General Pharmaceutical Council

Pharmaceutical Society

Protecting Registering Regulating

Common Registration Assessment framework

For sittings in 2026

Contents

Overview

Common Registration Assessment

The General Pharmaceutical Council (GPhC) and the Pharmaceutical Society of Northern Ireland (NI) jointly deliver the Common Registration Assessment (CRA) across the UK. To be eligible for registration as a pharmacist in the UK, trainee pharmacists must pass the CRA and meet all other specified criteria for registration.

The CRA is a two-part, computer-based assessment comprising:

- **Part 1:** pharmacy and healthcare calculations
- **Part 2:** safe and effective pharmacy care of the public

The purpose of the Common Registration Assessment is:

To assure the public that trainee pharmacists have met a common threshold of applying the knowledge and skills necessary for safe and effective person-centred care and professional practice in the UK, at the point of registration

Further details on trainee eligibility to sit the CRA, sitting dates, the CRA regulations, specification and example questions are available on the CRA webpage on the GPhC website. For detailed information on the reasonable adjustments available, deadlines, process and evidence to submit, please visit the dedicated reasonable adjustments section on the GPhC website.

What and who is the framework for?

The CRA framework outlines the topics, skills, and knowledge areas that may be assessed in the assessment, with all assessment content directly derived from it. The CRA framework explains the overall scope and structure of the assessment.

The CRA framework content areas provide a broad indication of the assessment's scope; however, the specific content will be continuously adapted to reflect contemporary practice. This allows the CRA to remain dynamic and responsive to emerging pharmacy trends, ensuring that all content is contemporary and reflective of the expectations for pharmacists at the point of registration. Given the breadth of pharmacy as a subject, it is not feasible to create a framework that details all possible topics exhaustively.

The CRA framework is of value to a variety of audiences, including trainee pharmacists, Statutory Education Bodies (SEBs), undergraduate and postgraduate education providers, and the public.

Table 1: CRA framework audiences

Audience	Purpose
Trainee pharmacist	The CRA framework outlines the content areas that may be covered in the assessment. Trainee pharmacists should use this resource to reflect on whether their readiness to apply, based on the experiences and competencies developed during the foundation training year (FTY).
Designated and educational supervisors	The CRA framework outlines the breadth of knowledge and skills required by trainee pharmacists and should be used to support trainee pharmacist learning and development in the FTY. Supervisors should use the framework to support trainee pharmacists in assessing their readiness to apply for the CRA.
Statutory Education Body	The CRA framework outlines the knowledge and skills that trainee pharmacists are expected to demonstrate in the CRA, and it can also inform the content of the FTY programmes.
Undergraduate and postgraduate providers	The CRA framework serves as a reference point for the expectations of pharmacist practice at the point of registration in the UK and may also inform curriculum and course development.
Public	The CRA framework outlines the topics, skills and knowledge areas aligned with the purpose of the CRA, providing assurance that pharmacists at the point of registration have met a common threshold for safe and effective person-centred care and professional practice in the UK.

Standards for the initial education and training of pharmacists 2021

The CRA samples the learning outcomes set out in the initial education and training of pharmacists 2021 standards (IETP 2021). The CRA focuses on the following domains:

- Person-centred care and collaboration
- Professional practice

Pharmacist Independent Prescribing

Learning outcome 37: 'Prescribe effectively within the relevant systems and frameworks for medicines use' describes the act of prescribing and cannot be assessed in the CRA. This learning outcome will be overseen by the SEB delivering the FTY for eligible trainee pharmacists whose Master of Pharmacy (MPharm) is accredited to the IETP 2021 standards.

There will continue to be trainee pharmacists sitting the assessment, who have completed education and training programmes accredited to a previous iteration of GPhC education and training standards (interim learning outcomes), or Overseas Pharmacists Assessment Programmes (OSPAP) that will not have featured independent prescribing as part of the programme. These trainee pharmacists will be able to complete a GPhC accredited independent prescribing programme after registration to apply for pharmacist independent prescribing annotation.

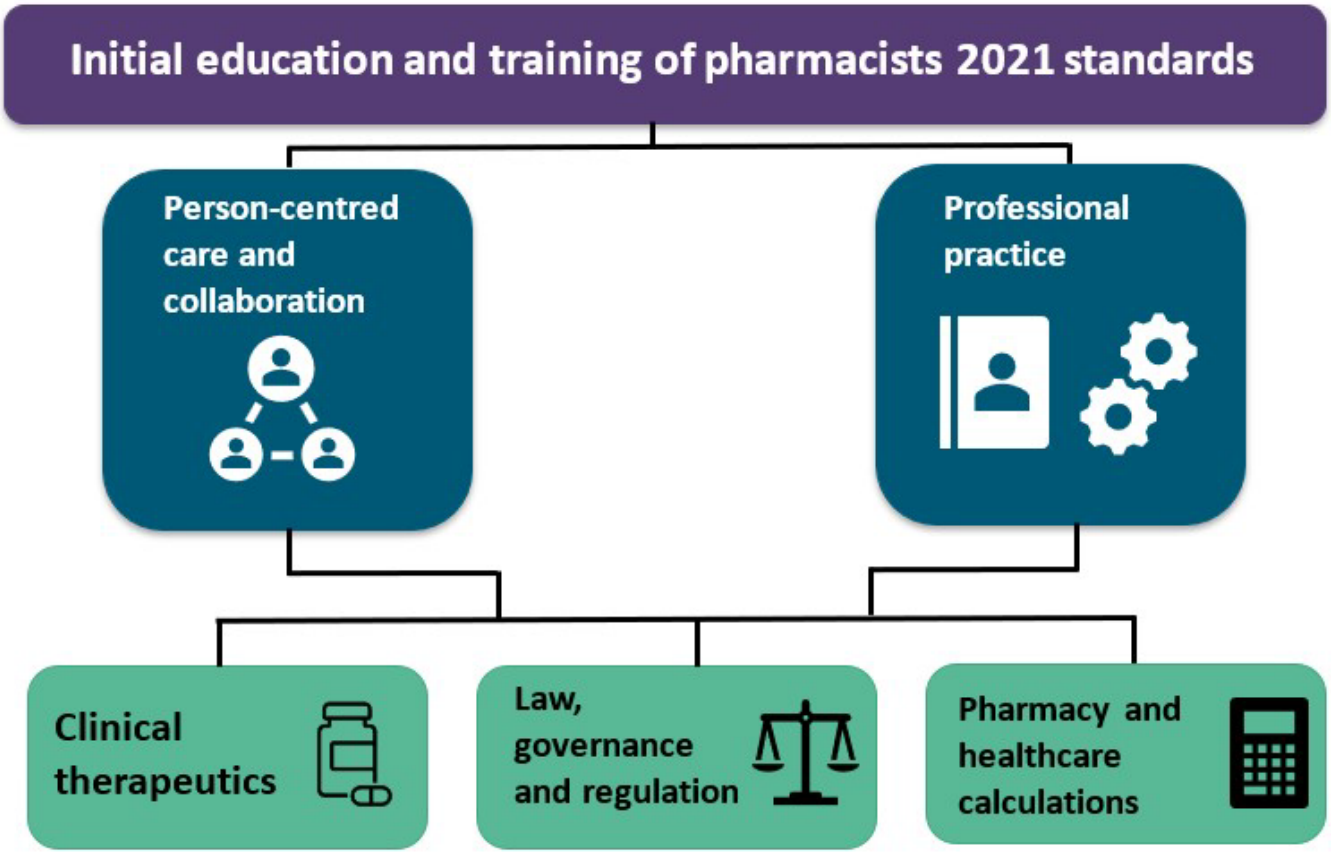
In 2026, irrespective of the route a trainee pharmacist takes prior to completing their FTY, the format and content of the CRA will remain the same for all trainee pharmacists.

Common Registration Assessment design

The CRA content

The CRA assesses trainee pharmacists against the two domains of person-centred care and collaboration, and professional practice utilising three core content areas: clinical therapeutics; law, governance and regulation; and pharmacy and healthcare calculations.

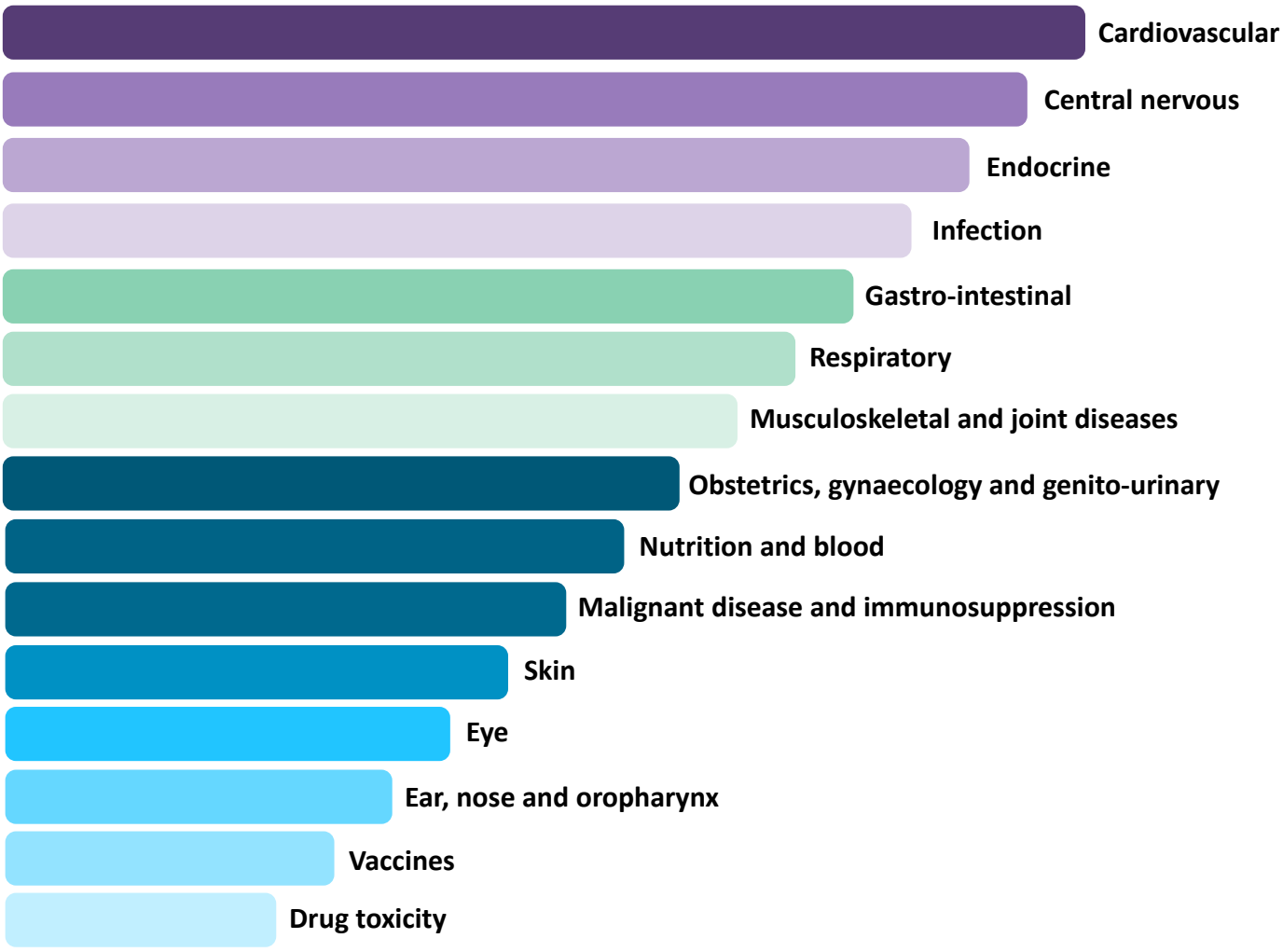
Figure 1: Overview of the CRA domains and content areas



All questions across Part 1 and Part 2 of the CRA require trainee pharmacists to apply underpinning pharmacy knowledge and the supporting evidence base. Each question assesses a different element of a trainee pharmacist's competence in delivering safe, effective and professional pharmacy care within UK practice, ensuring readiness for practice at the point of registration.

Clinical therapeutic areas

The CRA will assess application of knowledge across fifteen core clinical therapeutic areas, aligned with the British National Formulary (BNF) and British National Formulary for Children (BNFC). These clinical therapeutic areas are ordered based on their prevalence in the assessment and aligned to disease and prescribing prevalence in practice, ranging from the most frequently assessed such as cardiovascular conditions, to the least, such as drug toxicity.



Most of the questions in Part 2 will be application of clinical knowledge to authentic patient scenarios and the remainder will be on the application of law, governance and regulation in healthcare settings.

There is no fixed minimum or maximum number of questions assigned to each clinical therapeutic area within the CRA. Instead, the content is reflective of current disease prevalence in the UK population, prescribing trends across the four nations, and key high-risk areas related to patient safety in pharmacy practice.

All assessment content is underpinned by legislation, regulatory standards and the supporting evidence base.

Content mapped to these clinical therapeutic areas will be assessed through a range of scenarios across all sectors and supplies of medication.

High-risk drug classes

Each assessment may include questions in either Part 1 or Part 2 that address the following high-risk drug classes, due to the elevated risk of medication errors or potential for significant patient harm associated with these medicines.

In the UK, high-risk medicines are those that carry a heightened risk of causing serious harm or death if used incorrectly.

Table 2: High-risk drug classes

High-risk drug classes
Anti-infectives (antibiotics, antivirals and antifungals)
Anti-thrombotics (antiplatelets and anticoagulants)
Chemotherapy
Conventional disease-modifying (synthetic) antirheumatic drugs
Corticosteroids
Hypnotics and anxiolytics
Immunosuppressants
Insulins
Narrow therapeutic index and/or medicines requiring therapeutic drug monitoring
Opioids
Teratogenic medicines
Time critical medicines

Drug and safety alerts

The Medicines and Healthcare products Regulatory Agency (MHRA) drug alerts are official notifications issued in the UK to inform healthcare professionals and the public about defects, safety concerns, or quality issues related to medicines and medical devices.

Trainee pharmacists are expected to be up to date with MHRA and the Commission on Human Medicines (CHM) alerts and advice regarding important safety information to prevent public harm and improve patient safety relating to safe and effective medicines use.

Law, governance and regulation

Questions in both Part 1 and Part 2 of the CRA will require underpinning knowledge and its application in relation to law, governance, and regulation. These topics may be embedded within pharmacy and healthcare calculations or clinical therapeutic areas. Some questions will specifically assess the ability to apply these principles demonstrating safe and effective decision-making in line with UK pharmacy legislation, professional standards, and regulatory frameworks. Questions will require trainee pharmacists to interpret and respond to scenarios involving medicines supply, patient safety, and ethical person-centred practice.

Assessment structure

CRA format and structure

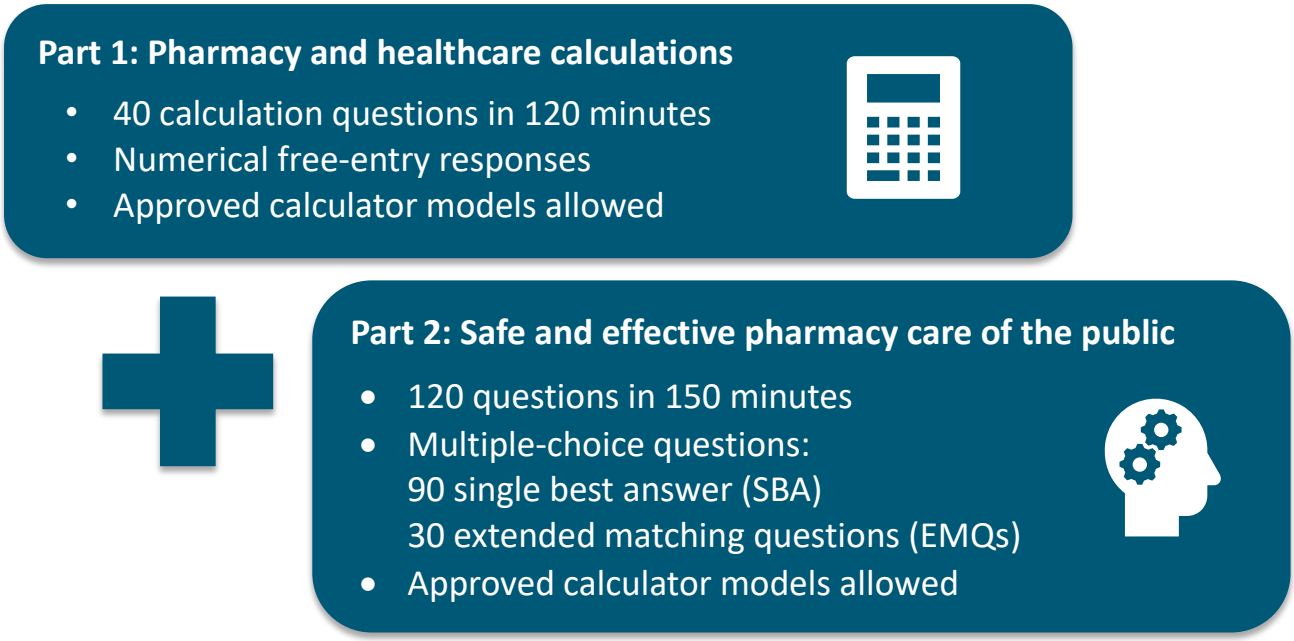
The CRA is a two-part, computer-based assessment comprising:

- **Part 1**: pharmacy and healthcare calculations
- **Part 2**: safe and effective pharmacy care of the public

The CRA is delivered at test centre locations across the UK using an assessment delivery partner (Surpass Assessment). The Surpass platform adheres to the highest level of accessibility standards and allows the delivery of the assessment in a secure locked-down environment. This ensures a fair and comparable test experience for all trainee pharmacists.

The CRA requires trainee pharmacists to understand a broad range of topic areas in detail. The CRA prioritises the assessment of a trainee pharmacist's ability to apply pharmacy knowledge and skills to relevant scenarios over factual recall.

The CRA is constructed to reflect the different sectors of pharmacy practice, and the diverse patient and public populations across the UK.



The pass requirement is achieving the pass mark or greater in Part 1 and achieving the pass mark or greater in Part 2 in the same sitting. Compensation between Part 1 and Part 2 is not permitted. Trainee pharmacists who pass the assessment do so on merit at the required standard to safely enter the register.

For further information on the assessment structure refer to the CRA specification for sittings in 2026 on the CRA webpage on the GPhC website.

Resources

Resources will be provided through the Surpass test platform PDF viewer in selected questions across the assessment. Resources are provided when trainee pharmacists are required to interpret and apply information relating to a clinical or legislative scenario. Trainee pharmacists should have a working knowledge of common guidelines, these will not be provided. Trainee pharmacists should be familiar with the structure of resources that are used frequently in practice so that they are able to find information easily and apply the required information efficiently.

Table 3: Resources that may be included in an assessment

Examples of resources (this is not a complete list)
Controlled drug or prescription-only medicine register
Dispensing label
Extracts from the British National Formulary (BNF) and British National Formulary for Children (BNFC)
Medication Administration Record (MAR) chart
National or local guideline
Prescription
Summary of Product Characteristics (SmPC)
Treatment algorithm

Patient populations and presentations

To assess the ability of trainee pharmacists to interpret information and manage clinical and legislative scenarios, questions may include clinical or person-centred language, physiological parameters, examination findings, investigation results or images. Normal reference ranges for laboratory results will be provided. Normal ranges for common physiological parameters will not be provided, trainee pharmacists should have a working knowledge of these.

A diverse range of patient presentations will feature throughout the CRA to assess trainee pharmacists in areas of high public health importance, known health inequalities, common clinical conditions, and scenarios requiring pharmacy care.

Table 4: Patient populations and presentations that may be included in an assessment

Examples of patient populations and presentations (this is not a complete list)
Breastfeeding
Care of the older person
Palliative and end of life care
Living with renal or hepatic impairment
Multiple comorbidities
Paediatrics
Pregnancy

Part 1: Pharmacy and healthcare calculations

Part 1 is a numerical free-entry response assessment of pharmacy and healthcare calculations:

- **Number of questions:** Part 1 consists of 40 calculation questions
- **Duration:** Trainee pharmacists have 2 hours (120 minutes) to complete Part 1, allowing approximately 3 minutes per question
- **Response format:** All answers must be entered as numerical free-entry responses
- **Marking:** Each correct answer is worth 1 mark. There are no penalties for incorrect answers or unanswered questions
- **Calculator use:** Trainee pharmacists may use an approved calculator during the assessment. Refer to the permitted item list on CRA webpage. Additionally, a basic on-screen calculator will be available in the Surpass test platform

Each Part 1 assessment will include at least one of each of the following calculations in Table 5.

Table 5: Part 1 calculations

Calculations
Concentrations
Dilutions
Displacement volumes
Dose and dosage regimens
Infusion rates
Medical statistics
Pharmacoeconomics
Pharmacokinetics
Quantities to supply

All calculation questions in Part 1 reflect scenarios that could be encountered when practising as a pharmacist. Trainee pharmacists are expected to apply their underpinning pharmacy knowledge and understanding of common pharmacy principles to ensure answers are practical and realistic.

All calculation questions will be multi-step and may require one or more of the following underpinning pharmacy calculation skills:

- rounding at appropriate stages
- using pharmacy or healthcare formulae
- using a resource to identify, extract and interpret information
- unit conversions

Trainee pharmacists are expected to know simple formulae used in everyday practice (e.g., body mass index) these will not be provided. More complex formulae will be provided.

Part 2: Safe and effective pharmacy care of the public

Part 2 is a multiple-choice assessment on the safe and effective pharmacy care of the public:

- **Number and question format**: 120 multiple-choice questions, divided into two types:
  - 90 Single Best Answer (SBA) questions – each question presents five possible answers, with only one best option
  - 30 Extended Matching Questions (EMQs) – each question includes a theme, a scenario and a list of eight options with only one most appropriate answer option
- **Duration**: Trainee pharmacists have 2.5 hours (150 minutes), with approximate time guidance as follows:
  - 1 minute per SBA question
  - 2 minutes per EMQ
- **Marking:** Each correct answer is awarded 1 mark. There are no penalties for incorrect answers or unanswered questions
- **Calculator Use**: Trainee pharmacists may use an approved calculator during the assessment. Refer to the permitted item list on CRA webpage. Additionally, a basic on-screen calculator will be available in the Surpass test platform for questions requiring calculation

Single best answer (SBA) questions

Single best answer questions are well established and are used extensively in 'high stakes' assessments to assess higher order thinking skills.

This type of multiple-choice question comprises a stem (e.g., scenario including a clinical case presentation) to provide context and a focused lead in question, followed by five answer options. There is one **best** answer and four plausible alternatives. The four alternatives are closely related to the preferred option but less correct. Example lead in questions for SBA questions:

The following are examples only and do not represent an exhaustive list.

Which is the most likely diagnosis?
Which is the most appropriate management?
Which is the most appropriate first-line antihypertensive drug treatment for this patient?
Which is the most appropriate advice to communicate to the GP?

Extended matching questions (EMQ)

This type of multiple-choice question comprises four parts: a theme, a stem, an instruction, and a list of options. Questions are grouped in sets of two to three questions. The theme is the topic covered by the options. The same eight answer options are provided for each question in a set. There is one most appropriate answer and seven alternatives. Example instructions for EMQs:

The following are examples only and do not represent an exhaustive list.

Select the most appropriate management.
Select the most appropriate counselling point.

Quality assurance of the CRA

Board of Assessors

To ensure consistency and integrity, all assessments are developed and moderated by the Board of Assessors, an independent body appointed by the GPhC and the Pharmaceutical Society NI.

The board's core role is to protect patients and the public by maintaining the CRA at the appropriate standard for safe and effective pharmacy practice at the point of registration. It oversees all aspects of the assessment, including content, structure, pass marks and outcomes. The board comprises a pharmacist chair, registrant pharmacist members, and non-registrant assessment experts.

Question writing

All CRA questions are written by a diverse group of practising pharmacists from across the UK, representing different healthcare settings. These writers are familiar with the IETP 2021 standards, and the knowledge and skills expected of pharmacists at the point of registration. They regularly engage with trainee pharmacists and include both early-career and experienced pharmacists.

Question writers are trained to create high-quality, authentic questions that follow a consistent style and format, aligned with best practices in assessment design. Questions focus on applying knowledge to realistic patient scenarios, assessing higher-order thinking. To ensure fairness, questions avoid content that varies by country or region, only topics relevant across all four UK nations are included. All questions undergo peer review and rigorous quality assurance. Further details on question style and format are available in the CRA style guide on the GPhC website.

Standard setting

The GPhC works with a broad network of standard setters who are practising pharmacists from across the UK nations and healthcare settings and who have current knowledge of foundation and newly registered pharmacist practice. They include both newly registered and experienced pharmacists, all with significant patient-facing roles and who are trained to make informed judgements.

The CRA is set at a level appropriate for registration. The GPhC uses recognised assessment methodologies and psychometrics to ensure reliability, validity and fairness. The passing standard is periodically set using a modified Angoff methodology with the addition of one Standard Error of Measurement (SEM) and maintained through Item Response Theory. Pass marks vary between sittings to reflect question difficulties, but the passing standard remains the same. Trainee pharmacists must meet the pass mark or greater in both Part 1 and Part 2 in the same sitting, compensation between parts is not permitted. The GPhC does not set target pass rates; those who pass do so on merit, having met the required standard for safe entry to the register.

Equality, diversity and inclusion

All assessments undergo an equality impact review to ensure content reflects the diversity of the UK population, uses appropriate terminology, and avoids ambiguity or bias in language. The GPhC has independent equality advisors to support and inform CRA processes. As part of quality assurance, the reading burden of questions is also monitored to ensure accessibility and fairness within the timings of both parts.

Appendix A: abbreviations and acronyms

The abbreviations and acronyms listed may be used in the CRA without expansion and are available to refer to in the assessment through the Surpass test platform.

Table 6: Abbreviations and acronyms

Abbreviation or acronym	Meaning
% v/v	percentage volume per volume
% w/v	percentage weight per volume
% w/w	percentage weight per weight
A&E	Accident and Emergency
ABPM	ambulatory blood pressure monitoring (mmHg)
ACE	angiotensin-converting enzyme
ACS	acute coronary syndrome
ADHD	attention deficit hyperactivity disorder
ADR	adverse drug reaction
AF	atrial fibrillation
AIR therapy	anti-inflammatory reliever therapy
AKI	acute kidney injury
aPTT	activated partial thromboplastin time
BCG (vaccine)	Bacillus Calmette-Guérin
BD	twice daily
BMI	body mass index
BNF	British National Formulary
BNFC	British National Formulary for Children
BP	blood pressure (mmHg)
bpm	beats per minute
BSA	body surface area
CDs	controlled drugs
CHA_2DS_2-VASc score	calculates stroke risk for patients with atrial fibrillation Congestive heart failure, hypertension, age ≥75 years (2 points), diabetes mellitus, prior stroke or TIA or thromboembolism (2 points), vascular disease, age 65–74 years, sex category (female)
CKD	chronic kidney disease

Abbreviation or acronym	Meaning
COPD	chronic obstructive pulmonary disease
CPR	cardiopulmonary resuscitation
CrCl	estimated creatinine clearance
CRP	serum C-reactive protein
CT (scan)	computed tomography
CVD	cardiovascular disease
DAPT	dual antiplatelet therapy
DEXA (scan)	dual-energy X-ray absorptiometry
DMARD	disease-modifying anti-rheumatic drug
DOAC	direct-acting oral anticoagulant
DVLA/DVA	Driver and Vehicle Licensing Agency/Driver and Vehicle Agency Northern Ireland
DVT	deep vein thrombosis
e/c	enteric-coated
ECG	electrocardiogram
ECHO	echocardiogram
ED	emergency department
EEA	European Economic Area
EEG	electroencephalogram
eGFR	estimated glomerular filtration rate
ENT	ear, nose, and throat
ESR	erythrocyte sedimentation rate
FBC	full blood count
FEV_1	forced expiratory volume in 1 second
FH	family history
FVC	forced vital capacity
g	gram
g/kg	grams per kilogram
g/L	grams per litre
GLP-1	glucagon-like peptide-1

Abbreviation or acronym	Meaning
GOLD	Global Initiative for Chronic Obstructive Lung Disease
GORD	gastro-oesophageal reflux disease
GP	general practitioner
GSL	general sales list
GTN	glyceryl trinitrate
Hb	haemoglobin
HbA1c	haemoglobin A1c (glycosylated haemoglobin)
HDL-cholesterol	high-density lipoprotein cholesterol
HFrEF	heart failure with reduced ejection fraction
HIV	human immunodeficiency virus
HPV	human papillomavirus
HR	heart rate (per minute)
HRT	hormone replacement therapy
IBS	irritable bowel syndrome
ICS	inhaled corticosteroid
IM	intramuscular
INH	inhaled
INR	international normalised ratio
IV	intravenous
kg	kilogram
kg/m^2	kilogram per metres squared
LABA	long-acting $beta_2$ agonist
LAMA	long-acting muscarinic antagonist
LDL-cholesterol	low-density lipoprotein cholesterol
LFTs	liver function tests
LMWH	low molecular weight heparin
m/r	modified-release
MAOI	monoamine-oxidase inhibitor
MART	maintenance and reliever therapy
max.	maximum
MCA	medicines compliance aid

Abbreviation or acronym	Meaning
MCV	mean cell volume
mg	milligram
mg/g	milligram per gram
mg/hour	milligram per hour
mg/kg	milligram per kilogram
mg/kg/day	milligram per kilogram per day
mg/L	milligram per litre
mg/mL	milligram per millilitre
MHRA	Medicines and Healthcare products Regulatory Agency
mL	millilitre
mL/hour	millilitre per hour
mL/kg/hour	millilitre per kilogram per hour
mL/minute	millilitre per minute
mmol	millimole
mmol/kg	millimole per kilogram
mmol/kg/day	millimole per kilogram per day
mmol/L	millimole per litre
MMR (vaccine)	measles, mumps and rubella
MRI (scan)	magnetic resonance imaging
MRSA	meticillin-resistant *Staphylococcus aureus*
NEB	nebulised
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NKDA	no known drug allergies
NNH	number needed to harm
NNT	number needed to treat
NSAID	non-steroidal anti-inflammatory drug
NSTEMI	non-ST-segment elevation myocardial infarction
OCD	obsessive-compulsive disorder
OD	every day

Abbreviation or acronym	Meaning
OM	every morning
ON	every night
ORBIT	tool to estimate the risk of major bleeding for patients on anticoagulation for AF
P medicine	pharmacy medicine
PE	pulmonary embolism
PEF	peak expiratory flow
PGD	patient group direction
PIL	patient information leaflet
PMH	past medical history
PMR	patient medication record
PO	orally
POM	prescription-only medicine
PR	rectal
PRN	when required
PV	vaginal
PVD	peripheral vascular disease
QDS	to be taken four times daily
RDA	recommended daily allowance
RR	respiratory rate (per minute)
SC	subcutaneous
SGLT2	sodium-glucose co-transporter 2
SH	social history
SIGN	Scottish Intercollegiate Guidelines Network
SL	sublingual
SmPC	Summary of Product Characteristics
SSRI	selective serotonin reuptake inhibitor
STAT	immediately
STEMI	ST-segment elevation myocardial infarction
TDS	to be taken three times daily
TFTs	thyroid function tests

Abbreviation or acronym	Meaning
TIA	transient ischaemic attack
TOP	topical
U&E	urea and electrolytes
UK	United Kingdom
UTI	urinary tract infection
VTE	venous thromboembolism
WCC	white cell count
WHO	World Health Organization

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