General Pharmaceutical Council

Pharmaceutical Society

Protecting Registering Regulating

# Feedback from the November 2025 Common Registration Assessment sitting

## About this document

This feedback has been prepared by the Board of Assessors, based on trainee pharmacist performance in the November 2025 Common Registration Assessment. It highlights areas where trainee pharmacists performed less well across the assessment. Many of these areas have been identified as learning points in previous assessment feedback and these documents are available on the GPhC website. These insights should be used to guide preparation for future assessments.

## The Common Registration Assessment Framework

All assessment questions are derived from the framework, which outlines the learning outcomes and their weightings. Trainee pharmacists should use the framework as the foundation for their preparation. Many questions involve patients with comorbidities, and these are mapped across multiple sections of the framework. The November 2025 assessment mapped to the learning outcomes as follows:

- 67.8% of the questions mapped to high weighted outcomes
- 27.3% of the questions mapped to medium weighted outcomes
- 4.9% of the questions mapped to low weighted outcomes

## Example questions

The example questions on the GPhC website serve three purposes: they show the range and depth of topics that may be assessed, demonstrate the style, format and level of challenge of questions, and allow trainees to practise and become familiar with the Surpass platform used to deliver the assessment. The Board does not endorse external revision materials, as these may differ in content and style from the actual assessment content. The best preparation comes from the experience gained during the foundation training year.

## Misconduct

Trainee pharmacists should read and comply with the ***Common Registration Assessment Regulations***.

## Part 1

The Part 1 passing score is **25** marks out of a possible 40. In total, **72%** of trainee pharmacists achieved this.

Part 1 questions reflect scenarios that are encountered in pharmacist practise and require trainee pharmacists to apply underpinning pharmacy knowledge and the supporting evidence base.

The following highlights low performing themes and outlines expectations:

- Trainee pharmacists should read each question carefully to understand the scenario and what is being asked. They are required to extract and apply all relevant information. Answers should be given in the units specified. Checking answers are practical and rational will help identify incorrect answers. For example, adding 100mL of diluent to a 10mL vial is not feasible.

- Trainee pharmacists should consider the dose, frequency, formulation and duration of treatment when calculating quantities to supply. A variety of dose expressions are used in the assessment. For example, the dose can be expressed in terms of a definite frequency (e.g., 500mg every 8 hours, 2.5mg/kg twice daily) or in total daily dose format (e.g., 150mg/kg/day in 3 divided doses).

- Trainee pharmacists are expected to round at the appropriate stage in each pharmacy calculation. In some scenarios, the rounding should occur at the end, but in other scenarios rounding should occur earlier in the calculation. For example, when calculating the total supply of a medicine, rounding should occur for an individual dose before calculating a final amount.

- Trainee pharmacists are expected to apply their underpinning knowledge to recognise when it is more appropriate to round up or round down. For oral liquid preparations supplied with an oral syringe, trainee pharmacists should consider the available graduation marks on the syringe provided.

- When necessary, instructions are provided in the question about rounding for the final inputted answer, for example, give your answer to one decimal place and give your answer to the nearest mL.

- Trainee pharmacists should consider the dosage form and pharmaceutical principles when calculating doses and quantities to supply. For example, a patient cannot take part of a capsule, and ampoules are single use only.

- Trainee pharmacists should consider all the relevant information in the scenario when calculating IV infusion rates. For example, the infusion time, concentration, and rate.

## Part 2

The Part 2 passing score is **77** marks out of a possible 120. In total, **73%** of trainee pharmacists achieved this. The following highlights low performing themes and outlines expectations:

- Trainee pharmacists are expected to understand that interactions can develop through pharmacodynamic or pharmacokinetic mechanisms. They should know the medicines that induce or inhibit hepatic enzyme activity and the consequence of the enzyme induction or inhibition when starting or stopping treatment. Trainee pharmacists should be able to identify clinically significant drug interactions, understand the consequence of the interaction and take action to protect patients from avoidable harm.

- Trainee pharmacists are expected to be knowledgeable on palliative and end of life care. For example, they should understand which medicines may be required to manage common symptoms in the last days of life.

- Trainee pharmacists are expected to apply their underpinning knowledge of pharmacy legislation and best professional practice to ensure medicines are supplied safely, efficiently and within legal requirements. They are expected to analyse prescriptions for validity and clarity.

- Trainee pharmacists are expected to advise on the management of common minor ailments that may present in the pharmacy. They should be able to provide general advice and evidence-based treatment if appropriate. In some scenarios, treatment may not be required, and the condition is self-limiting. They are expected to identify red flag symptoms that require urgent investigation and onward referral.

- Trainee pharmacists are expected to be up to date with evidence-based medicine and its application to patients. For example, they should be able to interpret the number needed to treat.

- Trainee pharmacists are expected to understand how to treat cardiovascular conditions. For example, atrial fibrillation, hypertension and stable angina. They should consider the patient's comorbidities and concomitant medication when advising on treatment ensuring there are no contraindications or clinically significant interactions.

- Trainee pharmacists are expected to understand how to treat common respiratory conditions (e.g., asthma and COPD). They should know the different classes of inhaled therapies and pharmacological management. In relation to asthma, they should know how to treat acute and chronic asthma, including starting treatment and adjusting treatment.

- Trainee pharmacists are expected to be able to interpret physiological and investigation results and know what actions to take when results are out of normal range. They are expected to know when it is appropriate to optimise drug treatment, including lifestyle measures. For example, optimising treatment if a patient's blood pressure is uncontrolled.

- Trainee pharmacists are expected to be knowledgeable on public health priorities including antimicrobial stewardship, cancer screening, smoking cessation and vaccination.

- Trainee pharmacists are expected to provide appropriate advice and guidance on the safe and effective use of medicines. They are expected to be up to date with MHRA/CHM advice and important safety information to prevent harm and improve patient safety.

- Trainee pharmacists are expected to provide person-centred care to patients with reproductive healthcare needs. They are expected to advise on the suitability of different methods of contraception and be able to manage common drug interactions.

- Trainee pharmacists are expected to understand the available options for patients presenting with menopausal symptoms. They are expected to understand the different types of hormone replacement therapy (HRT), routes of administration and regimens. They should consider the patient's comorbidities and concomitant medication when advising on treatment ensuring there are no contraindications or clinically significant interactions.