General Pharmaceutical Council

Common Registration Assessment: Question Writing Manual



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Introduction

1.1 Common Registration Assessment

The General Pharmaceutical Council (GPhC) and the Pharmaceutical Society of Northern Ireland 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 purpose of the CRA 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



1.2 Purpose of this manual

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 **standards for the initial education and training of pharmacists** 2021 (IETP 2021), and the knowledge and skills expected of pharmacists at the point of registration.

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.

This manual is primarily a resource for question writers to ensure quality and consistency in questions developed for inclusion in the CRA. It may also be of value to other audiences, including Statutory Education Bodies (SEBs), undergraduate and postgraduate education providers, training providers, and designated and educational supervisors who support trainee pharmacist learning and development.

The following should be read alongside this manual (both available on the **CRA webpage** on the GPhC website):

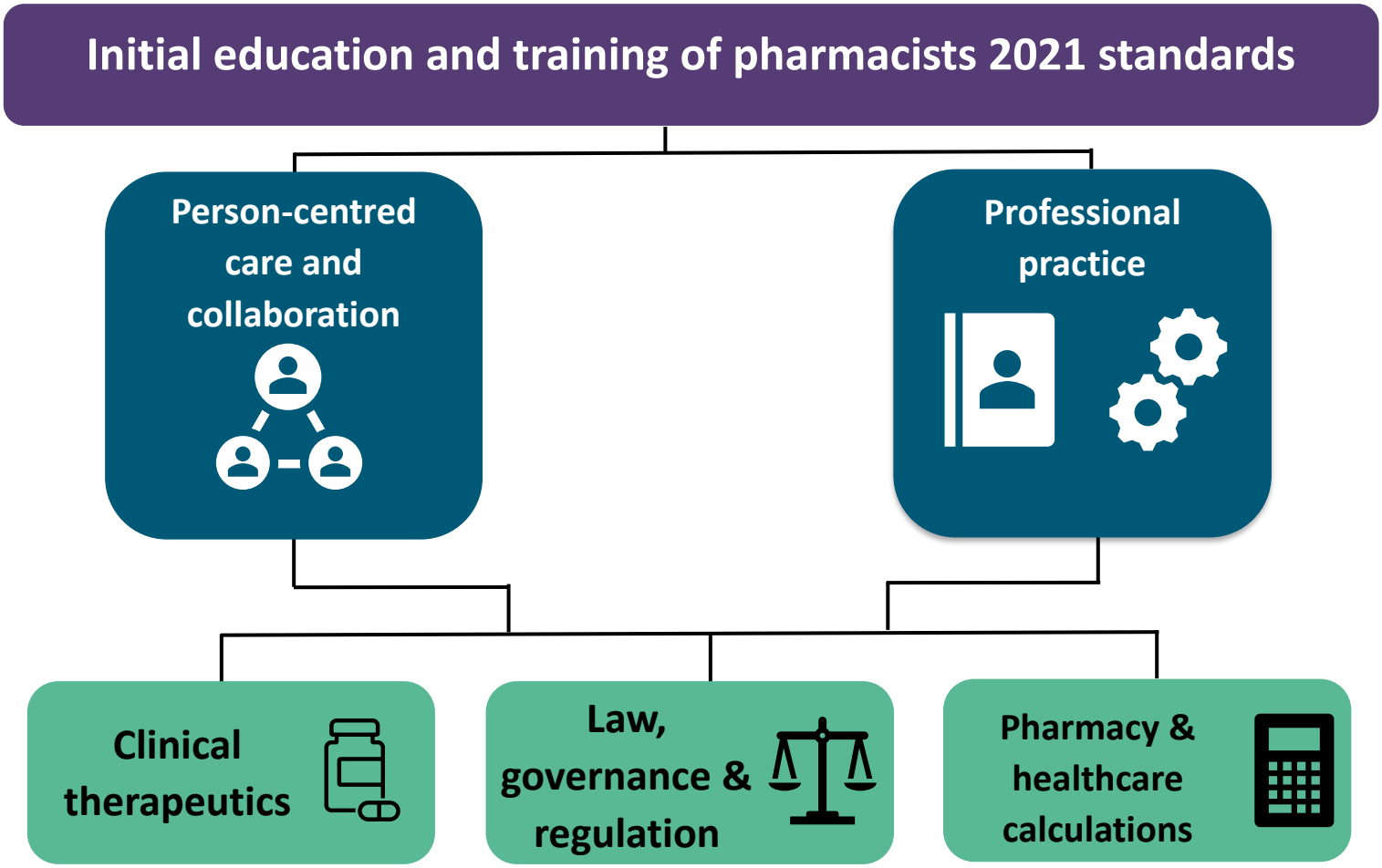
- CRA framework
- CRA example questions

Question writing

2.1 General

The CRA samples the learning outcomes set out in the IETP 2021 standards. 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



2.2 Scope of testing

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

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.

Assessment structure

3.1 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

3.2 Part 1: Pharmacy and healthcare calculations

Part 1 is a numerical free-entry response assessment of pharmacy and healthcare calculations. Trainee pharmacists may use an approved physical or on-screen calculator. Part 1 consists of 40 calculation questions, with an average of approximately 3 minutes to answer each question.

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

Table 1: Part 1 calculations

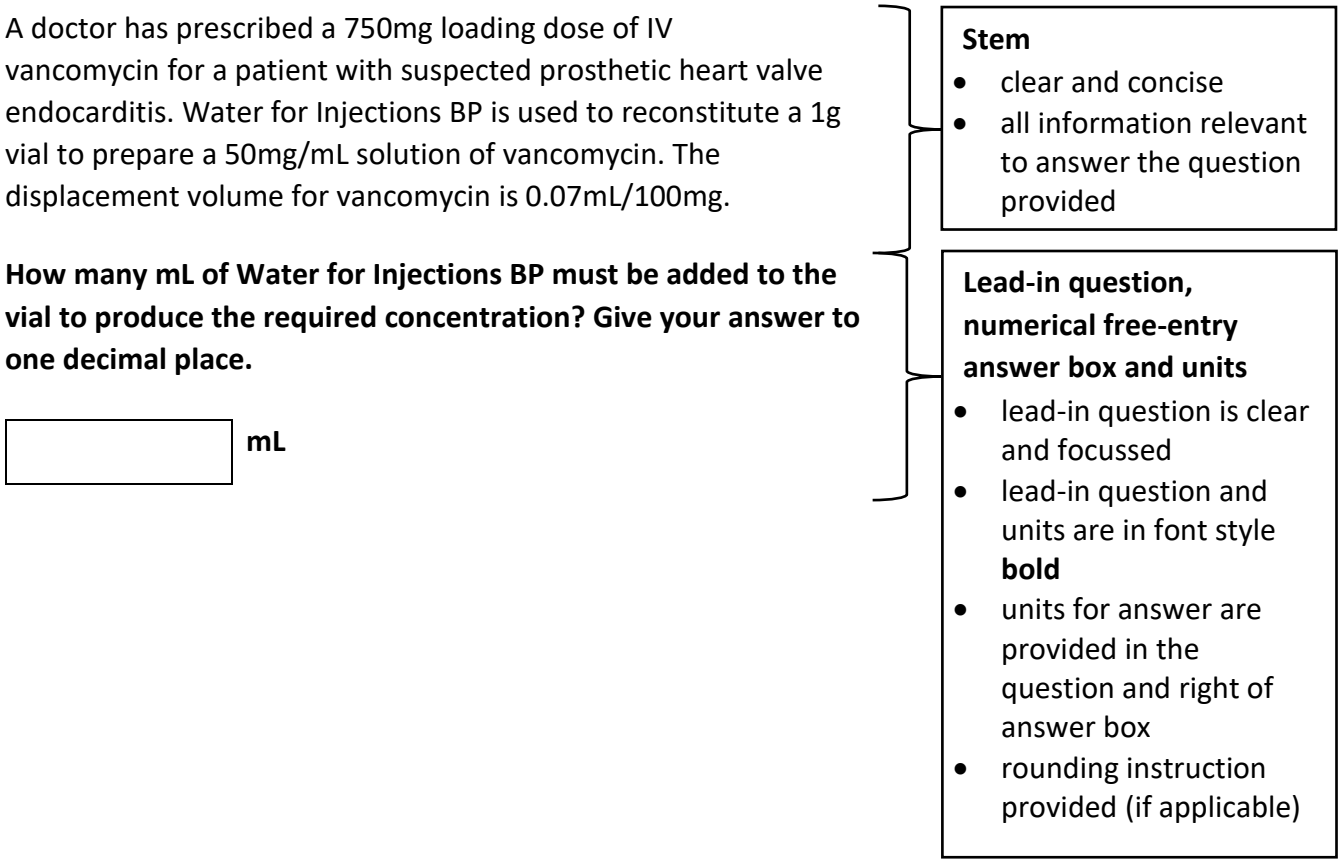
Calculations
Concentrations
Dilutions
Displacement volumes
Dose and dosage regimens
Infusion rates
Medical statistics
Pharmacoeconomics
Pharmacokinetics
Quantities to supply

All calculation questions in Part 1 reflect scenarios that could be encountered when practising as a pharmacist and trainee pharmacists are expected to apply underpinning pharmacy knowledge.

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

Figure 2: Example Part 1 pharmacy and healthcare calculation question



All pharmacy and healthcare calculations will reflect contemporary practice. High-quality questions are often developed by question writers drawing on their own professional practice, particularly calculations they have performed in practice. Topics related to patient safety concerns are often suitable topics.

If a plausible answer can be easily guessed, such as the number of inhalers required for a 4-week supply, the question may not differentiate between trainee pharmacists. When developing take care to ensure the correct answer cannot be easily inferred without proper calculation or reasoning.

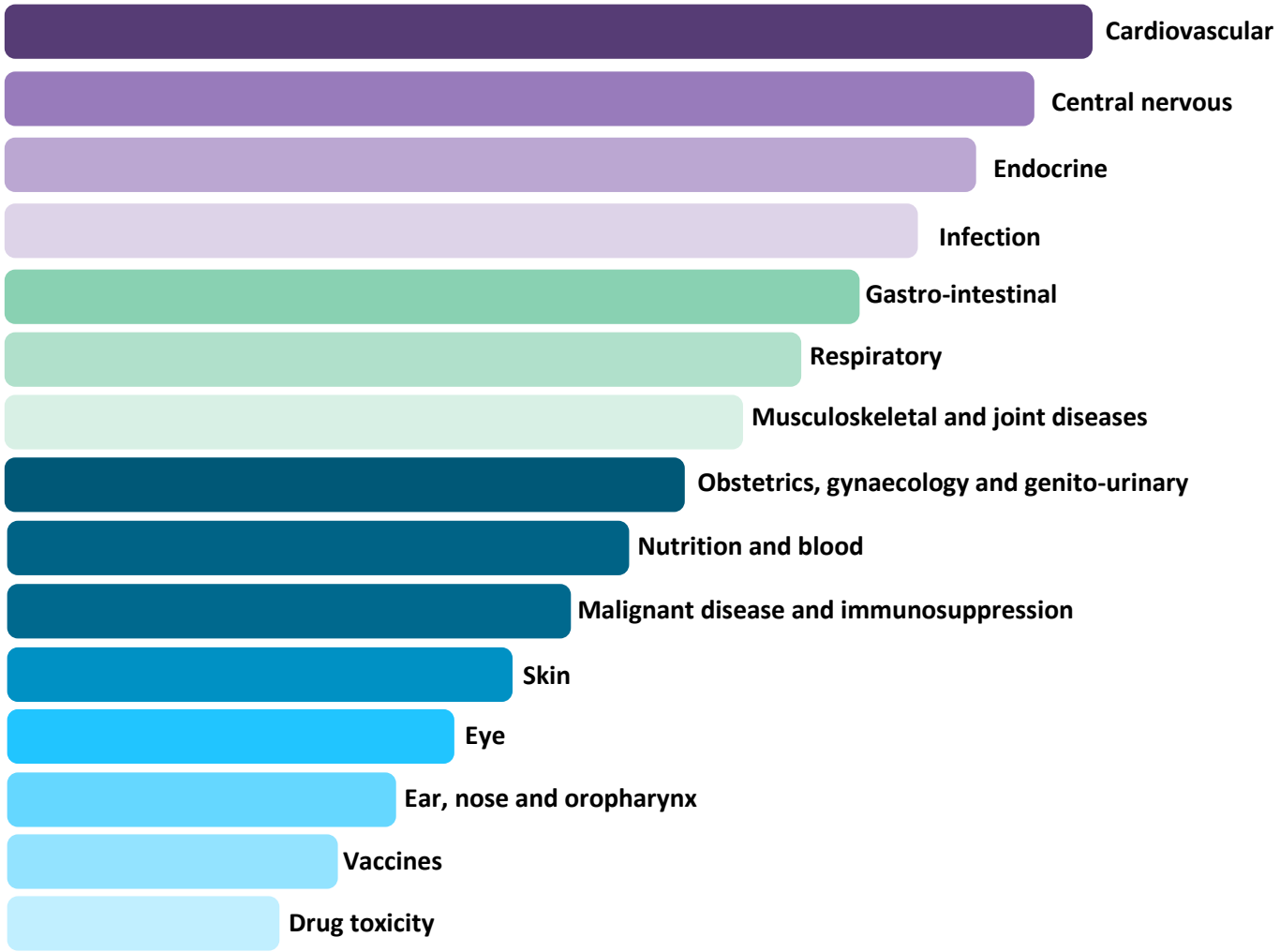
3.3 Part 2: Safe and effective pharmacy care of the public

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
- **Calculator Use**: Trainee pharmacists may use an approved physical or on-screen calculator

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).

Figure 3: Clinical therapeutic areas



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.

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.

3.4 Images

Selected questions across the assessment may contain images (e.g., clinical photographs). Images can be used to convey information, as an alternative to describing the examination findings in words. For example, a photograph of a common skin condition. Trainee pharmacists are expected to be able to identify and manage common skin conditions across diverse skin tones. All images must be of a suitable quality. Usage rights must be checked to ensure permission has been granted for educational use.

3.5 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.

Table 2: Examples of resources that may be included in an assessment

Examples of resources (this is not a complete list)
Extracts from the British National Formulary (BNF) and British National Formulary for Children (BNFC)
Medication Administration Record (MAR) chart
National or local guideline
Summary of Product Characteristics (SmPC)

3.6 Physiological parameters and laboratory investigations

Questions may include physiological parameters, examination findings or investigation results. Normal reference ranges for laboratory results should be provided. Normal ranges for common physiological parameters do not need to be provided, trainee pharmacists should have a working knowledge of these.

3.7 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 (MCQ) 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. Within an individual assessment, some questions will take longer, and some will take less time to answer.

Any calculation questions in Part 2 will test the application and/or decision-making aspect of a calculation to an individual patient.

Figure 4: Example Part 2 Single Best Answer (SBA) question

A 45-year-old man of black African family origin has been diagnosed with hypertension. His ABPM daytime average is 160/100mmHg. He has NKDA and does not take any regular medication.

Investigations:

Test	Result	Reference Range
Sodium	140	133–146 mmol/L
Potassium	4.5	3.5–5.3 mmol/L
Creatinine	68	59–104 micromol/L
eGFR	>60	>60 mL/min/1.73m^2
HbA1c	38	20–41 mmol/mol

Which is the most appropriate first-line antihypertensive drug treatment for this patient?

A amlodipine
B bisoprolol fumarate
C candesartan cilexetil
D indapamide
E ramipril

Stem
- clear, concise and well-structured
- scenario as a vehicle to test application of knowledge
- contains all relevant information

Lead-in question
- clear and concise
- font style **bold**
- avoids negative structure (e.g., not, except)
- use of 'most appropriate' allows for other options to be feasible, but less appropriate
- passes the 'cover-the-options' rule

Options
- alphabetical or rational order
- concise
- homogeneous (e.g., all antihypertensive drugs)
- plausible
- avoid cueing the 'best' answer

Note the shape of a well-constructed SBA question. Typically, the stem is long in comparison to the options. The stem for a clinical therapeutics item should include:

- patient characteristics (e.g., A 42-year-old man; A 3-year-old girl; A 25-year-old patient)
- ethnicity, only if clinically relevant (e.g., choosing antihypertensive drug treatment for an adult of African-Caribbean family origin)
- setting of care, if applicable (e.g., community pharmacy, GP practice, emergency department)
- presenting condition or symptom(s)
- relevant medical, family and social history
- relevant medication history including drug allergy status
- relevant physiological parameters
- relevant investigation results

The lead-in question should use phrases such as 'most appropriate', 'most likely' to test a trainee pharmacist's ability to make a judgment. There can be more than one possible answer to an SBA or Extended Matching Question (EMQ) question, but there must only be one **best** answer.

Lead-ins should avoid negative phrasing (e.g., 'except', 'least', 'not'). The following are example lead-ins that should be avoided:

The following are examples only and do not represent an exhaustive list.
Which is the least likely diagnosis?
Which is the least appropriate management?
Which is the least appropriate advice to communicate to the GP?
Which of the following is NOT a side-effect of the new medication?

Negatively phrased lead-in questions can be easily misread, add irrelevant difficulty and do not represent everyday professional practice.

The following are example lead-in questions with a positive structure 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?

Items should pass the 'cover-the-options' rule. This means that the trainee pharmacist can predict the answer from reading the stem and lead-in question without reading the options. The answer and distractors should follow logically from the stem.

3.8 Extending Matching Questions (EMQs)

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 questions. The theme is the topic covered by the options. The same eight answer options are provided for each question in the set. There is one most appropriate answer and seven alternatives.

Figure 5: Example Part 2 Extended Matching Question (EMQ) 1 of 2

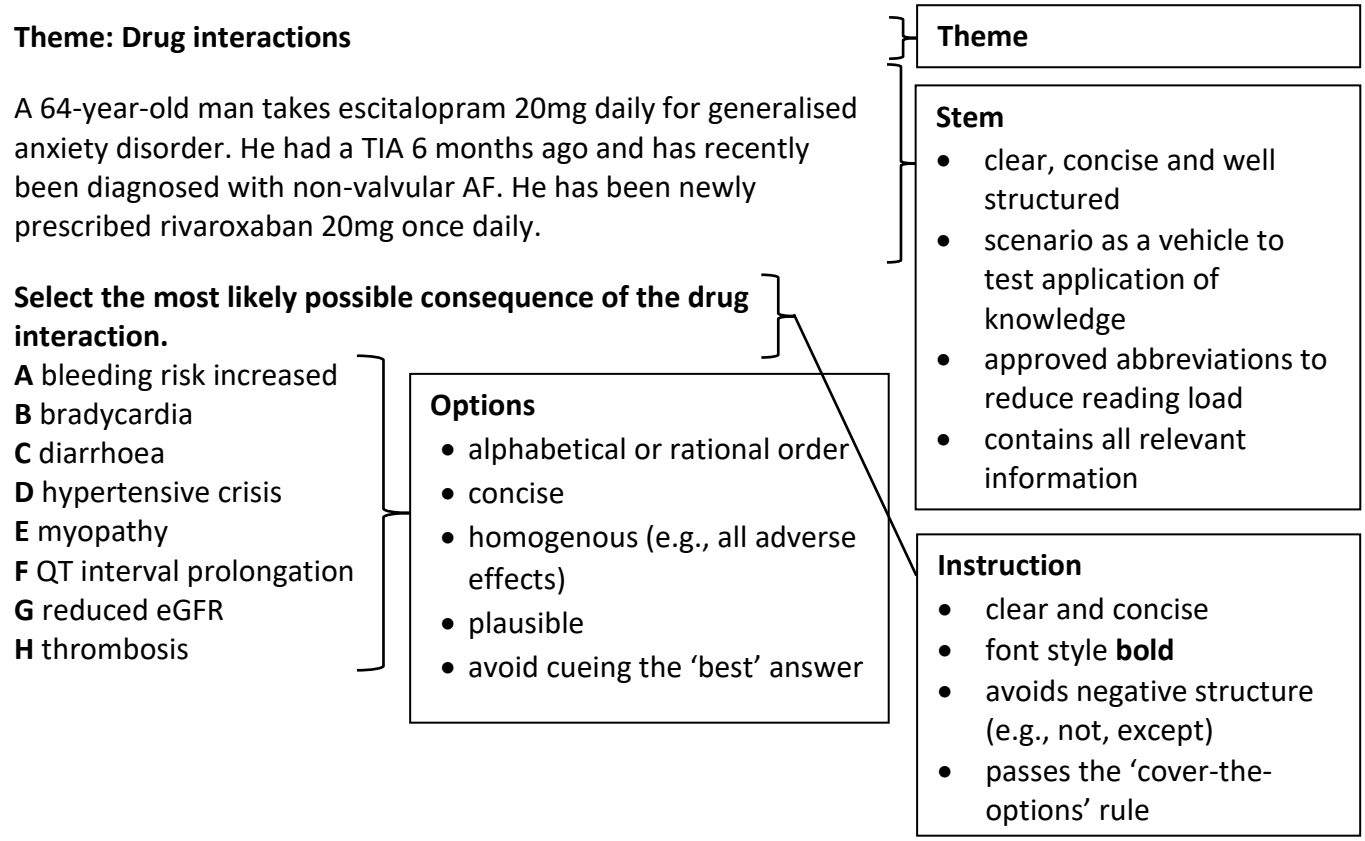


Figure 6: Example Part 2 Extended Matching Question (EMQ) 2 of 2

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.

Stem
- use correct language – in this example dependence, not addiction
- approved abbreviations to reduce reading load

Select the most likely possible consequence of the drug interaction from the list.
A bleeding risk increased
B bradycardia
C diarrhoea
D hypertensive crisis
E myopathy
F QT interval prolongation
G reduced eGFR
H thrombosis

Note the shape of a well-constructed EMQ. Typically, the options are short, and the stems are longer containing all the relevant patient or scenario details. Stems are usually several sentences in length and rich in clinical detail.

EMQ sets that involve using a resource such a BNF/BNFC monograph, an SmPC or a guideline are often effective.

Guidance on writing high-quality assessment questions

4.1 Question content and stem

- questions **must** be relevant to contemporary pharmacy practice. Do not test trivial knowledge.
- the assessment is taken by trainee pharmacists who have completed foundation training in England, Scotland, Wales, and Northern Ireland. To ensure fairness, avoid content that varies by country or region, only topics relevant across all four UK nations should be submitted.
- ideas that come directly from a topic encountered from question writers' own practice are often effective.
- questions should assess application of knowledge and should be based on a patient or other pharmacy practice scenario.
- include all the relevant information in the stem that would be needed in practice to answer the question. For example, if the question asks for the most appropriate antibiotic, then provide details of the patient's drug allergy status (e.g., NKDA, penicillin allergy (anaphylaxis)).

4.2 Lead-in question

- each lead-in must ask a specific question.
- it should be possible to cover the options and propose an acceptable answer based on the information in the stem. Avoid questions such as '**Which of the following is correct**?'. This is not an SBA question and does not pass the 'cover-the-options' rule.
- do not ask a negatively phrased question such as '**Which of the following is NOT …**?'.
- do not ask the trainee pharmacist their opinion or what they would do in a particular situation. For example, do not ask '**What would you do in this situation?**' instead the question could be phrased as '**Which is the most appropriate advice to communicate to the patient?**'.
- phrases such as '**most appropriate**' or '**most likely**' within the question can be used to test a trainee pharmacist's ability to make a judgment.

4.3 Options

- write the best answer first and then ensure the other options are of similar length.
- ensure the options are homogeneous (e.g., if the question asks for a value the wrong answers will be other values etc., also make sure that all options are written in a similar language and detail as the answer).
- avoid long and complex options.
- do not use 'all of the above' or 'none of the above'.
- avoid absolute terms e.g., 'always' and 'never'.
- avoid overlapping options (use 1–10, 11–20 instead of 1–10, 10–20).
- put options in numerical, alphabetical or rational order. When options are numerical try to use plausible wrong answers or space the values evenly, for example 5, 10, 15, 20, 25 or offer common slips in calculation steps as options.
- incorrect answers should be plausible and be based on common misconceptions can be effective.
- options should be grammatically correct and flow smoothly from the stem.
- avoid repeating the same words in all the options by moving the words to the stem.
- ensure the test-wise trainee pharmacist cannot deduce the answer. For example, if the options are for example number of insulin pens or number of inhalers.
- each question must have only one **best** answer. Outline the evidence base for your answer in the comments section when submitting the question. Plausible incorrect options can be challenging to develop and will impact on the difficulty level of a question. Be aware that if the correct answer is perceived to be the safest or 'least risky' then sometimes trainee pharmacists choose the correct answer for the wrong reasons.

Question review checklists

5.1 Part 1: Pharmacy and healthcare calculations

Review pharmacy and healthcare calculation questions against the following criteria before submission.

Table 3: Criteria for pharmacy and healthcare calculation questions

Criteria	☑ or ✗
The calculation is based on an important concept or testing point relevant to practice	
The calculation is multi-step and/or requires underpinning pharmacy knowledge	
The stem is clear, concise and well-structured	
The lead-in question is clear and concisely written	
The rounding instruction is provided (if applicable)	
The answer and units are provided and correct	
The answer rationale is clear, correct and evidenced	

5.2 Part 2: Safe and effective pharmacy care of the public

Review Part 2 MCQs against the following criteria before submission.

Table 4: Criteria for Part 2 MCQs

Criteria	☑ or ✗
The MCQ is based on an important concept or testing point relevant to practice	
The MCQ uses a scenario as the vehicle to test application of knowledge	
The MCQ use person-centred language and avoids ambiguity or bias in language	
The MCQ has all the relevant information specified in the stem	
The MCQ stem is clear, concise, well-structured and flows logically	
The MCQ lead-in question is clear and concisely written	
The MCQ passes the ‘cover-the-options’ rule	
The MCQ options are homogenous, plausible and avoid cueing the correct answer	
The MCQ has one best answer	
The MCQ is relevant across all four UK nations	
The MCQ answer rationale is clear, correct and evidenced	
The MCQ source material (e.g., resource) is uploaded and referenced (if applicable)	

CRA house style

6.1 Font, size and colour

- Tahoma font, size 18 is used for all standard text
- black font colour is used throughout the assessment
- prescriber's signature is presented using Bradley Hand ICT font
- resources or extracts will be presented in their original format and typeface

6.2 Use of bold

Bold typeface is used for:

- lead-in questions, for example:

  What is the infusion rate, in mL/hour, to administer the prescribed dose? Give your answer to one decimal place.

- linked questions, for example:

  Questions 25 and 26 relate to

- **titles** in tables

6.3 Use of underline font style

Underline is not used.

6.4 Use of italics font style

Apart from Latin names of organisms e.g., *Staphylococcus aureus*, italic font style is not used.

6.5 Use of block uppercase

Block uppercase may be used when representing a dispensing label, for example: Take 1 tablet TWICE a day.

6.6 Use of bullet points

Bullet points may be used to make a list within the stem clearer to read, such as a list of medication.

For example:

She has NKDA and takes the following medication:

- aspirin 75mg once daily
- atorvastatin 80mg 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 lowercase letter, unless proper nouns
- the list will make sense running from the introductory sentence
- the list may or may not be in alphabetical order
- commas, semi colons, ‘and’ or ‘or’ will not be used at the end of the sentence
- full stops will not be used

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.

6.7 Full stops and spacing

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

6.8 Alignment

Text is left aligned with a ragged right edge.

6.9 Tables

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

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

6.10 Dates and times

The date is presented in the UK format of ‘day, month, year’, for example: **10 October 2025**. Numbers in dates are not followed by th or st, for example: use **10 October 2025**, rather than 10th October 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.

6.11 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 999.

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 a day or clopidogrel 75mg one tablet once a day.

6.12 Units

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

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

In relation to prescription writing, ‘micrograms’ and ‘nanograms’ will not be abbreviated. Similarly, ‘units’ will not be abbreviated.

6.13 Patient characteristics

Patient age will be written as ‘An 18-year-old’, ‘A 30-year-old’, ‘A 3-month-old’, ‘A 4-day-old’.

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’.

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.

6.14 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 has type 2 diabetes’ not ‘A 56-year-old diabetic man’
- person living with HIV

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 clinic BP of 155/100mmHg’ and not ‘a man has a previous medical history of hypertension and on examination he has a clinic BP of 155/100mmHg.

6.15 Patients and their medication

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

- **She was taking ramipril**, not ‘she was on ramipril’
- **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. For example, twice daily, twice a day, once a week, once weekly.

6.16 Quotation marks

Double quotation marks used in questions indicate direct speech.

For example, the patient said, “it made me feel drunk”.

6.17 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.

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

Table 5: Formatting of virus names

Type of term	Formatting	Examples
Virus order, family, subfamily, or genus	Italics with first letter of the name capitalized	*Herpesvirales* (order) *Herpesviridae* (family) *Alphaherpesvirinae* (subfamily) *Simplexvirus* (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.	*Human alphaherpesvirus 1* *Mumps virus* *West Nile virus* *Influenza A virus* *Enterovirus A*
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

6.18 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'.

6.19 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, Recommended 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/BNFC. For example, levothyroxine sodium and ulipristal acetate.

6.20 Services and departments

General names of departments and professionals are not capitalised, for example: intensive care unit, outpatient clinic, microbiologist, pharmacist.

6.21 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.

6.22 Abbreviations and acronyms

Approved abbreviations and acronyms will be used throughout the assessment.

A full list of the accepted abbreviations and acronyms, which do not require definition, is provided in appendix A in the CRA framework.

6.23 Symbols

Symbols will be displayed appropriately in questions e.g., 37.5°C not 37.5^0C and 350×10^9/L not 350 x 10^9/L. Trademark signs (™) are not used.

6.24 Spellings

Oxford English Dictionary spellings are used.

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

Patient language may be used, for example, pins and needles.

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)	readminister
co-opt, co-optees	regimen (not regime, for a drug or treatment regimen)
dietitian pharmacy-patient interaction	side effect (but hyphenate when used as a compound adjective, as in ‘side-effect profile’)

6.25 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.