEAN PHARMACY STUDENTS IN A STUDENT-RUN FREE CLINIC

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Background While peer-to-peer mentoring and assessment is encouraged at many academic institutions, very little information exists about the effectiveness of this model in improving learning in student-run free clinics. Moreover, there is no information available about the impact on pharmacy students' perceptions of integrating international pharmacy exchange students into a peer-to-peer programme. Information generated by this study may provide support for the use of European students in peer-to-peer mentoring models.

Purpose To investigate students' perceptions of involving European pharmacy students in a peer-to-peer teaching model in a student-run free clinic.

Material and methods Data was collected in a student-run free clinic. A model was created where P4 and 5th year European students served as preceptors. The P4 students interacted and counselled English-speaking patients, whereas the European students focused on the Spanish-speaking patients. The teaching method was a modified version of the Hunter Mastery Teaching Model. An electronic survey was given to P2, P3 and P4 students to assess clinical experiences with patients assigned to European peer students. Sixteen survey items were evaluated that included students' perceptions in performing patient counselling, interviewing, writing electronic notes in the medical record, teaching patients how to monitor their medical condition and interacting with the medical team. Participants were asked to rate their perception of confidence from assessment statements on a 5-point rating scale, ranging from 1 – 'Strongly disagree' to 5 – 'Strongly agree.'

Results The survey was presented to 43 eligible participants from August to October 2018. Thirty-two students completed the survey (74% response). Seventeen were P2, nine were P3 and six were P4 students. Sixty-one per cent of the responses strongly agreed that the presence of the European students improved their confidence when teaching and counselling Spanish-speaking patients using the peer-to-peer model. There was a strong correlation between confidence and teaching patients (r=0.571, p=0.01) and confidence and patient counselling (r=0.4517, p=0.01).

Conclusion The presence of the European students in a peer-to-peer mentoring model may improve P2 and P3 students' perception of confidence in medication counselling and teaching of Spanish-speaking patients on how to monitor their medical conditions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Thanks to all our student volunteers.

No conflict of interest.

6ER-027 ABSTRACT WITHDRAWN

6ER-028 PERCEPTION OF HOSPITAL PHARMACISTS TOWARDS PHARMACOGENETIC TESTING

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Background Advances in pharmacogenetics provide the potential for expansion of the role of hospital pharmacists in personalised medicine.

Purpose To assess the awareness, attitudes and confidence of hospital pharmacists regarding pharmacogenetic testing.

Material and methods An anonymous self-administered questionnaire was developed, validated and tested for reliability. An online version of the questionnaire was created using SurveyMonkey and was disseminated via electronic mail after ethics approval to 70 hospital pharmacists practicing in four hospitals (three public and one private). Descriptive statistics were calculated for the responses received.

Results Forty-two hospital pharmacists (24 females, 18 males, age range 21–55 years) completed the questionnaire. Forty-one pharmacists were aware of the term 'pharmacogenetic testing'. Pharmacists agreed that pharmacogenetic testing: guides individualised therapy selection and dosing (n=41); is useful in cases of treatment-resistance (n=39) and intolerance (n=36); should be a government-funded service (n=30); should be routinely implemented for medication therapy management (n=25); leads to reduced healthcare costs (n=24); and is applicable for use in their practice (n=21). Twenty-one pharmacists perceived oncology drugs as the drugs for which pharmacogenetic testing is most applicable. The challenges of pharmacogenetic testing perceived by the pharmacists were: cost issues (n=41); lack of healthcare, professional and public awareness (n=39); increased waiting time for clinical actions by prescribers (n=29); and ethical concerns (n=26).

Seventeen pharmacists encountered the need to order a pharmacogenetic test at least once monthly, but none of them had ever ordered a test. The pharmacists expressed a lack of confidence in recommending (n=31) and ordering (n=30) a pharmacogenetic test when indicated, in interpreting test results (n=35) and in discussing test results with physicians and patients (n=31). Thirty-eight pharmacists agreed that they required more education on pharmacogenetics to increase competency and confidence. Seminars (n=29) and courses (n=24) were the preferred approaches for further education.

Conclusion Hospital pharmacists in this study were aware of pharmacogenetic testing and recognised its benefits, applicability and challenges. The pharmacists expressed a lack of confidence in the practical aspects of pharmacogenetic testing and were in agreement regarding the need for further education on the subject.

REFERENCES AND/OR ACKNOWLEDGEMENTS

N/A.

No conflict of interest.