

regulatory frameworks and international shortage prevention plans, focusing on plans from Canada, European Medicines' Agency guidance and England's National Health Services (NHS) guidance. These documents were validated in a focus group discussion for relevance, clarity and practical applicability. Questionnaires were also distributed electronically to healthcare professionals (HCPs) and pharmaceutical suppliers to capture stakeholder perspectives on shortages. A thematic synthesis integrating findings from the literature and questionnaire responses was undertaken to identify key themes related to shortage drivers, impacts, and mitigation strategies.

Results: A structured guidance document and action plan were developed to address pharmaceutical product shortages. The guidance document was organised into key sections including risk identification, early identification and notification of supply risk, supply chain monitoring, regulatory flexibilities, and stakeholder communication, with an emphasis on proactive shortage prevention. The action plan was designed as a stepwise, operational framework activated during active shortage, outlining clear escalation pathways, coordination mechanisms, and mitigation strategies. A RACI (Responsible, Accountable, Consulted, Informed) matrix was incorporated within the action plan to clearly define stakeholder roles and responsibilities across regulators, suppliers, and healthcare professionals, ensuring coordinated and efficient response. Together, these outputs provide a structured and context-specific approach to both the prevention and management of medicine shortages. Questionnaire findings highlighted that pharmaceutical product shortages are frequently encountered by both HCPs and suppliers and have a significant impact on patient care and an increase workload, treatment delays and the need to switch to alternative therapies. Although awareness of current mitigation strategies varies across stakeholders, there was an agreement that an improved communication, enhanced coordination and a greater adoption of digital tools, including artificial intelligence to support supply chain logistics and shortage prediction and management is required.

Conclusion: Shortages remain a significant and multifactorial challenge impacting both patients and supply chains alike. The study highlights the need for a structured, proactive and coordinated approach to both the prevention and management of shortages. Both the guidance and action plan provide a practical and context-specific framework to enhance supply chain resilience.

Stakeholder input in optimising medication access

Geordie Schembri, Anthony Serracino-inglott¹

¹Department of Pharmacy, Faculty of Medicine and Surgery, University Of Malta, Msida, Malta

Background: Accessibility is being introduced as an additional pillar to the three main pillars in the pharmaceutical scenario: safety, efficacy and quality. Accessibility reflects the ability of an individual to obtain health services in a timely manner, based on their needs. It is crucial once medication is prescribed, accessibility allows more compliance and makes the challenges of compliance to medication for the patient an easier task. The aim of this study was to collect data on the causes of lack of accessibility to medicines in Malta and what the most problematic barrier of accessibility is. The study identifies opportunities for pharmacists in different sectors to support their patient when accessibility is challenging.

Method: Discussions with the Medicines Intelligence and Access unit within the Medicines Authority (MMA), which is the Competent Authority, , and a community pharmacist were conducted with the objective of collecting factual data regarding the current availability issues. A questionnaire was formulated based on the main points gathered, directed to pharmacists to obtain their perception on pharmacist practices related to accessibility. The questionnaire was validated by a focus group made up of two regulatory pharmacists in the MMA and three community pharmacists. The questionnaire was distributed electronically and through on-site visits to selected pharmacies via convenience sampling

Interview questions were formulated from questionnaire segments that needed further investigation. Interviews with a hospital pharmacist; community pharmacist; pharmaceutical distributor distributor and advanced pharmacist practitioner at the procurement unit in the government health service were conducted.

Results: A total of 102 pharmacists from all sectors in Malta completed the questionnaire. The main barrier identified was out-of-stock medication, followed by unavailability of brands or dosage forms. Shortages were most evident relating to medication used to treat infections. The most common strategies adopted by the pharmacists were change in brand and change in active ingredient where emphasis was placed on the pharmacists contribution to explain the rationale for any change and to discuss associated advantages and disadvantages, enabling the patient to make an informed decision.

Conclusion: Pharmacists play a key role in improving accessibility by offering alternatives, educating patients, and informing regulatory bodies. A co-payment system was proposed to, replace the current tendering system in place within the public health service so as to reduce access barriers

for patients requiring non-formulary medicines. Stricter enforcement of mandatory reporting of out-of-stock private market medicines to the competent authority was recommended so as to enable this information to be communicated to the public and allowing patients to seek alternatives before their supply is depleted. New frameworks need to be supported by clear rules and regulations in order to avoid confusion that comes along with innovation.

Focus on HIV Prevention: Perspectives from an Innovative Interprofessional Fellowship

Frank North¹, Laura Armas-kolostroubis², Kevin Aloysius³

¹National Pharmaceutical Association | Texas A&M University
Rangel College Of Pharmacy, Houston, United States

²Human-Centered Consulting & Care, Dallas, United States

³Legacy Community Health, Houston, United States

Background: HIV prevention remains a critical global public health priority, particularly among populations disproportionately affected by structural inequities. Pre-exposure prophylaxis (PrEP) has emerged as a highly effective biomedical strategy; however, access, awareness, and implementation remain inconsistent. This work reflects on my experiences within the Dr. Dawn K. Smith HIV Prevention Fellowship and explores how interprofessional education (IPE) and collaborative practice models can enhance PrEP uptake and HIV prevention efforts. Grounded in principles of health equity and informed by the legacy of Dr. Dawn K. Smith, whose work significantly advanced PrEP development and implementation, this study emphasises the urgent need to expand the HIV prevention workforce beyond traditionally specialised providers.

Method: This qualitative, reflective analysis synthesises experiential learning, programme participation, and applied interprofessional frameworks encountered during the fellowship. The approach integrates key models including the Pharmacists' Patient Care Process, Healthy People 2030 social determinants of health framework, and IPEC Core Competencies for interprofessional collaborative practice. Additionally, an implementation-informed development model—comprising innovation adaptation, stakeholder engagement, consensus building, competency integration, and programme implementation—was utilised to conceptualise scalable HIV prevention interventions.

Results: Findings highlight that interprofessional training of non-HIV-specialised healthcare professionals significantly expands the reach of PrEP education and service delivery. Participants demonstrated increased confidence in addressing HIV prevention, improved understanding of social determinants influencing patient access, and enhanced ability to collaborate across disciplines. The fellowship experience functioned as a “barrier breaker,” addressing

common challenges such as stigma, limited provider awareness, and fragmented care delivery systems (poster page 5). Moreover, structured interprofessional engagement facilitated more culturally responsive and patient-centred approaches, particularly for marginalised communities disproportionately impacted by HIV.

Conclusion: HIV prevention is both achievable and scalable when approached through intentional interprofessional collaboration. Expanding PrEP education and access requires investment in workforce development that includes pharmacists and other non-specialist providers. This work underscores the importance of designing structured IPE programmes that prioritise consensus-building, equity, and implementation feasibility. Ultimately, collaborative practice models not only enhance clinical outcomes but also advance health equity by improving access to life-saving preventive services. Working together across disciplines ensures that HIV prevention becomes more accessible, equitable, and sustainable for all populations.

Sex disparities of pharmacist chambers' board members in Turkey: Last four terms retrospective analysis

Betul Okuyan^{1,2}, Ozge Durak-albayrak³, M. Tolga Cetinkaya³,
Taner Ercanlı³, A. Caner Güven-Güven^{2,3}, M. İrfan Demirci³,
Kutay Demirkan^{2,4}

¹Marmara University Faculty of Pharmacy, Department of Clinical
Pharmacy, Istanbul, Türkiye

²Turkish Pharmacists' Association Pharmacy Academia, Ankara,
Türkiye

³Turkish Pharmacists' Association, Ankara, Türkiye

⁴Hacettepe University Faculty of Pharmacy, Department of Clinical
Pharmacy, Ankara, Türkiye

Background: Turkish Pharmacists' Association (TPA) is celebrating its 70th anniversary this year and currently consist of 59 Pharmacist Chambers and 55,920 pharmacists (61.2% women). Elections for board membership of both Pharmacist Chambers' and TPA were held every two years. The aim of this study was to assess sex disparities of Pharmacist Chambers' Board Members in Türkiye.

Method: This retrospective analysis included all members of the pharmacy chambers' board (including the executive, auditing and honorary boards) last four terms. The number of Pharmacist Chambers were increased from 53 in 2019 to 59 in 2025. Demographic data were anonymously collected from the websites of the Pharmacist Chambers and the electronic records of the Turkish Pharmacists' Association. A secondary analysis of sex disparities according to the socio-economic status (SES) of the pharmacy chamber region was conducted for the 2025 term (n=855). The SES of the