

# Feedback from the June 2019 registration assessment

## **About this document**

This document contains feedback drawn from candidate performance in the General Pharmaceutical Council's (GPhC's) June 2019 registration assessment. It is from the Board of Assessors, the body that sets and moderates the registration assessment. It is aimed at pre-registration trainee pharmacists, pre-registration tutors and anyone involved in pharmacist education and training.

# 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 will concern patients who have co-morbidities and these questions are mapped across multiple parts of the framework.

Underpinning knowledge will be tested in both part 1 and part 2 of the assessment.

Up to 25% of questions in an assessment paper may involve the use of the resource pack.

#### Part 1

Candidates performed well in questions testing the ability to calculate doses and quantities to supply and in those involving calculation of infusion rates.

Candidates should apply underpinning knowledge when performing pharmaceutical calculations. Whilst normal mathematical rules about rounding apply to the registration assessment, candidates must consider for each question where any rounding should occur in a pharmacy practice context. 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.

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

In some questions, specific rounding instructions are provided. For example, a dose may be rounded to the nearest mL for ease of administration or specific instruction may be given to round up or round

down. If the correct answer should be given to one or two decimal places, instructions will be provided in the question. Candidates should read each question carefully.

Candidates should check that each answer is realistic. Examples of answers that are unrealistic from the June 2019 sitting include:

- A dose of Uniphyllin Continus (theophylline) of 4800 mg twice a day
- A daily sodium intake of 6932 mmol sodium for a 10-year-old child
- A 645-day course of treatment for oropharyngeal candidiasis
- 85 insulin pens required by a patient for a 4-week holiday

## Part 2

Candidates performed well in some questions involving high risk medicines such as anticoagulants. They also demonstrated good knowledge on the safe supply of valproate.

In questions involving providing advice to patients, some candidates chose the incorrect option to refer to another healthcare professional such as a prescriber when advice and/or treatment could appropriately be provided by the pharmacist. In other words, some candidates chose the risk averse option of referring onwards when this was not necessary.

Candidates are expected to be aware of the conditions of supply of pharmacy medicines including those that have been recently deregulated.

Candidates are expected to understand the rationale behind common deprescribing initiatives.

Candidates are expected to 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.