

# Feedback from the March 2021 registration assessment sittings

## About this document

This document contains feedback drawn from candidate performance in the General Pharmaceutical Council's (GPhC's) March 2021 registration assessments. It is from the board of assessors, the body that sets and moderates the registration assessment. It is aimed at pre-registration trainee pharmacists, provisional registrants, 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 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

The majority of candidates performed well in part 1 of the assessment.

Each of the following calculation types was tested at least once in the March sittings:

- doses and dose regimens
- dosage and unit conversions
- estimations of kidney function
- displacement volumes and values
- concentrations (e.g. expressed as w/v, % or 1 in x)
- dilutions
- molecular weight
- using provided formulae

- infusion rates
- pharmacokinetics
- health economics
- quantities to supply

Candidates found calculations involving concentrations and dilutions to be more difficult than other calculation types.

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.

## Part 2

The majority of candidates performed well in the topics tested in part 2.

Candidates are expected to 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 are expected to be aware of the evidence and be able to apply this knowledge when recommending non-prescription medicines for individual patients. Non-prescription medicines should not be recommended unless there is evidence to support their use.