Assessment materials provided:
1. Question paper (this booklet)
2. Resource pack
3. Answer sheet

Other permitted resources: none

- There are 120 questions in this paper. The time allowance for this paper is 150 minutes (2½ hours).
- You will score one mark for each correct answer; no marks will be deducted for incorrect answers or omissions.
- For questions 1-90 there are five options, A, B, C, D and E. For questions 91-120 there are eight options, A, B, C, D, E, F, G and H. Choose only one of the options as your answer for each question. No marks will be scored if more than one option is marked for an individual question. Ensure that you complete your answer sheet in the way instructed on the sheet itself. Take care to put your answers in the correct place and do not leave it until the end of the assessment to fill in your answer sheet. No extra time will be given to enter answers onto the answer sheet after the assessment has finished. If you do wish to change an answer, rub out your first choice completely, taking care not to smudge across the boxes.
- Answer the questions as though you were a pharmacist, not a pre-registration trainee pharmacist.
- For questions with this icon, you may find the resource pack provided useful.
- Only items of stationery and equipment specified by the GPhC can be present on your person, accessible to you, or on or within the vicinity of your assessment desk at any time during the assessment. No mobile phones, cameras, devices with communication functionality or smart technology, watches of any kind or other electronic devices of any kind are permitted.
- You may not use a calculator during this part of the assessment, or have one present on your desk.
- You may use the blank spaces in this question paper for rough work.
- All question papers, answer sheets and resource packs must be handed in at the end of part 2.
- Check that your name and pre-registration training number are printed on your answer sheet correctly. Sign the answer sheet, where indicated, before the assessment commences.

I have read and understood the information provided above, have received an answer sheet and a resource pack and declare that I am fit to sit.

Name________________________________________

Pre-registration training number ____________________________

Signature________________________________________________