

have the opportunity to meaningfully engage in NPT to foster independence.

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Conflict of Interest No conflict of interest.

6ER-003

THE CLIMATE EMERGENCY, HOW CAN PHARMACY MAKE A DIFFERENCE?

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Background and Importance Climate change is acknowledged as 'the most significant health threat that modern society has ever faced'(1). Medicines alone are responsible for 25% of the NHS's carbon emissions. One aspect that needs to be explored is what is currently being taught in this area at undergraduate level.

Aim and Objectives To identify any current sustainable healthcare teaching included within pharmacy degrees in the UK. To establish whether respondents felt it was important for sustainability to be included within pharmacy degree programmes.

Material and Methods Two questionnaires, one for academics in the schools of pharmacy, and one for undergraduate pharmacy students, were compiled on Microsoft Forms. The staff questionnaire was sent to the Heads of School in all UK schools of pharmacy for completion by the most suitable staff member. The Head of School was asked to forward the student questionnaire link to their final year pharmacy students. Data was analysed using Excel and Chi squared. Ethical approval was gained from Queens University Belfast.

Results The staff questionnaire response rate was 28.6% (8/28). The student response rate for Northern Ireland institutions was 30.2% (42/139), an estimated response rate of 4.7% (14/300) was gained from respondents studying in Scotland. No responses were received from pharmacy students studying at Welsh or English universities. The majority of respondents (students: 98.2% staff: 87.5%) thought sustainability teaching was important. When students were asked if their Pharmacy degree had prepared them to apply sustainability in the pharmacy profession all respondents (100%) replied 'No' or 'Don't know'. All staff respondents replied 'No' to the same question. All student respondents stated that less than 5 hours teaching in sustainability had been delivered in their degree to date.

Conclusion and Relevance Sustainable healthcare teaching within UK pharmacy degree programmes is limited. There is a disconnect between student respondents 'lived experience' of sustainable topics in the MPharm and staff knowledge of the intended curriculum. There is a need for this content to be included in future Pharmacy degrees.

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6ER-006

CURRENT PERFORMANCE OF HOSPITAL PHARMACY SPECIALISTS TRAINED AT A TERTIARY HOSPITAL IN SPAIN

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Background and Importance Professional success may be an indicator of quality of specialised training. Pharmacy services should analyse the employment of their residents.

Aim and Objectives To describe and analyse a cohort of specialists trained at a tertiary hospital as quality control of the teaching performance.

Material and Methods Names, gender, residency start dates, and current job position of all residents trained in our tertiary hospital from 1979 to the present were recorded. The current jobs were classified as: deceased, retired, never worked, community pharmacy, public administration, primary care pharmacy, hospital pharmacy, currently in the training period, or other. For hospital pharmacy jobs, it was tabulated whether it was in a public or private one and the Spanish province where it is located (or a foreign country).

Results In 43 years (1979–2022), 80 professionals (54 women, 67.5%) have started their residency in our department. The distribution by five years of the proportion of women is presented in table 1.

Abstract 6ER-006 Table 1

	1979–1983	1984–1988	1989–1992	1993–1998	1999–2003	2004–2008	2009–2013	2014–2018	2019–2022
Males	2	6	5	1	0	3	3	2	4
Women	4	4	5	5	8	7	9	8	4
Proportion of women	4/6	4/10	5/10	5/6	8/8	7/10	9/12	8/10	4/8

Nowadays, 61, 8, and 2 specialists are active, retired and have passed away, respectively. 8 residents are being trained.

Among the 61 active specialists, 5 work in administration, 4 in primary care, 3 in community pharmacy, 1 in another specialty, 1 is unemployed and 47 work in a hospital pharmacy (5 in private hospitals).

Among the 61 active specialists, 12 have been heads of pharmacy services.

Among the 47 specialists working in hospitals, 20 do so in our hospital, 16 in other Andalusian hospitals, and 11 in other communities.

Conclusion and Relevance Our hospital has contributed to the Hospital Pharmacy speciality by training eighty specialists. Mostly women working overwhelmingly in public hospitals. The development of the hospital pharmacy profession in Spain and specifically in our centre has allowed many specialists to work in the same hospital they were trained.

The fact that several of our colleagues have been heads of a pharmacy department may indicate a special motivation imparted towards managerial skills.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-012 TREATMENT DECISIONS ACCORDING TO 1-YEAR RISK MORTALITY IN PULMONARY ARTERIAL HYPERTENSION PATIENTS: A MULTICENTRE RETROSPECTIVE STUDY

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Background and Importance The 2015 and 2022 ESC/ERS Guidelines for pulmonary hypertension treatment provide algorithms for decision-making based on patients' 1-year mortality risk, with strong recommendations to intensify treatment in patients with intermediate-high risk.

Aim and Objectives To assess whether treatment decisions in pulmonary arterial hypertension [PAH] patients are currently being made according to the treatment algorithms provided by the ESC/ERS Guidelines.

Material and Methods A retrospective, descriptive, cross-sectional (March 2022) study was carried out in 2 tertiary hospitals, including alive adult PAH patients who initiated a PAH-specific therapy after 2016 and whose medical charts provided enough data to estimate the risk of 1-year mortality with the simplified four-strata risk-assessment tool.

Medical charts were consulted in order to collect several variables: demographic data, PAH subclassification according to aetiology, PH-specific drug initiated, World Health Organization functional class [WHO-FC], 6-minute walking distance [6MWD], and N-terminal pro-brain natriuretic peptide [NT-proBNP].

1-year mortality risk and the appropriateness of PH-specific therapies prescribed were assessed according to PAH treatment algorithms provided by the 2015 and 2022 ESC/ERS Guidelines.

Results 37 patients complied with inclusion criteria, 54.1% women aged 50 (28–84).

Patients' HAP subsets: 14, 6, 2, 2, and 1 were associated with adult congenital heart disease, portal hypertension, connective tissue disease, drugs and toxins, and human immunodeficiency virus infection, respectively. 6 patients were classified as idiopathic HAP.

52 changes in pulmonary-specific therapy were carried out in the studied period. At treatment initiation patients:

- WHO-FC: I, II, III, and IV in 2, 21, 26, and 3 cases, respectively.
- 6MWD: 425 (146–760) metres
- NT-proBNP: 369 (12–7200) ng/L
- Risk: 17 low, 20 intermediate-low, 14 intermediate-high, and 1 high.

36/52 treatment initiations were adequate according to clinical guideline algorithms; most discrepancies were due to:

- Initiation of selexipag (n=9) or riociguat (n=3) in patients with risk other than intermediate-low.

Conclusion and Relevance In this cohort of PAH patients whose 1-year mortality risk could be estimated, treatment decisions were generally made according to treatment guidelines.

Patients' preferences could explain most discrepancies, as they may prioritise avoiding treatments that require parenteral administration, such as epoprostenol and treprostinil and rather try oral alternatives.

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6ER-013 1 YEAR-MORTALITY RISK ASSESSMENT IN PULMONARY ARTERIAL HYPERTENSION PATIENTS: A MULTICENTRE RETROSPECTIVE STUDY

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Background and Importance The 2015 and 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary arterial hypertension [PAH] recommend treatment decisions based on an estimation of the patient's 1-year mortality risk. Furthermore, the 2022 guideline provides a simplified four-strata risk-assessment tool for this estimation

Aim and Objectives To assess whether patients' mortality risk is estimated and registered in clinical charts to guide treatment decisions in a cohort of PAH patients.

To assess whether it is possible to measure patients' risk with the simplified tool using medical chart data.

Material and Methods A cross-sectional, retrospective, descriptive (March 2022) study was carried out in 2 tertiary hospitals, including alive adult PAH patients who initiated a PAH-specific therapy after 2016.

We collected variables from medical charts: demographic data, PAH subsets, PH-specific drug initiated, year of the initiation, and physician's explicit assertions of the patient risk.

We calculated the simplified four-strata risk-assessment tool with the following variables: World Health Organization functional class [WHO-FC], 6-minute walking distance [6MWD], and N-terminal pro-brain natriuretic peptide [NT-proBNP]. Data are presented as percentages and medians (range).

Results Overall, 102 patients complied with inclusion criteria, 64.7% women aged 56 (18–99). Patients' HAP subsets were 35%, 29%, 9%, 3%, and 2% associated with adult congenital heart disease, connective tissue disease, portal hypertension, human immunodeficiency virus infection, drugs and toxins, respectively. 22% were classified as idiopathic HAP.

Overall, 145 changes in pulmonary-specific therapy were observed. Physicians registered the patient's risk in clinical charts in only 13.8% (20/145) of treatment initiations.

Using the simplified tool, we were able to estimate the patient's risk in 35.9% (52/145) treatment initiations: 17 low, 20 intermediate-low, 14 intermediate-high, and one high risk. We were unable to calculate the risk due to missing: 6MWD, NT-proBNP, and WHO-FC in 46% (67/145), 39% (56/145), and 27% (39/145) of cases.

Conclusion and Relevance In this multicentre study, it was rare for physicians to explicitly claim patients' mortality risk.

Even when trying to assess patients' risk with the simplified tool, it was impossible to estimate it for most patients. Therefore, this process is missing critical clinical variables, even if