

Registration assessment style guide



Contents

Introduction	4
Purpose of this guide	4
Who is this guide aimed at.....	4
1. Font	4
1.1 Typeface	4
1.2 Use of bold	4
1.3 Use of underlining	4
1.4 Use of italics	5
1.5 Use of block uppercase	5
2. Layout	5
2.1 Use of bullet points	5
2.2 Full stops and spacing	6
2.3 Alignment	6
2.4 Question layout	6
3. Style	6
3.1 Dates and times	6
3.2 Numbers	6
3.3 Units	7
3.4 Ages	8
3.5 Gender	8
3.6 Patients.....	8
3.7 Patients and their conditions	8
3.8 Quotation marks	9
3.9 Patients and their medicines	9
3.10 Virus names	10
3.11 Bacteria names.....	11
3.12 Medicine names.....	11
3.13 Services and departments	11

3.14 Other settings	11
3.15 Organisations, bodies, and committees.....	12
3.16 Spellings	12
3.17 Abbreviations	12
3.18 Symbols	13
4. Question format	14
4.1 Part 1 – Calculation paper	14
4.2 Part 2 – MCQ paper	13
4.3 SBA questions	14
4.4 EMQ questions.....	15

Introduction

Purpose of this guide?

This guide provides information on the agreed style and format of the assessment content. This is to ensure consistency throughout the assessment papers and to make sure wording and formatting are aligned with current pharmacy practice. The guide will be utilised by GPhC question writers when developing assessment content and is a primary reference source for the Board of Assessors and GPhC staff.

1. Font

1.1 Typeface

- Tahoma 18-point is used for all standard text
- black text is used throughout

This type face is used throughout the question papers. The only exception to this rule is where a signature is used. For example, on a prescription template, the prescriber's signature is presented using Bradley Hand ICT font.

Resources or extracts will be presented in their original format and typeface.

1.2 Use of bold

Bold type face is used for:

- question lead in, for example:
What percentage of this patient's recommended daily salt allowance is contained in the total daily dose of Gaviscon suspension?
- linked questions, for example: **Questions 25 and 26**
- titles in tables

1.3 Use of underlining

Underline is not used.

1.4 Use of italics

With the exception of Latin names of organisms, italic font style is not used e.g., *Staphylococcus aureus*

1.5 Use of block uppercase

Negatively worded lead in questions will be avoided where possible e.g.

- **Which is the least appropriate treatment?**

However, where this is not possible, block uppercase is used where the word NOT is used in a question, for example:

- **Which of the following is NOT related to the long-term use of proton pump inhibitors?**

Occasionally, block uppercase is used when representing a dispensing label, for example:

- Take one tablet TWICE a day

2. Layout

2.1 Use of bullet points

Bullet points may be used to make a list within a question stem clearer to read, such as a list of medicines. For example:

She has NKDA and is taking the following medication:

- aspirin 75mg once daily
- atorvastatin 40mg once daily
- ramipril 10mg once daily

Bulleted lists will follow these style rules:

- the list will start with an introductory sentence
 - the list will start with a lower-case letter, unless proper nouns
 - the list will make sense running from the introductory sentence
 - commas, semi colons, 'and' or 'or' will not be used at the end of the sentence
 - full stops will not be used
 - may or may not be listed in alphabetical order
-

The following styles of bullet point are used for primary and secondary level bullets:

- XXXXXX
 - XXXXXX
 - XXXXXX
- XXXXXX
- XXXXXX

Numbers or letters are used as bullet points only where there is a need to show lists in a hierarchy or a specific grading or reference system.

2.2 Full stops and spacing

In a paragraph, single spacing is used after full stops.

2.3 Alignment

Text is left-justified with a ragged right edge.

2.4 Tables

Where a question contains a table, capital letters are used for the first word in each cell. The text is left aligned.

Full stops are not used at the end of text in cells.

3. Style

3.1 Dates and times

The date is presented in the UK format of 'day, month, year', for example: **15 April 2025**. Numbers in dates are not followed by th or st, for example: **21 September 2025**, rather than 21st September 2025.

In a table, the format DD/MM/YY can be used. For example, within a patient care record or on extract from a prescription.

Time is presented using the 24-hour clock, for example 13:00

3.2 Numbers

Where possible, numbers are not used at the start of a sentence. For example: **Side-effects were reported by 15% of patients**, rather than: 15% of patients reported side-effects.

A comma is used to separate thousands (and not a space) where the number is over 9999. For example: **40,000 units** not 40 000 units.

If units are abbreviated, the number will appear next to the unit. For example, 40mg not 40 mg. The number and units will appear on the same line. If units are written in full, there will be a space between the number and the unit. For example, 40 micrograms not 40micrograms.

A space is not required to separate a number from the %, <, >, ≥, or ≤ symbols. For example, 10% not 10 % and ≥10 not ≥ 10.

Courses of treatment are written as 3-day not three days.

When stating medicine doses, the dose is represented by numbers and the number of dose units can be spelt out in words or in figures. For example, clopidogrel 75mg 1 tablet once daily or clopidogrel 75mg one tablet once a day.

3.3 Units

Units are presented in the following formats:

%	kilocalorie(s)	mole(s)
% w/w	kg	nebule(s)
% w/v	kg/m ²	other
% v/v	mg	pack(s)
Accuhaler(s)	mg/hour	Patch(es)
ampoule(s)	mg/kg	patient(s)
bottle(s)	mg/kg/day	penfill(s)
box(es)	mg/L	PhEur unit(s)
can(s)	mg/mL	pound(s) (sterling)
capsule(s)	microgram(s)	pump actuation(s)
cartridge(s)	micrograms/kg/minute	prefilled pen(s)
day(s)	minute(s)	respimat inhaler(s)
device(s)	mL	sachet(s)
drop(s)	mL/hour	syringe(s)
drops/minute	mL/kg/hour	tablet(s)
g	mL/minute	test(s)
g/kg	mmol	tube(s)
hour(s)	mmol/kg	Turbohaler(s)
inhaler(s)	mmol/kg/day	unit(s)
litre(s)	mmol/L	vial(s)

This list is non-exhaustive.

Usually, metric units should be used. Symbols for metric units are not pluralised. For example, 25kg not 25kgs.

If imperial units are considered appropriate, candidates will be given information on converting to metric within the question.

'Micrograms' and 'nanograms' will not be abbreviated. Similarly, 'units' will not be abbreviated.

3.4 Ages

Patient age will be written as 'a 30-year-old man', 'a 3-month-old infant'.

3.5 Gender

Patient gender will be written as 'man' and 'woman', or 'boy' and 'girl', not 'male' and 'female' or 'gentleman' and 'lady'.

Other gender descriptions, for example, trans man, trans woman can be used.

In some questions it will be acceptable to use 'patient' or 'child'.

3.6 Patients

The preference is to describe the patient by age and gender, rather than by name. If it is necessary to refer to the patient by name (for example in a linked set of questions), a single initial is used and not full names, for example Mr P, not Mr Patmore.

3.7 Patients and their conditions

Terms that stereotype or stigmatise are avoided when writing about disabilities, health conditions and mental illness. People should not be labelled according to their condition, by using terms such as 'the blind', 'diabetics' or 'addicts'. For example:

- visually impaired people (not blind people)
- people with learning difficulties, and people with learning disabilities (these are two different things)
- people with diabetes. For example, a 56-year-old man who has type 2 diabetes' not 'a 56-year-old diabetic man'

The phrase 'suffering from' (a condition) is not used unless it is a direct quote from a patient. For example: 'A 43-year-old woman has hypertension', rather than 'A 43-year-old woman suffers from hypertension'.

Questions will be written succinctly and avoid the use of unnecessary words and phrases such as 'on examination' and 'has a previous medical history of'. For example, 'a man with hypertension has a BP of 155/100mmHg' and not 'a man has a previous medical history of hypertension and on examination he has a BP of 155/100mmHg.

3.8 Quotation marks

Double quotation marks used in questions indicate direct speech. For example, 'the patient states the medication made them feel "drunk".'

3.9 Patients and their medicines

When referring to a patient taking medicine the following examples are a guide to the style of wording used:

- **She was taking ramipril**, not 'she was on ramipril'
- **He was advised to take**, not 'he was prescribed'
- **He was treated with**, not 'he received' or 'he was started on'

Directions will either be written in full or as the Latin abbreviation. The Latin abbreviations listed in the BNF are acceptable. Full stops are not used with Latin abbreviation. For example:

- **BD** or **twice daily**
- **OD** or **once daily**
- **OM** or **every morning**

A mix of formats will be used throughout the assessment paper. For example, twice daily, twice a day, once a week, once weekly.

3.10 Virus names

Virus names will not be italicised when used generically or when referring to a strain e.g., herpes simplex virus, influenza A (H1N1) virus. Virus names will not be capitalised unless the virus name includes a proper noun e.g., West Nile virus, Ebola virus. Species, genus, and family of a virus will be italicised when used in a taxonomic sense. In this case, virus names should follow the rules of orthography of the International Committee on Taxonomy of Viruses (ICTV). The table below summarizes how to format virus names but refer to <https://ictv.global/faq/names> for a full overview of ICTV recommendations. It is usually not necessary to mention the taxonomy of a virus if it is well known.

Formatting of virus names

Note: this information comes from <https://ictv.global/faq/names> where there are further examples of formatting rules and a full taxonomy index.

Type of term	Formatting	Examples
Virus order, family, subfamily, or genus	Italics with first letter of the name capitalized	<i>Herpesvirales</i> (order) <i>Herpesviridae</i> (family) <i>Alphaherpesvirinae</i> (subfamily) <i>Simplexvirus</i> (genus)
Species name	Italics with the first letter of the first name capitalized. Never abbreviate species names. Exceptions: proper nouns, parts of proper nouns, or alphabetical identifiers may be capitalized even if they occur as the second word.	<i>Human alphaherpesvirus 1</i> <i>Mumps virus</i> <i>West Nile virus</i> <i>Influenza A virus</i> <i>Enterovirus A</i>
Virus strain or generic name	Not italicised and the first letter of the first word is not capitalized, unless it is a proper noun or includes alphabetical identifiers	Ebola virus herpes simplex virus influenza A (H1N1) virus

3.11 Bacteria names

When the name of a microorganism is used in binary combination, the generic name is capitalised and the specific name is all in lower case, for example: '*Staphylococcus aureus*'. When referring to an infection more generally, all lower case is used, for example: 'staphylococcal infection'.

3.12 Medicine names

Generic or non-proprietary medicine names are used unless there is a valid reason to use a brand name.

In accordance with the BNF, international non-proprietary names (rINNs) are used where available, or, in the absence of a rINNs, British Approved Names (BANs) are used. Exceptions are adrenaline and noradrenaline where the BAN is used.

Valid reasons for using a brand name may include a clinical need to specify the brand, for example with lithium preparations and biosimilars, or when use of the brand name is more appropriate, for example, when a patient requests a particular product or a non-prescription product with multiple constituents. All generic names are lower case unless at the beginning of a sentence. If using a brand name, then the generic name will be included in brackets e.g., Clexane (enoxaparin sodium).

Trademark signs (™) are not used.

Full drug names will be used including salts if this is provided in the BNF. For example, levothyroxine sodium and ulipristal acetate.

3.13 Services and departments

General names of departments are not capitalised, for example: emergency department, intensive care unit, outpatient clinic, or roles of clinicians, for example: microbiologist.

3.14 Other settings

Residential and nursing care facilities will be referred to as 'care homes' or 'care homes with nursing' as appropriate, rather than residential home, nursing home, old people's home, etc.

3.15 Organisations, bodies, and committees

Capitals are used when referring to a specific organisation or body, but not when referring generally to a type of organisation. For example: General Pharmaceutical Council.

3.16 Spellings

Oxford English Dictionary spellings are used.

Medical terminology is used where appropriate, for example, hypertension rather than high blood pressure.

The following spellings should be used:

adviser (not advisor)	dose-effect response
ageing	dose-response study
alongside (one word, no hyphen)	first-line (not first line)
although (not though)	healthcare (not health care or health-care)
baseline (one word, no hyphen)	healthcare professional
beta-blocker	homeopathy (not homoeopathy)
breastfeeding (one word)	inpatient (no hyphen)
case-control study	no one (two words, no hyphen)
childcare (one word, no hyphen)	premenopausal
comorbidity (no hyphen)	pre-registration
contraindication (not contra-indication)	preventive (not preventative)
cooperate (no hyphen)	re-administer, re-administration
co-opt, co-optees	regimen (not regime, for a drug or treatment regimen)
dietitian	side effect (but hyphenate when used before a noun [thing], as in 'side-effect profile')
pharmacy-patient interaction	

3.17 Abbreviations

Abbreviations will be used throughout the registration assessment. A full list of the accepted abbreviations, which do not require definition is provided in the registration assessment framework.

3.18 Symbols

Symbols will be displayed appropriately in questions e.g., 37.5°C not 37.5⁰C and 350 × 10⁹/L not 350 x 10⁹/L. Trademark signs (™) are not used.

4. Question format

Part 1 – Calculations paper

The part 1 paper comprises 40 'free-text' calculation questions.

Each question in the Part 1 paper comprises a stem and a lead in.

A 5-year-old girl, who weighs 23kg, is prescribed clobazam 250 micrograms/kg twice daily, as adjunctive maintenance therapy for epilepsy. To aid administration of this medicine, her parents have been advised that each dose should be rounded to the nearest whole mL.

How many mL of clobazam 10mg/5mL oral suspension are needed for two weeks' treatment?

_____ mL

Part 2 – multiple choice paper

Part 2, multiple choice paper consists of 90 single best answer (SBA) questions, and 30 extended matching questions (EMQs).

Part 2 is divided into three sections as follows:

- Section 1 – questions 1 to 45 each with five options
- Section 2 – questions 1 to 45 each with five options
- Section 3 – questions 1 to 30 each with eight options

SBA questions

Single Best Answer questions comprise of a stem, a lead in and 5 options (A-E).

For example:

A mother brings her 6-year-old son into the pharmacy. The child has had a cold for the past two days, but his symptoms have worsened. He now complains of mild headache, general aches and tiredness. This morning he has developed an itchy rash on his face and body. The child has NKDA, does not take any regular medication and has no other medical conditions.

A photograph of the rash is provided below:



Which of the following is the most appropriate?

- A** provide general advice about the condition and recommend the use of hydrocortisone 1% w/w cream for the rash
- B** provide general advice about the condition and recommend the use of ibuprofen for the headache and general aches as necessary
- C** provide general advice about the condition and recommend the use of paracetamol for the headache and general aches as necessary
- D** provide general advice about the condition without recommending any medicines
- E** refer the child to his GP

Usually, options are provided in alphabetical or numerical order.

Multiple SBA questions may be linked set to create a 'patient journey', or questions surrounding the same topic.

EMQ questions

EMQs are grouped in themes in sets of 2 to 3 questions. The theme will be the same within a set and the list of options will be the same for each question. The first question in the set states the number of questions in the set.

Theme: Drug interactions

The next two questions are based on the same list of options, but different scenarios. Each option may be used once, more than once, or not at all.
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A 64-year-old man takes escitalopram 20mg daily for generalised anxiety disorder. He had a TIA 6 months ago and has recently been diagnosed with non-valvular AF. He has been newly prescribed rivaroxaban 20mg once daily.

Select the most likely possible consequence of the drug interaction.

- | |
|---|
| <ul style="list-style-type: none">A bleeding risk increasedB bradycardiaC diarrhoeaD hypertensive crisisE myopathyF QT interval prolongationG reduced eGFRH thrombosis |
|---|

Theme: Drug interactions

A 37-year-old man takes methadone hydrochloride 1mg/mL oral solution 90mg once daily for opioid dependence. He has been diagnosed with depression by his GP who has prescribed citalopram 20mg daily. The man has NKDA and no other relevant medical history.

Select the most likely possible consequence of the drug interaction.

- | |
|---|
| <ul style="list-style-type: none">A bleeding risk increasedB bradycardiaC diarrhoeaD hypertensive crisisE myopathyF QT interval prolongationG reduced eGFRH thrombosis |
|---|
-