not only enhance competencies but also empower pharmacists to adopt a more patient-centred approach, enhancing the quality of care provided.

Pharmacist-led point-of-care testing services

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Background: Point-of-care testing (POCT) provides rapid diagnostic results outside traditional laboratory settings, offering access to diagnosis and monitoring of biological parameters. The elaboration of POCT in community pharmacies supports the provision of pharmaceutical care service increasing opportunities for diagnosis, patient monitoring, and personalised patient management. POCT reduces waiting time and the need for patient referral to centralised laboratory services. Pharmacist-led POCT within a collaborative multidisciplinary practice enhances detection and management of non-communicable diseases. Challenges with POCT services include calibration, standardisation, and financial sustainability, all of which must be addressed to ensure robust service. The aim of this study was to identify available POCT services in community pharmacies.

Method: A questionnaire was developed, validated and distributed to community pharmacists via social media and personal delivery in community pharmacies. The pharmacist questionnaire assessed the range of POCT services provided, test frequency, device reliability, and pharmacoeconomic considerations. A separate patient survey captured usage patterns, willingness to pay, and perceptions of service availability.

Results: A total of 119 (n = 92 females) pharmacist questionnaires were collected. The majority of participants fell within the $30-39$-year age range (n = 42). Blood pressure monitoring was the most commonly offered test (111) followed by urinalysis (104) and blood glucose monitoring (88). Pharmacists reported positive perceptions of device reliability and accuracy but highlighted gaps in calibration and standardisation practices (53). Financially, the majority of pharmacists (85) claimed that fees covered expenses and stated that patients were willing to pay the fee requested (63). Patient responses (n = 64) revealed that many had previously used POCT services in pharmacies, with urinalysis (n=17) being the most commonly used test followed by blood pressure monitoring (n = 15) and blood glucose testing (n=10). Payment expectations varied across tests. While some respondents expected blood pressure monitoring (n = 17) and blood glucose testing (n = 9) to be free, the majority were willing to pay a small fee of €1 - €5. For urinalysis, payment expectations were more varied, with most patients willing to pay €1-€5 (n = 27), though some expected it to be free (n = 9) or were open to fees of €6 or higher (n = 28).

Conclusion: Community pharmacy-based POCT is widely utilised and contributes to non-communicable disease screening and management. Challenges in calibration, training, and cost accessibility remain significant barriers. Addressing these gaps through standardisation efforts, improved pharmacist training, and better financial models is crucial in ensuring equitable access to POCT services and optimisation of patient care outcomes. Expanding the scope of POCT in pharmacies could further enhance disease prevention and early detection while reducing the burden on healthcare systems.

Community pharmacist guided cancer patient care at home

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Background: In recent years, the availability of anti-cancer medications has shifted cancer management from short-term hospital treatment to long-term care, in the home setting. Community pharmacists (CP) are accessible to patients and their caregivers and positively contribute to cancer patient care and outcomes.

Objective: The aim of the study was to determine how CPs can be empowered to meet needs and expectations of patients and their caregivers regarding cancer treatment in a primary care setting.

Method: A mixed-method approach was employed in three phases. The initial phase consisted of developing and validating a data collection sheet, which was disseminated online to Maltese CPs. It focused on the availability and accessibility of anti-cancer medications available for free through the national health scheme from community pharmacies. Challenges and opportunities for CPs to support patient care were also identified. The second phase involved identifying needs of cancer patients and their caregivers using a validated self-administered questionnaire. In the third phase, a toolkit to support community pharmacists in the provision of pharmaceutical care for patients receiving cancer medications at home was developed.

Results: In January 2024, 410 of the 792 medical products on the national formulary were listed for use in malignant disease. After an exclusion process guided by the aim of the study, 31 anti-cancer drugs were included in the study evaluation. In phase 1, 33 CPs completed the data collection sheet. Tamoxifen (n = 29), anastrozole (n = 28), and goserelin (n = 28) were the most commonly managed drugs by the participating CPs. Accessibility of anti-cancer drugs was perceived as problematic by one in three CPs (n=10), and the majority of CPs (n = 32) reported the lack of accessibility of