General Pharmaceutical Council

Pharmacist pre- registration manual

Version number 5.6

November 2017

Welcome from the registrar

On behalf of the General Pharmaceutical Council (GPhC), let me welcome you to your pre-registration training year.

The GPhC is the independent pharmacy regulator in Great Britain. Our role is to protect the health, safety and wellbeing of patients and people who use pharmacy services. We protect the public in two main ways – by registering competent professionals to practise pharmacy, and by regulating the system for managing and delivering retail pharmacy services.

We are involved in the lives of pharmacists from the day they start their education and training. We set the education and training standards for pharmacy and we accredit your MPharm and OSPAP courses. We also assure the quality of pre-registration training, and set and run the final assessment that you will have to pass before you can apply to be registered as a pharmacist.

The aim of this training year is for you to demonstrate that you have the skills, knowledge and character to practise to the standards expected of a pharmacist. You should take every opportunity to learn and gain experience throughout the year. Your pre-registration year is not just about assessments, but about learning how to practise in a way that delivers the best outcomes for patients and members of the public. Your tutor for the training year can help to guide you in these areas.

Our website has resources that will be important to you. These include our standards for pharmacy professionals; details of the inspection system that supports them; and several pieces of guidance covering patient confidentiality, consent, maintaining clear sexual boundaries, and raising concerns.

I hope that you enjoy your training year. If you have any questions or feedback on the pre-registration scheme, please do contact us.

Best wishes

Duncan Rudkin

Chief Executive and Registrar

1. The pre-registration year

1.1 Key features

The key features of pre-registration training are:

- it takes at least 52 weeks (if done full time)
- you will train under the supervision of a pre-registration tutor
- you must be formally assessed 'signed off' at least four times by your tutor
- you must pass the registration assessment (you can have only three attempts at this)
- there are limits on the time allowed to finish pre-registration training, and these are explained in the GPhC Criteria for registration as a pharmacist.

1.2 Time limits

To make sure you have up-to-date knowledge and skills when you apply to register as a pharmacist, we put a time limit on passing pre-registration training. You must complete your initial pharmacy education and training successfully and apply to register with the GPhC within:

- eight years of the date you began your MPharm degree, or
- four years of the date you began your OSPAP postgraduate diploma

1.3 Special circumstances for extending the time limits

We may extend the limits if your training has been interrupted, or if you have had to complete it part time, for example, because of:

- documented extended periods of illness, maternity or paternity leave, or pregnancy
- a specific learning need
- serving in the Army Reserves.

If you think your circumstances may mean you can have the time limits extended please contact us.

We will not extend the time limits to accommodate, for example:

- part-time training because of circumstances that are not listed above
- breaks in training for gap years
- breaks in training for other non-essential lifestyle reasons
- extra periods of study because of failing an MPharm degree or OSPAP (or parts of either)
- extra periods of study resulting from negative tutor assessments during pre-registration training.

2. Making the most of your pre-registration year

2.1 The aim of pre-registration training

To become a pharmacist, you must be able to demonstrate that you have the knowledge (by passing the registration assessment) and experience (developed during the pre-registration year) needed to practise as a pharmacist.

When mistakes happen, professionalism can be tested. But in the end we believe professional practice offers the best protection for patients and people who use pharmacy services.

The pre-registration training placement gives you the chance to apply your academic knowledge in a real-life situation. The aim is for you to develop and demonstrate the skills, knowledge and behaviours you need to practise to the standards expected of a pharmacist, and in a way that delivers the best outcome for patients and members of the public.

2.2 GPhC's Standards for pharmacy professionals

The standards for pharmacy professionals are relevant to you (and to all students and trainees) while you are on your journey towards registration and practice.

These standards explain the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the Register. You should use them as a tool to help you prepare for registration, and read them alongside other relevant documents that are provided by your education and training provider.

The public expects pharmacists to be competent and fit to practise pharmacy. We set standards that pharmacy professionals are expected to meet if they are to become registered and stay registered.

Demonstrating that you have kept to our standards is part of the registration process. You will spend at least 26 weeks working in a patient-facing role in a community or hospital pharmacy, and everything you do during this time (and throughout your training) should show that you are keeping to our standards.

If you are not able to show that you have kept to these standards it could affect your eligibility to register – even if you are signed off by your tutor and pass the registration assessment.

We have guidance which tells you more about our standards and supports all pharmacy professionals in practising safely and effectively. You can find guidance about confidentiality, consent, raising concerns, and other topics related to the standards on our website.

2.3 The professional duty of candour

2.3.1 Duty of candour to patients

Health professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress. This is known as 'the duty of candour'.

This means that healthcare professionals must:

- tell the patient (or the patient's advocate, carer or family if this is appropriate) when something has gone wrong
- apologise to the patient (or the patient's advocate, carer or family if this is appropriate) offer
- an appropriate remedy or support to put matters right where possible, and explain fully to the patient the long- and short-term effects of what has happened (or explain to the patient's advocate, carer or family if this is appropriate).

We work with other regulators, employers and commissioners of services to help develop a culture in which the principles of openness and honesty are shared and acted on.

We expect and encourage all registrants to reflect on their own learning and continuing professional development needs concerning the duty of candour.

2.3.2 Duty of candour to others

Healthcare professionals must also be open and honest with their colleagues, employers and other relevant organisations, and take part in reviews and investigations when they are asked to. They must support and encourage each other to be open and honest and not stop someone from raising concerns.

Healthcare professionals must also be open and honest with their regulators, raising concerns when this is appropriate.

If you are raising a concern about someone or something at your place of work, read our guidance for whistleblowers.

2.4 Tutor assessments ('sign offs')

Many trainees worry so much about the registration assessment that they do not focus enough on their training. Under the pre-registration scheme, you will need to be signed off by your tutor four times – at 13, 26, 39 and 52 weeks. The week-52 sign-off is called the 'final declaration'. Your tutor needs to be sure that you are competent in all areas of practice before they are able to sign off the final declaration. If any areas of your performance raise doubt that this is the case, we would not expect your tutor to sign your final declaration. If this happens, you may have to complete an extra 26 weeks' training somewhere else – unless your employer is able to extend your present training placement.

You are not eligible to sit the registration assessment unless you get a satisfactory progress report 3 on your performance standards at 39 weeks. Therefore, getting the most out of your pre-registration year is every bit as important as passing the registration assessment.

It is up to you to make the most of your pre-registration year and develop the skills, knowledge and behaviours you will need to work independently as a professional pharmacist.

2.5 What are the key points in the pre-registration year?

A lot happens in your pre-registration year – here are some of the key points:

2.6 The learning contract

Your tutor plays a key role in your training year. If you would like to find out more about their role, go to the tutor section on our website.

You enter into a learning contract with your tutor as part of your application to join the pre-registration scheme. The contract summarises how your training year will be delivered and must include:

- your details
- your tutor's details
- details of where your training will take place
- how you will be supervised

If your tutor changes during the training year, you will need to enter into a new learning contract. So that we can review and approve the change, you must send us the new contract and a *Change of Training details form*. The change will only be recognised once we have received the form and approved the change.

2.7 Your pre-registration number

You will be given a unique pre-registration number, which is printed on your welcome letter. This is the reference number you should quote if you contact us. Your training record is also included with your welcome letter.

If you find any mistakes on your training record, you are responsible for telling us about them.

If your personal details change during the year, including if you change your name, you should send us a *Change of Details form* so that we can update your record.

Training requirements in more detail: 2.8 - 2.19

2.8 Funding for pre-registration training

We do:

- provide a training record as proof of your training arrangement, for you to give to your employer. If you are a community pharmacy trainee, your employer will send this to the CCG (for trainees in England), Local Health Board (for trainees in Wales) or NES (for trainees in Scotland)
- send you a new training record:
    - if your training site changes
    - if your training needs to be extended

We do not:

- give funding for pre-registration training
- influence whether or not you are eligible for funding within any particular training arrangement or at any stage of training. Therefore we are not able to give advice on whether you will be able to get funding for your training
- tell anyone else about your change of training arrangements, so any responsibility for telling funding providers about this lies with you or your employer (or both)
- show on your training record whether your training is full or part–time, so any responsibility for telling funding providers about this lies with you or your employer (or both)
- issue a training record to anyone other than the trainee named on the training record.

2.9 Restrictions on the training site and tutor

To make sure there is an objective relationship between trainees and tutors, you must not train anywhere that you:

- have a significant financial interest in, or
- have a significant relationship with a director, owner or employee

'Significant' relationships include:

- any family relationships, such as father, mother, aunt, uncle, cousin and so on
- family relationships through marriage or civil partnership
- girlfriend-boyfriend-partner relationships
- people you depend on financially or to whom you have a financial commitment
- people who depend on you financially or who have a financial commitment to you

In a public sector placement (for example an NHS hospital trust) where there is clearly no commercial interest, we will consider applications from trainees wanting to train at a site where a family member or partner works. However, the training provider is responsible for making sure

that training and assessment is managed by someone else, to avoid any conflict of interest. Any operational issues that may arise through this must be managed by the training provider.

Important: The tutor is responsible for approving the competence of their trainee. Any abuse of this responsibility resulting from any family relationship will be a fitness to practise issue for the pharmacist and we may terminate the trainee's training placement.

2.10 Deciding where and how to train

Most trainees will train in one sector for the full 52 weeks. But there is also the option to train in more than one sector. There are patient-facing sectors, such as community and hospital pharmacy, and non-patient-facing sectors such as the pharmaceutical industry and academia.

If you decide to train in more than one sector, there are two main options:

- **joint training:** you train for up to 26 weeks in a non-patient-facing sector and for at least 26 weeks in a patient-facing hospital or community pharmacy
- **split training:** you train in both hospital and community pharmacy

Examples of training plans can include:

- the full 52 weeks in a single patient-facing sector
- split training plans with, for example, six (or perhaps nine) months spent in community pharmacy and six (or perhaps three) months in hospital pharmacy
- joint training plans with six (or perhaps nine) months spent in a patient-facing sector and six (or perhaps three) months in a non-patient-facing sector
- integral training plans, where at least half the week is in a patient-facing sector and the rest of the time covers other aspects of pharmacy practice such as internet pharmacy services (as this would be classed as non patient-facing)

One university in Great Britain – Bradford – offers a five-year degree including two 26-week periods of training in different academic years. This is known as ‘sandwich’ training – if you are on a sandwich course, you will have made this choice when you applied to Bradford as an undergraduate.

The University of Nottingham and University of East Anglia run 5-year pharmacy courses that include pre-registration training. Although our pre-registration scheme requirements still apply to Nottingham and UEA students, any pre-registration training you do as part of either course must comply with university regulations also.

2.11 Full- and part-time training

Usually training is full time, which means working between 35 and 45 hours a week.

You must agree any arrangements to work part time with the GPhC in advance. 'Part time' means working at least 17.5 hours a week, over at least three days a week. This might be agreed before you start training or as the result of a change in circumstances during the year.

Things to consider when deciding if a part-time training arrangement is right for you:

- Will you still be eligible to sit your chosen assessment? To enter the registration assessment, you will need to complete at least the equivalent of 39 weeks' full-time training by the assessment entry date for any particular sitting.
- Can you meet the GPhC Criteria for initial education and training? You should complete your part-time training within the time limits given, and there is no extra time allowed if you choose to train part time.
- Will you have enough contact time with your tutor? You should make sure that the hours you usually work each week overlap with your tutor for at least 80 per cent of the time you are working.
- Will your part-time arrangement affect any other trainees? Usually your tutor will only be allowed to supervise one trainee at a time. If changing to a part-time arrangement means your training will overlap with that of another trainee, you should discuss with us whether the arrangement meets our requirements.

Your employer must also agree that their standard training plan can be changed to fit in with this arrangement and still give you the opportunity to meet all the performance standards.

2.12 Training outside Great Britain

You may carry out up to 13 of the 52 weeks of your training in a pharmacy in another member state of the European Union. This must be one continuous placement and must be completed between weeks 13 and 26 of training. The training outcomes for those 13 weeks must form part of your training plan, and you must agree them with your tutor and the GPhC **before** you start your training year.

2.13 Training at another site in Great Britain

Unless you get our agreement first, you may only train outside your main training organisation in one of two ways:

- five days in 'unlisted' training sites (that is, a site that is not approved for pre-registration training)
- four weeks in a listed training site

You can only do each of these things once in a training year without specifically agreeing it in advance as part of your training plan, or as part of your application to enter training.

2.14 Attendance requirements

If you are absent for more than 40 days during your pre-registration year – for whatever reason – you must tell the GPhC, and give a valid, documented reason. The 40-day limit includes public holidays, sickness and annual leave. For part-time training arrangements, the 40 days applies to the whole training period.

If you are absent for more than 40 days, it may affect your eligibility to sit the registration assessment or to register on a particular date, because you may have to undertake additional training.

To be eligible to sit the registration assessment you must have been in training for at least 39 weeks by the application entry deadline for that particular sitting. For part-time training arrangements, you must have been in training for the equivalent of 39 weeks of full-time training. For example, if your training will take 104 calendar weeks to complete, you will need to have been in training for at least 78 weeks by the assessment entry deadline.

You must report any periods of absence of more than five working days (except for annual leave) to the GPhC. You must also give us a valid and documented reason.

2.15 Starting dates

There are two fixed dates in the training year:

- the summer registration assessment, which is usually around the last week in June in the year after you began training
- the autumn registration assessment, which is usually around the last week in September in the year after you began training

Because you must have been signed off as satisfactory at 39 weeks to be eligible to enter the assessment, you must start your training before a set date – which is set out on the key dates page.

If you have chosen to train part time, your latest starting dates will depend on your training arrangement. Contact us for confirmation of the dates that will apply to you.

2.16 Breaks in pre-registration training

If you have had a break in your training, contact us for confirmation of your starting deadline for any particular assessment sitting.

2.17 Your tutor

You must have a designated tutor – your pre-registration tutor – who must be approved by the GPhC. The tutor has the overall responsibility for you during your training and for signing you off as satisfactory or unsatisfactory. Usually the tutor will only be responsible for one trainee at a time.

If your tutor's previous trainee has not finished their training by the time you are due start yours, your tutor will be permitted to train two trainees for a maximum of 13 weeks – so you won't need

to wait until the previous trainee has finished before starting you placement.

Your tutor must have worked as a registered pharmacist for at least three years in the UK, in the sector of practice in which they plan to tutor you. If they are under investigation by the GPhC, they will be assessed for suitability under our pre-registration training tutor suitability policy. If you are aware of any conditions or restrictions on your tutor's registration at any point before or during your training, contact us.

Your tutor is expected to meet with you at least once a fortnight to make sure you get regular feedback, and must carry out a formal review of your progress at 13, 26 and 39 weeks.

If your tutor cannot work full time with you (at least 28 hours over four days each week), we will consider approving more than one tutor to work with you. (This is called a 'joint-tutoring arrangement'.) This must be approved in advance and will apply to all areas of practice.

During the training year, you may be supervised for agreed periods by another healthcare professional, such as a pharmacist other than the designated tutor, a pharmacy technician or a nurse. These supervisors are called 'practice supervisors'.

Your designated tutor is still responsible for you at all times, even when you are being supervised by a practice supervisor. Your designated tutor must know who is supervising you.

Our guidance on tutoring will help you understand what you can expect from your tutor. If you have any concerns about your tutor or their behaviour, contact us.

2.18 Changing tutors

Trainees may need to change tutors for a number of reasons. A tutor could leave a pharmacy, or personal or professional differences could develop between a trainee and tutor, for example.

If you change your tutor, please tell us using a change of training details form, and include your new learning contract. The new tutor must also meet GPhC requirements.

2.19 Your training site

Your training site must have been approved for the full period of your pre-registration training by the GPhC before you will be allowed to start your training. You can search the list of approved pre-registration training sites here.

If you are training at a site in Scotland, it is also covered by the quality-assurance processes of the NES Pre-registration pharmacist scheme (PRPS). Your application to train at one of these sites must be approved by NES **before** you submit it to the GPhC. NES will only approve your application for that training year, so if your training was extended for any reason you would need to apply to them again.

Training requirements in more detail: 2.20 - 2.24

2.20 Resources and support

We expect training sites to have up-to-date core reference sources, including those online, for use by employees, including trainees.

We realise you may want to look for support when you are preparing for the assessment. But we do not endorse any reference sources, books or websites that claim to offer support or sample questions. Only the questions we link to in the registration assessment section of this manual are guaranteed as genuine.

2.21 Non-patient-facing sites

Training can be undertaken in non-patient-facing sites as part of a joint placement for a maximum of 26 weeks and must form part of the 52-week training plan. Read more about deciding where and how to train

Non-patient-facing training sites could include:

- the pharmaceutical industry
- primary care organisations or their equivalent
- internet pharmacies
- schools of pharmacy
- veterinary pharmacies

The list is not limited to these sectors of practice. Before you agree your training plan for training in any other type of non-patient-facing site, you will need to apply to the GPhC.

Training can be undertaken in a variety of blocks of time across various sectors.

Sites must be suitable to support a trainee and their training. Find out more about becoming a training site

2.22 Changing your training site

If you do change sites, ask your current tutor to fill in the relevant section of the final declaration form.

Sometimes trainees need to change their training arrangements. If you do, there are two main options:

Changing to a site within the same organisation

Circumstances at your named training site may have changed, which means you need to relocate within the organisation. As long as you are following the same training programme at the other

site, you can move to another approved training site once the arrangement has been agreed by the GPhC. You must tell us about this using the change of training details form. You will need a new learning contract at your new site and you should send us this with the form.

If this also involves a change of tutor, you must tell us about this on the *Change of training details* form and fill in the learning contract section. This is because you and your tutor will be entering into a new learning agreement.

Changing to another organisation

Before choosing this option, remember:

- you may be under contract to your employer for the full training period
- it could be seen as unprofessional conduct to break an agreement you have made with your employer
- if you are having problems with your employer, then sorting them out will help you to manage similar challenges in your future practice
- changing to another site will not necessarily mean an improvement in training consider what you are expecting to get out of the change, and check how you can make sure this happens
- your new site must be approved as a training site by the GPhC for the full training period
- you need our approval for the new training arrangement before the change, so you need to send us a *Change of training details* form for approval before you move to the new site
- all previous progress reports must be disclosed to your new tutor. You should be open and honest with the new site about the circumstances leading to your need to move

We would not expect you to stay in a situation where you feel that your personal safety is at risk.

Your eligibility to sit the registration assessment for the first time may also be affected. We only recognise 13-week blocks of satisfactory training. So your training at a new site will 'start again' from the week following the date on which your last documented satisfactory progress review was due.

However, if this is the 39-week progress review, **your training will go back to week 27**. This is to make sure there is enough time to make a full and fair assessment of your competence. To make an application to register, you must have completed at least 26 weeks' training at the new site. But you would be able to apply for the registration assessment if you have a documented satisfactory week-39 progress review.

If you feel that a move to another organisation is your best training option, please contact us to discuss arrangements.

Changing to another organisation due to a change of ownership of your training site

You should contact us as soon as you are aware that a change of ownership is planned at your training site. Even if you stay at the same site, we would class this as a change of organisation if the ownership changes. Your eligibility to sit the registration assessment for the first time may also be affected. We only recognise 13-week blocks of satisfactory training. So your training at a new site will 'start again' from the week following the date on which your last documented satisfactory progress review was due.

However, if this is the 39-week progress review, **your training will go back to week 27**. This is to make sure there is enough time to make a full and fair assessment of your competence. To make an application to register, you must have completed at least 26 weeks' training at the new site. But you would be able to apply for the registration assessment if you have a documented satisfactory week-39 progress review.

Important: If you want to continue training at the site after the change of ownership**,** the new owner will need to apply to us for the site to be approved to provide pre-registration training.

2.23 Recognising and 'banking' blocks of training

If your training is interrupted, or if you change your training provider, you may need us to recognise blocks of training you have already completed satisfactorily. This is so that you can 'bank' the training and transfer it to another provider, in case you cannot pick up your training with your present one.

You will need to send us a request to bank training form to allow us to recognise the progress you have achieved.

You will also need to do this if you do not have a satisfactory final declaration at the end of your pre-registration training and you are not able to stay on with your present training provider. This applies even if you have already made a satisfactory attempt at the registration assessment.

You may only bank training:

- that has been signed off as satisfactory by your tutor
- in 13-week blocks that have been assessed by your tutor using the GPhC progress report form.
- up to a limit of 26 weeks. This is to make sure that your new training provider has enough time to make a full and fair assessment of your competence to practise.

We are able to accept a satisfactory week-39 progress review from a previous training provider as meeting the assessment entry criteria. However, you should be sure that you feel ready to attempt the assessment, particularly if you have had a break in your training or if your reason for changing sites is related to your competence.

If you have not had any progress reports signed as satisfactory, but your tutor considers that you do not need to start training again from day one, your tutor can reassess you to see if you meet the standard for week 13 or 26 to be marked as satisfactory.

If you do not have any satisfactory progress reports at all you will be expected to restart training from day one.

2.24 Pregnancy during training

Most of the issues connected to pregnancy will be covered by employment law, and will therefore be outside the scope of the GPhC as a regulator.

The effect pregnancy may have on your training will depend on your circumstances and where you are in your pre-registration year. But as a guide, the main issues you might like to consider are:

- Any health issues you have during pregnancy may mean you exceed the 40 days' permitted absence this would mean you would need an extension to your training to cover the extra days.
- Your eligibility for a particular assessment sitting may be affected if your training needs to be cut short before the assessment entry deadline for that particular sitting.
- Your 'fit to sit' status may change between the assessment entry deadline and the day of the assessment. If you apply for a particular sitting, you can decide on the day whether you feel you are 'fit to sit'.
- If you think you will need any 'reasonable adjustments' to allow you to take the assessment, you need to apply for them by the advertised deadlines. These cannot be arranged for you on the day without getting our agreement first.

Maternity leave

- We do not dictate how much maternity leave you are allowed to take. But there are registration deadlines that you need to consider. Contact us if you think your maternity leave will affect your ability to meet these deadlines.
- Your intended plan for returning to training following maternity leave may have changed by the time you are actually ready to return. So, although we are happy to discuss any plans you are proposing, we will only agree the training arrangement at the point when you are actually due to return.
- When you start your maternity leave you must formally notify us within 7 days of the last date you worked. You must also let us know at least 2 weeks before the date you intend to return to training.
- The date you return may affect your eligibility for a particular assessment. This will be especially so if you work part time when you return, or if you are not able to return to the same training arrangement.

You should consider 'banking' your training at the point when your training is interrupted. Then it can be recognised by us in case you cannot return to the same training organisation for any reason. **Please see section 2.23**.

3. Starting your training

3.1 Developing a rapport with your tutor

It is vital that you and your tutor establish a good relationship from the start. It is important to find out what each other's expectations are, plan the training period ahead and clarify both your roles. You should have a meeting as soon as possible, preferably by the end of the first week, to make sure there are no misconceptions about your training.

It is also vital that you both keep up regular and frequent communication throughout your training. We recommend a weekly or fortnightly meeting to reflect on your progress and review your objectives. It is good practice to document and agree the key points discussed at these meetings so that you can look back on the notes later.

3.2 Signing a learning contract form

At the start of a new training arrangement between you and your tutor, you must both commit fully to the training period. To confirm this commitment we need you to send us a learning contract, signed by both of you, at the start of the training period. This is part of your application to enter pre-registration training form. (You will also find it as part of the change of training details form, which you use to tell us about a change that has happened since the start of your training arrangement.)

We need this learning contract before we can validate registration assessment entries and registration applications. You should keep a copy of this contract.

A learning contract is not a contract of employment, but an agreement by both parties to commit to the providing and receiving of training.

3.3 Assessing a baseline level of competence

At the beginning of a new placement, you and your tutor should discuss your present level of competence. This will help identify your learning and development needs and how they can be met at key points in your training. This should happen at the start of your pre-registration year, or when you move to another placement (whether this move was planned or not).

To be judged as competent against any of the performance standards at this stage, you need supporting evidence – for example, a portfolio from previous work experience or from previous pre-registration training. The following table sets out what we mean by 'competent'.

Some trainees start here	Some trainees start here	Need to be at least here to register	Most experienced pharmacists are here
Subconsciously incompetent	**Consciously incompetent**	**Consciously competent**	**Subconsciously competent**
They are unaware of their own development needs and limitations	They are aware of their need to develop, but if they are too 'conscious' they may be very lacking in confidence	They are able, but newly developed skills may need lots of thought and lead to slow performance	Able, confident and up to speed, but there is a danger of complacency – doing things on 'automatic pilot'

3.4 Developing an outline training plan

Your training site should have a standard structured training plan, which it produced as part of being approved by us. You and your tutor should review this training plan together and produce a tailored outline for your own training year. This will make sure that everything can be covered in the time available.

Ideally, your plan should be a week-by-week one which includes dates for your quarterly progress reviews, annual leave and training days. It should also show which area of practice will be the focus of any given week, either on or off site.

Your plan should provide the scope of practice and the appropriate supervision to allow you to achieve all the performance standards and learning outcomes in section 10 of the standards for the initial education and training of pharmacists. These should be linked to all the weekly activities in the plan.

3.5 Setting SMART objectives

Once your outline plan has been developed, it is important to set some short-term goals for the weeks to come. These should ideally take the form of SMART objectives, which means they are:

Specific – to what you want to achieve

Measurable – so you can tell whether you have met the objective

Achievable – with the resources you have

Realistic – and relevant to what you need to achieve

Timed – to give a date by which the objective should be achieved.

Here are some examples of SMART learning objectives:

"By the end of my fourth week in the dispensary, I aim to have completed a continuous log of 200 dispensed items without any errors"

"While on my two-week hospital placement, I aim to take an accurate medication history from three different patients, under the supervision of a pharmacist, using the resources available"

"I plan to organise a health promotion event within the local community on national No Smoking Day, and aim to provide smoking cessation advice to at least 5 active smokers"

"By the end of this week, I aim to have learnt about 5 significant drug interactions and what recommendations, if any, I should make to the prescriber".

4. Developing and demonstrating your knowledge and competence

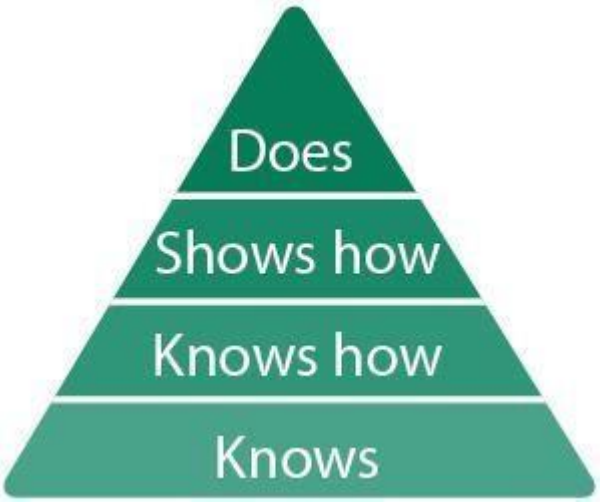
4.1 Assessing your knowledge and competence

You are assessed in two ways.

- Firstly, you are assessed against the pre-registration performance standards so you can show that you can carry out specified tasks in a particular way.
- Secondly, you must sit the registration assessment to demonstrate your understanding of the knowledge and outcomes in the registration assessment framework (which is relevant to working as a pharmacist), as well as your calculations ability.

These two assessment methods have been designed to complement each other and give a broader picture of your ability.

The theory behind assessment in the pre-registration year is broadly based on Miller's triangle, which is used to describe levels of competence. It starts at the bottom and works upwards, and every step is a building block towards the next level.



Level 1: The first level is 'knows', or demonstrating that you know something.

Level 2: The next level is 'knows how', or applying your knowledge to show that you know what it is for. So 'knows how' is tested in written examinations such as tests in MPharm or OSPAP courses.

Level 3: The next level is 'shows how', that is, you should be able to show how something is done. This is often in a simulated environment such as a classroom.

Level 4: The last level in the process is 'does', when you have moved beyond 'showing how' to 'doing'. You are able to routinely do it in a reliable and safe way in a real environment such as a pharmacy.

An example of this process is dispensing. As a pre-registration pharmacist, you will have already completed the first two stages. You will begin at level 3 able to 'show how' to dispense a prescription. But this may have been on a limited number of occasions in pharmacy practice classes or in an objective structured clinical examination (OSCE).

Your pre-registration year really focuses on this last step in the process, progressing from 'shows how' to 'does' – from the classroom to the real world. Under supervision as a trainee, you will be expected to repeatedly, accurately and safely dispense in a pharmacy.

The earlier steps are often based on logic and are easy to plan. But this last step demands thorough analysis of how you can incorporate a skill into an everyday situation and remain able to reflect on it as a learning experience. The 'does' situations are real, time pressured and can be complex.

4.2 Progress reports

Don't worry if you only have a handful of the performance standards signed off at the week-13 stage. It is likely that your tutor will be monitoring your performance for both consistency and your ability to adapt your skills and behaviours appropriately to a range of different situations.

Your tutor will still sign your progress report as satisfactory if you have met their expectations for this stage of training.

If you do get an unsatisfactory progress report at any stage you should:

- send the original to the GPhC, keep a copy in your file and make sure your tutor has a copy
- send us a copy of your assessment summary
- treat this as a warning sign that you will need to make changes
- not be discouraged, but it is vital that you and your tutor agree clear expectations that would result in a 'satisfactory' outcome at the next progress report
- review your progress against the expectations of an earlier progress report if this is your second unsatisfactory report. For example, if your week-26 report is unsatisfactory, your tutor should say whether they would be prepared to sign you off as at a 'satisfactory' stage for a trainee at week 13
- talk to your training manager or another colleague. You can also get in touch with the RPS mentor scheme, or other pre-registration networks if you need more help

Standards

4.3 Performance standards

The performance standards are a list of 76 performance outcomes which must be signed off by your pre-registration tutor.

There are three units of performance standards, covering:

A. Personal effectiveness
B. Interpersonal skills
C. Medicines and health

The standards are statements of what the GPhC expects you to be able to do and how you should behave if you are to register as a pharmacist. You must meet the standards consistently in order to be assessed as competent in them.

You will find more information in the Performance standards section.

4.4 Standards for initial education and training of pharmacists – required outcomes for pre-registration trainees

These are the outcomes that pre-registration trainees are expected to either know how to do, show how to do, or do competently to meet the level expected of a newly-registered pharmacist. They are linked to the units of the performance standard that they are most likely to demonstrate, but they may apply to other units too. You will find the outcomes (from section 10 of the education standards) in the Performance standards section.

Performance standards have to be met 'in an appropriate way' or 'appropriately'. Your pre-registration tutor is responsible for using their professional judgement to decide whether a particular action or behaviour is acceptable.

If you do not meet a standard to the satisfaction of your tutor, they should explain to you why this is so. If you don't understand or agree with their evaluation, you should ask them for more information.

Development

4.5 Developing your competence

You should develop your competence by:

- agreeing development objectives
- agreeing your learning contract
- developing an outline training plan
- gathering a portfolio of evidence to prove your competence
- taking responsibility for your own development
- meeting all the GPhC's pre-registration performance standards and learning outcomes
- passing the GPhC's registration assessment

4.6 Assessing your competence as it develops

We encourage you to keep a learning log of daily activities and significant events. You can use this later to create:

- a CPD entry at www.uptodate.org.uk, or
- another reflective account that records evidence of your competence in the relevant performance standards

See the section below on recording your progress for more information.

Satisfactorily performing an activity just once is unlikely to prove your competence. You must demonstrate your competence consistently, in a variety of circumstances, to the standard expected of a newly registered pharmacist.

Your tutor is responsible for judging whether you have reached the necessary level of competence. This judgement should be evidence based and not a subjective decision. It should be supported by written and observed examples. If you do not agree with a judgement, ask your tutor for specific examples of your practice to clarify why they made it.

Your tutor should also assess whether you have the knowledge that you will need to demonstrate in the registration assessment, as you will need to have this knowledge to practise competently. This is part of the ongoing monitoring of your performance and should be done by open questioning such as:

- what would you have done if ...?
- what factors did you take into account when you decided to...?
- what else would be important if ...?
- in what circumstances would you ...?
- how would you ...?

4.7 Once you have achieved a performance standard

Once you have achieved a performance standard to the level required of a newly registered pharmacist, your tutor can sign it off. They do this on the assessment summary form.

Once you have achieved a standard you no longer need to collect evidence about it. But you will still be expected to demonstrate competence in practice. Your tutor may, if they have a good reason, reverse their decision if your performance becomes unsatisfactory in a performance standard you have already achieved.

4.8 Feedback

Feedback tells you how you are progressing. It can be good motivation to focus on things you have performed well. It can also be developmental – getting feedback about what you need to achieve or something that you need to improve. It may be an area that needs you to take ownership of tasks and decision-making processes.

As part of a constructive feedback process you should remember the following:

- lead the process, with your tutor asking for your views on your own performance before commenting
- use evidence such as facts and observed examples, rather than hearsay or assumptions
- give and receive feedback regularly – this stops you being overwhelmed with lots of it all in one go
- choose a suitable environment that allows honesty and openness in the discussion
- use appropriate verbal and non-verbal communication such as tone, pitch and body language
- be positive and act upon feedback as an aid to your personal development
- respect and ask for your tutor's opinion
- reflect on the possible consequences of the course of action you are discussing and consider the possible outcome, whether better or worse, if you had chosen a different course of action
- identify and agree ways to improve your performance, with an appropriate time limit for reassessing your performance in that particular area
- remember it is a two-way process – you should provide constructive feedback for your tutor and their development

Most of these ideas depend on you and your tutor working together, so you both need to be committed to them. If you feel something isn't happening in the way it should, be sure to talk to your tutor about it.

4.9 Managing problems and raising concerns

When issues crop up in the workplace, it is important that you try to sort these out locally and as soon as you can. However difficult a problem may seem, the experience of recognising, managing and resolving it can benefit you. It will help you develop the skills to manage the difficulties that you are bound to face during your future practice. You can manage and resolve problems between you and your tutor, and benefit from the experience.

If you feel a problem between you and your tutor is impossible for you to solve, you should first try to get help from a more experienced colleague or a senior manager. If there is a pre- registration manager, ask them for guidance. In some organisations you can get support from the regional or national pre-registration coordinators. It is important to tell them about any significant issues.

Performance standards A3.1 to A3.5 say you must demonstrate your competence in defining problems, and evaluating options to resolve or manage them. This does not only mean managing problems relating to patient care. Skills in this area apply in other circumstances too.

Problems with your personal training can be complicated, as they may have several causes. It is therefore important for you to define the elements of your problem. Often, the problem can be mainly about employment issues that the GPhC (as the pharmacy regulator) can't help with. But there are several organisations that will be able to help you with these types of problem.

Once you have planned how to deal with the employment aspects of your problem, you should consider any other aspects. Then see our guidance to help you decide whether it is appropriate to raise a concern with us.

If you would like to discuss an issue further, you can email a pre-registration training facilitator at prereg@pharmacyregulation.org.

4.10 Recording your progress

You should produce a portfolio of evidence throughout your training period which includes copies of all your documentation and evidence to support your performance. We recommend you use www.uptodate.org.uk – the CPD 'plan and record' format – to prepare yourself for future practice.

It is very important to keep an up-to-date working portfolio. If you had an unexpected change of circumstances, such as a period of absence or a move to a different training site, it would help you continue your training 'seamlessly'.

We do not specify how much evidence you need to meet the satisfactory level of competence. Mainly, it is the quality not the quantity of the evidence that is most important. However, one piece of evidence would rarely be enough to demonstrate competence. There are some exceptions to this – for example, the first-aid certificate you need to achieve performance standard C2.10.

One piece of evidence might apply to several of the performance standards, and we expect this to be documented in the written evidence.

Make sure you can justify, if challenged, why you consider that the evidence demonstrates competence against the standards claimed. If a piece of evidence clearly demonstrates competence against standards that you may not have considered, your tutor should point this out to you.

4.11 Reporting your progress to the GPhC

As well as having your regular discussions, you and your tutor must carry out a formal progress review every 13 weeks. You must then fill in a progress report form. Your assessment summary should also be updated to show how much progress you have made towards demonstrating the performance standards.

Progress must be assessed as 'satisfactory' or 'unsatisfactory'.

You should then agree an action plan for the next period of your training, based on:

- any development needs identified in your progress report
- the opportunities available in your training plan, and
- the performance standards you have yet to satisfy

If you cannot carry out your progress reviews at, or near, the time they are due, you should tell us. If the week-39 report cannot be done on time please contact us.

If you have a split, joint or sandwich placement, a copy of your final declaration must be submitted at the end of that placement, at 26 weeks. This will make sure we know that your training at that site has been completed successfully. You must send us a new learning contract once you have started your second six-month placement.

You and your tutor should keep copies of all your reports as we may ask for them at any time. If your progress report is unsatisfactory at the 13- or 26-week stage, you must send it to us when it is completed.

You must send us your third and final progress report at week 39, as it forms part of your application to sit the registration assessment. If your report is unsatisfactory please see section 5.2. of the manual.

Competence and final declaration

4.12 Final declaration

Your tutor will make a final assessment of your competence – and whether or not you are fit to join the register – by using a final declaration form

This form overrides all your other progress reports. When it is signed off, the GPhC knows that the tutor has decided you are ready to start work as a newly qualified pharmacist.

Your tutor will also use this form to sign you off at the 26-week stage if you are part of a joint or split programme or if you transfer to a new training site.

If you have completed a joint placement, your *Final declaration* form must include sign-off from tutors in both sectors of practice.

4.13 If a trainee cannot be signed off as competent

Tutors and trainees should always document any performance issues that have arisen throughout the year, as well as the meetings about them and actions taken to improve performance.

If a trainee has not met all the performance standards because of problems or slow progress and needs to have an extension to their training, this should have been identified and discussed before their entry to the registration assessment. You should also have told us about the proposed revised finish date using a change of training details form

Training can continue at the site for the length of time needed to achieve the required standard. But this needs to take into account the eight-year time limit from entry into the MPharm degree, or four years for OSPAP qualifications.

If an employer cannot extend the training period and the trainee has to relocate, they will usually need to spend at least six months in the new placement.

4.14 Observed evidence

There are various types of observed evidence. Here are some examples:

Summative assessment

This is when you take a formal assessment at the end of a set activity. This should be planned in advance and it assesses learning by awarding marks or – in this context – whether performance standards are signed off.

Examples could include:

- taking an in-patient medication history in hospital

- demonstrating how to use inhalers
- measuring and fitting hosiery
- preparations prepared 'on the spot' including formula, calculation and procedures
- an accuracy log of dispensed or final checked medications

Formative assessment

This is when you take part in a reflective process, involving feedback, that assesses a set activity. It should be used as a platform for you to highlight good practice or areas for improvement.

Examples could include:

- counselling a patient who has come to the pharmacy to collect their prescription
- dealing with a request for an immediate supply of a prescription-only medication
- involvement in a heated discussion with other staff members, either as a participant or to calm things down
- challenging a prescriber directly to change a prescription
- answering the phone and managing the enquiry

Simulation

This is when you make an observation of a hypothetical situation. It could be based on an issue you have previously managed in practice, an objective structured clinical examination (OSCE) or a role play during a study day.

Examples could include:

- case presentation or care plan based on actual or hypothetical problems
- patient counselling examples practised with other staff members
- one-to-one hypothetical discussion with the practice supervisor
- case studies in an online or paper-based training package

Written evidence

There are various types of written evidence. Here are some examples:

CPD entry – Continuing professional development is a key part of being a pharmacist, and a condition of registration. There is more information about CPD on our main website. You can use www.uptodate.org.uk to print off copies of your entries to share with your tutor or you can give them permission to view them on the website.

Witnessed accounts – You can write an account of how you carried out a task or managed a situation. You can have this verified by a witness that was present at the time, but who does not have responsibility for training or supervising your practice. A witnessed account can also be in the form of patient feedback.

Projects and assignments in the workplace – A classic example of this is that all trainees have to successfully engage in a quality-improvement process if they are to meet performance standard A4.8. Accredited certificates for internal and external learning events or a first-aid certificate would come into this category.

Documented workplace assessments – Examples could include:

- a sterile technique broth test
- dispensing accuracy logs
- using clinical assessment tools, as used by doctors in training or pharmacy diploma practitioners, such as mini-CEX, mini-PAT or mini-TAB
- anonymised copies of prescriptions and other patient information

These can be excellent examples for you to demonstrate when you have identified a clinical issue such as a drug interaction, and also allow you to write up how you resolved the issue.

5. The registration assessment

5.1 The registration assessment explained

The registration assessment is one of the ways we test whether you can demonstrate that you understand how to apply knowledge appropriately and in a timely way, to make professional judgements in pharmacy practice. It also tests your number sense and that you are able to perform the calculations needed to practise as a pharmacist.

The assessment makes sure that all trainees have reached the same minimum standard of ability, no matter where they have trained in Great Britain. Passing the assessment is part of the overall criteria for registration as a pharmacist. There are two separate papers to the assessment. You can have three attempts to pass the assessment, and must pass both papers in the same sitting.

This national examination is usually held during the last week of June and the last week of September, at several venues.

The registration assessment regulations set out key information and rules that cover the assessment. They are updated every year and issued before the first sitting of the year.

The registration assessment specification sets out how the assessment will be run and will help you decide if you need to request a reasonable adjustment.

The registration assessment framework sets out the outcomes that will be tested and gives an idea of some of the topics this may cover.

The registration assessment is set and moderated by an independent board of assessors.

5.2 Qualifying for the registration assessment

You can only be considered for entry to the registration assessment once you have achieved a week-39 progress report that is marked as satisfactory. If you are marked as unsatisfactory at the week-39 point, you may need to take the assessment at a later date. You should develop an action plan – including SMART objectives – to help you deal with your shortfalls against the performance standards.

You will be judged against the same principles in your week-39 review as in the previous reviews. This judgement will be based on the quality of your evidence and performance, and must not be made more lenient so that you can enter the registration assessment.

We will allocate you to one of the venues where you can sit the assessment. You can find out about the venues on our website.

We will allocate a provisional place at one of the assessment venues to all trainees who may meet the eligibility criteria to sit the assessment. We will write to these trainees to let them know where they have been allocated a place, but if you receive this letter, it does **not** mean you have been entered into the assessment. You will still need to submit an application form by the deadline on the key dates page, and show that you meet the eligibility criteria to sit the assessment.

Click on the link to find out about applying for the registration assessment, including the full eligibility criteria.

5.3 Structure of the registration assessment

The registration assessment is in two parts. Each part is a separate paper, and you will sit them on the same day: one in the morning, one in the afternoon.

The topics covered by the assessment are set out in the registration assessment framework.

The registration assessment is in two parts. Each part is a separate paper, and you will sit them on the same day: one in the morning, one in the afternoon.

The topics covered by the assessment are set out in the registration assessment framework.

The standard a pre-registration trainee must achieve to pass the registration assessment remains the same across each sitting. The pass mark for each paper varies from sitting to sitting depending on the combined difficulty of the questions.This is to make sure that the assessment is fair and that the standard is maintained. Candidates must achieve the pass mark or above for each paper in order to demonstrate that they have achieved the required standard for safe and effective practice.

The pass mark for each part of the assessment is arrived at using an evidence-based standard setting process - a recognised method used by examination bodies to derive pass marks for papers in order to apply a set standard across sittings. When preparing assessment papers, a standard-setting panel of pharmacists assesses the standard of each question in each of the papers. Panel members all have first-hand experience of working with recently qualified and preregistration trainee pharmacists. Members work in all sectors and are based in England, Scotland, Wales and Northern Ireland. The standard setting panel reviews each question in relation to difficulty and this process produces a provisional pass mark for each paper.

Before agreeing pass marks for each paper, the board of assessors undertakes a full review of the performance of the questions, and the papers as a whole. This includes statistical analysis of the relative level of difficulty. You can find out more about how the papers are put together and find out more about how they are marked on our website.

Reference sources

You won't need to bring reference sources to the assessment. You will use only the reference sources provided in the resource pack. Click here to see the layout template for a resource pack.

Examples of possible reference sources include:

- extracts from a British National Formulary (BNF)
- a Summary of Product Characteristics (SPC)
- diagrams and photographs
- a medication chart.

Part one

Part One is the morning paper. It is made up of 40 calculation questions, and the time allowed to complete the paper is 120 minutes (2 hours). Click here for an example of the rubric for Part One.

You will be able to use calculators in this part of the registration assessment.

You will need to bring your own calculator to the assessment. You must bring one of these models:

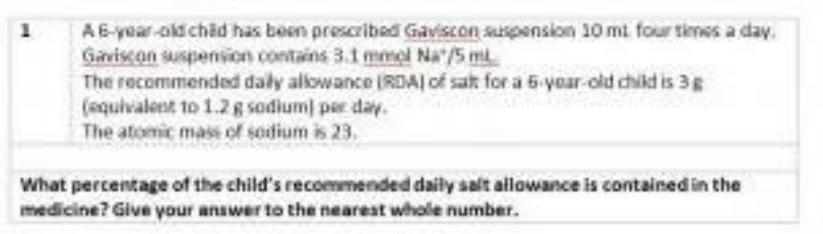
- Casio MX-8S-WE (This model is still permitted in the assessment although it is now discontinued)
- Casio MX 8B-WE / MX-8B
- Aurora HC133
- Aurora DT210

You will only be able to bring in a calculator listed above. Other types of calculators, mobile phones and other 'connected' devices will **not** be allowed for calculating in any circumstances.

You will need to bring your own calculator to the assessment and you are responsible for making sure that it works on the day. You may want to consider bringing a spare as there will be no replacement calculators provided on the day.

You will write your answers to the questions on an answer sheet, which will include the correct units for each question. We will only award marks for a correct answer and not for any rough working. Click here for an example answer sheet.

An example of a part one question is below - **click to view full-size.**



1	A 6-year-old child has been prescribed Gaviscon suspension 10 ml four times a day. Gaviscon suspension contains 3.1 mmol Na^+/5 mL. The recommended daily allowance (RDA) of salt for a 6-year-old child is 3 g (equivalent to 1.2 g sodium) per day. The atomic mass of sodium is 23.
	What percentage of the child's recommended daily salt allowance is contained in the medicine? Give your answer to the nearest whole number.

You can see some example questions from part one – with an explanation and answers – in this video. There are more part one question examples here.

Part two

Part two is the afternoon paper.

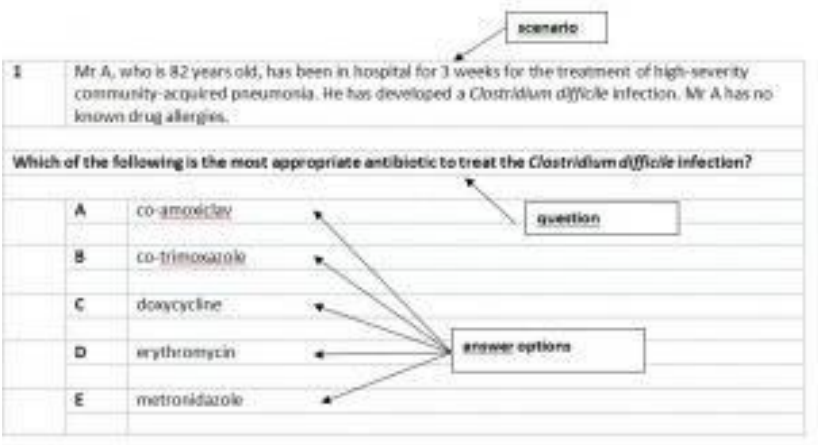
It has 120 questions, and the time allowed to complete the paper is 150 minutes (2.5 hours).
Click here for an example of the rubric for Part Two.

The paper is made up of 'selected response' questions. This means that for each question, you will need to choose one answer from a list of options. There will also be questions to test your number sense, but you are **not** allowed to use calculators for this paper. Your calculator(s) must be stored with your belongings, away from your workstation, during Part 2.

Two question formats will be used in part two: 'single best answer' (SBA) and 'extended matching' questions (EMQ). In a part two paper there will be 90 SBA questions and 30 EMQ questions.
Click here for an example of the answer sheet.

Single best answer questions

An example of a single best answer question is below - **~~click to view full-size~~**.

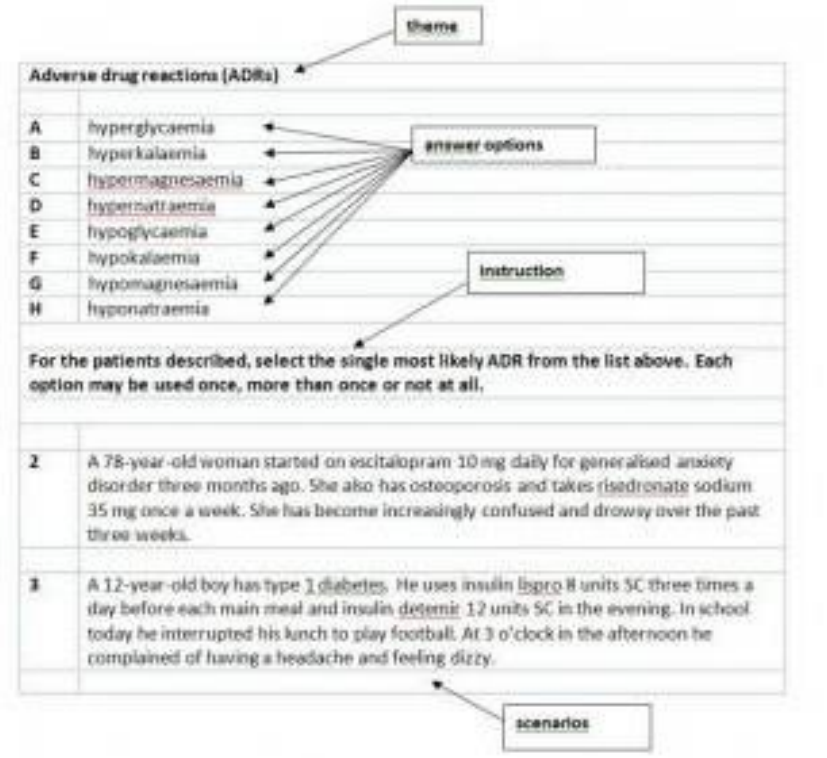


An SBA question has three parts: a scenario, a question and five answer options.

For this type of question the candidate must select the single **best** answer from the five options. Each question has one *best* answer, but there may be other answers that are plausible but are not the best answer – these are, therefore, incorrect.

Extended matching questions

An example of an extended matching question is below - **click to view full-size**.



An EMQ has four parts: a theme, a list of answer options, an instruction and a number of scenarios.

Candidates should choose the best option from the list provided. Between 6 and 12 options will be provided. Each option may be used once, more than once or not at all. Typically between two and five questions will be grouped together. This is an example of an extended matching question:

You can see some example questions from part two here. There are more part two questions here.

Registration assessment preparation

5.4 Preparing for the registration assessment

After each assessment sitting, the board of assessors - who are responsible for setting and assuring the registration assessment - produce feedback about the topics that candidates found difficult. Use the latest feedback documents below to help you prepare for your attempt.

- September 2017
- June 2017
- September 2016
- June 2016

We have published videos mentioned above with worked examples of questions from both papers. We have also produced sample questions for part one and part two. These are not designed to be practice papers, but to help you understand **how** to answer questions from both papers.

The registration assessment framework sets out the outcomes that will be tested and gives an idea of some of the topics this may cover.

Make sure that if you attend any study days, or use any study materials, that they are up to date and reflect the question styles explained in section 5.3.

5.5 Requesting a reasonable adjustment for the registration assessment

If you have a specific need which you feel could disadvantage you when sitting the registration assessment, you can request a 'reasonable adjustment' to the assessment conditions. The specific need can be a temporary or permanent one.

You can find out more about requesting an adjustment in our guidance, and if you do feel it's appropriate for you to request an adjustment you can do this using the request for a reasonable adjustment form.

When you complete the form to request an adjustment, you must tell us:

- the nature of your specific need
- how this specific need would affect your ability to sit the assessment
- what reasonable adjustment you are requesting and how it will support you during the assessment

You also need to include evidence to support your request. This evidence must be from a doctor or another appropriately qualified person, and must give details of how your specific need would affect you during the assessment. The person providing supporting evidence will need to have read and understood the assessment specification.

It is important that the evidence relates directly to the reasonable adjustment you are requesting.

Your request will be considered by the GPhC's adjustment panel. This is an independent panel made up of an educational disability specialist and two members of the GPhC board of assessors (which sets and moderates the registration assessment).

If your request for an adjustment is not granted you have the right to appeal the decision. You must do this by the deadline on the key dates page. You can find out more about how to appeal and adjustment decisions in our guidance.

5.6 Making a decision to sit the registration assessment

Am I 'fit to sit'?

It is very important that you only sit the registration assessment if you are fit to do so. **Being 'fit to sit' means that you do not know of any reason why your performance would be adversely affected on the day of the assessment**.

If you are aware of anything that might affect your performance on the day, you should not sit the assessment – even if it is a difficult decision to make.

You are eligible to withdraw from a sitting at any time up until the chief invigilator's introductory speech at the start of the assessment sitting. Once you have decided to withdraw, you will not be able to attempt the assessment. The invigilator will make it clear in the speech the final point at which you are able to withdraw from the sitting. By staying in the assessment hall after this point, you have declared yourself 'fit to sit'. This means that we will not consider as grounds for an appeal any reason that was known to you before your decision to sit the assessment.

For example, if you entered the assessment hall and sat the assessment after any of the situations below, you would have declared yourself 'fit to sit'. These would not be considered as grounds for an appeal:

- You were ill the day before the assessment.
- You were ill in the run-up to the sitting.
- You had an accident in the run-up to the sitting.
- You had financial worries in the run-up to the sitting.
- You had personal or relationship problems.
- You had to care for a relative in the run-up to the sitting.
- You were not adequately supported by your tutor.
- You had difficulty finding the venue, arrived flustered and were flustered in the sitting.

If you are not 'fit to sit'

If you think you might underperform for any reason, you should withdraw and wait for another sitting. You need to tell us that you want to withdraw from the sitting by five working days after the sitting has taken place at the latest. Information about how to withdraw is set out in section five of the registration assessment regulations. You must confirm to us that you want to withdraw from a sitting. If you do not, it may count as one of your assessment attempts.

If you don't feel ready to sit the assessment, you should not sit it. Apply for a later sitting. This is especially true if you have been advised against sitting by a healthcare professional. You can withdraw at any point before the sitting and, if you confirm to us that you have withdrawn, it will not count towards your overall number of attempts. If you decide to sit the assessment again, you must apply as normal and you will not need to pay another entry fee.

The only time that you will not be able to enter for a later sitting is if you are coming to the end of the time limits set out in the criteria for registration as a pharmacist. If you are unable to sit due to ill health and are approaching this limit, contact us.

Nullification requests

If you start the assessment and then have problems during the sitting which significantly affect your performance, you can request that your attempt is 'nullified' under the registration assessment regulations that apply to the sitting. You must let an invigilator know as soon as possible if you have problems during the sitting. They will fill in a report form to verify your problem. It is very important that you do not wait until receiving a 'fail' notification before contacting us to tell us anything that has affected your performance.

If you want to submit a nullification request, you must write to the board of assessors within five working days of the assessment date. You will need to provide evidence to support your request. You can find out more about nullification requests in the registration assessment regulations.

If your attempt is nullified, it will not count towards the three attempts you can have to pass the assessment, and you will not find out your result.

The decision to grant the nullification will be made by the board of assessors based on your request, and is not guaranteed to be accepted. They will not know what your marks were.

You cannot request a nullification after you have received your results.

If you decide to sit the assessment again, you must apply as normal and you will need to pay another entry fee.

5.7 Appeals

If you fail the assessment, you can appeal. You have to tell us about new information or circumstances that have come to light since you sat the assessment, and that you were not aware of at the time, which would have affected your performance on the day. This is set out in the registration assessment regulations.

If your appeal is upheld, the Registrar may nullify your assessment result, and that assessment will not count as one of your 3 attempts.

If your appeal is about circumstances you could have used to request a nullification, or any circumstances that you knew about before you sat the assessment, your appeal will not be considered. By sitting the assessment you declared yourself 'fit to sit'.

Registration assessment framework

5.8 Registration assessment framework

The registration assessment framework explains what we are testing in the registration assessment. You can download a PDF copy of the framework here.

The registration assessment tests some, but not all, of the learning outcomes set out in *Future pharmacists: standards for initial education and training of pharmacists*. The other outcomes will be tested as part of your MPharm degree and pre-registration training placement - some may be tested in more than one way.

In the framework, each of the learning outcomes tested by the registration assessment has been linked to 'indicative assessment topics'. This will help you better understand how learning outcomes are applied.

The assessment topics give an idea of what will be tested – there will be other topics included in an assessment paper. Pharmacy is a very broad subject, so it is not realistic to provide a framework that covers every topic in detail.

To help you understand the relative importance of each outcome to the registration assessment, we have given them a weighting of high, medium or low:

Outcome weightings

Proportion of questions	
high weighting	60% to 70%
medium weighting	25% to 35%
low weighting	up to 10%

5.9 Registration assessment outcomes

10.1 Expectations of a pharmacy professional		
Future pharmacists outcome		**Indicative assessment topics**
Low	Recognise the duty to take action if a colleague's health, performance or conduct is putting patients or the public at risk	• GPhC standards and guidance documents • Action to take if a colleague's conduct has the potential to affect patient or public health
Low	Apply the principles of clinical governance in practice	• Purpose and principles of clinical governance • Risk management in pharmacy and other healthcare contexts Systems to reduce medication errors
Low	Demonstrate how the science of pharmacy is applied in designing and developing medicines and devices	• Factors affecting the stability of medicinal products • Procedures for the dilution of solid, semi-solid and liquid dosage forms
Medium	Respond appropriately to medical emergencies, including providing first aid	• Appropriate responses to medical emergencies

10.2	The skills required in practice	
10.2.1	Implementing health policy	
Future pharmacists outcome		**Indicative assessment topics**
Medium	Access and critically evaluate evidence to support the safe, rational and cost-effective use of medicines	• Principles of obtaining and applying evidence for use in current practice Interpreting and applying information to improve patient care
Medium	Apply knowledge of current pharmacy-related policy to improve health outcomes	• Principles of promoting healthy lifestyles including current pharmacy-related policy Collaboration across the healthcare professions to improve patient outcomes • Purpose of prescribing guidelines

10.2.2	Validating therapeutic approaches and supplying prescribed and over-the-counter medicines	
Future pharmacists outcome		**Indicative assessment topics**
High	Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health	• Selecting appropriate diagnostic or physiological testing techniques for use in clinical decision-making and to promote health • Normal ranges for test results, and actions to take when results are out of the normal range
High	Identify inappropriate health behaviours and recommend suitable approaches to interventions	• Concepts of health promotion, health education and health improvement programmes, based on national and local health priorities and parameters • Role of pharmacists and pharmacy support staff in promoting health and preventing disease Behavioural change as a tool to support health promotion • Social, environmental and dietary factors that influence health

High	Instruct patients in the safe and effective use of their medicines and devices	• Identifying appropriate advice on the use of medicines
Medium	Analyse prescriptions for validity and clarity	• Legal and professional requirements for prescriptions, to enable the safe and legal supply of medicines
High	Clinically evaluate the appropriateness of prescribed medicines	• Appropriateness of prescribed medicines, for example in the context of presenting conditions, associated diseases, and test results Circumstances in which prescribed medicines are contra-indicated Interactions that occur between medicines (either prescribed or purchased), and between these medicines and food or other substances • Use of licensed, off-label and unlicensed medicines including providing information to patients
High	Provide, monitor and modify prescribed treatment to maximise health outcomes	• Principles of medicines management, medicines optimisation and pharmaceutical care • Dosages and dose adjustments, especially for people with particular needs due to, for example, age or health conditions • Reasons for treatment failures Recognising and managing adverse effects of medicines • Mechanism of action, administration, absorption, distribution, metabolism and excretion of medicines

Low	Record, maintain and store patient data	• Maintaining confidentiality, and disclosing information both with and without the subject's consent Information governance Requirements for recording, maintaining and storing data
Med	Supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB: This should be demonstrated for both human and veterinary medicines	• Statutory regulations and professional requirements for the supply of human and veterinary medicines

10.2.3	**Ensuring that safe and effective systems are in place to manage the risk inherent in the practice of pharmacy and the delivery of pharmaceutical services**	
Future pharmacists outcome		**Indicative assessment topics**
Low	Ensure the quality of ingredients to produce medicines and products	• Quality assurance processes for medicines and ingredients • Storage requirements for medicines and ingredients
Med	Apply pharmaceutical principles to the formulation, preparation and packaging of products	• Formulation, preparation and packaging of products
High (Part 1)	Use pharmaceutical calculations to verify the safety of doses and administration rates	• Accurately perform calculations affecting patient care
Low	Procure and store medicines and other pharmaceutical products working within a quality assurance framework	• Procurement and storage of medicines Additional precautions necessary for particular formulations
Low	Dispose of medicines safely, legally and effectively	• Statutory regulations covering the safe, legal and effective disposal of medicines Procedures for the disposal of special and controlled waste from the pharmacy

Low	Identify, report and prevent errors and unsafe practice	• Supervising others involved in service delivery • Identifying, reporting and preventing errors and unsafe practices • Responding to complaints and concerns
Low	Procure, store, dispense and supply veterinary medicines safely and legally	• Regulations and professional requirements governing the procurement, storage, dispensing and supply of veterinary medicines

10.2.4	**Working with patients and the public**	
Future pharmacists outcome		**Indicative assessment topics**
High	Identify and employ the appropriate diagnostic or physiological testing techniques to use in clinical decision-making	• Identifying appropriate diagnostic or physiological testing techniques, and interpreting results • Identifying conditions that need referring to another healthcare professional • Identifying conditions that may be treated by non-prescription medicines

10.2.5	Maintaining and improving professional performance	
Future pharmacists outcome		**Indicative assessment topics**
Low	Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour	• Characteristics of a pharmacist as set out in the relevant standards and guidance Principles of the NHS complaints procedure
Low	Participate in audit and in implementing recommendations	• Purpose of audit and principles of audit procedures • Principles of change management
Low	Contribute to the development and support of individuals and teams	• Principles of identifying, and responding to, the learning and development needs of professional team members • Principles of CPD and regulatory requirements

Therapeutic areas

Questions in part two that relate to clinical care are linked to key therapeutic areas. An individual question may link to multiple therapeutic areas: for example, a patient may be described who has hypertension and type 2 diabetes. The weighting given to individual therapeutic areas is shown in the table below.

Therapeutic area	**Weighting**
Cardiovascular system	High
Nervous system	High
Endocrine system	High
Infection	High
Genito-urinary tract system	Medium
Gastro-intestinal system	Medium
Respiratory system	Medium
Malignant disease	Medium
Blood and nutrition	Medium
Musculoskeletal system	Low
Eye	Low
Ear, nose, and oropharynx	Low
Skin	Low
Vaccines	Low
Anaesthesia	Low

High-risk drugs

Each assessment is likely to include at least one question on each of the following drugs or drug groups:

- antibiotics
- anticoagulants
- antihypertensives
- chemotherapy
- insulins
- antidiabetic drugs
- drugs with a narrow therapeutic index
- non-steroidal anti-inflammatory drugs
- methotrexate
- opiates
- parenteral drugs

Paediatrics

Around 20 per cent of questions in the assessment will relate to paediatric patients.

Calculations

Each assessment is likely to include at least one calculation question involving each of the following in part 1:

- 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

Up to 10 questions in part 2 will require some calculation.

Resource packs

A resource pack is provided in both part1 and part 2 of the registration assessment, and this may be useful for up to 25% of questions in each part.

6. After the registration assessment

6.1 Finding out if you have passed the assessment

After the registration assessment, we will publish a 'pass list' on the GPhC website. The list shows all the candidates who have passed the assessment at this sitting. We will tell you the date that the pass list will be put up for your sitting in the information we send you as a candidate. You will also get confirmation of your result (a pass or a fail) by letter, sent first class to the address you have given us.

You will receive information about what to do after you get your assessment result as part of the candidate information we send you. Make sure you read this carefully and get in touch with the contact centre if there's anything you don't understand.

Important: Remember that we do not give results over the phone as we cannot verify a caller's identity.

6.2 Applying to register as a pharmacist

You are eligible to register as a pharmacist once you meet the registration criteria, including:

- having completed pre-registration training, shown by a week-52 declaration signed by your tutor, and
- having passed the registration assessment

Remember that you cannot practise as a pharmacist until your registration is complete and your name appears on the register.

See section 7 for more information on applying to the register.

Check the key dates page to see when you will need to submit your application form to join the register at the date you plan to.

You can submit an application form to register as a pharmacist any time after week 49 of your training. We will put your application 'on hold' until your registration assessment result and any other information we need about your training is confirmed.

6.3 If you do not pass the registration assessment

If you are unsuccessful at a registration assessment sitting, we will send you a guidance booklet with your results. This explains the appeals system, and preparing to sit the assessment again.

You may also find it helpful to contact support organisations, like Pharmacist Support who can help you work out your next steps.

7. Registration

You cannot register until you have completed your training. There are more details about registration on the GPhC website and you can download the application form and guidance for filling it in.

7.1 Deadlines

We must receive your application at least three weeks before the date you want to register. Your application form must be fully filled in and include all the correct supporting documents.

If your application is incorrect, incomplete or does not have all the supporting documents, it will be delayed.

Please prepare your documents in good time as some must be certified by a solicitor or commissioner for oaths.

7.2 Eligibility to register

To be eligible to apply to join the register, you must at least have:

- completed all 52 weeks of training and achieved all the performance standards
- demonstrated your competence to your tutor (in your final assessment from 49 weeks onwards)
- attempted the registration assessment (although you may not yet know your results), and
- within the time limits set out in the criteria to register as a pharmacist

7.3 Payment

If your application to join the register is not successful (because you failed the assessment, have not completed your training, or have fitness to practise issue, for example), you will still be charged the application fee. Please take this in to consideration before applying.

If you apply to join the register before the assessment results are released, you may be charged the full registration fee. This does not mean that you have passed the assessment. If you have paid the application fee and then fail the assessment, we will refund the difference between the full registration fee and the application fee.

7.4 Registration dates

Pharmacists (and pharmacy technicians) are registered on two registration days every month. Once we have assessed an application as meeting all our requirements, we enter the applicant onto the register at the next registration date. At this point we issue a unique GPhC registration number, and registration is valid for one calendar year. You must receive a registration number before you are allowed to practise.

You cannot and must not work until you have been registered and you must have proof that you have been registered before starting work as a pharmacist.

If you begin work without being registered with the GPhC, you are committing an offence – even if you have passed pre-registration training and the registration assessment.

You can search the GPhC register here.

8. Performance standards

The performance standards are a list of 76 performance outcomes which must be signed off on

the assessment summary form by your pre-registration tutor.

There are three units of performance standards, covering:

A. Personal effectiveness
B. Interpersonal skills
C. Medicines and health

The standards are statements of what the GPhC expects you to be able to do and how you should behave if you are to register as a pharmacist. You must meet the standards consistently in order to be assessed as competent in them.

A. Personal effectiveness

These standards cover the aspects of performance and behaviour that support effective professional activity. They can be applied to any situation. Your conduct must be consistent with ethical behaviour expected by the GPhC, and you must:

- have a proper regard for accepted standards of behaviour both within and beyond professional practice
- promote and safeguard the interests of the public
- justify public trust in your knowledge, ability and judgement
- promote the good standing of the profession
- avoid any act or omission which would damage confidence in the profession

A.1 Manage self

You must at all times demonstrate a level of self-awareness, responsibility and self-management that will allow you to practise effectively, both independently and within teams or groups.

As a trainee you must show that you:

A1.1 Behave in a manner consistent with membership of the profession

A1.2 Manage your time effectively*

This will include time at work and using time outside work for personal and professional development. It will include prioritising tasks, planning, timekeeping and managing interruptions.

A1.3 Recognise your personal and professional limitations and refer appropriately*

In this context, 'appropriately' means referring when necessary, to the correct person, in a suitable way.

A1.4 Respond with willingness and flexibility to new situations and to change A1.5 Remain composed and personally effective* in all situations**

This may, in extreme circumstances, include removing yourself from a situation to maintain your self-control and to minimise risks to patients.

**Situations will include challenging behaviour from colleagues or clients, periods of heavy workload and times of stress.

A1.6 Make decisions which demonstrate clear and logical thought

A1.7 Take responsibility for, and accept outcomes of, your own decisions

A1.8 Amend your behaviour, when necessary, based on evaluation of your performance by yourself or others

Required outcomes from the GPhC standards for initial education and training of pharmacists say that a pre-registration trainee must:

- recognise ethical dilemmas and respond in accordance with relevant codes of conduct
- know when there is a duty to take action if a colleague's health, performance or conduct is putting patients or the public at risk
- identify, report and prevent errors and unsafe practice
- recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or the public from any risk posed by personal health
- apply the principles of clinical governance in practice
- demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour

A.2 Manage work

Trainees must at all times work efficiently and effectively, and within legal and ethical constraints. As a trainee you must show that you:

A2.1 Carry out tasks effectively*

In this context ‘effectively’ means correctly, in an organised manner, with proper attention to detail and at a pace appropriate to the level of business. It includes prioritising and completing tasks within agreed deadlines.

A2.2 Approach tasks and situations in accordance with the law and with the GPhC standards for pharmacy professionals.

A2.3 Follow work systems correctly*

Work systems include your own working practices, standard operating procedures, Sale of Medicines protocol, and your organisation’s systems and security procedures.

A2.4 Use resources* effectively

Resources include colleagues, other healthcare workers, workspace, equipment, material and both text-based and electronic references.

A.3 Manage problems

Trainees must demonstrate that they can handle a wide variety of problems, whether by resolving them themselves or by contributing to their resolution.

As a trainee you must show that you:

A3.1 Recognise and define actual or potential problems*

Problems include difficulties, minor and serious, needing resolution

A3.2 Identify workable options to resolve the problem

A3.3 Select the best solution, based on sound analysis* and appropriate evidence

Sound analysis will include:

- exploring the strengths and weaknesses of options
- considering barriers to resolving the problem
- discussion with others

A3.4 Suggest and, if appropriate, implement solutions to problems

A3.5 Evaluate the outcome of the solution after implementation, and if necessary re-define the problem. See section A3.1.

A.4 Demonstrate a commitment to quality

Products and services should be delivered to the highest standard by ensuring quality. The prime concern must be the welfare of the patient and other members of the public.

As a trainee you must show that you:

A4.1 Work to an acceptable standard* when preparing products and delivering services

As defined by GPhC standards for pharmacy professionals with a focus on providing safe and effective care.

A4.2 Check your own work effectively

A4.3 Minimise error by others through effective supervision

A4.4 Identify and rectify your own and others' mistakes promptly and effectively A4.5 Minimise health and safety risks to yourself and others

A4.6 Base your actions, advice and decisions on evidence rather than assumption, anecdote or hearsay.

A4.7 Obtain and process the evidence you need to meet A4.6 by effectively gathering, reviewing, evaluating and applying research evidence.

A4.8 Have successfully engaged in a quality improvement process (this could be achieved, for example, by carrying out a small audit assignment, or completing a PDSA cycle)

Required outcomes from the GPhC standards for initial education and training of pharmacists say that a pre-registration trainee must:

show how to manage resources in order to ensure work flow and minimise risk in the workplace

take personal responsibility for health and safety

ensure the application of appropriate infection control measures show how to participate in audit and implementing recommendations show how to anticipate and lead change.

A.5 Demonstrate ongoing learning & development

Trainees must provide evidence that they are continually developing professional competence by applying what they have learned from daily activities and incidents, and from formal learning opportunities.

As a trainee you must show that you:

A5.1 Identify and prioritise your own learning and development needs, based on self-reflection/evaluation and on feedback from others

A5.2 Develop your own plans to meet identified needs, using SMART learning objectives. Plans should include a variety of learning activities, such as:

- using reference sources
- undertaking distance or IT learning packages
- work shadowing (observation of others at work)
- discussion with tutor or colleagues in and outside the pharmacy
- attending local practice forum meetings
- giving talks/presentations
- attending events e.g. courses, seminars, conferences, British Pharmaceutical Students' Association (BPSA)

A5.3 Make full use of learning and development opportunities*****

*opportunities will arise from the activities listed in A5.2 and from daily activities (for example, dealing with new tasks and situations, handling problems).

A5.4 Evaluate whether your learning objectives have been met

A5.5 Identify your further learning needs

A5.6 Record your own learning and development process and outcomes

A5.7 Apply learning to practice

Required outcomes from the GPhC standards for initial education and training of pharmacists state that a pre-registration trainee must:

- reflect on personal and professional approaches to practice
- create and implement a personal development plan
- review and reflect on evidence to monitor performance, and revise a professional development plan

B. Interpersonal skills

Interpersonal skills

These standards cover the aspects of performance and behaviour that involve any interaction with others. You must demonstrate your ability to communicate at all levels and to work with others in the pharmacy and healthcare team. In doing this, you will show that you possess the core characteristics of an empathetic healthcare professional:

- seeing and understanding things from the perspective of others, especially patients
- communicating effectively
- working with people from other disciplines

B.1 Communicate effectively

Trainees must demonstrate communication skills that promote the provision of a quality service

As a trainee you must show that you:

B1.1 Communicate effectively***** in English

* 'Effectively' here means that you are competent enough in English to understand and be understood in writing, on the phone and in person.

B1.2 Behave in a polite and helpful manner

B1.3 Sensitively approach people who need or who may need assistance

B1.4 Elicit all relevant information by the use of appropriate questions

B1.5 Listen effectively to the whole message*****

* this includes the spoken word, body language and tone of voice

B1.6 Respect and observe confidentiality

B1.7 Act appropriately in response to spoken and unspoken needs of others*****

* 'Others' will include people with special needs and people from different backgrounds and with different lifestyles.

B1.8 Behave in a manner which instills confidence

B1.9 Behave assertively

B1.10 Use appropriate body language

B1.11 Provide information and advice appropriate to the needs of the recipient(s)*****

* 'Recipients' must include individuals, groups and people with particular needs, for example people with diabetes, asthma and so on.

B1.12 Handle conflict***** appropriately******

* this will include taking action to prevent conflict wherever possible.

******evidence must cover conflict arising from complaints, aggressive behaviour and from disagreements with or among colleagues.

Required outcomes from the GPhC Standards for initial education and training of pharmacists say that a pre-registration trainee must:

- communicate with patients about their prescribed treatment
- optimise treatment for individual patient needs in collaboration with the prescriber
- support the patient in choosing an option by listening and responding to their concerns and respecting their decisions
- communicate information about available options in a way that promotes understanding
- conclude consultations to ensure a satisfactory outcome
- provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals

B.2 Work effectively with others

Trainees must contribute positively to any team or group they are associated with, so that targets and goals are achieved. They must develop and demonstrate the skills involved in managing and supervising others. This recognises that most pharmacists have these responsibilities.

As a trainee you must show that you:

B2.1 Acknowledge the ideas and opinions of others***** and act on them when appropriate

* 'Others' must include junior and senior colleagues and external contacts.

B2.2 Present your own ideas and opinions appropriately when speaking and in writing

B2.3 Meet commitments***** made to others within agreed deadlines

* this will include giving a clear explanation if you cannot meet a commitment.

B2.4 Give constructive feedback***** to others based on accurate evaluation of their performance

* This must include both positive and negative feedback.

B2.5 Secure help from others when necessary in an appropriate manner

B2.6 Assist others when necessary

B2.7 Delegate tasks appropriately*****

* when necessary and in a manner that supports team working.

B2.8 Supervise others in an appropriate manner to ensure that agreed outcomes are achieved

B2.9 Use your knowledge and skills effectively when helping others learn

Required outcomes from the GPhC Standards for initial education and training of pharmacists say that a pre-registration trainee must:

- contribute to the education and training of other members of the team, including peer review and assessment
- show how to contribute to the development of other members of the team through coaching and feedback
- engage in multidisciplinary team working
- work effectively within teams to ensure that safe and effective systems are being followed
- supervise others involved in service delivery
- establish and maintain patient relationships while identifying patients' desired health outcomes and priorities
- contribute to identifying the learning and development needs of team members
- contribute to the development and support of individuals and team

C. Medicines and Health

Medicines and health

These standards include aspects of performance and behaviour that are specific to pharmacy practice. Trainees must demonstrate their ability to provide an effective pharmaceutical service.

Developing the following skills and abilities will be at the heart of your role as a provider of pharmaceutical care:

- identifying health needs and understanding the opportunities for health promotion as well as treatment and care
- working with patients and carers to manage their medicines and making sure they can play an active part in the decisions and choices affecting their treatment or care
- understanding and using the whole health and social care system for the benefit of patients

To achieve this unit you must have experience in or awareness of all the following:

- the pharmacist's role in both the community and hospital
- the way the healthcare system works for patients in the community and hospital
- supply of medicines in both the community and hospital
- providing advice about medicines and health
- using patient medication records and histories
- working with local formularies and prescribing guidelines
- using the full range of reference sources specified by the GPhC
- using a full range of dispensary equipment

C.1 Manage the dispensing process

Trainees must be able to provide an effective service for the supply of prescribed medicines, dressings and appliances. You should demonstrate your ability to deliver this service by carrying out dispensing and by effectively managing dispensing carried out by others.

As a trainee you must show that you:

C1.1 Correctly***** receive prescriptions into the pharmacy

* 'Correctly' includes following protocols, correct charging and exemption procedures, and providing necessary information.

C1.2 Check the prescription is valid*****

* 'Valid' means legible, accurate, complete, following legal requirements, not fraudulent.

C1.3 Assess the prescription for safety and clinical appropriateness. This will include:

- appropriateness according to patient's condition, if known
- meeting the patient's need with view to minimising waste dosage within therapeutic range
- appropriate dosage form
- appropriate route of administration
- appropriateness according to patient's parameters (age, weight, etc) and previous medication
- compatibility with other medication, if known
- consistency with formularies, clinical guidelines and protocols, if known
- possible side effects
- risk of adverse drug reactions
- potential for non-compliance, inappropriate use or misuse by patient
- any other contra-indications

C1.4 Resolve any identified problems***** appropriately

*****this will include any problems arising from C1.2, C1.3 or from stock availability.

C1.5 Perform calculations***** correctly

* Calculations must include all the following:

- formulations for creams and ointments
- complex solutions and suspensions
- IV formulations including cytotoxics
- parenteral nutrition and infusions
- doses and dosing schedules
- dose adjustment in paediatrics and in particular conditions such as renal failure
- IV dosing quantity to supply
- loading dose/steady state calculations
- calculations for syringe pumps and drivers, infusion pumps and nutrition pumps

C1.6 Assemble***** the prescription correctly

* this includes packaging and producing computer-generated labels.

C1.7 Supply***** extemporaneously prepared products according to the correct formula

* both by preparing and by ordering from a specialist manufacturing unit.

C1.8 Correctly issue dispensed item(s) to patient or representative, with appropriate information and advice

C1.9 Ensure stock is managed***** correctly
* this will include ordering, checking on delivery and dealing with discrepancies, stock rotation, dealing with recalls and returned items, storage and disposal.

C1.10 Respond appropriately to requests***** to dispense prescription-only items without a prescription**

* requests from patients or their representatives and from prescribers.

****** By law, a pharmacist must have interviewed the patient and made the decision to supply. To meet this standard you should, with the patient's consent, listen to the interview, dispense the product and make the entry in the register (with checking by the pharmacist).

C1.11 Correctly process necessary documentation*****

* this includes endorsing in hospital and the community, filing, stock control and completing PMRs, CD records and the prescription register.

C1.12 Effectively check prescriptions dispensed by others.

Required outcomes from the GPhC standards for initial education and training of pharmacists state that a pre-registration trainee must:

- analyse prescriptions for validity and clarity
- clinically evaluate the appropriateness of prescribed medicines
- provide, monitor, and modify prescribed treatment to maximise health outcomes
- know how to demonstrate how the science of pharmacy is applied in the design and development of medicines and devices
- record, maintain and store patient data
- show how to develop quality management systems, including maintaining appropriate records
- manage and maintain quality management systems, including maintaining appropriate records
- supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB - this should be demonstrated in relation to both human and veterinary medicines
- show how to ensure the quality of ingredients to produce medicines and products
- show how to apply pharmaceutical principles to the formulation, preparation and packaging of products
- use pharmaceutical calculations to verify the safety of doses and administration rates
- procure and store medicines and other pharmaceutical products working within a quality assurance framework
- distribute medicines safely, legally and effectively

- dispose of medicines safely, legally and effectively
- know how to procure, store and dispense and supply veterinary medicines safely and legally

C.2 Provide additional clinical and pharmaceutical services

Trainees must demonstrate the application of up-to-date clinical and pharmaceutical knowledge.

It must be used effectively in the following areas:

- the management of prescribed medicines, long-term conditions and common ailments
- the promotion and support of healthy lifestyles
- the provision of advice and support to patients and other healthcare professionals

Competence in this element underpins the ability to manage medicines and provide pharmaceutical care.

As a trainee you must show that you:

C2.1 Provide considered and correct answers to queries, founded on research-based evidence*****

* Evidence sources will include clinical textbooks, journals and pharmaceutical company information (paper based or electronic).

C2.2 Pro-actively***** assist patients****** to obtain maximum benefit from their treatment

* this will include identifying opportunities to help, providing information, positive reinforcement, reassurance, testing understanding, and encouraging the recipient to ask questions.

******Directly or through their representatives.

C2.3 Identify and take action to minimise risk to patients from their treatment

C2.4 Actively provide information and advice to healthcare professionals

C2.5 Construct medication histories***** using a range of sources

* These must include basic and comprehensive histories.

C2.6 Use medication histories correctly*****

* Access existing information, record new information and apply the information.

C2.7 Recognise possible adverse drug reactions, evaluate risks and take action***** accordingly

* this may include advising and informing the patient or their representative, discussions with colleagues and reporting in line with local and national protocols.

C2.8 Provide appropriate information and advice on the management of minor and common ailments*****

* Information and advice must include both appropriate self-medication and appropriate non-drug actions.

C2.9 Effectively use opportunities***** to promote and support healthy lifestyles and prevent disease

* with individual patients and at formal events such as presentations to patient or public groups.

C2.10 Demonstrate awareness***** of emergency first aid

* by successfully completing a training course from a recognised provider such as St John Ambulance - there is special guidance on first aid below.

C2.11 Refer, or direct the person, to a more suitable source***** of help or information, when necessary
* For example: support groups, GP, hospital A&E department

Required outcomes from the GPhC Standards for initial education and training of pharmacists say that a pre-registration trainee must:

- provide evidence-based medicines information
- show how to respond appropriately to medical emergencies, including provision of first aid
- promote healthy lifestyles by facilitating access to and understanding of health promotion information
- know how to access and critically evaluate evidence to support safe, rational and cost-effective use of medicines
- use the evidence base to review current practice
- apply knowledge of current pharmacy-related policy to improve health outcomes
- show how to collaborate with patients, the public and other healthcare professionals to improve patient outcomes
- know how to play an active role with public and professional groups to promote improved health outcomes
- know how to contribute to research and development activities to improve health outcomes
- show how to identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health
- show how to identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making
- identify inappropriate health behaviours and recommend suitable approaches to interventions
- instruct patients in the safe and effective use of their medicines and devices
- obtain and record relevant patient medical, social and family history
- maintain accurate and comprehensive consultation records

Special guidance on first aid

The public expects a pharmacist to be able to help if there is an accident or emergency near the pharmacy or in the pharmacy itself. It also expects a pharmacist to be an appropriate person to phone for advice in an emergency.

The GPhC wants to make sure that all new pharmacists are ready for this role if they need to perform it. However, most employers have a policy of designating certain members of staff as first-aiders to handle all health emergency situations, and this may not be the pharmacist.

Pharmacists can take professional indemnity insurance to cover for first aid activities.

Meeting the standard

This standard can be met by attending a first aid course by a recognised provider such as St John Ambulance. Or, it may be appropriate for a registered first-aider at the training site to train and assess pre-registration trainees.

The course or training should teach you how to assess and identify the nature of emergency situations and, after this, the appropriate action you should take including referral where appropriate.
As a minimum, training should cover the following conditions:

- obstruction to airways
- CPR
- shock
- electric shock
- overdoses and poisoning
- a seizure
- hypoglycaemia or hyperglycaemia
- loss of consciousness
- severe bleeding
- burns and scalds
- head injuries and concussion
- severe pain in head, chest or abdomen
- allergic reactions

Also, training for situations that need first aid but are not usually life threatening should include, as a minimum:

- minor allergic reactions
- foreign bodies or chemicals in the eye
- mild shock
- minor burns and scalds
- injuries to bones, muscles, joints
- minor bleeding.

9. Useful sources of help and information

British Pharmaceutical Students Association (BPSA)

The BPSA supports pre-registration trainees through their graduate office – you can get in touch via email at graduateofficer@bpsa.co.uk, on Facebook at www.facebook.com/TheBPSA or on Twitter at www.twitter.com/bpsa

Centre for Pharmacy Postgraduate Education (CPPE)

The CPPE offers learning support to trainees in England.

NHS Education for Scotland (NES)

NHS Education for Scotland offers learning support to trainees in Scotland.

Welsh Centre for Postgraduate Education (WCPPE)

WCPPE offers learning support to trainees in Wales.

Pharmacist Support

Pharmacist Support is the pharmacy profession's independent charity. They offer free and confidential services including a stress helpline, debt, benefits and employment advice and addiction support. Contact them by phone on 0808 168 2233 or email info@pharmacistsupport.org

Royal Pharmaceutical Society (RPS)

The RPS offers support for you during your pre-registration year.