Standard Setting Panel Member – Application Form

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## Introduction

Welcome to the application form for the role of Standard Setter. Please find the role description for this position on our website.

Once you have finished your application, please send it to the Associates and Partners Team at: [A&P@Pharmacyregulation.org](mailto:A&P@Pharmacyregulation.org?subject=GPhC:%20Standard%20Setters%20Application). Please put “Standard Setters Application” in the title of the email and you must include your name in the name of your word document.

Applications must be submitted 11:59PM on 02 March 2025. Applications received after this time will not be accepted.

If you have any questions, or need any further support with your application (for example, this application form in another accessible format), please contact: [A&P@Pharmacyregulation.org](mailto:A&P@Pharmacyregulation.org)

## Section 1: Your Details

Thank you for taking the time to complete this form. Please do not send a CV, complete the application form and the relevant tasks in this document.  
  
We will anonymise this form for long and shortlisting. Do not include any identifiable and personal information such as your name, or anything else that could indicate your gender or ethnicity, in the body of the application other than in section 1 (Your details) & 2 (Eligibility) .

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| **Q1.** Your Name |
| Title:  First Name:  Middle name(s):  Surname: |

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| **Q2.** Your address |
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| **Q3.** Your contact details |
| Telephone (Mobile):  Telephone (Work): |

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| **Q4.** Your email address |
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| **Q5.** Are there any restrictions on your continued residence or employment in the UK? If ‘yes’ specify below: |
| Yes  No  Comments: |

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| **Q6.** Are you required to hold a work permit to work in the UK?  If 'yes', specify below. |
| Yes  No  Comments: |

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| **Q7.** Are you related to any member of the GPhC's Council or to any employee of the GPhC? If 'yes', specify below. |
| Yes  No  Comments: |

## Section 2: Eligibility

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| **Q8.** Are you registered with the GPhC or PSNI? |
| Yes  No  Please enter your GPhC/PSNI Registration Number:  What year did you first register as a pharmacist: |

## Section 3: Skills, Knowledge and Experience

This section is to let us know about: yourself, your experiences, your skills, your abilities and how you think they meet the essential and (where applicable) the desirable criteria.

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| **Q9.** Are you an independent prescriber? |
| Yes  No  If yes, do you currently prescribe on a regular basis:  Yes  No |

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| **Q10.** Which country do you currently practise as a pharmacist in? |
| England  Scotland  Wales  Northern Ireland |

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| **Q11.** In which sector(s) of pharmacy do you currently work? Please tick all that apply |
| Community Pharmacy  Hospital Pharmacy  Primary care other than community pharmacy  Education and training  Industry  Prison Pharmacy  Hospice  Online Pharmacy  Other |

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| **Q12.** In which of the following sectors of pharmacy have you got significant experience? Please tick all that apply |
| Community Pharmacy  Hospital Pharmacy  Primary care other than community pharmacy  Education and training  Industry  Prison Pharmacy  Hospice  Online Pharmacy  Other Please specify: |

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| **Q13.** Please provide a brief overview of your current experience working in a role with a substantive patient-facing element in the UK (maximum 250 words). |
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| **Q14.** Please provide a brief overview of your current experience working alongside foundation trainee pharmacists and/or recently qualified pharmacists (less than 2 years in practice) in a patient-facing context (maximum 250 words). |
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| **Q15.** Please provide an example(s) where you have demonstrated a commitment to promoting equality, diversity, and inclusion (maximum 250 words). |
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## Section 4: Tasks

### Selection Task 1

In this section, you will have the opportunity to answer 6 questions which will help us determine your suitability for the role. Please answer the 6 calculation questions, submitting your answer in the box provided.

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| **Q16.** A doctor has prescribed a 750mg loading dose of vancomycin for a patient with suspected prosthetic heart valve endocarditis. Water for Injections BP is used to reconstitute a 1g vial to prepare a 50mg/mL solution of vancomycin. The displacement value for vancomycin is 0.07mL/100mg.  **How many mL of Water for Injections BP, must be added to the vial in order to produce the required concentration? Give your answer to one decimal place.** |
| \_\_\_**mL** |

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| **Q17.** For environmental reasons, a GP practice is switching suitable patients from using a salbutamol pressurised metered-dose inhaler to a dry powder inhaler.  There are 990 salbutamol pressurised metered-dose inhalers prescribed every month in the practice.  The cost for the inhalers is:   * pressurised metered-dose inhaler - £1.50/200 dose inhaler * dry powder inhaler - £3.31/200 dose inhaler   It is predicted that 60% of the pressurised metered-dose inhalers will be changed to a dry powder inhaler and the number of inhalers used per month will stay the same.  **What is the increased prescribing cost, in pounds, to the practice over a 6-month period from this switch? Give your answer to the nearest pound.** |
| \_\_\_**pounds** |

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| **Q18.** A 31-year-old woman with Crohn’s disease has been treated with IV hydrocortisone 100mg four times a day for three days. She is now to start the following reducing regimen of prednisolone:   * prednisolone 40mg once daily in the morning for two weeks. Then reduce the daily dose by 5mg at weekly intervals to zero, before stopping     **How many prednisolone 5mg tablets are required to complete the course?** |
| \_\_\_**tablet(s)** |

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| **Q19**. A woman who has severe pain due to lung cancer is taking the following medicines:   * MST Continus tablets (morphine m/r) 60mg every 12 hours * MST Continus tablets (morphine m/r)​ 30mg every 12 hours   Her doctor prescribes Oramorph (morphine) 20mg/mL concentrated oral solution at the standard recommended maximum dose for breakthrough pain.  **How many mL of Oramorph (morphine) 20mg/mL concentrated oral solution does this woman require for each breakthrough pain dose? Give your answer to one decimal place.** |
| \_\_\_**mL** |

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| **Q20**. An 11-year-old child weighing 35kg is travelling to a country with a known risk of malaria for 6 weeks and requires malaria prophylaxis. They will take atovaquone with proguanil hydrochloride 62.5mg/25mg tablets at a dose of 3 tablets once daily, starting 2 days before entering the malaria-endemic area and continue for 1 week after leaving.  **How many atovaquone with proguanil hydrochloride 62.5mg/25mg tablets are required for the entire course?** |
| \_\_\_**tablet(s)** |

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| **Q21.** A man weighing 70kg requires a loading dose of IV phenytoin. The loading dose is 20mg/kg for 1 dose (max. per dose 2g) given at a rate not exceeding 1mg/kg/minute (max. 50mg/minute).    **What is the minimum number of minutes that his loading dose of phenytoin should be infused over?** |
| \_\_\_**minutes(s)** |

## Selection task 2

Please review the 4 registration assessment questions below and then rank them in order of difficulty from the easiest (1) to the most difficult (4) for trainee pharmacists.

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| **QUESTION 1**  A 45-year-old black man of African family origin has been diagnosed with hypertension. His BP is 160/100mmHg. He is starting antihypertensive therapy. He has NKDA, is not taking any other medication and has no other medical conditions.  **Which is the most appropriate first-line antihypertensive drug treatment for this man?**  **A** amlodipine **correct response**  **B** bisoprolol fumarate  **C** candesartan cilexetil  **D** indapamide  **E** ramipril |

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| **QUESTION 2**  A 73-year-old woman has recently attended her GP practice for a medication review.  Her U&E profile is provided below:   |  |  |  |  | | --- | --- | --- | --- | | **Test** | **Result**  **12 months ago** | **Result**  **this month** | **Reference Range** | | Serum sodium | 140 | 146 | 137─145mmol/L | | Serum potassium | 4.5 | 4.0 | 3.5─5.1mmol/L | | Serum urea | 10.3 | 11.2 | 2.5─7.5mmol/L | | Serum creatinine | 126 | 148 | 46─92 micromol/L | | Estimated GFR | 34 | 28 | >90mL/min/1.73m2 |   Her regular medicines are listed below:   * atorvastatin 20mg once daily * clopidogrel 75mg once daily * lansoprazole 15mg once daily * metformin hydrochloride 500mg twice daily * ramipril 1.25mg once daily   **Which of her medicines is it most important to review in light of these blood results?**  **A**atorvastatin  **B**clopidogrel  **C**lansoprazole  **D**metformin hydrochloride **correct response**  **E**ramipril |

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| **QUESTION 3**  A 62-year-old man with type 2 diabetes asks for your advice regarding his home blood glucose readings.  He is currently prescribed:   * atorvastatin 20mg once daily * Tresiba FlexTouch (insulin degludec) 100 units/mL pre-filled pens 18 units at night * metformin hydrochloride 1g twice daily   His home blood glucose readings show the following:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | | **Before breakfast (mmol/L)** | 3.0 | 3.8 | 2.8 | 3.9 | 2.1 | | **Before lunch (mmol/L)** | 7.1 | 6.8 | 6.9 | 6.3 | 7.4 | | **Before dinner (mmol/L)** | 6.9 | 7.0 | 7.4 | 6.8 | 7.2 | | **Before bedtime (mmol/L)** | 9.5 | 9.8 | 9.7 | 9.2 | 9.1 |   **Which of the following is the most appropriate action to take after reviewing this patient’s home blood glucose readings?**  **A**change the dosing of Tresiba FlexTouch to 9 units BD  **B**initiate a rapid-acting insulin to administer before each meal  **C**reduce the dose of metformin hydrochloride  **D**reduce the dose of Tresiba FlexTouch administered each night **Correct response**  **E**stop metformin hydrochloride |

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| **QUESTION 4**  A 51-year-old woman presents a prescription for the following HRT:   * Lenzetto (estradiol) 1.53mg/dose transdermal spray apply three metered-dose sprays to the inner forearm once daily   The pharmacy is unable to source this product. A serious shortage protocol allows this medicine to be switched to an equivalent dose of estradiol transdermal patch.   Information on estradiol equivalent doses is provided below:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Formulation** | **Ultra-low** | **Low** | **Medium** | **High** | | **Gel**  **(pump-pack)** | 375 micrograms | 750 micrograms | 1.5mg | 2.25−3mg | | **Gel**  **(sachet)** | 250 micrograms | 500 micrograms | 1−1.5mg | 2−3mg | | **Patch** | 12.5  micrograms/24 hour | 25  micrograms/24 hour | 50  micrograms/24 hour | 75−100  micrograms/24 hour | | **Spray** | 1.53mg | 3.06mg | 4.59mg | − | | **Tablet** | 500 micrograms | 1mg | 2mg | 3−4mg |   **What dose of estradiol transdermal patch is equivalent to the total daily dose of Lenzetto applied by this patient?**  **A** 12.5 micrograms/24 hour  **B** 25 micrograms/24 hour  **C** 50 micrograms/24 hour **Correct response**  **D**75 micrograms/24 hour  **E** 100 micrograms/24 hour |

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| **Q22.** Please rank the 4 questions in order of difficulty from the easiest (1) to the most difficult (4) for trainee pharmacists |
| Question 1 =  Question 2 =  Question 3 =  Question 4 = |

## Selection Task 3

The 4 questions in this section are unsuitable for inclusion in the registration assessment. Please review each question and briefly explain in the box provided why each is unsuitable for inclusion in the registration assessment.

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| **Q23.** A 52-year-old man with type 1 diabetes tells you that he injects himself with an insulin mix twice daily. He mixes two different types of insulin injections.   **Which of the following is he likely to be mixing in a syringe with soluble insulin to produce a biphasic mix?**  **A** Actrapid (soluble insulin)  **B** Humalog (insulin lispro)  **C** Humulin I (isophane insulin)  **D** Lantus (insulin glargine)  **E** Levemir (insulin detemir) |
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| **Q24.** A 56-year-old man has been admitted to hospital following a STEMI. He is booked for an angiogram this morning and will be receiving multiple stents. His blood pressure, pulse rate and U&Es are normal.  His regular medicines are listed below:   * aspirin 75mg once daily * atorvastatin 40mg once daily * bisoprolol fumarate 2.5mg once daily * linagliptin 5mg once daily * metformin hydrochloride 500mg three times daily   **Which of his regular medicines should be temporarily withheld considering his treatment plan?**  **A**aspirin  **B**atorvastatin    **C**bisoprolol fumarate  **D**linagliptin   **E**metformin hydrochloride |
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| **Q25.** You receive a supply of leflunomide 20mg tablets from the pharmaceutical wholesaler.  **Where is the most appropriate place to store this delivery?**  **A** controlled drug cupboard  **B** dispensary cupboard, protected from light  **C** dispensary shelf  **D** pharmaceutical freezer  **E** pharmaceutical fridge |
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| **Q26.** A 33-year-old man presents in the community pharmacy with a productive cough of two days duration. He has no other symptoms, NKDA and does not take any regular medication.  **Which of the following is the most appropriate to manage his cough?**  **A**dextromethorphan  **B**diphenhydramine  **C**guaifenesin      **D**pholcodine  **E**pseudoephedrine hydrochloride |
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## Section 5: Education, Professional Qualifications and Work Experience

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| **Q27.** Please outline your pharmacy education history from your degree in pharmacy onwards. Please include dates and qualifications obtained |
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| **Q28.** Any further details of education and professional qualifications (including entries onto the register of other regulatory bodies and membership of professional bodies) |
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| **Q29.** Please outline your work experience, including job title, employer, and a summary of your responsibilities. |
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## Section 6: Declaration

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| **Q30.** Do you have any convictions that are unspent under the Rehabilitation of  Offenders Act 1974?  If yes, please give details / dates of offence(s) and sentence: |
| Yes  No  Comments: |

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| **Q31**. Have you any prosecutions pending? If yes, please give details / dates of offence(s) and sentence |
| Yes  No  Comments: |

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| **Q32.** Are you currently subject to fitness to practise, disciplinary or similar proceedings or a party in any other circumstances which could bring the GPhC into disrepute? If yes, please give details below |
| Yes  No  Comments: |

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| **Q33.** We value diversity and wish to promote it on our Council and Committees. Should you require any reasonable adjustments at any stage of the process or in post then please let us know. You can give details below if you wish or email the Associates and Partners team ([A&P@Pharmacyregulation.org](mailto:A&P@Pharmacyregulation.org)). |
| Yes  No  Comments: |

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| **Q34.** I confirm that to the best of my knowledge and belief, the information given in this form is complete and correct.  I understand that if I am appointed and the information I have provided is subsequently found to be untrue then my tenure of office may be terminated. |
| Electronic Signature:  Date: |

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| **Q35.** Media  How did you FIRST find out about these vacancies? |
| Chemist & Druggist Online  GPhC Careers Page (website)  GPhC Facebook  GPhC X  GPhC LinkedIn  Friend/Colleague  Other |

## References

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| **Q36.** Please give the names and addresses of two suitable professional referees. (NB References will only be taken up if you commence employment with us) |
| **Reference One**  Name  Their Position (job title)  Work relationship  Organisation  Dates employed  Address  Postcode  Telephone  Email  **Reference Two**  Name  Their Position (job title)  Work relationship  Organisation  Dates employed  Address  Postcode  Telephone  Email |

## Equalities Monitoring Form

The GPhC values equality and diversity and is committed to making sure its processes and procedures are fair, transparent and free from unlawful discrimination and bias. To make sure we are treating candidates fairly and to improve our processes, we monitor diversity at all stages of the appointments process. You don't have to give us this information, but we would be grateful for your cooperation. Information you give on this form will be treated as strictly confidential and will only be used for monitoring. It will not be seen by anyone directly involved in the selection process and will not be treated as part of your application. No information will be published or used in any way which allows anyone to be identified.

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| **Q36.** Age group |
| 16-24 Years  25-34 Years  35-44 Years  45-54 Years  55-64 Years  65+ Years  Prefer not to say |

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| **Q37.** Do you consider yourself to have a disability or health condition as defined by the Equality Act 2010?  The Equality Act 2010 defines a person with a disability as, “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.” If YES, please tell us separately about any adjustments which you may require either to carry out the role or to participate in the selection process.  **The information in this form is for monitoring purposes only. If you need an adjustment, then please discuss this with us. \*** |
| Yes  No  Prefer Not to Say  Any additional information you would like to share: |

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| **Q38.** What is your Ethnic group?  Please choose the appropriate box to indicate your cultural background |
| Prefer not to say  **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Other Asian background  **Black/African/Caribbean/Black British**  Caribbean  African  Other Black/African/Caribbean Background  **Mixed/Multiple Ethnic Groups**  White and Black Caribbean  White and Black African  White and Asian  Other Mixed Background  **Other Ethnic Group**  Arab  Latin American  Other Background  **White**  British  Irish  Gypsy or Irish Traveller  Other White Background  If you have selected "other", please describe how you self-identify: |

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| **Q39.** Gender |
| Female  Male  Other  Prefer not to say |

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| **Q40.** Religion |
| No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  Other (please specify): |

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| **Q41. Sexual Orientation** |
| Bisexual  Gay/ Lesbian  Heterosexual/ Straight  Prefer not to say  Other (please specify): |

## Submitting your application

If you have completed your application, please ensure you return it to the Associates and Partners team by email. You can send it to: [A&P@Pharmacyregulation.org](mailto:A&P@Pharmacyregulation.org). Please return it to us as a word document only with your name in the document title. This is so we can anonymise your application prior to anyone seeing it. Applications must be sent no later than **11:59PM on 02 March 2025**. If you need to discuss anything or have any questions, please contact the team as soon as possible.

Applicants will be emailed a confirmation of receipt of their application.

Applicants will hear the outcome of their application no later than **Friday 18th April 2025.**

Thank you for taking the time to complete this application.