

The registration assessment 2016

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and
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#PreRegExam16

Today

- overview of changes
- detailed look at questions
- your questions
- communicating the changes – next steps

The board of assessors

- Professor Rose-Marie Parr
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Deputy chair, consultant, pharmacist
- Mair Davies
consultant, pharmacist, Wales
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- Professor Chris Langley
Aston University, pharmacist
- Dr Ian Cubbin
**Liverpool John Moores University,
pharmacist**
- Steve Howard
Lloyds, pharmacist
- Dr Gareth Holgrove
education consultant
- Dr Helen Richardson
medical educator

Our expertise

- practitioner pharmacists
- academic pharmacists
- other healthcare professionals with assessment experience
- assessment experts

Background to the changes

- Registration assessment introduced in 1993
- few changes made 1993-2012
- (MPharm degrees reviewed every 6 years)

GPhC becomes the regulator in 2010

- changes made in 2012 – focus on patients and application of knowledge
- decision made in 2014 to make significant change in 2016

Rationale for changes

- all assessment should be revised periodically for currency
- review overdue
- must reflect practice
- research: some question types perform better than others
- patient focus and application of knowledge question types

The changes

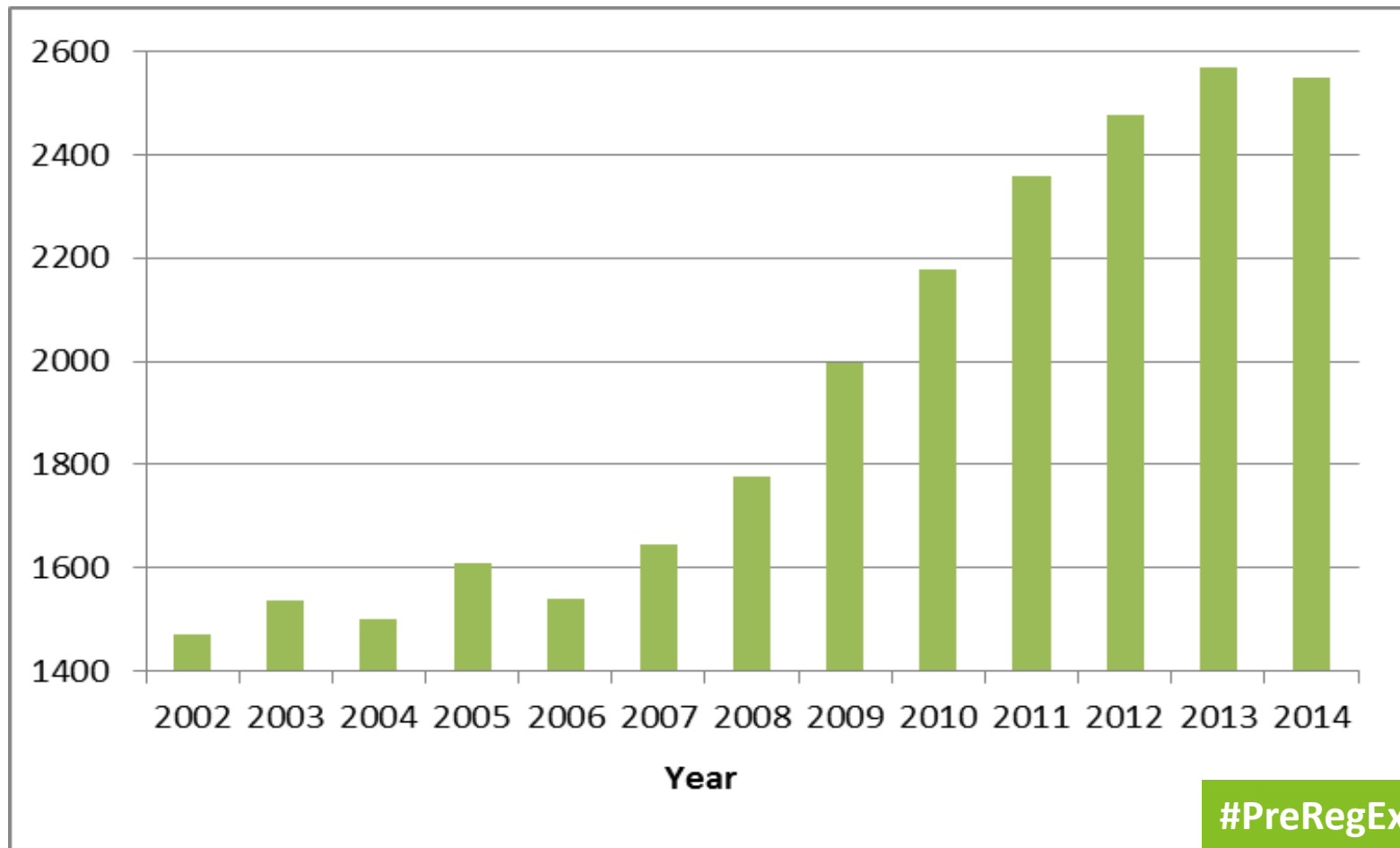


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Why have an exam?

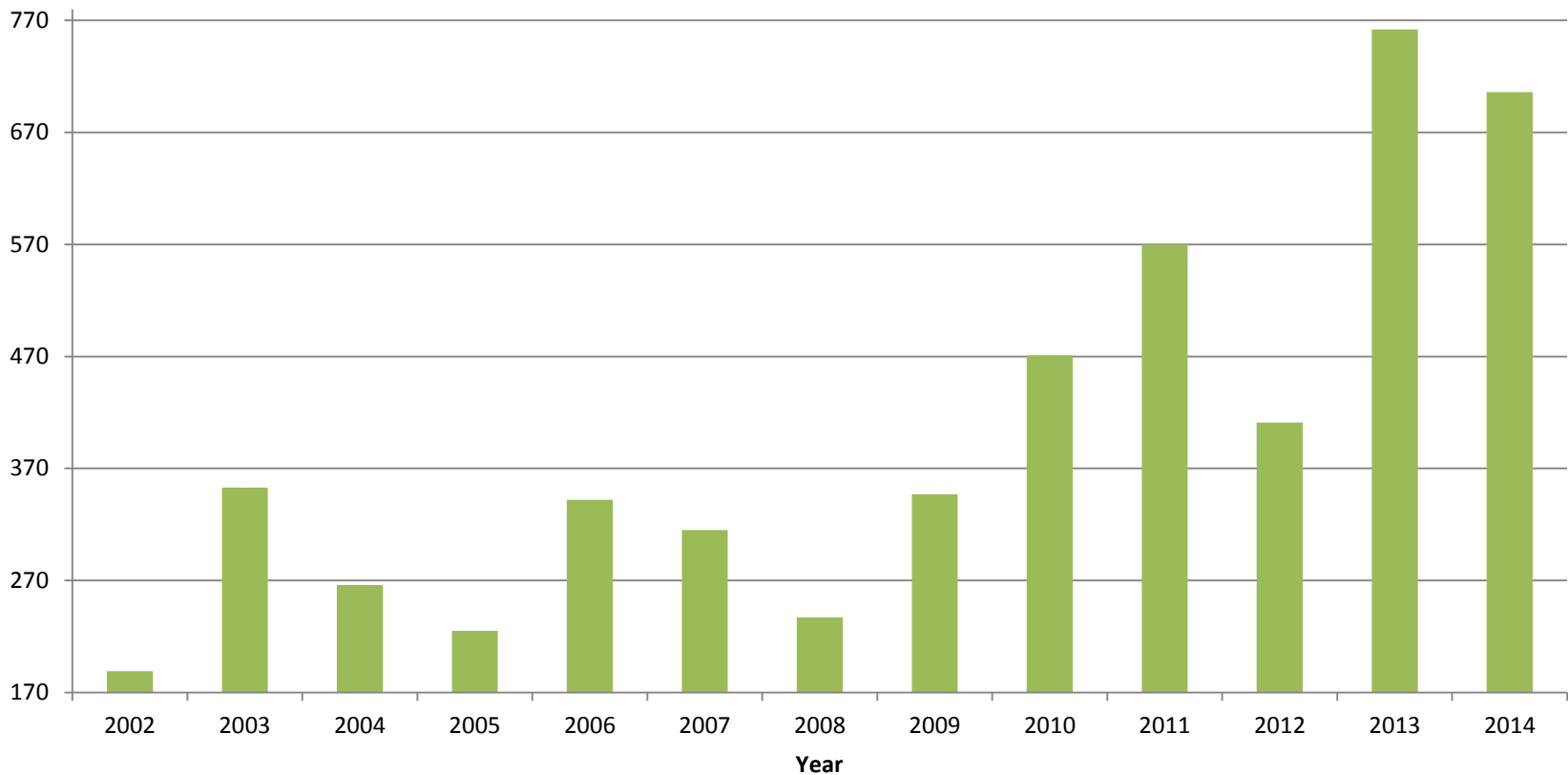
- it's a national standard
- it's fair – everyone gets the same one
- it compliments tutor sign offs (and avoids using just one mode of assessment for high stakes assessments)
- it stops very poor candidates from registering

Candidate numbers - June



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Candidate numbers - Sept



Emerging pattern

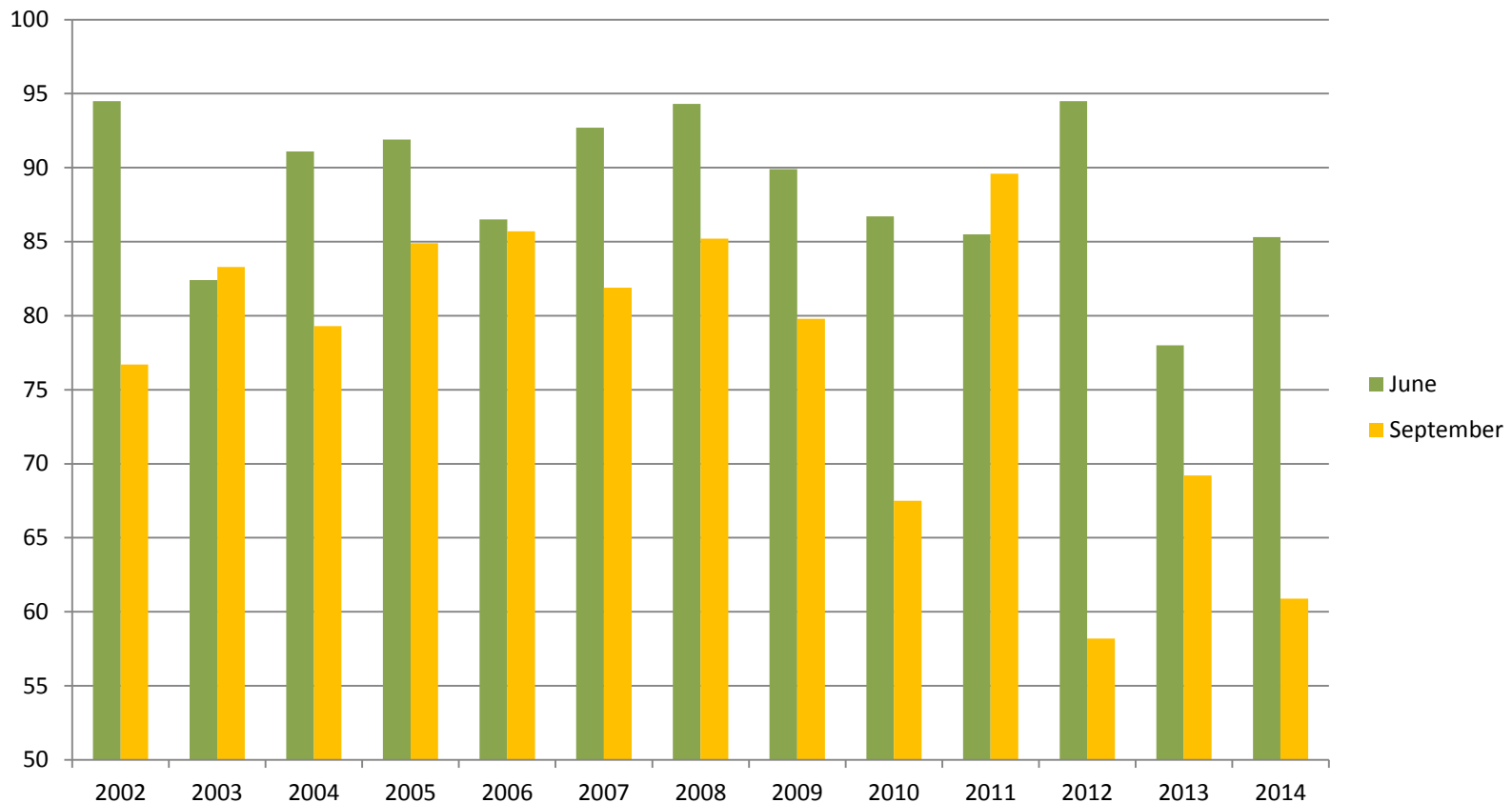
June

- larger sitting
- mainly first time sitters

September

- smaller but growing sitting
- second and third attempt candidates
- first attempt candidates who entered pre-reg late (uni. resits and other reasons)

Pass rates – June and Sept



Why now?

- new learning outcomes
- coincides with students with MPharm degrees built around 2011 *Future Pharmacists* learning outcomes

Myth-busting

- GPhC controls the register by failing candidates
- community bias/hospital bias
- questions are deliberately ambiguous
- we set trick questions
- money making scheme
- set questions that aren't on the syllabus

- What have you heard?

Main changes in 2016

- greater patient/application focus
- three question types:
 - single best answer
 - extended matching sets
 - calculations
- use of calculators
- free text answers for calculations questions
- use of artefacts not the BNFs

What isn't changing

- one day
- two papers
- three attempts

- paper delivery
- reasonable adjustments

Part 1 (morning)

2 hours

40 calculations questions

Free text answers

Can use calculators

(Currently 20 calculations qs)

Part 2 (afternoon)

2 ½ hours

120 (90+30) questions

Selected Response

90 single best answer qs

30 extended matching qs

Question types

- Lisa will discuss in detail
- greater patient focus and application of knowledge
- discarding some question types on the basis of research

- here is a preview....

Single best answer

1. Mr B, who is 62 years old, is suffering from an acute attack of gout. Mr B had a myocardial infarction 3 years ago and suffers from mild osteoarthritis, but is otherwise well. He is on the following medication:
- aspirin 75 mg once daily
 - atorvastatin 40 mg once daily
 - ramipril 10 mg once daily
 - co-codamol 30/500 mg two tablets up to four times a day as required
- He has no known drug allergies.

What is the most suitable choice of drug for his acute attack of gout?

- A allopurinol
- B colchicine
- C diclofenac
- D etoricoxib
- E febuxostat

Single best answer

3. Mrs C, a 42-year-old woman, comes into the pharmacy seeking advice about her left eye. She first noticed her symptoms yesterday morning. She reports no pain or change in vision. She has no medical conditions and is not on any regular medication. The appearance of her eye is shown below.



Which one of the following is the most likely cause of Mrs C's symptoms?

- A acute angle-closure glaucoma
- B allergic conjunctivitis
- C bacterial conjunctivitis
- D blepharitis
- E subconjunctival haemorrhage

Extended matching questions

Analgesics

- A codeine phosphate liquid
- B diclofenac suppositories
- C ibuprofen liquid
- D morphine sulfate tablets
- E oxycodone injection
- F paracetamol tablets
- G pethidine injection
- H tramadol tablets

For the patients described, select the most suitable analgesic from the list above. Each option may be used once, more than once, or not at all.

11. A 4-year-old boy who has no long-term medical conditions has sprained his ankle earlier in the day and is experiencing mild pain. An ice pack was used immediately after the injury and the ankle is slightly swollen. The boy is allergic to penicillins.
12. A 66-year-old woman has severe, chronic pain from ovarian cancer. She is prescribed levothyroxine for hypothyroidism and solifenacin succinate for urge incontinence. She has no known allergies. She has been using co-codamol 30/500 mg at the maximum recommended dose but this is no longer controlling her pain.

Calculations questions – two types

- Part 1/type 1 questions - more advanced calculations questions – calculators allowed
- space for rough working
- enter answers by hand

- Part 2/type 2 questions - number sense (10/100/1000/10000/100000) – no calculators allowed
- selected response: A-B-C-D-E

2. The following prescription was written for a 7-year-old child weighing 24 kg.

Date	Infusion	Infusion rate	Prescriber signature
29/06/16	Immunoglobulin 10% 0.5 g/kg	0.6 mL/kg/hr for 30 minutes then 1.2 mL/kg/hr for 30 minutes then 2.4 mL/kg/hr for 30 minutes then 4 mL/kg/hr for the remainder of the infusion	<i>A. Doctor</i> <i>29/6/16</i>

What is the total infusion duration if it was infused at the prescribed rate? Round your answer to the nearest whole minute.

<input type="text"/>	minutes
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Calculators

Not BYO

Not the actual
calculator, in case
you are wondering

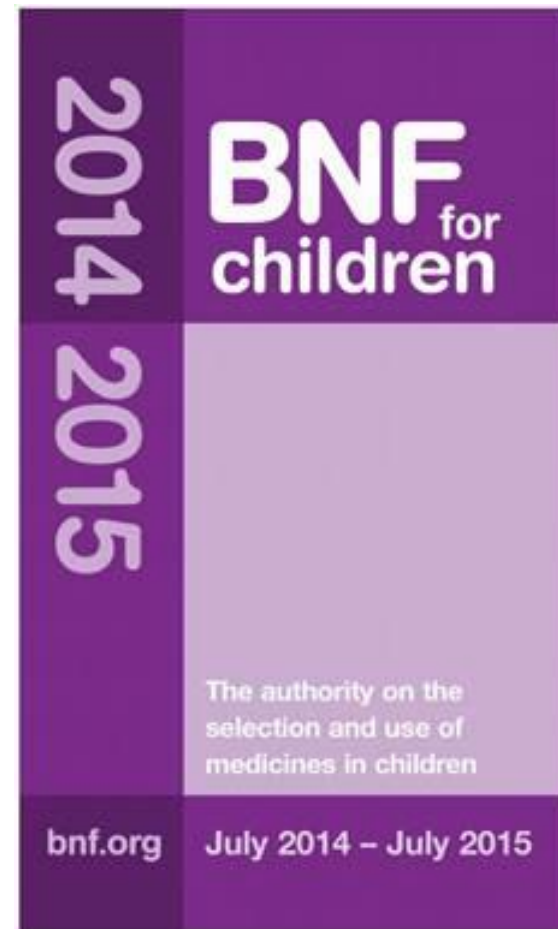
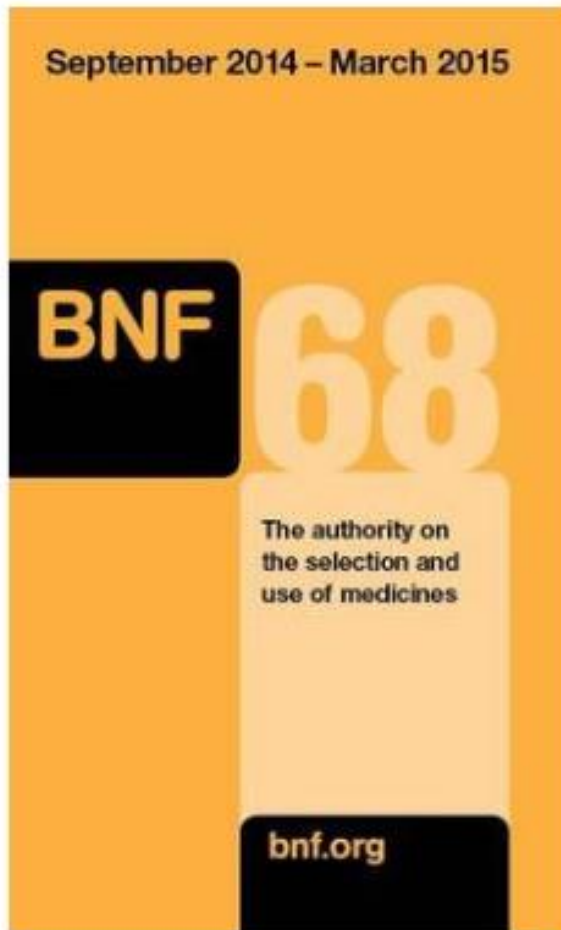


Two other key documents

Blueprint

Syllabus

Using the BNFs – still essential texts



Resits

- from 2016 onwards all candidates will sit new style papers
- this includes resit candidates from 2015 and earlier

Setting standards

Now

- board of assessors

2016 onwards

- board of assessors
- standards setting panel

Standards setting panel

- We will recruit for members of a standards setting panel
- must be practising pharmacists with experience of early years pharmacists

Would a minimally competent pharmacist get this question right?

- minimally competent pharmacist = barely passing candidate

Pass mark

- will be variable within limits
- in the region of 70%
- harder paper = lower pass mark
- easier paper = higher pass mark

What's the best preparation for 2016?

- **As always:** pre-registration
- **Remember:** the registration assessment is about practice – it isn't the other way round