General Pharmaceutical Council

Pharmaceutical Society NI
Protecting Registering Regulating

Feedback from the November 2021 registration assessment sitting

About this document

This document contains feedback drawn from candidate performance in the November 2021 registration assessment. It is from the board of assessors, the body that sets and moderates the registration assessment.

The registration assessment framework

All questions in the registration assessment are derived from the assessment framework. The different outcomes have different weighting and candidates should use the framework as the basis for preparation. Many questions in the assessment concern patients who have co-morbidities, and these questions are mapped across multiple parts of the framework.

The application of underpinning knowledge is tested in both part 1 and part 2 of the assessment.

Part 1

All the questions in part 1 of the registration assessment reflect scenarios that could be encountered when practising as a pharmacist. When reviewing their answers, candidates should check that each answer is practical and realistic as this will help identify incorrect answers.

When calculating intravenous infusion rates, candidates should consider all of the relevant information that is provided in the question such as the duration of the infusion, the maximum concentration, and the maximum rate of infusion.

Candidates are expected to apply their underpinning knowledge and round at appropriate stages in a pharmacy calculation. In some questions, the rounding should occur at the end of the calculation, but in other questions rounding should occur earlier in the calculation. For example, when calculating the total amount of a medicine that should be supplied, rounding should occur for an individual dose before calculating a final amount.

When necessary, instructions are provided in the question about rounding for the final inputted answer. Examples of instructions include:

- round your answer up to the nearest pound
- give your answer to one decimal place
- give your answer to the nearest 0.05 mL
- give your answer to the nearest multiple of 5 mL
- round your answer up to the nearest 15 mg for ease of administration

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

Examples of part 1 questions are available via the GPhC website.

Part 2

The following list highlights topics answered less well and outlines expectations:

- Candidates should be able to differentiate between red flag symptoms and those that are most likely associated with illness that can be managed appropriately with advice from a pharmacist. For example, a child with symptoms that might indicate sepsis should be referred urgently whereas a pharmacist can offer advice on symptomatic relief for most children with chickenpox.

- Candidates should understand the differences between an adverse drug reaction and an allergy, particularly in relation to antibiotic prescribing and choosing the most appropriate antibiotic for a patient. The use of broad spectrum, non-penicillin antibiotics in people who could be optimally treated with a penicillin-based antibiotic may lead to antibiotic resistance and/or suboptimal therapy.

- Candidates should know the professional and legal issues relevant to controlled drugs such as, prescription requirements, safe storage, and destruction.

- Candidates should know that breastfeeding is an important public health issue and be able to advise on the use of medicines in breastfeeding and on the treatment of common conditions such as mastitis.

- Candidates should know about and understand the safety considerations associated with the use of valproate in women and girls of childbearing age and be able to advise those taking valproate on the most appropriate actions in different situations including unplanned pregnancy.

- Candidates should know about the safe use of methotrexate in autoimmune conditions (and less commonly some cancer therapy regimens) including once weekly dosing, monitoring requirements, important drug interactions, signs and symptoms that indicate clinical review is required, and the need for review and temporary cessation of therapy during concurrent active infection.

Examples of part 2 questions are available via the GPhC website.